

SERFF Tracking Number: VFCP-125737190 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 39661  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AR AHL Base  
Project Name/Number: /

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: AR AHL Base	SERFF Tr Num: VFCP-125737190	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 39661
Sub-TOI: L08.000 Life - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Ted Keating	Disposition Date: 08/05/2008
	Date Submitted: 07/17/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association
Filing Status Changed: 08/05/2008	
State Status Changed: 08/05/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Filing description included within the cover letter.	

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - visionfinancialcorporation)

Ted Keating, Compliance- Filing Coordinator tkeating@visfin.com  
17 Church Street (800) 635-4467 [Phone]

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Product Name: AR AHL Base  
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Keene, NH 03431 (603) 357-0250[FAX]

**Filing Company Information**

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida  
1776 American Heritage Life Drive Group Code: 8 Company Type: Life  
Jacksonville, FL 32224 Group Name: State ID Number:  
(800) 635-4467 ext. 267[Phone] FEIN Number: 59-0781901  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$900.00  
Retaliatory? No  
Fee Explanation: 18 Forms @ \$50.00 = \$900.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$900.00	07/17/2008	21467712

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/05/2008	08/05/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	07/18/2008	07/18/2008	Ted Keating	07/31/2008	07/31/2008
Industry Response						

SERFF Tracking Number: VFCP-125737190 State: Arkansas  
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## Disposition

Disposition Date: 08/05/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: VFCEP-125737190 State: Arkansas  
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 39661  
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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: AR AHL Base  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Complaint Notice		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter	Withdrawn	Yes
Supporting Document	Filing Authorization		Yes
Supporting Document	Form List		Yes
Supporting Document	Declination of Future Purchase Option		Yes
Supporting Document	Endorsement		Yes
Supporting Document	Annual Statement		Yes
Supporting Document	Illustration Certification		Yes
Supporting Document	Readability Certification		Yes
Supporting Document	Sample Illustration		Yes
Supporting Document	Spec Pages		Yes
Supporting Document	Statement of Variability		Yes
Form (revised)	Enrollment Form		Yes
Form	Enrollment Form	Withdrawn	Yes
Form (revised)	Enrollment Form		Yes
Form	Enrollment Form	Withdrawn	Yes
Form	Disclosure for Terminal Illness		Yes
Form	Group Policy Application		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Continuation of Coverage (Strike, Layoff) Rider		Yes
Form	Children's Term Rider		Yes
Form	Future Purchase Option Rider		Yes
Form	Certificate		Yes
Form	Certificate		Yes
Form	Policy		Yes
Form	Accelerated Death Benefit for Terminal		Yes

SERFF Tracking Number: VFCP-125737190 State: Arkansas  
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Illness

<b>Form</b>	Other Insured Level Term Rider	Yes
<b>Form</b>	Premium Waiver Rider	Yes
<b>Form</b>	Payor Waiver of Monthly Deduction Rider	Yes
<b>Form</b>	Payor Waiver of Premium Rider	Yes
<b>Form</b>	Level Term Insurance Rider	Yes
<b>Form</b>	Waiver of Monthly Deductions Rider	Yes

SERFF Tracking Number: VFCE-125737190 State: Arkansas  
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Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AR AHL Base  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/18/2008

Submitted Date 07/18/2008

Respond By Date

Dear Ted Keating,

This will acknowledge receipt of the captioned filing.

Objection 1

- Enrollment Form (Form)
- Enrollment Form (Form)

Comment: Ark. Code Ann. 23-66-502(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/31/2008

Submitted Date 07/31/2008

Dear Linda Bird,

### Comments:

### Response 1

Comments: Dear Ms. Bird,

Please review our updated cover letter.

### Related Objection 1

Applies To:

- Enrollment Form (Form)

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- Enrollment Form (Form)

**Comment:**

Ark. Code Ann. 23-66-502(a) requires a statement in an application substantially the same as that included in the statute.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Cover Letter

Comment:

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Enrollment Form	AWD4553 AR		Application/Enrollment Form	Revised	AWD4553 AR		AWD4553 AR[1].pdf
<b>Previous Version</b>							
<i>Enrollment Form</i>	<i>AWD4553</i>		<i>Application/Enrollment Form</i>	<i>Initial</i>			<i>awd4553 ahl.pdf</i>
Enrollment Form	AWD4553 VAR		Application/Enrollment Form	Revised	AWD4553 VAR		awd4553v AR.pdf
<b>Previous Version</b>							
<i>Enrollment Form</i>	<i>AWD4553 V</i>		<i>Application/Enrollment Form</i>	<i>Initial</i>			<i>awd4553v .pdf</i>

No Rate/Rule Schedule items changed.

Sincerely,  
 Ted Keating

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AWD4553AR	Application/ Enrollment Form	Revised	Replaced Form #: AWD4553AR Previous Filing #: AWD4553AR		AWD4553AR[1].pdf
	AWD4553VAR	Application/ Enrollment Form	Revised	Replaced Form #: AWD4553VAR Previous Filing #: AWD4553VAR		awd4553vAR.pdf
	AWD13513	Certificate Disclosure for Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AWD13513 - TI Disclosure.pdf
	GULAPP	Application/ Group Policy Enrollment Application Form	Initial			Group policyholder app.pdf
	GUADB	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			GUADB.pdf
	GUCDSL	Policy/Cont Continuation of ract/Fratern Coverage (Strike, al Layoff) Rider Certificate: Amendmen	Initial			GUCDSL.pdf

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	t, Insert Page, Endorseme nt or Rider		
GUCTR	Policy/Cont Children's Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GUCTR.pdf
GUFPO	Policy/Cont Future Purchase ract/Fratern Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GUFPO.pdf
GUL22CAR	Certificate Certificate	Initial	GUL22CAR.p df
GUL22CV	Certificate Certificate	Initial	GUL22CV.pdf
GUL22P	Policy/Cont Policy ract/Fratern al Certificate	Initial	GUL22P.pdf
GULBR	Policy/Cont Accelerated Death ract/Fratern Benefit for Terminal al Illness Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GULBR.pdf

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GUOIR	Policy/Cont Other Insured Level ract/Fratern Term Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GUOIR.pdf
GUPW	Policy/Cont Premium Waiver ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GUPW.pdf
GUPWMD	Policy/Cont Payor Waiver of ract/Fratern Monthly Deduction al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GUPWMD.pdf
GUPWP	Policy/Cont Payor Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GUPWP.pdf
GUTIR	Policy/Cont Level Term ract/Fratern Insurance Rider	Initial	GUTIR.pdf

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Product Name: AR AHL Base  
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GUWMD Policy/Cont Waiver of Monthly Initial GUWMD.pdf  
ract/Fratern Deductions Rider  
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Certificate:  
Amendmen  
t, Insert  
Page,  
Endorseme  
nt or Rider





**AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)**

**1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224**

Workplace Division

**ENROLLMENT [AND EVIDENCE OF INSURABILITY] FORM  
Group Universal Life**

**EMPLOYEE/MEMBER INFORMATION SECTION**  
(Please complete entire section)

- New Certificate
- Change Certificate \_\_\_\_\_
- Reinstatement \_\_\_\_\_

Please print with black ink

EMPLOYEE/MEMBER NAME Last First M.I.		<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)	<input type="checkbox"/> Married <input type="checkbox"/> Single
RESIDENCE ADDRESS		CITY		STATE	ZIP
EMPLOYER/ASSOCIATION/UNION		DATE HIRED (MM/DD/YEAR)		PHONE NUMBER	
OCCUPATION		PLANT OR DIVISION		ANNUAL SALARY \$	
Are you actively at work now and have you worked at least [20] hours each week performing all your duties at your regular occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____					

**PROPOSED INSURED'S INFORMATION SECTION**

(Please complete entire section unless employee/member is proposed insured; then complete information not provided above)

NAME (Last, First, M.I.)		<input type="checkbox"/> Emp./Mem. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)
RESIDENCE ADDRESS		CITY		STATE	ZIP	
OCCUPATION	EMPLOYER		ANNUAL SALARY \$		PHONE NUMBER	
OWNER'S NAME AND RESIDENCE ADDRESS		CITY		STATE	ZIP	
PRIMARY BENEFICIARY FULL NAME		AGE	RELATIONSHIP	CONTINGENT BENEFICIARY FULL NAME		AGE RELATIONSHIP
Are you adding any coverage or changing any of your existing coverage due to marriage, birth, adoption, employment status change, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate type of change: _____ Date of change _____ Current Certificate Number _____						

**DEPENDENT COVERAGE SECTION**

(Please complete if children's term and/or other insured's term rider coverage elected. Use additional paper if needed.)

Dependent's Name(s) (Last, First, M.I.)	Relationship	Sex	Date of Birth (MM/DD/YEAR)

**SELECTION OF COVERAGE SECTION**

<input type="checkbox"/> SI <input type="checkbox"/> CGI <input type="checkbox"/> GI (Employee only)]					Death Benefit Option <input type="checkbox"/> 1 <input type="checkbox"/> 2		Face Amount \$			Mode Premium \$
Life Riders	Rider	Rider	Rider	Rider	Rider	Rider	Rider	Rider	Rider	
Units/Amt										
Has any person to be insured used tobacco in any form in the last 12 months? If so, who? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No								Remarks		

<b>Premium/Billing Mode</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other				Case Number	Producer/ Agent Number	Percentage Credit
Date of First Deduction _____				Employee/Member ID		
Requested Issue Date _____				Situs State		



# ENROLLMENT [AND EVIDENCE OF INSURABILITY] FORM

## [ELECTRONIC ACCEPTANCE (Please check yes or no)]

By checking the "Yes" box below, I agree to electronic delivery of my certificate of insurance, describing my coverage under the group policy, and its accompanying notices ("my Certificates"). If electronically delivered, I will be provided instructions on how to receive my Certificate via the following address: [www.allstateatwork.com/mybenefits](http://www.allstateatwork.com/mybenefits).

To electronically receive my Certificate, I must use a computer that meets the following minimum requirements: (1) Operating system with a minimum of: (a) Pentium or higher processor, (b) 16 MB random access memory (RAM), (c) 20 MB of free hard drive space; (2) Operating system Windows® XP or higher or Windows® 2000 or higher; (3) Microsoft® Internet Explorer 6.x or greater; (4) Adobe® Reader 6.x or greater; (5) Internet connection.

My consent is valid while I am covered under the group certificate. At any time, I may withdraw my consent for any reason and receive a paper copy of my Certificate, free of charge, by calling, toll-free: 1-800-521-3535; or by writing to: Customer Care Center, American Heritage Life Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida, 32224.

YES, I agree to receive my Certificate electronically via the internet.

NO, I prefer to receive paper copies of my Certificate.]

## [Illustration Regulation Certification

The Certificateholder/Insured and the producer certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery of the certificate.  Yes  No] If no, complete the applicable illustration certification form.

## CERTIFICATION, UNDERSTANDING AND AUTHORIZATIONS (Please read, sign and date)

I CERTIFY that the statements and answers contained on this form are made by me, are complete and true, are correctly and fully recorded and that no important circumstance or information has been withheld or omitted. These statements and answers are offered to AHL as an inducement to grant insurance, and I understand that AHL may use misstatements or misrepresentations to contest the validity of any coverage provided on the basis of this Enrollment and Evidence of Insurability Form. **FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. [• I UNDERSTAND that the insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for. ] • I AUTHORIZE any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, or other organization, institution or person, that has records or knowledge of me or my health to give to AHL, its subsidiaries or its reinsurers, any information. I acknowledge receipt of the Important Notice About Privacy and MIB Notice form. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom insurance is requested. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying AHL in writing of my desire to do so. • I ALSO AUTHORIZE my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

Signed at: City/State: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_

Signature of Owner or Payor, if other than Insured: \_\_\_\_\_

**[Producer's Statement.** 1. To your knowledge, is change or replacement involved?  Yes  No  
(Must complete) 2. To your knowledge, does the proposed insured have existing coverage in force?  Yes  No  
3. I certify that to the best of my knowledge and belief the information on this enrollment form is complete, accurate and correctly recorded.

Signature of Producer: \_\_\_\_\_ Print Producer's Name: \_\_\_\_\_ ]

**IMPORTANT NOTICE ABOUT PRIVACY:**

In processing your application, an investigative report may be made. Information is obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general information and personal characteristics. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. No information obtained from the Medical Information Bureau pertaining to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) will affect the issuance or the underwriting of this coverage except, upon written consent, to be medically tested for HIV or AIDS and the results of such testing prove positive.

**GIN/MIB**

**(03/08)**

**MIB NOTICE:**

Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report to the Medical Information Bureau (Bureau), a non-profit organization of life insurance companies, which operates an information exchange for its members. If you apply to another Bureau member company for life or health insurance coverage or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau arranges disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, contact the Bureau and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is P.O. Box 105, Essex Station, Boston, MA 02112, PH. 866-692-6901 (TTY 866-346-3642 for hearing impaired). American Heritage Life Insurance Company or its reinsurers may release information in its file to other insurance companies that you apply to for life or health insurance, or submit a claim to for benefits. However, no specific information pertaining to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) will be disclosed to anyone outside the company or its employees, insurance affiliates, agents or reinsurers, except to a physician designated by the applicant, in writing, or in the absence of such designation, to the State Department of Health.

**GIN/MIB**

**(03/08)**



**Allstate**

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Workplace Division



**VIII. Simplified Issue Questions:**

1. [Employee]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 3. Child 1: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 2. [Spouse]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 4. Child 2: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	Proposed Insured:		[Spouse]		Child 1		Child 2	
	Yes	No	Yes	No	Yes	No	Yes	No
a. had a chronic disease (including, but not limited to heart disorder, stroke, cancer, diabetes, etc);	<input type="checkbox"/>							
b. been hospitalized; seen a physician (other than for colds, flu or normal pregnancy or a routine physical with no unfavorable results);	<input type="checkbox"/>							
c. been counseled for or excessively used alcohol or any type of drugs;	<input type="checkbox"/>							
d. had his/her driver's license suspended or revoked or been arrested for reckless or drunken driving and/or been involved in 3 or more motor vehicle accidents?	<input type="checkbox"/>							
4. Is any person proposed for insurance currently under the care of a physician?	<input type="checkbox"/>							
5. Has any person proposed for insurance ever been rated or declined for life insurance?	<input type="checkbox"/>							
6a. Has any person to be insured ever been diagnosed with hypertension or high blood pressure?	<input type="checkbox"/>							
6b. If 6a is yes, in the last year has that person had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once?	<input type="checkbox"/>							

**Details:** Provide full details of "yes" answers on Page 1 and 2. Include the diagnoses, date, duration, and names and address of all attending physicians and medical facilities.

Proposed Insured	Question #	Nature of Illness/Injury or Medical Attention/Reason Last Consulted	Date and/or Duration	Name & Address of Physician or Hospital/Clinic

*If more space is needed to provide details, attach a signed and dated additional sheet of paper.*

**[IX. Replacement:**

**Replacement:** Is this insurance to replace or change any existing life coverage? If yes, indicate product being replaced or changed and complete replacement form provided by your producer if required by your state.  Yes  No

**[Existing Insurance:** Is there any other life insurance in force or applied for on any person proposed for insurance? If yes, list company name, policy number, year issued, type of coverage, and amount of benefit.  Yes  No

**CERTIFICATION, UNDERSTANDING AND AUTHORIZATIONS: I CERTIFY** that the statements and answers contained on this form are made by me, are complete and true, are correctly and fully recorded and that no important circumstance or information has been withheld or omitted. These statements and answers are offered to American Heritage Life Insurance Company as an inducement to grant insurance, and I understand that American Heritage Life Insurance Company may use misstatements or misrepresentations to contest the validity of any coverage provided on the basis of this Enrollment and Evidence of Insurability Form.

**FRAUD WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly resents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

\*[ **I UNDERSTAND** that the **insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.**] \* **I AUTHORIZE** any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, or other organization, institution or person, that has records or knowledge of me or my health to give to American Heritage Life Insurance Company, its subsidiaries or its reinsurers, any information. I acknowledge receipt of the Important Notice About Privacy and the MIB Notice form, if applicable. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom insurance is requested. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying American Heritage Life Insurance Company in writing of my desire to do so. \* **I ALSO AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

[The Certificateholder/Insured and the agent certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery of the Certificate.  Yes  No]

SIGNED AT: ( City, State ) \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE OF [Employee/Payor]: \_\_\_\_\_  
 SIGNATURE OF [SPOUSE]: (if required) \_\_\_\_\_ SIGNATURE OF CHILD: (if required) \_\_\_\_\_

**[Agent's Statement:** 1. To your knowledge, does any proposed insured have existing coverage in force?  Yes  No  
 2. To your knowledge, is change or replacement involved?  Yes  No  
 3. I certify that to the best of my knowledge and belief the information in this enrollment form is complete, accurate and correctly recorded.]

[SIGNATURE OF LICENSED PRODUCER: \_\_\_\_\_] [PRINTED NAME OF PRODUCER: \_\_\_\_\_] [STATE LICENSE NUMBER: (if required by law) \_\_\_\_\_]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## **SUMMARY and DISCLOSURE STATEMENT for ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER** Provides for the Advance of a Portion of the Death Benefit due to Terminal Illness The benefit you receive under this rider may be taxable. Consult with your personal tax advisor.

### **Benefit Description**

If the insured incurs a terminal illness while coverage under the rider is in effect, we will pay a portion of the death benefit to the certificate holder upon receiving acceptable proof that the insured is terminally ill. A death benefit advance for terminal illness will only be paid one time under the rider.

