AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

CERTIFICATE OF INSURANCE

This certificate of insurance ("certificate") describes your insurance coverage under the policy.

In this certificate, the words:

"You" and "your" mean the named insured employee or member shown on page 3 who is a member of an eligible class as described in the policy and for whom premiums are remitted.

"We", "us" and "our" mean American Heritage Life Insurance Company.

"The policy" means the policy of insurance issued by us to the policyholder.

The policy alone makes up the agreement under which insurance coverage is provided and benefits are determined. If the terms of your certificate and the policy differ, the policy will govern. The policy may be inspected at the office of the policyholder during normal business hours.

Coverage under the policy is issued in consideration of your enrollment or other form of application and the payment of the first premium.

We certify that coverage under the policy is in effect for persons who have satisfied all eligibility requirements and for whom the required premium has been paid when due.

The policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

The policy and this certificate may be changed in whole or in part or cancelled by agreement between us and the policyholder. Such an action may be taken without the consent or notice to you or anyone covered under the policy. Only an authorized officer at our home office can approve a change. The approval must be in writing and endorsed on or attached to the policy. No other person, including an agent, may change the policy or certificate or waive any of its provisions. Premiums are subject to periodic changes.

This certificate supersedes and replaces any certificate previously issued to you under the policy.

Karen E. Millard

Secretary

President

THIS IS A GROUP HOSPITAL INDEMNITY ONLY CERTIFICATE WHICH PROVIDES LIMITED BENEFITS AS STATED OR OTHER BENEFITS SPECIFICALLY DESCRIBED WITHIN THIS CERTIFICATE

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GENERAL PROVISIONS

EFFECTIVE DATE OF COVERAGE

Your coverage will be effective at 12:01 a.m. on the effective date shown on page 3 provided you are actively employed on that date.

If you are not actively employed on that date due to temporary layoff, leave of absence or Family and Medical Leave of Absence, coverage begins on the date you return to active employment. This applies to your initial coverage, as well as any increase in coverage that occurs after your initial coverage is effective.

For any change in coverage, the change is effective on the date we receive such request for change.

Any decrease in coverage will take effect on the first day of the calendar month that next follows the date you apply for the decrease, but will not affect a payable claim that occurs prior to the effective date of the decrease.

CERTIFICATE OF INSURANCE

This certificate of insurance provides a description of the insurance provided by the policy issued to the policyholder. It describes the essential features of the insurance coverage and to whom benefits are payable.

If there is any discrepancy between the provisions of this certificate and the provisions of the policy, the provisions of the policy govern.

WHEN YOU CAN ENROLL, CHANGE OR DISCONTINUE COVERAGE

1. You may apply for coverage during:
   a. the initial enrollment period; or
   b. a re-enrollment period.
2. You may increase coverage at the next re-enrollment period.
3. You may decrease coverage at the next re-enrollment period.
4. You may discontinue coverage at the next re-enrollment period.

ELIGIBILITY OF DEPENDENTS

Eligible dependents are:
1. your legal spouse or domestic partner; and
2. your children and your domestic partner's children.

A child is a person under age 26 who is:
1. your or your domestic partner's natural or adopted son or daughter, stepson or stepdaughter; or
2. a foster child who is placed with you or your domestic partner by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction.

A child born to you or your spouse or domestic partner, will be eligible for coverage. This coverage begins at the moment of birth of such child and benefits will be the same as provided for any other child insured under this coverage. No additional premium will be required for newborns added if you already have children or family coverage in force at the time the newborn is added.

If you do not already have children or family coverage in force, or do not have coverage in force that covers more than one child, newborn children are automatically covered from the moment of birth for a period of 31 days. If you desire uninterrupted coverage for a newborn child, you must notify the policyholder within 31 days of that child's birth. Upon notice to us, we will change the coverage to include the additional child and provide notification of the additional premium due. If you do not notify the policyholder within 31 days of the birth of the child, the temporary automatic coverage ends.

If you marry and desire coverage for your spouse, you must notify the policyholder of the marriage within 31 days of the marriage. Upon notice to us, we will change the coverage to include your spouse and provide notification of the additional premium due.

GENERAL PROVISIONS (Continued)

ELIGIBILITY OF DEPENDENTS (Continued)

If you enter into a domestic partnership and desire coverage for your domestic partner, you must notify the policyholder of the domestic partnership within 31 days of the date the domestic partnership was formed. Upon notice to us, we will change the coverage to include your domestic partner and provide notification of the additional premium due.

An adopted child or child pending adoption will be covered as follows:

1. Coverage is retroactive from the moment of birth for a child with respect to whom a decree of adoption by you has been entered within 31 days after the date of birth.
2. If adoption proceedings have been instituted by you within 31 days after the date of birth and you have temporary custody, coverage is provided from the moment of birth.
3. Coverage shall begin from the moment of placement.

Coverage will be provided as long as you have custody of the child pursuant to decree of the court and required premiums are paid.

If you do not already have child coverage in force, or do not have children or family coverage in force, or do not have coverage that covers more than one child, adopted children or children pending adoption are automatically covered as described above for a period of 31 days. If you desire uninterrupted coverage for an adopted child or child pending adoption, you must notify the policyholder within 31 days of the moment of placement. Upon notice to us, we will change the coverage to include the additional adopted child or child pending adoption and provide notification of the additional premium due.

No additional premium will be required for an adopted child or foster child added if you already have children or family coverage in force at the time the adopted child or foster child is added.

TERMINATION OF COVERAGE

Your coverage under the policy ends on the earliest of:

1. the date the policy is canceled; or
2. the last day of the period for which any required premium payments were made; or
3. the last day you are actively employed with your employer or a member in good standing in the labor union, association or other entity that is the policyholder, except as provided under the TEMPORARY LAYOFF, LEAVE OF ABSENCE OR FAMILY AND MEDICAL LEAVE OF ABSENCE provision; or
4. the date you are no longer in an eligible class; or
5. the date your class is no longer eligible; or
6. upon our discovery of fraud or material misrepresentation in the presentation of a claim under the policy.

We will provide coverage for a payable claim that occurs while a covered person is covered under the policy.

