



SECTION E

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TERM PLANS and SUPPLEMENTAL BENEFITS

Term to 95 Life Policy (ICC19 LL-09 1901) (Continental Term)

DESCRIPTION

PRODUCT TYPE – Individual Term Life Insurance Policy (Form 1459). Premiums are level for an Initial Term of 10, 20 or 30 years.

DEATH BENEFIT – Level to age 95.

PREMIUMS – Payable through age 95. Term rates are guaranteed for all years. After the Initial Term, the policy may be renewed for one-year terms at rates that increase each year.

BANDS – There are four premium bands:

- \$100,000 – \$249,999
- \$250,000 – \$499,999
- \$500,000 – \$999,999
- \$1,000,000 and Larger

UNDERWRITING RULES

ISSUE AGES (Age Last Birthday) –

- 10 Year Term 18 – 75
- 20 Year Term 18 – 65
- 30 Year Term 18 – 50

RATE CLASSES –

- No Tobacco – Super Preferred
- No Tobacco – Preferred
- No Tobacco – Standard Plus
- No Tobacco – Standard
- Tobacco – Preferred
- Tobacco – Standard

MINIMUM FACE AMOUNT – \$100,000

ANNUAL POLICY FEE – \$50.00 per year

CONVERSION – Conversion to any permanent life plan is available during the Initial Term (but not beyond age 65). Please see TERM CONVERSIONS, Page B-44 for additional information. There will be full first year commissions paid on the first year premium for the new permanent life plan minus the full first year commissions on the converted Centennial Term.

CONVERSION CREDIT – The first premium for the new permanent plan will be reduced by a conversion credit equal in amount to the sum of the premiums paid for the base term plan in the last 12 months on the converted amount.

REENTRY – At the end of the Initial Term the Insured may reapply for a new term policy if the insured's age is within the issue age limits. Full underwriting is required.

OPTIONAL BENEFITS – *

- Waiver of Premium Benefit Rider, WP-TLP08, Ages 18 - 55
Own occupation definition is used in all years. Check the rider for additional details.
- Children's Insurance Rider, ICC19 LLR-14 1901
- Accelerated Benefit Rider, form ABR-92.
This rider is automatically added at no cost unless requested otherwise.

* Riders may be subject to underwriting availability.



TERM PLANS and SUPPLEMENTAL BENEFITS

Waiver of Premium Disability Benefit (WP-05)

The Waiver of Premium Disability Benefit (WP-05) provides that if the Insured becomes totally disabled prior to his 60th birthday while the policy is in full force and continues to be so disabled for a period of at least six months, payment of premiums under the policy, including any additional benefits, except the LPUA and FPUA Riders, will be waived, beginning with the date of disability, for as long as the Insured remains disabled during the premium paying period of the policy. The benefit also provides waiver of premiums to age 65 for any disability after age 60.

The WP rider defines total disability as a disability which:

1. results from bodily injury or disease;
2. begins while the rider is in force;
3. begins before the annual date next following the Insured's 65th birthday;
4. exists continuously for six months and;
5. prevents the Insured from performing the substantial and material duties of the Insured's regular occupation at the time the Insured became disabled.

Any premiums which the Insured may have paid during the first six months of disability are refunded upon approval of the disability claim, except that no premium due more than one year prior to receipt of written notice of claim will be waived unless it is shown that such notice was given as soon as was reasonably possible. During the time that premiums are waived, the dividends and cash surrender or loan values will be the same as though the premiums so waived had been paid in cash.

Premiums for the policy should continue to be paid until the Waiver of Premium claim for disability is approved.

PRESUMPTIVE TOTAL DISABILITY - Even if the Insured works at the Insured's regular occupation, the

Company will consider the disability total if it results in total and permanent loss of:

- Sight of both eyes;
- Use of both hands;
- Use of both feet;
- Use of one hand and one foot;
- Speech; or
- Hearing in both ears.

JUVENILE POLICIES - The WPD benefit may be included with any juvenile policy. In the '79 and subsequent policy series, the benefit is effective from the date of issue. Prior policies contained a benefit which was not effective until age 15 even if included at a younger issue age.

LIMITS - The Waiver of Premium Disability Benefit will not be included in most substandard classes, group and certain other conversions nor in any other policy, if, in the judgment of the Company, the benefit should not be issued. The benefit may normally be included in all substandard policies requiring a permanent flat extra premium. Cases requiring Table Ratings are considered on an individual basis and may or may not include the benefit. The benefit will not be offered on Universal Life policies.

Waiver of premium **is not available** if the death benefit of the base plan, plus any children's insurance rider and term rider benefits is **in excess of \$5,000,000**.

AGE LIMITS - The benefit is issued at insurance ages 0 through 60.

SPECIAL CLASS - WP-05 may be issued through Table B.

ADDITION OF WAIVER OF PREMIUM TO EXISTING POLICIES - APPLICATION FORM - Complete and forward to the Company an Application for Policy Change Form 1043, part 1 and part 2, an Authorization to Release Information Form 1453, a remittance covering the cost of the addition and the policy. *See page B-43. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.



TERM PLANS and SUPPLEMENTAL BENEFITS

Waiver of Premium Benefit Rider (WP-TLP08)

DESCRIPTION

This Waiver of Premium Benefit Rider (WP-TLP08) is designed to be attached to the Continental Term to 95 Life policy (ICC19 LL-09 1901).

CONVERSION DATE – The Conversion Date, referred to below, is the earlier of: the Initial Term Expiration Date, and the annual date next following the Insured’s 65th birthday. The Initial Term Expiration Date is shown on the Policy Schedule page.

THE BENEFIT – Prior to Age 60 – If the Insured becomes totally disabled while the policy is in force prior to age 60* we will waive the payment of premiums for the term policy while the Insured is totally disabled.

If such total disability continues until the Conversion Date, we will automatically convert the term policy to a new permanent life policy. The following rules will apply to the new policy:

- The basic amount of insurance for the new permanent life policy will be the same as the Basic Amount of the term policy.
- The plan for the new policy will be a permanent life policy that we have for this purpose.
- The date of issue for the new permanent life policy will be the Conversion Date.
- A waiver of premium rider will be added to the new permanent life policy. Subject to the terms and conditions of that new waiver of premium rider, premiums will continue to be waived under the new permanent life policy provided that total disability, as defined therein, continues.

Between Ages 60 and 65 – If the Insured becomes totally disabled while the policy is in force between ages 60* and 65*, we will only waive premiums while the Insured is totally disabled until age 65*.

If such total disability continues until the Conversion Date, we will automatically convert the term policy to a new permanent life policy. The above rules will also apply to the new policy, except for the last rule regarding waiver of premium, which will not apply.

- If the Conversion Date occurs before age 65*, this rider will be attached to the new permanent life policy and premiums will only be waived while the disability continues until age 65*.

- If the Conversion Date occurs at age 65*, no waiver of premium rider will be added to the new policy and no premiums under that policy will be waived.

After Age 65 – If disability occurs after age 65*, no premium will be waived and there will not be any automatic conversion to a new permanent life policy.

Premiums for the policy should continue to be paid until the Waiver of Premium claim for disability is approved.

PREMIUM REFUND – We will refund that portion of any premium you paid provided:

- It applies to a period of total disability following the policy month in which the disability began; and
- The disability qualifies for waiver of premiums.

TOTAL DISABILITY – The rider defines total disability as a disability which:

- results from bodily injury or disease;
- begins while the rider is in force;
- begins before age 65*;
- exists continuously for six months; and
- prevents the Insured from performing the substantial and material duties of the Insured’s regular occupation at the time the Insured became disabled.

PRESUMPTIVE TOTAL DISABILITY – Even if the Insured works at his/her regular occupation, we will consider the disability total if it results in total and permanent loss of: sight of both eyes, use of both hands or both feet, use of one hand and one foot, speech, or hearing in both ears.

UNDERWRITING RULES

ISSUE AGES (Age Last Birthday) 18 – 55

SPECIAL CLASS – This rider may be issued through Table B.

LIMITS - The Waiver of Premium Benefit will not be included in most substandard classes. The benefit may normally be included in all substandard policies requiring a permanent flat extra premium. Cases requiring Table Ratings are considered on an individual basis and may or may not include the benefit.

Waiver of premium is **not available** if the death benefit of the term policy is **in excess of \$5,000,000**.

* More precisely, the annual date next following the Insured’s 60th or 65th birthday, as applicable.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accidental Death Benefit (ADB-05)

The Accidental Death Benefit provides for payment of an additional amount to the same persons as the death benefit of the policy, unless otherwise stated, in the event of death resulting from accidental bodily injury.

Such death must occur while the policy and this benefit are in full force and prior to the policy anniversary immediately following the Insured's 70th birthday. Also see the following classification of risks not assumed.

RISKS NOT INSURED - The Accidental Death Benefit will not be payable if the death results directly or indirectly from any of the following causes:

- (1) suicide, whether sane or insane;
- (2) bodily or mental infirmity or disease, including any diagnosis or treatment thereof;
- (3) the voluntary entry into the body of:
 - (a) any controlled substance, drug, medication or sedative unless taken as prescribed by a physician; or
 - (b) alcohol whether alone or in any combination with any drug, medication, or sedative;
- (4) an act or incident of war, declared or undeclared;
- (5) committing or attempting to commit an assault or felony, or participating in a riot; or
- (6) riding in or descending from any kind of aircraft:
 - (a) as a passenger in any aircraft operated by or for the armed forces; or
 - (b) as a pilot, crew member, parachutist, or participant in training. The term "crew member" includes anyone, including flight attendants, who performs any functions involving either the flight or the aircraft at any time aboard the aircraft.

LIMITS BY AGE - This benefit will be issued at ages 0 through 64.

SPECIAL CLASS - ADB may be issued through Table C.

LIMITS BY AMOUNT - Listed below are the maximum LLIC issue limits for Accidental Death Benefit that will be considered by the Company on one life. Also are listed the participation limits from all companies that include the accidental death benefit.

Issue Ages	LLIC Issue Limits	All Company Participation Limits
0-14	\$ 25,000	\$ 75,000
15-19	50,000	100,000
20-24	100,000	150,000
25-64	250,000	250,000

The face amount of Accidental Death Benefit may not exceed the face amount of the base policy, but may be less.

LIMIT BY PLAN - The Accidental Death Benefit will be considered on all life plans except Elite Term, Elite Plus and Low Cost Term. Although the benefit may not be added to term insurance riders, it may be added to the basic policy on which the rider is attached providing the applicant is eligible for this benefit.

AVIATION AND MILITARY COVERAGE - For information concerning aviation and military requirements for qualifying for the Accidental Death Benefit, refer to Aviation Risks or Military Risks on Page B-17.

TERMINATION DATE - The date of termination for the Accidental Death Benefit is the annual date of the policy immediately following the Insured's 70th birthday.

ADDITION OF ADB TO EXISTING POLICIES - APPLICATION FORM - Forward to the Company a completed Application for Policy Change Form 1043, part 1 and part 2, a completed Authorization to Release Information Form 1453 and the **policy for traditional policies**. * See page B-43. The policy is not needed for Universal Life policies. A remittance covering the cost of the addition should also be forwarded. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.

PREMIUMS - The premiums required for the benefit for standard risks are shown on the same page as the base plan. The benefit may also be issued to certain substandard risks as set forth in Section F.

COMMON CARRIER ACCIDENTAL BENEFIT

In the 82 and subsequent policy series, all ADB riders have a common carrier death benefit. The ADB pays double if the Insured dies in an accident as fare paying passenger in a public vehicle operated by a licensed common carrier.



TERM PLANS and SUPPLEMENTAL BENEFITS

Term Life Insurance Rider (ICC14 LLR-01)

DESCRIPTION

RIDER TYPE – Level Term Insurance

PREMIUMS – Guaranteed Level for Term Period. There is no policy fee.

TERM PERIODS – Five level term periods of 7, 10, 15, 20, or 30 years. After the level term period the premiums will increase annually. Coverage will terminate at age 95.

NONPARTICIPATING – No Dividends

PLANS ON WHICH AVAILABLE –

All five term periods are available on: Heritage 2022, Contender 2022, Patriot 2022, Sentinel 2022 and 10 Pay Life 2022 policies.

CONVERSION – Available through the earliest of the end of the level term period or age 65. Convertible

- For same or lesser amount as the original amount of insurance for this rider
- WPD Benefit if included in the policy to which the rider is attached and conversion is before age 60

DATING OF RIDER – On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

UNDERWRITING RULES

ISSUE AGES:

- Term 7 and 10 – 18 to 75
- Term 15 – 18 to 70
- Term 20 – 18 to 65
- Term 30 – 18 to 55 (male and unisex tobacco are limited to age 50)

MINIMUM AMOUNT - \$25,000

MAXIMUM AMOUNT – 12 times the face amount of the base policy to which the rider is attached

WPD BENEFIT – WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT – This rider does not provide for the Accidental Death Benefit.

RATE CLASSES – Super Preferred No Tobacco, Preferred No Tobacco, Standard No Tobacco, Preferred Tobacco, Standard Tobacco.

NONMEDICAL LIMITS – Nonmedical limits used for a policy apply to the total of this rider, the base policy, and all other riders.

INSPECTIONS – If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

SPECIAL CLASS – This rider will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.



TERM PLANS and SUPPLEMENTAL BENEFITS

Children's Insurance Rider (ICC19 LLR-14 1901)

DESCRIPTION

The Children's Insurance Rider (CIR) provides term insurance to age 24 on the children of the Insured (or to the Insured's age 65, if earlier).

"Insured" means the person whose life is insured under the base policy to which the CIR rider is attached. "Insured's Spouse" means the spouse of the Insured on the date of application for the rider. If the Insured is unmarried on the date of application for CIR, his or her first spouse upon marriage shall be the "Insured's Spouse." "Insured Child" means (1) a child, stepchild, or legally adopted child of the Insured who is (a) named in the application for CIR and is (b) more than 5 days of age and less than 18 years of age on the effective date of the rider, or (2) a child who is more than 5 days of age and is born of the marriage of the Insured and the Insured's Spouse after the effective date of this rider, or (3) a child legally adopted by the Insured before such child's 18th birthday and after the effective date of this rider, or (4) a step-child of the Insured acquired before such child's 18th birthday and after the effective date of this rider.

"Expiry Date" means the CIR anniversary next following the Insured's 65th birthday.

PAID-UP TERM INSURANCE BENEFIT - If the Insured dies while the CIR rider is in force, the insurance provided by the CIR rider will be continued in force, subject to its terms, as paid-up term insurance on each Insured Child until the CIR anniversary next following the Insured Child's 24th birthday, or the Expiry Date if earlier.

BASE PLANS TO WHICH THE RIDER MAY BE ATTACHED The CIR rider may be attached to any new permanent life or term policy (or added to any such existing life policy in the 1980 CSO or 2001 CSO policy series), provided the Insured is between ages 18 and 55.

PREMIUMS - Premiums are independent of age and are payable to the Insured's age 65 or earlier termination of rider or base policy.

PREMIUM - The CIR annual premium per \$1,000 for all Life policies, including Waiver of Premium Disability benefit, for all ages is \$4.98. The annual premium per \$ 1,000 without WP Disability is \$4.80. The premiums for the CIR when added to Universal Life plans are found on the rate card for the plan.

DATING OF RIDER - If the rider is being issued with a new policy, the rider will carry the same effective date as the policy. If the rider is being added to a previously existing policy, the rider must be dated on a monthly anniversary of the issue day of the existing policy. Pro-rata premium to the next premium date of the base policy must be collected; you will be notified of the amount by the Home Office.

NONFORFEITURE VALUES - The CIR rider contains no nonforfeiture values.

BENEFICIARY - Unless changed as provided in the base policy, the beneficiary of the CIR rider is the Insured, if living, otherwise the Insured's Spouse, if living, otherwise the estate of the child.

CONVERSION OF CHILDREN'S TERM INSURANCE Each Insured Child may convert the term insurance provided by the CIR rider without evidence of insurability on the earlier of (a) the CIR anniversary next following his 24th birthday or (b) the Expiry Date, for an amount not more than five (5) times the amount of the CIR.

The converted policy may be on any level premium permanent plan then regularly issued by the Company for the amount being converted. Inclusion of accidental death, waiver of premium disability, or any other supplemental benefits in the converted policy will require the consent of the Company and the furnishing of satisfactory evidence of insurability. The converted policy will have a date of issue the same as the expiration date of insurance on the Insured Child.

UNDERWRITING RULES

ISSUE AGES - CIR may be written for children's ages 0 through 17. At issue, full protection is provided for all children more than age 5 days through 17 years. Children born after date of issue of the rider are fully covered 5 days after birth.

AMOUNT LIMITS —

Minimum Amount - \$5,000

Maximum Amount - \$25,000

In no event may the amount of CIR insurance exceed the base policy amount.



TERM PLANS and SUPPLEMENTAL BENEFITS

WAIVER OF PREMIUM DISABILITY BENEFIT - WPD will be included in the rider only if the base policy includes such benefit. However, when adding the CIR rider to existing policies, if the base policy has the disability benefit but the Insured cannot currently qualify for it, CIR will not be issued.

ACCIDENTAL DEATH BENEFIT - The CIR rider does not provide for ADB on the children.

NONMEDICAL LIMITS - Regular nonmedical rules apply.

VOLUME CREDIT - No volume credit is granted for the addition of the CIR rider, either on new issues or previously issued policies.

INSPECTIONS - If the rider is being added to a new issue, no Inspection Report will be required. If the rider is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office if needed.

ADDITION OF THE CHILDREN'S INSURANCE RIDER TO EXISTING POLICIES - APPLICATION FORM Forward to the Company a completed Application for Policy Change Form 1043, part 1 and part 2. The nonmedical questions in part 2 must be answered for the Insured and the Children. The Insured and any child over age 15 must sign on page 3. An Authorization to Release Information Form 1453 must also be forwarded to the Company along with a remittance covering the cost of the addition and the **policy for traditional policies**. *See page B-43. The policy is not needed for Universal Life policies. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.

Only 1980 CSO policies may have the CIR-93 or ENC-CIR-93. For a prior policy series, the CIR form designed for that series will be used. The definition of "Insured Child" in those riders is different from the 1993 CIR.

SPECIAL CLASS - The rider may be issued providing the Insured is not issued above Table D. On previous issues, a short nonmedical on the Insured is included in the rider application. If a child is not a standard risk, the child will be excluded from the rider by way of endorsement, and no insurance credit or premium adjustment is made. If the child's impairment is of a temporary nature, the child may later be included by satisfactory evidence of insurability and endorsement into the plan.

QUANTITY DISCOUNT FACTOR - The QDF is not applicable in determining the CIR premium but will have been included in your calculation of the premium for the base policy to which the CIR rider is attached.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Death Benefit Plus Rider (ICC16 LLR-08 1601) Not For Use in CA

DESCRIPTION

The Accelerated Death Benefit PLUS Rider (ICC16 LLR-08 1601) offers the policy owner access to a portion of the Death Benefit of the policy in the form of an advance if the insured is diagnosed with a qualifying medical event or condition. This rider is automatically included on all new Lafayette Life Whole Life insurance policies, subject to age, rate class, and underwriting approval.

QUALIFYING EVENTS

An advance is available if the insured has been diagnosed as having a Terminal Illness, a medical condition specified in the rider, or a Chronic Illness, as those terms are defined in the rider.

- **Terminal Illness:** An illness that is expected to result in death within 12 months.
- **Specified Medical Condition:** The insured is diagnosed with one of the following:
 - AIDS (Acquired Immune Deficiency Syndrome);
 - End-stage renal failure;
 - First coronary angioplasty;
 - First coronary artery bypass;
 - First myocardial infraction;
 - Life-threatening cancer;
 - Major organ transplant;
 - Medical condition requiring permanent or continuous life support; or
 - Stroke
- **Chronic Illness:** The insured:
 - 1 Has been unable to perform (without substantial assistance from another individual) at least two of six Activities of Daily Living (ADLs) for a period of at least 90 days due to a loss of functional capacity, and a licensed Health Care Practitioner has determined the loss of ability to perform those activities of daily living is expected to be permanent; or

2 Requires substantial supervision to protect himself/herself from threats to health and safety due to severe cognitive impairment.

The six ADLs are routine daily activities generally considered necessary for a self-sustaining person to remain independent: eating, toileting, transferring (moving in or out of a bed or chair), bathing, dressing and continence.

AVAILABILITY OF BENEFITS

Benefits are available when the insured experiences a qualifying event or illness.

ISSUE AGES

0-85 for Standard underwriting classes
18-80 for Preferred underwriting classes

UNDERWRITING CLASSES

The insured must meet both the age / rate class and Chronic Illness underwriting standards to qualify. Underwriting will screen medical histories involving recurrent or progressive conditions associated with limitations in daily functioning. Insureds who do not meet the Chronic Illness underwriting standards will receive the terminal illness Accelerated Death Benefit Rider (ICC16 LLR-07 1601), subject to state availability. The Accelerated Death Benefit PLUS Rider is not available for substandard classes.

RIDER COMPATABILITY

The Accelerated Death Benefit PLUS Rider is available in combination with all other riders. Premiums for the Level Premium Paid-Up Additions Rider (ICC19 LLR-15 1901) and Fixed Premium Paid-Up Additions Rider (ICC19 LLR-17 1901) will no longer be allowed after an advance is taken under the Accelerated Death Benefit PLUS Rider.

RIDER EXPENSES

There is no premium cost for the Accelerated Death Benefit PLUS Rider. We reserve the right to charge an administrative fee up to \$250 per advance.

Continued >



TERM PLANS and SUPPLEMENTAL BENEFITS

ACCELERATED DEATH BENEFIT PLUS RIDER

DIVIDENDS

This rider does not affect how dividends² are calculated; however, policy dividends paid, if any, will be first used to repay any outstanding lien created by an advance.

RESIDUAL DEATH BENEFIT

Provided the policy's Death Benefit is \$75,000 or greater at the time of the first advance for the last qualifying event under the Accelerated Death Benefit PLUS Rider, the Death Benefit payable will not be reduced below \$10,000. However, any outstanding policy loans will reduce the Residual Death Benefit on a dollar-for-dollar basis.

METHOD OF THE ADVANCE

Advances under the Accelerated Death Benefit PLUS Rider are secured by a lien against the Death Benefit of the policy. The lien will accrue interest each year. The rate of interest on the lien will depend on the net cash value of the policy. The lien will be increased, if necessary, to keep the policy in effect. This includes increasing the lien to pay unpaid premiums, starting with the first month an advance is taken. Any premiums received will first be used to repay the lien. Upon the death of the insured, the Death Benefit will be reduced by the amount of the lien, including interest.

Lien Interest Rate

For the portion of the outstanding lien that is less than or equal to the Net Cash Value of the policy, the Lien Interest Rate will be the lesser of:

- (a) The Loan Interest Rate then in effect under the policy; or
- (b) 8%

For any amount of the outstanding lien in excess of the Net Cash Value, the Lien Interest Rate will be the rate shown in (b) above.

Lien interest is due and payable in arrears on the next Annual Date and on each Annual Date thereafter. The Lien Interest Rates vary depending on the amount of the outstanding lien.

PAYMENT OF THE ADVANCE

All three qualifying events allow an advance in the form of a lump-sum payment.³ If a Chronic Illness advance is taken, the owner has the flexibility to choose between a lump-sum payment or receive periodic payments, subject to eligibility and availability as defined by the state of issue.

Selecting the periodic payment option allows the owner to select the length of time, from 3-10 years, to receive an advance in periodic payments. No more than one election can be made for each type of qualifying event. If more than one qualifying event occurs simultaneously, we will use the qualifying event with the highest maximum advance amount to determine the available lump-sum payment.

Once the owner begins taking either lump-sum advances or periodic payments, the owner cannot change between them. A periodic payment amount cannot be increased or decreased (other than to stop payments). If periodic payments are discontinued, they may not later be resumed. The owner may not choose to stop the periodic payments and then take a lump sum.

If an advance under this rider is requested while a policy loan is outstanding, we will first apply the advance to the repayment of the loan.

² Dividends are not guaranteed and may be changed by the company at any time for any reason.

³ The lump-sum advance may be taken as a single payment or as frequently as monthly. For Terminal Illness and Specified Medical Condition, all advances must be taken within 12 months of the first advance. For Chronic Illness, all advances must be taken within 48 months of the first advance.



TERM PLANS and SUPPLEMENTAL BENEFITS

ACCELERATED DEATH BENEFIT PLUS RIDER

HOW BENEFITS ARE CALCULATED

LUMP-SUM PAYMENT

- Minimum Advance: \$500
- Maximum Advance Formulas:

Net Cash Value	Specified Medical Condition: Lesser of + A \$25,000 or B 10% of the difference between the Death Benefit and the Net Cash Value	=	Maximum Advance Amount*
	Chronic Illness: Lesser of + A \$250,000 or B 40% of the difference between the Death Benefit and the Net Cash Value	=	
	Terminal Illness: Lesser of + A \$250,000 or B 60% of the difference between the Death Benefit and the Net Cash Value	=	

* Maximum Advance Amount may be reduced by interest.

PERIODIC PAYMENT OPTION - FOR CHRONIC ILLNESS ONLY

- Minimum Advance: \$500
- Maximum Advance and Periodic Payment Formulas:

Lesser of A \$1,000,000 or B 50% of Death Benefit	=	Maximum Advance Amount	÷	Payout Length (3-10 Years)	=	Annual Benefit*
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* The annualized amount is not to exceed the lesser of the Annualized IRS Per Diem Limit or \$240,000 in a given year.

TAX CONSIDERATIONS

Generally, any amount received under a life insurance contract on the insured for fatal illness or chronic illness is treated as "an amount paid by reason of death of the insured." These amounts are not included in gross income, so any accelerated Death Benefit meeting these requirements will typically be free from income tax.

There are some limitations on amounts paid for a chronically ill insured, which is based upon the two of six Activities of Daily Living. The same

limitations that apply to long-term care benefits apply to amounts paid for a chronically ill insured.

The Lafayette Life Insurance Company makes no representation as to whether accelerated Death Benefits are taxable. It is possible that all or part of an advance may be considered taxable by the Internal Revenue Service. Individuals considering accessing these benefits should contact their attorney, accountant or other tax advisor to determine if amounts received will be taxable.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Death Benefit Plus Rider (ICC16 LLR-08 1601 CA) For Use in CA Only

DESCRIPTION

The Accelerated Death Benefit PLUS Rider (ICC16 LLR-08 1601 CA) offers the policy owner access to a portion of the Death Benefit of the policy in the form of an advance if the insured is diagnosed with a qualifying medical event. This rider is automatically included on all new Lafayette Life Whole Life insurance policies, subject to age, rate class, and underwriting approval.

QUALIFYING EVENTS

An advance is available if the insured has been diagnosed as having a Terminal Illness, or a Chronic Illness, as those terms are defined in the rider.

- **Terminal Illness:** An illness that is expected to result in death within 12 months.
- **Chronic Illness:** The insured:
 - 1 Has been unable to perform (without substantial assistance from another individual) at least two of six Activities of Daily Living (ADLs) for a period of at least 90 days due to a loss of functional capacity, and a licensed Health Care Practitioner has determined the loss of ability to perform those activities of daily living is expected to be permanent; or
 - 2 Requires substantial supervision to protect himself/herself from threats to health and safety due to severe cognitive impairment.

The six ADLs are routine daily activities generally considered necessary for a self-sustaining person to remain independent: eating, toileting, transferring (moving in or out of a bed or chair), bathing, dressing and continence.

AVAILABILITY OF BENEFITS

Benefits are available when the insured experiences a qualifying event or illness.

ISSUE AGES

0-85 for Standard underwriting classes
18-80 for Preferred underwriting classes

UNDERWRITING CLASSES

The insured must meet both the age / rate class and Chronic Illness underwriting standards to qualify. Underwriting will screen medical histories involving recurrent or progressive conditions associated with limitations in daily functioning. Insureds who do not meet the Chronic Illness underwriting standards will receive the terminal illness Accelerated Death Benefit Rider (ICC16 LLR-07 1601), subject to state availability. The Accelerated Death Benefit PLUS Rider is not available for substandard classes.

RIDER COMPATABILITY

The Accelerated Death Benefit PLUS Rider is available in combination with all other riders. Premiums for the Level Premium Paid-Up Additions Rider (ICC19 LLR-15 1901) and Fixed Premium Paid-Up Additions Rider (ICC19 LLR-17 1901) will no longer be allowed after an advance is taken under the Accelerated Death Benefit PLUS Rider.

RIDER EXPENSES

There is no premium cost for the Accelerated Death Benefit PLUS Rider. We reserve the right to charge an administrative fee up to \$250 per advance.

Continued >



TERM PLANS and SUPPLEMENTAL BENEFITS

ACCELERATED DEATH BENEFIT PLUS RIDER

DIVIDENDS

This rider does not affect how dividends² are calculated; however, policy dividends paid, if any, will be first used to repay any outstanding lien created by an advance.

RESIDUAL DEATH BENEFIT

Provided the policy's Death Benefit is \$75,000 or greater at the time of the first advance for the last qualifying event under the Accelerated Death Benefit PLUS Rider, the Death Benefit payable will not be reduced below \$10,000. However, any outstanding policy loans will reduce the Residual Death Benefit on a dollar-for-dollar basis.

METHOD OF THE ADVANCE

Advances under the Accelerated Death Benefit PLUS Rider are secured by a lien against the Death Benefit of the policy. The lien will accrue interest each year. The rate of interest on the lien will depend on the net cash value of the policy. The lien will be increased, if necessary, to keep the policy in effect. This includes increasing the lien to pay unpaid premiums, starting with the first month an advance is taken. Any premiums received will first be used to repay the lien. Upon the death of the insured, the Death Benefit will be reduced by the amount of the lien, including interest.

Lien Interest Rate

For the portion of the outstanding lien that is less than or equal to the Net Cash Value of the policy, the Lien Interest Rate will be the lesser of:

- (a) The Loan Interest Rate then in effect under the policy; or
- (b) 8%

For any amount of the outstanding lien in excess of the Net Cash Value, the Lien Interest Rate will be the rate shown in (b) above.

Lien interest is due and payable in arrears on the next Annual Date and on each Annual Date thereafter. The Lien Interest Rates vary depending on the amount of the outstanding lien.