### **Payment of Benefit**

After the effective date of the rider, and upon receiving proof that the insured has 12 months or less to live because of a terminal illness, the certificateholder may elect to receive a portion of the death benefit while the insured is still alive and while the rider is in force subject to the following conditions:

1. we receive a written request for a death benefit advance from the certificateholder; and
2. we receive written consent from any irrevocable beneficiaries or assignees; and
3. we receive a written opinion from the insured's physician that states the diagnosis of the insured's medical condition and that such medical condition is a terminal illness as defined by the rider; and
4. approval by our medical director; and
5. the certificate is more than 2 years from its maturity date.

### **Rider Benefit Amount**

The amount available for a death benefit advance is [75%] of the certificate's death benefit amount (excluding any term riders and accidental death benefit rider) on the insured's life subject to a maximum of [\$100,000].

### **Premiums**

There is no separate premium for this rider.

### **Impact of a Death Benefit Advance for Terminal Illness**

After payment of a death benefit advance for terminal illness, any amount later payable under the certificate as a death benefit is reduced by the amount of the death benefit advance before reductions for pro-rata loans and the current discount.

The discount rate we charge will be the greater of the 90 day Treasury Bill or Moody's Corporate Bond Yield Average-Monthly Average.

After the death benefit advance is made, the amount payable for surrender or available for a certificate loan is reduced by the same proportion as the death benefit amount.

We will waive the monthly deductions for the certificate and any riders attached to the certificate if the death benefit advance is paid.

Below is a sample \*illustration of the effect of a death benefit advance for terminal illness on a certificate. This illustration shows the effect on the death benefit amount, surrender value and loan value for the certificate before the death benefit advance for terminal illness is elected and immediately after the election is made.

	Before Election is Made *	Immediately After Election is Made *
Death Benefit Amount	\$100,000.00	\$ 25,000.00
Death Benefit Advance	\$0	\$75,000.00**
Fund Value	\$2,300.00	\$575.00
Surrender Charge	\$550.00	\$137.50
Surrender Value	\$1,750.00	\$437.50
Certificate Debt	\$1,000.00	\$250.00
Net Surrender Value	\$750.00	\$187.50
Maximum Loan Available	\$ 548.00	\$159.72

- The values shown above are for illustrative purposes only and assume the death benefit advance of [75%] is exercised at the beginning of the 10<sup>th</sup> year for a male, non-tobacco, age 35 at issue.
- \*\* The death benefit advance payment will be reduced first by any pro rata loan and the remaining sum is discounted at the discount rate. This results in a net death benefit advance payment of \$67,847.22.

The monthly deductions for the certificate are waived after the death benefit advance is made.

**Acknowledgement**

I acknowledge that I have received and read the summary and disclosure statement for accelerated death benefit for terminal illness rider which was furnished to me prior to signing the enrollment form.

\_\_\_\_\_  
Signature of Certificateholder

\_\_\_\_\_  
Date

Policyholder Application  
**American Heritage Life Insurance Company**  
 [Administrative Office: P.O. Box 506, Keene, N.H. 03431-0506]

Group Name:	Group Policy Number:
Address (No., Street, City, State & ZIP Code):	Policy Effective Date:
Contact Name, Phone # and Fax #:	

This is to advise American Heritage Life Insurance Company (AHL) that we would like to participate in your Insurance Program for the benefit of our [employees/members]. We authorize AHL, its authorized agents or enrollers, to offer each of the eligible [employees/members], as defined below, the opportunity to purchase the Insurance Program.

1. We will allow agents or enrollers to conduct an annual enrollment of all eligible persons. Eligible Persons are described as [employees/members] of the Policyholder[, and their dependents, ] who meets the eligibility requirements shown in the Insurance Schedule:
  - a. An eligible person must be [actively at work] on the date the enrollment form is signed.
2. We will provide AHL with employment census data in order that they may, based on their rules, determine proper enrollment eligibility.
3. We will provide AHL's authorized agents or enrollers direct access to its [employees] to solicit enrollment forms through group meetings and individual interviews in a suitable location on our property during normal business hours, or through any other means mutually agreed upon by both AHL and us. AHL reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
4. We will honor all Deduction Authorization forms signed by our current [employees], if any, for payment of the premium to AHL when due. The bills will normally be sent once each month for any premiums due and we shall forward all deductions to AHL's administrative office within 15 days of the receipt of the monthly billing. We shall maintain records of all premiums withheld on behalf of our [employees]. These records shall always remain open to inspection and audit by AHL during normal business hours and for two years after the program has been terminated.
5. We will maintain eligibility records and, on behalf of our [employees], report changes and terminations on a timely basis to AHL.
6. The following riders may be made available to our [employees/members] subject to state and/or underwriting approval. We indicate our selection of available riders by checking the appropriate boxes below:

	Accept	Decline
[Accidental Death Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Premium	<input type="checkbox"/>	<input type="checkbox"/>
Payor Waiver	<input type="checkbox"/>	<input type="checkbox"/>
Child Term Rider]	<input type="checkbox"/>	<input type="checkbox"/>

We may, upon written notice to AHL and to our [employees/members], discontinue our participation in AHL's Insurance Program. In such event, the continued payment of premiums will be coordinated between AHL and each [employee/member].

In the event of any misappropriation by us, our [employees/members] or agents, of funds owed to AHL, we shall reimburse AHL for their entire loss including attorney fees and expenses incurred in collection.

Will you pay for any of the premium for the coverage elected?  Yes  No

Will you pay for all of the premium for the coverage elected?  Yes  No

Enrollment Period: from \_\_\_\_\_ to \_\_\_\_\_.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer/Representative

\_\_\_\_\_  
Print Name and Title of Officer/Representative

\_\_\_\_\_  
Signature of Witness (Licensed Resident Agent as Required)

\_\_\_\_\_  
Print Name of Licensed Resident Agent

\_\_\_\_\_  
License Identification Number (as Required)

Please complete, sign and date this document. Return this document to AHL at the address above. Make a photocopy for your records.

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## ACCIDENTAL DEATH BENEFIT RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are paid in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Accidental Death.** Accidental death means death that:

1. resulted directly, and independently of all other causes, from accidental bodily injury; and
2. occurred within 180 days after the injury and occurred while the certificate and this rider were in force; and
3. is not excluded from coverage by the Limitations and Exclusions provision.

**Certificate.** The certificate to which this rider is attached.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

### ACCIDENTAL DEATH BENEFIT

We agree to pay to the beneficiary the rider amount shown on the certificate specifications page for accidental death after we receive due proof of the insured's accidental death.

### LIMITATIONS AND EXCLUSIONS

**Risks Not Covered.** The death benefit provided by this rider is not payable if the insured's death results, directly or indirectly, from any of the following causes or is contributed to, wholly or in part, by any of the following causes:

1. suicide, or any attempt at suicide, while sane or insane; or
2. bodily or mental infirmity or disease of any kind, even though the proximate or precipitating cause of death is accidental bodily injury; or
3. committing or attempting to commit an assault or felony; or
4. the intentional taking of:
  - a. any drug unless prescribed by a physician and used in the manner prescribed; or
  - b. alcohol; or
  - c. any poison or inhaling of gas or fumes; or
5. operating, riding in or descending from any kind of aircraft if the insured:
  - a. is a pilot, officer, or member of the crew; or
  - b. is being flown for the purpose of descent from such aircraft while in flight; or
  - c. is giving or receiving any kind of training or instruction; or
  - d. has any duties aboard such aircraft; or
6. insurrection or war, or any act attributable to war, whether or not the insured is in military service. The term "war" includes declared or undeclared war or any conflict, involving the armed forces of any country or countries.

### PREMIUMS

The annual premium for this rider is shown on the certificate specifications page. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

### TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the certificate anniversary on or next following the insured's 65<sup>th</sup> birthday; or
2. the date any premium for this rider or the certificate remains unpaid, subject to the grace period provision of the certificate; or
3. the date the insurance under the certificate matures, expires or otherwise terminates.

You may terminate this rider on any premium due date by written request.

**GENERAL**

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

**INCONTESTABILITY**

We cannot contest this rider after it has been in force while the insured is alive for 2 years from the rider date except for nonpayment of premiums.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

**Home Office**

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

**[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## CONTINUATION OF COVERAGE DURING A STRIKE OR LAYOFF RIDER

This rider is issued in consideration of the enrollment form for this rider. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

This rider provides for a continuation of coverage for all insureds during a strike or layoff.

**Strike.** Monthly deductions will be waived and coverage will continue during a strike between your union and your employer that is supported and/or sponsored by your national union headquarters, subject to the following terms and conditions:

1. monthly deductions will be waived and coverage will continue for up to a period of 6 months. Coverage under this provision will cease automatically at the end of the 6 month period if the strike is still in effect on such date. You will have the right to continue your coverage under the continuation of coverage provision of your certificate. If the strike ends before the end of the 6 month period, premium payment is to be resumed on the day after the strike ends.
2. You are not allowed to change your specified amount or death benefit option while your coverage is continued under this rider. Your specified amount for any period of continuous total disability that begins while your coverage is continued under this provision will be the amount in effect on the day before such strike begins.

**Layoff.** Monthly deductions will be waived and coverage will continue if you are laid off while this certificate is in force.

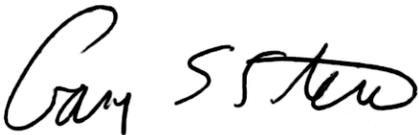
1. Monthly deductions will be waived for a period of up to 6 months each certificate year, subject to a maximum of three layoffs per certificate year.
2. We will not waive the monthly deductions if your layoff is a result of:
  - a. voluntary termination of your job; or
  - b. retirement; or
  - c. termination of your job because of performance reasons such as performance deficiencies, attendance problems or unacceptable behavior; or
  - d. routine, regularly-scheduled or seasonal shutdowns or layoffs.
3. Coverage under this provision will cease at the earliest of the following:
  - a. the monthly certificate date that coincides with or next follows the date you are re-employed by your employer, or employed by a new employer; or
  - b. the date you refuse to give us written proof of your continuing layoff, if we ask for it.

**Rider Termination.** This Rider will terminate on the earliest of the following events:

1. the certificate anniversary that coincides with or next follows your 60th birthday; or
2. the date you assign ownership of this certificate to another person.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

**Home Office**

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

**[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## CHILDREN'S TERM RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are paid in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Age.** Issue age is each insured child's age on his or her last birthday as of the rider date. Attained age is each insured child's age on his or her last birthday as of the most recent rider anniversary (or the rider date if this rider has been in force less than one year).

**Conversion Date.** The next monthly date after we receive a request for conversion.

**Insured Child.** An insured child under this rider is any natural child, [stepchild] or legally adopted child of the insured [or child of a domestic partner, civil union (or similar state designated term) partner] who is unmarried and financially dependent on the certificate insured for support and is:

1. more than 24 hours and less than 25 years of age on the rider date; or
2. born after the date of enrollment for this rider, is more than 24 hours and less than 25 years of age, and the certificate insured is named as parent on the child's birth certificate [or the domestic partner, civil union (or similar state designated) partner is named as parent on the child's birth certificate]; or
3. legally adopted by [or becomes the stepchild] of the certificate insured after the rider date for this rider and is more than 24 hours and less than 25 years of age.

**Certificate.** The certificate to which this rider is attached.

**Certificate Insured.** The person named as the insured in the certificate.

**Rider Beneficiary.** Any person and/or entity named in our records to receive the death benefit of this rider when an insured child dies.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

### DEATH BENEFIT ON INSURED CHILDREN

We pay the benefit amount shown for this rider on the certificate specification page(s) of the certificate to the rider beneficiary after we receive written proof that the death of an insured child occurred:

1. while this rider and the certificate are in force; and
2. before the insured child's 25<sup>th</sup> birthday.

### SUICIDE

**Insured Child.** If an insured child dies by suicide, whether sane or insane, within 2 years from the date he or she is insured, our liability for that insured child is limited to a return of all premiums paid for this rider.

**Certificate Insured.** In the event of suicide of the certificate insured within 2 years from the date of the enrollment for this rider, coverage for any insured children may be converted as explained in the Conversion Option for Insured Child provision of this rider.

### PREMIUMS

The annual premium for this rider is shown on the certificate specification page(s) of the certificate. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

### REINSTATEMENT

This rider may be reinstated upon reinstatement of the certificate if satisfactory evidence of insurability is furnished to us with respect to each insured child and for each insured within 15 days of the reinstatement of the certificate. The death of an insured child before the date of the reinstatement or evidence of insurability unsatisfactory to us with respect to an insured child shall not preclude the reinstatement of the certificate and this rider on the lives of those for whom the evidence of insurability is satisfactory to us.

### MISSTATEMENT OF AGE

If the age of any insured child is misstated, any benefit payable with respect to such insured child is determined by the correct age.

## **CONVERSION OPTION FOR INSURED CHILD**

We provide a conversion option to an individual policy for each insured child when that insured child's coverage ends:

1. at his or her 25<sup>th</sup> birthday. We must receive a written request for this conversion option within 30 days of the insured child's 25<sup>th</sup> birthday and while this rider is in force; or
2. due to the certificate insured reaching age [70]. We must receive a written request for this conversion option within 30 days of the certificate insured's attained age [70]; or
3. due to the death of the certificate insured, including death by suicide. We must receive a written request for this conversion option within 30 days of the certificate insured's death.

Upon receipt of such request, we will send a questionnaire to determine the tobacco use status of the insured child. Other than this requirement, no additional evidence of insurability is required. The new policy will have a standard premium class.

The insured child may select the plan and amount of insurance for the new policy. The plan may be any other non-term life policy currently being offered:

1. at the insured child's attained age; and
2. for the amount of insurance selected; and
3. for an amount of insurance not more than 5 times the death benefit of this rider; and
4. for an amount of insurance not less than the minimum benefit amount available for that plan on the conversion date.

Premiums for the new policy are:

1. at the rate in effect for the insured child's attained age and premium class on the conversion date; and
2. subject to our rules on frequency of premium payments in effect on the conversion date.

Coverage under this rider ends for that insured child when coverage under the new policy begins.

The new policy will not include any additional benefits or riders unless agreed to by us.

### **RIDER BENEFICIARY**

If not otherwise named in the enrollment form for this rider, the certificateholder is the rider beneficiary.

The certificateholder may change the rider beneficiary by a written request to us:

1. while the insured child is alive; and
2. if the prior designation does not prohibit such a change.

A change revokes any prior designation.

If not provided otherwise:

1. The interest of any named rider beneficiary who dies before the insured child, passes to the remaining named rider beneficiaries in equal shares, if any.
2. If no named rider beneficiary survives the insured child, the death benefit of the rider is paid to the certificateholder, if living, otherwise to the certificateholder's estate.

### **INCONTESTABILITY**

We cannot contest payment of this rider once this rider has been in force while each insured child is alive for 2 years from the rider date except for:

1. nonpayment of premiums; and
2. the coverage on any insured child who is added subsequent to the rider date. This 2 year period begins on the date he or she becomes an insured child.

### **TERMINATION**

Coverage for each insured child automatically terminates on the earlier of his or her 25<sup>th</sup> birthday or the date this rider terminates.

This rider terminates and is no longer in force on the earliest of:

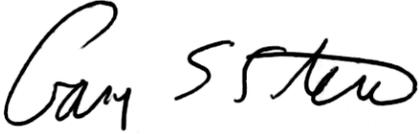
1. the death of the certificate insured (see Conversion Option for Insured Child); or
2. the date any premium for this rider or the certificate remains unpaid, subject to the Grace Period provision of the certificate; or
3. the date the certificate insured turns age [70]; or
4. the date the certificate matures, expires, or otherwise terminates; or
5. the monthly date on or next following the date we receive your written request to terminate.

**GENERAL**

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

If an insured child dies during the grace period, we deduct the unpaid premium from the benefit to be paid.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

**Home Office**

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

**[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## FUTURE PURCHASE OPTION RIDER

This rider is issued in consideration of the enrollment form for this rider. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Age.** Issue age is the insured's attained age as of the rider date. The insured's issue age is shown on the certificate specifications page. The insured's attained age will increase by 1 year on each certificate anniversary.

**Certificate.** The certificate to which this rider is attached.

**Rider Anniversary.** The same day and month each year as the rider date for each succeeding year this rider remains in force.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

### BENEFIT

We will increase the planned premium for the certificate by the amount shown on the certificate specifications page on each rider anniversary while this rider is in force. The following information about this rider is shown on the certificate specifications page:

1. the annual premium increase amount; and
2. the termination date of this rider.

This increase in the planned premium will purchase an increase in the specified amount of the certificate based on the insured's attained age, and his or her original underwriting classification using published target premium rates per \$1,000 of specified amount in effect on the certificate date.

Each increase in the planned premium will be automatically processed by us unless you notify us in writing before the rider anniversary that you do not want the increase to be exercised. Once you notify us that you do not want to exercise an increase, this rider terminates and no future increases are available. If you reject a future increase, any premium paid for the increase will be returned to you and you will not be allowed to reinstate this rider at a later date.

### INCONTESTABILITY

We cannot contest any exercised increase under this rider once this rider has been in force while the insured is alive for 2 years from the rider date, except for nonpayment of premiums.

### TERMINATION

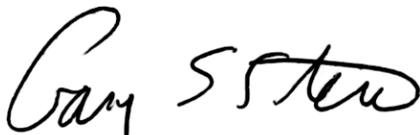
This rider terminates and is no longer in force on the earliest of:

1. the termination date of this rider shown on the certificate specification page; or
2. the monthly date on or next following the date we receive your written termination request; or
3. the date we receive your written request not to exercise an increase; or
4. the date the certificate matures, expires, is surrendered or otherwise terminates.

### GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

#### Home Office

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

#### [Administrative Office

American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

A Stock Company

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE CERTIFICATE**

This certificate is issued to you as evidence of your insurance under the group policy issued to the group policyholder. This certificate summarizes and explains the parts of the group policy that apply to you. You may view the group policy at the group policyholder's office during normal business hours.

