

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

A Stock Life Insurance Company
Home Office: One Moody Plaza, Galveston, Texas, 77550

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

(A Covered Person's Death Benefit, otherwise payable, will be reduced by any benefit paid under this Rider on behalf of such Covered Person)

This Rider is part of the Group Policy and must be attached to the Covered Employee's Certificate providing evidence of coverage under the Group Policy. This Rider is effective on the later of the Covered Employee's Certificate Date or the Effective Date shown below. This Rider is subject to all provisions, terms, definitions, and limitations of the Group Policy which do not conflict with the provisions of this Rider.

SPECIAL NOTICE

The acceleration-of-life-insurance benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for 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 your, 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 payment will affect you, your spouse and your family's eligibility for public assistance.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

CLOSE RELATIVE means anyone related to a Covered Person by blood, marriage, or adoption; or a court appointed representative.

PHYSICIAN means a person, other than You, a Close Relative, or a business or professional partner, who is:

1. Duly licensed to practice medicine in the jurisdiction where the Diagnosis is made, or the procedure performed where such jurisdiction is a continuing member of the United States of America or a territory within the jurisdiction of the United States of America (embassies, military zones, and similarly designated non-domestic extensions of the United States government are not included); and
2. Acting within the scope of his/her license.

TERMINAL ILLNESS – An illness that, in the best medical judgment of a Physician, will result in death within 12 months.

BENEFITS

If a Covered Person is diagnosed with a Terminal Illness for the first time, on or after the date his or her coverage becomes effective under this Rider, We will pay the Beneficiary the Accelerated Death Benefit equal to the lesser of:

1. 50% of his/her Death Benefit in effect on the day of diagnosis; or
2. \$100,000.

We will pay benefits under this Rider only once per Covered Person. No benefit is payable for any Terminal Illness that is diagnosed for the first time prior to the date a Covered Person's coverage becomes effective under this Rider.

Once benefits under this Rider are requested for a Covered Person, no changes in such Covered Person's coverage under the Policy will be permitted.

CLAIMS

NOTICE OF CLAIM - We must be notified of a claim for benefits under this Rider, in writing, within 12 months of the date that the Covered Person is first diagnosed with a Terminal Illness. The notice must include sufficient information to identify the claimant.

CLAIM FORMS - After We receive notice of claim, We will send claim forms to the claimant within 15 days. If the forms have not been received within 15 days, the claimant may send Us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to Us within the time limit stated in the following paragraph.

PHYSICAL EXAMINATION - At Our expense, We reserve the right to have a Physician of Our choosing examine the Covered Person while a claim is pending to determine eligibility for benefits. In the event that the Physician We choose provides a different diagnosis of the condition, We reserve the right to rely on the certification from the Physician of Our choosing for claim purposes. If the Covered Person disagrees with Our decision, he or she has a right to appeal to Us in writing within 180 days after the date of Our decision. We will review and respond to his or her appeal, without regard to whether all of the information necessary to make a determination on review was filed with the appeal, within 60 days with a report of Our findings.

WRITTEN PROOF OF LOSS - We will pay benefits under this Rider after We receive written proof of loss satisfactory to Us. We must receive such proof within 12 months after the Insured is diagnosed with a Terminal Illness.

Written proof of loss means a written statement signed by a Physician certifying that the Covered Person has been diagnosed with a Terminal Illness for the first time. Such certification must also show the date of the original diagnosis and the specific diagnosed condition.

TIME OF PAYMENT OF CLAIMS - All benefits described in this Rider will be paid as soon as We have received written proof of loss satisfactory to Us.

PAYMENT OF CLAIMS - We will pay the benefit under this Rider to the Insured, unless a different payee is designated.

LEGAL ACTIONS - No legal action may be brought to recover under the Policy within 60 days after written proof of loss has been provided to Us as required nor more than 3 years from the time written proof of loss is required to be furnished.

Coverage under this Rider expires concurrently with Your coverage under the Group Policy, unless while Your coverage under the Group Policy is still in effect, You notify SLAICO in writing to terminate coverage under this Rider or this Rider is otherwise modified, cancelled or replaced by SLAICO or the Group Policyholder in accordance with the terms of the Group Policy.

Effective Date, if different from Certificate Date:

Signed on behalf of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, at Galveston, Texas.



Secretary