PAYMENT OF THE ADVANCE

All three qualifying events allow an advance in the form of a lump-sum payment.³ If a Chronic Illness advance is taken, the owner has the flexibility to choose between a lump-sum payment or receive periodic payments, subject to eligibility and availability as defined by the state of issue.

Selecting the periodic payment option allows the owner to select the length of time, from 1-10 years, to receive an advance in periodic payments. No more than one election can be made for each type of qualifying event. If more than one qualifying event occurs simultaneously, we will use the qualifying event with the highest maximum advance amount to determine the available lump-sum payment.

Once the owner begins taking either lump-sum advances or periodic payments, the owner cannot change between them. A periodic payment amount cannot be increased or decreased (other than to stop payments). If periodic payments are discontinued, they may not later be resumed. The owner may not choose to stop the periodic payments and then take a lump sum.

If an advance under this rider is requested while a policy loan is outstanding, we will first apply the advance to the repayment of the loan.

² Dividends are not guaranteed and may be changed by the company at any time for any reason.

³ The lump-sum advance may be taken as a single payment or as frequently as monthly. For Terminal Illness, all advances must be taken within 12 months of the first advance. For Chronic Illness, all advances must be taken within 48 months of the first advance.



TERM PLANS and SUPPLEMENTAL BENEFITS

ACCELERATED DEATH BENEFIT PLUS RIDER

HOW BENEFITS ARE CALCULATED

LUMP-SUM PAYMENT

- Minimum Advance: \$500
- Maximum Advance Formulas:

Net Cash Value	Chronic Illness: Lesser of + A \$300,000 or B 40% of the difference between the Death Benefit and the Net Cash Value	=	Maximum Advance Amount*
	Terminal Illness: Lesser of + A \$250,000 or B 60% of the difference between the Death Benefit and the Net Cash Value	=	

* Maximum Advance Amount may be reduced by interest.

PERIODIC PAYMENT OPTION - FOR CHRONIC ILLNESS ONLY

- Minimum Advance: \$500
- Maximum Advance and Periodic Payment Formulas:

Lesser of A \$300,000 or B 50% of Death Benefit	=	Maximum Advance Amount	÷	Payout Length (3-10 Years)	=	Annual Benefit*
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* The annualized amount is not to exceed the lesser of the Annualized IRS Per Diem Limit or \$240,000 in a given year.

TAX CONSIDERATIONS

Generally, any amount received under a life insurance contract on the insured for fatal illness or chronic illness is treated as “an amount paid by reason of death of the insured.” These amounts are not included in gross income, so any accelerated Death Benefit meeting these requirements will typically be free from income tax.

There are some limitations on amounts paid for a chronically ill insured, which is based upon the two of six Activities of Daily Living. The same

limitations that apply to long-term care benefits apply to amounts paid for a chronically ill insured.

The Lafayette Life Insurance Company makes no representation as to whether accelerated Death Benefits are taxable. It is possible that all or part of an advance may be considered taxable by the Internal Revenue Service. Individuals considering accessing these benefits should contact their attorney, accountant or other tax advisor to determine if amounts received will be taxable.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Death Benefit Rider (ICC16 LLR-07 1601)

DESCRIPTION

The Accelerated Death Benefit Rider (ICC16 LLR-07 1601) offers the policy owner access to a portion of the Death Benefit of the policy in the form of an advance if the insured is diagnosed as having a Terminal Illness. This rider is automatically included on all new Lafayette Life Whole Life insurance policies that do not qualify for the Accelerated Death Benefit Plus Rider (ICC16 LLR-08 1601).

QUALIFYING EVENTS

An advance is available if the insured has been diagnosed as having a Terminal Illness, defined as an illness that is expected to result in death within 12 months.

AVAILABILITY OF BENEFITS

Benefits are available when the insured experiences a qualifying illness.

ISSUE AGES

0-85 for Standard underwriting classes
18-80 for Preferred underwriting classes

RIDER COMPATABILITY

The Accelerated Death Benefit Rider is available in combination with all other riders. Premiums for the Level Premium Paid-Up Additions Rider (ICC19 LLR-15 1901) and Fixed Premium Paid-Up Additions Rider (ICC19 LLR-17 1901) will no longer be allowed after an advance is taken under the Accelerated Death Benefit Rider.

RIDER EXPENSES

There is no premium cost for the Accelerated Death Benefit Rider. We reserve the right to charge an administrative fee up to \$250 per advance.

DIVIDENDS

This rider does not affect how dividends¹ are calculated; however, policy dividends paid, if any, will be first used to repay any outstanding lien created by an advance.

RESIDUAL DEATH BENEFIT

Provided the policy's Death Benefit is \$75,000 or greater at the time of the advance under the Accelerated Death Benefit Rider, the Death Benefit payable will not be reduced below \$10,000. However, any outstanding policy loans will reduce the Residual Death Benefit on a dollar-for-dollar basis.

METHOD OF THE ADVANCE

Advances under the Accelerated Death Benefit Rider are secured by a lien against the Death Benefit of the policy. The lien will accrue interest each year. The rate of interest on the lien will depend on the net cash value of the policy. The lien will be increased, if necessary, to keep the policy in effect. This includes increasing the lien to pay unpaid premiums, starting with the first month an advance is taken. Any premiums received will first be used to repay the lien. Upon the death of the insured, the Death Benefit will be reduced by the amount of the lien, including interest.

Lien Interest Rate

For the portion of the outstanding lien that is less than or equal to the Net Cash Value of the policy, the Lien Interest Rate will be the lesser of:

- (a) The Loan Interest Rate then in effect under the policy; or
- (b) 8%

For any amount of the outstanding lien in excess of the Net Cash Value, the Lien Interest Rate will be the rate shown in (b) above.

Lien interest is due and payable in arrears on the next Annual Date and on each Annual Date thereafter. The Lien Interest Rates vary depending on the amount of the outstanding lien.

Continued >



TERM PLANS and SUPPLEMENTAL BENEFITS

ACCELERATED DEATH BENEFIT RIDER

PAYMENT OF THE ADVANCE

A qualifying event allows an advance in the form of a lump-sum payment.¹ The lump sum maximum advance amount² available is equal to the policy's Net Cash Value plus the lesser of (a) \$250,000 or (b) 60% of the difference between the Death Benefit and the Net Cash Value.

Minimum Advance Amount: \$500

If an advance under this rider is requested while a policy loan is outstanding, we will first apply the advance to the repayment of the loan.

¹ Dividends are not guaranteed and may be changed by the company at any time for any reason.

² Lien interest to the next policy anniversary will be subtracted from the lump sum maximum advance amount at the time of advance.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Benefit Rider (ABR-92) Term Products Only

DESCRIPTION

The Accelerated Benefit Rider for traditional life (ABR) enables the Owner to advance the policy's death benefit while the Insured is still alive, but expected to die in 12 months or less.

The ABR benefit is elected by requesting it in writing, submitting satisfactory proof of Terminal Illness, and sending the policy to the Company. For more information about electing an ABR benefit, see page B-48.

TERMINAL ILLNESS - A medical condition:

- diagnosed by a medical doctor; and
- supported by satisfactory evidence; and
- that is expected to result in death within 12 months; and
- which is confirmed by a second opinion, unless the Company waives this requirement.

ELIGIBLE PROCEEDS - Policy amount payable at the Insured's death,

- including:
 - a) level term riders which may still be converted;
 - b) single premium life riders; and
 - c) paid-up additions;
- and reduced by any policy loans and loan interest.

Excludes dividend accumulations and any riders omitted from above list.

Eligible Proceeds are exchanged for a Living Benefit when the benefit is paid.

LIVING BENEFIT - Amount payable under the ABR while the Insured is still living, but suffering a Terminal Illness. It is computed by discounting or reducing the Eligible Proceeds that are exchanged.

The discount computation depends on life expectancy of Insureds with a Terminal Illness and interest rates at time of election. The computation also considers other things -future premiums, future dividends, a processing charge, etc.

The processing charge is currently \$250 for the first policy and \$100 for each additional policy. It will never exceed 3% of the Living Benefit.

EXCHANGE AMOUNT RULES - At least \$25,000 of Eligible Proceeds must be exchanged at one time. Eligible Proceeds that remain after an exchange must be at least

\$10,000. Total Eligible Proceeds exchanged under all policies on the Insured may not exceed \$250,000.

EFFECT ON THE POLICY - Receipt of an ABR benefit reduces Eligible Proceeds by the amount exchanged.

When only part of the Eligible Proceeds of a policy are exchanged, all values and amounts of insurance included in the definition of such Proceeds are proportionately reduced. New premiums apply as if the policy had originally been issued at the reduced amount.

If there are two or more policies, it is possible to completely exchange one of the policies. For that policy, all insurance on the Insured ends, and any insurance on someone else is treated as if the Insured had died.

TOTAL DISABILITY -- If the policy has a waiver benefit (or had a waiver benefit until the oldest eligible age of the Insured) at the time the ABR is elected, then when an ABR benefit is approved, the Insured will be considered totally disabled, and future premiums will be waived.

CONDITIONS -

- The term of the policy, if in force as ETI, must be at least 5 years past the date of ABR election.
- The policy must not be assigned, except to us as security for a loan.
- Any irrevocable beneficiary must consent in writing before the ABR is exercised.
- The ABR cannot be exercised if an election of the rider benefit is required before the Owner can be eligible for government benefits.

UNDERWRITING RULES

ISSUE AGES — 0 through 75.

MINIMUM POLICY SIZE - The ABR can only be attached to policies with a face amount of at least \$25,000.

PLANS ON WHICH AVAILABLE -- The ABR is available on new and existing traditional life and level term policies still in their conversion period.

SUBSTANDARD - The ABR is available on substandard policies.

APPLICATION -- If no request is made to exclude the ABR, it will automatically be included on new issues.

PREMIUMS AND QDF -- None.



TERM PLANS and SUPPLEMENTAL BENEFITS

Premium Deposit Fund Max (PDF Max) (ICC19 LLR-19 1901)

Not For Use In: PA

DESCRIPTION

The Premium Deposit Fund Max Rider (PDF Max) allows a single premium to be paid into the rider at issue to cover 3-10 years of premiums. It combines the advantages of life insurance, with the simplicity of making a single lump-sum payment. Once the lump-sum payment is submitted, Lafayette Life is able to automatically transfer the annual premium payments into the life insurance policy for your client, eliminating the need for them to pay their annual premium.

POLICY TO WHICH RIDER MAY BE ATTACHED – Heritage 2022, Contender 2022, Patriot 2022, Sentinel 2022 and 10 Pay Life 2022 policies.

MAY BE APPLIED FOR – At time of application.

UNDERWRITING RULES

ISSUE AGES – 0-85

RIDER BALANCE – The balance of the PDF Max at issue is equal to the amount of premium paid into the PDF Max. The balance is reduced each time an unpaid premium is removed from and applied to the Policy.

The balance of the PDF Max at any given time is equal to:

- the Single Premium paid into the PDF Max at issue, minus
- the sum of all amounts removed from the PDF Max and applied to the Policy.

The balance of the PDF Max is limited by state regulation and may never exceed the Maximum Balance as shown on the Rider Data Page. If the balance ever exceeds the limit, we will refund the excess to the client.

WITHDRAWALS – No partial withdrawals may be made from the PDF Max. Only a complete withdrawal of the value from the PDF Max is permitted.

PREMIUMS – The minimum single premium for this rider is 3 times the annual premium of the base policy and any attached rider and the maximum single premium is 10 times the annual premium of the base policy and any attached rider, adjusted by the Premium Discount Factor. Annual premium is defined as the annual premium for the base policy and attached riders (excluding LPUA and FPUA), plus the LPUA maximum annual premium and FPUA fixed annual premium. Section 1035 amounts cannot be accepted by the PDF Max.

HOW IT WORKS – On each Annual Date while this Rider is in force, we will compute a Premium Discount Factor. The Premium Discount Rate is printed on the Rider Data Page and is guaranteed to never change. The Premium discount rate is also guaranteed to never change.

On each Annual Date while this Rider is in force, we will deduct an amount from the PDF Max equal to the Premium Discount Factor times the amount of due and unpaid premium on that Annual Date. We will credit the Policy an amount equal to the unpaid premium.

If the balance of the PDF Max is insufficient to cover this amount, we will instead deduct all of the remaining amount from the PDF Max and credit to the Policy an amount equal to that amount divided by the Premium Discount Factor. This Rider will then terminate and we will send the client a bill for any remaining amount due.

The difference between the amount deducted from the PDF Max and the amount credited to the Policy is gain and is taxable. We will annually send you a federal 1099-INT statement, or its replacement, showing the amount of taxable income received.

HOW TO APPLY – Under “Optional Benefits and Riders” on the application, check “Premium Deposit Fund Max” and the amount of premium for which the insured is going to contribute to the rider.

RIDER TERMINATION – PDF Max will terminate when:

- the client requests the rider be terminated;
- the PDF Max balance equals zero;
- the policy is being covered under disability waiver;
- the client takes advantage of the ADBR+ rider;
- the total premium paid under the Policy exceeds life insurance tax qualification limits;
- the Policy becomes a Modified Endowment Contract under federal tax laws;
- the Policy becomes fully paid-up due to payment of the final premium;
- the client takes advantage of a non-forfeiture option like extended term or reduce paid-up;
- the date of any other Rider or Policy change;
- the Insured dies;
- the policy terminates.



TERM PLANS and SUPPLEMENTAL BENEFITS

Premium Deposit Fund Rider (PDF) (ICC19 LLR-18 1901)

DESCRIPTION

The Premium Deposit Fund Rider (PDF) provides a fund into which money can be deposited at any time for any reason. The fund earns interest and can be used to pay future premiums for the base policy and any attached riders automatically when they become due. The premium that can be paid into the fund is subject to a maximum balance covering up to two years of annual premiums.

POLICY TO WHICH RIDER MAY BE ATTACHED – Heritage 2022, Contender 2022, Patriot 2022, Sentinel 2022 and 10 Pay Life 2022 policies.

UNDERWRITING RULES

ISSUE AGES – 0 to 85 for standard and above rate classes.

This rider is included at issue, free of charge, on all policies unless the client elects the PDF Max rider. The policy owner can only have either the PDF Max rider or the PDF rider.

RIDER BALANCE – The balance at issue is equal to the amount of premium paid into the PDF. The balance is credited each time a premium is deposited into the fund and reduced each time a due and unpaid premium is removed and applied to the policy.

The balance of the Premium Deposit Fund at any given time is equal to:

- The sum of all premiums paid into the Premium Deposit Fund, minus
- The sum of all amounts removed from the Premium Deposit Fund and applied to the Policy, plus
- Interest on both amounts above

WITHDRAWALS – No partial withdrawals may be made from the Premium Deposit Fund. Only a complete withdrawal of the value from the Premium Deposit Fund is permitted.

¹The maximum premium that can be added to the fund is limited such that the balance does not exceed 2 times the annual premium. Annual premium is defined as the annual premium for the base policy and attached riders (excluding LPUA and FPUA), plus the LPUA maximum annual premium and FPUA fixed annual premium. Section 1035 amounts cannot be accepted by the PDF.

HOW IT WORKS – The account value of the PDF is credited an interest rate daily, which is declared periodically by the company. The credited interest rate may change from time to time. The credited interest rate will never be less than the Minimum Interest Crediting Rate (0.25%).

When a premium becomes due and is unpaid, the base policy and rider modal premiums are deducted from the account value of the PDF.

If the account value is not sufficient to pay the modal premium, the policy will terminate as described in the policy. The policy owner is responsible to pay the remainder of the modal premium.

Interest credited to the PDF is taxable. We will annually send you a federal 1099-INT statement, or its replacement, showing the amount of taxable income received.

RIDER TERMINATION – PDF will terminate when:

- The policy owner requests to terminate the rider;
- The policy becomes fully paid-up due to payment of the final premium;
- The policy is continued under a nonforfeiture option (extended term insurance or paid-up insurance);
- Upon termination of the policy to which this rider is attached;
- On the date of death of the insured.

¹ In Pennsylvania, the number of future premiums accepted will equal the number of future premiums due after adjusting for any interest credited.



TERM PLANS and SUPPLEMENTAL BENEFITS

Option to Purchase Additional Insurance Rider (ICC18 LLR-12 1809)

FEATURES AND BENEFITS

The Option to Purchase Additional Insurance (OPAI) Rider (ICC18 LLR-12 1809) provides the option to purchase, without evidence of insurability, additional insurance policies on specified dates and life events. A premium is charged for the OPAI rider and is based upon the OPAI Insurance Amount selected at issue. The OPAI Insurance Amount is subject to minimum and maximum limits.

UNDERWRITING RULES

Available on Standard rate classes or better.

ISSUE AGES: 0-37

MINIMUM ISSUE LIMIT: \$5,000

PAYABLE UNTIL: Age 49 or termination of rider, whichever happens first.

MAXIMUM ISSUE LIMITS:

Policy Issue Age	Maximum OPAI Insurance Amount — Lesser of:
0–17	5x Base Policy Face Amount or \$150,000
18–37	Base Policy Face Amount or \$150,000

HOW IT WORKS

The OPAI rider provides the option to purchase, without evidence of insurability, additional Whole Life insurance policies on specified dates and events. Optional riders may also be eligible to be carried over to the new policy if currently attached on the base policy. For specific information, please contact the home office. To apply, all you have to do is fill out the one page OPAI Election form.

If the client has waiver of premium or an accelerated death benefit rider on the original base policy, and is not currently disabled or receiving benefits under these riders, he or she can elect to carry that benefit over to the new policy

THE ELECTION WINDOW IS AS FOLLOWS:

- Not earlier than 60 days in advance of regular or contingent election option date
- Within 31 days following a regular or contingent election option date.
- Within 60 days following a marriage, birth or adoption,

How many times the client can take advantage of this option depends on the issue age of the client.

Age at Issue	Number of Option Dates	Option Dates — Policy Anniversary on which Attained Age of Insured is:
0–21	10	22, 25, 28, 31, 34, 37, 40, 43, 46, 49
22–24	9	25, 28, 31, 34, 37, 40, 43, 46, 49
25–27	8	28, 31, 34, 37, 40, 43, 46, 49
28–31	7	31, 34, 37, 40, 43, 46, 49
32–33	6	34, 37, 40, 43, 46, 49
34–36	5	37, 40, 43, 46, 49
37	4	40, 43, 46, 49

Contingent Election Option Dates

On Policy Anniversary for Attained Ages: 43, 46, 49

REGULAR ELECTION OPTIONS: For attained ages 22, 25, 28, 31, 34, 37 and 40, the insured will be granted Regular Election Option dates on the policy anniversary.

CONTINGENT ELECTION OPTIONS: For attained ages 43, 46 and 49, the insured will be granted Contingent Election Option dates on the policy anniversary. The qualifications are:

- To qualify for the age 43 option, the minimum number of elections available of at least a \$5,000 death benefit must have been issued and remain in force.
- To qualify for the age 46 option, the option at age 43 must be elected and remain in force, along with the minimum number of elections also remaining in force.
- To qualify for the age 49 option, the option at age 46 must be elected and remain in force, along with the minimum number of elections also remaining in force.

The minimum number of options required to qualify for Contingent Election Options are:

OPAI Rider Issue Ages	Number of Options
0–21	4 Options
22–27	3 Options
28–37	2 Options



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TERM PLANS and SUPPLEMENTAL BENEFITS

ALTERNATE ELECTION OPTIONS: Additionally, along with the previously mentioned dates, the policy owner may choose to purchase additional life insurance policies if any of the following life events occur:

- The insured marries.
- The birth of the insured's child.
- The insured adopts a child.
- Military promotion of the insured, as defined in the rider.

The OPAI rider is capped at a maximum of 12 elections or \$1.2 million. After the lifetime maximum is met, the rider expires.



TERM PLANS and SUPPLEMENTAL BENEFITS

Waiver of Premium Disability Benefit (WPD)

DISCONTINUED 8/31/05

The Waiver of Premium Disability benefit (WPD) provides that if the Insured becomes totally disabled prior to his 60th birthday while the policy is in full force and continues to be so disabled for a period of at least six months, payment of premiums under the policy, including any additional benefits, will be waived, beginning with the date of disability, for as long as the Insured remains disabled during the premium paying period of the policy. The benefit also provides waiver of premiums to age 65 for any disability after age 60.

The WPD rider defines total disability as a disability which:

1. results from bodily injury or disease;
2. begins while the rider is in force;
3. begins before the annual date next following the Insured's 65th birthday;
4. exists continuously for six months;
5. during the first 24 months of disability prevents the Insured from performing the substantial and material duties of the Insured's regular occupation at the time the Insured became disabled; and
6. after 24 months of disability prevents the Insured from working at any occupation for which the Insured is, or becomes, reasonably suited by reason of education, training, or experience, with due regard to the Insured's vocation and earnings prior to disability.

Any premiums which the Insured may have paid during the first six months of disability are refunded upon approval of the disability claim, except that no premium due more than one year prior to receipt of written notice of claim will be waived unless it is shown that such notice was given as soon as was reasonably possible. During the time that premiums are waived, the dividends and cash surrender or loan values will be the same as though the premiums so waived had been paid in cash.

Premiums for the policy should continue to be paid until the Waiver of Premium claim for disability is approved.

PRESUMPTIVE TOTAL DISABILITY - Even if the Insured works at an occupation, the Company will consider the disability total if it results in total and permanent loss of:

- Sight of both eyes;
- Use of both hands;
- Use of both feet;
- Use of one hand and one foot;
- Speech; or
- Hearing in both ears.

JUVENILE POLICIES - The WPD benefit may be included with any juvenile policy. In the 79 and subsequent policy series, the benefit is effective from the date of issue. Prior policies contained a benefit which was not effective until age 15 even if included at a younger issue age.

LIMITS - The Waiver of Premium Disability benefit will not be included in most substandard classes, group and certain other conversions nor in any other policy, if, in the judgment of the Company, the benefit should not be issued. The benefit may normally be included in all substandard policies requiring a permanent flat extra premium. Cases requiring Table Ratings are considered on an individual basis and may or may not include the benefit. The benefit will not be offered on Universal Life policies.

Waiver of premium **is not available** if the death benefit of the base plan, plus any LPUA and term rider benefits is **in excess of \$5,000,000**.

AGE LIMITS - The benefit is issued at insurance ages 0 through 55.

SPECIAL CLASS - WPD may be issued through Table B.

ADDITION OF WAIVER OF PREMIUM TO EXISTING POLICIES - APPLICATION FORM - Complete and forward to the Company an Application for Policy Change Form 1043, part 1 and part 2, an Authorization to Release Information Form 1453, a remittance covering the cost of the addition and the **policy**. *See page B-49. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

10 Year Renewable Term Rider (10TR-89)

DISCONTINUED 8/31/05

DESCRIPTION

The 10 Year Renewable Term Rider (10TR) provides term insurance on the Insured. The rider will automatically renew every ten years, except that renewals after age 65 only provide coverage to age 75. No renewal is allowed after age 70.

The 10TR is an "indeterminate premium" rider. The Company may change the premium on any anniversary. Any such change is limited to a maximum shown with the policy and would be made on a uniform basis for Insureds of the same age and class of risk.

This rider is nonparticipating.

PLANS ON WHICH AVAILABLE - The 10TR may be issued with any 1980 CSO Life policy. It may not be issued with a Universal Life Policy.

PREMIUMS - Both maximum and current premiums are shown on the next page. Renewal premiums are the same as issue age premiums for an Insured ten years older. It is important that the Insured not be told that our current premiums are guaranteed.

DATING OF RIDER - If the rider is being added to a new issue base plan, the rider will carry the same date of issue as the base plan. If the rider is being added to a previously existing base plan, the rider must be dated on an anniversary of the existing base policy.

CONVERSION - The 10TR may be converted to any level premium permanent policy prior to the rider anniversary date next following the Insured's 65th birthday. The inclusion of accidental death, waiver of premium disability or any other supplemental benefit on the converted policy will be subject to satisfactory evidence of insurability. If the Insured becomes totally disabled before age 60, and premiums for this rider are being waived under a WPD rider, and the Insured remains disabled until age 65, the 10TR will automatically convert to a life paid-up at 95 policy with all future premiums waived by the Company.

UNDERWRITING RULES

ISSUE AGES - The 10TR may be written for ages 15 through 64.

AMOUNT LIMITS - Minimum Amount - \$5,000

RATIO OF RIDER TO BASE POLICY - The amount of 10TR rider may not exceed twelve (12) times the face amount of the base policy to which the rider is attached.

WAIVER OF PREMIUM DISABILITY BENEFIT - WPD will be included in the rider only if the base policy includes such benefit. However, when adding the 10TR rider to existing policies, if the base policy has the disability benefit but the Insured cannot currently qualify for it, the rider will not be issued.

ACCIDENTAL DEATH BENEFIT - 10TR rider does not provide for the Accidental Death Benefit.

PREFERRED UNDERWRITING CLASS - We expect that an estimated 60% of insureds, who qualify for the nontobacco use and whose issue ages are 18-64, would qualify for the preferred class. Please refer to page B16.1 for complete details.

NONSMOKER DISCOUNT - On this plan a reduced premium is offered at time of issue to prospective Insureds age 18 and over who have not smoked a cigarette in the past 12 months. The Insured must attest to nonsmoking by answering the nonsmoking question on the application.

NONMEDICAL LIMITS - The nonmedical limits used for regular individual plans also apply to the total of the 10TR and the base policy.

VOLUME CREDIT - Volume credit is granted for the addition of 10TR, either on new issue or previously issued policies.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of the 10TR and the base policy.

If the rider is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

APPLICATION FORM - The regular 1459 application should be used to apply for the 10TR.

SPECIAL CLASS - The 10TR rider will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

QUANTITY DISCOUNT FACTOR - The QDF is not applicable in determining the 10TR premium but will have been included in the calculation of the premium for the base policy to which the 10TR is attached.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Annual Renewable Term Rider (TR-91)

DISCONTINUED 8/31/05

DESCRIPTION

The Term Rider (TR) provides term insurance on the Insured for one year. Each year it will automatically renew for another year, through the period of coverage and at the amounts of insurance shown for the rider. Any Waiver of Premium Disability benefit (WPD) in effect for the TR will be continued with each renewal.

The TR is issued with one of three general death benefit patterns. Once a particular pattern has been elected, the Owner may only change it in compliance with Company rules. Evidence of insurability may be required. The three patterns are:

1. Annual Renewable Term (ART) — This option provides a level amount of insurance. The period of coverage is the premium paying period of the base policy. Renewal premiums will generally increase with attained age.
2. Mortgage Decreasing Term (MART) — This option provides annually decreasing amounts of insurance that follow the amortization schedule of a traditional fixed-rate mortgage. The Owner selects any interest rate from 5% through 20% in 1/4% increments, and any period of coverage from 10 through 40 years, but not greater than the premium paying period of the base policy. Renewal premiums may either increase or decrease depending on the interest rate, period of coverage, and attained age.
3. Decreasing Term (DART) — This option provides amounts of insurance that decrease by a constant amount each policy year. The Owner selects any period of coverage from 10 through 40 years, but not greater than the premium paying period of the base policy. The annual decrease in amount of insurance is the original amount divided by the number of years of coverage. Renewal premiums may increase or decrease depending on the period of coverage and attained age.

PLANS ON WHICH AVAILABLE — The TR may be issued with any 1980 CSO life policy. It will not be issued with a Universal Life policy or a term policy.

PREMIUMS — Both current and maximum premiums are shown in the table of premiums. It is important that the Insured not be told that current premiums are guaranteed. They are “indeterminate” and may be adjusted on any anniversary. If increased, they may not exceed the maximum shown with the policy. Any adjustment would be

made on a uniform basis for Insureds of the same age, sex, and class of risk.

Renewal premiums per \$1,000 at any attained age are the same as the premiums per \$1,000 for that age for a new issue.

The TR will not earn dividends.

DATING OF THE RIDER — If the TR is being added to a new issue base plan, its effective date will be the same as the date of issue of the base plan. If the TR is being added to a previously existing base plan, it must be dated on an anniversary of the existing base policy.

BENEFICIARY — Unless otherwise requested, the beneficiary under the TR and the manner of payment to such beneficiary will be the same as for the base policy. For the beneficiary or manner of payment to be different, the Owner must submit notice to the Company during the Insured’s lifetime.

CONVERSION — The Owner may convert the TR to any level premium permanent policy (including the GPWL) on or prior to the rider anniversary next following the Insured’s 65th birthday, but not while premiums are being waived due to disability. The new policy will bear the date of the conversion and the premium will be for the Insured’s then attained age for the policy desired. The Term Conversion Credit (for that portion being converted to permanent insurance) is equal to the sum of the term premiums paid for the prior 12 months of coverage.

If the TR includes WPD benefit and conversion is made prior to the rider anniversary next following the Insured’s 60th birthday, the converted policy will also include this benefit. Otherwise, the converted policy will not include the WPD benefit unless evidence of insurability is furnished. Inclusion of other supplemental benefits will be subject to satisfactory evidence of insurability.

RENEWAL OR CONVERSION WHILE DISABLED — If the TR is issued with WPD benefit and the Insured becomes disabled prior to age 60, premiums will be waived throughout the succeeding renewal term periods until the rider anniversary next following the Insured’s 65th birthday. At that point the TR will automatically convert to Life Paid-Up at 95 with all future premiums waived by the Company. The TR may not otherwise be converted while premiums are being waived due to disability.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

UNDERWRITING RULES

ISSUE AGES — 15 through 65.

MINIMUM AMOUNT ISSUED — \$25,000

RATIO OF RIDER TO BASE POLICY — The first year death benefit of the TR may not exceed twelve (12) times the face amount of the policy to which the rider is attached.

WAIVER OF PREMIUM DISABILITY BENEFIT — WPD will be included for the TR only if the base policy includes such benefit.

ACCIDENTAL DEATH BENEFIT — The TR does not provide for any Accidental Death Benefit.

MILITARY — The TR may be sold to certain military personnel. The frequency of premium must be Annual or PAW; it may not be government allotment. See "Military Risks" in Section B.

PREFERRED UNDERWRITING CLASS — We expect that an estimated 60% of Insureds, who qualify for the nontobacco use and whose issue ages are 18-65, would qualify for the preferred class. Please refer to page B16.1 for complete details.

NONSMOKER DISCOUNT — On this plan a reduced premium is offered at time of issue to prospective Insureds age 18 and over who have not smoked a cigarette in the past 12 months. The Insured must attest to nonsmoking by answering the nonsmoking question on the application.