**PLEASE READ THIS CERTIFICATE CAREFULLY!**

**Right to Examine Certificate:** If for any reason you are not satisfied with this certificate, return it to us at our [Administrative/Home] Office or to our agent. If the certificate is returned within 20 days after you receive it, we will return all premiums paid and the certificate is void. If you have a complaint, an inquiry or need to obtain information regarding your coverage, you may call us toll-free at [1-800-323-2057].

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.

Secretary

President

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATEHOLDER ON THE MATURITY DATE IF THE  
INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

**Home Office**

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

**[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street,  
Keene, NH 03431]

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Any Riders and Endorsements and a copy of the Enrollment Form for the coverage, follow Page 14.

**[TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES  
TOBACCO USER RATES**

ATTAINED AGE	RATE PER \$1000						
0	0.0600	24	0.1300	48	0.4875	72	3.8850
1	0.0375	25	0.1375	49	0.5175	73	4.2175
2	0.0275	26	0.1450	50	0.5575	74	4.5750
3	0.0200	27	0.1500	51	0.6075	75	4.9725
4	0.0175	28	0.1500	52	0.6700	76	5.4150
5	0.0175	29	0.1500	53	0.7450	77	5.9250
6	0.0175	30	0.1500	54	0.8325	78	6.5125
7	0.0175	31	0.1500	55	0.9275	79	7.1575
8	0.0175	32	0.1525	56	1.0250	80	7.8625
9	0.0175	33	0.1575	57	1.1150	81	8.6100
10	0.0200	34	0.1625	58	1.2000	82	9.3825
11	0.0225	35	0.1700	59	1.3000	83	10.2025
12	0.0275	36	0.1800	60	1.4250	84	11.1325
13	0.0325	37	0.1925	61	1.5775	85	12.1850
14	0.0425	38	0.2050	62	1.7500	86	13.3275
15	0.0550	39	0.2225	63	1.9375	87	14.5425
16	0.0700	40	0.2400	64	2.1250	88	15.8075
17	0.0850	41	0.2650	65	2.3075	89	17.1100
18	0.0950	42	0.2925	66	2.4825	90	18.3675
19	0.1025	43	0.3250	67	2.6625	91	19.5650
20	0.1075	44	0.3600	68	2.8450	92	20.7925
21	0.1125	45	0.3975	69	3.0450	93	22.0625
22	0.1175	46	0.4350	70	3.2750	94	23.4175
23	0.1250	47	0.4650	71	3.5575		

**Guaranteed Basis of Values**

**Cost of Insurance Rates:** 2001 Commissioners' Standard Ordinary Mortality Table, Male Smoker.

**Interest Rate:** 4.0%]

**[TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES  
NON-TOBACCO USER RATES**

ATTAINED AGE	RATE PER \$1000						
0	0.0600	24	0.0800	48	0.2500	72	2.5975
1	0.0375	25	0.0825	49	0.2650	73	2.8750
2	0.0275	26	0.0850	50	0.2875	74	3.1750
3	0.0200	27	0.0875	51	0.3125	75	3.5025
4	0.0175	28	0.0850	52	0.3450	76	3.8700
5	0.0175	29	0.0850	53	0.3825	77	4.3000
6	0.0175	30	0.0850	54	0.4300	78	4.7975
7	0.0175	31	0.0825	55	0.4850	79	5.3550
8	0.0175	32	0.0850	56	0.5400	80	5.9750
9	0.0175	33	0.0875	57	0.5925	81	6.6525
10	0.0200	34	0.0875	58	0.6450	82	7.3675
11	0.0225	35	0.0925	59	0.7075	83	8.1500
12	0.0275	36	0.0975	60	0.7850	84	9.0175
13	0.0325	37	0.1025	61	0.8775	85	9.9850
14	0.0425	38	0.1100	62	0.9850	86	11.0475
15	0.0550	39	0.1175	63	1.1025	87	12.1975
16	0.0625	40	0.1250	64	1.2250	88	13.4175
17	0.0725	41	0.1375	65	1.3525	89	14.7000
18	0.0750	42	0.1500	66	1.4800	90	15.9775
19	0.0775	43	0.1650	67	1.6150	91	17.2350
20	0.0775	44	0.1825	68	1.7575	92	18.5500
21	0.0775	45	0.2025	69	1.9175	93	19.9400
22	0.0775	46	0.2225	70	2.1050	94	21.4000
23	0.0800	47	0.2375	71	2.3325		

**Guaranteed Basis of Values**

**Cost of Insurance Rates:** 2001 Commissioners' Standard Ordinary Mortality Table, Male Non-Smoker.

**Interest Rate:** 4.0%]

## DEFINITIONS

**Age.** Issue age is the insured's age on his or her last birthday as of the certificate date. Attained age is the insured's age on his or her last birthday as of the most recent certificate anniversary (or the certificate date if this certificate has been in force less than one year).

**Beneficiary.** Any person, persons or entity named on our records to receive the death benefit after the insured dies.

**Certificate.** A document that describes the terms of the insurance made available to the eligible [employees/members] of the group policyholder [and their eligible dependents]. It provides evidence of the coverage provided to the insured under the group policy.

**Certificateholder.** The person who is allowed to exercise the rights given by this certificate. The certificateholder may be someone other than the insured.

**Certificate Anniversary.** The same day and month each year as the certificate date for each succeeding year the certificate remains in force.

**Certificate Date.** The effective date of coverage under this certificate and the date from which certificate years, months, monthly dates, anniversaries and premium due dates are determined. The certificate date is shown on the certificate specifications page.

**Certificate Debt.** Unpaid certificate loans plus unpaid certificate loan interest.

**Certificate Month.** A one month period which begins on a monthly date and ends the day before the next monthly date. The first certificate month begins on the certificate date.

**Certificate Year.** The period from the certificate date to the first certificate anniversary or from one certificate anniversary to the next. A certificate year does not include the certificate anniversary at the end of the certificate year.

**Death Benefit.** The amount payable to the beneficiary. The death benefit is equal to the death benefit amount minus certificate debt.

**Death Benefit Amount.** The amount described on page 7 which depends on the death benefit option selected.

**Eligible Person.** [An/A] [employee/member] of the group policyholder [and their spouse/domestic partner] [and dependent children] who meet the eligibility requirements shown in the insurance schedule of the group policy.

**Fund Value.** The current accumulation of value as described on page 8.

**Group Policy.** The group contract whose provisions govern the insurance provided to the eligible [employees/members] of the group policyholder [and their eligible family members].

**Group Policyholder.** The entity through which we make this insurance available. [The group policyholder is shown on the certificate specifications page.]

**In Force.** The insured's life remains insured under the terms of this certificate.

**Insured.** The person whose life is insured under the certificate. The insured is shown on the certificate specifications page.

**Loan Value.** The most you can borrow according to the provisions on page 11.

**Maturity Date.** The date we pay the net surrender value (if any) to the certificateholder, if the insured is living on that date and if this certificate is in force. The maturity date is the insured's attained age 95 and is shown on the certificate specifications page.

**Minimum Monthly Premium.** The amount which, if received by us on or before the first day of each certificate month, during the first 5 certificate years, will guarantee that the certificate will not enter a grace period during the first 5 certificate years. The initial minimum monthly premium is shown on the certificate specifications page. Changes to the certificate may change the minimum monthly premiums. The **Beginning of a Grace Period** and **End of a Grace Period** provisions describe in more detail how the minimum monthly premium affects the certificate.

## DEFINITIONS (continued)

**Monthly Date.** The same day of each month as the certificate anniversary. If this date is not a day in the calendar, the monthly date is the first day of the next month.

**Monthly Deduction.** The monthly expense charge plus the monthly cost of insurance for this certificate and any riders attached to the certificate.

**Net Surrender Value.** Surrender value minus any debt.

**Proceeds.** The death benefit or the net surrender value, whichever is applicable.

**Rider.** Additional benefits elected by the certificateholder and attached to the certificate. All riders elected by the certificateholder are attached to the certificate. No coverage is available under a rider unless elected and the rider is attached to the certificate.

**Surrender Value.** The fund value less the surrender charge.

**We, Our, or Us.** American Heritage Life Insurance Company.

**Written Request.** A request in writing acceptable to us. This request must be received by us at our [Administrative/Home] Office and signed by you.

**You, Your.** The certificateholder, as shown on the enrollment form, unless changed as provided by this certificate.

## PREMIUMS

**Flexibility.** Premium payments are flexible. This means you may choose the amount and frequency of payments. The amount of premium payments that you may pay is limited by the Internal Revenue Code (Code). We have the right to:

1. limit the number and the amount of premiums in accordance with Code requirements. We will conduct a test no less frequently than annually, and return any excess premium payments, with interest, within 60 days of the end of the policy year in which the excess premium payments were paid; or
2. require evidence of insurability if the death benefit amount must be increased due to Code requirements.

The actual amount and frequency of premium payments affects the fund value and the amount and duration of insurance. Refer to the **Certificate Fund Value** provision for a detailed explanation.

**Planned Premium.** The amount and frequency of the planned premium you selected at the time you applied for this certificate are shown on the certificate specifications page. You may make a written request to change the amount and frequency. No premium may be paid after the maturity date.

**Payment of Premiums.** Premiums are payable in advance to our [Administrative/Home] Office. The first premium is due on the certificate date.

**Beginning of a Grace Period.** When the certificate has been in force for less than 5 years, a grace period will begin when all of the following conditions occur:

1. the certificate is in force and not in a grace period; and
2. the net surrender value is zero or less; and
3. the sum of the minimum monthly premiums for each of the certificate months that the certificate has been in force for at least a portion of the certificate month is greater than the result of (a) minus (b), minus (c), where:
  - (a) is the sum of all premium payments received by us; and
  - (b) is the sum of all loans taken by you minus the sum of all loan repayments received by us; and
  - (c) is the sum of all partial surrenders taken by you, including the sum of all partial surrender service charges.

When the certificate has been in force for 5 or more years, a grace period will begin when all of the following conditions occur:

1. the certificate is in force and not in a grace period; and
2. the net surrender value is zero or less.

## PREMIUMS (continued)

**Operation of the Certificate During a Grace Period.** A grace period is a period where the certificate remains in force, but where the certificate may terminate as described below if timely premium payments and/or loan repayments are not received by us. See the **End of a Grace Period (Pay Premiums/Repay Loans or Your Certificate Will Terminate)** provision.

During the grace period, the death benefit and all certificate provisions remain in effect.

**End of a Grace Period (Pay Premiums/Repay Loans or Your Certificate Will Terminate).** A grace period will end at any time any of the following conditions occur:

1. It has been at least 61 days since the grace period began, and it has been at least 31 days since we mailed you a notice that the certificate is in the grace period. If a grace period ends as a result of this condition becoming true, the certificate and all attached riders terminate.
2. We received a premium payment or loan repayment equal to or exceeding the amount stated in a notice we mailed you as necessary to end the grace period with the certificate still in force.
3. We received a premium payment or loan repayment after the grace period began but before we mailed you notice of what premium payment or loan repayment would be necessary to end the grace period with the certificate still in force; and the certificate has been in force for less than 5 years; and the sum of the minimum monthly premiums for each of the certificate months that the certificate has been in force for at least a portion of the certificate month is less than or equal to the result of (a) minus (b), minus (c), where:
  - (a) is the sum of all premium payments received by us; and
  - (b) is the sum of all loans taken by you minus the sum of all loan repayments received by us; and
  - (c) is the sum of all partial surrenders taken by you, including the sum of all partial surrender service charges.
4. We received a premium payment or loan repayment after the grace period began but before we mailed you notice of what premium payment or loan repayment would be necessary to end the grace period with the certificate still in force, and the net surrender value is greater than zero.
5. The certificate terminates for a reason not directly caused by the grace period. If the grace period ends as a result of this condition occurring, the amount payable, if any, will be based on the certificate's values as of the date of termination.

**Reinstatement.** We will reinstate this certificate if you send us a written request prior to the maturity date and within 5 years after the certificate terminates as a result of the grace period. You must also send us:

1. proof satisfactory to us that each insured is insurable at the original premium class; and
2. payment of enough premium to keep the certificate in force for 2 months, and pay all past due grace period monthly deductions.

This certificate will not be reinstated if it was surrendered for its net surrender value. The effective date of the reinstated certificate is the date we approve your written request. The **Incontestability** provision applies from the effective date of reinstatement as to statements made in the reinstatement application. Certificate debt existing at the end of the grace period will not be reinstated if reinstatement occurs more than 90 days after termination.

After the certificate is reinstated, the surrender charge is the same as it would have been had there been no termination.

**Non-Payment of Premium.** If you make no premium payment, this certificate continues in force until the grace period ends. Unless required payments are made, this certificate and all attached riders will then terminate. In no case will this certificate continue beyond the maturity date nor will a rider continue beyond its termination date.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

**Death Benefit.** If the insured dies before the maturity date and while this certificate is in force, we pay the death benefit to the beneficiary, subject to the terms and conditions of this certificate, upon receipt at our [Administrative/Home] Office of proof of the death of the insured. Proof of death must be by a certified copy of the death certificate or by other written evidence satisfactory to us. We may also require you to submit the certificate with the proof of death. If the death benefit is not paid within a reasonable period of time after proof of the death of the insured has been furnished to us, we will pay interest upon the proceeds or any refund of premium at the rate of 8% per year. A reasonable period of time shall be that period of time sufficient to complete an investigation of the cause of death and to process the necessary claims. In no case shall this period exceed 30 days from the date proof of death has been furnished to us. Such refund will be made to the designated beneficiary and will be included with the death benefit proceeds payable.

**Death Benefit Option.** The death benefit amount depends on the death benefit option in effect on the date of the insured's death. The death benefit option and the initial specified amount in effect on the certificate date are shown on the certificate specifications page.

**DEATH BENEFIT AND DEATH BENEFIT OPTIONS (continued)**

**Option 1.** Under Option 1, the death benefit amount is the specified amount on the date of death.

**Option 2.** Under Option 2, the death benefit amount is the specified amount, plus the fund value on the date of death.

The above options are subject to IRS requirements.

The death benefit amount in any certificate year is not less than the minimum death benefit amount. The minimum death benefit amount equals a percent of the fund value on the date of death based on the following table:

Attained Age	Fund Value %						
40 and Under	250	54	157	68	117	82	105
41	243	55	150	69	116	83	105
42	236	56	146	70	115	84	105
43	229	57	142	71	113	85	105
44	222	58	138	72	111	86	105
45	215	59	134	73	109	87	105
46	209	60	130	74	107	88	105
47	203	61	128	75	105	89	105
48	197	62	126	76	105	90	105
49	191	63	124	77	105	91	104
50	185	64	122	78	105	92	103
51	178	65	120	79	105	93	102
52	171	66	119	80	105	94	101
53	164	67	118	81	105	95	100

**CHANGING YOUR DEATH BENEFIT**

**Right to Change Amount or Option.** After the first certificate anniversary, you may make a written request to change the specified amount or the death benefit option. We may limit the number of each such type of change to one per 12-month period. A change approved by us goes into effect on the monthly date after the date we receive your written request at our [Administrative/Home] Office.

**Increasing the Specified Amount.** A request for an increase must include the following:

1. an evidence of insurability form; and
2. the first monthly deduction for the increase.

Increases in the specified amount are subject to our underwriting rules, issue amount limits and age limits.

**Decreasing the Specified Amount.** Any decrease is applied in the following order:

1. against the specified amount of the most recent increase; then
2. against the next most recent increases, in order; then
3. against the initial specified amount.

The specified amount remaining in force after a decrease cannot be less than the minimum specified amount shown on the certificate specifications page. We reserve the right to refuse a decrease which causes this certificate not to qualify as life insurance under IRS requirements.

**Changing the Death Benefit Option.**

1. **If you request a change from Option 1 to Option 2:** The specified amount is decreased by the amount of the fund value, but not below the minimum specified amount shown on the certificate specifications page. Evidence of insurability may be required.

**CHANGING YOUR DEATH BENEFIT continued**

2. **If you request a change from Option 2 to Option 1:** The specified amount is increased by the amount of the fund value. No evidence of insurability is required.

**CERTIFICATE FUND VALUE**

**Fund Value on the Certificate Date.** The fund value on the certificate date is [95%]\* of any premiums received on or before the certificate date; minus the monthly expense charge for the first certificate month; minus the monthly cost of insurance for this certificate for the first certificate month.

**Fund Value on Each Monthly Date.** On any monthly date after the certificate date, the fund value equals:

1. the fund value on the last monthly date; plus
2. one month's interest on item (1) above; plus
3. [95%]\* of any premiums received since the last monthly date; minus
4. any partial surrender of fund value and any partial surrender service charge since the last monthly date; minus
5. the monthly expense charge for the month following the monthly date; minus
6. the monthly cost of insurance for this certificate for the month following the monthly date.

\* At our option we may credit more than [95%] of any premiums received. The amount we credit will always be at least [95%] and will never be greater than 100%.

On any day other than the monthly date, the fund value will be calculated in a like manner.

**Interest Rate.** The guaranteed rate used in calculating fund values is the monthly rate shown on the certificate specifications page, compounded monthly. This is equivalent to the annual rate shown on the certificate specifications page, compounded annually. We may use rates greater than the guaranteed rates to calculate fund values. We may use a different rate for the portion of the fund value which equals the amount of certificate debt, but never less than the monthly rate shown on the certificate specifications page.

**How We Calculate the Monthly Expense Charge.** The monthly expense charge for a certificate month equals:

1. the monthly cost of insurance for benefits provided by riders; plus
2. a monthly fee of \$[2.00] in certificate years 1 to [20]; plus
3. the monthly per thousand charge, if any.