If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death.

If your domestic partner is a covered person, your domestic partner's coverage ends upon termination of the domestic partnership or your death.

Coverage for your child will end on the issue day of the month that follows when you die or the child: (a) reaches age 26; or (b) otherwise does not meet the requirements of an eligible dependent.

Coverage does not end for an incapacitated dependent child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and
2. became so incapacitated prior to the attainment of the limiting age of eligibility under the policy; and
3. is chiefly dependent upon you for support and maintenance.

Coverage for an incapacitated dependent child continues as long as this certificate remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished, in writing, to us when the child reaches the limiting age of eligibility. Thereafter, such proof must be furnished as often as may be required, but no more often than annually after the child's attainment of the limiting age for eligibility.

If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, such premium will be refunded, coverage will terminate and claims will not be paid. There may be no refund due if you have coverage in force that covers more than one child and there are other eligible dependents still insured under the policy.

Coverage may be eligible for continuation as outlined in the PORTABILITY PRIVILEGE provision.

GENERAL PROVISIONS (Continued)

TEMPORARY LAYOFF, LEAVE OF ABSENCE OR FAMILY AND MEDICAL LEAVE OF ABSENCE

If you cease active employment or membership in the union or association because of a temporary layoff or leave of absence while coverage is in force, we will continue your coverage in accordance with the personnel practices of the policyholder, if premium payments continue and the policyholder approved your leave in writing. Coverage will be continued for 3 months following the date you ceased active employment or membership in the union or association.

If your coverage ends while on a Family and Medical Leave of Absence, your coverage will be reinstated when you return to active status.

We will not apply a new pre-existing condition exclusion.

DISCRETIONARY AUTHORITY, IF GOVERNED BY ERISA

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

We have the discretion and authority to construe disputed or seemingly inconsistent provisions of the policy and to make all decisions regarding eligibility and/or entitlement to coverage or benefits. Whenever we make reasonable determinations which are not arbitrary or capricious in the administration of the policy, such determinations shall be final and conclusive.

LEGAL ACTION

No legal action may be brought to obtain benefits under the policy:
1. for at least 60 days after proof of loss has been furnished; or
2. after the expiration of 3 years from the time written proof of loss is required to have been furnished.

INCONTESTABILITY

After 2 years from the effective date of coverage, no misstatement, made in writing, can be used to void coverage or deny a claim for a loss incurred.

CLERICAL ERROR

Clerical error on the part of the policyholder or us will not invalidate insurance otherwise in force nor continue insurance otherwise terminated. Upon discovery of any error, an adjustment will be made in the premiums and/or benefits available. Complete proof must be supplied by us or the policyholder documenting any clerical errors.

AGENCY

For purposes of this coverage, the policyholder acts on its own behalf or as your agent. Under no circumstances will the policyholder be deemed the agent of American Heritage Life Insurance Company.

ENTIRE CONTRACT

The contract consists of the following items:
1. the group policy; and
2. any amendments and endorsements; and
3. the applications and other written statements of the policyholder; and
4. any individual applications, enrollments or other statements made by a covered person.

Any statements made by the policyholder or by a covered person are representations and not warranties. Only written statements signed by the policyholder or a covered person will be used in defense of a claim. A copy of any written statement, if applicable, will be furnished to the policyholder or the covered person or his or her personal representative, if any, if such written statement will be used in defense of a claim.

PORTABILITY PRIVILEGE

We will provide portability coverage, subject to these provisions.

Such coverage will not be available for you, unless:

1. coverage under the policy terminates under the TERMINATION OF COVERAGE provision; and
2. we receive a written request and payment of the first premium for the portability coverage no later than 30 days after such termination; and
3. the request is made for that purpose.

No portability coverage will be provided to you, if your insurance under the policy terminated due to your failure to make required premium payments.

PORTABILITY COVERAGE

The benefits, terms and conditions of the portability coverage will be the same as those provided under the policy when the insurance terminated. Portability coverage may include any eligible dependents who were covered under the policy. Any change made to the policy after you are insured under the portability privilege will not apply to that covered person unless it is required by law.

Portability coverage will be effective on the day after insurance under the policy terminates.

PORTABILITY PREMIUMS

Premiums for portability coverage are due and payable in advance to us at our home office. Premium due dates are the first day of each calendar month. The portability premium rate may differ from the premium rate in effect for insured employees or members and may change on any premium due date. If you are on portability coverage, we will give you written notice at least 60 days before a change is to take effect.

GRACE PERIOD

The grace period, as defined, will apply to each certificate holder of portability coverage as if you are the policyholder.

TERMINATION OF INSURANCE

Insurance under this portability privilege ends on the earliest of:

1. the date you again become eligible for insurance under the policy.
2. the last day for which premiums have been paid, if you fail to pay premiums when due, subject to the grace period.
3. with respect to insurance for dependents:
   a. the date your insurance terminates; or
   b. the date the dependent ceases to be an eligible dependent, as defined.
4. 36 months after the date portability coverage became effective.

A dependent child whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, if he or she is otherwise eligible.

Portability coverage will remain in effect for no longer than 36 months.

TERMINATION OF THE POLICY

If the policy terminates, you and your covered dependents will be eligible to exercise the portability privilege on the termination date of the policy. Portability coverage may continue beyond the termination date of the policy, subject to the timely payment of premiums. Benefits for portability coverage will be determined as if the policy had remained in full force and effect.

PRE-EXISTING CONDITION LIMITATION

We will not pay for any loss during the first 12 months of coverage due to a pre-existing condition.

A pre-existing condition is a disease or physical condition for which:

1. medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over the counter medications were taken or treatment recommendations were followed in the 12 months just prior to the covered person's effective date of coverage or the date an increase in benefits would otherwise be effective; or
2. symptoms existed within the 12 month period prior to the covered person's effective date of coverage or the date an increase in benefits would otherwise be effective.

