

# Simplicity<sup>ii</sup>

Thank You for selecting MedAmerica Insurance Company as Your long term care insurer. We are pleased to provide You with this Certificate. Your coverage, if the first premium is paid, as stated herein, begins at 12:01 a.m. Standard time at Your home on the Effective Date of this Certificate. It ends on 12:01 a.m. Standard time at Your home on the termination date of this Certificate.

**This Certificate is intended to be a federally tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.**

**NOTICE TO BUYER:** This Certificate may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Certificate limitations. THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Us.

**DISCLAIMER:** THIS CERTIFICATE IS NOT DISABILITY INSURANCE OR ANY OTHER TYPE OF INCOME REPLACEMENT COVERAGE. Benefits under this Certificate do not replace income or provide payment in the event of illness or accident resulting in disabilities not meeting the definition of Benefit Eligibility as contained herein.

**SUBROGATION:** If You become eligible for Benefits under this Certificate as the result of injury or illness for which another party may be responsible, and We pay You Benefits as the result of that injury or illness, We reserve the right to pursue recovery from such third party, whether by judgment, settlement or otherwise, to the extent of the total amount of Benefits paid to You under this Certificate, less reasonable and necessary expenditures, including attorneys' fees, incurred in effecting such recovery. Our right to proceed against the third party is independent of any right of action You may have.

**Failure To Cooperate:** If You fail to cooperate with Us in proceeding against the party responsible for Your illness or injury to recover the Benefits We have paid, We will be entitled to be reimbursed for said Benefits from a settlement or judgement You receive from the responsible party.

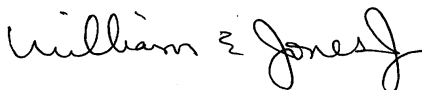
**GUARANTEED RENEWABLE/PREMIUM INCREASES:** This Certificate will continue for Your lifetime as long as You do not exhaust the Cash Benefit Account and You or the Participating Group pays the premiums within the allowable time. We cannot change the provisions of this Certificate without Your consent. We can change Your premium with 45 days written notice, but only if We change the premiums for all similar Certificates issued in Your state on this Certificate form. You cannot be singled out for any increase because of a change in Your age or health.

**NOTE:** With the exception of the statement that We cannot change the provisions of this Certificate without Your consent, the above paragraph does not apply to Certificates on which premiums are no longer payable.

**IMPORTANT 30-DAY REVIEW:** If You feel this Certificate does not meet Your needs, You may return it to Your producer or Us within 30 days. If You do so: (1) We will return the premium You paid; and (2) We will not provide any Benefits under this Certificate.

**CAUTION:** The issuance of this long term care Certificate is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Certificate. 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 Us at the above mailing address.

This Certificate is signed on Our behalf by Our President.



William E. Jones, Jr.  
President



## DEFINITIONS

### ACTIVITIES OF DAILY LIVING (ADL)

Each of the following is an Activity of Daily Living:

Bathing: This means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: This means the ability to maintain control of bowel or bladder functions; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: This means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: This means the ability to feed oneself by getting food into Your body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously.

Toileting: This means the ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: This means the ability to move into or out of a bed, chair, or wheelchair.

### ASSESSMENT

An Assessment is an evaluation of Your ability to perform Activities of Daily Living and Your cognitive condition to certify whether You are Chronically Ill. A Licensed Health Care Practitioner using recognized and accepted, objective standards of measurement must perform the Assessment. The Assessment must be made at the time You wish to establish Benefit Eligibility.

### BENEFICIARY

A Beneficiary is a person or entity named by You to receive any premiums that may be due in the event of Your death.

### BENEFITS

Benefits are the payments this Certificate pays. They are described in the Schedule of Certificate Benefits and any Riders attached to this Certificate.

### BENEFIT ELIGIBLE or BENEFIT ELIGIBILITY

This means You will receive Benefits. To be Benefit Eligible or achieve Benefit Eligibility under this Certificate all of the following conditions must be met.

1. We have verified You are Chronically Ill;
2. You have a Plan of Care; and
3. Your Elimination Period has been met. (Does not apply to Benefits that do not require meeting the Elimination Period.)

### CARE DIRECTIONS FAMILY ADVICE AND ADVOCACY PROGRAM®

The Care Directions Family Advice and Advocacy Program® is an added benefit offered to You and Your Family. The program is staffed by Personal Care Advisors, who are health care professionals chosen by Us, whose profession and training include experience or expertise in managing and arranging for long term care services. Where required, Our Personal Care Advisor will be licensed and acting within the scope of that license.

### CARE PARTNER

A Care Partner is any Certificateholder who is a Spouse or Domestic Partner.

### CASH BENEFIT ACCOUNT

The Cash Benefit Account is the total amount of Benefits payable under this Certificate.

**CERTIFICATE**

This is a legal agreement between You and Us. It includes this document, Your application, and any attached riders or endorsements.

**CERTIFICATE ANNIVERSARY DATE**

This is the date each year that coincides with the date Your Certificate went into effect. Your first Certificate Anniversary Date will be one year from the date Your Certificate went into effect.

**CHRONICALLY ILL**

Chronically Ill means that as the result of an Assessment You have been certified by a Licensed Health Care Practitioner as having a chronic illness or disability that causes You to:

- a) Require Substantial Assistance with at least two Activities of Daily Living expected to last at least 90 days, or
- b) Have a Severe Cognitive Impairment that requires Substantial Supervision.

**DOMESTIC PARTNER**

Domestic Partners are persons at least 18 years of age, of the same or opposite sex in an exclusive and committed relationship. They must have lived together for at least 12 months in a common household and have an exclusive mutual commitment, including financial interdependence, similar to that of marriage. The domestic partnership must be recognized as legal in accordance with the laws of the state in which this Certificate is sold and, if applicable, the person has registered with their state or local domestic partner registry.

**ELIMINATION PERIOD**

The Elimination Period is the number of calendar days You must wait before You will receive Benefits. Your Elimination Period begins the earliest of the date We have verified You are Chronically Ill and have a Plan of Care or the date You contact Us to establish Benefit Eligibility.

The Elimination Period will end after the number of days chosen by You and shown in Your Schedule of Certificate Benefits has ended. Benefits are not payable during the Elimination Period except where the Certificate so states.