**How We Calculate the Monthly Cost of Insurance.** We calculate the cost of insurance on each monthly date. The monthly cost of insurance is determined as follows:

1. divide the death benefit amount on the monthly date (prior to the deduction of the cost of insurance for this certificate) by the death benefit discount factor amount shown on the certificate specifications page (this discounts the death benefit amount to the beginning of the month at the guaranteed interest rate); then
2. determine the fund value on the monthly date (prior to the deduction of the cost of insurance for this certificate); and
3. subtract (2) from (1), divide by 1,000 (this is the number of \$1,000's of net amount at risk) then multiply by the cost of insurance rate per \$1,000.

**Cost of Insurance Rates.** The cost of insurance rates are based on many factors, including, but not limited to, the insured's age, certificate year, premium class and specified amount. We may change the cost of insurance rates for any reason at any time, but they will never be more than the guaranteed maximum rates shown on pages 4A and 4B. For the specified amount at issue, the premium class on the certificate date applies. For increases in the specified amount, the premium class applicable to the increase applies. When the death benefit amount is increased due to the minimum death benefit, the premium class for the most recent increase applies to the

**Decreasing the Specified Amount provision.** Each time there is an increase or decrease, an average premium class weighted by specified amount is computed. The same weighting is used to determine an average cost of insurance rate to apply to the total specified amount.

**CERTIFICATE FUND VALUE continued**

amount of increase. When the specified amount is decreased, the order of decreases is explained in the **How We Calculate the Monthly per Thousand Charge**. The monthly per thousand charge is a charge for each \$1,000 of initial specified amount to be deducted at the beginning of each certificate month. The monthly per thousand charge will also be deducted for each \$1,000 of increased specified amount at the beginning of each certificate month beginning on the effective date of such increase. Maximum annual charges per \$1,000 are shown on the following pages. At our option, we may determine a lower annual charge. The monthly charges per \$1,000 are the annual per \$1,000 charges divided by 12.

**Annual Expense Charges per \$1,000 of Initial Specified Amount or Increased Specified Amount**

Age at issue or increase	Non-Tobacco User		Age at issue or increase	Tobacco User	
	Duration since Issue or Increase (Year)			Duration since Issue or Increase (Year)	
	[1-14]	[15+]		[1-14]	[15+]
[0-25	1.92	0.00	[0-25	2.04	0.00
26-35	2.40	0.24	26-35	2.88	0.24
36-45	3.12	1.20	36-45	4.80	0.60
46-55	5.64	4.08	46-55	6.60	6.60
56-60	9.00	9.00	56-60	9.00	9.00
61-65	9.00	9.00	61-65	15.00	15.00
66-70	18.00	18.00	66-70	30.00	30.00
71-75	33.00	33.00	71-75	42.00	42.00
76-80	48.00	48.00	76-80	54.00	54.00

**CERTIFICATE SURRENDER**

**Surrender.** Subject to the **Certificateholder, Beneficiary and Assignment** provisions, you may return this certificate to us and request its net surrender value. A surrender is effective on the date we receive your written request at our [Administrative/Home] Office.

The net surrender value is equal to:

1. the surrender value; minus
2. certificate debt.

The surrender value is equal to:

1. the fund value; minus
2. the surrender charge explained below.

The fund value used to calculate the surrender value is the value as of the day we receive your request at our [Administrative/Home] Office.

**CERTIFICATE SURRENDER continued**

**TABLE OF MAXIMUM SURRENDER CHARGES  
(Per \$1,000 of Initial Specified Amount or Increased Specified Amount)**

Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge
0	2.00	21	2.00	42	15.50	63	36.00
1	2.00	22	2.00	43	16.00	64	38.00
2	2.00	23	2.00	44	16.50	65	40.00
3	2.00	24	2.00	45	17.00	66	40.00
4	2.00	25	2.00	46	17.50	67	40.00
5	2.00	26	5.00	47	18.00	68	40.00
6	2.00	27	5.00	48	18.50	69	40.00
7	2.00	28	5.00	49	19.00	70	40.00
8	2.00	29	5.00	50	19.50	71	40.00
9	2.00	30	5.00	51	20.00	72	40.00
10	2.00	31	10.00	52	20.50	73	40.00
11	2.00	32	10.00	53	21.00	74	40.00
12	2.00	33	10.50	54	21.50	75	40.00
13	2.00	34	11.00	55	22.00	76	40.00
14	2.00	35	11.00	56	23.50	77	40.00
15	2.00	36	12.00	57	25.00	78	40.00
16	2.00	37	13.00	58	26.50	79	40.00
17	2.00	38	13.50	59	28.00	80	40.00]
18	2.00	39	14.00	60	30.00		
19	2.00	40	14.50	61	32.00		
20	2.00	41	15.00	62	34.00		

**Renewal Year Surrender Charges per \$1,000:** Multiply the maximum surrender charge by the percentages shown in the table below. Years and months are measured from the certificate date or date of increase respectively.

**% of Maximum Surrender Charge**

During Year	Age at Issue or Increase			
	[0-30	31-45	46-54	55+]
[1-3	100%	100%	100%	100%
4	80	80	60	60
5	60	60	25	25
6	50	50	25	25
7	50	50	25	25
8	50	50	25	25
9	50	50	25	25
10	50	50	25	0]
11	50	50	25	
12	50	50	25	
13	50	45	25	
14	50	40	25	
15	50	35	0	
16	50	30		
17	50	25		
18	50	20		
19	50	10		
20	0	0		

**Surrender Charge Computation.** The surrender charge for the certificate equals the sum of the surrender charge on the initial specified amount, plus the surrender charge on any increase in specified amount. The surrender charge on the initial specified amount equals the rate per \$1,000 shown above, times the number of \$1,000's of initial specified amount.

The surrender charge on any increased specified amount equals the rate per \$1,000 shown above, based on the attained age at increase, times the number of \$1,000's of increased specified amount.

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### **CERTIFICATE SURRENDER continued**

If the specified amount is decreased for any reason, the surrender charge is not affected. There is no reduction in the surrender charge due to such decrease.

### **CERTIFICATE LOANS[, AND] PARTIAL SURRENDERS [AND REDUCED PAID UP OPTION]**

**Obtaining a Loan.** You may request a loan at any time, if:

1. this certificate is in force; and
2. the loan is not more than the loan value.

The loan value is the surrender value minus:

1. certificate debt; and
2. interest on any existing certificate debt and on the amount to be borrowed to the next annual date; and
3. any unpaid monthly deductions; and
4. an amount equal to 2 monthly deductions.

Loans are evidenced by our check payable to and endorsed by you, or electronic versions of the same.

**Loan Interest.** The interest we charge on certificate debt is 8% per year in arrears. Interest on certificate debt is due and payable in arrears at the end of each certificate anniversary. Interest not paid when due will be added to the existing certificate debt and bear interest at the same rate.

**Loan Repayment.** You may repay certificate debt at any time, except that:

1. repayment must be made while this certificate is in force and while the insured is alive; and
2. a partial repayment must be at least \$25.

A loan that exists at the end of a grace period cannot be repaid unless you reinstate this certificate. If at any time the certificate debt exceeds the surrender value, this certificate terminates. At least 31 days prior notice will be mailed to your last known address.

**Partial Surrender.** After the first certificate anniversary, you may request a partial surrender any time during the insured's lifetime and before the maturity date. The partial surrender is effective on the date we receive and accept your written request. A \$25 service charge is deducted from the fund value for each partial surrender. The amount surrendered plus the service charge cannot exceed the net surrender value, but must be at least \$250.

Under Death Benefit Option 1, the specified amount is reduced by the amount of the partial surrender. A partial surrender is not allowed if it would reduce the specified amount below the minimum specified amount shown on the certificate specifications page.

A partial surrender cannot be repaid, but you can make unscheduled premium payments.

**[Reduced Paid Up Option.** You may, at any time, elect to surrender this certificate and use the net surrender value to purchase reduced paid up insurance. This reduced paid up insurance will be in force until the certificate anniversary on or next following the insured's 95th birthday unless it is surrendered. If the insured is living on the certificate anniversary on or next following the insured's 95th birthday we will pay the reduced paid up amount to you.

The reduced paid up amount is calculated by dividing the net surrender value by the net single premium. The net single premium is calculated using the guaranteed maximum cost of insurance rates and the guaranteed interest rate.

We reserve the right to refuse to provide this option if the reduced paid up amount would be less than \$1,000.

Once elected, the reduced paid up option can be surrendered at any time. The surrender is effective on the date we receive your written request at our [Administrative/Home] Office.

The value provided on surrender is calculated by multiplying the reduced paid up amount by the net single premium calculated at the time this option is surrendered.

Once this option is surrendered it cannot be reinstated.]

### **CERTIFICATEHOLDER, BENEFICIARY AND ASSIGNMENT**

**Certificateholder.** All certificate rights and privileges belong to the certificateholder and may be exercised by the certificateholder during the lifetime of the insured. If the certificateholder dies before the insured, all the rights and privileges of the certificateholder pass to the estate of the certificateholder.

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**Change of Certificateholder.** You may transfer your rights under this certificate by making a written request and, unless waived by us, submitting the certificate for endorsement to show the transfer. The change is effective when we receive it at our [Administrative/Home] Office. Any payment made or any action taken or allowed by us before the change is recorded will be without prejudice to us. If not provided otherwise, a change of certificateholder does not affect the interest of any beneficiary.

**Beneficiary.** The beneficiary:

1. receives the death benefit when the insured dies; and
2. is named on the enrollment form for this certificate; and
3. may be changed by the certificateholder, as explained in this section.

If not provided otherwise:

1. The interest of a beneficiary who dies before the insured will pass to the surviving beneficiaries in proportion to their share in the proceeds.
2. If no beneficiary survives the insured, the death benefit is paid in one lump sum to the certificateholder, if living. If neither the certificateholder nor any beneficiary survive the insured, the death benefit is paid to the certificateholder's estate.

**Change of Beneficiary.** You may change the beneficiary designation by written request:

1. while the insured is alive; and
2. if the prior designation does not prohibit such a change.

A change revokes any prior designation. The change will take effect as of the date the request is signed, even if the insured is not living on the day the request is received. Any rights created by the change will be subject to any payments made or actions taken by us before the written request is received.

**Assignment.** An assignment of this certificate is not binding on us unless:

1. it is a written request; and
2. it is received by us at our [Administrative/Home] Office.

An assignment will take effect when recorded at our [Administrative/Home] Office. We are not responsible for the validity of any assignment.

## GENERAL CERTIFICATE PROVISIONS

**Entire Certificate; Changes.** The entire certificate consists of:

1. this certificate; and
2. the enrollment form; and
3. any riders, amendments or endorsements attached to this certificate.

A change in this certificate will be binding on us only if:

1. the change is in writing; and
2. the change is made by our President, Vice President, Secretary or Assistant Secretary.

**Continuation of Coverage.** If the insured loses eligibility for the coverage provided under the group policy for any reason other than non-payment of premiums, you will have the option to continue the coverage, including any riders, by paying the premiums directly to us at our [Administrative/Home] Office. We will bill you for these premiums. If you stop paying premiums under this option, the coverage may enter its grace period.

**Incontestability.** We rely on the statements made on the enrollment form for this certificate, any application(s) for reinstatement and any application(s) for increases in the specified amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this certificate, unless it is in such applications.

In the absence of fraud, we cannot contest payment of the death benefit represented by the initial specified amount after this certificate has been in force during the insured's life for 2 years from the certificate date.

In the absence of fraud, we cannot contest payment of the death benefit represented by increases in the specified amount after an increase has been in effect during the insured's life for 2 years.

**Suicide Exclusion.** If the insured commits suicide, while sane or insane, within 2 years after the certificate date, the death benefit is limited to the premiums paid, less certificate debt and partial surrenders.

### GENERAL CERTIFICATE PROVISIONS (continued)

If there are any increases to the specified amount (see the **Changing Your Death Benefit** provision), a new 2 year suicide exclusion period applies to each increase starting on the date of increase. The death benefit for the increase is the monthly deductions due to the increase during such period.

**Misstatement of Age, Sex or Tobacco Use Status.** If the insured's age, sex or tobacco use status is misstated, the death benefit amount will be adjusted at the time of the insured's death. The adjusted death benefit amount equals the unadjusted death benefit amount, multiplied by the certificate's cost of insurance rate which applies during the certificate month of the insured's death using the misstated age, sex or tobacco use status, divided by the certificate's cost of insurance rate which applies during the certificate month of the insured's death using the correct age, sex or tobacco use status. If there is no established certificate cost of insurance rate which applies during the certificate month of the insured's death using the correct age, sex or tobacco use status, we will extrapolate such a rate for the purpose of adjusting the death benefit amount. No adjustments to the fund value will be made as a result of the insured's age, sex or tobacco use status being misstated.

**Payments by Us and Right to Defer Payment.** All payments by us are made from our [Administrative/Home] Office.

We have the right to wait up to 6 months after written notice to us before we:

1. pay the net surrender value; and
2. make a certificate loan, unless it is used to pay premiums on your certificate; and
3. make a partial surrender.

If we wait more than 30 days to pay surrender proceeds, interest at the guaranteed rate will be added for the time we waited.

**Non-Participating.** This certificate does not share in surplus distribution.

**Basis of Certificate Values.** The basis for the minimum surrender values and guaranteed maximum cost of insurance rates is shown on pages 4A and 4B. All of the values are the same or more than the minimums set by the laws of the state where the group policy is issued. If required, we have filed a detailed statement about this with the state insurance department. Reserves will always be at least as great as the minimum required by law.

**Annual Report.** We will send you a report at least once a year without charge. It shows since the last report:

1. current fund value; and
2. current certificate debt; and
3. premiums paid; and
4. expense; and
5. cost of insurance deducted for the certificate and any riders; and
6. interest credited to the fund value; and
7. partial surrenders (including service charges); and
8. current death benefit amount.

**Projection of Values and Benefits.** At your written request, we will provide a report which shows projected future results. The report is based on assumptions in regard to:

1. the death benefits and planned premium payments you specify; and
2. such other assumptions needed as specified by you or us.

A fee of up to \$25.00 may be charged as determined by us. The report is based on assumptions, and is not a guarantee of results or performance.

**Termination.** This certificate terminates on the earliest of:

1. your surrender of the certificate for its net surrender value; or
2. satisfying either item 1. or 5. in the **End of a Grace Period (Pay Premiums/Repay Loans or Your Certificate Will Terminate)** provision; or
3. the death of the insured; or
4. the maturity date; or
5. the date the group policy terminates subject to the **Continuation of Coverage** provision.



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

**A Stock Company**

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATEHOLDER ON THE MATURITY DATE IF THE  
INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

A Stock Company

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE CERTIFICATE**

This certificate is issued to you as evidence of your insurance under the group policy issued to the group policyholder. This certificate summarizes and explains the parts of the group policy that apply to you. You may view the group policy at the group policyholder's office during normal business hours.

**PLEASE READ THIS CERTIFICATE CAREFULLY!**

**Right to Examine Certificate:** If for any reason you are not satisfied with this certificate, return it to us at our [Administrative/Home] Office or to our agent. If the certificate is returned within 20 days after you receive it, we will return all premiums paid and the certificate is void. If you have a complaint, an inquiry or need to obtain information regarding your coverage, you may call us toll-free at [1-800-323-2057].

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.

Secretary

President

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATEHOLDER ON THE MATURITY DATE IF THE  
INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

**Home Office**

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

**[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street,  
Keene, NH 03431]

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Any Riders and Endorsements and a copy of the Enrollment Form for the coverage, follow Page 15.