NONMEDICAL LIMITS — The nonmedical limits used for regular individual plans apply to the total of the TR and the base plan.

VOLUME CREDIT — Volume credit is granted for the addition of the TR, either on new issues or previously issued policies.

INSPECTIONS — If the TR is being added to a new issue, the limits for regular individual plans apply to the total of the TR and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

SPECIAL CLASS — The TR will not be issued above Table F. Substandard premiums are determined as the product of the standard gross premium and the percentage extra mortality.

QUANTITY DISCOUNT FACTOR — A separate QDF does not apply to the TR premium. It is included in the calculation of the premium for the base policy to which the TR is attached.

NUMBER OF RIDERS THAT MAY BE ISSUED — Only one TR rider may be attached to any base policy.

APPLICATION

ADDING THE TR TO A NEW ISSUE — Use the regular application form approved for your state. In the "Additional Benefits and Riders" section, check the box for "Term Insurance Rider (TIR)" and place the initial amount of the rider in the space provided. Place one of the following designations for the death benefit pattern desired below the line for the amount.

Death Benefit Pattern	Designation
Annual Renewable Term	ART
Mortgage Decreasing Term _____ * _____ Yr MART at _____ @ _____ %	
Decreasing Term _____ * _____ Yr DART	

*Equals the number of years. @ Equals the interest rate.

ADDING THE TR TO AN EXISTING POLICY. Submit the "Application for Policy Change" approved for your state. In the "Additional Benefits" section, check the space for "Flex Term Rider" and place the initial amount of the rider in the space provided. Place one of the above designations for the death benefit pattern desired in the "Other Instructions" section.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Spouse Insurance Rider (SIR-89)

DISCONTINUED 8/31/05

DESCRIPTION

The SIR provides term insurance on the Insured's spouse. "Insured" means the person whose life is insured by the base policy. "Insured Spouse" means the spouse named in the application for this rider.

The rider will automatically renew every ten years, except that renewals after age 65 only provide coverage to age 75. No renewal is allowed after age 70.

This rider is an "indeterminate premium" rider. The Company may change the premium on any anniversary. Any such change is limited to a maximum shown with the policy and would be made on a uniform basis for Insured Spouses of the same age and class of risk.

This rider is nonparticipating.

EXTENDED INSURANCE BENEFIT - SI contains a special 90 day extended insurance benefit following death of the Insured. This time would allow the Insured Spouse to convert the rider to another policy without losing coverage.

PLANS ON WHICH AVAILABLE - The SIR rider may be issued with any 1980 CSO Life or term policy. It may not be issued with a Universal Life Policy.

The fact that base policy may have a term rider already attached does not prevent the addition of the SIR rider.

PREMIUMS - Both maximum and current premiums are shown on the next page. Renewal premiums are the same as issue age premiums for a spouse ten years older. It is important that the Insured not be told that our current premiums are guaranteed.

DATING OF RIDER - If the rider is being added to a new issue base plan, the rider will carry the same date of issue as the base policy. If the rider is being added to a previously existing base plan, the rider must be dated on an anniversary of the existing base policy.

BENEFICIARY - Unless otherwise provided by endorsement the beneficiary under the SIR rider shall be the Insured, if living, otherwise the surviving children of the Insured Spouse, if any, otherwise the Owner, if living, otherwise the estate of the Insured Spouse.

CONVERSION OF SPOUSE INSURANCE - The term insurance provided by SIR rider for the Insured Spouse may be converted to any life or term policy prior to the rider anniversary date next following the Insured Spouse's 65th birthday. The inclusion of accidental death, waiver of premium disability or any other supplemental benefit on the converted policy will be subject to satisfactory evidence of insurability.

When the spouse insurance is to be converted to an existing Universal Life policy, a special Transfer of Ownership form, prepared by the Home Office will be required.

UNDERWRITING RULES

ISSUE AGES - SIR may be written for ages 15 through 64 of the spouse.

AMOUNT LIMITS -

Minimum Amount - \$5,000

Maximum Amount - \$250,000

RATIO OF RIDER TO BASE POLICY - The amount of SIR rider may not exceed twelve (12) times the face amount of the base policy to which rider is attached.

NONSMOKER - The premium rate for nonsmokers is less than standard. It is available at issue to nonsmokers age 18 and above.

WAIVER OF PREMIUM DISABILITY BENEFIT - WPD will be included in the rider only if the base policy includes such benefit. However, when adding SIR rider to existing policies, if the base policy has the disability benefit but the Insured cannot currently qualify for it, the rider will not be issued.

ACCIDENTAL DEATH BENEFIT - The SIR rider does not provide for the Accidental Death Benefit on the spouse.

NONMEDICAL LIMITS - The nonmedical limits used for regular individual plans also apply to SIR rider.

VOLUME CREDIT - No volume credit is granted for the addition of SIR rider, either on new issue or previously issued policies.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the SIR rider.

If the rider is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

ADDITION OF SPOUSE INSURANCE TO EXISTING POLICIES - APPLICATION FORM - Complete and forward to the Company an Application for Policy Change Form 1043, part 1 and part 2, an Authorization to Release Information Form 1453 and the policy (See page B-49) along with a remittance covering the cost of the addition. The nonmedical questions in part 2 of the Application for Policy Change must be answered for the Spouse. The Insured and the Spouse must also sign the Application for Policy Change and Authorization to Release Information. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.

SPECIAL CLASS - The SIR rider will not be issued above Table F rating on the Spouse. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

QUANTITY DISCOUNT FACTOR - The QDF is not applicable in determining the SIR premium but will have been included in the calculation of the premium for the base policy to which the SIR rider is attached.

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TERM PLANS and SUPPLEMENTAL BENEFITS

Payor Benefit Rider (PYR)

DISCONTINUED 8/31/05

For a small extra premium an additional benefit may be added to Life policies issued at ages 0 through 14, inclusive, providing for waiver of the total policy premium until the Insured reaches age 24. The benefit will not be offered on Universal Life policies.

The benefit is provided:

- (1) In the event of the death of the Payor before the policy anniversary immediately following the Insured's 24th birthday and before the end of the premium period; or
- (2) In the event of the continued total disability of Payor before the policy anniversary immediately following the Payor's 65th birthday and before the Insured's 24th birthday and before the end of the premium period.

Payor means the individual named as Owner on page 3 of the policy. No transfer of ownership of the policy will change the Payor.

PREMIUMS - The Payor Death/Disability premiums for the combination of both benefits are shown with individual policy plans; they are payable to the Insured's age 24. These premiums are for standard Payor risks.

UNDERWRITING RULES

ISSUE AGES - The Payor Benefit Rider may be issued for Payor ages 18 - 50 on policies with Insureds ages 0 -14.

APPLYING ON APPLICATION

- (1) Under Section "Others Proposed For Insurance," complete Payor's information.
- (2) Complete non-medical questions for both the Insured and Payor.
- (3) Have the Payor sign the application and Authorization.

NON-MEDICAL LIMIT - The non-medical limit for Payor Insurance is determined by the annual premium for the Payor Benefit. The non-medical limit is \$125 of annual Payor Benefit premium for payor ages 18-40 and \$50 of annual Payor Benefit premium for payor ages 41-50.

SUBSTANDARD RISKS - Some applicants who are standard risks for insurance are not acceptable for disability benefits. In such cases the disability provision is eliminated from the payor Benefit and the premium is thus less than the premiums shown in the rate book for the combined benefits. In the event the case is to be rated, refer to the Home Office for special computation of the correct extra premium. The maximum substandard rating for the Payor Benefit is Table D.

ISSUE AGES -

Payor 18-50
Insured 0-14

ADDITION TO EXISTING POLICIES - If the Insured is not over insurance age 14 and the Payor is not over insurance age 50, the Payor Benefit may be added on the life of the applicant to an existing policy subject to the following requirements.

- (1) Application for Policy Change, Form 1043, must be completed. The same evidence of insurability will be required as would be on a new application.
- (2) The policy must be returned to the Home Office. *See page B-49.
- (3) All premiums due plus the amount necessary for the added benefit must accompany the request for change. Additions will not be handled on a c.o.d. basis.

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TERM PLANS and SUPPLEMENTAL BENEFITS

Long Term Care Rider (LTC-WL20)

DISCONTINUED 3/17/06

KEY RIDER PROVISIONS

Caution: The issuance of this Long Term Care Rider is based upon responses to the questions on your Policy application. A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202

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. The buyer is advised to review carefully all Policy limitations

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702 B (b) of the Internal Revenue Code. However, we make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give legal, tax, or investment advice or interpretations of tax law. You should contact your personal legal, tax, or investment advisor for such advice.

DEFINITIONS

Activities of Daily Living

1. Dressing - Getting clothes from closet and drawers, dressing self, including fasteners, braces and prosthesis;
2. Eating - Getting food and drink into the body for nourishment; includes cutting meat, buttering bread, using fingers or utensils;
3. Toileting - Moving self to bathroom when urge to void occurs, arranging clothes, transferring to toilet, cleansing self, transferring off toilet, rearranging clothes, washing hands, and moving out of bathroom;
4. Transferring from bed to chair;
5. Maintaining continence - Recognizing the urge to void in time to get to the toilet and not have an accident; and
6. Bathing - Turning on water faucets, setting temperature and water level, transferring into tub or shower, washing the whole body, transferring out of tub or shower, drying off completely and emptying tub.

Adult Day Care – A program for six (6) or more individuals, of social and health related services, provided during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other adults with disabilities who can benefit from care in a group setting outside the home.

Chronic Illness – An illness or sickness of at least 90 days that requires substantial assistance in performing at least two activities of daily living or that requires substantial supervision due to severe cognitive impairment such as Alzheimer's disease or irreversible dementia.

Home Health Care Agency

1. An entity which provides home health care services and has an agreement to act as a provider of home health care services under the Medicare program or is licensed or accredited by state law as a Home Health Care Agency; or
2. A Nurse, as defined by the Rider.

Long Term Care Facility. A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services on a continuing inpatient basis to 6 or more individuals;
3. Is supervised by a Registered Nurse;
4. Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
5. Has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and
6. Maintains a clinical record of each patient.

A Long Term Care Facility may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- rest;
- the care and treatment of mental diseases or disorders, drug addiction, or alcoholism;
- day care;
- educational care; or
- a retirement home or community living center.

Medically Appropriate. Care and services pursuant to a treatment plan which is either:

1. Necessary and appropriate for the treatment of a Chronic Illness in accordance with accepted current medical practice; or
2. Required because of the Insured's inability to perform at least two of the six Activities of Daily Living.

Before we can determine whether the care and services received are Medically Appropriate, we must receive a copy of the treatment plan. If possible, the Insured's physician should submit a copy of the treatment plan to us prior to the time care and services are received. The treatment

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

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plan must be received by us no later than the time the first claim under such treatment plan is submitted. A treatment plan prescribed, ordered, recommended or approved by a physician who has a financial interest in the facility, agency, center or provider administering such plan may not be considered Medically Appropriate.

Nurse

1. A Registered Nurse (RN);
2. A Licensed Practical Nurse (LPN); or
3. A Licensed Vocational Nurse (LVN).

Pre-Existing Condition

1. A Chronic Illness for which medical advice or treatment was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider; or
2. Medically necessary care or service which was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider.

Waiting Period – The number of days of continuous Chronic Illness requiring confinement in a Long Term Care Facility, or professional services from a Home Health Care Agency, or enrollment in Adult Day Care needed to qualify for benefits. The Waiting Period is 90 days. Benefits will not be paid during this period but will be retroactively paid upon completion of the period.

LONG TERM CARE BENEFIT

We will pay the Long Term Care Benefit on the Monthly Date which next follows the conclusion of each 30 day period during which the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency or at an Adult Day Care if:

1. The Insured is suffering from a Chronic Illness (We may require periodic recertification that the Insured is suffering from a Chronic Illness, but not more frequently than once every 90 days);
2. The treatment is Medically Appropriate (We may require periodic recertification that the treatment continues to be Medically Appropriate, but not more frequently than once every 90 days);
3. We are provided with a second certification satisfactory to us for 1. and 2. (at our expense and discretion);
4. The Waiting Period requirement has been satisfied;
5. The Exclusions and Limitations do not apply;
6. The Pre-existing Condition Limitation does not apply; and

7. The confinement or services took place while this Rider was in force.

SUCCESSIVE PERIODS OF CONFINEMENT

Successive periods of confinement in a Long Term Care Facility or successive service periods provided by a Home Health Care Agency or Adult Day Care will be considered as a single period if such confinement or service:

1. Occurs within 90 days of a prior confinement or service for which benefits were paid; and
2. Is due to the same or related causes as the prior confinement or services.

AMOUNT OF MONTHLY LONG TERM CARE BENEFIT

The Monthly Long Term Care Benefit payable for each month the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency will be:

- The lesser of \$5,000.00 or 2% of the Basic Amount at the time the initial confinement or service begins

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Long Term Care Benefit.

The Monthly Long Term Care Benefit payable for each month the Insured receives services at an Adult Day Care will be:

- The lesser of \$2,500.00 or 1% of the Basic Amount at the time the initial confinement or service begins

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Long Term Care Benefit.

Any amount deducted in determination of a Monthly Long Term Care Benefit as a result of indebtedness will be used to reduce the loan.

One-thirtieth (1/30th) of the monthly benefit will be paid for each day of a partial month where the Insured is confined in a Long Term Care Facility or is receiving services from a Home Health Care Agency or Adult Day Care.

EFFECT ON THE POLICY OF PAYMENT OF LONG TERM CARE BENEFITS

The following adjustments to the Policy will be made as of each Monthly Date on or following the payment of a Long Term Care Benefit:

- The Basic Amount will be reduced by the amount of the Long Term Care Benefit prior to any reduction for indebtedness.
- Current and future Guaranteed Cash Values will be reduced by multiplying their amount by the ratio of the

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TERM PLANS and SUPPLEMENTAL BENEFITS

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Basic Amount AFTER the reduction for payment of the Monthly Long Term Care Benefit to the Basic Amount PRIOR to the reduction for payment of the Monthly Long Term Care Benefit.

- Any indebtedness will be reduced by multiplying the loan balance by the ratio of the Cash Value AFTER the reduction as a result of the payment of the Monthly Long Term Care Benefit payment to the Cash Value PRIOR to the reduction as a result of the payment of the Monthly Long Term Care Benefit.
- The remaining stated Premiums for the Policy will be based on the revised Basic Amount.

The Cash value is defined in the Policy to include the cash value of any paid-up additions and any remaining dividend accumulations whereas the Guaranteed Cash Value is a tabular amount based only on the Basic Amount of the policy. The Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

An election of an accelerated benefit payment under any Accelerated Benefit Rider attached to this Policy will terminate this Rider.

PREMIUMS FOR THIS RIDER

The premiums for this Rider are shown on page 3 of the Policy.

WAIVER OF PREMIUM

For each month you receive a Monthly Long Term Care Benefit, we will waive the premium for the Policy to which this Rider is attached. This premium includes the premium for this Rider. We will stop waiving this amount on the first Monthly Date after the Long Term Care Benefits cease unless the Insured otherwise qualifies for waiver of premiums under the Waiver of Premium Benefit Rider and that rider is included in your Policy.

EXCLUSIONS AND LIMITATIONS

Benefits are not provided for confinement or services:

1. Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
2. Due to self-inflicted injuries or attempt at suicide while sane or insane;
3. For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
4. Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this rider WILL cover qualifying stays or services resulting from Alzheimer's disease or

similar forms of senility or senile dementia;

5. Due to injury or sickness caused by war or any act of war, declared or undeclared;
6. For any work related sickness or injury or for any treatment provided by Worker's Compensation;
7. Resulting from committing or attempting to commit a felony; or
8. Outside the United States of America.

Pre-Existing Condition Limitation. The Insured will not be eligible for Long Term Care Benefits due to confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care resulting from a Pre-Existing Condition if the confinement or services begin within six (6) months following the effective date of the Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The date on which the Basic Amount has been reduced due to the payment of Long Term Care Benefits by the lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began;
2. The date the Policy terminates except that benefits payable for confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care which began prior to termination will continue without interruption, but shall be limited to the maximum amount of monthly benefit available under the Rider and all other applicable provisions of this Rider;
3. The date of death of the Insured except with respect to claims incurred prior to death;
4. The date a Nonforfeiture Option under the Policy, if any, becomes effective;
5. The date we receive your written request for termination of this Rider;
6. The date we make payment to the Owner under any Accelerated Benefit Rider attached to this Policy.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 3/17/06

UNDERWRITING RULES

ISSUE AGES – 18-85.

MAXIMUM BASIC AMOUNT to which the rider benefit will apply (which can be accelerated) – \$250,000.

MAXIMUM LIFETIME LONG TERM CARE BENEFIT – The lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began.

WHOLE LIFE POLICIES to which rider may be attached – nonqualified Contender, Patriot and Graded Premium Whole Life. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

EDUCATION REQUIREMENTS

Before selling the Long Term Care Rider, please send us a certificate or proof that you have met the education requirements to sell Long Term Care, if required by your state. Your Education Certificate or Proof should be sent to the attention of the Marketing Department.

APPLICATION DIRECTIONS

1. **BEFORE COMPLETING AN APPLICATION:** Outline of Coverage Form must be given to the applicant. On page 4 of the form, fill in the annual premium for the rider.
2. Use your state's regular life application Form 1459-C. In Section III, Insurance Information, on the 'Rider' line, write 'Long Term Care Rider'.
3. Indiana: 'Form 1459-C Insert' must be shown to the applicant at time of application and included in the application when mailed to the Home Office. This form is on Web Forms as part of the application.
4. Protection Against Unintentional Lapse, Form 2035-LTC (LAPSE), must be completed and mailed to us along with the application. The purpose of this form is to designate at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy for nonpayment of premiums. A choice is required, either designating another person or waiving this protection.
5. Long Term Care Questionnaire, Form 2035-LTC (QUES), must be completed with all applications for Long Term Care Rider. NOTE: Your signature, as agent, acknowledges that you delivered an Outline of Coverage to the applicant before presentation of the application.
6. Replacement Requirements:

- (a) If the new policy replaces another life insurance policy without long-term care benefits, use your state's regular replacement form and requirements.
- (b) If the new policy replaces an individual accident and sickness policy or long-term care insurance, use LTC Rider Replacement Form 2035-LTC (RPL).
- (c) If the new policy replaces another life insurance policy with accelerated benefits for long-term care, use BOTH (1) Your state's regular replacement form and requirements AND (2) LTC Rider Replacement Form 2035-LTC (RPL).

Forms are on Lafayette Life's Web Site in the Forms Section under the description of 'Long Term Care Rider Packet'.

POLICY DELIVERY REQUIREMENTS

1. The policy must be delivered to the policyowner within 30 days from issue.
2. The Long Term Care Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.
3. A special Policy Summary to be delivered to the policyowner will be included with all policies.

ADDING RIDER TO IN FORCE POLICIES:

1. The rider can only be added in the first policy year in states that have approved rider.
- NOTE: South Dakota does NOT allow addition of rider to in force policies.
2. Within 6 months after policy issue we will require a Health Certificate
 3. 7-12 months after policy issue, we will require a Policy Change Form 1043, including non-medical evidence, plus an inspection report. As always, we reserve the right to fully underwrite the addition of the Long Term Care Rider and require additional evidence as deemed necessary.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

10 Year Term Rider (10TR-05)

DISCONTINUED 12/08

DESCRIPTION

RIDER TYPE - Non-Renewable Level Term Insurance

PREMIUMS – Guaranteed level for 10 years

No QDF

NONPARTICIPATING - No dividends

PLANS ON WHICH AVAILABLE - Heritage, Contender 100, Patriot 100, or Sentinel

It is not available on a term or a UL policy.

CONVERSION –

- For 10 years
- For same (or lesser) amount as the Initial Amount of Insurance for this rider
- Will provide a WPD Benefit if included in policy to which rider is attached and conversion is before 60
- Conversion credit declines after 5 years

DATING OF RIDER – On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

TERMINATION – Earliest of:

- 10 years;
- When the policy goes to ETI or reduced PU;
- Termination of the policy; or
- When Insured requests it.

UNDERWRITING RULES

ISSUE AGES - 15 thru 64

MINIMUM AMOUNT - \$25,000

MAXIMUM AMOUNT - 12 times the face amount of the base policy to which it is attached.

WPD BENEFIT - WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT - This rider does not provide for the Accidental Death Benefit.

RATE CLASSES -

- Preferred Nonsmoker
- Nonsmoker
- Smoker

NONMEDICAL LIMITS - Nonmedical limits used for a policy apply to the total of this rider and the base policy.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

SPECIAL CLASS - This rider will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

VOLUME CREDIT - Credit is granted for the addition of this rider, either on new issue or previously issued policies

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Elite (A95N-93 LL)

DISCONTINUED 1/1/09

DESCRIPTION

The **Elite** (form A95N-93 LL) is a policy in our Elite Term Series. It provides term insurance at low rates over 10, 15, 20 and 30-year plan periods.

DEATH BENEFIT — Elite plans provide level face amount term life insurance to age 95.

PREMIUMS — Premiums are payable to age 95. Current plan period premium rates are guaranteed for the first 5 years.

Current plan period rates after 5 years, and current annually increasing rates, are "indeterminate". On any anniversary after 5 years, current rates are subject to change, but they will never be greater than the guaranteed maximum annually increasing rates. Any change in current rates will be made on a uniform basis for Insureds of the same age and class of risk.

Current annually increasing rates apply after the plan period. Guaranteed maximum annually increasing rates apply after 5 years.

CONVERSION — The conversion period is 5 years, or through age 69, whichever occurs first. Election of the Conversion Extension Option extends this period to 20 years, or through age 69, whichever occurs first. During the conversion period, the Elite can be converted to any permanent plan of insurance we offer without evidence of insurability. No benefits included with the plan may be converted.

The face amount of the policy cannot be reduced below \$100,000 on a partial conversion.

Conversion credits are equal to the sum of premiums paid in the last 12 month on the converted amount. A commission will be paid on 50% of the conversion credit.

Proof of insurability and our consent will be required if the new policy:

- Involves insurance on another life; or
- Includes an additional benefit such as the Waiver of Premium benefit (even if Waiver of Premium was originally included on the old policy); or
- Will require less than five (5) annual premiums payable after the policy is changed.

CASH VALUES — The policy has no cash values.

NONPARTICIPATING — Elite plans are issued at a nonparticipating rate. They do not share in surplus distribution.

UNDERWRITING RULES

ISSUE AGES (nearest birthday) —

Elite 10	18-75	Elite 20	18-60
Elite 15	18-65	Elite 30	18-45

WASHINGTON ISSUE AGES (nearest birthday) —

Elite 10	18-64	Elite 20	18-51
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Elite 15 18-55 Elite 30 NA

MINIMUM AMOUNT ISSUED — \$100,000. Rates apply to all face amounts over this limit. There is no banding.

QUANTITY DISCOUNT FACTOR — The QDF for the Elite is \$70. There is no commission on the QDF.

The policy fee will be waived on one of the policies in the following conditions:

Elite policies issued on a husband and wife or two business partners.

RE-ENTRY — Re-entry is provided by the Exchange Provision. It permits a one-time-only exchange at the end of the plan period (Date of Exchange). All premiums due on the old policy must be paid to such date. The face amount may not be increased. Other exchange terms are:

- You must apply not more than 90 days nor less than 60 days before the Date of Exchange.
- We must approve the new policy.
- New policy is effective when first premium is paid.
- The old policy terminates when new one begins.
- The plan of new policy will be same as the old.
- The policy date, issue age, and premium for the new policy will be as of the Date of Exchange.
- The Insured's attained age cannot exceed 75.
- A rider in the old policy can be included in the new.
- We will pay for required evidence of insurability.

OPTIONAL BENEFITS —

Waiver of Premium Disability Rider (WP-84 LL)
Conversion Extension Option
Children's Insurance Rider (CI-88 LL)
Accelerated Benefit Rider (ABR-92) *

*Automatically added at no additional cost.

See other pages in this Section E for a description of these benefits.

UNDERWRITING CLASSIFICATIONS — Preferred Plus No Tobacco; Preferred No Tobacco; Standard No Tobacco; Preferred Tobacco; Standard Tobacco.

No Tobacco excludes all tobacco or nicotine use.

The above underwriting classifications are used only for this policy form. There are also underwriting requirements that apply only to this policy. See Elite Term Underwriting on pages B-15.1 and B 16.3 through B-16.4.

The maximum special class is Table F. Extra premium applies for life. Special class rates are expressed as a percent of standard rates as follow:

Table A - 125%	Table D - 200%
Table B - 150%	Table E - 225%
Table C - 175%	Table F - 250%

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Elite Plus (A95N-93 LL)

DISCONTINUED 1/09

DESCRIPTION

The **Elite Plus** (form A95N-93 LL) is a policy in our Elite Term Series. It provides term insurance at low rates over 10, 15 and 20-year plan periods.

DEATH BENEFIT — Elite Plus plans provide level face amount term life insurance to age 95.

PREMIUMS — Premiums are payable to age 95. Current plan period premium rates are guaranteed for the plan period.

Current annually increasing rates are “indeterminate”. On any anniversary after the plan period, current annually increasing rates are subject to change, but they will never be greater than the guaranteed maximum annually increasing rates. Any change in the current annually increasing rates will be made on a uniform basis for Insureds of the same age and class of risk.

Current annually increasing rates and guaranteed maximum annually increasing rates apply after the plan period.

CONVERSION — The conversion period is 5 years, or through age 69, whichever occurs first. Election of the Conversion Extension Option extends this period to 20 years, or through age 69, whichever occurs first. During the conversion period, the Elite Plus can be converted to any permanent plan of insurance we offer without evidence of insurability. No benefits included with the plan may be converted.

The face amount of the policy cannot be reduced below \$100,000 on a partial conversion.

Conversion credits are equal to the sum of premiums paid in the last 12 month on the converted amount. A commission will be paid on 50% of the conversion credit.

Proof of insurability and our consent will be required if the new policy:

- Involves insurance on another life; or
- Includes an additional benefit such as the Waiver of Premium benefit (even if Waiver of Premium was originally included on the old policy); or
- Will require less than five (5) annual premiums payable after the policy is changed.

CASH VALUES — The policy has no cash values.

NONPARTICIPATING — Elite Plus plans are issued at a nonparticipating rate. They do not share in surplus distribution.

UNDERWRITING RULES

ISSUE AGES (nearest birthday) —

Elite Plus 10	18-75	Elite Plus 20	18-55
Elite Plus 15	18-65		

WASHINGTON ISSUE AGES (nearest birthday) —

Elite Plus 10	18-64	Elite Plus 20	18-51
Elite Plus 15	18-55		

MINIMUM AMOUNT ISSUED — \$100,000. Rates apply to all face amounts over this limit. There is no banding.

QUANTITY DISCOUNT FACTOR — The QDF for the Elite Plus is \$70. There is no commission on the QDF.

The policy fee will be waived on one of the policies in the following conditions:

Elite policies issued on a husband and wife or two business partners.

RE-ENTRY — Re-entry is provided by the Exchange Provision. It permits a one-time-only exchange at the end of the plan period (Date of Exchange). All premiums due on the old policy must be paid to such date. The face amount may not be increased. Other exchange terms are:

- You must apply not more than 90 days nor less than 60 days before the Date of Exchange.
- We must approve the new policy.
- New policy is effective when first premium is paid.
- The old policy terminates when new one begins.
- The plan of new policy will be same as the old.
- The policy date, issue age, and premium for the new policy will be as of the Date of Exchange.
- The Insured’s attained age cannot exceed 75.
- A rider in the old policy can be included in the new.
- We will pay for required evidence of insurability.

OPTIONAL BENEFITS —

Waiver of Premium Disability Rider (WP-84 LL)
Conversion Extension Option
Children’s Insurance Rider (CI-88 LL)
Accelerated Benefit Rider (ABR-92) *

* Automatically added at no additional cost.

See other pages in this Section E for a description of these benefits.

UNDERWRITING CLASSIFICATIONS — Preferred Plus No Tobacco; Preferred No Tobacco; Standard No Tobacco; Preferred Tobacco; Standard Tobacco.

No Tobacco excludes all tobacco or nicotine use.

The above underwriting classifications are used only for this policy form. There are also underwriting requirements that apply only to this policy. See Elite Term Underwriting on pages B-15.1 and B16.3 through B-16.64

The maximum special class is Table F. Extra premium applies for life. Special class rates are expressed as a percent of standard rates as follow:

Table A - 125%	Table D - 200%
Table B - 150%	Table E - 225%
Table C - 175%	Table F - 250%

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

The One (TLP) DISCONTINUED 1/09

DESCRIPTION

The One plan provides term insurance for one year. At the end of any one year term period, the policy may be renewed for an additional one year for the Death Benefit stated in the policy without evidence of insurability. The renewal privilege may be exercised through age 84. Renewal may be effected by payment of the new premium. The Insured is billed for the new premium automatically. Any disability or accidental death benefit in effect under the policy will be continued after renewal.

This plan is an "indeterminate premium" plan. The Company may change the Current Premium rates on any anniversary. Any change is limited to the maximum shown in the policy and would be made on a uniform basis for Insureds of the same age and class of risk.

CONVERSION — The One policy may be converted after it has been in force for one year at any time prior to the policy anniversary at insurance age 70 without evidence of insurability to any level premium Life policy or to a combination of any level premium permanent plan plus a term rider then issued by the Company. The new policy will bear the date of the conversion and the premium will be for the Insured's then attained age for the policy desired. The Term Conversion Credit (for that portion being converted to permanent insurance) is equal to the sum of the term premiums paid for the prior 12 months of coverage.

If The One policy includes Waiver of Premium Disability benefit, the converted policy will also include this benefit. Otherwise, the converted policy will not include benefits in the event of disability unless evidence of insurability is furnished.

PARTIAL CONVERSION — If less than the entire Death Benefit of The One is converted, the portion not converted may be continued provided the remaining face amount is at least \$25,000.

RENEWAL OR CONVERSION WHILE DISABLED — If The One policy is issued with the Waiver of Premium Disability benefit and the Insured becomes disabled prior to age 60, premiums will be waived throughout the succeeding renewal term periods until the policy anniversary at insurance age 65 at which time the policy will automatically convert to Contender and the premiums will continue to be waived under the Contender as long as disability continues. The policy may not otherwise be converted while premiums are being waived due to disability.

PARTICIPATING — The One policy is issued on a participating basis but no dividends are anticipated.