Days in an Elimination Period are combined, and do not need to be consecutive. You need to meet Your Certificate's Elimination Period only once.

**HOSPICE CARE PROGRAM**

A state or federally licensed, accredited or certified program that provides a program of care designed to provide palliative care with the philosophy of alleviating the physical, emotional, and spiritual discomforts of a person who:

- a) Is in the last phases of life due to a terminal disease; and
- b) Has a physician-certified prognosis of less than 6 months to live.

The program must be administered by an interdisciplinary team that consists of a physician, a registered nurse, clergy or counselors, trained volunteers and other appropriate staff having expertise in meeting the needs of terminal patients.

Hospice Care Program services may be provided in a Qualified Facility or in Your Home.

**LICENSED HEALTH CARE PRACTITIONER**

A Licensed Health Care Practitioner means any of the following other than a family member: a physician (as defined in Section 1861(r)(1) of the Social Security Act); a registered professional nurse; a licensed social worker; or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

**MONTHLY CASH BENEFIT**

This is the amount We will pay in a single month for the Benefits You have chosen. The Monthly Cash Benefit You have chosen is stated in Your Schedule of Certificate Benefits.

**PERSONAL CARE ADVISOR**

This is a health care professional chosen by Us whose profession and training includes experience or expertise in managing and arranging for long term care services. Where required, he or she must be licensed and acting within the scope of that license.

**PARTICIPATING GROUP**

Current or future groups that are participants under the Group Master Policy.

**PLAN OF CARE**

This is a written, individualized plan for care and support services for You that:

1. Has been prescribed by a Licensed Health Care Practitioner; and
2. Has been developed as a result of an Assessment and incorporates any information provided by Your personal physician; and
3. Fairly, accurately and appropriately addresses Your long term care and support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the providers appropriate to furnish those services.

A Plan of Care is completed at the same time the Assessment is performed.

**QUALIFIED FACILITY**

A Qualified Facility is a state or federally regulated, licensed, accredited or certified facility that meets all of the following criteria:

- Provides accommodations to 3 or more unrelated individuals and supervision and personal care services for at least 3 of these individuals; and
- Provides 24-hour-a-day care and services; and
- Has a trained, awake, and ready-to-respond employee on duty in the facility at all times to provide necessary care; and
- Provides 2 meals a day and accommodates special dietary needs; and
- Conducts an assessment of the resident on admission that includes a history and physical by a physician, nurse practitioner, or physician assistant in the last 60 days, the resident's ability to perform both instrumental activities of daily living and activities of daily living, safety evaluation, risk of fall assessment, cognitive assessment, and the resident's ability to manage medication administration; and
- Develops a Plan of Care or service plan for each resident that is customized to the resident and includes both the services provided by or contracted by the residence and identifies services that will be provided by outside agencies directly contracted with the insured including the scope of services, frequency of services and monitoring of services delivered; and
- Reviews the service plan at least every six months or as the resident's needs change.

A Qualified Facility must meet the above criteria for the Benefits to be paid at the Facility Monthly Cash Benefit; otherwise, the Community Monthly Cash Benefit will apply.

A Qualified Facility is NOT:

- A hospital or clinic; or
- A place that operates primarily for the treatment of alcoholism, drug addiction or mental illness;
- An Adult Day Care or similar establishment.

**QUALIFIED LONG-TERM CARE SERVICES**

These are the necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, as well as maintenance or personal care services, which (a) are required by a person who is Benefit Eligible as described in this Certificate and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

The following is a partial list of services that meet the above definition. There are many other services that may also qualify. Should You need assistance in deciding on or obtaining care, Your Personal Care Advisor may be able to help.

- Home Health Care,
- Homemaker Services
- Adult Day Care
- Caregiver training
- Care Coordination and Advisement
- Assistive Devices
- Home modification
- Therapy
- Care provided by family members
- Assisted Living, Residential & Personal Care Facilities
- Caregiver time off - respite care
- Nursing Home
- Hospice Care
- Meals on Wheels
- Transportation
- Durable medical equipment

**SEVERE COGNITIVE IMPAIRMENT**

Severe Cognitive Impairment means a deterioration or irreversible loss in intellectual capacity that requires Substantial Supervision to assure You and others' safety. The deterioration or loss is established by clinical evidence and standardized tests that reliably measure:

- short-term or long-term memory;
- orientation as to people, place, or time;
- deductive or abstract reasoning; and
- judgement as it relates to safety awareness.

**SPOUSE**

A Spouse is a married Certificateholder or the person to whom they are married. The marriage must be recognized as legal in accordance with the laws of the state in which this Certificate is sold.

**SUBSTANTIAL ASSISTANCE**

There are two types of Substantial Assistance.

1. *Hands-on Assistance*: The physical assistance of another person without which an individual could not perform an Activity of Daily Living, or
2. *Stand-by Assistance*: The presence of another person within arm's reach necessary to prevent, by physical intervention, injury to an individual while they are performing an Activity of Daily Living.

**SUBSTANTIAL SUPERVISION**

This is continual oversight that may include cueing by verbal prompting, gestures, or other demonstrations by another person, and that is necessary to protect You from threats to Your health or safety.

**WE, US, OUR**

These refer to MedAmerica Insurance Company when used in this Certificate.

**YOU, YOUR, YOURSELF**

This refers to the person insured under this Certificate and whose name appears in the Schedule of Certificate Benefits.

## PART 1: BENEFITS

Below are descriptions of the Benefits under this Certificate.

Benefits are described in this Certificate or the Riders attached to it. Benefit and Rider limits and effective dates are stated on the Schedule of Certificate Benefits.

### FACILITY BENEFITS

**NOTE: This Section does not apply if You have elected the Facility Only or Community Only Rider.**

The Facility Monthly Cash Benefit will be paid each month if:

- a) You are Benefit Eligible\* ; and
- b) You reside in a Qualified Facility; or
- c) You receive care under a Hospice Care Program.

\* If You are receiving care under a Hospice Care Program, Benefit Eligibility does not require You to satisfy Your Elimination Period for payments to be made.

Payments of Facility Monthly Cash Benefits will reduce Your Cash Benefit Account.

