



Accelerated Death Benefits Illustration

Name of Employee/Applicant:	Policy Number:	Date:
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Policyholder/Employer's Name

This form is to notify you of the effect an Accelerated Benefit payment may have on your coverage.

Please Note: Accelerated Benefits may be taxable and may affect your eligibility for Medicaid or other government benefits and entitlements. You should consult a personal tax or legal advisor regarding the taxation of Accelerated Benefits or its affect on entitlement to government benefits.

Accelerated Benefits may be paid only once during your lifetime. If you die before the Accelerated Benefit is paid, then your life insurance benefits will be paid in accordance with the Benefit Payment And Beneficiary provisions.

An Accelerated Benefit is not payable if:

1. You have assigned all or part of your Life Insurance, unless you provide us with written consent from the assignee.
2. All or part of your Life Insurance is payable to your children, or your spouse or former spouse under a court approved divorce decree, separate maintenance agreement, or property settlement agreement.
3. You are married and live in a community property state, unless you provide us with written consent from your spouse. You have previously received an Accelerated Benefit.

For illustrational purposes only. The following demonstrates the effect that an Accelerated Death Benefit payment will have on your life Insurance benefits.

Original Term Life Amount:	\$ _____
Less Accelerated Benefit Payment: (Assuming full acceleration is elected)	\$ _____
Remaining Term Life Amount:	\$ _____
Monthly Premium on Remaining Term Life Amount:	\$ _____ (SUBJECT TO CHANGE AT RENEWAL)

Officer's Signature:	Date:
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Print Name:	Title:
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