UNDERWRITING RULES

ISSUE AGE — 15 through 70

MINIMUM AMOUNT ISSUED — \$50,000

SPECIAL CLASS — The One policy may be issued on substandard risk through Table F. Substandard premiums are determined as the product of the gross premium and the percentage extra mortality.

PREMIUMS — Premiums per \$1,000 for The One generally increase each policy year. Renewal premiums per \$1,000 at any attained age are the same as the premiums per \$1,000 for that age for a new issue. WPD and ADB premiums are also listed on a per \$1,000 basis.

MILITARY — This plan may be sold to certain military personnel. See 'Military Risks' in Section B.

PREFERRED UNDERWRITING CLASS — We expect that an estimated 60% of Insureds, who qualify for the nontobacco use and whose issue ages are 18-70, would qualify for the preferred class. Please refer to page B16.1 for complete details.

NONSMOKER DISCOUNT — On this plan a reduced premium is offered at time of issue to prospective Insureds age 18 and over who have not smoked a cigarette in the past 12 months. The Insured must attest to nonsmoking by answering the nonsmoking question on the application.

OPTIONAL BENEFITS — The following benefits may be added to The One policy (subject to the age limit and other rules of each benefit.)

- Waiver of Premium Disability benefit (WPD)
- Accidental Death Benefit (ADB)
- Spouse Insurance Rider (SIR)
- Children's Insurance Rider (CIR)
- Accelerated Benefit Rider (ABR)*

Automatically added at no additional premium cost if applicant does not request that it be excluded.

QUANTITY DISCOUNT FACTOR — The QDF for The One policy is \$50.00.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

HomEquity (LPP-98) DISCONTINUED 1/09

DESCRIPTION

The **HomEquity** product (LPP-98) is a term to age 95 life insurance policy. It is available in 10, 15, 20, 25, or 30 year period plans.

PREMIUMS — Payable to age 95. Current plan period premium rates are guaranteed for the first 10 years (first 5 years, for issue ages above 60 on 10 year plan). Current plan period rates after the guaranteed period, and current annually increasing rates, are both subject to change, but they will never be greater than the guaranteed maximum annually increasing rates. Current annually increasing rates apply after the plan period. Guaranteed maximum annually increasing rates apply after the guaranteed period.

CASH VALUES — None.

CONVERSION — For the first 10 years after issue, but not later than age 65, this policy may be converted, without proof of insurability, to any level premium permanent plan that we then issue. The new policy will be at a premium rate for the attained age of the Insured, using rates then in effect for the rate class at which this policy was issued. We will not require proof of insurability.

The term conversion credit will be the prior 12 months' premium for the HomEquity policy. No commission will be paid on the premium paid with such credit.

PARTICIPATION — No dividends are anticipated.

ILLUSTRATIONS — The HomEquity is not an illustrated product.

UNDERWRITING RULES

AGES ISSUED, LAST BIRTHDAY —

HomEquity 10 18-70	HomEquity 25 18-50
HomEquity 15 18-60	HomEquity 30 18-45
HomEquity 20 18-55	

MINIMUM SIZE —

Standard and Nonsmoker	\$50,000
Preferred	\$100,000

Only one premium band is used. Rates apply to all face amounts over this minimum.

POLICY FEE — \$60 annually. If separate policies are sold to each spouse or to two business partners, the policy fee is waived on one policy

FACTORS FOR PREMIUMS OTHER THAN ANNUAL —

Semiannual	.51
Quarterly	.26
Monthly (preauthorized withdrawal)	.085

OPTIONAL BENEFITS —

Waiver of Premium Disability Benefit (WP-95) Accelerated Benefit Rider (ABR-92)*

* Automatically added at no additional premium cost.

APPLICATION — Use your state's version of our "Application for Life Insurance" (Form 1459C) to apply for the HomEquity. In the **BASE PLAN** block of **SECTION III INSURANCE INFORMATION**, use:

HomEquity 10, HomEquity 15, HomEquity 20,
HomEquity 25, or HomEquity 30
to indicate plan periods of:
10, 15, 20, 25, or 30 years.

PREFERRED UNDERWRITING CLASS — The preferred class excludes anyone who has used tobacco in any form in the past 12 months. Refer to page B16.1 for complete details.

NONSMOKER — There is a reduced premium on the HomEquity for nonsmokers. Nonsmoker excludes anyone who has used cigarettes in the past 12 months. The Insured must attest to nonsmoking by answering the nonsmoking question on the application.

NONMEDICAL LIMITS — This policy may be written on a nonmedical basis subject to the regular nonmedical rules and limitations.

SPECIAL CLASS — The HomEquity may not be issued above Table F. Extra premium applies for life. Special class rates are expressed as a percent of standard rates as follows:

Table A	125%	Table D	200%
Table B	150%	Table E	225%
Table C	175%	Table F	250%

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

10 Year Renewable Term Policy (10YT-92)

DISCONTINUED 1/09

DESCRIPTION

The 10 Year Renewable Term Policy (10YT) provides term insurance on the Insured. The policy can be renewed without evidence of insurability every ten years through the policy anniversary following the Insured's 70th birthday. Renewals at ages 66 through 70 only provide coverage to the anniversary following age 75.

Renewal is effected by payment of the new premium. The Owner is billed for the new premium automatically. Any WPD or ADB riders in effect under the policy will be continued after renewal, subject to their terms.

PREMIUMS — Both maximum and billed (current) annual premiums are shown on the rate card. The premium for a 10 year period is determined by the age at the beginning of the period. Renewal premiums at any attained age are the same as new issue premiums for the same age.

The billed annual premium is not guaranteed. It is "indeterminate" and may be adjusted by us on any policy anniversary. If increased, it will never exceed the maximum annual premium applicable to the current 10 year period. Any adjustment will be made on a uniform basis for Insureds of the same age, sex, and class of risk.

CONVERSION — The 10YT policy may be converted after it has been in force for one year at any time on or before the policy anniversary following the Insured's 65th birthday. It may be converted to any level premium permanent policy (including the GPWL-15) or to a combination of any level premium permanent policy plus a term rider then issued by the Company.

The new policy will bear the date of the conversion and the premium will be for the insured's then attained age for the policy desired. The Term Conversion Credit (for that portion being converted to permanent insurance) is equal to the sum of the term premiums paid for the prior 12 months of coverage.

The new policy will provide a WPD benefit is (a) the 10YT had such a benefit, (b) conversion is made before the anniversary following age 60, and (c) premiums are not being waived at the time of conversion.

PARTIAL CONVERSION — If less than the entire face amount of the 10YT is converted, the portion not converted may be continued provided the remaining face amount is at least \$25,000.

AUTOMATIC CONVERSION WHILE DISABLED — If the 10YT is issued with the WPD benefit, the Insured becomes disabled prior to the policy anniversary following age 60,

and the disability continues (without interruption) until the anniversary following age 65, we will automatically convert the 10YT to a new policy. The new policy will be the Contender, or if no longer issued, a similar plan. Premiums under the new policy will continue to be waived without further proof of disability.

PARTICIPATING — No dividends anticipated.

UNDERWRITING RULES

ISSUE AGES — 15 through 64.

MINIMUM AMOUNT ISSUED — \$50,000.

MILITARY — The 10YT may be sold to certain military personnel. Government allotment is available on E-6 and above. See "Military Risks" in Section B.

PREFERRED UNDERWRITING CLASS — We expect that an estimated 60% of Insureds, who qualify for the nontobacco use and whose issue ages are 18-64, would qualify for the preferred class. Please refer to page B16.1 for complete details.

NONSMOKER DISCOUNT — On this plan a reduced premium is offered at time of issue to prospective Insureds age 18 and over who have not smoked a cigarette in the past 12 months. The Insured must attest to nonsmoking by answering the nonsmoking question on the application.

NONMEDICAL LIMITS — This plan may be written on a nonmedical basis subject to the regular nonmedical rules and limitations.

OPTIONAL RIDERS —

- Accelerated Benefit Rider (ABR)*
- Waiver of Premium Disability Benefit (WPD)
- Accidental Death Benefit (ADB)
- Spouse Insurance Rider (SIR)
- Children's Insurance Rider (CIR)

*Automatically added at no additional premium costs if policy size is \$25,000 or more and applicant does not request that it be excluded.

SPECIAL CLASS — The 10YT policy may not be issued above Table F. Substandard premiums are determined as the product of the gross premium and the percentage extra mortality.

QUANTITY DISCOUNT FACTOR — The QDF shown on the rate card must be added into the premium calculation.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Low Cost Term (LCT89)

DISCONTINUED 8/09

DESCRIPTION

The Low Cost Term policy is a one year renewable term policy that provides term insurance for one year. At the end of each policy year, the policy may be renewed without evidence of insurability for an additional year. The renewal privilege may be exercised through age 99. In practice, renewal is accomplished automatically by payment of the new increased premium. The same rates are applied to both male and female risks.

CONVERSION - The Low Cost Term policy is not convertible at anytime.

PARTICIPATING - Although the Low Cost Term policy is participating, no dividends are anticipated at this time.

UNDERWRITING RULES

ISSUE AGES - 15 through 99

MINIMUM AMOUNT ISSUED - \$5,000.

OPTIONAL BENEFITS - None.

SUB STANDARD RISKS - The Low Cost Term policy may be issued on substandard risks through Table F. Substandard premiums are determined as the product of the gross premium and the percentage extra mortality.

QUANTITY DISCOUNT FACTOR - The QDF for the Low Cost Term policy is \$75.00.

Low Cost Term (LCT 89) Annual Premiums Per \$1,000

Minimum Policy \$5,000

QDF \$75.00

Attained Age	At Issue	Renewal	Attained Age	At Issue	Renewal	Attained Age	At Issue	Renewal
15	0.49		45	0.69	4.43	75	8.63	60.57
16	0.49	1.43	46	0.76	4.77	76	9.75	66.58
17	0.49	1.54	47	0.82	5.15	77	10.89	72.82
18	0.49	1.62	48	0.88	5.55	78	12.32	79.36
19	0.49	1.67	49	0.93	5.99	79	13.79	86.41
20	0.49	1.70	50	0.99	6.49	80	15.61	94.19
21	0.49	1.70	51	1.06	7.05	81	17.39	102.95
22	0.49	1.68	52	1.13	7.68	82	19.55	112.88
23	0.49	1.66	53	1.22	8.40	83	21.71	123.91
24	0.49	1.63	54	1.33	9.18	84	24.13	135.81
25	0.49	1.60	55	1.44	10.01	85	26.91	148.35
26	0.49	1.58	56	1.55	10.90	86	29.94	161.34
27	0.49	1.58	57	1.67	11.82	87	33.25	174.73
28	0.49	1.58	58	1.77	12.80	88	38.72	188.51
29	0.49	1.61	59	1.89	13.87	89	44.86	202.75
30	0.49	1.64	60	1.99	15.07	90	51.17	217.67
31	0.49	1.69	61	2.12	16.43	91	60.77	233.63
32	0.49	1.75	62	2.25	17.99	92	70.86	251.29
33	0.49	1.83	63	2.46	19.76	93	82.89	272.33
34	0.49	1.92	64	2.71	21.72	94	95.37	300.34
35	0.49	2.04	65	2.99	23.83	95	110.19	342.08
36	0.54	2.17	66	3.31	26.07	96	123.50	410.43
37	0.55	2.33	67	3.64	28.43	97	137.78	528.49
38	0.55	2.52	68	4.01	30.96	98	153.08	728.70
39	0.56	2.73	69	4.46	33.74	99	169.43	978.23
40	0.56	2.96	70	4.94	36.91			
41	0.59	3.22	71	5.54	40.55			
42	0.61	3.78	72	6.16	44.77			
43	0.63	3.78	73	6.85	49.57			
44	0.66	4.09	74	7.73	54.87			

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Payor Death or Disability Benefit Rider (PIR-05)

or

Payor Death Benefit Rider (PDR-05)

DISCONTINUED 04/15

DESCRIPTION

For a small extra premium an additional benefit may be added to Life policies issued at ages 0 through 14, inclusive, providing for waiver of the total policy premium until the Insured reaches age 24. The benefit will not be offered on Universal Life policies.

PAYOR DEATH OR DISABILITY BENEFIT RIDER (PIR-05) – This rider will be used for applicants who are acceptable risks for both life insurance and disability benefits.

The benefit is provided:

1. In the event of the death of the Payor before the policy anniversary immediately following the Insured's 24th birthday and before the end of the premium period; or
2. In the event of the continued total disability of Payor before the policy anniversary immediately following the Payor's 65th birthday and before the Insured's 24th birthday and before the end of the premium period.

Payor means the individual named as Owner on page 3 of the policy. No transfer of ownership of the policy will change the Payor.

PAYOR DEATH BENEFIT RIDER (PDR-05) – This rider (with a reduced premium) will be used for applicants who are standard risks for insurance, but are not acceptable for disability benefits.

The benefit is provided:

1. In the event of the death of the Payor before the policy anniversary immediately following the Insured's 24th birthday and before the end of the premium period.

Payor means the individual named as Owner on page 3 of the policy. No transfer of ownership of the policy will change the Payor.

PREMIUMS – Premiums for either Payor Benefit riders are payable to the Insured's age 24.

UNDERWRITING RULES

ISSUE AGES - The Payor Benefit Rider may be issued for Payor ages 18 - 50 on policies with Insureds ages 0 -14.

APPLYING ON APPLICATION

1. Under Section "Others Proposed For Insurance," complete Payor's information.
2. Complete non-medical questions for both the Insured and Payor.
3. Have the Payor sign the application and Authorization.

NON-MEDICAL LIMIT - The non-medical limit for Payor Insurance is determined by the annual premium for the Payor Benefit. The non-medical limits \$125 of annual Payor Benefit premium for payor ages 18-40 and \$50 of annual Payor Benefit premium for payer ages 41-50.

RATING – In the event the case is to be rated, refer to the Home Office for the extra premium. The maximum substandard rating for the Payor Benefit is Table D.

ISSUE AGES

- PAYOR 18-50
- INSURED 0-14

ADDITION TO EXISTING POLICIES - If the Insured is not over insurance age 14 and the Payor is not over insurance age 50, the Payor Benefit may be added on the life of the applicant to an existing policy subject to the following requirements.

1. Application for Policy Change, Form 1043, must be completed. The same evidence of insurability will be required as would be on a new application.
2. The policy must be returned to the Home Office.
*See page B-49.
3. All premiums due plus the amount necessary for the added benefit must accompany the request for change. Additions will not be handled on a c.o.d. basis.



TERM PLANS and SUPPLEMENTAL BENEFITS

Survivor Purchase Option Rider **DISCONTINUED 04/15**

SPO-89 for Whole Life Plans

The Survivor Purchase Option Rider (SPO) permits the beneficiary to purchase insurance on the Designated Person within 90 days after the base Insured has died. No evidence of insurability is required when purchasing the insurance, since all underwriting on the Designated Person is done at rider issue.

The option plan of insurance on the Designated Person will be a Contender 100 or Heritage policy. The date of issue of the option plan will be identical to the date of issue of the SPO rider. Premiums for the option plan will be based on the Designated Person's age and risk class on the date of issue of the SPO rider. Initial payment for the option plan will be 105% of the interpolated guaranteed cash value of the option plan as of the end of the option period, plus a pro rata premium to the next annual date of the option plan.

PLANS ON WHICH AVAILABLE — The SPO rider may be issued with the Sentinel, Patriot 100, Contender 100, Heritage, Vanguard, ULtimate, Century 2000 or Marquis Indexed UL base plans.

PREMIUMS — Premiums are based on risk characteristics of both the Insured and the Designated Person and on the premium paying period of the base plan. For Life plans, a level premium is paid until the rider terminates. For Universal Life plans, a monthly cost of insurance deduction is made until the rider terminates. The premium scale is found on this page.

EXTENDED INSURANCE BENEFIT — Term insurance is provided on the Designated Person from the death of the Insured until the earlier of 1) 90 days after the death or 2) the exercise of the option. The amount of term insurance is the amount of the option less 105% of the interpolated cash value of the option plan. If the sequence of death of the Insured and Designated Person cannot be determined, one half of this benefit will be paid.

RIDER TERMINATION — This rider terminates on the earliest date of the following events:

1. the option period expires;
2. the Designated Person attains age 100;
3. the Designated Person dies;
4. the grace period expires without receiving a rider premium;
5. we receive written request for termination of the rider;
6. the policy terminates for any reason other than the death of the Insured.

USPO-89 for Universal Life Plans

UNDERWRITING RULES

ISSUE AGES — The SPO rider may be written for ages 15 through 75 of both the Insured and the Designated Person, except on the Patriot where the age of the Insured cannot exceed 70.

AMOUNT LIMITS — The minimum option amount is the minimum size for the Contender 100 plan, or the minimum size for the Heritage plan, whichever applies. The maximum option amount is equal to five (5) times the face amount of the base policy (specified amount for a Universal Life policy) at the time of rider issue but not greater than \$4,000,000.

SPECIAL CLASS — The SPO rider may be issued only if the Insured is not above Table F and the Designated Person is not above Table F.

REINSTATEMENT — If the base policy is reinstated, the SPO rider may also be reinstated subject to proof of insurability of the Designated Person.

EVIDENCE OF INSURABILITY REQUIRED — When an SPO is applied for, use 20% of the option amount in determining what underwriting requirements are needed. Example: If \$150,000 SPO is applied for, take 20% of this (\$30,000) and consider the applicant is applying for \$30,000 in figuring underwriting requirements.

ADDITION TO EXISTING POLICIES — When the SPO is added to an existing policy, evidence is needed on the base policy as well as the SPO. Use 20% for both in figuring underwriting requirements. Example: Existing policy for \$200,000. SPO to be added on spouse for \$200,000. 20% x 200,000 = \$40,000. Assume \$40,000 is applied for on each and order underwriting requirements accordingly.

ANNUAL PREMIUM PER \$1,000

INSURED'S AGE		INSURED'S AGE	
15-22	.24	63	1.68
23-40	.36	64	1.80
41-46	.48	65	1.92
47-49	.60	66	2.16
50-51	.72	67	2.40
52-53	.84	68	2.76
54	.96	69	3.24
55-56	1.08	70	3.72
57-58	1.20	71	3.96
59	1.32	72	4.20
60	1.44	73	4.44
62	1.44	74	4.68
63	1.56	75	4.92



TERM PLANS and SUPPLEMENTAL BENEFITS

Term Life Insurance Rider (TLR-08) **DISCONTINUED 02/16**

DESCRIPTION

RIDER TYPE – Level Term Insurance

PREMIUMS – Guaranteed Level for Term Period. There is no policy fee.

TERM PERIODS – Three level term periods of 10, 20, or 30 years. After the level term period the premiums will increase annually. Coverage will terminate as follows:

- Term 10 – Later of age 65 or 20 years
- Term 20 – Later of age 75 or 30 years
- Term 30 – Age 95

NONPARTICIPATING – No Dividends

PLANS ON WHICH AVAILABLE –

- Term 10 – Heritage, Contender 100, Patriot 100, Sentinel
- Term 20 – Heritage Contender 100, Patriot 100
- Term 30 – Heritage, Contender 100

May be added to existing Heritage, Contender 100, Patriot 100 and Sentinel policies.

CONVERSION – Available through the earliest of the end of the level term period or age 65. Convertible

- For same or lesser amount as the original amount of insurance for this rider
- WPD Benefit if included in the policy to which the rider is attached and conversion is before age 60

DATING OF RIDER – On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

UNDERWRITING RULES

ISSUE AGES:

- Term 10 – 18 to 75
- Term 20 – 18 to 65
- Term 30 – 18 to 55 (male and unisex smokers are limited to age 50)

MINIMUM AMOUNT - \$25,000

MAXIMUM AMOUNT – 12 times the face amount of the base policy to which the rider is attached

WPD BENEFIT – WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT – This rider does not provide for the Accidental Death Benefit

RATE CLASSES – Preferred Nonsmoker, Nonsmoker, Smoker

NONMEDICAL LIMITS – Nonmedical limits used for a policy apply to the total of this rider, the base policy, and all other riders.

INSPECTIONS – If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

SPECIAL CLASS – This rider will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.



TERM PLANS and SUPPLEMENTAL BENEFITS

Annual Renewable Term Rider (TR-05) **DISCONTINUED 02/16**

DESCRIPTION

RIDER TYPE - Annual Renewable Level Term Insurance

PREMIUMS – Current premiums are not guaranteed. They will not exceed maximum premiums. They vary by attained age.

No QDF

NONPARTICIPATING - No dividends

PLANS ON WHICH AVAILABLE - Heritage, Contender 100, Patriot 100, or Sentinel

It is not available on a term or a UL policy.

CONVERTIBLE - On or prior to age 65

The new policy will:

- Be dated the monthly date next following our receipt of the request to make the change;
- Be any level premium plan you select that we then issue;
- Be at a rate for the original rate class, and the then attained age of the Insured;
- Be for the same (or lesser) amount of this rider then in effect; and
- Will provide a WPD Benefit *if* included in policy to which rider is attached *and* conversion is before 60.

DATING OF RIDER – On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

TERMINATION – Earliest of:

- When you fail to renew the rider;
- The last expiry date of the rider;
- When the policy goes to ETI or reduced PU;
- Termination of the policy;
- When you requests its termination; or
- When the rider is converted.

UNDERWRITING RULES

ISSUE AGES - 15 thru 64

MINIMUM AMOUNT - \$25,000

MAXIMUM AMOUNT - 12 times the face amount of the base policy to which it is attached.

WPD BENEFIT - WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT - This rider does not provide for the Accidental Death Benefit.

RATE CLASSES -

- Preferred Nonsmoker
- Nonsmoker
- Smoker

NONMEDICAL LIMITS - Nonmedical limits used for a policy apply to the total of this rider and the base policy.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

SPECIAL CLASS - This rider will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

VOLUME CREDIT - Credit is granted for the addition of this rider, either on new issue or previously issued policies.



TERM PLANS and SUPPLEMENTAL BENEFITS

Spouse Renewable Term Rider (SIR-08) **DISCONTINUED 02/16**

DESCRIPTION

RIDER TYPE - Renewable Level Term Insurance

TERM PERIODS - 10 years, or to age 75 (for renewal after age 65)

PREMIUMS - Current premiums are not guaranteed. They will not exceed maximum premiums. There are no renewals after age 70.

No QDF

EXTENDED INSURANCE BENEFIT – Insurance is extended 90 days following Insured's death. This allows Spouse time to convert to another policy without losing coverage.

NONPARTICIPATING - No dividends

PLANS ON WHICH AVAILABLE - Heritage, Contender 100, Patriot 100, or Sentinel

It may also be used with another term rider. It is not available on a term or a UL policy.

DATING OF RIDER – On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

BENEFICIARY – Unless otherwise provided by endorsement the beneficiary shall be:

- The Insured, if living; otherwise
- Any surviving children of the Spouse; otherwise
- The Owner, if living; or otherwise
- The estate of the Spouse

CONVERTIBLE – Prior to Spouse's age 65

Inclusion of ADB, WPD or any other supplemental benefit will be subject to satisfactory evidence of insurability.

UNDERWRITING RULES

ISSUE AGES - 15 thru 64

MINIMUM AMOUNT - \$5,000

MAXIMUM AMOUNT - 12 times the face amount of the base policy to which it is attached, up to \$250,000.

WPD BENEFIT - WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT - This rider does not provide for the Accidental Death Benefit on the Spouse.

RATE CLASSES -

- Preferred Nonsmoker
- Nonsmoker
- Smoker

NONMEDICAL LIMITS - Nonmedical limits used for a policy apply to the total of this rider and the base policy.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

ADDING TO AN EXISTING POLICY – Send

- Parts 1 and 2 of the Application for Policy Change, form 1043 (answer the nonmedical questions in part 2 for the Spouse, and have it signed by the Insured and Spouse);
- Authorization to Release Information, form 1453 (also have it signed by the Insured and Spouse);
- The *policy* (see reference manual page B-49); and
- A remittance covering the cost of the addition (contact Policy Change in IPO for this).

SPECIAL CLASS - This rider will not be issued above Table F on the Spouse. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

VOLUME CREDIT – *None* is granted for the addition of this rider, either on new issue or previously issued policies.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Benefit Rider (ABR-92)

DISCONTINUED 6/6/16 IN ALL STATES EXCEPT CA

DESCRIPTION

The Accelerated Benefit Rider for traditional life (ABR) enables the Owner to advance the policy's death benefit while the Insured is still alive, but expected to die in 12 months or less.

The ABR benefit is elected by requesting it in writing, submitting satisfactory proof of Terminal Illness, and sending the policy to the Company. For more information about electing an ABR benefit, see page B-54.

TERMINAL ILLNESS - A medical condition:

- diagnosed by a medical doctor; and
- supported by satisfactory evidence; and
- that is expected to result in death within 12 months; and
- which is confirmed by a second opinion, unless the Company waives this requirement.

ELIGIBLE PROCEEDS - Policy amount payable at the Insured's death,

- including:
 - a) level term riders which may still be converted;
 - b) single premium life riders; and
 - c) paid-up additions;
- and reduced by any policy loans and loan interest.

Excludes dividend accumulations and any riders omitted from above list.

Eligible Proceeds are exchanged for a Living Benefit when the benefit is paid.

LIVING BENEFIT - Amount payable under the ABR while the Insured is still living, but suffering a Terminal Illness. It is computed by discounting or reducing the Eligible Proceeds that are exchanged.

The discount computation depends on life expectancy of Insureds with a Terminal Illness and interest rates at time of election. The computation also considers other things -future premiums, future dividends, a processing charge, etc.

The processing charge is currently \$250 for the first policy and \$100 for each additional policy. It will never exceed 3 % of the Living Benefit.

EXCHANGE AMOUNT RULES - At least \$25,000 of Eligible Proceeds must be exchanged at one time. Eligible Proceeds that remain after an exchange must be at least

\$10,000. Total Eligible Proceeds exchanged under all policies on the Insured may not exceed \$250,000.

EFFECT ON THE POLICY - Receipt of an ABR benefit reduces Eligible Proceeds by the amount exchanged.

When only part of the Eligible Proceeds of a policy are exchanged, all values and amounts of insurance included in the definition of such Proceeds are proportionately reduced. New premiums apply as if the policy had originally been issued at the reduced amount.

If there are two or more policies, it is possible to completely exchange one of the policies. For that policy, all insurance on the Insured ends, and any insurance on someone else is treated as if the Insured had died.

TOTAL DISABILITY -- If the policy has a waiver benefit (or had a waiver benefit until the oldest eligible age of the Insured) at the time the ABR is elected, then when an ABR benefit is approved, the Insured will be considered totally disabled, and future premiums will be waived.

CONDITIONS -

- The term of the policy, if in force as ETI, must be at least 5 years past the date of ABR election.
- The policy must not be assigned, except to us as security for a loan.
- Any irrevocable beneficiary must consent in writing before the ABR is exercised.
- The ABR cannot be exercised if an election of the rider benefit is required before the Owner can be eligible for government benefits.

UNDERWRITING RULES

ISSUE AGES — 0 through 75.

MINIMUM POLICY SIZE - The ABR can only be attached to policies with a face amount of at least \$25,000.

PLANS ON WHICH AVAILABLE -- The ABR is available on new and existing traditional life and level term policies still in their conversion period.

SUBSTANDARD - The ABR is available on substandard policies.

APPLICATION -- If no request is made to exclude the ABR, it will automatically be included on new issues.

PREMIUMS AND QDF -- None.



TERM PLANS and SUPPLEMENTAL BENEFITS

Long Term Care Rider (LTC-WL20)

For use in: AZ CT FL HI IL SC

DISCONTINUED 6/6/16

DESCRIPTION

The **Long Term Care Rider** accelerates benefits of a whole life insurance policy to which it is attached when the Insured is suffering from Chronic Illness and is confined in a Long Term Care Facility, or receiving services from a Home Health Care Agency or at an Adult Day Care. The Long Term Care benefit provided by this rider is an acceleration of the death benefit of the policy to which the rider is attached.

LONG TERM CARE FACILITY or HOME HEALTH CARE AGENCY BENEFIT – The monthly benefit is: the lesser of \$5,000 or 2% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; minus the reduction in the policy's loan balance resulting from the above benefit payment.

ADULT DAY CARE BENEFIT – If the Insured receives services at an Adult Day Care, the monthly benefit is: the lesser of \$2,500 or 1% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; minus the reduction in the policy's loan balance resulting from the above benefit payment.

TOTAL BENEFIT – LTC benefits will end when the policy's Basic Amount has been reduced due to the payment of long-term care benefits by the lesser of \$180,000 or 72% of the initial Basic Amount as of the date the initial confinement or services began. See also the Termination provision described in the key rider provisions on E-38.

WAIVER OF PREMIUM BENEFIT – For each month that a benefit is paid under this rider, the premium for the policy and for this rider will also be waived.

TAX QUALIFICATION – The rider is intended to meet federal requirements for tax qualified Long Term-Care Plans. As a federally tax-qualified plan, benefits may have federally tax-favored status. Neither the Company nor its Agents make any representations as to the actual tax status of the Rider, any benefits which may be received, or premiums paid. Applicants are advised to consult with their tax advisors regarding such matters.

EFFECT ON POLICY – The payment of LTC benefits under this rider will reduce the life insurance death benefit. Policy values and loan balances will also be reduced proportionately.

KEY RIDER PROVISIONS

Caution: The issuance of this Long Term Care Rider is based upon responses to the questions on your Policy

application. A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202.

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. The buyer is advised to review carefully all Policy limitations.

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702 B (b) of the Internal Revenue Code. However, we make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give legal, tax, or investment advice or interpretations of tax law. You should contact your personal legal, tax, or investment advisor for such advice.

DEFINITIONS

Activities of Daily Living —

1. Dressing - Getting clothes from closet and drawers, dressing self, including fasteners, braces and prosthesis;
2. Eating - Getting food and drink into the body for nourishment; includes cutting meat, buttering bread, using fingers or utensils;
3. Toileting - Moving self to bathroom when urge to void occurs, arranging clothes, transferring to toilet, cleansing self, transferring off toilet, rearranging clothes, washing hands, and moving out of bathroom;
4. Transferring from bed to chair;
5. Maintaining continence - Recognizing the urge to void in time to get to the toilet and not have an accident; and
6. Bathing - Turning on water faucets, setting temperature and water level, transferring into tub or shower, washing the whole body, transferring out of tub or shower, drying off completely and emptying tub.