**[TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES  
TOBACCO USER RATES**

ATTAINED AGE	RATE PER \$1000						
0	0.0600	24	0.1300	48	0.4875	72	3.8850
1	0.0375	25	0.1375	49	0.5175	73	4.2175
2	0.0275	26	0.1450	50	0.5575	74	4.5750
3	0.0200	27	0.1500	51	0.6075	75	4.9725
4	0.0175	28	0.1500	52	0.6700	76	5.4150
5	0.0175	29	0.1500	53	0.7450	77	5.9250
6	0.0175	30	0.1500	54	0.8325	78	6.5125
7	0.0175	31	0.1500	55	0.9275	79	7.1575
8	0.0175	32	0.1525	56	1.0250	80	7.8625
9	0.0175	33	0.1575	57	1.1150	81	8.6100
10	0.0200	34	0.1625	58	1.2000	82	9.3825
11	0.0225	35	0.1700	59	1.3000	83	10.2025
12	0.0275	36	0.1800	60	1.4250	84	11.1325
13	0.0325	37	0.1925	61	1.5775	85	12.1850
14	0.0425	38	0.2050	62	1.7500	86	13.3275
15	0.0550	39	0.2225	63	1.9375	87	14.5425
16	0.0700	40	0.2400	64	2.1250	88	15.8075
17	0.0850	41	0.2650	65	2.3075	89	17.1100
18	0.0950	42	0.2925	66	2.4825	90	18.3675
19	0.1025	43	0.3250	67	2.6625	91	19.5650
20	0.1075	44	0.3600	68	2.8450	92	20.7925
21	0.1125	45	0.3975	69	3.0450	93	22.0625
22	0.1175	46	0.4350	70	3.2750	94	23.4175
23	0.1250	47	0.4650	71	3.5575		

**Guaranteed Basis of Values**

**Cost of Insurance Rates:** 2001 Commissioners' Standard Ordinary Mortality Table, Male Smoker.

**Interest Rate:** 4.0%]

**[TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES  
NON-TOBACCO USER RATES**

ATTAINED AGE	RATE PER \$1000						
0	0.0600	24	0.0800	48	0.2500	72	2.5975
1	0.0375	25	0.0825	49	0.2650	73	2.8750
2	0.0275	26	0.0850	50	0.2875	74	3.1750
3	0.0200	27	0.0875	51	0.3125	75	3.5025
4	0.0175	28	0.0850	52	0.3450	76	3.8700
5	0.0175	29	0.0850	53	0.3825	77	4.3000
6	0.0175	30	0.0850	54	0.4300	78	4.7975
7	0.0175	31	0.0825	55	0.4850	79	5.3550
8	0.0175	32	0.0850	56	0.5400	80	5.9750
9	0.0175	33	0.0875	57	0.5925	81	6.6525
10	0.0200	34	0.0875	58	0.6450	82	7.3675
11	0.0225	35	0.0925	59	0.7075	83	8.1500
12	0.0275	36	0.0975	60	0.7850	84	9.0175
13	0.0325	37	0.1025	61	0.8775	85	9.9850
14	0.0425	38	0.1100	62	0.9850	86	11.0475
15	0.0550	39	0.1175	63	1.1025	87	12.1975
16	0.0625	40	0.1250	64	1.2250	88	13.4175
17	0.0725	41	0.1375	65	1.3525	89	14.7000
18	0.0750	42	0.1500	66	1.4800	90	15.9775
19	0.0775	43	0.1650	67	1.6150	91	17.2350
20	0.0775	44	0.1825	68	1.7575	92	18.5500
21	0.0775	45	0.2025	69	1.9175	93	19.9400
22	0.0775	46	0.2225	70	2.1050	94	21.4000
23	0.0800	47	0.2375	71	2.3325		

**Guaranteed Basis of Values**

**Cost of Insurance Rates:** 2001 Commissioners' Standard Ordinary Mortality Table, Male Non-Smoker.

**Interest Rate:** 4.0%]

## DEFINITIONS

**Age.** Issue age is the insured's age on his or her last birthday as of the certificate date. Attained age is the insured's age on his or her last birthday as of the most recent certificate anniversary (or the certificate date if this certificate has been in force less than one year).

**Beneficiary.** Any person, persons or entity named on our records to receive the death benefit after the insured dies.

**Certificate.** A document that describes the terms of the insurance made available to the eligible [employees/members] of the group policyholder [and their eligible dependents]. It provides evidence of the coverage provided to the insured under the group policy.

**Certificateholder.** The person who is allowed to exercise the rights given by this certificate. The certificateholder may be someone other than the insured.

**Certificate Anniversary.** The same day and month each year as the certificate date for each succeeding year the certificate remains in force.

**Certificate Date.** The effective date of coverage under this certificate and the date from which certificate years, months, monthly dates, anniversaries and premium due dates are determined. The certificate date is shown on the certificate specifications page.

**Certificate Debt.** Unpaid certificate loans plus unpaid certificate loan interest.

**Certificate Month.** A one month period which begins on a monthly date and ends the day before the next monthly date. The first certificate month begins on the certificate date.

**Certificate Year.** The period from the certificate date to the first certificate anniversary or from one certificate anniversary to the next. A certificate year does not include the certificate anniversary at the end of the certificate year.

**Death Benefit.** The amount payable to the beneficiary. The death benefit is equal to the death benefit amount minus certificate debt.

**Death Benefit Amount.** The amount described on page 7 which depends on the death benefit option selected.

**Eligible Person.** [An/A] [employee/member] of the group policyholder [and their spouse/domestic partner] [and dependent children] who meet the eligibility requirements shown in the insurance schedule of the group policy.

**Fund Value.** The current accumulation of value as described on page 8.

**Group Policy.** The group contract whose provisions govern the insurance provided to the eligible [employees/members] of the group policyholder [and their eligible family members].

**Group Policyholder.** The entity through which we make this insurance available. [The group policyholder is shown on the certificate specifications page.]

**In Force.** The insured's life remains insured under the terms of this certificate.

**Insured.** The person whose life is insured under the certificate. The insured is shown on the certificate specifications page.

**Loan Value.** The most you can borrow according to the provisions on page 11.

**Maturity Date.** The date we pay the net surrender value (if any) to the certificateholder, if the insured is living on that date and if this certificate is in force. The maturity date is the insured's attained age 95 and is shown on the certificate specifications page.

**Minimum Monthly Premium.** The amount which, if received by us on or before the first day of each certificate month, during the first 5 certificate years, will guarantee that the certificate will not enter a grace period during the first 5 certificate years. The initial minimum monthly premium is shown on the certificate specifications page. Changes to the certificate may change the minimum monthly premiums. The **Beginning of a Grace Period** and **End of a Grace Period** provisions describe in more detail how the minimum monthly premium affects the certificate.

## DEFINITIONS (continued)

**Monthly Date.** The same day of each month as the certificate anniversary. If this date is not a day in the calendar, the monthly date is the first day of the next month.

**Monthly Deduction.** The monthly expense charge plus the monthly cost of insurance for this certificate and any riders attached to the certificate.

**Net Surrender Value.** Surrender value minus any debt.

**Proceeds.** The death benefit or the net surrender value, whichever is applicable.

**Rider.** Additional benefits elected by the certificateholder and attached to the certificate. All riders elected by the certificateholder are attached to the certificate. No coverage is available under a rider unless elected and the rider is attached to the certificate.

**Surrender Value.** The fund value less the surrender charge.

**We, Our, or Us.** American Heritage Life Insurance Company.

**Written Request.** A request in writing acceptable to us. This request must be received by us at our [Administrative/Home] Office and signed by you.

**You, Your.** The certificateholder, as shown on the enrollment form, unless changed as provided by this certificate.

## PREMIUMS

**Flexibility.** Premium payments are flexible. This means you may choose the amount and frequency of payments. The amount of premium payments that you may pay is limited by the Internal Revenue Code (Code). We have the right to:

1. limit the number and the amount of premiums in accordance with Code requirements. We will conduct a test no less frequently than annually, and return any excess premium payments, with interest, within 60 days of the end of the policy year in which the excess premium payments were paid; or
2. require evidence of insurability if the death benefit amount must be increased due to Code requirements.

The actual amount and frequency of premium payments affects the fund value and the amount and duration of insurance. Refer to the **Certificate Fund Value** provision for a detailed explanation.

**Planned Premium.** The amount and frequency of the planned premium you selected at the time you applied for this certificate are shown on the certificate specifications page. You may make a written request to change the amount and frequency. No premium may be paid after the maturity date.

**Payment of Premiums.** Premiums are payable in advance to our [Administrative/Home] Office. The first premium is due on the certificate date.

**Beginning of a Grace Period.** When the certificate has been in force for less than 5 years, a grace period will begin when all of the following conditions occur:

1. the certificate is in force and not in a grace period; and
2. the net surrender value is zero or less; and
3. the sum of the minimum monthly premiums for each of the certificate months that the certificate has been in force for at least a portion of the certificate month is greater than the result of (a) minus (b), minus (c), where:
  - (a) is the sum of all premium payments received by us; and
  - (b) is the sum of all loans taken by you minus the sum of all loan repayments received by us; and
  - (c) is the sum of all partial surrenders taken by you, including the sum of all partial surrender service charges.

When the certificate has been in force for 5 or more years, a grace period will begin when all of the following conditions occur:

1. the certificate is in force and not in a grace period; and
2. the net surrender value is zero or less.

## PREMIUMS (continued)

**Operation of the Certificate During a Grace Period.** A grace period is a period where the certificate remains in force, but where the certificate may terminate as described below if timely premium payments and/or loan repayments are not received by us. See the **End of a Grace Period (Pay Premiums/Repay Loans or Your Certificate Will Terminate)** provision.

During the grace period, the death benefit and all certificate provisions remain in effect.

**End of a Grace Period (Pay Premiums/Repay Loans or Your Certificate Will Terminate).** A grace period will end at any time any of the following conditions occur:

1. It has been at least 61 days since the grace period began, and it has been at least 31 days since we mailed you a notice that the certificate is in the grace period. If a grace period ends as a result of this condition becoming true, the certificate and all attached riders terminate.
2. We received a premium payment or loan repayment equal to or exceeding the amount stated in a notice we mailed you as necessary to end the grace period with the certificate still in force.
3. We received a premium payment or loan repayment after the grace period began but before we mailed you notice of what premium payment or loan repayment would be necessary to end the grace period with the certificate still in force; and the certificate has been in force for less than 5 years; and the sum of the minimum monthly premiums for each of the certificate months that the certificate has been in force for at least a portion of the certificate month is less than or equal to the result of (a) minus (b), minus (c), where:
  - (a) is the sum of all premium payments received by us; and
  - (b) is the sum of all loans taken by you minus the sum of all loan repayments received by us; and
  - (c) is the sum of all partial surrenders taken by you, including the sum of all partial surrender service charges.
4. We received a premium payment or loan repayment after the grace period began but before we mailed you notice of what premium payment or loan repayment would be necessary to end the grace period with the certificate still in force, and the net surrender value is greater than zero.
5. The certificate terminates for a reason not directly caused by the grace period. If the grace period ends as a result of this condition occurring, the amount payable, if any, will be based on the certificate's values as of the date of termination.

**Reinstatement.** We will reinstate this certificate if you send us a written request prior to the maturity date and within 5 years after the certificate terminates as a result of the grace period. You must also send us:

1. proof satisfactory to us that each insured is insurable at the original premium class; and
2. payment of enough premium to keep the certificate in force for 2 months, and pay all past due grace period monthly deductions.

This certificate will not be reinstated if it was surrendered for its net surrender value. The effective date of the reinstated certificate is the date we approve your written request. The **Incontestability** provision applies from the effective date of reinstatement as to statements made in the reinstatement application. Certificate debt existing at the end of the grace period will not be reinstated if reinstatement occurs more than 90 days after termination.

After the certificate is reinstated, the surrender charge is the same as it would have been had there been no termination.

**Non-Payment of Premium.** If you make no premium payment, this certificate continues in force until the grace period ends. Unless required payments are made, this certificate and all attached riders will then terminate. In no case will this certificate continue beyond the maturity date nor will a rider continue beyond its termination date.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

**Death Benefit.** If the insured dies before the maturity date and while this certificate is in force, we pay the death benefit to the beneficiary, subject to the terms and conditions of this certificate, upon receipt at our [Administrative/Home] Office of proof of the death of the insured. Proof of death must be by a certified copy of the death certificate or by other written evidence satisfactory to us. We may also require you to submit the certificate with the proof of death. If the death benefit is not paid within a reasonable period of time after proof of the death of the insured has been furnished to us, we will pay interest upon the proceeds or any refund of premium at the rate of 8% per year. A reasonable period of time shall be that period of time sufficient to complete an investigation of the cause of death and to process the necessary claims. In no case shall this period exceed 30 days from the date proof of death has been furnished to us. Such refund will be made to the designated beneficiary and will be included with the death benefit proceeds payable.

**Death Benefit Option.** The death benefit amount depends on the death benefit option in effect on the date of the insured's death. The death benefit option and the initial specified amount in effect on the certificate date are shown on the certificate specifications page.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS (continued)

**Option 1.** Under Option 1, the death benefit amount is the specified amount on the date of death.

**Option 2.** Under Option 2, the death benefit amount is the specified amount, plus the fund value on the date of death.

The above options are subject to IRS requirements.

The death benefit amount in any certificate year is not less than the minimum death benefit amount. The minimum death benefit amount equals a percent of the fund value on the date of death based on the following table:

Attained Age	Fund Value %						
40 and Under	250	54	157	68	117	82	105
41	243	55	150	69	116	83	105
42	236	56	146	70	115	84	105
43	229	57	142	71	113	85	105
44	222	58	138	72	111	86	105
45	215	59	134	73	109	87	105
46	209	60	130	74	107	88	105
47	203	61	128	75	105	89	105
48	197	62	126	76	105	90	105
49	191	63	124	77	105	91	104
50	185	64	122	78	105	92	103
51	178	65	120	79	105	93	102
52	171	66	119	80	105	94	101
53	164	67	118	81	105	95	100

### CHANGING YOUR DEATH BENEFIT

**Right to Change Amount or Option.** After the first certificate anniversary, you may make a written request to change the specified amount or the death benefit option. We may limit the number of each such type of change to one per 12-month period. A change approved by us goes into effect on the monthly date after the date we receive your written request at our [Administrative/Home] Office.

**Increasing the Specified Amount.** A request for an increase must include the following:

1. an evidence of insurability form; and
2. the first monthly deduction for the increase.

Increases in the specified amount are subject to our underwriting rules, issue amount limits and age limits.

**Decreasing the Specified Amount.** Any decrease is applied in the following order:

1. against the specified amount of the most recent increase; then
2. against the next most recent increases, in order; then
3. against the initial specified amount.

The specified amount remaining in force after a decrease cannot be less than the minimum specified amount shown on the certificate specifications page. We reserve the right to refuse a decrease which causes this certificate not to qualify as life insurance under IRS requirements.

**Changing the Death Benefit Option.**

1. **If you request a change from Option 1 to Option 2:** The specified amount is decreased by the amount of the fund value, but not below the minimum specified amount shown on the certificate specifications page. Evidence of insurability may be required.

## CHANGING YOUR DEATH BENEFIT continued

2. **If you request a change from Option 2 to Option 1:** The specified amount is increased by the amount of the fund value. No evidence of insurability is required.

### CERTIFICATE FUND VALUE

**Fund Value on the Certificate Date.** The fund value on the certificate date is [95%]\* of any premiums received on or before the certificate date; minus the monthly expense charge for the first certificate month; minus the monthly cost of insurance for this certificate for the first certificate month.

**Fund Value on Each Monthly Date.** On any monthly date after the certificate date, the fund value equals:

1. the fund value on the last monthly date; plus
2. one month's interest on item (1) above; plus
3. [95%]\* of any premiums received since the last monthly date; minus
4. any partial surrender of fund value and any partial surrender service charge since the last monthly date; minus
5. the monthly expense charge for the month following the monthly date; minus
6. the monthly cost of insurance for this certificate for the month following the monthly date.

\* At our option we may credit more than [95%] of any premiums received. The amount we credit will always be at least [95%] and will never be greater than 100%.

On any day other than the monthly date, the fund value will be calculated in a like manner.

**Interest Rate.** The guaranteed rate used in calculating fund values is the monthly rate shown on the certificate specifications page, compounded monthly. This is equivalent to the annual rate shown on the certificate specifications page, compounded annually. We may use rates greater than the guaranteed rates to calculate fund values. We may use a different rate for the portion of the fund value which equals the amount of certificate debt, but never less than the monthly rate shown on the certificate specifications page.

**How We Calculate the Monthly Expense Charge.** The monthly expense charge for a certificate month equals:

1. the monthly cost of insurance for benefits provided by riders; plus
2. a monthly fee of \$[2.00] in certificate years 1 to [20]; plus
3. the monthly per thousand charge, if any.

**How We Calculate the Monthly Cost of Insurance.** We calculate the cost of insurance on each monthly date. The monthly cost of insurance is determined as follows:

1. divide the death benefit amount on the monthly date (prior to the monthly deduction for this certificate) by the death benefit discount factor amount shown on the certificate specifications page (this discounts the death benefit amount to the beginning of the month at the guaranteed interest rate); then
2. determine the fund value on the monthly date (prior to the monthly deduction for this certificate); and
3. subtract (2) from (1), divide by 1,000 (this is the number of \$1,000's of net amount at risk) then multiply by the cost of insurance rate per \$1,000.

**Cost of Insurance Rates.** The cost of insurance rates are based on many factors, including, but not limited to, the insured's age, certificate year, premium class and specified amount. We may change the cost of insurance rates for any reason at any time, but they will never be more than the guaranteed maximum rates shown on pages 4A and 4B. For the specified amount at issue, the premium class on the certificate date applies. For increases in the specified amount, the premium class applicable to the increase applies. When the death benefit amount is increased due to the minimum death benefit, the premium class for the most recent increase applies to the amount of increase. When the specified amount is decreased, the order of decreases is explained in the **Decreasing the Specified Amount** provision. Each time there is an increase or decrease, an average premium class weighted by specified amount is computed. The same weighting is used to determine an average cost of insurance rate to apply to the total specified amount.

**CERTIFICATE FUND VALUE continued**

**How We Calculate the Monthly per Thousand Charge.** The monthly per thousand charge is a charge for each \$1,000 of initial specified amount to be deducted at the beginning of each certificate month. The monthly per thousand charge will also be deducted for each \$1,000 of increased specified amount at the beginning of each certificate month beginning on the effective date of such increase. Maximum annual charges per \$1,000 are shown on the following pages. At our option, we may determine a lower annual charge. The monthly charges per \$1,000 are the annual per \$1,000 charges divided by 12.

**Annual Expense Charges per \$1,000 of Initial Specified Amount or Increased Specified Amount**

Age at issue or increase	Non-Tobacco User		Age at issue or increase	Tobacco User	
	Duration since Issue or Increase (Year)			Duration since Issue or Increase (Year)	
	[1-14]	[15+]		[1-14]	[15+]
[0-25	1.92	0.00	[0-25	2.04	0.00
26-35	2.40	0.24	26-35	2.88	0.24
36-45	3.12	1.20	36-45	4.80	0.60
46-55	5.64	4.08	46-55	6.60	6.60
56-60	9.00	9.00	56-60	9.00	9.00
61-65	9.00	9.00	61-65	15.00	15.00
66-70	18.00	18.00	66-70	30.00	30.00
71-75	33.00	33.00	71-75	42.00	42.00
76-80	48.00	48.00	76-80	54.00	54.00

**CERTIFICATE SURRENDER**

**Surrender.** Subject to the **Certificateholder, Beneficiary and Assignment** provisions, you may return this certificate to us and request its net surrender value. A surrender is effective on the date we receive your written request at our [Administrative/Home] Office.