### COMMUNITY BENEFITS

**NOTE: This Section does not apply if You have elected the Facility Only or Community Only Rider.**

The Community Monthly Cash Benefit will be paid each month if:

- a) You are Benefit Eligible; and
- b) You do not reside in a Qualified Facility.

Payments of Community Monthly Cash Benefits will reduce Your Cash Benefit Account.

### ADDITIONAL CERTIFICATE BENEFITS AND FEATURES

#### PERSONAL CARE ADVISOR SERVICES

#### CARE DIRECTIONS FAMILY ADVICE AND ADVOCACY PROGRAM®

The value of Your Certificate goes beyond covering the cost of services. We can provide You with advice on accessing and tailoring Your coverage to meet Your particular needs before or while You are Benefit Eligible. You may use the services of Our Care Directions Family Advice and Advocacy Program® at any time. Our Personal Care Advisors are professionals who can help You and/or Your family members plan for Your care. From assisting in developing a written Plan of Care when You establish Your claim to monitoring Your needs on an ongoing basis, Care Directions® Personal Care Advisors will provide You with their support.

In addition to helping with the planning and monitoring of Your care, Our Personal Care Advisors can also help You locate long term care services. We do not guarantee the services of any particular provider, nor the quality of care You may receive, but We will work with You and/or Your family to find the type of care You choose.

Services provided under the Care Directions Family Advice and Advocacy Program® are not subject to the Elimination Period. Using them will not reduce Your Cash Benefit Account.

## **OTHER GOODS AND SERVICES**

From time to time, We may offer or provide certain goods and services in addition to insurance coverage. We may also arrange for third party vendors to provide goods and services at a discount including without limitation, beneficiary financial counseling services and employee assistance programs to You. Though We may make the arrangements, the third party vendors are solely liable for providing the goods and services. We shall not be responsible for providing or failing to provide the goods and services. Further, We shall not be liable for the negligent provision of the goods and services by third party vendors.

## **WAIVER OF PREMIUMS**

The premiums for this Certificate will be waived the day after the date the Elimination Period is met. The waiver ends on the date We determine You are no longer Benefit Eligible.

*This Section is modified if You have elected the Shared Waiver and/or the Survivor Riders. Please see Your Shared Waiver and/or Survivor Riders for details of Your coverage under those Riders.*

The above does not apply if premiums are no longer payable.

## **RIGHT TO CONTINUATION OF COVERAGE AFTER TERMINATION**

### **CONTINUATION**

If We are notified that You are no longer eligible for coverage under the Group Policy for any reason, You may continue coverage without interruption as long as You pay all premiums when due. You must notify Us that You wish to continue coverage and make the first premium payment within 31 days of receiving the notice from Us.

If You selected the 10-year paid-in-full option or the paid up at 65 option under the Group Certificate, then the payments for Your coverage under the Group Certificate will be credited towards the satisfaction of the same period under the continuing coverage.

## PART 2: ELIGIBILITY FOR PAYMENT OF BENEFITS

### ESTABLISHING BENEFIT ELIGIBILITY

To start the process of establishing Benefit Eligibility, You should contact Us. If You think You might be Chronically Ill, please call Our Customer Service Representative at 1-800-544-0327.

We will work with You, Your family and Your physician to arrange the Assessment and obtain any other needed information about your condition. This information will be gathered by Us or one of Our representatives at no cost to You.

You will also need a Plan of Care. The Plan of Care is updated as Your needs change. You may use the services of Our Personal Care Advisors. These services are provided at no cost to You. We will review Your Assessment to verify You are Chronically Ill. You may contact Us with any questions regarding Our decision.

To continue Benefit Eligibility, We must verify You are Chronically Ill and have an updated Plan of Care at least every 12 months.

### NOTICE OF CLAIM

When You become Benefit Eligible, You or Your representative must submit a completed Request for Benefits form each month to receive Your Monthly Cash Benefit payment. Request for Benefits forms can be obtained by calling or writing Our Customer Service area.

#### **You do not have to submit provider bills to claim benefits.**

If We do not receive a completed Request for Benefits form from You for more than 90 days, You must re-establish Your Benefit Eligibility. You may contact Our Customer Service Representatives for assistance in re-establishing Your eligibility for Benefits.

### PAYMENT OF CLAIM

Benefit payments will be payable prospectively from the day after the date You become Benefit Eligible. Thereafter, as long as You remain Benefit Eligible and submit Your claim, You will be paid Your Benefits on a monthly basis. These Benefit payments are intended to be used for Qualified Long Term Care Services.

**Named Payee:** While You are living, all Benefits will be paid to You unless there is an Assignment of Benefits to a Named Payee. An Assignment of Benefits is Your or Your legal representative's request for payments to be sent to someone other than You. An Assignment of Benefits cannot be irrevocable and You may change the Named Payee at any time. If You or Your legal representative wishes to have Benefit payments sent to another individual, We must receive the Assignment of Benefits request in writing no later than the time Your claim is submitted. No Assignment of Benefits will be considered valid unless it has been received in writing by Our administrative office. Unassigned Benefits due and unpaid at Your death will be paid to Your estate.

**Currency:** Benefits will be paid in US currency.

### WHEN YOU HAVE CLAIMS QUESTIONS

If You would like an explanation of Our claim payment, please call or write to us.

**APPEALS**

If We contest a claim or a portion of a claim, You or Your legal representative will be notified in writing that the claim is contested or denied.

You have a right to appeal Our claims decision. The appeal must be filed in writing with Our office within 3 years of the time the denied claim being appealed was filed. Include the reason for the appeal and any documents You feel are pertinent to the situation.

We will send You a written acknowledgement of Your appeal. If no additional information is needed, the acknowledgement will include an explanation of the denial. If additional information is required, We will explain what is needed. If We do not receive the requested information within 21 days, We will notify You in writing.

Within 60 days of the receipt of required information, We will notify You in writing of the outcome of the reconsideration of Your claim, and the contested claim or portion thereof that will be paid or denied.

**TIME LIMIT FOR LEGAL ACTION**

You may not begin legal action against Us to recover Benefits under this Certificate until at least 60 days has passed since Your claim was submitted to Us. No such action may be brought more than 3 years after the claim is furnished.