Adult Day Care

A program for six (6) or more individuals, of social and health related services, provided during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other adults with disabilities who can benefit from care in a group setting outside the home.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Chronic Illness

DISCONTINUED 6/6/16

An illness or sickness of at least 90 that requires substantial assistance in performing at least two activities of daily living or that requires substantial supervision due to severe Cognitive Impairment such as Alzheimer's disease or irreversible dementia.

Home Health Care Agency

1. An entity which provides home health care services and has an agreement to act as a provider of home health care services under the Medicare program or is licensed or accredited by state law as a Home Health Care Agency; or
2. A Nurse, as defined by this Rider.

Long Term Care Facility

A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services on a continuing inpatient basis to 6 or more individuals;
3. Is supervised by a Registered Nurse;
4. Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
5. Has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and
6. Maintains a clinical record of each patient.

It may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- rest;
- the care and treatment of mental diseases or disorders, drug addiction, or alcoholism;
- day care;
- educational care; or
- a retirement home or community living center.

Medically Appropriate

Care and services pursuant to a treatment plan which is either:

1. Necessary and appropriate for the treatment of a Chronic Illness in accordance with accepted current medical practice; or
2. Required because of the Insured's inability to perform at least two of the six Activities of Daily Living.

Before we can determine whether the care and services received are Medically Appropriate, we must receive a copy of the treatment plan. If possible, the Insured's physician

should submit a copy of the treatment plan to us prior to the time care and services are received. The treatment plan must be received by us no later than the time the first claim under such treatment plan is submitted. A treatment plan prescribed, ordered, recommended or approved by a physician who has a financial interest in the facility, agency, center or provider administering such plan may not be considered Medically Appropriate.

Nurse

1. A Registered Nurse (RN);
2. A Licensed Practical Nurse (LPN); or
3. A Licensed Vocational Nurse (LVN).

Physician

A person who is legally licensed by the state in which he practices medicine and performs surgery as a doctor of medicine (M.D.) or as a doctor of osteopathy (D.O.). Physician shall not include you, the Insured, or a member of your or the Insured's immediate family.

Pre-Existing Condition

1. A condition for which medical advice or treatment was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider; or
2. Medically necessary care or service which was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider.

Waiting Period

The number of days of continuous Chronic Illness requiring confinement in a Long Term Care Facility, or professional services from a Home Health Care Agency, or enrollment in Adult Day Care needed to qualify for benefits. The Waiting Period is 90 days. Benefits will not be paid during this period but will be retroactively paid upon completion of the period.

LONG TERM CARE BENEFIT

We will pay the Long Term Care Benefit on the Monthly Date which next follows the conclusion of each 30 day period during which the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency or at an Adult Day Care if:

1. We are provided evidence satisfactory to us that the Insured is suffering from a Chronic Illness (We may require periodic recertification that the Insured is suffering from a Chronic Illness, but not more frequently than once every 90 days);
2. We are provided evidence satisfactory to us that the treatment is Medically Appropriate (We may require periodic recertification that the treatment continues to be Medically Appropriate, but not more frequently than once every 90 days);

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

3. The Company is provided with a second certification satisfactory to it, from a Physician of its choice, indicating that the Insured is suffering from a Chronic Illness and confirming that the treatment plan is Medically Appropriate. This examination shall be done at the Company's expense and shall be conclusive as to whether the Insured qualifies for receipt of a benefit under this Rider. The Company may, at its sole discretion, waive the requirement of a second certification;
4. The Waiting Period requirement has been satisfied;
5. The Exclusions and Limitations do not apply;
6. The Pre-existing Condition Limitation does not apply; and
7. The confinement or services took place while this Rider was in force.

SUCCESSIVE PERIODS OF CONFINEMENT

Successive periods of confinement in a Long Term Care Facility or successive service periods provided by a Home Health Care Agency or Adult Day Care will be considered as a single period if such confinement or service:

1. Occurs within 90 days of a prior confinement or service for which benefits were paid; and
2. Is due to the same or related causes as the prior confinement or services.

AMOUNT OF MONTHLY LONG TERM CARE BENEFIT

The Monthly Long Term Care Benefit payable for each month the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency will be:

- The lesser of \$5,000.00 or 2% of the Basic Amount at the time the initial confinement or service begins;

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Long Term Care Benefit.

The Monthly Long Term Care Benefit payable for each month the Insured receives services at an Adult Day Care will be:

- The lesser of \$2,500.00 or 1% of the Basic Amount at the time the initial confinement or service begins;

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Long Term Care Benefit.

Any amount deducted in determination of a Monthly Long Term Care Benefit as a result of indebtedness will be used to reduce the loan.

One-thirtieth (1/30th) of the monthly benefit will be paid for each day of a partial month where the Insured is confined in a Long Term Care Facility or is receiving services from a Home Health Care Agency or Adult Day Care.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.

EFFECT ON THE POLICY PAYMENT OF LONG TERM CARE BENEFITS

The following adjustments to the Policy will be made as of each Monthly Date on or following the payment of a Long Term Care Benefit:

- The Basic Amount will be reduced by the amount of the Long Term Care Benefit prior to any reduction for indebtedness.
- Current and future Guaranteed Cash Values will be reduced by multiplying their amount by the ratio of the Basic Amount AFTER the reduction for payment of the Monthly Long Term Care Benefit to the Basic Amount PRIOR to the reduction for payment of the Monthly Long Term Care Benefit.
- Any indebtedness will be reduced by multiplying the loan balance by the ratio of the Cash Value AFTER the reduction as a result of payment of the Monthly Long Term Care Benefit to the Cash Value PRIOR to the reduction as a result of payment of the Monthly Long Term Care Benefit.
- The remaining stated Premiums for the Policy will be based on the revised Basic Amount.

The Cash Value is defined in the Policy to include the cash value of any paid-up additions and any remaining dividend accumulations whereas the

Guaranteed Cash Value is a tabular amount based only on the Basic Amount of the Policy. The Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

An election of an accelerated benefit payment under any Accelerated Benefit Rider attached to this Policy will terminate this Rider.

PREMIUMS FOR THIS RIDER

The premiums for this Rider are shown on page 3 of the Policy.

Waiver of Premium

For each month you receive a Monthly Long Term Care Benefit, we will waive the premium for the Policy to which this Rider is attached. This premium includes the premium for this Rider. We will stop waiving this amount on the first Monthly Date after the Long Term Care Benefits cease unless the Insured otherwise qualifies for waiver of premiums under the Waiver of Premium Benefit Rider and that rider is included in your Policy.

EXCLUSIONS AND LIMITATIONS

Benefits are not provided for confinement or services:

1. Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
2. Due to intentionally self-inflicted injuries or attempt at suicide while sane or insane;



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

3. For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
4. Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this rider WILL cover qualifying stays or services resulting from Alzheimer's disease, or similar forms of senility or senile dementia;
5. Due to injury or sickness caused by war or any act of war, declared or undeclared;
6. For any work related sickness or injury or for any treatment provided by Worker's Compensation;
7. Resulting from committing or attempting to commit a felony; or
8. Outside the United States of America.

Pre-existing Condition Limitation

The Insured will not be eligible for Long Term Care Benefits due to confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care resulting from a Pre-Existing Condition if the confinement or services begin within six (6) months following the effective date of this Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The date on which the Basic Amount has been reduced due to the payment of Long Term Care Benefits by the lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began;
2. The date the Policy terminates except that benefits payable for confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care which began prior to termination will continue without interruption, but shall be limited to the maximum amount of monthly benefit available under the Rider and all other applicable provisions of this Rider;
3. The date of death of the Insured except with respect to claims incurred prior to death;
4. The date a Nonforfeiture Option under the Policy becomes effective;
5. The date we receive your written request for termination of this Rider;
6. The date we make payment to the Owner under any Accelerated Benefit Rider attached to this Policy.

NOTICE AND PROOF OF CLAIM

Written notice of a claim must be given to us at our home office within 91 days after the beginning of a confinement

or service for which benefits are claimed. Written proof of covered confinement or services must be provided to us within one year of the period for which claim is made unless you are legally incapacitated and unable to provide proof sooner. No benefits will be paid in the absence of written proof of covered confinement or covered services. Benefits shall not be payable for a covered confinement or covered services provided more than one year before the date of our receipt or written proof of claim.

UNDERWRITING RULES

ISSUE AGES – 18 through 85.

MAXIMUM BASIC AMOUNT to which the rider benefit will apply (which can be accelerated) – \$250,000.

MAXIMUM LIFETIME LONG TERM CARE BENEFIT – The lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began.

WHOLE LIFE POLICIES to which rider may be attached – nonqualified Sentinel, Contender 100, Patriot 100 and Heritage policies. The rider is automatically attached without extra premium charge to the Single Premium Whole Life. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

EDUCATION REQUIREMENTS – Before selling the Long Term Care Rider, please send us a certificate or proof that you have met the education requirements to sell Long Term Care, if required by your state. Your Education Certificate or Proof should be sent to the attention of the Marketing Department.

APPLICATION DIRECTIONS

1. **BEFORE COMPLETING AN APPLICATION:** Outline of Coverage Form must be given to the applicant. On page 4 of the form, fill in the annual premium for the rider.
2. Use Application for Life Insurance Form 1459 (version approved for use in state of application). Section III: Plan/Riders/Benefits/Amount of Insurance under Insurance Riders/Benefits choose Long Term Care Rider.
3. Indiana: Form "LTC Insert" must be shown to the applicant at time of application and included in the application when mailed to the Home Office. This form is on Web Forms as part of the application.
4. Protection Against Unintentional Lapse, Form 2035-LTC (LAPSE), must be completed and mailed to us along with the application. The purpose of this form is to designate at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy for

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

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nonpayment of premiums. A choice is required, either designating another person or waiving this protection.

5. Long Term Care Questionnaire, Form 2035-LTC (QUES), must be completed with all applications for Long Term Care Rider. NOTE: Your signature, as agent, acknowledges that you delivered an Outline of Coverage to the applicant before presentation of the application.

6. Replacement Requirements:

(a) If the new policy replaces another life insurance policy without long-term care benefits, use your state's regular replacement form and requirements.

(b) If the new policy replaces an individual accident and sickness policy or long-term care insurance, use LTC Rider Replacement Form 2035-LTC (RPL).

(c) If the new policy replaces another life insurance policy with accelerated benefits for long-term care, use BOTH (1) Your state's regular replacement form and requirements AND (2) LTC Rider Replacement Form 2035-LTC (RPL).

Forms are on Lafayette Life's Web Site in the Forms Section under the description of 'Long Term Care Rider Packet'.

POLICY DELIVERY REQUIREMENTS

1. The policy must be delivered to the policyowner within 30 days from issue.
2. The Long Term Care Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.
3. A special Policy Summary to be delivered to the policyowner will be included with all policies.

ADDING RIDER TO IN FORCE POLICIES

1. The rider can only be added in the first policy year in states that have approved the rider.

NOTE: South Dakota does NOT allow addition of rider to in force policies.

2. Within 6 months after policy issue we will require a Health Certificate.
3. 7-12 months after policy issue, we will require a Policy Change Form 1043, including non-medical evidence, plus an inspection report. As always, we reserve the right to fully underwrite the addition of the Long Term Care Rider and require additional evidence as deemed necessary.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Long Term Care Rider (LTC-WL20)

For use in: AL AR CO DC DE GA ID IN IA KY MD ME MI MS MO MT NE NH NJ NV NM NC OH OK OR PA RI SD TN VA WV WI WY

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DESCRIPTION

The **Long Term Care Rider** accelerates benefits of a whole life insurance policy to which it is attached when the Insured is suffering from Chronic Illness and is confined in a Long Term Care Facility, or receiving services from a Home Health Care Agency or at an Adult Day Care. The Long Term Care benefit provided by this rider is an acceleration of the death benefit of the policy to which the rider is attached.

LONG TERM CARE FACILITY or HOME HEALTH CARE AGENCY BENEFIT – The monthly benefit is: the lesser of **\$8,700** or 2% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; minus the reduction in the policy's loan balance resulting from the above benefit payment.

ADULT DAY CARE BENEFIT – If the Insured receives services at an Adult Day Care, the monthly benefit is: the lesser of **\$4,350** or 1% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; minus the reduction in the policy's loan balance resulting from the above benefit payment.

TOTAL BENEFIT – LTC benefits will end when the policy's Basic Amount has been reduced due to the payment of long term care benefits by the lesser of **\$313,200** or 72% of the initial Basic Amount as of the date the initial confinement or services began. See also the Termination provision described in the key rider provisions on E-47.

WAIVER OF PREMIUM BENEFIT – For each month that a benefit is paid under this rider, the premium for the policy and for this rider will also be waived.

TAX QUALIFICATION – The rider is intended to meet federal requirements for tax qualified Long Term-Care Plans. As a federally tax-qualified plan, benefits may have federally tax favored status. Neither the Company nor its Agents make any representations as to the actual tax status of the Rider, any benefits which may be received, or premiums paid. Applicants are advised to consult with their tax advisors regarding such matters.

EFFECT ON POLICY – The payment of LTC benefits under this rider will reduce the life insurance death benefit. Policy values and loan balances will also be reduced proportionately.

KEY RIDER PROVISIONS

Caution: The issuance of this Long Term Care Rider is based upon responses to the questions on your Policy

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.

application. A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your

Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202.

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. The buyer is advised to review carefully all Policy limitations.

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702 B (b) of the Internal Revenue Code. However, we make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give legal, tax, or investment advice or interpretations of tax law. You should contact your personal legal, tax, or investment advisor for such advice.

DEFINITIONS

Activities of Daily Living —

1. Dressing - Getting clothes from closet and drawers, dressing self, including fasteners, braces and prosthesis;
2. Eating - Getting food and drink into the body for nourishment; includes cutting meat, buttering bread, using fingers or utensils;
3. Toileting - Moving self to bathroom when urge to void occurs, arranging clothes, transferring to toilet, cleansing self, transferring off toilet, rearranging clothes, washing hands, and moving out of bathroom;
4. Transferring from bed to chair;
5. Maintaining continence - Recognizing the urge to void in time to get to the toilet and not have an accident; and
6. Bathing - Turning on water faucets, setting temperature and water level, transferring into tub or shower, washing the whole body, transferring out of tub or shower, drying off completely and emptying tub.

Adult Day Care

A program for six (6) or more individuals, of social and health related services, provided during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other adults with disabilities who can benefit from care in a group setting outside the home.



TERM PLANS and SUPPLEMENTAL BENEFITS

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Chronic Illness

An illness or sickness of at least 90 days that requires substantial assistance in performing at least two activities of daily living or that requires substantial supervision due to severe Cognitive Impairment such as Alzheimer's disease or irreversible dementia.

Home Health Care Agency

1. An entity which provides home health care services and has an agreement to act as a provider of home health care services under the Medicare program or is licensed or accredited by state law as a Home Health Care Agency; or
2. A Nurse, as defined by this Rider.

Long Term Care Facility

A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services on a continuing inpatient basis to 6 or more individuals;
3. Is supervised by a Registered Nurse;
4. Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
5. Has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and
6. Maintains a clinical record of each patient.

It may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- rest;
- the care and treatment of mental diseases or disorders, drug addiction, or alcoholism;
- day care;
- educational care; or
- a retirement home or community living center.

Medically Appropriate

Care and services pursuant to a treatment plan which is either:

1. Necessary and appropriate for the treatment of a Chronic Illness in accordance with accepted current medical practice; or
2. Required because of the Insured's inability to perform at least two of the six Activities of Daily Living.

Before we can determine whether the care and services

received are Medically Appropriate, we must receive a copy of the treatment plan. If possible, the Insured's physician should submit a copy of the treatment plan to us prior to the time care and services are received. The treatment plan must be received by us no later than the time the first claim under such treatment plan is submitted. A treatment plan prescribed, ordered, recommended or approved by a physician who has a financial interest in the facility, agency, center or provider administering such plan may not be considered Medically Appropriate.

Nurse

1. A Registered Nurse (RN);
2. A Licensed Practical Nurse (LPN); or
3. A Licensed Vocational Nurse (LVN).

Physician

A person who is legally licensed by the state in which he practices medicine and performs surgery as a doctor of medicine (M.D.) or as a doctor of osteopathy (D.O.). Physician shall not include you, the Insured, or a member of your or the Insured's immediate family.

Pre-Existing Condition

1. A condition for which medical advice or treatment was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider; or
2. Medically necessary care or service which was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider.

Waiting Period

The number of days of continuous Chronic Illness requiring confinement in a Long Term Care Facility, or professional services from a Home Health Care Agency, or enrollment in Adult Day Care needed to qualify for benefits. The Waiting Period is 90 days. Benefits will not be paid during this period but will be retroactively paid upon completion of the period.

LONG TERM CARE BENEFIT

We will pay the Long Term Care Benefit on the Monthly Date which next follows the conclusion of each 30 day period during which the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency or at an Adult Day Care if:

1. We are provided evidence satisfactory to us that the Insured is suffering from a Chronic Illness (We may require periodic recertification that the Insured is

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

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suffering from a Chronic Illness, but not more frequently than once every 90 days);

2. We are provided evidence satisfactory to us that the treatment is Medically Appropriate (We may require periodic recertification that the treatment continues to be Medically Appropriate, but not more frequently than once every 90 days);
3. The Company is provided with a second certification satisfactory to it, from a Physician of its choice, indicating that the Insured is suffering from a Chronic Illness and confirming that the treatment plan is Medically Appropriate. This examination shall be done at the Company's expense and shall be conclusive as to whether the Insured qualifies for receipt of a benefit under this Rider. The Company may, at its sole discretion, waive the requirement of a second certification;
4. The Waiting Period requirement has been satisfied;
5. The Exclusions and Limitations do not apply;
6. The Pre-existing Condition Limitation does not apply; and
7. The confinement or services took place while this Rider was in force.

SUCCESSIVE PERIODS OF CONFINEMENT

Successive periods of confinement in a Long Term Care Facility or successive service periods provided by a Home Health Care Agency or Adult Day Care will be considered as a single period if such confinement or service:

1. Occurs within 90 days of a prior confinement or service for which benefits were paid; and
2. Is due to the same or related causes as the prior confinement or service.

AMOUNT OF MONTHLY LONG TERM CARE BENEFIT

The Monthly Long Term Care Benefit payable for each month the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency will be:

The lesser of **\$8,700** or 2% of the Basic Amount at the time the initial confinement or service begins;

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Long Term Care Benefit. The Monthly Long Term Care Benefit payable for each month the Insured receives services at an Adult Day

Care will be:

- The lesser of **\$4,350** or 1% of the Basic Amount at the time the initial confinement or service begins;

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Long Term Care Benefit.

Any amount deducted in determination of a Monthly Long Term Care Benefit as a result of indebtedness will be used to reduce the loan.

One-thirtieth (1/30th) of the monthly benefit will be paid for each day of a partial month where the Insured is confined in a Long Term Care Facility or is receiving services from a Home Health Care Agency or Adult Day Care.

EFFECT ON THE POLICY OF PAYMENT OF LONG TERM CARE BENEFITS

The following adjustments to the Policy will be made as of each Monthly Date on or following the payment of a Long Term Care Benefit:

- The Basic Amount will be reduced by the amount of the Long Term Care Benefit prior to any reduction for indebtedness.
- Current and future Guaranteed Cash Values will be reduced by multiplying their amount by the ratio of the Basic Amount AFTER the reduction for payment of the Monthly Long Term Care Benefit to the Basic Amount PRIOR to the reduction for payment of the Monthly Long Term Care Benefit.
- Any indebtedness will be reduced by multiplying the loan balance by the ratio of the Cash Value AFTER the reduction as a result of payment of the Monthly Long Term Care Benefit to the Cash Value PRIOR to the reduction as a result of payment of the Monthly Long Term Care Benefit.
- The remaining stated Premiums for the Policy will be based on the revised Basic Amount.

The Cash Value is defined in the Policy to include the cash value of any paid-up additions and any remaining dividend accumulations whereas the Guaranteed Cash Value is a tabular amount based only on the Basic Amount of the Policy. The Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

An election of an accelerated benefit payment under any Accelerated Benefit Rider attached to this Policy will terminate this Rider.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

**DISCONTINUED 6/6/16
TERMINATION**

PREMIUMS FOR THIS RIDER

The premiums for this Rider are shown on page 3 of the Policy.

Waiver of Premium

For each month you receive a Monthly Long Term Care Benefit, we will waive the premium for the Policy to which this Rider is attached. This premium includes the premium for this Rider. We will stop waiving this amount on the first Monthly Date after the Long Term Care Benefits cease unless the Insured otherwise qualifies for waiver of premiums under the Waiver of Premium Benefit Rider and that rider is included in your Policy.

EXCLUSIONS AND LIMITATIONS

Benefits are not provided for confinement or services:

1. Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
2. Due to intentionally self-inflicted injuries or attempt at suicide while sane or insane;
3. For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
4. Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this rider WILL cover qualifying stays or services resulting from Alzheimer's disease, or similar forms of senility or senile dementia;
5. Due to injury or sickness caused by war or any act of war, declared or undeclared;
6. For any work related sickness or injury or for any treatment provided by Worker's Compensation;
7. Resulting from committing or attempting to commit a felony; or
8. Outside the United States of America.

Pre-existing Condition Limitation

The Insured will not be eligible for Long Term Care Benefits due to confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care resulting from a Pre-Existing Condition if the confinement or services begin within six (6) months following the effective date of this Rider.

This Rider will terminate on the earliest of the following dates:

1. The date on which the Basic Amount has been reduced due to the payment of Long Term Care Benefits by the lesser of \$313,200 or 72% of the Basic Amount as of the date the initial confinement or services began;
2. The date the Policy terminates except that benefits payable for confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care which began prior to termination will continue without interruption, but shall be limited to the maximum amount of monthly benefit available under the Rider and all other applicable provisions of this Rider;
3. The date of death of the Insured except with respect to claims incurred prior to death;
4. The date a Nonforfeiture Option under the Policy becomes effective;
5. The date we receive your written request for termination of this Rider;
6. The date we make payment to the Owner under any Accelerated Benefit Rider attached to this Policy.

NOTICE AND PROOF OF CLAIM

Written notice of a claim must be given to us at our home office within 91 days after the beginning of a confinement or service for which benefits are claimed. Written proof of covered confinement or services must be provided to us within one year of the period for which claim is made unless you are legally incapacitated and unable to provide proof sooner. No benefits will be paid in the absence of written proof of covered confinement or covered services. Benefits shall not be payable for a covered confinement or covered services provided more than one year before the date of our receipt or written proof of claim.

UNDERWRITING RULES

ISSUE AGES – 18 through 85.

MAXIMUM BASIC AMOUNT to which the rider benefit will apply (which can be accelerated) – **\$435,000.**

MAXIMUM LIFETIME LONG TERM CARE BENEFIT – The lesser of **\$313,200** or 72% of the Basic Amount as of the date the initial confinement or services began.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

WHOLE LIFE POLICIES to which rider may be attached – nonqualified Sentinel, Contender 100, Patriot 100 and Heritage policies. The rider is automatically attached without extra premium charge to the Liberty Single Premium Whole Life. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

EDUCATION REQUIREMENTS – Before selling the Long Term Care Rider, please send us a certificate or proof that you have met the education requirements to sell Long Term Care, if required by your state. Your Education Certificate or Proof should be sent to the attention of the Marketing Department.

APPLICATION DIRECTIONS

1. BEFORE COMPLETING AN APPLICATION:

Outline of Coverage Form must be given to the applicant. On page 4 of the form, fill in the annual premium for the rider.

- Use Applicable state variation of the regular life application form 1459, and in section III, select LTC rider.

Note: Indiana requires a LTC Insert that must be shown to the applicant at time of application and included in the application when mailed to the Home Office. This form is on the Web Forms as part of the application.

- Protection Against Unintentional Lapse, Form 2035-LTC (LAPSE), must be completed and mailed to us along with the application. The purpose of this form is to designate at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy for nonpayment of premiums. A choice is required, either designating another person or waiving this protection.
- Long Term Care Questionnaire, Form 2035-LTC (QUES), must be completed with all applications for Long Term Care Rider.

NOTE: Your signature, as agent, acknowledges that you delivered an Outline of Coverage to the applicant before presentation of the application.

5. Replacement Requirements:

- If the new policy replaces another life insurance policy without long-term care benefits, use your state's regular replacement form and requirements
- If the new policy replaces an individual accident and sickness policy or long-term care insurance, use LTC Rider Replacement Form 2035-LTC (RPL).

- If the new policy replaces another life insurance policy with accelerated benefits for long-term care, use BOTH (1) Your state's regular replacement form and requirements AND (2) LTC Rider Replacement Form 2035-LTC (RPL).

Forms are on Lafayette Life's Web Site in the Forms Section under the description of 'Long Term Care Rider Packet'.

POLICY DELIVERY REQUIREMENTS

- The policy must be delivered to the policyowner within 30 days from issue.
- The Long Term Care Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.
- A special Policy Summary to be delivered to the policyowner will be included with all policies.

ADDING RIDER TO IN FORCE POLICIES

- The rider can only be added in the first policy year in states that have approved the rider.
NOTE: South Dakota does NOT allow addition of rider to in force policies.
- We will add the new rider after state approval, to policies less than 6 months old, with submission of a completed Part I of the Policy Change form (1043) and a Health Certificate form (1102) approved by Lafayette Life.
- We will add the new rider after state approval, to policies 7-12 months old, with submission of a fully completed Policy Change form (1043) and inspection report, both must be approved by Lafayette Life. As always, we reserve the right to fully underwrite the addition of the Long Term Care Rider and require additional evidence as deemed necessary.

EXCHANGING A CURRENT LTC RIDER FOR THE NEW LTC RIDER

- We will exchange and existing rider after state approval of the new rider, to policies less than 6 months old, with submission of a completed Part 1 of the Policy Change form (1043) approved by Lafayette life
- We will exchange an existing rider after state approval of the new rider, to policies 7-12 months old, with submission of a fully completed Policy Change form (1043) approved by Lafayette Life. As always, we reserve the right to fully underwrite the addition of the Long Term Care Rider and require additional evidence as deemed necessary.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Extended Care Benefit Rider (ECB-WL-05)

For use in: TX

DISCONTINUED 6/6/16

DESCRIPTION

The **Extended Care Accelerated Benefit Rider** accelerates benefits of a whole life insurance policy to which it is attached when the Insured is suffering from a Chronic Illness and is confined in an Extended Care Facility, or receiving services from a Home Health Care Agency or at an Adult Day Care.

This rider is filed as an accelerated benefit of a life insurance policy. The rider must not be described or marketed as providing "Long Term Care" benefits.

EXTENDED CARE FACILITY or HOME HEALTH CARE AGENCY BENEFIT – The monthly benefit is: the lesser of \$8,700 or 2% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; *minus* the reduction in the policy's loan balance resulting from the above benefit payment.

ADULT DAY CARE BENEFIT – If the Insured receives services at an Adult Day Care, the monthly benefit is: the lesser of \$4,350 or 1% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; *minus* the reduction in the policy's loan balance resulting from the above benefit payment.

TOTAL BENEFIT – Acceleration-of-life-insurance Benefits will end when the policy's Basic Amount has been reduced due to the payment of Acceleration-of-life-insurance Benefits by the lesser of \$313,200 or 72% of the initial Basic Amount as of the date the initial confinement or services began. See also the Termination provision described in the key rider provisions E-44.

WAIVER OF PREMIUM BENEFIT – For each month that a benefit is paid under this rider, the premium for the policy and for this rider will also be waived.

TAX QUALIFICATION – The rider is intended to meet federal requirements for tax qualified Extended Care Plans. As a federally tax-qualified plan, benefits may have federally tax-favored status. Neither the Company nor its Agents make any representations as to the actual tax status of the Rider, any benefits which may be received, or premiums paid. Applicants are advised to consult with their tax advisors regarding such matters.

EFFECT ON POLICY – The payment of Acceleration-of-life-insurance Benefits under this rider will reduce the life insurance death benefit. Policy values and loan balances will also be reduced proportionately.

KEY RIDER PROVISIONS

DEATH BENEFITS, CASH VALUES, AND LOAN VALUES WILL BE REDUCED IF AN ACCELERATION-OF-LIFE-INSURANCE BENEFIT IS PAID.

Caution: The issuance of this Extended Care Accelerated Benefit Rider is based upon responses to the questions on your Policy application. A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right during the contestable period to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202.

Notice to Buyer: This Rider may not cover all of the costs which are associated with confinement in an Extended Care Facility or services received from a Home Health Care Agency or Adult Day Care, and which are incurred by the Insured during the period of coverage.

Notice: The Acceleration-of-life-insurance Benefits offered under this Rider are intended to qualify for favorable tax treatment under section 7702B(b) of the Internal Revenue Code of 1986. If the Acceleration-of-life-insurance Benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to Acceleration-of-life-insurance Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive Acceleration-of-life-insurance Benefits excludable from income under federal law.

Receipt of Acceleration-of-life-insurance Benefits may affect you, your spouse or your 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 your family's eligibility for public assistance.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

We make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give legal, tax, or investment advice or interpretations of tax law. You should contact your personal legal tax, or investment advisor for such advice.

DEFINITIONS

Activities of Daily Living

1. Bathing – Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. Continence – The ability to maintain control of bowel and bladder function; or, when unable to maintain control bowel function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing – Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating – Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting – Getting to and from the toilet, getting on and off the toilet and performing associated personal hygiene.
6. Transferring – Sufficient mobility to move into or out of a bed, chair or wheel chair or to move from place to place, either via walking, a wheelchair or other means.

Adult Day Care

A social and health-related services program provided during the day in a community group setting, for the purpose of supporting frail, impaired elderly, or other disabled adults who can benefit from care in a group setting outside the home.

Chronic Illness

An illness or physical condition as defined in 28 TAC §3.4302(b), and which a Licensed Health Care Practitioner, acting within the scope of his or her license, certifies, within twelve months prior to the approval of the Insured's request to exercise the acceleration-of-life-insurance provision, that has caused the Insured to:

1. be unable to perform, without substantial assistance from another individual, at least two (2) activities of daily living for a period of at least 90 days due to functional incapacity;
2. be disabled at a level similar to the level described in subparagraph (a), as determined by rules promulgated

by the United States Secretary of the Treasury, in consultation with the United States Secretary of Health and Human Services, under section 7702B of the Internal Revenue Code of 1986, as amended by section 321, Title C, Subtitle C, Part 1 of the Health Insurance Portability and Accountability Act of 1996; or

3. require substantial supervision to protect the Insured from threats to the insured's health and safety due to the impairment of cognitive ability.