The net surrender value is equal to:

1. the surrender value; minus
2. certificate debt.

The surrender value is equal to:

1. the fund value; minus
2. the surrender charge explained below.

The fund value used to calculate the surrender value is the value as of the day we receive your request at our [Administrative/Home] Office.

**CERTIFICATE SURRENDER continued**

**TABLE OF MAXIMUM SURRENDER CHARGES  
(Per \$1,000 of Initial Specified Amount or Increased Specified Amount)**

Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge
10	2.00	21	2.00	42	15.50	63	36.00
1	2.00	22	2.00	43	16.00	64	38.00
2	2.00	23	2.00	44	16.50	65	40.00
3	2.00	24	2.00	45	17.00	66	40.00
4	2.00	25	2.00	46	17.50	67	40.00
5	2.00	26	5.00	47	18.00	68	40.00
6	2.00	27	5.00	48	18.50	69	40.00
7	2.00	28	5.00	49	19.00	70	40.00
8	2.00	29	5.00	50	19.50	71	40.00
9	2.00	30	5.00	51	20.00	72	40.00
10	2.00	31	10.00	52	20.50	73	40.00
11	2.00	32	10.00	53	21.00	74	40.00
12	2.00	33	10.50	54	21.50	75	40.00
13	2.00	34	11.00	55	22.00	76	40.00
14	2.00	35	11.00	56	23.50	77	40.00
15	2.00	36	12.00	57	25.00	78	40.00
16	2.00	37	13.00	58	26.50	79	40.00
17	2.00	38	13.50	59	28.00	80	40.00
18	2.00	39	14.00	60	30.00		
19	2.00	40	14.50	61	32.00		
20	2.00	41	15.00	62	34.00		

**Renewal Year Surrender Charges per \$1,000:** Multiply the maximum surrender charge by the percentages shown in the table below. Years and months are measured from the certificate date or date of increase respectively.

% of Maximum Surrender Charge

During Year	Age at Issue or Increase			
	[0-30	31-45	46-54	55+]
[1-3	100%	100%	100%	100%
4	80	80	60	60
5	60	60	25	25
6	50	50	25	25
7	50	50	25	25
8	50	50	25	25
9	50	50	25	25
10	50	50	25	01
11	50	50	25	
12	50	50	25	
13	50	45	25	
14	50	40	25	
15	50	35	0	
16	50	30		
17	50	25		
18	50	20		
19	50	10		
20	0	0		

**Surrender Charge Computation.** The surrender charge for the certificate equals the sum of the surrender charge on the initial specified amount, plus the surrender charge on any increase in specified amount. The surrender charge on the initial specified amount equals the rate per \$1,000 shown above, times the number of \$1,000's of initial specified amount.

The surrender charge on any increased specified amount equals the rate per \$1,000 shown above, based on the attained age at increase, times the number of \$1,000's of increased specified amount.

## CERTIFICATE SURRENDER continued

If the specified amount is decreased for any reason, the surrender charge is not affected. There is no reduction in the surrender charge due to such decrease.

### CERTIFICATE LOANS[, AND] PARTIAL SURRENDERS [AND REDUCED PAID UP OPTION]

**Obtaining a Loan.** You may request a loan at any time, if:

1. this certificate is in force; and
2. the loan is not more than the loan value.

The loan value is the surrender value minus:

1. certificate debt; and
2. interest on any existing certificate debt and on the amount to be borrowed to the next annual date; and
3. any unpaid monthly deductions; and
4. an amount equal to 2 monthly deductions.

Loans are evidenced by our check payable to and endorsed by you, or electronic versions of the same.

**Loan Interest.** The interest we charge on certificate debt is 8% per year in arrears. Interest on certificate debt is due and payable in arrears at the end of each certificate anniversary. Interest not paid when due will be added to the existing certificate debt and bear interest at the same rate.

**Loan Repayment.** You may repay certificate debt at any time, except that:

1. repayment must be made while this certificate is in force and while the insured is alive; and
2. a partial repayment must be at least \$25.

A loan that exists at the end of a grace period cannot be repaid unless you reinstate this certificate. If at any time the certificate debt exceeds the surrender value, this certificate terminates. At least 31 days prior notice will be mailed to your last known address.

**Partial Surrender.** After the first certificate anniversary, you may request a partial surrender any time during the insured's lifetime and before the maturity date. The partial surrender is effective on the date we receive and accept your written request. A \$25 service charge is deducted from the fund value for each partial surrender. The amount surrendered plus the service charge cannot exceed the net surrender value, but must be at least \$250.

Under Death Benefit Option 1, the specified amount is reduced by the amount of the partial surrender. A partial surrender is not allowed if it would reduce the specified amount below the minimum specified amount shown on the certificate specifications page.

A partial surrender cannot be repaid, but you can make unscheduled premium payments.

**[Reduced Paid Up Option.** You may, at any time, elect to surrender this certificate and use the net surrender value to purchase reduced paid up insurance. This reduced paid up insurance will be in force until the certificate anniversary on or next following the insured's 95th birthday unless it is surrendered. If the insured is living on the certificate anniversary on or next following the insured's 95th birthday we will pay the reduced paid up amount to you.

The reduced paid up amount is calculated by dividing the net surrender value by the net single premium. The net single premium is calculated using the guaranteed maximum cost of insurance rates and the guaranteed interest rate.

We reserve the right to refuse to provide this option if the reduced paid up amount would be less than \$1,000.

Once elected, the reduced paid up option can be surrendered at any time. The surrender is effective on the date we receive your written request at our [Administrative/Home] Office.

The value provided on surrender is calculated by multiplying the reduced paid up amount by the net single premium calculated at the time this option is surrendered.

Once this option is surrendered it cannot be reinstated.]

**CERTIFICATEHOLDER, BENEFICIARY AND ASSIGNMENT**

**Certificateholder.** All certificate rights and privileges belong to the certificateholder and may be exercised by the certificateholder during the lifetime of the insured. If the certificateholder dies before the insured, all the rights and privileges of the certificateholder pass to the estate of the certificateholder.

**Change of Certificateholder.** You may transfer your rights under this certificate by making a written request and, unless waived by us, submitting the certificate for endorsement to show the transfer. The change is effective when we receive it at our [Administrative/Home] Office. Any payment made or any action taken or allowed by us before the change is recorded will be without prejudice to us. If not provided otherwise, a change of certificateholder does not affect the interest of any beneficiary.

**Beneficiary.** The beneficiary:

1. receives the death benefit when the insured dies; and
2. is named on the enrollment form for this certificate; and
3. may be changed by the certificateholder, as explained in this section.

If not provided otherwise:

1. The interest of a beneficiary who dies before the insured will pass to the surviving beneficiaries in proportion to their share in the proceeds.
2. If no beneficiary survives the insured, the death benefit is paid in one lump sum to the certificateholder, if living. If neither the certificateholder nor any beneficiary survive the insured, the death benefit is paid to the certificateholder's estate.

**Change of Beneficiary.** You may change the beneficiary designation by written request:

1. while the insured is alive; and
2. if the prior designation does not prohibit such a change.

A change revokes any prior designation. The change will take effect as of the date the request is signed, even if the insured is not living on the day the request is received. Any rights created by the change will be subject to any payments made or actions taken by us before the written request is received.

**Assignment.** An assignment of this certificate is not binding on us unless:

1. it is a written request; and
2. it is received by us at our [Administrative/Home] Office.

An assignment will take effect when recorded at our [Administrative/Home] Office. We are not responsible for the validity of any assignment.

**GENERAL CERTIFICATE PROVISIONS**

**Entire Certificate; Changes.** The entire certificate consists of:

1. this certificate; and
2. the enrollment form; and
3. any riders, amendments or endorsements attached to this certificate.

A change in this certificate will be binding on us only if:

1. the change is in writing; and
2. the change is made by our President, Vice President, Secretary or Assistant Secretary.

**Continuation of Coverage.** If the insured loses eligibility for the coverage provided under the group policy for any reason other than non-payment of premiums, you will have the option to continue the coverage, including any riders, by paying the premiums directly to us at our [Administrative/Home] Office. We will bill you for these premiums. If you stop paying premiums under this option, the coverage may enter its grace period.

**Incontestability.** We rely on the statements made on the enrollment form for this certificate, any application(s) for reinstatement and any application(s) for increases in the specified amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this certificate, unless it is in such applications.

### GENERAL CERTIFICATE PROVISIONS continued

In the absence of fraud, we cannot contest payment of the death benefit represented by the initial specified amount after this certificate has been in force during the insured's life for 2 years from the certificate date.

In the absence of fraud, we cannot contest payment of the death benefit represented by increases in the specified amount after an increase has been in effect during the insured's life for 2 years.

**Suicide Exclusion.** If the insured commits suicide, while sane or insane, within 2 years after the certificate date, the death benefit is limited to the premiums paid, less certificate debt and partial surrenders.

If there are any increases to the specified amount (see the **Changing Your Death Benefit** provision), a new 2 year suicide exclusion period applies to each increase starting on the date of increase. The death benefit for the increase is the monthly deductions due to the increase during such period.

**Misstatement of Age, Sex or Tobacco Use Status.** If the insured's age, sex or tobacco use status is misstated, the death benefit amount will be adjusted at the time of the insured's death. The adjusted death benefit amount equals the unadjusted death benefit amount, multiplied by the certificate's cost of insurance rate which applies during the certificate month of the insured's death using the misstated age, sex or tobacco use status, divided by the certificate's cost of insurance rate which applies during the certificate month of the insured's death using the correct age, sex or tobacco use status. If there is no established certificate cost of insurance rate which applies during the certificate month of the insured's death using the correct age, sex or tobacco use status, we will extrapolate such a rate for the purpose of adjusting the death benefit amount. No adjustments to the fund value will be made as a result of the insured's age, sex or tobacco use status being misstated.

**Payments by Us and Right to Defer Payment.** All payments by us are made from our [Administrative/Home] Office.

We have the right to wait up to 6 months after written notice to us before we:

1. pay the net surrender value; and
2. make a certificate loan, unless it is used to pay premiums on your certificate; and
3. make a partial surrender.

If we wait more than 30 days to pay surrender proceeds, interest at the guaranteed rate will be added for the time we waited.

**Non-Participating.** This certificate does not share in surplus distribution.

**Basis of Certificate Values.** The basis for the minimum surrender values and guaranteed maximum cost of insurance rates is shown on pages 4A and 4B. All of the values are the same or more than the minimums set by the laws of the state where the group policy is issued. If required, we have filed a detailed statement about this with the state insurance department. Reserves will always be at least as great as the minimum required by law.

**Annual Report.** We will send you a report at least once a year without charge. It shows since the last report:

1. current fund value; and
2. current certificate debt; and
3. premiums paid; and
4. expense; and
5. cost of insurance deducted for the certificate and any riders; and
6. interest credited to the fund value; and
7. partial surrenders (including service charges); and
8. current death benefit amount.

**Projection of Values and Benefits.** At your written request, we will provide a report which shows projected future results. The report is based on assumptions in regard to:

1. the death benefits and planned premium payments you specify; and
2. such other assumptions needed as specified by you or us.

A fee of up to \$25.00 may be charged as determined by us. The report is based on assumptions, and is not a guarantee of results or performance.

## GENERAL CERTIFICATE PROVISIONS (continued)

**Termination.** This certificate terminates on the earliest of:

1. your surrender of the certificate for its net surrender value; or
2. satisfying either item 1. or 5. in the **End of a Grace Period (Pay Premiums/Repay Loans or Your Certificate Will Terminate)** provision; or
3. the death of the insured; or
4. the maturity date; or
5. the date the group policy terminates subject to the **Continuation of Coverage** provision.



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

**A Stock Company**

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATEHOLDER ON THE MATURITY DATE IF THE  
INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**



Workplace Division

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

A Stock Company

## **FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE POLICY**

This group policy is issued in consideration of the group policyholder's application and payment of the premiums when due.

The group policy is effective as of the date shown below.

**Group Policyholder:** [Employer/[Employer/Association] Name]

**Group Policy Number:** [123XYZ]

**Group Policy Effective Date:** [March 1, 2008]

**Governing Jurisdiction:** [Florida]

The group policy is issued in the governing jurisdiction shown above and will be governed by its laws.

These agreements are subject to all terms of this group policy on this and the following pages. The group policy replaces any prior one issued to the group policyholder.

### **PLEASE READ YOUR GROUP POLICY CAREFULLY!**

This policy is a contract between you, the group policyholder, and us, American Heritage Life Insurance Company.

### **20 DAY RIGHT TO EXAMINE GROUP POLICY**

If for any reason you are not satisfied with this policy, return it to us or to our agent. If the policy is returned within 20 days after you receive it, we will return all premiums paid and the policy is void. If you have a complaint, an inquiry or need to obtain information regarding this policy, you may call us toll-free at [1-800-323-2057].

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.

Secretary

President

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATE HOLDER ON THE MATURITY DATE IF  
THE INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

#### **Home Office**

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

#### **[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street,  
Keene, NH 03431]

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## INSURANCE SCHEDULE

### **[Eligibility to Participate in the Insurance Program]**

In order for the [employee/member] [or his/her eligible family members] to participate in the insurance program, the [employee/member] must meet the following requirements:

1. Initial Enrollment: [The member of the association must be a member in good standing at the time of the initial enrollment]. The [employee/member] must be actively at work performing the regular duties of his/her job in the usual manner and the usual place of employment on the date the enrollment form is signed.
2. [The [employee/member] is actively at work for [30] hours or more per week and has completed [3 months] of employment as of the date of the enrollment form.]
3. Additional Enrollments: Must be a new [employee/member] of the [employer/association] and not eligible for the insurance program in a prior enrollment.
4. [Employee/member] must be at least age [16] but not older than age [80], age last birthday as of the certificate date.]

### **[[Spouse/Domestic Partner]**

To qualify as the [employee/member]'s spouse, he/she must be legally married to the [employee/member].

[To qualify as the [employee/member]'s domestic partner, the relationship must meet the definition and requirements described in the Definitions section of the group policy.]

[To qualify as the [employee/member]'s domestic partner, civil union (or similar state designated term) partner, the relationship must qualify as such according to the laws of the insured's state of residence.]

He/she does not qualify as a spouse if he/she is individually eligible as a [employee/member] under the group policy.

[He/she does not qualify as a domestic partner, civil union (or similar state designated term partner), if he/she is individually eligible as a [employee/member] under the group policy.]

[[Spouse/domestic partner] must be at least age [16] but not older than age [65].]

### **[Dependent Child]**

To qualify as the [employee/member]'s dependent child, he/she must be unmarried, financially dependent on the [employee/member], and at least age [24 hours] but not older than age [24]; and must be:

1. a natural child of the [employee/member]; or
2. a legally adopted child of the [employee/member]; or
- [3. a stepchild who lives with the [employee/member]; or]
- [4. a child for whom the [employee/member] has been appointed legal guardian and who lives with the [employee/member]; or] [.] ]
- [5. a child of the [employee/member]'s [spouse/domestic partner.]]

He/she does not qualify as a dependent child, if he/she is individually eligible as [an/a] [employee/member] under the group policy.]

### **[Grandchild]**

To qualify as the [employee/member]'s grandchild, he/she must be unmarried and at least age [24 hours] but not older than age [24]; and

He/she does not qualify as a grandchild, if he/she is individually eligible as [an/a] [employee/member] under the group policy.]



## INSURANCE SCHEDULE (continued)

### Evidence of Insurability

We may ask for evidence of insurability if a person proposed for insurance:

1. applies for this insurance after [31 days] of becoming eligible for coverage or if the amount of insurance coverage is increased; or
2. applies for an amount of insurance in excess of the guaranteed issue limit, if applicable; or
3. applies for an amount of insurance in excess of the contingent guarantee issue limit, if applicable; or
4. applies for reinstatement of life insurance coverage after such coverage has terminated; or
5. does not otherwise meet the eligibility requirements.

### ISSUE LIMITS:

#### [Guaranteed Issue Limits: (subject to eligibility requirements)]

[Employee/Member]	[Spouse/Domestic Partner]	Dependent Child
\$5.00 per week subject to an overall maximum amount of \$100,000	N/A	N/A

Subject to a minimum face amount of \$10,000

#### Contingent Guaranteed Issue Limits: (subject to contingent guarantee issue eligibility requirements)

[Employee/Member]	[Spouse/Domestic Partner]	Dependent Child
\$10.00 per week subject to an overall maximum amount of \$100,000	\$5.00 per week subject to an overall maximum amount of \$50,000	\$3.00 per week

Subject to a minimum face amount of \$10,000

#### Simplified Issue Limits: (subject to simplified issue eligibility requirements and evidence of insurability)

[Employee/Member]	[Spouse/Domestic Partner]	Dependent Child or Grandchild
\$15.00 per week subject to an overall maximum amount of \$150,000	\$5.00 per week subject to an overall maximum amount of \$50,000	\$3.00 per week

Subject to a minimum face amount of \$10,000]

### Group Policy [and Optional Riders]

The group policy provides for a Flexible Premium Adjustable Group Life Insurance Plan.

