

Standard Life and Accident Insurance Company
Home Office: One Moody Plaza, Galveston, Texas, 77550
Toll-Free Telephone Number: 1-888-350-1488

(A Stock Insurance Company hereafter referred to as "Standard Life", "We", "Us", "Our" or "the Company")

The **ACCIDENTAL DEATH BENEFIT RIDER** is a part of the Group Policy and the Certificate to which it is attached. It is subject to all the Group Policy provisions and to the provisions of the Certificate to which it is attached, unless modified herein.

EFFECTIVE DATE

The Effective Date of this rider, if different from Your Certificate Effective Date, is stated in Your Certificate Schedule.

BENEFITS

We will pay the benefit listed in the Certificate Schedule of Benefits when a Covered Person dies as a result of Injuries received from a Covered Accident, if death occurs within one year of the accident or during a period of continuous Total Disability commencing within 30 days of the date of the Covered Accident.

In the event of a benefit payable due to the Employee's death, the Accidental Death Benefit will be paid to the Employee's beneficiary. The beneficiary is the person the Employee has designated in the Enrollment Form as the beneficiary, unless it was changed at a later date. If a beneficiary was not named or if the person named is not living at the Employee's death, any Accidental Death Benefit due will be paid in this order to: the Employee's Spouse; or children; or parents; or brothers and sisters; or estate.

Death will be presumed if a Covered Person disappears and the disappearance:

1. Is caused solely and directly by a Covered Accident that occurred while a Covered Person was a fare paying passenger on a common carrier that reasonably could have caused loss of life;
2. Occurs independently of all other causes; and
3. Continues for a period of 365 days after the date of the Covered Accident, despite reasonable search efforts.

TERMINATION

This rider will terminate upon the earlier of the termination of Your Certificate to which this rider is attached, failure to pay the premiums for this rider by You or Your Employer, or Your death.

Nothing contained herein shall vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Group Policy, Your Certificate or any rider attached thereto except as stated herein.

Signed on behalf of Standard Life and Accident Insurance Company at Galveston, Texas.



Secretary



President