Extended Care Facility

A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services;
3. Is supervised by a Registered Nurse;
4. Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
5. Has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and
6. Maintains a clinical record of each patient.

It may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- rest;
- the care and treatment of mental diseases or disorders, drug addiction, or alcoholism;
- day care;
- educational care; or
- a retirement home or community living center.

Home Health Care Agency

1. An entity which provides home health care services and has an agreement to act as a provider of home health care services under the Medicare program or is licensed or accredited by state law as a Home Health Care Agency; or
2. A Nurse, as defined by this Rider.

Impairment of Cognitive Ability

The deterioration or loss in intellectual capacity requiring substantial supervision for protection of self and others, as established by the clinical diagnosis of any licensed practitioner in this state authorized to make such a diagnosis. Such diagnosis shall include the patient's history and physical, neurological, psychological and/or psychiatric evaluations, and laboratory findings.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

Licensed Health Care Practitioner

Any Physician, Nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Medically Appropriate

Care and services pursuant to a treatment plan which is either:

1. Necessary and appropriate for the treatment of a Chronic Illness in accordance with accepted current medical practice; or
2. Required because of the Insured's inability to perform at least two of the six Activities of Daily Living.

Before we can determine whether the care and services received are Medically Appropriate, we must receive a copy of the treatment plan. If possible, the Insured's physician should submit a copy of the treatment plan to us prior to the time care and services are received. The treatment plan must be received by us no later than the time the first claim under such treatment plan is submitted. A treatment plan prescribed, ordered, recommended or approved by a physician who has a financial interest in the facility, agency, center or provider administering such plan may not be considered Medically Appropriate.

Nurse

1. A Registered Nurse (RN);
2. A Licensed Practical Nurse (LPN); or
3. A Licensed Vocational Nurse (LVN).

Physician

A person who is legally licensed by the state in which he practices medicine and performs surgery as a doctor of medicine (M.D.) or as a doctor of osteopathy (D.O.). Physician shall not include you, the Insured, or a member of your or the Insured's immediate family.

Sickness

An illness or disease.

Waiting Period

The number of days of continuous Chronic Illness requiring confinement in an Extended Care Facility, or professional services from a Home Health Care Agency, or enrollment in Adult Day Care needed to qualify for benefits. The Waiting Period is 90 days. Benefits will not be paid during this period but will be retroactively paid upon completion of the period.

ACCELERATION-OF-LIFE INSURANCE BENEFIT

We will pay an Acceleration-of-life-insurance Benefit on the Monthly Date which next follows the conclusion of each 30 day period during which the Insured is confined in an Extended Care Facility or receiving services from a Home Health Care Agency or at an Adult Day Care if:

1. We are provided evidence satisfactory to us that the Insured is suffering from a Chronic Illness (We may require periodic recertification that the Insured is suffering from a Chronic Illness, but not more frequently than once every 90 days);
2. We are provided evidence satisfactory to us that the treatment is Medically Appropriate (We may require periodic recertification that the treatment continues to be Medically Appropriate, but not more frequently than once every 90 days);
3. The Company is provided with a second certification satisfactory to it, from a Physician of its choice, indicating that the Insured is suffering from a Chronic Illness and confirming that the treatment plan is Medically Appropriate. This examination shall be done at the Company's expense and shall be conclusive as to whether the Insured qualifies for receipt of a benefit under this Rider. The Company may, at its sole discretion, waive the requirement of a second certification;
4. The Waiting Period requirement has been satisfied;
5. The Exclusions and Limitations do not apply; and
6. The confinement or services took place while this Rider was in force.

While monthly Acceleration-of-life-insurance Benefits are being paid, we will provide a Monthly Report to the Owner.

SUCCESSIVE PERIODS OF CONFINEMENT

Successive periods of confinement in an Extended Care Facility or successive service periods provided by a Home Health Care Agency or Adult Day Care will be considered as a single period if such confinement or service:

1. Occurs within 90 days of a prior confinement or service for which benefits were paid; and
2. Is due to the same or related causes as the prior confinement or services.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

AMOUNT OF MONTHLY ACCELERATION-OF-LIFE-INSURANCE BENEFIT

The Monthly Acceleration-of-life-insurance Benefit payable for each month the Insured is confined in a Extended Care Facility or receiving services from a Home Health Care Agency will be:

- The lesser of \$5,000.00 or 2% of the Basic Amount at the time the initial confinement or service begins;

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Acceleration-of-life-insurance Benefit.

The Monthly Acceleration-of-life-insurance Benefit payable for each month the Insured receives services at an Adult Day Care will be:

- The lesser of \$2,500.00 or 1% of the Basic Amount at the time the initial confinement or service begins;

MINUS

- The reduction in the Policy indebtedness as a result of the payment of each Monthly Acceleration-of-life-insurance Benefit.

Any amount deducted in determination of a Monthly Acceleration-of-life-insurance Benefit as a result of indebtedness will be used to reduce the loan.

One-thirtieth (1/30th) of the monthly benefit will be paid for each day of a partial month where the Insured is confined in an Extended Care Facility or is receiving services from a Home Health Care Agency or Adult Day Care.

EFFECT ON THE POLICY OF PAYMENT OF ACCELERATION-OF-LIFE-INSURANCE BENEFITS

Effect on the Policy of Payment of Acceleration-of-life-insurance Benefits

The following adjustments to the Policy will be made as of each Monthly Date on or following the payment of an Acceleration-of-life-insurance Benefit:

- The Basic Amount will be reduced by the amount of the Acceleration-of-life-insurance Benefit prior to any reduction for indebtedness.
- Current and future Guaranteed Cash Values will be reduced by multiplying their amount by the ratio of the Basic Amount *AFTER* the reduction for payment of the Monthly Acceleration-of-life-insurance Benefit to the Basic Amount *PRIOR* to the reduction for payment of the Monthly Acceleration-of-life-insurance Benefit.

- Any indebtedness will be reduced by multiplying the loan balance by the ratio of the Cash Value *AFTER* the reduction as a result of payment of the Monthly Acceleration-of-life-insurance Benefit to the Cash Value *PRIOR* to the reduction as a result of payment of the Monthly Acceleration-of-life-insurance Benefit.
- The remaining stated Premiums for the Policy will be based on the revised Basic Amount.
- Any portion of the death benefit remaining after reduction of the death benefit, due to payment of an Acceleration-of-life-insurance Benefit and the reduction of any indebtedness shall be paid upon the death of the Insured.
- The Acceleration-of-life-insurance Benefits, the reduction of any indebtedness, and the balance of the death benefits of the life insurance Policy shall constitute the full settlement on maturity of the face amount of the Policy.

The Cash Value is defined in the Policy to include the cash value of any paid-up additions and any remaining dividend accumulations whereas the Guaranteed Cash Value is a tabular amount based only on the Basic Amount of the Policy. The Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

An election of an accelerated benefit payment under any Accelerated Benefit Rider attached to the Policy will terminate this Rider.

PREMIUMS FOR THIS RIDER

The premiums for this Rider are shown on page 3 of the Policy.

Waiver of Premium

For each month you receive a Monthly Acceleration-of-life-insurance Benefit, we will waive the premium for the Policy to which this Rider is attached. This premium includes the premium for this Rider. We will stop waiving this amount on the first Monthly Date after the Acceleration-of-life-insurance Benefits cease unless the Insured otherwise qualifies for waiver of premiums under the Waiver of Premium Benefit Rider and that rider is included in your Policy.

EXCLUSIONS AND LIMITATIONS

Benefits are not provided for confinement or services:

1. Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

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2. Due to intentionally self-inflicted injuries or attempt at suicide while sane or insane;
3. For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
4. Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this rider WILL cover qualifying stays or services resulting from Alzheimer's disease, or similar forms of senility or senile dementia;
5. Due to injury or sickness caused by war or any act of war, declared or undeclared, during military service;
6. For any work related sickness or injury or for any treatment therefore;
7. Resulting from committing or attempting to commit a felony; or
8. Outside the United States of America.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The date on which the Basic Amount has been reduced due to the payment of Acceleration-of-life-insurance Benefits by the lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began;
2. The date the Policy terminates;
3. The date of death of the Insured except with respect to claims incurred prior to death;
4. The date a Nonforfeiture Option under the Policy becomes effective;
5. The date we receive your written request for termination of this Rider;
6. The date we make payment to the Owner under any Accelerated Benefit Rider attached to this Policy.

NOTICE AND PROOF OF CLAIM

Written notice of a claim must be given to us at our home office within 91 days after the beginning of a confinement or service for which benefits are claimed. Written proof of covered confinement or services must be provided to us within one year of the period for which claim is made unless you are legally incapacitated and unable to provide proof sooner. No benefits will be paid in the absence of written proof of covered confinement or covered services. Benefits shall not be payable for a covered confinement or covered services provided more than one year before the date of our receipt or written proof of claim.

UNDERWRITING RULES

ISSUE AGES – 18 through 85.

MAXIMUM BASIC AMOUNT to which the rider benefit will apply (which can be accelerated) – \$250,000.

MAXIMUM LIFETIME LONG TERM CARE BENEFIT – The lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began.

WHOLE LIFE POLICIES to which rider may be attached – nonqualified Sentinel, Contender 100, Patriot 100 and Heritage policies. The rider is automatically attached without extra premium charge to the Single Premium Whole Life. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

APPLICATION DIRECTIONS

Use Application for Life Insurance, **Form 1459** (version approved for use in state of application).

Section III: Plan/Riders/Benefits/Amount of Insurance under *Insurance Riders/Benefits* choose blank option and write in "ECB-WL-05".

POLICY DELIVERY REQUIREMENTS

1. The policy must be delivered to the policyowner within 60 days from issue.
2. The Extended Care Accelerated Benefit Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.
3. A special Policy Summary to be delivered to the policyowner will be included with all policies.

ADDING RIDER TO IN FORCE POLICIES

1. The rider can only be added in the first policy year in the states that have approved the ECB-WL-05 rider.
2. Within 6 months after policy issue we will require a Health Certificate.
3. 7-12 months after policy issue, we will require a Policy Change Form 1043, including non-medical evidence, plus an inspection report. As always, we reserve the right to fully underwrite the addition of the Extended Care Accelerated Benefit Rider and require additional evidence as deemed necessary.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Death Benefit Plus Rider (ABPR-05)

For use in: KS, UT, MN, VT

DISCONTINUED 6/6/16

DESCRIPTION

The Accelerated Death Benefit Plus Rider accelerates benefits of a whole life insurance policy to which it is attached when the Insured is confined in a Nursing Facility with the expectation that the Insured will remain there for the rest of his/her life.

NURSING FACILITY BENEFIT – The Owner may elect to receive the accelerated death benefits of the rider in monthly installments, or in a lump sum:

- **Monthly Installment Option.** The monthly installment benefit is: the lesser of \$5,000 or 2% of the life insurance policy's Basic Amount at the time the initial confinement or service begins; minus the reduction in the policy's loan balance resulting from the above benefit payment.
- **Lump Sum Option.** In lieu of monthly installments, the Owner may elect to receive the present value of some or all of any remaining unpaid monthly installments in a lump sum. An interest rate of 7%, and those installments farthest removed from the payment date, are used in computing the lump sum.

COVERAGE – The rider covers Insureds admitted as a patient in a nursing facility for a continuous period of at least 90 days with the expectation of remaining there for the rest of his/her life. This includes coverage in a Nursing Facility due to irreversible dementia or Alzheimer's disease.

TOTAL BENEFIT – ABPR benefits will end when the policy's death benefit has been reduced due to the payment of Accelerated Death Benefits by the lesser of \$180,000 or 72% of the initial Basic Amount as of the date the permanent confinement began. See also the Termination provision described in the key rider provisions on E-47.

WAIVER OF PREMIUM BENEFIT – For each month that a benefit is paid under this rider, the premium for the policy and for this rider will also be waived.

TAX CONSEQUENCES – The receipt of a benefit under the Rider may be taxable. Before electing a benefit under the Rider, the Owner should seek the advice of his or her personal tax advisor.

EFFECT ON POLICY – The payment of ABPR benefits under this rider will reduce the life insurance death benefit. Policy values and loan balances will also be reduced proportionately.

KEY RIDER PROVISIONS

Caution: The issuance of this Accelerated Death Benefit Plus Rider is based upon responses to the questions on your Policy application. A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202.

The receipt of a benefit under this Rider may be taxable. However, we make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give tax advice or interpretations of tax law. Before electing a benefit under this Rider, you should contact your personal tax advisor for advice regarding the tax consequences of this Rider.

DEFINITIONS

Nursing Facility

A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services on a continuing inpatient basis to 6 or more individuals;
3. Is supervised by a Registered Nurse;
4. Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
5. Has a planned program of policies and procedures developed with advice of, and periodically reviewed by, at least one Licensed Physician; and
6. Maintains a clinical record of each patient.

It may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- Rest;
- The care and treatment of mental diseases or disorder, drug addiction, or alcoholism;
- Day care;
- Educational care; or
- A retirement home or community living center.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

Nurse

1. A Registered Nurse (RN);
2. A Licensed Practical Nurse (LPN); or
3. A Licensed Vocational Nurse (LVN).

Permanently Confined or Permanent Confinement

Admitted as a patient in a Nursing Facility for a continuous period of at least 90 days with the expectation that the Insured will remain there for the rest of his/her life.

Pre-Existing Condition

A condition for which medical advice or treatment was recommended by or received from a Licensed Physician within the six (6) months preceding the effective date of this Rider.

Waiting Period

The number of days of Permanent Confinement in a Nursing Facility, needed to qualify for benefits. The Waiting Period is 90 days. Benefits will not be paid during this period but will be retroactively paid upon completion of the period.

BENEFITS

Accelerated Death Benefit

We will pay the Accelerated Death Benefit provided by this Rider in monthly installments, or in a lump sum, if:

1. We are provided medical evidence by a Licensed Physician, satisfactory to us, that the Insured is Permanently Confined to a Nursing Facility;
2. Such Permanent Confinement meets the criteria set forth in the Definitions section of this Rider;
3. The Company is provided with a second certification satisfactory to it, from a Licensed Physician of its choice, indicating that the Insured is Permanently Confined in a Nursing Facility. This examination shall be done at the Company's expense and shall be conclusive as to whether the Insured qualifies for receipt of a benefit under this Rider. The Company may, at its sole discretion, waive the requirement of a second certification;
4. The Waiting Period requirement has been satisfied;
5. The Exclusions and Limitations do not apply;
6. The Pre-existing Condition Limitation does not apply; and
7. The Permanent Confinement took place while this Rider was in force.

The Accelerated Death Benefit under this Rider will be made available to you on a voluntary basis only. Therefore:

1. If you are required by law to elect this benefit to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit; and
2. If you are required by a government agency to elect this benefit in order to apply for, obtain, or keep a government benefit or entitlement, you are not eligible for this benefit.

Amount of Accelerated Death Benefit

Monthly Installment Option

Upon Permanent Confinement in a Nursing Facility, you may elect to receive in advance, in monthly installments, a portion of the Basic Amount of the Policy to which this Rider is attached. Monthly installments are payable on each Monthly Date which next follows the conclusion of a 30 day period of confinement. Installments will cease upon termination of this Rider in accordance with the **Termination** provision. The amount of each monthly installment will be a Net Monthly Installment equal to:

- The Gross Monthly Installment - the lesser of \$5,000.00 or 2% of the Basic Amount at the time the Permanent Confinement begins;

MINUS

- Any amount applied to reduce any loan balance.

One-thirtieth (1/30th) of any monthly installment will be paid for each day of a partial month where the Insured is Permanently Confined in a Nursing Facility.

Lump Sum Option

In lieu of receiving the installment payments on a monthly basis, you may elect to receive them in a lump sum on a present value basis. The Net Lump Sum is equal to:

- The present value of some or all of any remaining unpaid Gross Monthly Installments;

MINUS

- Any amount applied to reduce any loan balance.

The present value of installments taken as a lump sum shall be calculated using an effective interest rate of 7% per year.

If the present value of only some of the remaining unpaid Gross Monthly Installments is to be used in computing a Net Lump Sum, those Gross Monthly Installments farthest removed from the date the lump sum is to be paid shall be used in making such computation.

Under both the Monthly Installment & Lump Sum Options, any amount deducted in determination of an Accelerated Death Benefit payment as a result of indebtedness will be used to reduce the loan.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

Effect on the Policy of Payment of Accelerated Death Benefit

The following adjustments to the Policy will be made as of any date that an Accelerated Death Benefit is paid:

- The Basic Amount will be reduced by the amount of the Gross Monthly Installment under the Monthly Installment Option (or by the sum of the Gross Monthly Installment(s) that enter into the present value calculation under the Lump Sum Option).
- Current and future Guaranteed Cash Values will be reduced by multiplying their amount by the ratio of the Basic Amount AFTER the reduction for payment of the Accelerated Death Benefit to the Basic Amount PRIOR to the reduction for payment of the Accelerated Death Benefit.
- Any indebtedness will be reduced by multiplying the loan balance by the ratio of the Cash Value AFTER the reduction as a result of payment of the Accelerated Death Benefit to the Cash Value PRIOR to the reduction as a result of payment of the Accelerated Death Benefit.
- The remaining stated Premiums for the Policy will be based on the revised Basic Amount.

The Cash Value is defined in the Policy to include the cash value of any paid-up additions and any remaining dividend accumulations whereas the Guaranteed Cash Value is a tabular amount based only on the Basic Amount of the Policy. The Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

PREMIUMS

Premiums for this Rider

The premiums for this Rider are shown on page 3 of the Policy.

Waiver of Premium

During the period when monthly installments are payable (this includes the period when the monthly installments would have been payable, but for the Lump Sum election), we will waive the premium for the Policy to which this Rider is attached. This premium includes the premium for this Rider. We will stop waiving this amount at the end of the aforementioned period, unless the Insured otherwise qualifies for waiver of premiums under the Waiver of Premium Benefit Rider and that Rider is included in your Policy.

GENERAL PROVISIONS

Exclusions and Limitations

Benefits are not provided for Permanent Confinement:

1. Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Licensed Physician;
2. Due to intentionally self-inflicted injuries or attempt at suicide while sane or insane;
3. For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
4. Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this Rider WILL cover qualifying stays or services resulting from Alzheimer's disease, or similar forms of senility or senile dementia;
5. Due to injury or sickness caused by war or any act of war, declared or undeclared;
6. For any work related sickness or injury or for any treatment provided by Worker's Compensation;
7. Resulting from committing or attempting to commit a felony; or
8. Outside the United States of America.

Pre-existing Condition Limitation

The Insured will not be eligible for Accelerated Death Benefits due to Permanent Confinement in a Nursing Facility resulting from a Pre-Existing Condition if the Permanent Confinement began within six (6) months following the effective date of this Rider.

Termination

This Rider will terminate on the earliest of the following dates:

1. The date on which the Basic Amount has been reduced due to the payment of Accelerated Death Benefits by the lesser of \$180,000 or 72% of the Basic Amount as of the date the Permanent Confinement began;
2. The date the Policy terminates except that monthly installments payable for Permanent Confinement in a Nursing Facility which began prior to termination will continue without interruption, but shall be limited to the maximum amount of monthly installment available under the Rider and all other applicable provisions of this Rider;
3. The date of death of the Insured except with respect to claims incurred prior to death;

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 6/6/16

4. The date a Nonforfeiture Option under the Policy becomes effective;
5. The date we receive your written request for termination of this Rider; or
6. The date we make payment to the Owner under any other Accelerated Benefit Rider attached to this Policy.

NOTICE AND PROOF OF CLAIM

Written notice of a claim must be given to us at our home office within 91 days after the beginning of a confinement or service for which benefits are claimed. Written proof of covered confinement or services must be provided to us within one year of the period for which claim is made unless you are legally incapacitated and unable to provide proof sooner. No benefits will be paid in the absence of written proof of covered confinement or covered services. Benefits shall not be payable for a covered confinement or covered services provided more than one year before the date of our receipt or written proof of claim.

UNDERWRITING RULES

ISSUE AGES – 18-85.

MAXIMUM BASIC AMOUNT to which the rider benefit will apply (which can be accelerated) – \$250,000.

MAXIMUM LIFETIME ACCELERATED DEATH BENEFIT – The lesser of \$180,000 or 72% of the Basic Amount as of the date the initial confinement or services began.

WHOLE LIFE POLICIES to which rider may be attached – nonqualified Sentinel, Contender 100, Patriot 100 and Heritage. The rider is automatically attached without extra premium charge to the Single Premium Whole Life. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

APPLICATION DIRECTIONS

1. **BEFORE COMPLETING AN APPLICATION:**
Disclosure for Accelerated Death Benefit Plus Rider must be given to the applicant. Return one signed copy of the Disclosure with the Application. The Disclosure form is on Lafayette Life's Web Site in the Forms Section.
2. Use Application for Life Insurance **Form 1459** (version approved for use in state of application). **Section III: Plan/Riders/Benefits/Amount of Insurance** under *Insurance Riders/Benefits* choose blank option and write in "ABPR-WL-05".

POLICY DELIVERY REQUIREMENTS

1. The policy must be delivered to the policyowner within 60 days from issue.
2. The Accelerated Death Benefit Plus Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.

ADDING RIDER TO IN FORCE POLICIES

1. The rider can only be added in the first policy year in states that have approved the rider.
2. Within 6 months after policy issue we will require a Health Certificate.
3. 7-12 months after policy issue, we will require a Policy Change Form 1043, including non-medical evidence, plus an inspection report. As always, we reserve the right to fully underwrite the addition of the Accelerated Death Benefit Plus Rider and require additional evidence as deemed necessary.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Term to 105 Life Policy (TLP-08) (Centennial Term)

DISCONTINUED 11/25/19

DESCRIPTION

PRODUCT TYPE – Individual Term Life Insurance Policy (Form 1459). Premiums are level for an Initial Term of 10, 20 or 30 years.

DEATH BENEFIT – Level to age 105.

PREMIUMS – Payable through age 104. Term rates are guaranteed for all years. After the Initial Term, the policy may be renewed for one-year terms at rates that increase each year.

BANDS – There are four premium bands:

- \$100,000 – \$249,999
- \$250,000 – \$499,999
- \$500,000 – \$999,999
- \$1,000,000 and Larger

UNDERWRITING RULES

ISSUE AGES (Age Last Birthday) –

- 10 Year Term 18 – 75
- 20 Year Term 18 – 65 *
- 30 Year Term 18 – 55 *

RATE CLASSES –

- No Tobacco – Super Preferred Plus
- No Tobacco – Preferred Plus
- No Tobacco – Preferred
- No Tobacco – Standard
- Tobacco – Preferred
- Tobacco - Standard

MINIMUM FACE AMOUNT – \$100,000

ANNUAL POLICY FEE – \$50.00 per year

SEPARATE POLICY FEES – A separate policy is required to provide insurance on another insured. Each policy will have its own policy fee.

CONVERSION – Conversion to any permanent life plan is available during the Initial Term (but not beyond age 65). Please see TERM CONVERSIONS, Page B-44 for additional information. There will be full first year commissions paid on the first year premium for the new permanent life plan minus the full first year commissions on the converted Centennial Term.

CONVERSION CREDIT – The first premium for the new permanent plan will be reduced by a conversion credit equal in amount to the sum of the premiums paid for the base term plan in the last 12 months on the converted amount.

REENTRY – At the end of the Initial Term the Insured may reapply for a new term policy if the insured's age is within the issue age limits. Full underwriting is required.

OPTIONAL BENEFITS – **

- Waiver of Premium Benefit Rider, WP-TLP08, Ages 18 - 55
Own occupation definition is used in all years. Check the rider for additional details.
- Children's Insurance Rider, CIR-05
- Accelerated Benefit Rider, form ABR-92.
This rider is automatically added at no cost unless requested otherwise.

* Not issued at some older ages for: No Tobacco – Standard, Tobacco – Preferred, and Tobacco – Standard.

** Riders may be subject to underwriting availability.



TERM PLANS and SUPPLEMENTAL BENEFITS

Waiver of Monthly Deduction Benefit (WMD) -UL

DISCONTINUED 11/25/19

The Waiver of Monthly Deduction benefit (WMD) provides that if the Insured becomes totally disabled prior to his 65th birthday while the policy is in full force and continues to be so disabled for a period of at least six months, monthly deductions under the policy, including those for any additional benefits will be waived, beginning with the date of disability, for as long as the Insured remains disabled during the life of the policy.

The WMD rider defines total disability as a disability which:

1. results from bodily injury or disease;
2. begins while the rider is in force;
3. begins before the annual date next following the Insured's 65th birthday;
4. exists continuously for six months;
5. during the first 24 months of disability prevents the Insured from performing the substantial and material duties of the Insured's regular occupation at the time the Insured became disabled; and
6. after 24 months of disability, prevents the Insured from working at any occupation for which the Insured is, or becomes, reasonably suited by reason of education, training, or experience, with due regard to the Insured's vocation and earnings prior to disability.

Any premiums which the Insured may have paid during the first six months of disability are refunded upon approval of the disability claim, except that no premium due more than one year prior to receipt of written notice of claim will be waived unless it is shown that such notice was given as soon as was reasonably possible. During the time that premiums are waived, the dividends and cash surrender or loan values will be the same as though the premiums so waived had been paid in cash.

PRESUMPTIVE TOTAL DISABILITY - Even if the Insured works at an occupation, the Company will consider the disability total if it results in total and permanent loss of:

- Sight of both eyes;
- Use of both hands;
- Use of both feet;
- Use of one hand and one foot;
- Speech; or
- Hearing in both ears.

JUVENILE POLICIES - The WMD benefit may be included with any juvenile policy. In the 79 and subsequent policy series, the benefit is effective from the date of issue. Prior policies contained a benefit which was not effective until age 15 even if included at a younger issue age.

PREMIUMS - The premiums for WMD are shown on the same page as the base plan.

LIMITS - The Waiver of Monthly Deduction benefit will only be issued on Universal Life policies. It will not be included in most substandard classes, group and certain other conversions nor in any other policy, if, in the judgment of the Company, the benefit should not be issued. The benefit may normally be included in all substandard policies requiring a permanent flat extra premium. Cases requiring Table Ratings are considered on an individual basis and may or may not include the benefit.

Waiver of monthly deduction benefit **is not available** if the death benefit of the base plan, plus any term rider benefits is **in excess of \$5,000,000**.

AGE LIMITS - The benefit is issued at insurance ages 0 through 55.

SPECIAL CLASS - WMD may be issued through Table B.

ADDITION OF WAIVER OF PREMIUM TO EXISTING POLICIES - APPLICATION FORM - Complete and forward to the Company an Application for Policy Change Form 1043, part 1 and part 2, an Authorization to Release Information Form 1453, a remittance covering the cost of the addition and the policy. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.



TERM PLANS and SUPPLEMENTAL BENEFITS

Annual Renewable Term Rider (ICC14 LLR-02)

DISCONTINUED 11/25/19

DESCRIPTION

RIDER TYPE - Annual Renewable Level Term Insurance

PREMIUMS – Current premiums are not guaranteed. They will not exceed maximum premiums. They vary by attained age.

No QDF

NONPARTICIPATING - No dividends

PLANS ON WHICH AVAILABLE - Heritage 15, Contender 15, Patriot 15, Sentinel 15, or 10 Pay Life

It is not available on a term or a UL policy.

CONVERTIBLE - On or prior to age 65

The new policy will:

- Be dated the monthly date next following our receipt of the request to make the change;
- Be any level premium plan you select that we then issue;
- Be at a rate for the original rate class, and the then attained age of the Insured;
- Be for the same (or lesser) amount of this rider then in effect; and
- Will provide a WPD Benefit *if* included in policy to which rider is attached *and* conversion is before 60.

DATING OF RIDER – On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

TERMINATION – Earliest of:

- When you fail to renew the rider;
- The last expiry date of the rider;
- When the policy goes to ETI or reduced PU;
- Termination of the policy;
- When you requests its termination; or
- When the rider is converted.

UNDERWRITING RULES

ISSUE AGES - 15 thru 64

MINIMUM AMOUNT - \$25,000

MAXIMUM AMOUNT - 12 times the face amount of the base policy to which it is attached.

WPD BENEFIT - WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT - This rider does not provide for the Accidental Death Benefit.

RATE CLASSES -

Super Preferred No Tobacco
Preferred No Tobacco
Standard No Tobacco
Preferred Tobacco
Standard Tobacco

NONMEDICAL LIMITS - Nonmedical limits used for a policy apply to the total of this rider and the base policy.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

SPECIAL CLASS - This rider will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

VOLUME CREDIT - Credit is granted for the addition of this rider, either on new issue or previously issued policies.



TERM PLANS and SUPPLEMENTAL BENEFITS

Spouse Renewable Term Rider (ICC14 LLR-05)

DISCONTINUED 11/25/19

DESCRIPTION

RIDER TYPE - Renewable Level Term Insurance

TERM PERIODS - 10 years, or to age 75 (for renewal after age 65)

PREMIUMS - Current premiums are not guaranteed. They will not exceed maximum premiums. There are no renewals after age 70.

No QDF

EXTENDED INSURANCE BENEFIT - Insurance is extended 90 days following Insured's death. This allows Spouse time to convert to another policy without losing coverage.

NONPARTICIPATING - No dividends

PLANS ON WHICH AVAILABLE - Heritage 15, Contender 15, Patriot 15, Sentinel 15, or 10 Pay Life

It may also be used with another term rider. It is not available on a term or a UL policy.

DATING OF RIDER - On a new issue base plan, the rider will have the same date of issue as the base plan.

On an existing base plan, the rider must be dated on an anniversary of the base plan.

BENEFICIARY - Unless otherwise provided by endorsement the beneficiary shall be:

- The Insured, if living; otherwise
- Any surviving children of the Spouse; otherwise
- The Owner, if living; or otherwise
- The estate of the Spouse

CONVERTIBLE - Prior to Spouse's age 65

Inclusion of ADB, WPD or any other supplemental benefit will be subject to satisfactory evidence of insurability.

UNDERWRITING RULES

ISSUE AGES - 15 thru 64

MINIMUM AMOUNT - \$5,000

MAXIMUM AMOUNT - 12 times the face amount of the base policy to which it is attached, up to \$250,000.