[The group policy provides for the following optional riders:

1. Accidental Death Benefit Rider
2. Total Disability Premium Waiver Rider
3. Total Disability Waiver of Monthly Deduction Rider
4. Payor Waiver of Premium
5. Payor Disability Waiver of Monthly Deduction Rider
6. Continuation of Coverage During A Strike or Layoff Rider
7. Children's Term Rider
8. Level Term Insurance Rider

## **INSURANCE SCHEDULE (continued)**

9. Future Purchase Option Rider
10. Other Insured Person Level Term Rider
11. Accelerated Death Benefit for Critical Illness Rider
12. Accelerated Death Benefit for Terminal Illness Benefit
13. Accelerated Death Benefit for Long-Term Care Rider
14. Accelerated Death Benefit for Long-Term Care Benefit Rider with Extension of Benefits

Any or all of the optional riders may be declined by the certificateholder. A combination of riders may be chosen; however, no certificateholder may have both the Accelerated Death Benefit for Critical Illness and Accelerated Death Benefit for Terminal Illness Riders.]

### **[Minimum Participation Requirement**

A minimum of [five] insured [employees/members] or the minimum required by the governing jurisdiction, whichever is greater, is required to issue this group policy.]

**Group Policyholder Application**  
Will be inserted on this page

## DEFINITIONS

**Certificate.** A document that describes the terms of the insurance made available to the eligible [employees/members] of the group policyholder [and their eligible family members]. It provides evidence of the coverage provided to the insured under the group policy.

**Certificateholder.** The person who is allowed to exercise the rights given by the group policy. The certificateholder may be someone other than the insured. [The certificateholder is shown on the certificate specifications page.]

**[Domestic Partner.** The insured's same-sex or opposite-sex partner who is eligible for coverage providing the requirements listed below have been met for the last 12 months.

Both must:

1. have resided together in the same permanent residence; and
2. be at least 18 years of age; and
3. intend to remain each other's sole domestic partner indefinitely; and
4. be emotionally committed to one another and share joint responsibilities for the common welfare and financial obligations of one another; or the domestic partner must be chiefly dependent upon the [employee/member] for care and financial assistance; and
5. not be legally married to or the legal domestic partner of anyone else; and
6. not be related to each other by blood closer than would prohibit marriage under applicable state law.

If requested by us, satisfactory proof must be submitted that supports the domestic partner's eligibility for coverage.]

**Group Policy.** The group contract whose provisions govern the insurance provided to the eligible [employees/members] of the group policyholder [and their eligible family members].

**Group Policyholder.** The entity through which we make this insurance available to eligible [employees/members] [and their eligible family members]. The group policyholder is shown on page 1.

**Insured.** The person whose life is insured under the group policy. The insured is shown on the certificate specifications page.

**Rider.** An amendment to the group policy and may include optional benefits. All riders elected by the group policyholder are attached to the group policy. No certificate is available under the rider unless elected and attached as an optional benefit to the certificate.

**We, Our, or Us.** American Heritage Life Insurance Company.

**You, Your.** The group policyholder as shown on the group policyholder application.

## PREMIUMS

**Group Policy Premiums.** You must pay to us the sum of all premiums collected and due for each insured covered under the group policy. Premiums are due and payable to us on each premium due date. The first premium due date is the group policy effective date.

**Grace Period for Paying Premiums.** You have a grace period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the grace period. You are liable for the premium due during the grace period.

**Change in Premium Rates.** We have the right to change the premium rates on any premium due date after the first, subject to any premium rate guarantee you have with us. We will provide you with a 60 day advance written notice of any change in premium rates.

## POLICY CHANGES AND TERMINATION

**Change in the Group Policy.** The terms of this group policy may not be changed unless our officer approves it in writing. Any approved change will be added to the group policy in writing.

The group policy will automatically comply with any state or federal law as of the mandated effective date of the law, even if we have not notified the group policyholder of the change or the group policy has not been amended.

**Effective Date of Changes.** Unless we and the group policyholder agree otherwise in writing, the effective date of any change in benefits offered under this group policy will be the first day of the month that next follows the date we send notice of the change in benefits and corresponding change in premium rates.

**Termination of the Group Policy.** The group policy, together with all riders, will terminate at the earliest of the following events:

1. if any premium payable by you is not paid within the grace period, the group policy will terminate the day after the [31 day] grace period; or
2. if you submit a [60 day] advance notice to us to terminate the group policy, the group policy, together with all optional riders will terminate on the date specified in such request; or
3. if we give you a [60 day] advance written notice that we intend to terminate the group policy, the group policy, together with all optional riders, will terminate on the day specified in such notice; or
4. if you fail to comply with any of the terms of the group policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, the group policy, together with all optional riders, will terminate on the [32<sup>nd</sup> day] after we have given you notice of our intent to terminate; or
5. if the number of [employees/members] who become insured under the group policy during any 12 month period does not meet the minimum participation requirement shown in the policy insurance schedule, we have the right to terminate the group policy, together with all optional riders on the [32<sup>nd</sup> day] after we have given you written notice of our intent to terminate.

## POLICYHOLDER PROVISIONS

**Group Policyholder Application.** You must submit to us an executed group policyholder application form electing to participate in the Flexible Premium Adjustable Group Life Insurance Policy.

**Duties.** Your duties include, but are not limited to, the following:

1. As required, provide us any and all information we determine is necessary for the enrollment and determination of eligibility of your [employees/members.] You must provide us with all information necessary to underwrite the coverage, to calculate premiums and to maintain necessary administrative records.
2. Maintain records pertaining to the insurance of your [employees/members], which we may reasonably require information on while this group policy is in force and for 2 years after this group policy terminates. You must also allow us to examine these records at any reasonable time during normal business hours.
3. Cooperate fully with us in preparing and/or delivering any required notices regarding this insurance to your [employees/members].

**Inspection of the Group Policy.** You must make this group policy available for inspection by your [employees/members] at all reasonable times during normal business hours.

**Continuation of the Certificate.** If the insured loses eligibility for the coverage provided under the group policy for any reason other than non-payment of premiums by the certificateholder, the certificateholder will have the option to continue the certificate, including any riders, by paying the premiums directly to us at our [Administrative/Home] Office. We will bill the certificateholder for these premiums.

## GENERAL PROVISIONS

**Entire Group Policy.** The entire group policy consists of:

1. the group policy; and
2. any riders or endorsements; and
3. any schedules; and
4. the group policyholder's application form; and
5. the enrollment form for each insured.

The group policyholder is an agent of the insured. For all purposes related to the insurance issued under this group policy, you act as an agent of the insured. You do not, therefore, act as our agent for any purposes related to insurance provided under this group policy.

**Incontestability.** We rely on the statements made on the group policyholder application for this group policy. We will not use any statement you make to void this group policy after it has been in force for 2 years from the date of issue.

**Clerical Errors.** Any clerical error on the part of us, the group policyholder, insured or certificateholder will not void the group policy or an insured's certificate validly in force. Nor will it continue the group policy or an insured's certificate otherwise validly terminated.

**Money Payable.** All monies payable by or to us will be paid in the lawful currency of the United States of America.

**Time Periods.** All periods affecting the group policy begin and end at 12:01 a.m., standard time, at the group policyholder's address of record.

All periods affecting an insured's certificate begin and end at 12:01 a.m., standard time, at the insured's address of record.

## CERTIFICATE PROVISIONS MADE PART OF THIS GROUP POLICY

The remainder of this group policy consists of the provisions that will appear in the certificate, including any optional riders or endorsements or amendments. The certificate describes the insurance made available under this group policy to your [employees/members] [and their dependents, if applicable].



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

**A Stock Company**

**FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATE HOLDER ON THE MATURITY DATE IF  
THE INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**  
Provides for the Advance of a Portion of the Death Benefit due to Terminal Illness  
The benefit you receive under this rider may be taxable.  
Consult with your personal tax advisor.

This rider is issued in consideration of the enrollment form for this rider. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

**DEFINITIONS**

**Current Discount Rate.** The greater of the 90 day Treasury Bill or Moody's Corporate Bond Yield Average-Monthly Average.

**Death Benefit Advance.** The advance, during the insured's lifetime, of a portion of the death benefit amount.

**Certificate.** The certificate to which this rider is attached.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

**Terminal Illness.** An illness or physical condition:

1. expected to result in the insured's death within 12 months; and
2. for which there is no reasonable prospect for recovery.

**PAYMENT OF BENEFITS**

If the insured incurs a terminal illness while coverage under this rider is in effect, you may request a death benefit advance. We agree to pay to you the death benefit advance amount upon our receipt of all of the following:

1. your written election of the death benefit advance; and
2. the written consent of any irrevocable beneficiary or any assignee, that you may elect the death benefit advance; and
3. a written opinion of the insured's physician that states the diagnosis of the insured's medical condition and that such medical condition is a terminal illness as defined in this rider; and
4. approval by our medical director.

The death benefit advance can only be elected on certificates (excluding term riders) that are more than 2 years away from their termination date(s) on the date we receive the written election.

If death benefit option 2 is in effect, we will change it to death benefit option 1 prior to making the death benefit advance.

The death benefit advance can only be elected once, per certificate, subject to the limits outlined in the calculation of payment provision.

Your election of the death benefit advance is automatically voided and no benefit is payable under this rider if the insured dies after the above requirements are met and before we have paid the benefit.

Any amount later payable under the certificate as a death benefit is reduced by the amount of the death benefit advance before reductions for pro-rata loans and the current discount.

Any amount later payable under the certificate from the fund value or as a surrender, or available for certificate loan, is reduced by the same proportion as the death benefit amount.

**Calculation of Payment.** The amount available for death benefit advance is [75%] of the death benefit amount for the certificate (excluding any term riders and accidental death benefit rider) on the insured's life subject to a maximum of [\$100,000]:

The death benefit advance amount payable to you is reduced:

1. first by any pro-rata loan; then
2. the remaining sum is discounted at the current discount rate.

The death benefit advance and any remaining death benefit amount for the certificate will be determined at the time the claim is made.

If you elect this benefit on more than one certificate that the insured has with us, we retain the right to utilize the death benefit of one certificate completely prior to using another certificate.

**Waiver of Monthly Deductions Benefit.** We waive monthly deductions for the certificate and any riders attached to the certificate if the death benefit advance is paid. This waiver of monthly deductions benefit is in addition to any other premium waiver benefit provided by the certificate or a rider attached to the certificate.

Waiver of monthly deductions will:

1. begin on the monthly date on or next following the date you provide us with satisfactory evidence of terminal illness as defined in this rider; and
2. continue until the certificate terminates.

**TERMINATION**

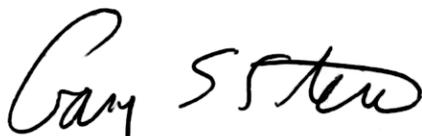
This rider terminates and is no longer in force on the earliest of:

1. the monthly date on or next following the date we receive a written termination request by the owner; or
2. the date the insured attains age 93; or
3. the date the certificate matures, expires, is surrendered or otherwise terminates.

**GENERAL**

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium that may be referred to in the certificate.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

**Home Office**

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

**[Administrative Office**

American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## OTHER INSURED PERSON LEVEL TERM RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are paid in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Age.** Issue age is the other insured person's age last birthday on the rider date. The other insured person's issue age is shown on the certificate specifications page. The other insured person's attained age will increase by one year on each certificate anniversary.

**Conversion Date.** The next monthly date after we receive a request for conversion.

**Other Insured Person.** A person, other than the certificate insured, who is listed on the enrollment form for this rider as the person to be insured under this rider.

**Certificate.** The certificate to which this rider is attached.

**Certificate Insured.** The person named as the insured in the certificate.

**Rider Anniversary.** The same day and month each year as the rider date for each succeeding year this rider remains in force.

**Rider Beneficiary.** Any person and/or entity named in our records to receive the death benefit of this rider when the other insured person dies.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

### DEATH BENEFIT ON OTHER INSURED PERSON

We will pay the death benefit for this rider to the rider beneficiary after we receive written proof that the death of the other insured person occurred while this rider and the certificate are in force.

This rider's death benefit is the amount shown for this rider on the certificate specification page(s) of the certificate.

Term insurance provided by this rider may not be used by any rider that provides for the acceleration of the certificate's death benefit.

### CONVERSION OPTION

We provide a conversion option to an individual policy for this rider. We must receive a written request for conversion:

1. while this rider is in force; or
2. within 30 days after it terminates, if it terminates due to the death of the certificate insured.

The conversion option may be requested by either:

1. the certificateholder; or
2. the other insured person if:
  - a. the certificate insured died within 30 days of the request; and
  - b. the certificate insured was also the certificateholder at the time of death.

The conversion policy may be any non-term life policy currently being offered:

1. at the other insured person's age on his or her last birthday as of the conversion date; and
2. up to the death benefit amount in force for this rider on the conversion date (or the amount in force on the date of termination if conversion is due to the death of the certificate insured).

Premiums for the conversion policy will be:

1. at the rate in effect on the conversion date for the other insured person's premium class and age on his or her last birthday as of the conversion date; and
2. subject to our rules on frequency of premium payments in effect on the conversion date.

The other insured person cannot be insured under this rider and the conversion policy at the same time. The conversion policy will not include any additional benefits or riders, unless agreed to by us.

## **COST OF INSURANCE**

The current annual premium for this rider is shown on the certificate specification page(s) of the certificate. The cost of insurance rate is based on the other insured person's attained age and premium class. The monthly cost of insurance for this rider equals:

1. this rider's death benefit;
2. divided by 1,000;
3. and then multiplied by the monthly cost of insurance rate per \$1,000 for this rider.

The monthly cost of insurance rates per \$1,000 of death benefit are shown in the tables in this rider. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

## **SUICIDE EXCLUSION**

**Other Insured Person.** We do not provide any benefits under this rider if the other insured person dies by suicide, while sane or insane, within 2 years from the rider date. Our liability is limited to a return of all cost of insurance charges deducted for this rider.

**Certificate Insured.** In the event of suicide of the certificate insured, coverage for the other insured person may be continued as explained in the conversion option provision of this rider.

## **MISSTATEMENT OF AGE, SEX OR TOBACCO USE STATUS**

If the other insured person's age, sex or tobacco use status is misstated, this rider's death benefit will be adjusted at the time of the other insured person's death.

The adjusted death benefit equals:

1. the unadjusted death benefit, multiplied by this rider's cost of insurance rate which applies during the certificate month of the other insured person's death using the misstated age, sex or tobacco use status; divided by
2. this rider's cost of insurance rate which applies during the certificate month of the other insured person's death using the correct age, sex or tobacco use status. If there is no rider cost of insurance rate which applies during the certificate month of the other insured person's death using the correct age, sex or tobacco use status, we will extrapolate such a rate for the purpose of adjusting the death benefit.

No adjustments to the certificate fund value will be made as a result of the other insured person's age, sex or tobacco use status being misstated.

## **RIDER BENEFICIARY**

If not otherwise named in the application for this rider, the rider beneficiary is the certificateholder.

The certificateholder may change the rider beneficiary by a written request to us:

1. while the other insured person is alive; and
2. if the prior designation does not prohibit such a change.

A change revokes any prior designation.

If not provided otherwise:

1. The interest of any named rider beneficiary who dies before the other insured person, passes to the remaining named rider beneficiaries in equal shares, if any.
2. If no named rider beneficiary survives the other insured person, the death benefit of the rider is paid to the certificateholder, if living, otherwise to the certificateholder's estate.

## **TERMINATION**

This rider terminates and is no longer in force on the earliest of:

1. the date of the death of the certificate insured (see conversion option); or
2. the date any premium for this rider or the certificate remains unpaid, subject to the grace period provision of the certificate; or
3. the conversion date; or
4. the rider anniversary on or next following the other insured person's [65<sup>th</sup>] birthday; or
5. the date the certificate matures, expires, is surrendered or otherwise terminates; or
6. the monthly date on or next following the date we receive your written request to terminate.

## **GENERAL**

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate. If the other insured person dies during the grace period, we will deduct the unpaid cost of insurance from the benefit to be paid.

## INCONTESTABILITY

We cannot contest payment of this rider benefit once this rider has been in force while the other insured person is alive for 2 years from the rider date, except for nonpayment of premiums.

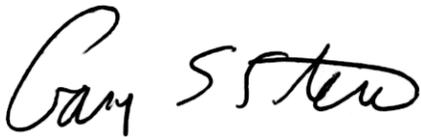
**TABLE OF MONTHLY COST OF INSURANCE RATES  
TOBACCO USER RATES**

<b>Attained Age</b>	<b>Rate Per \$1,000</b>	<b>Attained Age</b>	<b>Rate Per \$1,000</b>	<b>Attained Age</b>	<b>Rate Per \$1,000</b>
0	0.2050	24	0.1650	48	0.6600
1	0.0825	25	0.1625	49	0.7150
2	0.0775	26	0.1600	50	0.7775
3	0.0775	27	0.1600	51	0.8475
4	0.0725	28	0.1600	52	0.9275
5	0.0700	29	0.1625	53	1.0150
6	0.0675	30	0.1675	54	1.1125
7	0.0625	31	0.1725	55	1.2150
8	0.0600	32	0.1800	56	1.3225
9	0.0600	33	0.1900	57	1.4350
10	0.0600	34	0.2000	58	1.5525
11	0.0650	35	0.2150	59	1.6775
12	0.0725	36	0.2300	60	1.8175
13	0.0825	37	0.2500	61	1.9750
14	0.0950	38	0.2725	62	2.1575
15	0.1075	39	0.2975	63	2.3625
16	0.1200	40	0.3275	64	2.5850
17	0.1300	41	0.3600	65	2.8200
18	0.1375	42	0.3950	66	3.0650
19	0.1700	43	0.4325	67	3.3150
20	0.1725	44	0.4725	68	3.5750
21	0.1725	45	0.5150	69	3.8550
22	0.1725	46	0.5600	70	4.1650
23	0.1700	47	0.6075		

**TABLE OF MONTHLY COST OF INSURANCE RATES  
NON-TOBACCO USER RATES**

<b>Attained Age</b>	<b>Rate Per \$1,000</b>	<b>Attained Age</b>	<b>Rate Per \$1,000</b>	<b>Attained Age</b>	<b>Rate Per \$1,000</b>
0	0.2050	24	0.1200	48	0.3525
1	0.0825	25	0.1175	49	0.3800
2	0.0775	26	0.1150	50	0.4125
3	0.0775	27	0.1150	51	0.4500
4	0.0725	28	0.1150	52	0.4925
5	0.0700	29	0.1150	53	0.5400
6	0.0675	30	0.1175	54	0.5950
7	0.0625	31	0.1200	55	0.6525
8	0.0600	32	0.1225	56	0.7150
9	0.0600	33	0.1275	57	0.7825
10	0.0600	34	0.1325	58	0.8575
11	0.0650	35	0.1400	59	0.9375
12	0.0725	36	0.1475	60	1.0300
13	0.0825	37	0.1575	61	1.1350
14	0.0950	38	0.1675	62	1.2550
15	0.1075	39	0.1800	63	1.3925
16	0.1200	40	0.1925	64	1.5475
17	0.1300	41	0.2075	65	1.7150
18	0.1375	42	0.2250	66	1.8950
19	0.1275	43	0.2400	67	2.0850
20	0.1275	44	0.2600	68	2.2925
21	0.1275	45	0.2800	69	2.5200
22	0.1250	46	0.3025	70	2.7975
23	0.1225	47	0.3275		

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

**Home Office**  
American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224-6687

**[Administrative Office**  
American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## TOTAL DISABILITY PREMIUM WAIVER RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are paid in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Certificate.** The certificate to which this rider is attached.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

**Total Disability.** During the first 24 months of disability, the insured must be unable to perform the substantial and material duties of his or her principal occupation.