WAIVER OF PRE-EXISTING CONDITION LIMITATION FOR PRIOR GROUP INSURANCE

We will waive the pre-existing condition limitation for a claim made by a covered person not to exceed the amount he or she was insured under a prior group policy if:

1. the claim would have satisfied the pre-existing condition limitation of the prior group policy; and
2. you:
   a. were in active employment on the policy date of the policy; and
   b. have been continuously insured under the policy since the policy date; and
   c. were insured under the prior group policy when it terminated; and
3. the prior group policy:
   a. had the same policyholder as the policy; and
   b. provided coverage substantially similar to this coverage; and
   c. was issued before the policy date of this coverage; and
   d. terminated within 60 days of the policy date of this coverage.

WAIVER OF PRE-EXISTING CONDITION LIMITATION FOR PRIOR INDIVIDUAL INSURANCE

We will waive the pre-existing condition limitation for a claim made by a covered person not to exceed the amount he or she was insured under a prior individual policy if:

1. the claim would have satisfied the pre-existing condition limitation of the prior individual policy; and
2. you:
   a. were in active employment on the policy date of the policy; and
   b. have been continuously insured under the policy since the policy date; and
   c. were insured under the prior individual policy when it terminated; and
3. the prior individual policy:
   a. provided coverage substantially similar to this coverage; and
   b. was issued before the policy date of this coverage; and
   c. terminated within 60 days of the policy date of this coverage.

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EXCLUSIONS

We will not pay benefits for any loss caused by or resulting from (directly or indirectly):

1. injury or sickness incurred prior to the covered person's effective date of coverage subject to the PRE-EXISTING CONDITION LIMITATION provision and INCONTESTABILITY provision; or
2. any act of war whether or not declared, participation in a riot, insurrection or rebellion; or
3. suicide, or any attempt at suicide, whether sane or insane; or
4. injury incurred while engaging in an illegal occupation or committing or attempting to commit an assault or felony; or
5. dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury; or (b) correct a disorder of normal bodily function; or
6. intentionally self-inflicted injuries; or
7. confinement that begins before the covered person's effective date of coverage; or
8. the reversal of a tubal ligation or vasectomy; or
9. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; or
10. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or
11. a newborn child's routine nursing or routine well baby care during the initial confinement in a hospital; or
12. driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway; or
13. mental or nervous disorders; or
14. alcoholism, drug addiction or dependence upon any controlled substance.

GENERAL BENEFIT INFORMATION

We pay the following benefit(s) for service and treatment administered to or received by a covered person. Such service or treatment must be: (a) incurred by a covered person while coverage under the policy is in force on that person; and (b) provided for the care and treatment of sickness or injury of a covered person. Any loss not stated in the policy is not covered under the policy. Treatment must be received in the United States or its territories.

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BENEFIT INFORMATION

First Day Hospital Confinement: We pay the amount stated on page 3 for the first day a covered person is confined in a hospital. This benefit is payable only once per continuous confinement in a hospital per covered person, and is limited to once per coverage year.

This benefit is not payable for a newborn child's initial confinement in a hospital. A newborn child's initial confinement in a hospital includes any transfers to another hospital before such child is discharged to his or her home.

The covered person must provide proof that a hospital room and board charge is incurred.

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BENEFIT INFORMATION

Daily Hospital Confinement: We pay the amount stated on page 3 per day when a covered person is confined in a hospital.

If the First Day Hospital Confinement benefit is payable, this benefit pays for each day after the first day of a continuous confinement in a hospital for a maximum of 9 days. If the First Day Hospital Confinement benefit is not payable, this benefit pays for each day of a continuous confinement in a hospital for a maximum of 10 days.

This benefit is not payable for:
1. any day for which the First Day Hospital Confinement benefit is payable; or
2. a newborn child's routine nursing or routine well baby care during the initial confinement in a hospital.

The covered person must provide proof for each day that a hospital room and board charge is incurred.

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BENEFIT INFORMATION

Hospital Intensive Care: We pay the amount stated on page 3 for each day a covered person is confined in a hospital intensive care unit. This benefit is paid in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit.

The maximum number of days this benefit is payable is 10 days for each continuous confinement in a hospital intensive care unit.

The covered person must provide proof for each day that a hospital room and board charge is incurred.

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BENEFIT INFORMATION

Fixed Wellness: We pay the amount stated on page 3 for each day a covered person receives an eligible wellness service. This benefit is payable only once per day per covered person, and is limited to once per coverage year.

The eligible wellness services are:

1. Biopsy for skin cancer; and
2. Blood test for triglycerides; and
3. Bone Marrow Testing; and
4. CA15-3 (cancer antigen 15-3-blood test for breast cancer); and
5. CA125 (cancer antigen 125 – blood test for ovarian cancer); and
6. CEA (carcinoembryonic antigen – blood test for colon cancer); and
7. Chest X-ray; and
8. Colonoscopy; and
9. Doppler screening for carotids; and
10. Doppler screening for peripheral vascular disease; and
11. Echocardiogram; and
12. EKG (Electrocardiogram); and
13. Flexible sigmoidoscopy; and
14. Hemoccult stool analysis; and
15. HPV (Human Papillomavirus) Vaccination; and
16. Lipid panel (total cholesterol count); and
17. Mammography, including Breast Ultrasound; and
18. Pap Smear, including ThinPrep Pap Test; and
19. PSA (prostate specific antigen – blood test for prostate cancer); and
20. Serum Protein Electrophoresis (test for myeloma); and
21. Stress test on bike or treadmill; and
22. Thermography; and
23. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

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CLAIM INFORMATION

NOTICE OF CLAIM

We encourage you to notify us of a claim as soon as possible so that a claim decision can be made in a timely manner. Written notice of claim must be given to us within 20 days after the occurrence or commencement of any benefit covered by the policy, or as soon as reasonably possible. Notice given to us by, or on behalf of, you or the beneficiary at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687, or to any authorized agent of ours, with your name and certificate number, is notice to us.

The claim form can be requested from us. If the form is not received within 15 days of the request, written proof of the claim may be sent to us without waiting for the form.

FILING A CLAIM

You must complete all applicable sections of the claim form and then give it to the attending physician. The physician should complete his or her section of the form and send it directly to us.