WPD BENEFIT - WPD will be included for this rider only if it is included for the base policy.

When adding this rider to an existing policy, if that policy has the WPD benefit, but the Insured cannot currently qualify for WPD, the rider will not be issued.

ADB BENEFIT - This rider does not provide for the Accidental Death Benefit on the Spouse.

RATE CLASSES -

- Preferred No Tobacco
- Standard No Tobacco
- Standard Tobacco

NONMEDICAL LIMITS - Nonmedical limits used for a policy apply to the total of this rider and the base policy.

INSPECTIONS - If the rider is being added to a new issue, the limits for regular individual plans also apply to the total of this rider and the base policy.

If it is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

ADDING TO AN EXISTING POLICY - Send

- Parts 1 and 2 of the Application for Policy Change, form 1043 (answer the nonmedical questions in part 2 for the Spouse, and have it signed by the Insured and Spouse);
- Authorization to Release Information, form 1453 (also have it signed by the Insured and Spouse);
- The *policy* (see reference manual page B-43); and
- A remittance covering the cost of the addition (contact Policy Change in IPO for this).

SPECIAL CLASS - This rider will not be issued above Table F on the Spouse. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.

VOLUME CREDIT - *None* is granted for the addition of this rider, either on new issue or previously issued policies.



TERM PLANS and SUPPLEMENTAL BENEFITS

Term Insurance Rider (TLR)

DISCONTINUED 11/25/19

DESCRIPTION

The Term Insurance Rider (TLR) provides term insurance on the Insured. "Insured" means the person whose life is insured by the base policy.

TLR provides coverage on the Insured until age 100. The cost of insurance for this coverage is deducted from the policy value of the policy based on the risk classification and attained age of the Insured. TLR is ratchet banded with the base policy.

PLANS ON WHICH AVAILABLE — TLR may only be issued with Universal Life plans.

PREMIUMS — Contact the Home Office.

DATING OF TERM INSURANCE RIDER — If the coverage is being added at issue, the rider will carry the same Effective Date as the base policy. If TLR is being added to a previously existing policy, the rider will be dated on a monthly date.

BENEFICIARY — The beneficiary under TLR will be the same as the base policy.

CONVERSION — The term insurance provided by TLR may be converted after it has been in force for one year to any level premium life policy provided the Insured is not over 65 years old. The Term Conversion Credit (for that portion being converted to permanent insurance) is equal to the sum of the term premiums paid for the prior 12 months of coverage. Conversion is not allowed if monthly deductions are currently being waived under a waiver of monthly deductions rider. The inclusion of accidental death, disability waiver or any other supplemental benefit on the converted policy will be subject to satisfactory evidence of insurability. For further information, see CONVERSION CREDIT, Page B-44.

UNDERWRITING RULES

ISSUE AGES — TLR may be written for ages 15 through 64 of the Insured.

AMOUNT LIMITS — Minimum Amount — \$5,000

RATIO OF RIDER TO BASE POLICY — The amount of TLR may not exceed four (4) times the face amount of the base policy to which TLR is attached.

NONSMOKER — The cost of insurance rate for nonsmokers is less than standard. These lower rates are available at issue to nonsmokers over age 20. Also, they are available at ages over 20 for inforce policies upon proof acceptable to the Company.

WAIVER OF MONTHLY DEDUCTION — WMD will be included only if the base policy includes such benefit. However, when adding TLR to existing policies, if the base policy has the disability benefit but the Insured cannot currently qualify for it, TLR will not be issued.

ACCIDENTAL DEATH BENEFIT — TLR does not provide for any Accidental Death Benefit on the Insured.

NONMEDICAL LIMITS — The nonmedical limits used for regular individual plans apply to the total of TLR and base policy.

VOLUME CREDIT — Volume credit is granted for the addition of TLR, either on new issue or previously issued policies.

INSPECTIONS — If TLR is being added to a new issue, the limits for regular individual plans apply to the total of TLR and base policy.

If TLR is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

APPLICATION FORM — Use the regular application approved for your state and complete the "Additional Benefits and Riders" Section.

SPECIAL CLASS — TLR will not be issued above Table F. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.



TERM PLANS and SUPPLEMENTAL BENEFITS

Spouse Insurance (SI) - UL

DISCONTINUED 11/25/19

DESCRIPTION

Spouse Insurance provides term insurance on the spouse of the Insured. "Insured" means the person whose life is insured by the base policy. "Spouse Insured" means the spouse named on the application for this coverage.

SI provides coverage on the Spouse Insured until the termination of the base policy. The cost of insurance for this coverage is deducted from the policy value. This deduction is based on the sex, attained age and smoking status of the Spouse Insured.

EXTENDED INSURANCE BENEFIT - SI contains a special 31 day extended insurance benefit following death of the Insured. This time would allow the Spouse Insured to convert the coverage to another policy without losing coverage.

PLANS ON WHICH AVAILABLE - SI may only be issued with Universal Life Plans.

PREMIUMS - SI premiums vary depending upon the plan to which it is attached. Contact the Home Office.

DATING OF SPOUSE INSURANCE - If the coverage is being added at issue, the rider will carry the same Effective Date as the base policy. If SI is being added to a previously existing policy, the rider will be dated on a monthly date.

BENEFICIARY - Unless otherwise provided by endorsement the beneficiary under the SI coverage will be the Insured, if living, otherwise the surviving children of the Spouse Insured, if any, otherwise the Owner, if living, otherwise the Owner's estate.

CONVERSION OF SPOUSE INSURANCE - The term insurance provided by SI may be converted after it has been in force for one year to any level premium permanent policy provided the Spouse Insured is not over 65 years old. The term coverage may also be converted after the Spouse Insured's age 65 on the death of the Insured. The inclusion of accidental death, disability waiver or any other supplemental benefit on the converted policy will be subject to satisfactory evidence of insurability.

When the spouse insurance is to be converted to an existing Universal Life policy, a special Transfer of Ownership form, prepared by the Home Office will be required.

UNDERWRITING RULES

ISSUE AGES - SI may be written for spouse ages 15 through 64.

AMOUNT LIMITS -

Minimum Amount - \$5,000

Maximum Amount - \$250,000

RATIO OF RIDER TO BASE POLICY - The amount of SI may not exceed twelve (12) times the face amount of the base policy to which SI is attached.

PREFERRED - We do not offer a preferred underwriting classification for this rider.

NONSMOKER - The cost of insurance rate for nonsmokers is less than standard. The lower rates are available at issue to spouse nonsmokers age 18 and above. Also, they are available at ages over 20 for inforce policies upon proof acceptable to the Company.

WAIVER OF MONTHLY DEDUCTION - WMD will be included only if the base policy includes such benefit. However, when adding SI to existing policies, if the base policy has the disability benefit but the Insured cannot currently qualify for it, SI will not be issued.

ACCIDENTAL DEATH BENEFIT - SI does not provide for the Accidental Death Benefit on the Spouse.

NONMEDICAL LIMITS - The nonmedical limits used for regular individual plans also apply to SI.

VOLUME CREDIT - No volume credit is granted for the addition of SI, either on new issue or previously issued policies.

INSPECTIONS - If SI is being added to a new issue, the limits for regular individual plans also apply to SI.

If SI is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office, if needed.

ADDITION OF SPOUSE TO EXISTING POLICIES - APPLICATION FORM - Complete and forward to the Company an Application for Policy Change Form 1043, part 1 and part 2, an Authorization to Release Information Form 1453 and a remittance covering the cost of the addition. The nonmedical questions in part 2 of the Application for Policy Change must be answered for the Spouse. The Insured and the Spouse must also sign the Application for Policy Change and Authorization to Release Information. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.

SPECIAL CLASS - SI will not be issued above Table F rating on the spouse. The extra premium is determined by multiplying the rider premium by the percentage of extra mortality.



TERM PLANS and SUPPLEMENTAL BENEFITS

Children's Insurance Rider (ENC-CIR-93)

DISCONTINUED 11/25/19

DESCRIPTION

The Children's Insurance Rider (CIR) provides term insurance to age 24 on the children of the Insured (or to the Insured's age 65, if earlier).

"Insured" means the person whose life is insured under the base policy to which the CIR rider is attached. "Insured's Spouse" means the spouse of the Insured on the date of application for the rider. If the Insured is unmarried on the date of application for CIR, his or her first spouse upon marriage shall be the "Insured's Spouse." "Insured Child" means (1) a child, stepchild, or legally adopted child of the Insured who is (a) named in the application for CIR and is (b) more than 5 days of age and less than 18 years of age on the effective date of the rider, or (2) a child who is more than 5 days of age and is born of the marriage of the Insured and the Insured's Spouse after the effective date of this rider, or (3) a child legally adopted by the Insured before such child's 18th birthday and after the effective date of this rider, or (4) a step-child of the Insured acquired before such child's 18th birthday and after the effective date of this rider.

"Expiry Date" means the CIR anniversary next following the Insured's 65th birthday.

PAID-UP TERM INSURANCE BENEFIT - If the Insured dies while the CIR rider is in force, the insurance provided by the CIR rider will be continued in force, subject to its terms, as paid-up term insurance on each Insured Child until the CIR anniversary next following the Insured Child's 24th birthday, or the Expiry Date if earlier.

BASE PLANS TO WHICH THE RIDER MAY BE ATTACHED The CIR rider may be attached to any new permanent life or term policy (or added to any such existing life policy in the 1980 CSO or 2001 CSO policy series), provided the Insured is between ages 18 and 55.

PREMIUMS - Premiums are independent of age and are payable to the Insured's age 65 or earlier termination of rider or base policy.

PREMIUM - The CIR annual premium per \$1,000 for all Life policies, including Waiver of Premium Disability benefit, for all ages is \$4.98. The annual premium per \$ 1,000 without WP Disability is \$4.80. The premiums for the CIR when added to Universal Life plans are found on the rate card for the plan.

DATING OF RIDER - If the rider is being issued with a new policy, the rider will carry the same effective date as the policy. If the rider is being added to a previously existing policy, the rider must be dated on a monthly anniversary of the issue day of the existing policy. Pro-rata premium to the next premium date of the base policy must be collected; you will be notified of the amount by the Home Office.

NONFORFEITURE VALUES - The CIR rider contains no nonforfeiture values.

BENEFICIARY - Unless changed as provided in the base policy, the beneficiary of the CIR rider is the Insured, if living, otherwise the Insured's Spouse, if living, otherwise the estate of the child.

CONVERSION OF CHILDREN'S TERM INSURANCE Each Insured Child may convert the term insurance provided by the CIR rider without evidence of insurability on the earlier of (a) the CIR anniversary next following his 24th birthday or (b) the Expiry Date, for an amount not more than five (5) times the amount of the CIR.

The converted policy may be on any level premium permanent plan then regularly issued by the Company for the amount being converted. Inclusion of accidental death, waiver of premium disability, or any other supplemental benefits in the converted policy will require the consent of the Company and the furnishing of satisfactory evidence of insurability. The converted policy will have a date of issue the same as the expiration date of insurance on the Insured Child.

UNDERWRITING RULES

ISSUE AGES - CIR may be written for children's ages 0 through 17. At issue, full protection is provided for all children more than age 5 days through 17 years. Children born after date of issue of the rider are fully covered 5 days after birth.

AMOUNT LIMITS —

Minimum Amount - \$5,000

Maximum Amount - \$25,000

In no event may the amount of CIR insurance exceed the base policy amount.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 11/25/19

WAIVER OF PREMIUM DISABILITY BENEFIT - WPD will be included in the rider only if the base policy includes such benefit. However, when adding the CIR rider to existing policies, if the base policy has the disability benefit but the Insured cannot currently qualify for it, CIR will not be issued.

ACCIDENTAL DEATH BENEFIT - The CIR rider does not provide for ADB on the children.

NONMEDICAL LIMITS - Regular nonmedical rules apply.

VOLUME CREDIT - No volume credit is granted for the addition of the CIR rider, either on new issues or previously issued policies.

INSPECTIONS - If the rider is being added to a new issue, no Inspection Report will be required. If the rider is being added to a previously issued policy, the Inspection Report will be ordered by the Home Office if needed.

ADDITION OF THE CHILDREN'S INSURANCE RIDER TO EXISTING POLICIES - APPLICATION FORM Forward to the Company a completed Application for Policy Change Form 1043, part 1 and part 2. The nonmedical questions in part 2 must be answered for the Insured and the Children. The Insured and any child over age 15 must sign on page 3. An Authorization to Release Information Form 1453 must also be forwarded to the Company along with a remittance covering the cost of the addition and the **policy for traditional policies**. *See page B-43. The policy is not needed for Universal Life policies. The cost of the addition may be obtained from the Policy Change Section of the Customer Service Department.

Only 1980 CSO policies may have the CIR-93 or ENC-CIR-93. For a prior policy series, the CIR form designed for that series will be used. The definition of "Insured Child" in those riders is different from the 1993 CIR.

SPECIAL CLASS - The rider may be issued providing the Insured is not issued above Table D. On previous issues, a short nonmedical on the Insured is included in the rider application. If a child is not a standard risk, the child will be excluded from the rider by way of endorsement, and no insurance credit or premium adjustment is made. If the child's impairment is of a temporary nature, the child may later be included by satisfactory evidence of insurability and endorsement into the plan.

QUANTITY DISCOUNT FACTOR - The QDF is not applicable in determining the CIR premium but will have been included in your calculation of the premium for the base policy to which the CIR rider is attached.



TERM PLANS and SUPPLEMENTAL BENEFITS

Guaranteed Increase Option (GIO)

DISCONTINUED 11/25/19

The Guaranteed Increase Option (GIO) is a rider which gives the Insured the privilege of increasing the specified amount of the attached policy at the rate class of the policy without evidence of insurability on each of the Option Dates specified in the rider.

UNDERWRITING RULES

1. The GIO rider may only be issued on Universal Life plans.
2. It will not be issued (a) to substandard risks except those rated for aviation, occupation, or avocation, (b) over age 42, or (c) to some military risks. (See Military Risks on Page B-17).
3. The Option Amount is the amount of insurance which may be purchased on each of the Option Dates. The maximum Option Amount is the same as the maximum Issue Limit and the maximum rider amount, and varies by size of base policy as set forth in the table below:

Size of Base Policy	Maximum Issue Limit
\$5,000 - 12,499	\$25,000
12,500 - 24,999	2 x base amount
25,000 & up	50,000

4. The addition of any other rider to the base policy will not affect determination of the Option Amount. The addition of a GIO rider does not preclude the addition to the policy of any other type of rider issued by the Company.

NONMEDICAL LIMITS - When the GIO rider is requested on the application, add the amount of the first Option to the initial amount applied for and apply the total to the regular nonmedical limits. For a table of nonmedical limits, see Page B-13.1.

REGULAR OPTION DATES AND ISSUE LIMITS - Regular Option Dates are the policy anniversaries next occurring after the Insured attains ages 25, 28, 31, 34, 37, 40, and 43, providing such specified age is attained after the effective date of agreement. The number of Regular Option Dates and the Issue Limits vary with the age at issue of the Insured according to the following table:

Age at Issue	Number of Option Dates	Option Dates Policy Anniversary on Which Attained Age of Insured Is
0-24	7	25, 28, 31, 34, 37, 40, 43
25-27	6	28, 31, 34, 37, 40, 43
28-30	5	31, 34, 37, 40, 43
31-33	4	34, 37, 40, 43
34-36	3	37, 40, 43
37-39	2	40, 43
40-42	1	43

ALTERNATE OPTION - An Alternate Option for the same insurance as would be available under a Regular Option may be exercised upon the occurrence of: (a) the Insured's marriage; (b) the birth of a child born of the Insured's marriage; (c) the legal adoption of one or more children under 18 years of age; (d) the death of the Insured's spouse; (e) a business loan is made by a commercial lending institution to the Insured, and (f) a first mortgage loan is made by a commercial lending institution to the Insured on the Insured's primary residence. Multiple births or the adoption of more than one child shall give rise to only one Alternate Option at such time. The Company may require satisfactory documentary proof of marriage, birth, adoption, death or loan before an Alternate Option may be exercised. An Alternate Option may be exercised if a regular option is still available. Each Alternate Option exercised terminates the next Regular Option.

APPLICATION FOR GIO RIDER - Application for the GIO rider should be indicated in the Additional Benefits section of the application form being used for the basic policy.

PREMIUM RATES - First year premiums for GIO are shown on the same rate card as the base plan.

TERMINATION OF GIO RIDER - The GIO benefit will terminate upon the earliest to occur of the following: (a) the last Regular Option Date of the Rider, (b) the exercise of the last available option, (c) termination of the policy, or (d) the Owner requests it by written notice to us.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 11/25/19

HOW TO EXERCISE

1. To exercise an Option, completed Form 1174-AWL for the increase must be received by the Company at the Home Office on or within 60 days following the Regular Option Date or on or within 60 days following an Alternate Option Date. Failure to meet these requirements forfeits the Insured's right to increase the specified amount under provisions of the GIO rider on that particular Option Date, but does not affect his right to purchase on subsequent Option Dates.
2. The basic policy to which the GIO rider is attached must be in full force at the date of purchase of the new policy.
3. Both the policyowner and the Agent are notified 45 days in advance of each Regular Option Date that additional life insurance may be purchased without evidence of insurability.
4. Do not apply for a GIO increase on a regular application form. Such application would cause the case to be treated as a new application and not as a GIO increase.
5. If the policyowner requests a separate whole life policy instead of increasing the original Universal Life policy, complete GIO Application Form 1174-AWL and add the following wording: "I request a separate whole life insurance policy rather than the Guaranteed Increase Option. This new policy will be issued in place of an increase to policy #AU0 ." Full initial premium or PAW Authorization must be received with the application.

DATE OF INCREASE - Upon the exercise of a Regular Option, the date of the increase in the specified amount will be the same as the Regular Option Date with respect to which it is being purchased. Upon the exercise of an Alternate Option, the date of the increase will be the monthly date following date of receipt at the Home Office of a properly written application. In no event will the insurance provided by the increase in the specified amount become effective prior to such stated date of issue.

CHARGES ON INCREASE - Each increase in the specified amount due to exercising a GIO option will result in the deduction of an administrative fee from the policy value of Vanguard and Encore. An additional surrender charge for the ULtimate and Encore is created. These administrative fees and surrender charges are listed on a per \$1,000 basis on Page D-4.

VOLUME CREDIT AND COMMISSIONS - Volume credit and commissions for a GIO conversion are allowed at the regular rates for the plan of insurance.

ADDITION OF GIO TO EXISTING POLICIES

- a. **IF RIDER IS ADDED DURING THE FIRST POLICY YEAR** - The regular rules as to age, plan, amount and GIO nonmedical limits apply. The rider will bear the same date as the policy. Rider premiums from the policy date to the current paid-to-date (i.e., at time rider addition is requested) are payable in cash.

First year and renewal commissions at the base policy rate will be paid on the rider premiums.

- b. **IF RIDER IS ADDED DURING RENEWAL POLICY YEARS** - Addition of the rider will be considered only if attained age (last birthday) of the Insured at time the rider is requested is 20 or under.

APPLICATION FORM - Forward to the Company a completed Application for Policy Change Form 1043, part 1 and part 2, and a completed Authorization to Release Information Form 1453. The rider will be dated the monthly date following the date request is approved at the Home Office. Do not send money in with the request. It is expected that in some cases the rider will have to be dated on the second monthly date following the request. Rider monthly deductions will be determined from the Insured's attained insurance age on the policy anniversary preceding the date of the request.



TERM PLANS and SUPPLEMENTAL BENEFITS

Cost of Living Adjustment Rider (COLA)

DISCONTINUED 11/25/19

DESCRIPTION

The Cost of Living Adjustment Rider allows the Owner to increase the specified amount of coverage on the Primary Insured beginning two years after the policy date based on the increase in the Consumer Price Index. The increase will occur without any evidence of insurability and will occur automatically unless refused in writing within 60 days of the annual date on which the increase is effective.

AMOUNT OF COLA INCREASES - The amount of the increase is equal to the percentage increase in the Consumer Price Index for the year ending in October of the previous calendar year, except that no increase may exceed the lesser of (a) or (b):

- (a) \$50,000
- (b) 20% of the specified amount immediately preceding the increase.

No increase will occur if monthly deductions are being waived for this policy under a Waiver of Monthly Deduction Rider.

If the CPI decreases in any year the specified amount on the Primary Insured will not change.

TERMINATION OF THIS RIDER - This rider terminates, and all increases cease:

1. when the Owner refuses any increase;
2. when the sum of all increases under this rider exceeds \$500,000;
3. when we decrease the Primary Insured's specified amount at the request of the Owner, other than a decrease in specified amount to exclude the policy value;
4. when we change the Primary Insured's specified amount to include the policy value at the Owner's request;

5. when the Owner requests it by notice to us;
6. when the policy terminates; or
7. on the annual date next following the Primary Insured's 75th birthday.

COST OF THE COLA RIDER - There is no charge for the COLA rider, but there is an administrative fee deducted from the policy value of Vanguard and Encore each time there is an increase. This expense charge is listed on a per \$1,000 basis on D-4. There are no additional surrender charges on The Ultimate and Encore. Therefore, what is truly free is the right to increase the specified amount without any evidence.

PLANS ON WHICH AVAILABLE - The COLA rider may be attached to Universal Life plans at the time of issue of the policy. The COLA rider may not be added after issue to these plans. The COLA rider is also not available on plans paid by Government Allotment, policies rated substandard above Table D, or military risks.

UNDERWRITING RULES

ISSUE AGES - The COLA rider may be issued for ages 0 to 73.

SPECIAL CLASS - The COLA rider will not be issued on policies rated substandard above Table D.

APPLICATION FORM - Use the regular application approved for your state and complete the "Additional Benefits and Riders" section.



TERM PLANS and SUPPLEMENTAL BENEFITS

Accelerated Benefit Rider (ABR-92)

DISCONTINUED 11/25/19

DESCRIPTION

The Accelerated Benefit Rider for Universal Life (UABR) enables the Owner to advance a policy's death benefit while the Insured is still alive, but expected to die in 12 months or less.

The UABR benefit is elected by requesting it in writing, submitting satisfactory proof of Terminal Illness, and sending the policy to the Company. For more information about electing a UABR benefit, see page B-48.

TERMINAL ILLNESS - A medical condition:

- diagnosed by a medical doctor; and
- supported by satisfactory evidence; and
- that is expected to result in death within 12 months; and
- which is confirmed by a second opinion, unless the Company waives this requirement.

ELIGIBLE PROCEEDS - Policy amount payable at the Insured's death,

- including:
 - a) level term riders which may still be converted;
 - b) paid-up additions;
- and reduced by:
 - c) any policy loans and loan interest; and
 - d) any partial surrenders.

Excludes any riders omitted from above list.

Eligible Proceeds are exchanged for a Living Benefit when the benefit is paid.

LIVING BENEFIT - Amount payable under the UABR while the Insured is still living, but suffering a Terminal Illness. It is computed by discounting or reducing the Eligible Proceeds that are exchanged.

The discount computation depends on life expectancy of Insureds with a Terminal Illness and interest rates at time of election. The computation also considers other things -current monthly deductions, current rates of excess interest, a processing charge, etc.

The processing charge is currently \$250 for the first policy and \$100 for each additional policy. It will never exceed 3 % of the Living Benefit.

EXCHANGE AMOUNT RULES - At least \$25,000 of Eligible Proceeds must be exchanged at one time. Eligible Proceeds that remain after an exchange must be at least

\$10,000. Total Eligible Proceeds exchanged under all policies on the Insured may not exceed \$250,000.

EFFECT ON THE POLICY -- Receipt of a UABR benefit reduces Eligible Proceeds by the amount exchanged.

When only part of the Eligible Proceeds of a policy are exchanged, all values and amounts of insurance included in the definition of such Proceeds are proportionately reduced. New monthly deductions apply as if the policy had originally been issued at the reduced amount.

If there are two or more policies, it is possible to completely exchange one of the policies. For that policy, all insurance on the Insured ends, and any insurance on someone else is treated as if the Insured had died.

TOTAL DISABILITY - If the policy has a waiver benefit (or had a waiver benefit until the oldest eligible age of the Insured) at the time the UABR is elected, then when a UABR benefit is approved, the Insured will be considered totally disabled, and future monthly deductions will be waived.

CONDITIONS -

- The policy must not be assigned, except to us as security for a loan.
- Any irrevocable beneficiary must consent in writing before the UABR is exercised.
- The UABR cannot be exercised if an election of the rider benefit is required before the Owner can be eligible for government benefits.

UNDERWRITING RULES

ISSUE AGES — 0 through 75.

MINIMUM POLICY SIZE - The UABR can only be attached to policies with a face amount of at least \$25,000.

PLANS ON WHICH AVAILABLE - The UABR is available on new and existing Universal Life policies.

SUBSTANDARD - The UABR is available on substandard policies.

APPLICATION - If no request is made to exclude the UABR, it will automatically be included on new issues.

PREMIUMS AND QDF - None.



TERM PLANS and SUPPLEMENTAL BENEFITS

Long Term Care Rider (LTC-UL20) For use in: AZ CT FL HI IL LA ND NJ SC

DISCONTINUED 11/25/19

DESCRIPTION

The Long Term Care Insurance Rider (form LTC-UL20) may be attached to one of our Universal Life policies. The rider provides a Monthly Long Term Care Benefit if the Insured is suffering from Chronic Illness while confined in a Long Term Care Facility or while receiving services from a Home Health Care Agency or at an Adult Day Care. This benefit (before reduction for any indebtedness) is a percent of the Specified Amount and is subject to a monthly maximum, depending on the care or service:

Care or Service	% of S.A.	Max
Long Term Care Facility or Home Health Care Agency	2%	\$5,000
Adult Day Care	1%	\$2,500

The maximum lifetime benefit is 72% of the Specified Amount, but not to exceed \$180,000.

Cost of insurance for the rider is based on Specified Amount units up to 250, and is included in the monthly deductions for the policy.

Payment of benefits is subject to a Waiting Period of 90 days, and to care and services that are Medically Appropriate.

Payment of the Monthly Long Term Care Benefit reduces (accelerates) the specified amount, and causes a proportionate reduction in the policy value, loan balance, and surrender charges.

For each month that a benefit is paid under this rider, we will also waive the monthly deduction for the policy and for this rider.

Capitalized terms used in this description and other important provisions and statements are listed below.

KEY RIDER PROVISIONS

Caution: The issuance of this Long Term Care Rider is based upon responses to the questions on your Policy application. A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202

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. The buyer is advised to review carefully all Policy limitations

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702 B (b)

of the Internal Revenue Code. However, we make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give legal, tax, or investment advice or interpretations of tax law. You should contact your personal legal, tax, or investment advisor for such advice.

DEFINITIONS

Activities of Daily Living

1. Dressing - Getting clothes from closet and drawers, dressing self, including fasteners, braces and prosthesis;
2. Eating - Getting food and drink into the body for nourishment; includes cutting meat, buttering bread, using fingers or utensils;
3. Toileting - Moving self to bathroom when urge to void occurs, arranging clothes, transferring to toilet, cleansing self, transferring off toilet, rearranging clothes, washing hands, and moving out of bathroom;
4. Transferring from bed to chair;
5. Maintaining continence - Recognizing the urge to void in time to get to the toilet and not have an accident; and
6. Bathing - Turning on water faucets, setting temperature and water level, transferring into tub or shower, washing the whole body, transferring out of tub or shower, drying off completely and emptying tub.

Adult Day Care – A program for six (6) or more individuals, of social and health related services, provided during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other adults with disabilities who can benefit from care in a group setting outside the home.

Chronic Illness – An illness or sickness of at least 90 days that requires substantial assistance in performing at least two activities of daily living or that requires substantial supervision due to severe cognitive impairment such as Alzheimer's disease or irreversible dementia.

Home Health Care Agency

1. An entity which provides home health care services and has an agreement to act as a provider of home health care services under the Medicare program or is licensed or accredited by state law as a Home Health Care Agency; or
2. A Nurse, as defined by the Rider.

Long Term Care Facility. A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services on a continuing inpatient basis to 6 or more individuals;
3. Is supervised by a Registered Nurse;



TERM PLANS and SUPPLEMENTAL BENEFITS

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4. Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
5. Has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and
6. Maintains a clinical record of each patient.

A Long Term Care Facility may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- rest;
- the care and treatment of mental diseases or disorders, drug addiction, or alcoholism;
- day care;
- educational care; or
- a retirement home or community living center.

Medically Appropriate. Care and services pursuant to a treatment plan which is either:

1. Necessary and appropriate for the treatment of a Chronic Illness in accordance with accepted current medical practice; or
2. Required because of the Insured's inability to perform at least two of the six Activities of Daily Living.

Before we can determine whether the care and services received are Medically Appropriate, we must receive a copy of the treatment plan. If possible, the Insured's physician should submit a copy of the treatment plan to us prior to the time care and services are received. The treatment plan must be received by us no later than the time the first claim under such treatment plan is submitted. A treatment plan prescribed, ordered, recommended or approved by a physician who has a financial interest in the facility, agency, center or provider administering such plan may not be considered Medically Appropriate.

Nurse

1. A Registered Nurse (RN);
2. A Licensed Practical Nurse (LPN); or
3. A Licensed Vocational Nurse (LVN).

Pre-Existing Condition

1. A Chronic Illness for which medical advice or treatment was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider; or
2. Medically necessary care or service which was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider.

Waiting Period – The number of days of continuous Chronic Illness requiring confinement in a Long Term Care Facility, or professional services from a Home Health Care

Agency, or enrollment in Adult Day Care needed to qualify for benefits. The Waiting Period is 90 days. Benefits will not be paid during this period but will be retroactively paid upon completion of the period.

LONG TERM CARE BENEFIT

We will pay the Long Term Care Benefit on the Monthly Date which next follows the conclusion of each 30 day period during which the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency or at an Adult Day Care if:

1. The Insured is suffering from a Chronic Illness (We may require periodic recertification that the Insured is suffering from a Chronic Illness, but not more frequently than once every 90 days);
2. The treatment is Medically Appropriate (We may require periodic recertification that the treatment continues to be Medically Appropriate, but not more frequently than once every 90 days);
3. We are provided with a second certification satisfactory to us for 1. and 2. (at our expense and discretion);
4. The Waiting Period requirement has been satisfied;
5. The Exclusions and Limitations do not apply;
6. The Pre-existing Condition Limitation does not apply; and
7. The confinement or services took place while this Rider was in force.