**RECOVERY OF OVERPAYMENT**

If, due to an error in processing, a claim results in an overpayment, We will explain the overpayment to You. You must return the amount of overpayment within 60 days of Our request. Any overpayment that is not returned to Us within 60 days of Our request will be deducted from future claim payments.

**WORLDWIDE COVERAGE**

You may receive Benefits anywhere in the world.

SAMPLE

## PART 3: CERTIFICATE EXCLUSION

### CERTIFICATE EXCLUSION

Benefits are not payable if Your Chronic Illness is due to War or any act of war, declared or undeclared.

## PART 4: PREMIUM

### PREMIUM AMOUNT

The initial premium is shown in Your Schedule of Certificate Benefits. It will remain the same unless You change the coverage or We change the premium. If We change the premium, We will notify any appropriate Participating Group and You at least 45 days in advance. No change will be made to the premium amount unless We change the premium rates for all Certificates like Yours that We have issued in the state where this Certificate has been approved and, where applicable, Your State Department of Insurance has approved the increase.

The above does not apply if premiums are no longer payable.

### PAYMENT

Premiums are due in advance.

### GRACE PERIOD

An initial Grace Period of 31 days will be granted for each premium that is unpaid on the date due. After the initial Grace Period of 31 days elapses, a notice will be sent to the Participating Group and You explaining that a payment has been missed and that Your Certificate risks lapsing. If You have designated an individual to be notified in case of lapse, We will also send notice to the address provided for that designee. You will have an additional 35 days Grace Period that begins the date We mail the notice to pay the unpaid premium.

Payment will allow this Certificate to continue in force without interruption. Failure to pay any unpaid premium by the end of the second Grace Period will result in the termination of Your Certificate as of the premium due date.

Lapse Designee: If You have designated an individual to be notified of lapse, We will provide You the opportunity, no less frequently than every 2 years, to change such designation.

The above provisions do not apply if premiums are no longer payable.

### REINSTATEMENT

If this Certificate lapses because You did not pay the premium within the Grace Period, You may request reinstatement with no break in coverage. If We honor this request, the Certificate will be reinstated back to the termination date. If We do not approve or disapprove the request within 45 days of receipt of the request and a premium was accepted by Us or one of Our authorized representatives, the Certificate will be reinstated as of the date the Certificate terminated.

The above does not apply if premiums are no longer payable.

### EXTENDED REINSTATEMENT BENEFIT FOR SEVERE COGNITIVE IMPAIRMENT AND LOSS OF FUNCTIONAL CAPACITY

You may request reinstatement up to 5 months after termination if You did not pay the premium due to a condition that would qualify You for Benefits. Your condition is subject to verification. An Assessment is required before deciding on reinstatement. If reinstated, You must pay the premium retroactive to the date the Certificate terminated.

The above does not apply if premiums are no longer payable.

## UNEARNED PREMIUM

When We are notified of Your death or the cancellation of this Certificate, We will refund any premium paid for the period beyond such notification.

All premiums paid for the period beyond Your death will be refunded.

- Your premiums will be refunded to the appropriate Participating Group or to Your Beneficiary. In the absence of a named Beneficiary, we will refund unearned premium to Your estate.

In the event of the cancellation of this Certificate, premiums paid for the period beyond such cancellation will be refunded to You.

The above does not apply if premiums are no longer payable.

SAMPLE

## PART 5: GENERAL PROVISIONS

### ENTIRE CONTRACT; CHANGES

This Certificate document, Your application and any Riders and attached papers establish the entire contract of insurance between You and Us. Any change must be approved by one of Our officers and mutually agreed to by You. It must also be endorsed on or attached to this Certificate. No insurance producer has the authority to change this Certificate or to waive any of its provisions.

### YOUR BENEFITS

With the exception of a Named Payee or Your estate, only You are eligible for Benefit payments other than returned premiums under this Certificate.

*This Section is modified if You have elected the Shared Waiver and/or Shared Care Benefit Riders. Please see Your Shared Waiver and/or Shared Care Rider details of Your coverage under those Riders.*

### WHEN CERTIFICATE COVERAGE BEGINS

This Certificate begins on the date shown in the Schedule of Certificate Benefits. All time periods begin on that date at 12:01 a.m. standard time at Your residence.

### WHEN CERTIFICATE COVERAGE ENDS

This Certificate ends and Benefits will not be available on the day after the date one of the following occurs:

- Nonpayment of premium (subject to the Grace Period); or
- The Cash Benefit Account is exhausted; or
- You elect to cancel this Certificate; or
- Your death.

All time periods begin on that date at 12:01 a.m. standard time at Your residence.

### EXTENSION OF BENEFITS

If You are Benefit Eligible on the date this Certificate is cancelled, We will continue to pay the applicable Monthly Cash Benefit without interruption until the first of the following dates:

- It is determined that You are no longer Benefit Eligible under this Certificate; or
- The Cash Benefit Account is exhausted.

We will not pay more than You would have been entitled to receive if the Certificate had not terminated.

### INCONTESTABLE PERIOD

We may rescind this Certificate or deny a claim during the first 6 months of the Certificate if it can be shown that a misrepresentation by You was material to Our acceptance of You.

After 6 months but before 2 years, We may rescind this Certificate or deny a claim if it is shown that a misrepresentation by You both was material to Our acceptance of You and pertained to the condition for which Benefits are sought.

After 2 years, We may rescind this Certificate or deny a claim only if it is shown that You knowingly and intentionally misrepresented relevant facts relating to Your health or due to non-payment of premiums.

These provisions also apply if You provide additional evidence of insurability to purchase additional coverage after the Certificate Effective Date.

### CLERICAL ERROR

Clerical error, whether by You, the Participating Group or Us, will not void Your insurance if the insurance would otherwise have been in effect. Neither will it extend the insurance if the insurance would otherwise have ended or been reduced as provided in this Certificate.

**MISSTATEMENT OF FACT**

If Your age, eligibility or information regarding Your Care Partner status was misstated on Your Application, the premium for this Certificate will be changed retroactive to the original effective date to correspond to:

- a) Your correct age;
- b) Your correct eligibility category; and/or
- c) Your actual Care Partner status.

Our liability will be limited to a refund of the premiums paid for this Certificate if:

- 1. Your application would have been declined if Your age was not misstated; or
- 2. You would have been subject to additional evidence of insurability.