PROOF OF CLAIM

Written proof must be given to us within 90 days after each loss. If it is not possible to give us written proof in the time required, we will not reduce or deny any claim for this reason, as long as the proof is filed as soon as reasonably possible. In any event, the proof required must be given to us no later than 1 year from the time specified unless you are legally incapacitated.

PHYSICAL EXAMINATION

We have the right, at our own expense, to have any covered person examined by a physician of our choosing, as often as may be reasonably required while a claim is pending.

PAYMENT OF CLAIMS

After receiving a clean electronic claim, we pay all benefits then due under this certificate within 25 days. After receiving a clean written claim, we pay all benefits then due under this certificate within 35 days.

Should there be a delay in such payment, interest shall be payable on the claim commencing on the 26th day for clean electronic claims and the 36th day on clean written claims, at a rate of 1.5% per month thereof until the claim is paid. If we do not pay when due, you may bring action to recover such benefits and other damages.

We will make payments to you unless you assign such payments. Any amounts unpaid at your death may, at our option, be paid either to the named beneficiary or your estate.

If benefits are payable to your estate or a beneficiary who cannot execute a valid release, we will pay benefits up to **[**$1,000**]** to someone related to you or your beneficiary by blood or marriage that we consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

As used in this section, “clean claim” means a claim received by us for adjudication which requires no further information, adjustment or alteration by the provider of the services or you in order to be processed and paid by us. A claim is clean if it has no defect or impropriety, including any lack of substantiating documentation, or particular circumstances requiring special treatment that prevents timely payment from being made on the claim. A clean claim includes resubmitted claims with previously identified deficiencies corrected.

ASSIGNMENT

An assignment of the coverage under the policy is not binding on us, unless:

1. it is a written request; and
2. it is received and recorded by us at our home office.

We are not responsible for the validity of any assignment. An assignment is subject to any payment we make or other action we take before we record the assignment. An assignee may not change the owner or beneficiary.

CLAIM INFORMATION (Continued)

OVERPAID CLAIM

We have the right to recover any overpayments due to:

1. fraud; or
2. any error we make in processing a claim.

You must reimburse us in full. We will work with you to develop a reasonable method of repayment if you are financially unable to repay us in a lump sum.

We will not recover more money than the amount we overpaid.

UNPAID PREMIUM

Any unpaid premium that is due may be deducted from the payment of the covered person's claim.

CLAIM REVIEW

If a claim is denied, we will give written notice of:

1. the reason for denial; and
2. the policy provision that relates to the denial; and
3. the right to ask for a review of the claim; and
4. any additional information that might allow us to change our decision.

You may, upon written request, read any reports that are not confidential. For a small fee, we will make copies of those reports for your use.

APPEALS PROCEDURE

Prior to filing any lawsuit and within 60 days after denial of a claim, you or your beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial.

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GLOSSARY

(Glossary may contain terms that are not included in your coverage)

Accident means a sudden, unforeseen and unexpected event which occurs without the covered person's intent which results in an injury to the covered person independent of disease, infirmity or any other cause.

Active employment means you are working for your employer for earnings that are paid regularly and that you are performing the material and substantial duties of your regular occupation. For the purposes of this coverage:

1. you must be working at least the minimum number of hours as described under the Eligible Class(es); and
2. you will be deemed to be in active employment on a day which is not the employer's scheduled work days only if you were actively employed on the preceding scheduled work day.

Your work site must be:

1. your employer's usual place of business; or
2. an alternative work site at the direction of your employer; or
3. a location to which the job requires you to travel.

Normal vacation is considered active employment. However, if vacation days are used to cover sickness or injury, those days are not considered active employment. Temporary and seasonal workers are excluded from coverage.

Ambulatory surgical center means a licensed surgical center consisting of an operating room, facilities for the administration of general anesthesia and a post surgery recovery room in which the patient is admitted to, and discharged from, within a period of less than 24 hours.

Calendar year means a consecutive 12 month period beginning on January 1st of each year and ending on December 31st of the same year.

Complications of pregnancy mean any of the following:

1. a condition whose diagnosis is distinct from pregnancy but that is adversely affected by or caused by pregnancy, such as acute nephritis or nephrosis, cardiac decompensation, missed abortion, or similar medical and surgical conditions of comparable severity; and
2. a non-elective caesarean section; and
3. termination of ectopic pregnancy; and
4. spontaneous termination of pregnancy during a period of gestation in which a viable birth is not possible.

Complications of pregnancy do not include: false labor; or occasional spotting; or morning sickness; or body aches; or body pains; or prescribed rest; or hyperemesis gravidarum; or pre-eclampsia; or premature births; or multiple births (twins, triplets, etc.); or any condition caused by the pregnancy that places the covered person or the pregnancy at risk.

Confined or **confinement** means admitted to and confined as an inpatient in an institution for which a room and board charge is made by the institution. It does not include confinement for an observation room.

Continuous confinement means one continuous confinement or two or more confinements not separated by more than 24 hours. If there are more than 24 hours between confinements, they are considered separate confinements.

Cosmetic means surgery or other treatment to improve a person's appearance which is not required for treatment of a sickness or injury.

Coverage anniversary means the same day and month each year as the effective date of the policy or certificate for each succeeding year the policy or certificate remains in force.

Coverage year means a consecutive 12 month period during which your insurance is in force. The first coverage year begins on the effective date of your insurance under the group policy and ends after 12 consecutive months of coverage. Dependents added later will have the same coverage year as you.

Covered person means any of the following:

1. any eligible family member (including the employee or member) named on the enrollment form and acceptable for coverage by us; or
2. any eligible family member added by endorsement after the effective date; or
3. a newborn child or adopted child.

GLOSSARY (Continued)

Day means a 24 hour period.

Domestic partner means your same-sex or opposite-sex partner who is eligible for coverage provided that:

1. both you and your same-sex or opposite-sex partner must be considered as domestic partners according to the law of your state of residence; or
2. if your state of residence has no domestic partnership law, you must satisfy the definition of domestic partner as defined by the policyholder.

Emergency treatment center means the emergency room of a hospital or ambulatory surgical center, or satellite emergency center of a hospital.

Employee means a person who is: (a) a citizen or resident of the United States or one of its territories; and (b) in active employment with the employer or is a member in good standing in the labor union, association or other entity named as the policyholder.