SUCCESSIVE PERIODS OF CONFINEMENT

Successive periods of confinement in a Long Term Care Facility or successive service periods provided by a Home Health Care Agency or Adult Day Care will be considered as a single period if such confinement or service:

1. Occurs within 90 days of a prior confinement or service for which benefits were paid; and
2. Is due to the same or related causes as the prior confinement or services.

AMOUNT OF MONTHLY LONG TERM CARE BENEFIT

The Monthly Long Term Care Benefit payable for each month the Insured is confined in a **Long Term Care Facility** or receiving services from a Home Health Care Agency will be:

- The lesser of **\$5,000.00** or **2%** of the Specified Amount at the time the initial confinement or service begins

MINUS

- The loan balance at the time of each monthly benefit payment multiplied by the ratio of the amount of the reduction in Specified Amount as a result of each Long Term Care Benefit payment to the Specified Amount prior to that reduction.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 11/25/19

Any amount deducted in determination of a Monthly Long Term Care Benefit as a result of indebtedness will be used to reduce the loan.

One-thirtieth (1/30th) of the monthly benefit will be paid for each day of a partial month where the Insured is confined in a Long Term Care Facility or is receiving services from a Home Health Care Agency or Adult Day Care.

EFFECT ON THE POLICY OF PAYMENT OF LONG TERM CARE BENEFITS

1. The Specified Amount will be reduced by the amount of the Long Term Care Benefit prior to any reduction for indebtedness.
2. The Policy Value will be reduced by multiplying its amount by the ratio of the Specified Amount AFTER the reduction for the Monthly Long Term Care Benefit payment to the Specified Amount PRIOR to the reduction for such payment. The reduction in Policy Value will never be greater than the reduction in Specified Amount.
3. The Surrender Charge and any indebtedness will be reduced by multiplying their respective amounts by the ratio of the Policy Value AFTER the reduction for Monthly Long Term Care Benefit payment to the Policy Value PRIOR to the reduction for such payment.

The reduction in Specified Amount will first be applied to the most recent increase in Specified Amount and then to other increases in the reverse order in which they occurred. The Policy Value, Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

Once payment of a Long Term Care Benefit has occurred, no reductions in the Specified Amount will be permitted except as provided by this Rider and allowed by any Accelerated Benefit Rider attached to this Policy. An election of an accelerated benefit payment will terminate this Rider.

COST OF INSURANCE

The cost of insurance for this Rider is included in the monthly deductions for this Policy and is determined each month as follows:

1. The lesser of the Specified Amount as of the Monthly Date or \$250,000; divided by
2. 1000; and multiplied by
3. The Monthly Cost of Insurance Rate for this Rider.

The Monthly Cost of Insurance Rate for this Rider is based on the Insured's sex, attained age, and rate class. The Monthly Cost of Insurance Rate is determined each month by using the Insured's age on the prior Annual Date.

The Guaranteed Maximum Rates for this Rider are shown on page 5C of the Policy. We may use Long Term Care Cost of Insurance Rates lower than the guaranteed rates but we will never charge in excess of the guaranteed rates.

WAIVER OF MONTHLY DEDUCTIONS

For each month you receive a Monthly Long Term Care Benefit, we will waive the monthly deduction for the Policy to which this Rider is attached. This deduction includes the Cost of Insurance for this Rider. We will stop waiving this amount on the first Monthly Date after the Long Term Care Benefits cease unless the Insured otherwise qualifies for waiver of monthly deductions under the Waiver of Monthly Deduction Benefit Rider and that rider is included in your Policy.

EXCLUSIONS AND LIMITATIONS

Benefits are not provided for confinement or services:

1. Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
2. Due to self-inflicted injuries or attempt at suicide while sane or insane;
3. For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
4. Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this rider WILL cover qualifying stays or services resulting from Alzheimer's disease or similar forms of senility or senile dementia;
5. Due to injury or sickness caused by war or any act of war, declared or undeclared;
6. For any work related sickness or injury or for any treatment provided by Worker's Compensation;
7. Resulting from committing or attempting to commit a felony; or
8. Outside the United States of America.

Pre-Existing Condition Limitation. The Insured will not be eligible for Long Term Care Benefits due to confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care resulting from a Pre-Existing Condition if the confinement or services begin within six (6) months following the effective date of the Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

1. The date on which the Specified Amount has been reduced due to the payment of Long Term Care Benefits by the lesser of \$180,000 or 72% of the Specified Amount as of the date the initial confinement or services began;
2. The date the Policy terminates except that benefits payable for confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care which began prior to termination will continue without interruption, but shall be limited to the

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

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- maximum amount of monthly benefit available under the Rider and all other applicable provisions of this Rider;
- The date of death of the Insured except with respect to claims incurred prior to death;
 - The date a Nonforfeiture Option under the Policy, if any, becomes effective;
 - The date we receive your written request for termination of this Rider;
 - The date we make payment to the Owner under any Accelerated Benefit Rider attached to this Policy.

UNDERWRITING RULES

ISSUE AGES – 18-85.

MAXIMUM SPECIFIED AMOUNT to which the rider benefit will apply (which can be accelerated) – \$250,000.

MAXIMUM LIFETIME LONG TERM CARE BENEFITS – The lesser of \$180,000 or 72% of the Specified Amount as of the date the initial confinement or services began.

UL POLICIES to which rider may be attached – nonqualified Vanguard, Ultimate, Century 2000 and Marquis UL. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

EDUCATION REQUIREMENTS

Before selling the Long Term Care Rider, please send us a certificate or proof that you have met the education requirements to sell Long Term Care, if required by your state. Your Education Certificate or Proof should be sent to the attention of the Marketing Department.

APPLICATION DIRECTIONS

1. BEFORE COMPLETING AN APPLICATION:

Outline of Coverage Form must be given to the applicant. On page 4 of the form, fill in the annual premium for the rider. TX: Outline form not available.

- Use your state's regular life application Form 1459. In Section III, Insurance Information, on the 'Rider' line, write 'Long Term Care Rider'.
- Indiana: 'LTC Insert' must be shown to the applicant at time of application and included in the application when mailed to the Home Office. This form is on Web Forms as part of the application.
- Protection Against Unintentional Lapse, Form 2035-LTC (LAPSE), must be completed and mailed to us along with the application. The purpose of this form is to designate at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy for nonpayment of premiums. A choice is required, either designating another person or waiving this protection.

- Long Term Care Questionnaire, Form 2035-LTC (QUES), must be completed with all applications for Long Term Care Rider. NOTE: Your signature, as agent, acknowledges that you delivered an Outline of Coverage to the applicant before presentation of the application.
- Replacement Requirements:
 - If the new policy replaces another life insurance policy without long-term care benefits, use your state's regular replacement form and requirements.
 - If the new policy replaces an individual accident and sickness policy or long-term care insurance, use LTC Rider Replacement Form 2035-LTC (RPL).
 - If the new policy replaces another life insurance policy with accelerated benefits for long-term care, use BOTH (1) Your state's regular replacement form and requirements AND (2) LTC Rider Replacement Form 2035-LTC (RPL).

Forms are on Lafayette Life's Web Site in the Forms Section under the description of 'Long Term Care Rider Packet'.

POLICY DELIVERY REQUIREMENTS

- The policy must be delivered to the policyowner within 30 days from issue.
- The Long Term Care Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.
- A special Policy Summary to be delivered to the policyowner will be included with all policies.

ADDING RIDER TO IN FORCE POLICIES:

- The rider can only be added in the first policy year in states that have approved the rider.
NOTE: South Dakota does NOT allow addition of rider to in force policies.
- Within 6 months after policy issue we will require a Health Certificate
- 7-12 months after policy issue, we will require a Policy Change Form 1043, including non-medical evidence, plus an inspection report. As always, we reserve the right to fully underwrite the addition of the Long Term Care Rider and require additional evidence as deemed necessary.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

Long Term Care Rider (LTC-UL20)

For Use in: AL AR CO DC DE GA ID IN IA KY MD ME MI MO MS MT NE NH NM NV NC OH OK OR PA RI SD TN VA WV WI WY

DISCONTINUED 11/25/19

DESCRIPTION

The **Long Term Care Insurance Rider** (form LTC-UL20) may be attached to one of our Universal Life policies. The rider provides a Monthly Long Term Care Benefit if the Insured is suffering from Chronic Illness while confined in a Long Term Care Facility or while receiving services from a Home Health Care Agency or at an Adult Day Care. This benefit (before reduction for any indebtedness) is a percent of the Specified Amount and is subject to a monthly maximum, depending on the care or service:

Care or Service	% of S.A.	Max
Long Term Care Facility or Home Health Care Agency	2%	\$8,700
Adult Day Care	1%	\$4,350

The maximum lifetime benefit is 72% of the Specified Amount, but not to exceed **\$313,200**.

Cost of insurance for the rider is based on Specified Amount units up to **435**, and is included in the monthly deductions for the policy.

Payment of benefits is subject to a Waiting Period of 90 days, and to care and services that are Medically Appropriate.

Payment of the Monthly Long Term Care Benefit reduces (accelerates) the specified amount, and causes a proportionate reduction in the policy value, loan balance, and surrender charges.

For each month that a benefit is paid under this rider, we will also waive the monthly deduction for the policy and for this rider.

Capitalized terms used in this description and other important provisions and statements are listed below.

KEY RIDER PROVISIONS

Caution: The issuance of this Long Term Care Rider is based upon responses to the questions on your Policy application.

A copy of your application is attached to your Policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If for any reason, any of your answers are incorrect, contact the Company at this address: 400 Broadway, P.O. Box 5740, Cincinnati, OH 45202.

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. The buyer is advised to review carefully all Policy limitations.

* Check the Lafayette Life web site (www.llc.com) for state specific limitations.

This Rider is intended to be a federally tax-qualified long term care insurance contract under section 7702 B (b) of the Internal Revenue Code. However, we make no representations as to the actual tax status of this Rider, any benefits which may be received, or premiums paid. Neither Lafayette Life nor its representatives give legal, tax, or investment advice or interpretations of tax law. You should contact your personal legal, tax, or investment advisor for such advice.

DEFINITIONS

Activities of Daily Living

1. Dressing - Getting clothes from closet and drawers, dressing self, including fasteners, braces and prosthesis;
2. Eating - Getting food and drink into the body for nourishment; includes cutting meat, buttering bread, using fingers or utensils;
3. Toileting - Moving self to bathroom when urge to void occurs, arranging clothes, transferring to toilet, cleansing self, transferring off toilet, rearranging clothes, washing hands, and moving out of bathroom;
4. Transferring from bed to chair;
5. Maintaining continence - Recognizing the urge to void in time to get to the toilet and not have an accident; and
6. Bathing - Turning on water faucets, setting temperature and water level, transferring into tub or shower, washing the whole body, transferring out of tub or shower, drying off completely and emptying tub.

Adult Day Care – A program for six (6) or more individuals, of social and health related services, provided during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other adults with disabilities who can benefit from care in a group setting outside the home.

Chronic Illness – An illness or sickness of at least 90 days that requires substantial assistance in performing at least two activities of daily living or that requires substantial supervision due to severe cognitive impairment such as Alzheimer's disease or irreversible dementia.

Home Health Care Agency

1. An entity which provides home health care services and has an agreement to act as a provider of home health care services under the Medicare program or is licensed or accredited by state law as a Home Health Care Agency; or
2. A Nurse, as defined by the Rider.

Long Term Care Facility. A facility, or that part of one, which:

1. Is licensed by the jurisdiction in which it is located;
2. Is engaged in providing, in addition to room and board accommodations, nursing care and related services on



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 11/25/19

- a continuing inpatient basis to 6 or more individuals;
- Is supervised by a Registered Nurse;
 - Provides, on a formal prearranged basis, a Nurse who is on duty or on call at all times;
 - Has a planned program of policies and procedures developed with the advice of, and periodically reviewed by, at least one physician; and
 - Maintains a clinical record of each patient.

A Long Term Care Facility may be a distinct part of a hospital or other institution. It is NOT a place that is primarily used for:

- rest;
- the care and treatment of mental diseases or disorders, drug addiction, or alcoholism;
- day care;
- educational care; or
- a retirement home or community living center.

Medically Appropriate. Care and services pursuant to a treatment plan which is either:

- Necessary and appropriate for the treatment of a Chronic Illness in accordance with accepted current medical practice or;
- Required because of the Insured's inability to perform at least two of the six Activities of Daily Living

Before we can determine whether the care and services received are Medically Appropriate, we must receive a copy of the treatment plan. If possible, the Insured's physician should submit a copy of the treatment plan to us prior to the time care and services are received. The treatment plan must be received by us no later than the time the first claim under such treatment plan is submitted. A treatment plan prescribed, ordered, recommended or approved by a physician who has a financial interest in the facility, agency, center or provider administering such plan may not be considered Medically Appropriate.

Nurse

- A Registered Nurse (RN);
- A Licensed Practical Nurse (LPN); or
- A Licensed Vocational Nurse (LVN).

Pre-Existing Condition

- A Chronic Illness for which medical advice or treatment was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider; or
- Medically necessary care or service which was recommended by or received from a Physician within the six (6) months preceding the effective date of this Rider.

Waiting Period – The number of days of continuous Chronic Illness requiring confinement in a Long Term Care Facility, or professional services from a Home Health Care Agency, or enrollment in Adult Day Care needed to qualify for benefits. The waiting period is 90 days. Benefits will not be paid during

this period but will be retroactively paid upon completion of the period.

LONG TERM CARE BENEFIT

We will pay the Long Term Care Benefit on the Monthly Date which next follows the conclusion of each 30 day period during which the Insured is confined in a Long Term Care Facility or receiving services from a Home Health Care Agency or at an Adult Day Care if:

- The Insured is suffering from a Chronic Illness (We may require periodic recertification that the Insured is suffering from a Chronic Illness, but not more frequently than once every 90 days);
- The treatment is Medically Appropriate (We may require periodic recertification that the treatment continues to be Medically Appropriate, but not more frequently than once every 90 days);
- We are provided with a second certification satisfactory to us for 1. and 2. (at our expense and discretion);
- The Waiting Period requirement has been satisfied;
- The Exclusions and Limitations do not apply;
- The Pre-existing Condition Limitation does not apply; and
- The confinement or services took place while this Rider was in force.

SUCCESSIVE PERIODS OF CONFINEMENT

Successive periods of confinement in a Long Term Care Facility or successive service periods provided by a Home Health Care Agency or Adult Day Care will be considered as a single period if such confinement or service:

- Occurs within 90 days of a prior confinement or service for which benefits were paid; and
- Is due to the same or related causes as the prior confinement or services.

AMOUNT OF MONTHLY LONG TERM CARE BENEFIT

The Monthly Long Term Care Benefit payable for each month the Insured is confined in a **Long Term Care Facility** or receiving services from a Home Health Care Agency will be:

- The lesser of **\$8,700 or 2%** of the Specified Amount at the time the initial confinement or service begins

MINUS

- The loan balance at the time of each monthly benefit payment multiplied by the ratio of the amount of the reduction in Specified Amount as a result of each Long Term Care Benefit payment to the Specified Amount prior to that reduction.

The Monthly Long Term Care Benefit payable for each month the Insured receives services at an **Adult Day Care** will be:

- The lesser of **\$4,350 or 1%** of the Specified Amount at the time the initial confinement or service begins.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

DISCONTINUED 11/25/19

MINUS

- The loan balance at the time of each monthly benefit payment multiplied by the ratio of the amount of the reduction in Specified Amount as a result of each Long Term Care Benefit payment to the Specified Amount prior to that reduction.

Any amount deducted in determination of a Monthly Long Term Care Benefit as a result of indebtedness will be used to reduce the loan.

One-thirtieth (1/30th) of the monthly benefit will be paid for each day of a partial month where the Insured is confined in a Long Term Care Facility or is receiving services from a Home Health Care Agency or Adult Day Care.

EFFECT ON THE POLICY OF PAYMENT OF LONG TERM CARE BENEFITS

- The Specified Amount will be reduced by the amount of the Long Term Care Benefit prior to any reduction for indebtedness.
- The Policy Value will be reduced by multiplying its amount by the ratio of the Specified Amount AFTER the reduction for the Monthly Long Term Care Benefit payment to the Specified Amount PRIOR to the reduction for such payment.
The reduction in Policy Value will never be greater than the reduction in Specified Amount.
- The Surrender Charge and any indebtedness will be reduced by multiplying their respective amounts by the ratio of the Policy Value AFTER the reduction for Monthly Long Term Care Benefit payment to the Policy Value PRIOR to the reduction for such payment.

The reduction in Specified Amount will first be applied to the most recent increase in Specified Amount and then to other increases in the reverse order in which they occurred. The Policy Value, Cash Value and Net Cash Value will continue to be calculated as described in the Policy.

Once payment of a Long Term Care Benefit has occurred, no reductions in the Specified Amount will be permitted except as provided by this Rider and allowed by any Accelerated Benefit Rider attached to this Policy. An election of an accelerated benefit payment will terminate this Rider.

COST OF INSURANCE

The cost of insurance for this Rider is included in the monthly deductions for this Policy and is determined each month as follows:

- The lesser of the Specified Amount as of the Monthly Date or \$435,000; divided by
- 1000; and multiplied by
- The Monthly Cost of Insurance Rate for this Rider.

The Monthly Cost of Insurance Rate for this Rider is based on the Insured's sex, attained age, and rate class. The Monthly Cost of Insurance Rate is determined each month

* Check the Lafayette Life web site (www.llc.com) for state specific limitations.

by using the Insured's age on the prior Annual Date.

The Guaranteed Maximum Rates for this Rider are shown on page 5C of the Policy. We may use Long Term Care Cost of Insurance Rates lower than the guaranteed rates but we will never charge in excess of the guaranteed rates.

WAIVER OF MONTHLY DEDUCTIONS

For each month you receive a Monthly Long Term Care Benefit, we will waive the monthly deduction for the Policy to which this Rider is attached. This deduction includes the Cost of Insurance for this Rider. We will stop waiving this amount on the first Monthly Date after the Long Term Care Benefits cease unless the Insured otherwise qualifies for waiver of monthly deductions under the Waiver of Monthly Deduction Benefit Rider and that rider is included in your Policy.

EXCLUSIONS AND LIMITATIONS

Benefits are not provided for confinement or services:

- Due to alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
- Due to self-inflicted injuries or attempt at suicide while sane or insane;
- For treatment, provided without cost to the Insured, in any facility contracted for or operated by the United States government;
- Due to mental, nervous, psychotic or psychoneurotic deficiencies or disorders without demonstrable organic disease; however, this rider WILL cover qualifying stays or services resulting from Alzheimer's disease or similar forms of senility or senile dementia;
- Due to injury or sickness caused by war or any act of war, declared or undeclared;
- For any work related sickness or injury or for any treatment provided by Worker's Compensation;
- Resulting from committing or attempting to commit a felony; or
- Outside the United States of America.

Pre-Existing Condition Limitation.

The Insured will not be eligible for Long Term Care Benefits due to confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care resulting from a Pre-Existing Condition if the confinement or services begin within six (6) months following the effective date of the Rider.

TERMINATION

This Rider will terminate on the earliest of the following dates:

- The date on which the Specified Amount has been reduced due to the payment of Long Term Care Benefits by the lesser of **\$313,200** or 72% of the Specified Amount as of the date the initial confinement or services began;



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2. The date the Policy terminates except that benefits payable for confinement in a Long Term Care Facility or services received from a Home Health Care Agency or Adult Day Care which began prior to termination will continue without interruption, but shall be limited to the maximum amount of monthly benefit available under the Rider and all other applicable provisions of this Rider;
3. The date of death of the Insured except with respect to claims incurred prior to death;
4. The date a Nonforfeiture Option under the Policy, if any, becomes effective;
5. The date we receive your written request for termination of this Rider;
6. The date we make payment to the Owner under any Accelerated Benefit Rider attached to this Policy.

NOTE: Your signature, as agent, acknowledges that you delivered an Outline of Coverage to the applicant before presentation of the application.

5. Replacement Requirements:

- (a) If the new policy replaces another life insurance policy without long-term care benefits, use your state's regular replacement form and requirements.
- (b) If the new policy replaces an individual accident and sickness policy or long-term care insurance, use LTC Rider Replacement Form 2035-LTC (RPL).
- (c) If the new policy replaces another life insurance policy with accelerated benefits for long-term care, use BOTH (1) Your state's regular replacement form and requirements AND (2) LTC Rider Replacement Form 2035-LTC (RPL).

Forms are on Lafayette Life's Web Site in the Forms Section under the description of 'Long Term Care Rider Packet'.

UNDERWRITING RULES

ISSUE AGES – 18-85.

MAXIMUM SPECIFIED AMOUNT to which the rider benefit will apply (which can be accelerated) – **\$435,000**.

MAXIMUM LIFETIME LONG TERM CARE BENEFITS – The lesser of **\$313,200** or 72% of the Specified Amount as of the date the initial confinement or services began.

UL POLICIES to which rider may be attached – nonqualified Marquis Centennial UL. The rider is not available for qualified pension and profit sharing plans including TSA/403B Life.

EDUCATION REQUIREMENTS

Before selling the Long Term Care Rider, please send us a certificate or proof that you have met the education requirements to sell Long Term Care, if required by your state. Your Education Certificate or Proof should be sent to the attention of the Marketing Department.

APPLICATION DIRECTIONS

1. **BEFORE COMPLETING AN APPLICATION:**
Outline of Coverage Form must be given to the applicant. On page 4 of the form, fill in the initial minimum (first year target rate) for the rider.
2. Use the applicable state variation of the regular life application from 1459. In Section III, select LTC rider.
Note: Indiana requires a LTC Insert that must be shown to the applicant at time of application and included in the application when mailed to the Home Office. This form is on Web Forms as part of application.
3. Protection Against Unintentional Lapse, Form 2035-LTC (LAPSE), must be completed and mailed to us along with the application. The purpose of this form is to designate at least one person, in addition to the applicant, who is to receive notice of lapse or termination of the policy for nonpayment of premiums. A choice is required, either designating another person or waiving this protection.
4. Long Term Care Questionnaire, Form 2035-LTC (QUES), must be completed with all applications for Long Term Care Rider.

POLICY DELIVERY REQUIREMENTS

1. The policy must be delivered to the policyowner within 30 days from issue.
2. The Long Term Care Rider has a 30 day Right to Return (free look) which gives the policyowner the right to cancel the rider and receive a refund of the rider premium by notifying the Home Office in writing during that time period.
3. A special Policy Summary to be delivered to the policyowner will be included with all policies.

ADDING RIDER TO IN FORCE POLICIES:

The rider can only be added in the first policy year in states that have approved the rider.

NOTE: South Dakota does NOT allow addition of rider to in force policies.

We will add the new rider after state approval, to policies less than 6 months old, with submission of a completed Part I of the Policy Change form (1043) and a Health Certificate form (1102) approved by Lafayette Life.

We will add the new rider after state approval, to policies 7-12 months old, with submission of a fully completed Policy Change form (1043) and inspection report, but must be approved by Lafayette Life. As always, we reserve the right to fully underwrite the addition of the Long Term Care Rider and require additional evidence as deemed necessary.

EXCHANGING AN EXISTING LTC RIDER FOR THE NEW LTC RIDER

We will exchange an existing rider after state approval, to policies less than 6 months old, with Part 1 of the Policy Change form 1043 and a Health Certificate.

We will exchange the rider after state approval to policies issued 7-12 months old, with a fully completed Policy Change form 1043.

* Check the Lafayette Life web site (www.llic.com) for state specific limitations.



TERM PLANS and SUPPLEMENTAL BENEFITS

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Guaranteed Purchase Option (GPO-05)

The Guaranteed Purchase Option (GPO) is a rider which gives the Insured the privilege of purchasing additional policies of insurance on the Insured's life at premium rates for the same class of risk as the original policy without evidence of insurability on each of the Option Dates specified in the rider.

UNDERWRITING RULES

1. The GPO rider may be issued with all Life policies of \$5,000 or over. It may not be issued with a Universal Life policy.
2. It will not be issued (a) with a term policy, (b) to substandard risks except those rated for aviation, occupation, or avocation, (c) over age 42, or (d) to some military risks. (See Military Risks on Page B-17).
3. The Option Amount is the amount of insurance which may be purchased on each of the Option Dates. The maximum Option Amount is the same as the maximum Issue Limit and the maximum rider amount, and varies by size of base policy as set forth in the table below:

Size of Base Policy	Maximum Issue Limit
\$5,000 - 12,499	\$25,000
12,500 - 24,999	2 x base amount
25,000 & up	50,000

4. The addition of any other rider to the base policy will not affect determination of the Option Amount. The addition of a GPO rider does not preclude the addition to the policy of any other type of rider issued by the Company.

NONMEDICAL LIMITS - When the GPO rider is requested on the application, add the amount of the first Option to the initial amount applied for and apply the total to the regular nonmedical limits. For the table of nonmedical limits, see Page B-13.

REGULAR OPTION DATES AND ISSUE LIMITS — Regular Option Dates are the policy anniversaries next occurring after the Insured attains ages 25, 28, 31, 34, 37, 40, and 43, providing such specified age is attained after the effective date of agreement. The number of Regular Option Dates and the Issue Limits vary with the age at issue of the Insured according to the following table:

Age at Issue	Number of Option Dates	Option Dates Policy Anniversary on Which Attained Age of Insured Is
0-24	7	25, 28, 31, 34, 37, 40, 43
25-27	6	28, 31, 34, 37, 40, 43
28-30	5	31, 34, 37, 40, 43
31-33	4	34, 37, 40, 43
34-36	3	37, 40, 43
37-39	2	40, 43
40-42	1	43

ALTERNATE OPTION - An Alternate Option for the same insurance as would be available under a Regular Option may be exercised upon the occurrence of: (a) the Insured's marriage; (b) the birth of a child born of the Insured's marriage; (c) the legal adoption of one or more children under 18 years of age; (d) the death of the Insured's spouse; (e) a business loan is made by a commercial lending institution to the Insured, and (f) a first mortgage loan is made by a commercial lending institution to the Insured on the Insured's primary residence. Multiple births or the adoption of more than one child shall give rise to only one Alternate Option at such time. The Company may require satisfactory documentary proof of marriage, birth, adoption, death or loan before an Alternate Option may be exercised. An Alternate Option may be exercised if a regular option is still available. Each Alternate Option exercised terminates the next Regular Option.

NEW POLICY PLAN - The new policy plan may be on any level premium whole life plan (except those plans containing term and permanent insurance combinations, guaranteed insurability provisions, or increasing benefits) regularly issued by the Company for the amount of insurance being purchased, and shall be issued on the form then in use by the Company for such plan.

IF DISABLED ON OPTION DATE - As of 7/1/75 an additional benefit has been added to the GPO rider which as a matter of Company practice will be retroactive to all previous issues for Option Dates which occur after 7/1/75. If premiums are being waived under the original policy on an option date, the Company will waive premium on the new policy only if the new policy is the Contender plan. The Agent should make sure the Insured takes advantage of this benefit.



TERM PLANS and SUPPLEMENTAL BENEFITS

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NEW POLICY PREMIUM - The premium rate for the new policy shall be the published rate in use by the Company on the date of issue of the new policy, based on its plan and amount of insurance, and on the sex and then attained age of the Insured, using the risk classification under the policy to which the GPO agreement is attached.

NEW POLICY ISSUE DATE - Upon the exercise of a Regular Option, the date of issue of the new policy will be the same as the Regular Option Date with respect to which it is being purchased. Upon the exercise of an Alternate Option, the date of issue will be the date of receipt at the Home Office of both a properly written application and the full first premium for such new policy. In no event will the insurance provided by the new policy become effective prior to such stated date of issue.

PREMIUM CREDIT - A premium credit of \$1.50 per \$1,000 converted amount is allowed against the first annual premium under the new policy. If the frequency is not annual, apply the factors from the rate book to the total premium credit on the annual basis. The premium credit should be deducted before remitting the premium payment.

VOLUME CREDIT AND COMMISSIONS - Volume credit and commissions for a GPO conversion are allowed at the regular rates for the plan of insurance under the new policy.

TERMINATION OF GPO RIDER - The GPO Rider will terminate upon the earliest to occur of the following: (a) the last Regular Option Date of the Rider, (b) the exercise of the last available option, (c) termination of the policy, (d) the Owner requests it by written notice, or (e) the policy becomes Extended Term Insurance or Paid-Up Insurance following premium default.

HOW TO EXERCISE OPTION

1. To exercise an Option, proper written application and initial premium (Form 1174) must be received by the Company at the Home Office on or within 31 days following the Regular Option Date or on or within 60 days following an Alternate Option Date. Failure to meet these requirements forfeits the Insured's right to exercise the option under provisions of the GPO rider on that particular Option Date, but does not affect the right to purchase on subsequent Option Dates.
2. The basic policy to which the GPO rider is attached must be in full force at the date of purchase of the new policy.

3. Both the policyowner and the Agent are notified 45 days in advance of each Regular Option Date that additional life insurance may be purchased without evidence of insurability.
4. Do not use a regular application form. Such application would cause the case to be treated as a new application and not as exercise of an option.

ADDITION OF GPO TO EXISTING POLICIES

- a. **IF RIDER IS ADDED DURING THE FIRST POLICY YEAR** - The regular rules as to age, plan, amount and GPO nonmedical limits apply. The rider will bear the same date as the policy. Rider premiums from the policy date to the current paid-to-date (i.e., at time rider addition is requested) are payable in cash.

First year and renewal commissions at the base policy rate will be paid on the rider premiums.

- b. **IF RIDER IS ADDED DURING RENEWAL POLICY YEARS** - Addition of the rider will be considered only if attained age (last birthday) of the Insured at time the rider is requested is 20 or under.

APPLICATION FORM - A completed Application for Policy Change Form 1043, part 1 and part 2, a completed Authorization to Release Information Form 1453 and the policy (See page B-43) should be forwarded to the Company. The rider will be dated the policy premium due date next following the date request is approved at the Home Office. Do not send money in with the request. The rider premiums will be included in the next billing. It is expected that in some cases the rider will have to be dated on the second premium due date following request in order to avoid special premium adjustment. Rider premiums will be determined from the Insured's attained insurance age on the policy anniversary next following the date of the request. If policy premiums are not payable to or beyond the Insured's age 43, the rider premium will be specially calculated.

Commissions will be paid on the rider premium at the rate in effect for the base policy.