**NON-PARTICIPATING**

This Certificate does not participate in Our profits or surplus earnings.

**TAX STATUS OF PREMIUMS AND BENEFITS**

**This Certificate is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b).** The Benefits under this Certificate are paid without regard to the type and amount of expenses You may have. Generally, if the Benefits paid under a Certificate exceed the per diem limit as prescribed in law, they could be considered taxable income. You should consult Your tax advisor with respect to the potential tax implications of ownership of this Certificate.

**COMMUNICATION THROUGH ELECTRONIC MEANS**

We reserve the right to designate the form and means of all communications or notices required by this Certificate.

If We agree, You may contact Us about Your Certificate using electronic means or technologies.

If You agree, We may contact You regarding this Certificate using electronic means or technologies.

Except where barred by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity, and enforceability.

**CONFORMITY WITH FEDERAL AND STATE STATUTES**

If on this Certificate's Effective Date, any part conflicts with federal statutes or statutes in the state You live in, this Certificate is hereby amended to conform to the minimum requirement of such statutes.

If changes are necessary in order to maintain the tax-qualified status of this Certificate, We will provide You with the opportunity to accept or reject the necessary amendments to this Certificate.

## PART 6: CONTINGENT NON-FORFEITURE PROVISIONS\*

If You have NOT selected the Shortened Benefit Period Option, the following Contingent Non-Forfeiture provisions apply. These provisions change the coverage to provide options in the event this Certificate ends due to non-payment of premium after a Substantial Premium Increase.

A Substantial Premium Increase is one that results in a cumulative increase to the annual premium that is equal to or exceeds a certain percentage of the original premium. It does not include premium increases that result from a voluntary purchase of additional coverage. The limits of cumulative increase as a percentage of the annual premium are based on Your age as of the Certificate Effective Date shown in Your Schedule of Certificate Benefits. The following table shows the cumulative increase that will trigger the Contingent Non-Forfeiture Provision.

\*This section shall apply only where premiums are payable. Rights under Contingent Non-Forfeiture Provisions are not available where current and future premiums are neither due nor owing.

**SUBSTANTIAL PREMIUM INCREASE TABLE**

CERTIFICATE ISSUE AGE	PERCENT OF INCREASE	CERTIFICATE ISSUE AGE	PERCENT OF INCREASE
Less than 30	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
40-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

**Contingency Options:** You will be notified of any Substantial Premium Increase 45 days prior to the change of Your premium. The notice will include the amount of the premium, its due date, and the following contingency options in the event of lapse.

1. Alternative Benefit options at a lower premium
2. A lesser Cash Benefit Account with no further premium required. You will have 120 days following the premium due date to elect this option. Under this option, the same Monthly Cash Benefit amounts in effect at the time of lapse will be payable, but the Cash Benefit Account will be equal to the greater of items a) or b) below.
  - a) The total amount of premiums paid for Your Certificate
  - b) Your Monthly Cash Benefit

The total of all Benefits paid under Your Certificate will not exceed the Cash Benefit Account that would have been payable if Your Certificate did not lapse.

Option 2 will automatically take effect if all of the following apply.

1. Your Certificate lapses within 120 days of the premium due date for the Substantially Increased Premium; and
2. You have not made an election.

## COMMUNITY ONLY RIDER

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Community Only Rider.

This Rider is part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### COMMUNITY ONLY RIDER

Under this Rider, Benefits are payable only under the conditions as described in the Terms of Rider section below. This Rider permanently modifies the scope of Benefits covered by Your Certificate. It replaces the Community Benefits and Facility Benefits sections of Part 1: Benefits in Your Certificate.

NOTE: By purchasing this Rider, You will not receive coverage that might be payable under the Facility Benefits section of Your Certificate.

### TERMS OF RIDER

#### COMMUNITY BENEFITS

You will be paid the Community Monthly Cash Benefit each month if:

1. You are Benefit Eligible\*; and
2. You reside in other than a Qualified Facility; or
3. You receive care under a Hospice Care Program.

\* If You are receiving care under a Hospice Care Program, You do not need to satisfy Your Elimination Period for payments to be made.

Payments of Community Monthly Cash Benefits will reduce Your Community Cash Benefit Account.

### TERMINATION

This Rider will terminate if any of the following events occur:

1. Your Certificate lapses for non-payment of premium.
2. You send a written request terminating this Rider.

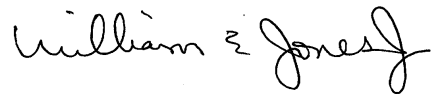
NOTE: As this Rider permanently modifies coverage under Your Certificate, termination of the Rider will result in the termination of Your Certificate.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in cursive script that reads "William E. Jones, Jr.".

William E. Jones, Jr.  
President

SAMPLE

## **FACILITY ONLY RIDER**

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Facility Only Rider.

This Rider is part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### **FACILITY ONLY RIDER**

Under this Rider, Benefits are payable only under the conditions as described in the Terms of Rider section below. This Rider permanently modifies the scope of Benefits covered by Your Certificate. It replaces the Community Benefits and Facility Benefits sections of Part 1: Benefits in Your Certificate.

NOTE: By purchasing this Rider, You will not receive coverage that might be payable under the Community Benefits section of Your Certificate.

### **TERMS OF RIDER**

#### **FACILITY BENEFITS**

The Facility Monthly Cash Benefit will be paid if:

1. You are Benefit Eligible\*; and
2. You reside in a Qualified Facility; or
3. You receive care under a Hospice Care Program.

\* If You are receiving care under a Hospice Care Program, Benefit Eligibility does not require You to satisfy Your Elimination Period for payments to be made.

Payments of Facility Monthly Cash Benefits will reduce Your Facility Cash Benefit Account.

### **TERMINATION**

This Rider will terminate if any of the following events occur:

1. Your Certificate lapses for non-payment of premium.
2. You send a written request terminating this Rider.

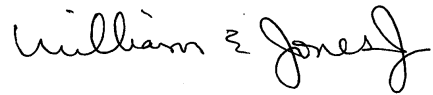
NOTE: As this Rider permanently modifies coverage under Your Certificate, termination of the Rider will result in the termination of Your Certificate.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." in a cursive script.