Employer means the individual, company or corporation where the employee or member is in active employment, and includes any division, subsidiary, or affiliated company named in the policy.

Family coverage means coverage that includes you, as defined, your eligible spouse or domestic partner and children.

Grace period means a period of 31 days following the premium due date during which premium payment may be made.

Hospital means a legally operated institution with established facilities (either on its premises or available to the hospital on a contractual, pre-arranged basis and under the supervision of a staff of one or more duly licensed physicians), for the care and treatment of sick and injured persons for diagnosis, surgery, and 24 hour nursing service. Hospital does not include:

1. any institution which is mainly a rest home, nursing home, convalescent home, or home for the aged; or
2. any institution which is mainly for the care and treatment of alcoholics or drug addicts, or mental or nervous disorders.

Hospital intensive care unit means a hospital area of special care, including cardiac and coronary care units, surgical intensive care units or cardiovascular intensive care units, which at the time of admission are separate and apart from the surgical recovery room, or other rooms, beds or wards normally used for patient confinement. In addition, such a unit must provide the following:

1. 24 hour continuous nursing care and attendance by nurses assigned to the unit on a full-time basis; and
2. direction and/or supervision by a full-time physician director or a standing “intensive care” committee of the medical staff; and
3. special medical apparatus used to treat the critically ill.

The following do not qualify as “Hospital intensive care units”:

1. progressive care units;
2. sub-acute intensive care units;
3. intermediate care units;
4. private rooms with monitoring;
5. step-down units; or
6. any other lesser care treatment units.

Individual and child(ren) coverage means coverage that includes only you, as defined, and eligible children.

Individual and spouse coverage means coverage that includes only you, as defined, and your eligible spouse or domestic partner.

Individual coverage means coverage that includes only you, as defined.

GLOSSARY (Continued)

Initial enrollment period means one of the following periods during which you may first apply in writing for coverage under the policy:

1. if you are eligible for coverage on the policy effective date, a period before the policy effective date as set by us and the policyholder; or
2. if you become eligible for coverage after the policy effective date, the period ending 31 days after the date you are first eligible to apply for coverage.

Injury means accidental bodily injury to a covered person, as the result of an accident while coverage under the policy is in force, and the injury is the direct cause of the loss independent of disease, bodily infirmity or any other cause. All injuries sustained in any one accident and all complications and recurrences of complications are considered to be a single "injury".

Inpatient means a covered person who is a resident patient using the room and board facilities of an institution.

Insured employee or member means the employee or member accepted for coverage by us who has completed and signed the enrollment form and whose name appears on the certificate specification page.

Issue day means the same day of the month as the effective date of coverage.

Material and substantial duties mean duties that:

1. are normally required for the performance of your regular occupation; and
2. cannot be reasonably omitted or modified, except that if you are required to work on average in excess of 40 hours per week. We will consider you able to perform that requirement if you are working or has the capacity to work 40 hours per week.

Member means a member in good standing in a labor union, association or other entity named as the policyholder and who is: (a) a citizen or resident of the United States; and (b) is (1) engaged in, or (2) able to engage in and currently seeking, active employment.

Mental or nervous disorder means a psychiatric or psychological condition regardless of cause, such as schizophrenia, depression, manic depressive or bipolar illness, anxiety, post traumatic stress disorder, personality disorders and/or adjustment disorders or other conditions. These conditions are usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar methods.

Nurse means any one of the following who is not a member of the covered person's immediate family:

1. licensed practical nurse (L.P.N.); or
2. licensed vocational nurse (L.V.N.); or
3. graduate registered nurse (R.N.).

Payable claim means a claim for which we are liable under the terms of the policy.

Physician means:

1. a person performing tasks that are within the limits of his or her medical license; and
2. a person who is licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
3. a person who is a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in.

We will not recognize you, your spouse or domestic partner, children, parents, or siblings as a physician for a claim.

Policyholder means the legal entity to whom the policy is issued.

Re-enrollment period means a period of time as set by the policyholder and us during which you may apply, in writing, for coverage under the policy, or change coverage under the policy if currently enrolled.

GLOSSARY (Continued)

Residential treatment facility means an institution which provides coordinated inpatient treatment of mental or nervous disorders or chemical dependency by trained medical personnel and counselors pursuant to a written treatment plan approved and monitored by a physician. The institution must also be affiliated with a hospital under a contractual agreement with an established system for patient referral, be accredited as a treatment facility by the Joint Commission on Accreditation of Hospitals, and licensed, certified or approved as a mental health or chemical dependency treatment program or center by any federal, state or municipal agency having legal authority to so license, certify or approve.

Sickness means an illness or disease that must begin while the covered person is insured under the policy.

Skilled nursing facility means an institution that meets all of the following standards:

1. it is licensed by the state in which it is located; and
2. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
3. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
4. its primary function is to provide nursing care, and room and board; and the facility charges for these services. The care must be performed under the direction of a licensed physician or licensed nurse; and
5. it is not a hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the treatment of alcoholism, mental illness or drug abuse.

Surgery means manual procedures involving cutting of body tissue, debridement or permanent joining of body tissue for repair of wounds, treatment of fractured bones or dislocated joints, endoscopic procedures, and other manual procedures, when used in lieu of cutting for purposes of removal, destruction or repair of body tissue.

Temporary layoff or **leave of absence** or **family and medical leave of absence** means you are absent from active employment for a period of time that has been agreed to in advance in writing by the current employer.

Normal vacation time or any period of disability is not considered a temporary layoff or leave of absence.

We, **us** and **our** means American Heritage Life Insurance Company.

(This space intentionally left blank.)



AMERICAN HERITAGE LIFE INSURANCE COMPANY
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

THIS IS A GROUP HOSPITAL INDEMNITY ONLY CERTIFICATE WHICH PROVIDES LIMITED BENEFITS AS STATED WITHIN THIS CERTIFICATE

READ YOUR CERTIFICATE CAREFULLY

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

ENDORSEMENT

This endorsement is made a part of the certificate to which it is attached. Every definition, term, condition, and provision of the certificate applies to this endorsement, unless otherwise defined or provided in this endorsement.

I. The following sentence is added to the end of the first paragraph in the PAYMENT OF CLAIMS provision under the CLAIM INFORMATION section:

> After receiving a resubmitted claim with the supporting documentation and information we requested, we pay all benefits then due within 20 days.

II. The interest rate referenced in the second paragraph of the PAYMENT OF CLAIMS provision under the CLAIM INFORMATION section is deleted and replaced with a rate of 3% per month.

III. The following sentence is added to the end of the second paragraph in the PAYMENT OF CLAIMS provision under the CLAIM INFORMATION section:

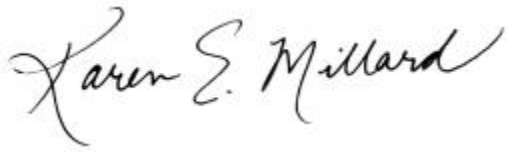
> If it is determined in such action that we acted in bad faith as evidenced by a repeated or deliberate pattern of failing to pay benefits and/or claims when due, damages may be recovered in an amount up to 3 times the amount of the benefits that remain unpaid until the claim is finally settled or adjudicated.

IV. The following sentence is added to the end of the last paragraph in the PAYMENT OF CLAIMS provision under the CLAIM INFORMATION section:

> Errors, such as system errors, attributable to us, do not change the clean claim status.

All other requirements of the certificate not specifically stated within this endorsement still apply.

This endorsement will be attached to and form a part of the certificate, and will not be held to alter or affect any of the terms of such certificate other than as specifically stated, but not unless the company has executed this endorsement.



Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

ENDORSEMENT

This endorsement is made a part of the policy or certificate to which it is attached. All definitions, exclusions, limitations, terms, conditions, and provisions of the policy or certificate apply to this endorsement. If there is a conflict between this endorsement and the policy or certificate, this endorsement will control.

The policy and certificate are changed to require at least 75 days' advance written notice of any change in premium rates.

All other requirements of the policy or certificate not specifically stated within this endorsement still apply.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.



Secretary

MS201



Important Privacy Policy Notice

At Allstate Benefits ("AB"), we value you as a customer. We also share your concerns about privacy. We are sending this notice to explain how we treat personal information ("customer information") that is not public. This is information that we obtain from you or other sources when we provide you with products and services.

We want you to know that: we respect your privacy; and we protect your information.

- We do not sell customer information.
- We do not share your information with: persons; companies; or organizations outside of AB that would use that information to contact you about their products and services.
- We expect persons or organizations that provide services on our behalf to keep your information confidential. We also expect them to use your information only to provide the services we've asked them to perform.
- We communicate to our employees about the need to protect your information. We have established safeguards (these are physical, electronic and procedural) to protect this information.

Below are answers to questions that you might have about privacy. You may be wondering...

What do we do with your information?

AB does not sell your customer or medical information to anyone. We do not share it with companies or organizations outside of AB that would use that information to contact you about their own products and services. If this were to change, we would offer you the option to opt out of this type of information sharing. Also, we would obtain your consent before we share medical information for marketing purposes.

Your agent or broker may use your information to help you with your insurance needs. We may also communicate with you about products, features, and options in which you have expressed an interest. Without your consent, we may provide your information to persons or organizations in and out of AB. This would be done as permitted or required by law. We may do this to:

- Fulfill a transaction you have requested.
- Service your policy.
- Market our products to you.
- Investigate or handle claims.
- Detect or prevent fraud.
- Participate in insurance support organizations (Information from a report by an insurance support organization may be retained by that organization and distributed to other persons.).
- Comply with lawful requests from regulatory and law enforcement authorities.

These persons or organizations may include:

- Our affiliated companies.
- Companies that perform services, including marketing, on our behalf.
- Other financial institutions with which we have an agreement for the sale of financial products.
- Other insurance companies to perform their role in an insurance transaction involving you.
- Businesses that conduct actuarial or research studies.
- Persons requesting information pursuant to a subpoena or court order.
- Your agent or broker.
- An employer, if your premiums are payroll deducted.
- The creditor who sold you insurance, if your policy is credit insurance.

What kind of customer information do we have, and where did we get it?
Much of the information that we have about you comes from you. When you perform certain transactions, you may give us information such as your name, address, and Social Security number. These transactions include when you submit: an application for insurance; a request for insurance; a request for products and services we offer; or a request for an insurance quote. We may have contacted you by telephone or mail for additional information. We keep information about the types of services you purchase from us and our affiliates. Examples of this include premiums, fund values, and payment history. We may collect information from outside sources such as consumer reporting agencies and health care providers. The information we collect may include the following:

- Motor vehicle reports.
- Credit reports.
- Medical information.

How do we protect your customer information?
We expect any company with whom we share your information to use it only to provide the service we have asked them to perform. Information about you is also available within AB to those individuals who may need to use it to fulfill and service the needs of our customers. We communicate the need to protect your information to all employees and agents. We especially communicate this need to individuals who have access to it. Plus, we have established physical, electronic, and procedural safeguards to protect your information. Note that if your relationship with us ends, your information will remain protected. This protection will be provided according to our privacy practices outlined in this Important Notice.

How can you find out what information we have about you?
You may request to see, or obtain by mail, the information about you in our records. If you believe that our information is incomplete or inaccurate, you may request that we correct, add to, or delete from the disputed information. In order to fulfill your request, we may make arrangements to copy and disclose your information to you on our behalf. This may be done with an insurance support organization or a consumer reporting agency. You may also request a more complete description of the entities to which we disclose your information, or the conditions that might warrant such disclosures. Please send any of the requests listed above in writing to:

AB
Policyholder Services (Privacy Section)
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

If you are an Internet user …
Our website, www.allstatebenefits.com, provides information about AB, our products, and the agencies and brokers that represent us. You may also perform certain transactions on the website. When accessing www.allstatebenefits.com, please be sure to read the Privacy Statement that appears there. To learn more, the www.allstatebenefits.com Privacy Statement provides information relating to your use of the website. This includes, for example:

1) our use of online collecting devices known as “cookies”;
2) how we collect information such as IP address (the number assigned to your computer when you use the Internet), browser and platform types, domain names, access times, referral data, and your activity while using our site;
3) who should use our website;
4) the security of information over the Internet;
5) links and co-branded sites.