William E. Jones, Jr.  
President

SAMPLE

## SIMPLE BENEFIT INCREASE RIDER

Subject to the terms and conditions contained in Your Certificate and the payment of the required premium, You are entitled to the Benefits described in this Simple Benefit Increase Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### SIMPLE BENEFIT INCREASE RIDER

This Rider adds a Benefit to Your Certificate that, on an annual basis, increases Your Cash Benefit Account and Monthly Cash Benefit. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

### TERMS OF RIDER

#### Definition:

**Cash Benefit Account:** The Cash Benefit Account equals the amount of the Cash Benefit Account available on the last Certificate Anniversary Date minus claims since that date.

#### Increase Calculation:

1. The Cash Benefit Account and Monthly Cash Benefit will automatically increase on each Certificate Anniversary Date. The first increase will take effect on the Certificate Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Certificate Anniversary Date, the Cash Benefit Account and Monthly Cash Benefit (Facility and/or Community, as applicable) will be recalculated as follows:
  - a) The Monthly Cash Benefit will be increased by 5% of its original amount.
  - b) The Cash Benefit Account will increase by the same proportion as the increase in the Monthly Cash Benefit.
  - c) The increase will be rounded to the nearest dollar.

### TERMINATION

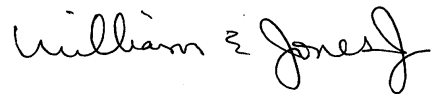
1. This Rider will terminate immediately on the earliest of the following:
  - a) Your Certificate lapses for non-payment of premium.
  - b) You send a written request terminating this Rider.
  - c) You exhaust the Benefits in Your Cash Benefit Account.
2. If Your Certificate terminates and is later reinstated, automatic Benefit increases will be made as if Your Certificate had remained in effect.
3. If Your Certificate lapses for non-payment of premium and coverage continues under a non-forfeiture provision, no increases will be made after the due date of the unpaid premium.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in cursive script that reads "William E. Jones, Jr.".

William E. Jones, Jr.  
President

SAMPLE

## COMPOUND INFLATION – NO MAXIMUM RIDER

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Compound Inflation – No Maximum Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### COMPOUND INFLATION – NO MAXIMUM RIDER

This Rider adds a Benefit to Your Certificate that will increase Your Cash Benefit Account and Monthly Cash Benefit on an annual basis. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

### TERMS OF RIDER

#### Definition:

**Cash Benefit Account:** The Cash Benefit Account equals the amount of the Cash Benefit Account available on the previous Certificate Anniversary Date minus claims paid since that date.

#### Increase Calculation:

1. The Cash Benefit Account and Monthly Cash Benefit will automatically increase on each Certificate Anniversary Date. The first increase will take effect on the Certificate Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Certificate Anniversary Date, the Cash Benefit Account and Monthly Cash Benefit (Facility and/or Community, as applicable) will be recalculated as follows:
  - a) The Monthly Cash Benefit will be increased by the percentage shown on Your Schedule of Certificate Benefits times the Benefit amount on the previous Certificate Anniversary Date.
  - b) The Cash Benefit Account available on the previous Certificate Anniversary Date, minus claims paid since that date, will be increased by the percentage shown on Your Schedule of Certificate Benefits.
  - c) Increases will be rounded to the nearest dollar.

### TERMINATION

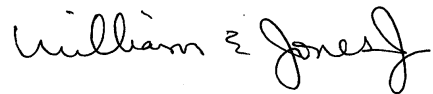
1. This Rider will terminate immediately on the earliest of the following:
  - a) Your Certificate lapses for non-payment of premium.
  - b) You send a written request terminating this Rider.
  - c) You exhaust the Benefits in Your Cash Benefit Account.
2. If Your Certificate terminates and is later reinstated, automatic inflation increases will be made as if Your Certificate had remained in effect.
3. If Your Certificate lapses for non-payment of premium and coverage continues under a non-forfeiture provision, no increases will be made after the due date of the unpaid premium.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in cursive script that reads "William E. Jones, Jr.".

William E. Jones, Jr.  
President

SAMPLE

## COMPOUND INFLATION – 2X MAXIMUM RIDER

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Compound Inflation – 2X Maximum Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### COMPOUND INFLATION – 2X MAXIMUM RIDER

This Rider adds a Benefit to Your Certificate that will increase Your Cash Benefit Account and Monthly Cash Benefit on an annual basis up to a preset limit. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

#### TERMS OF RIDER

##### Definition:

**Cash Benefit Account:** The Cash Benefit Account equals the amount of the Cash Benefit Account established on the previous Certificate Anniversary Date minus claims paid since that date.

##### Increase Calculation:

1. The Cash Benefit Account and Monthly Cash Benefit will automatically increase on each Certificate Anniversary Date. The first increase will take effect on the Certificate Anniversary Date that follows the date this Rider went into effect. The increase will occur even if Benefits are being paid.
2. Premiums will not change due to increases under this Rider.
3. On each Certificate Anniversary Date, the Cash Benefit Account and Monthly Cash Benefit (Facility and/or Community, as applicable) will be recalculated as follows:
  - a) The Monthly Cash Benefit will be increased by 5% of its amount on the previous Certificate Anniversary Date.
  - b) The Cash Benefit Account on the previous Certificate Anniversary Date, minus claims paid since that date, will be increased by 5%.
  - c) Increases will be rounded to the nearest dollar.
  - d) Increases will continue until Your Monthly Cash Benefit is twice its original amount.

#### TERMINATION

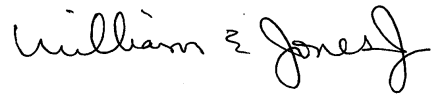
1. This Rider will terminate immediately on the earliest of the following:
  - a) Your Certificate lapses for non-payment of premium.
  - b) You send a written request terminating this Rider.
  - c) You exhaust the Benefits in Your Cash Benefit Account.
2. If Your Certificate terminates and is later reinstated, automatic inflation increases will be made as if Your Certificate had remained in effect.
3. If Your Certificate lapses for non-payment of premium and coverage continues under a non-forfeiture provision, no increases will be made after the due date of the unpaid premium.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." in a cursive script.

William E. Jones, Jr.  
President

SAMPLE

## **SURVIVOR BENEFIT RIDER**

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Survivor Benefit Rider.