We hope you have found this notice helpful. If you have any questions or would like more information, please don’t hesitate to contact your agent or write us at:

AB
Policyholder Services (Privacy Section)
1776 American Heritage Life Drive
Jacksonville, FL 32224-6687

This notice is being provided on behalf of the following companies:

American Heritage Life Insurance Company
Bluegrass Life Insurance Company
Acme United Insurance Company
SMA Life Assurance Company
Holiday Life Insurance Company
Kentucky Home Mutual
Keystone State Life
National Guardian Life



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

EFFECTIVE APRIL 14, 2003

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of our Plan's customers' Protected Health Information, to provide those customers with notice of our legal duties and privacy practices with respect to Protected Health Information, and to send notification to affected customers if there is a breach of unsecured Protected Health Information. If your state provides privacy protections that are more stringent than those provided by HIPAA, we will maintain your Protected Health Information in accordance with the more stringent state standard.

This Notice applies to "Protected Health Information" associated with "Health Plans" issued by American Heritage Life Insurance Company.

This Notice describes how we may use and disclose Protected Health Information to perform claims handling, payment, general insurance operations, and for other purposes that are permitted or required by law. Use or disclosure of your Protected Health Information for the purposes described in this Notice may be made in writing, orally, or by electronic means.

We are required to abide by the terms of this Notice. However, we may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all of your Protected Health Information that we maintain, including any information we created or received prior to issuing the new notice. If we make a material revision to our Privacy Notice, copies will be sent to you if you are then currently insured under our Plan.

Protected Health Information means information about you that is created or received by us and during the administration of coverage under the Plan, which identifies you or for which there is a reasonable basis to believe the information can be used to identify you and that relates to:

1) the past, present or future physical or mental health condition of the individual; or
2) the provision of health care to the individual; or
3) the past, present or future payment for the provision of health care to the individual.

Uses and Disclosures of Protected Health Information With Your Written Authorization

Except as described in the next section of this Notice, we will not use or disclose your Protected Health Information for any purpose unless you have signed a form authorizing the use or disclosure. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes, and disclosures that constitute a sale of Protected Health Information will be made only with your authorization. You have the right to revoke that authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization; or the authorization was obtained as a condition of obtaining coverage, to the extent that other law allows the insurer to contest a claim under the policy or the policy itself.

Uses and Disclosures of Protected Health Information Without Your Written Authorization

For Payment. We may make use of and disclose your Protected Health Information without your written authorization as may be necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims or certify these services are covered under your Plan.

For Plan Administrative Operations. We may make use of and disclose your Protected Health Information without your written authorization as necessary for our Plan administrative operations. Plan administrative operations include our usual business activities, examples of which are management, licensing, peer review, quality improvement and assurance, enrollment, underwriting, reinsurance, compliance, auditing, rating, claims handling, complaint handling and other functions related to your Plan. We are prohibited from using or disclosing genetic information for underwriting purposes.

To Individuals Involved In Your Care. We may, without your written authorization, for the purposes of treatment, payment or Plan administrative operations, disclose the fact that you are covered under a Plan or that payment has been processed to a family member, other relative, your close personal friend or any other person you may identify. In these circumstances, we would not disclose any Protected Health Information which is not directly relevant to that person's involvement with your care or with payment for your care.

If you have designated a person to receive information regarding payment of the premium or pay premium via credit card, we may inform that person or credit card facility when your premium has not been paid or received by us.

We may also disclose limited Protected Health Information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

To Our Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations. Examples of these may include, but are not limited to our duly appointed insurance agents, financial auditors, reinsurers, legal services, enrollment and billing services, claim payment and medical management services. We may provide access to your Protected Health Information without your written authorization to one or more of these outside persons or organizations who assist us with payment or Plan administrative operations. We require these business associates to appropriately safeguard the privacy of your information.

To Plan Sponsors. If you are enrolled in a group health plan, we may share summary health information with your employer, union, or other employee organization that sponsors and maintains the group health plan, for purposes of obtaining premium bids; or modifying, amending, or terminating the group health plan; or enrollment and disenrollment information. Summary health information excludes genetic information.

For Other Products and Services. We may contact you without your written authorization to provide information regarding Plan upgrades or additional benefits that may be of interest to you. For example, we may use the fact that you currently are insured under a Plan for the purpose of communicating to you about changes to our Plan or products that could enhance or add value to existing coverage.

For Disclosure With Authorization. Unless otherwise excluded in this notice, we will not disclose any other Protected Health Information to any person or entity not specifically mentioned elsewhere in this Notice without your express written authorization.

For Other Uses and Disclosures. We are permitted or required by law to make some other uses and disclosures of your Protected Health Information without your authorization. We may release your Protected Health Information:

- if required by law to a government authorized health oversight agency or company conducting audits, investigations, or civil or criminal proceedings.

- if required to do so by a court or administrative ordered subpoena or discovery request. In most cases you will have notice of such a release.

- for public health activities, such as required reporting of disease, injury, birth and death and for required public health investigations.

- as required by law if we suspect child abuse or neglect or if we believe you to be a victim of abuse, neglect or domestic violence.

- to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls.

- to law enforcement officials as required by law to report wounds, injuries or crimes.

- to coroners, medical examiners and/or funeral directors consistent with law.

- for a national security or intelligence activity or, if you are a member of the military, as required by the armed forces.

- to workers' compensation agencies or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Your Rights

Right to Inspect and Copy Your Protected Health Information. You may have access to our records that contain your Protected Health Information in order to inspect and obtain copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from our Privacy Officer and submit the completed form to our Privacy Office. If you request copies, we may charge you copying and mailing costs. If you request a copy of your Protected Health Information in electronic form, we will provide it to you electronically only if the record is readily producible in electronic form.

Right to Amend Your Protected Health Information. You have the right to request that we amend your Protected Health Information maintained in our enrollment, payment, claims adjudication and case or medical management records, or other records we use to make decisions about you. If you desire to amend these records, please obtain an amendment request form from our Privacy Officer and submit the completed form to our Privacy Office. We will comply with your request unless special circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

Right to an Accounting of the Disclosures of Your Protected Health Information. Upon request, you may obtain an accounting of certain disclosures of your Protected Health Information made by us on or after April 14, 2003, excluding disclosures made earlier than six years before the date of your request. If you request an accounting more than once during any 12 month period, we will charge you a reasonable fee for the subsequent accounting statements.

Right to Request Confidential Communications. We will accommodate your reasonable request to receive communications of your Protected Health Information from us by alternative means of communication or at alternative locations if the request clearly states that disclosure of that information could endanger you.

Right to Request Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on some of our uses and disclosures of your Protected Health Information to family members and others involved in your care or payment for care; or some of our uses and disclosures used to carry out treatment, payment, or Plan administrative operations, by notifying us of your request for a restriction in writing mailed to the contact identified at the end of this Notice. Your request must describe in detail the restriction you are requesting. We are not required to agree to your restriction request but will attempt to accommodate your requests. We retain the right to terminate an agreed-to restriction. In the event of a termination of an agreed-to restriction by us, we will notify you of such termination, but the termination will only be effective for Protected Health Information we receive after we have notified you of the termination. You also have the right to terminate any agreed-to restriction by contacting us using the "Contact Information" provided at the end of this Notice.

Personal Representatives. You may exercise your rights through a personal representative who will be required to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or if you are the parent of a minor child. We reserve the right to deny access to your personal representative.

Right to Receive Paper Copy of this Notice. You may obtain a copy of this Notice. You may obtain a paper copy of this Notice even if you agreed to receive such notice electronically. Please contact us and we will mail it to you.

Complaints

If you believe your privacy rights have been violated, you can file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Plan, send it in writing to the "Contact Information" at the address listed at the end of this Notice. There will be no retaliation for filing a complaint.

You may obtain a copy of this Notice by writing to us at the contact address below.

Contact Information

If you have questions or need further assistance regarding this Notice, you may contact:

Allstate Benefits
Attn: HIPAA Privacy Officer

1776 American Heritage Life Drive
Jacksonville, Florida 32224

Or, you may telephone the Customer Care Center at 1-800-521-3535.

NOTICE OF PROTECTION PROVIDED BY MISSISSIPPI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Mississippi Life and Health Insurance Guaranty Association (the "Association") and the protection it provides for policyholders. This safety net was created by Mississippi law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity or health insurer becomes financially unable to meet its obligations. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Mississippi law, with funding from assessments paid by other insurance companies. (For the purposes of this notice, the terms "insurance company" and "insurer" include health maintenance organizations (HMOs).)

The basic protections provided by the Association are:

- Life Insurance
  - $300,000 in death benefits
  - $100,000 in net cash surrender and net cash withdrawal values
- Health Insurance
  - $500,000 for health benefit plans (see definition below)
  - $300,000 in disability income insurance benefits
  - $300,000 in long-term care insurance benefits
  - $100,000 in other types of health insurance benefits
- Annuities
  - $250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $300,000. Special rules may apply with regard to health benefit plans.

"Health benefit plan" is defined in Miss. Code Ann. § 83-23-209 and generally includes hospital or medical expense policies, contracts or certificates, or HMO subscriber contracts that provide comprehensive forms of coverage for hospitalization or medical services, but excludes policies that provide coverages for limited benefits (such as dental-only or vision-only insurance), Medicare Supplement insurance, disability income insurance and long-term care insurance (LTCI).

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Mississippi law. Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, limitations and exclusions, as well as protections relating to group contracts or retirement plans, please visit the Association's website at www.mslifega.org, or contact:

Mississippi Life & Health Insurance Guaranty Association
330 North Mart Plaza
Jackson, MS 39206-5327
601-981-0755

Mississippi Insurance Department
Woolfolk Building
501 N. West Street, Suite 1001
Jackson, MS 39201
601-359-3569

To file a complaint or seek information about the financial condition of an insurer, contact the Mississippi Insurance Department.

Your insurer is required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation or inducement to purchase any form of insurance.

MSGA (1/21)

Consumer Complaint Notice

If you are a resident of New Mexico, your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If you have concerns regarding a claim, premium, or other matters relating to this coverage, you may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at:

https://www.osi.state.nm.us/ConsumerAssistance/index.aspx

ATTACH THIS NOTICE TO YOUR CERTIFICATE:

This notice is for information only and does not become a part of the certificate.

NMCN

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

NOTICE OF NON-INSURANCE VALUE-ADDED PRODUCTS OR SERVICES

American Heritage Life Insurance Company ("we," "us," "our") may arrange for third party vendors to offer or provide value-added products or services to eligible covered persons insured with us at no or reduced cost.

The value-added products or services offered or provided are:

- Not specified in the policy or certificate;
- Related to the insurance coverage; and
- Primarily designed to satisfy one or more of the following:
  - Provide loss mitigation or loss control;
  - Reduce claim costs or claim settlement costs;
  - Provide education about liability risks or risk of loss to persons or property;
  - Monitor or assess risk, identify sources of risk, or develop strategies for eliminating or reducing risk;
  - Enhance health;
  - Enhance financial wellness through items such as education or financial planning services;
  - Provide post-loss services;
  - Incent behavioral changes to improve the health or reduce the risk of death or disability of a policyholder, potential policyholder, certificate holder, potential certificate holder, insured, potential insured, or applicant; or
  - Assist in the administration of the employee or retiree benefit insurance coverage.

The cost for the value-added products or services may be either billed directly to you or remitted to us by the policyholder, as agreed to by the policyholder.

Third party vendors are solely liable for providing the value-added products or services. We will not be responsible for third party vendors providing or failing to provide the value-added products or services to eligible covered persons. We will not be liable to eligible covered persons for the negligent provision of the value-added products or services by third party vendors.

The value-added products or services may automatically terminate with the policy or certificate. We reserve the right to terminate, modify, or replace any value-added products or services at any time with 31 days' advance written notice to the policyholder.