This Rider is part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### **SURVIVOR BENEFIT RIDER**

This Rider adds a Benefit to Your Certificate that waives Your premiums in the event your Care Partner dies. The following provision is added to the Waiver of Premium section under Benefits Part 1: Additional Certificate Benefits and Features in Your Certificate.

### **TERMS OF RIDER**

1. MedAmerica will waive premiums for Your Certificate in the event Your Care Partner dies and the following conditions have been met:
  - a) Your Certificate, Your Care Partner's Certificate, and this Rider must be in effect for at least 10 years; and
  - b) Your Certificate, Your Care Partner's Certificate, and this Rider must be in force on the date of Your Care Partner's death.
2. The waiver applies only to premiums for coverage under Your Certificate in effect on the date of Your Care Partner's death.
3. If Your premium payment period ends during the time premiums are waived under this provision, no further premiums for Your Certificate will be required.

### **TERMINATION OF RIDER**

This Rider will terminate if any of the following events occur:

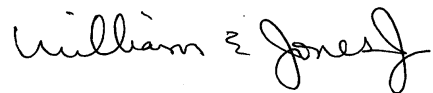
1. Your Certificate becomes paid up under the Premium Payment Option You have selected.
2. Your Care Partner dies prior to the 10<sup>th</sup> Certificate or Rider Anniversary.
3. You cancel this Rider. Your Care Partner's Rider will be cancelled as well, but both You and Your Care Partner each have the option to retain Your Certificates.
4. Your Certificate lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium. Your Care Partner's Rider is automatically cancelled but Your Care Partner may retain his or her Certificate.
5. Your Care Partner's Certificate lapses. This Rider will end as of the due date of the unpaid premium.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in black ink that reads "William E. Jones, Jr." with a stylized flourish at the end.

William E. Jones, Jr.  
President

SAMPLE

## SHARED WAIVER RIDER

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Shared Waiver Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### SHARED WAIVER RIDER

This Rider adds a Benefit to Your Certificate that waives the premium for Your Care Partner's Certificate under the same conditions that Your premiums are waived. The following provision is added to the Waiver of Premiums section under Additional Certificate Benefits and Features, Part 1: Benefits in Your Certificate.

### TERMS OF RIDER

1. Your Care Partner's premiums may be waived if You become Benefit Eligible and if both Certificates meet the following conditions:
  - a) The Certificates must be effective at the same time or within 6 months of each other; and
  - b) The Certificates must be in force for at least two (2) years; and
  - c) The Certificates must both be in force on the date You become Benefit Eligible.
2. Benefits under the Shared Waiver Rider are subject to these rules:
  - a) The waivers for both Certificates begin on the first day after the date You become Benefit Eligible.
  - b) Your Care Partner's waiver applies only to coverage in effect on the date You become Benefit Eligible.
  - c) Both You and Your Care Partner's waivers end on the earliest of these dates:
    - i) The date You are no longer Benefit Eligible; or
    - ii) The date Your Cash Benefit Account is exhausted.
3. Premiums for both Certificates will again become due on the first day after You are no longer Benefit Eligible. If, however, the Premium Payment option for either Certificate is other than Lifetime and during the time premiums were waived the Certificate's premium payment period ends, no further premiums for that Certificate will be due.

### TERMINATION

This Rider will terminate if any of the following events occur:

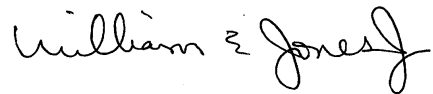
1. You or Your Care Partner dies. This Rider will end as of the date of death.
2. You cancel this Rider. Your Care Partner's Rider will be cancelled as well, but both You and Your Care Partner have the option to retain Your Certificates.
3. Your Certificate lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium. Your Care Partner's Rider is automatically cancelled but Your Care Partner can retain his or her Certificate.
4. Your Care Partner's Certificate lapses. This Rider will end as of the due date of the unpaid premium.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in cursive script that reads "William E. Jones, Jr.".

William E. Jones, Jr.  
President

SAMPLE

## SHARED CARE RIDER

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Shared Care Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### SHARED CARE RIDER

This Rider adds a Benefit to Your Certificate that permits Care Partners to share the Benefits of their individual Certificates in the event one exhausts his or her Cash Benefit Account. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

### TERMS OF RIDER

When You and Your Care Partner each purchase a Shared Care Rider, You are increasing the Cash Benefit Account each of You would be entitled to use when qualifying for Benefits payable under Your Certificate. By purchasing the Riders, You can share the coverage under Your Certificates by first using Your own Cash Benefit Account and then, at the option of Your Care Partner, drawing Monthly Cash Benefits from your Care Partner's Cash Benefit Account. In no case can the use of a portion of a Care Partner's Benefits reduce Your Cash Benefit Account or Your Care Partner's Cash Benefit Account below a level that would provide less than 24 times Your or Your Care Partner's Facility Monthly Cash Benefit.

1. The Shared Care Rider will provide coverage if the following conditions are met:
  - a) You and Your Care Partner purchase both this Rider and Your Certificate at the same time; and
  - b) The Benefits and premium payment options of both Certificates are identical; and
  - c) The Shared Care Rider remains in force for both You and Your Care Partner; and
  - d) You or Your Care Partner are Benefit Eligible; and
  - e) You or Your Care Partner continue to be Benefit Eligible when accessing the other's Cash Benefit Account.
2. Surviving Care Partner Benefit: If one Care Partner dies, the surviving Care Partner can assume the deceased Care Partner's remaining Cash Benefit Account at no extra premium. The additional Benefits are available to the surviving Care Partner in the event his/her benefits are exhausted and if the survivor continues to pay his or her Certificate and Shared Care Rider premium payments where due.

### TERMINATION

This Rider will terminate if any of the following occurs:

1. You cancel this Rider. Your Care Partner's Rider will be cancelled as well, but both You and Your Care Partner have the option to retain Your Certificates. In this instance, each Care Partner pays his or her original premium without the Rider and retains their remaining Cash Benefit Account.
2. If one Care Partner cancels both their Certificate and Rider, the Rider for the second Care Partner is automatically cancelled. The second Care Partner can retain his or her Certificate. They may pay the original premium without the Rider and retain their own remaining Cash Benefit Account.
3. One Care Partner's Certificate lapses. This Rider will end as of the due date of the unpaid premium.

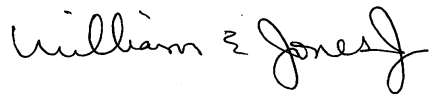
4. You and Your Care Partner's Certificates are no longer identical. The Riders for both Care Partners are automatically cancelled if the Care Partner's Certificates are changed so that the Benefits and/or premium payment options vary.

#### **OTHER PROVISIONS**

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



William E. Jones, Jr.  
President

SAMPLE

## SHORTENED BENEFIT PERIOD RIDER

Subject to the terms and conditions contained in this Certificate and the payment of the required premium, You are entitled to the Benefits described in this Shortened Benefit Period Rider.

This Rider is part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### SHORTENED BENEFIT PERIOD

This Rider adds a Benefit to Your Certificate that may provide coverage after the Certificate has lapsed or been terminated. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

### TERMS OF RIDER

1. Conditions for Benefit Eligibility:  
We will continue the coverage provided by this Certificate if:
  - a) Your coverage under this Certificate has been in force for three (3) years or more; and
  - b) Your coverage lapses due to cancellation or non-payment of premium.
2. Benefit Availability:  
If, after terminating Your long term care insurance Certificate, You become Benefit Eligible, We will pay You the Monthly Cash Benefit (Facility and/or Community, as appropriate) in effect at the time of Your Certificate is terminated.
3. Amount of Benefit:
  - a) Your Cash Benefit Account under this Rider will be the greater of:
    - i) The sum of all premiums paid for Your coverage and any attached Riders under this Certificate; or
    - ii) The Facility Monthly Cash Benefit (Community Monthly Cash Benefit if You have purchased the Community Only Rider) in effect on the date Your coverage under this Certificate lapses.
  - b) Your Monthly Cash Benefit is payable up to Your Cash Benefit Account under this Rider.
  - c) The Cash Benefit Account under this Rider can never be greater than Your Cash Benefit Account under Your Certificate at the time of lapse.

### TERMINATION

This Rider will terminate when the first of the following events occurs:

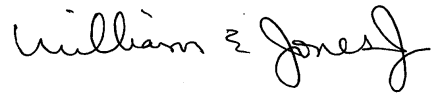
1. The termination of Your coverage under Your Certificate (except as specifically provided under the terms of this Rider).
2. Your death.
3. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.
4. You fail to pay any premium for this Rider when due.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in cursive script that reads "William E. Jones, Jr.".

William E. Jones, Jr.  
President

SAMPLE

**RETURN OF PREMIUM RIDER**  
**Benefits Paid Considered**

Subject to the terms and conditions contained in Your Certificate and the payment of the required premium, You are entitled to the Benefits described in this Return of Premium Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

**RETURN OF PREMIUM BENEFIT**

This Rider adds a Benefit to Your Certificate to refund premiums paid for Your Certificate upon Your death. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

**TERMS OF RIDER**

Upon notification of Your death, We will refund all premiums paid for Your Certificate and any Riders less any Benefits paid or payable.

**TERMINATION**

This Return of Premium Rider will terminate immediately on the earliest of the following:

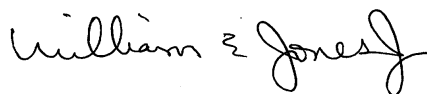
1. The termination of Your coverage under Your Certificate (except as specifically provided under the terms of this Rider).
2. The failure to pay any premium for this Rider when due.
3. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

**OTHER PROVISIONS**

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



William E. Jones, Jr.  
President

## FULL RETURN OF PREMIUM RIDER Benefits Paid Disregarded

Subject to the terms and conditions contained in Your Certificate and the payment of the required premium, You are entitled to the Benefits described in this Full Return of Premium Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### RETURN OF PREMIUM BENEFIT

This Rider adds a Benefit to Your Certificate to refund any premiums paid for Your Certificate upon Your death. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

### TERMS OF RIDER

Upon notification of Your death, We will refund all premiums paid for Your Certificate and any Riders without regard to Benefits paid or payable.

### TERMINATION

This Return of Premium Rider will terminate immediately on the earliest of the following:

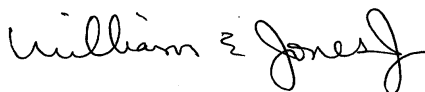
1. The termination of Your coverage under Your Certificate (except as specifically provided under the terms of this Rider).
2. The failure to pay any premium for this Rider when due.
3. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

### OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



William E. Jones, Jr.  
President

## **RESTORATION OF BENEFITS RIDER**

Subject to the terms and conditions contained in Your Certificate and the payment of the required premium, You are entitled to the Benefits described in this Restoration of Benefits Rider.

This Rider is a part of Your Certificate and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Certificate.

### **RESTORATION OF BENEFITS RIDER**

This Rider restores Your Certificate's Cash Benefit Account and Monthly Cash Benefits to the amounts that would have been available on the day the Certificate is restored had no benefits been paid. The following provision is added to the Additional Certificate Benefits and Features section under Part 1: Benefits in Your Certificate.

### **TERMS OF RIDER**

We will restore this Certificate's Cash Benefit Account to the total that would have applied if no Benefits had been paid under this Certificate. This Restoration of Benefits applies whenever a period of 180 consecutive days elapses in which:

1. You are not eligible for or being paid Benefits because You are no longer deemed Chronically Ill; and
2. Your Certificate did not lapse and all premiums were paid; and
3. You did not exhaust Your Cash Benefit Account; and
4. Your Certificate remained in force.

### **TERMINATION**

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

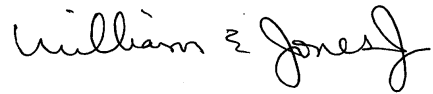
1. The termination of Your coverage under Your Certificate.
2. Coverage under Your Certificate consists of a reduced Cash Benefit Account under the Shortened Benefit Period Rider.
3. The failure to pay any premium for this Rider when due.
4. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

## OTHER PROVISIONS

All of the terms and conditions of Your Certificate also apply to the Benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Certificate.

This Rider shall not be effective unless signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.

A handwritten signature in cursive script that reads "William E. Jones, Jr.".

William E. Jones, Jr.  
President

SAMPLE