After the first 24 months of disability, the insured must be unable to perform the substantial and material duties of any occupation for which they are suited by education, training or experience.

The insured is not totally disabled when not under the regular care of a physician (unless the physician tells us that regular care would be of no further benefit to the insured during such continuing disability).

### BENEFIT

We agree to waive the planned periodic premium (disability benefit amount) for the certificate after we receive due proof that total disability of the insured:

1. has existed continuously for at least 6 months; and
2. began before the insured's attained age 60; and
3. began while the certificate and this rider are in force; and
4. is not described in the Limitations and Exclusions provision of this rider.

We will pay the disability benefit amount shown on the certificate specifications page after total disability has existed continuously for 6 months and while total disability continues.

You may continue to make premium payments to the certificate while the disability benefit amount is being paid. The certificate can enter a grace period even though the disability benefit amount is being paid.

### LIMITATIONS AND EXCLUSIONS

No benefit is provided for this rider if disability results from:

1. injuries intentionally self-inflicted; or
2. war or any act of war, whether declared or undeclared, while the insured is in the military service of any country.

### WRITTEN NOTICE OF CLAIM

We must receive written notice of claim:

1. while total disability continues; and
2. while the insured is alive; and
3. within 1 year of when the insured becomes disabled.

We will not reject a claim because notice was not given within these times if you show that notice was given as soon as reasonably possible.

### PROOF OF TOTAL DISABILITY

Due proof of total disability should be furnished with the written notice of claim or as soon thereafter as reasonably possible. Upon your request, we will supply forms for furnishing proof.

We can require due proof, at reasonable intervals, that total disability continues. After total disability has continued for 2 years, we will not require due proof more often than once a year. We can require physical examination of the insured by our medical representatives at our expense as part of any due proof of total disability. We will not pay the benefit under this rider if due proof is not furnished as required.

## PREMIUMS

The annual premium for this rider is shown on the certificate specifications page. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

## CHANGES IN DISABILITY BENEFIT AMOUNT

After the first certificate year, the disability benefit amount may be changed. Any change will be subject to the following conditions:

1. a written request must be submitted to us; and
2. the disability benefit amount may not exceed the planned periodic premium; and
3. no changes are allowed during a period of total disability; and
4. an application and evidence of insurability satisfactory to us must be submitted for any increase; and
5. the first month's cost of insurance must be paid for any increase.

If the certificate's specified amount is increased due to the Future Purchase Option Rider being exercised, the disability benefit amount will automatically increase by the increase in the monthly scheduled planned periodic premium for the certificate without evidence of insurability. This increase in the disability benefit amount only applies if the increase in planned periodic premium under the Future Purchase Option Rider is actually exercised.

## TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the certificate anniversary on or next following the insured's 60<sup>th</sup> birthday; or
2. the date any premium for this rider or the certificate remains unpaid, subject to the Grace Period provision of the certificate; or
3. the date the insurance under the certificate matures, expires or otherwise terminates.

You may terminate this rider on any premium due date by written request. A claim based on total disability that began before termination of this rider will not be affected by the termination.

## GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

You will remain liable for payment of interest on any certificate loan while we are providing a benefit under this rider. If the certificate loan balance exceeds the cash surrender value while we are providing a benefit under this rider, the certificate will terminate in accordance with the certificate unless a sufficient loan repayment is made. Because the benefit under this rider is a premium payment and not a loan repayment, crediting the benefit under this rider will not prevent termination when the loan balance exceeds the cash surrender value.

## INCONTESTABILITY

We cannot contest payment of this rider after it has been in force while the insured is alive for 2 years from the rider date except for nonpayment of premiums.

We cannot contest payment of this benefit represented by increases in the disability benefit amount after an increase has been in force while the insured is alive for 2 years.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

### Home Office

American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

### [Administrative Office

American Heritage Life Insurance Company  
17 Church Street,  
Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## TOTAL DISABILITY PAYOR WAIVER OF MONTHLY DEDUCTION RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Certificate.** The certificate to which this rider is attached.

**Monthly Deduction.** The sum of the certificate's monthly expense charge and monthly cost of insurance.

**Insured.** The person whose life is insured under the certificate.

**Payor.** The payor is the employee/member person on whose total disability benefits under this rider are based.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

**Total Disability.** During the first 24 months of disability, the payor must be unable to perform the substantial and material duties of his or her principal occupation.

After the first 24 months of disability, the payor must be unable to perform the substantial and material duties of any occupation for which they are suited by education, training or experience.

The payor is not totally disabled when not under the regular care of a physician (unless the physician tells us that regular care would be of no further benefit to the payor during such continuing disability).

### BENEFIT

We agree to waive the monthly deduction after we receive due proof that total disability of the payor:

1. has existed continuously for at least 6 months; and
2. began before the insured's attained age 60; and
3. began while the certificate and this rider are in force; and
4. is not described in the Limitations and Exclusions provision of this rider.

We will waive the monthly deduction after total disability has existed continuously for 6 months and while total disability continues. We will also retroactively waive the monthly deductions for the six month period of continuous disability.

You may continue to make premium payments for the certificate while the monthly deduction is being waived. The certificate can enter a grace period even though the monthly deductions are being waived.

### LIMITATIONS AND EXCLUSIONS

No benefit is provided for this rider if disability results from:

1. injuries intentionally self-inflicted; or
2. war or any act of war, whether declared or undeclared, while the payor is in the military service of any country.

### WRITTEN NOTICE OF CLAIM

We must receive written notice of claim:

1. while total disability continues; and
2. while the payor is alive; and
3. within 1 year of when the payor becomes disabled.

We will not reject a claim because notice was not given within these times if you show that notice was given as soon as reasonably possible.

### PROOF OF TOTAL DISABILITY

Due proof of total disability should be furnished with the written notice of claim or as soon thereafter as reasonably possible. Upon your request, we will supply forms for furnishing proof.

We can require due proof, at reasonable intervals, that total disability continues. After total disability has continued for 2 years, we will not require due proof more often than once a year. We can require physical examination of the payor by our medical representatives at our expense as part of any due proof of total disability. We will not waive the monthly deduction under this rider if due proof is not furnished as required.

## PREMIUMS

The annual premium for this rider is shown on the certificate specifications page. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

## TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the certificate anniversary on or next following the insured's 60<sup>th</sup> birthday; or
2. the date any premium for this rider or the certificate remains unpaid, subject to the Grace Period provision of the certificate; or
3. the date the insurance under the certificate matures, expires or otherwise terminates; or
4. the date the certificateholder requests a change in the payor.

You may terminate this rider on any premium due date by written request. A claim based on total disability that began before termination of this rider will not be affected by the termination.

## GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

You will remain liable for payment of interest on any certificate loan while we are providing a benefit under this rider. If the certificate loan balance exceeds the cash surrender value while we are providing a benefit under this rider, the certificate will terminate in accordance with the certificate unless a sufficient loan repayment is made. Because the benefit under this rider is a waiver of the monthly deduction and not a loan repayment, the benefit under this rider will not prevent termination when the loan balance exceeds the cash surrender value.

## INCONTESTABILITY

We cannot contest this rider after it has been in force while the payor is alive for 2 years from the rider date except for nonpayment of premiums.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

### Home Office

American Heritage Life Insurance Company  
1776 American Heritage Life Drive, Jacksonville, Florida 32224

### [Administrative Office

American Heritage Life Insurance Company  
17 Church Street, Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## TOTAL DISABILITY PAYOR WAIVER OF PREMIUM RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are paid in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Certificate.** The certificate to which this rider is attached.

**Insured.** The person whose life is insured under the certificate.

**Payor.** The payor is the employee/member on whose total disability benefits under this rider are based.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

**Total Disability.** During the first 24 months of disability, the payor must be unable to perform the substantial and material duties of his or her principal occupation.

After the first 24 months of disability, the payor must be unable to perform the substantial and material duties of any occupation for which they are suited by education, training or experience.

The payor is not totally disabled when not under the regular care of a physician (unless the physician tells us that regular care would be of no further benefit to the insured during such continuing disability).

### BENEFIT

We agree to waive the planned periodic premium (disability benefit amount) for the certificate after we receive due proof that total disability of the payor:

1. has existed continuously for at least 6 months; and
2. began before the insured's attained age 60; and
3. began while the certificate and this rider are in force; and
4. is not described in the Limitations and Exclusions provision of this rider.

We will pay the disability benefit amount shown on the certificate specifications page after total disability has existed continuously for 6 months and while total disability continues.

You may continue to make premium payments for the certificate while the disability benefit amount is being paid. The certificate can enter a grace period even though the disability benefit amount is being paid.

### LIMITATIONS AND EXCLUSIONS

No benefit is provided for this rider if disability results from:

1. injuries intentionally self-inflicted; or
2. war or any act of war, whether declared or undeclared, while the payor is in the military service of any country.

### WRITTEN NOTICE OF CLAIM

We must receive written notice of claim:

1. while total disability continues; and
2. while the payor is alive; and
3. within 1 year of when the payor becomes disabled.

We will not reject a claim because notice was not given within these times if you show that notice was given as soon as reasonably possible.

### PROOF OF TOTAL DISABILITY

Due proof of total disability should be furnished with the written notice of claim or as soon thereafter as reasonably possible. Upon your request, we will supply forms for furnishing proof.

We can require due proof, at reasonable intervals, that total disability continues. After total disability has continued for two years, we will not require due proof more often than once a year. We can require physical examination of the payor by our medical representatives at our expense as part of any due proof of total disability. We will not pay the benefit under this rider if due proof is not furnished as required.

## PREMIUMS

The annual premium for this rider is shown on the certificate specifications page. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

## CHANGES IN DISABILITY BENEFIT AMOUNT

After the first certificate year, the disability benefit amount may be changed. Any change will be subject to the following conditions:

1. a written request must be submitted to us; and
2. the disability benefit amount may not exceed the planned periodic premium; and
3. no changes are allowed during a period of total disability; and
4. an application and evidence of insurability satisfactory to us must be submitted for any increase; and
5. the first month's cost of insurance must be paid for any increase.

If the certificate's specified amount is increased due to the future purchase option rider being exercised, the disability benefit amount will automatically increase by the increase in the monthly scheduled planned periodic premium for the certificate, without evidence of insurability. This increase in the disability benefit amount only applies if the increase in planned periodic premium under the future purchase option rider is actually exercised.

## TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the certificate anniversary on or next following the insured's 60<sup>th</sup> birthday; or
2. the date any premium for this rider or the certificate remains unpaid, subject to the grace period provision of the certificate; or
3. the date the insurance under the certificate matures, expires or otherwise terminates; or
4. the date the certificateholder requests a change in the payor.

You may terminate this rider on any premium due date by written request. A claim based on total disability that began before termination of this rider will not be affected by the termination.

## GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

You will remain liable for payment of interest on any certificate loan while we are providing a benefit under this rider. If the certificate loan balance exceeds the cash surrender value while we are providing a benefit under this rider, the certificate will terminate in accordance with the certificate unless a sufficient loan repayment is made. Because the benefit under this rider is a premium payment and not a loan repayment, crediting the benefit to the certificate value will not prevent termination when the loan balance exceeds the cash surrender value.

## INCONTESTABILITY

We cannot contest payment of this rider after it has been in force while the payor is alive for 2 years from the rider date except for nonpayment of premiums.

We cannot contest payment of this benefit represented by increases in the disability benefit amount after an increase has been in force while the payor is alive for 2 years.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

### Home Office

American Heritage Life Insurance Company  
1776 American Heritage Life Drive, Jacksonville, Florida 32224

### [Administrative Office

American Heritage Life Insurance Company  
17 Church Street, Keene, NH 03431]

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## LEVEL TERM INSURANCE RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are paid in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Age.** Issue age is the insured's attained age as of the rider date. The insured's issue age is shown on the certificate specifications page. The insured's attained age will increase by 1 year on each certificate anniversary.

**Certificate.** The certificate to which this rider is attached.

**Conversion Date.** The next monthly date after we receive a request for conversion.

**Rider Anniversary.** The same day and month each year as the rider date for each succeeding year this rider remains in force.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

### DEATH BENEFIT

We will pay the death benefit for this rider to the rider beneficiary after we receive written proof that the death of the insured occurred while this rider and the certificate are in force.

This rider's death benefit is the amount shown for this rider on the certificate specification page of the certificate.

Term insurance provided by this rider may not be used by any rider that provides for the acceleration of the certificate's death benefit.

### CONVERSION OPTION

We provide a conversion option to an individual policy for this rider. We must receive a written request for conversion while this rider is in force.

The conversion policy may be any non-term life policy currently being offered:

1. at the insured's age on his or her last birthday as of the conversion date; and
2. up to the death benefit amount in force for this rider on the conversion date.

Premiums for the conversion policy will be:

1. at the rate in effect on the conversion date for the insured's premium class and age on his or her last birthday as of the conversion date; and
2. subject to our rules on frequency of premium payments in effect on the conversion date.

The insured cannot be insured under this rider and the conversion policy at the same time. The conversion policy will not include any additional benefits or riders, unless agreed to by us.

### COST OF INSURANCE

The current annual premium for this rider is shown on the certificate specifications page of the certificate. The guaranteed cost of insurance rates for this rider are equal to the guaranteed cost of insurance rates shown on pages 4A and 4B of the certificate. The current and guaranteed cost of insurance rates are based on the insured's attained age and premium class. The monthly cost of insurance for this rider equals:

1. this rider's death benefit;
2. divided by 1,000;
3. and then multiplied by the monthly cost of insurance rate per \$1,000 for this rider.

The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date. We may use a cost of insurance rate that is lower than the guaranteed cost of insurance rate.

### CHANGE OF COST OF INSURANCE

The cost of insurance rate after a change will never be more than the guaranteed rate shown on pages 4A and 4B of the certificate. Any change in the cost of insurance rate will be on a uniform basis for insured's of the same:

1. issue age; and
2. sex; and
3. class; and
4. duration in force.

No change in the cost of insurance rate can occur:

1. more often than once a rider year; or
2. on account of any change in the insured's health.

### SUICIDE EXCLUSION

We do not provide any benefits under this rider if the insured dies by suicide, while sane or insane, within 2 years from the rider date. Our liability is limited to a return of all cost of insurance charges deducted for this rider.

### MISSTATEMENT OF AGE, SEX OR TOBACCO USE STATUS

If the insured's age, sex or tobacco use status is misstated, this rider's death benefit will be adjusted at the time of the insured's death.

The adjusted death benefit equals:

1. the unadjusted death benefit, multiplied by this rider's cost of insurance rate which applies during the certificate month of the insured's death using the misstated age, sex or tobacco use status; divided by
2. this rider's cost of insurance rate which applies during the certificate month of the insured's death using the correct age, sex or tobacco use status. If there is no rider cost of insurance rate which applies during the certificate month of the insured's death using the correct age, sex or tobacco use status, we will extrapolate such a rate for the purpose of adjusting the death benefit.

No adjustments to the certificate fund value will be made as a result of the insured's age, sex or tobacco use status being misstated.

### RIDER BENEFICIARY

If not otherwise named in the enrollment form for this rider, the certificateholder is the rider beneficiary.

The certificateholder may change the rider beneficiary by a written request to us:

1. while the insured is alive; and
2. if the prior designation does not prohibit such a change.

A change revokes any prior designation.

If not provided otherwise:

1. The interest of any named rider beneficiary who dies before the insured, passes to the remaining named rider beneficiaries in equal shares.
2. If no named rider beneficiary survives the insured, the death benefit of the rider is paid to the insured's estate.

### TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the conversion date; or
2. the rider anniversary on or next following the insured's [65<sup>th</sup>] birthday; or
3. the date of the death of the insured; or
4. the date the certificate matures, expires, is surrendered or otherwise terminates; or
5. the monthly date on or next following the date we receive your written request to terminate.

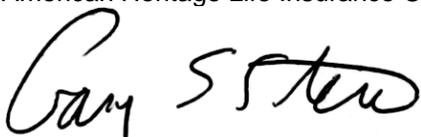
### GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate. If the insured dies during the grace period, we will deduct the unpaid premium from the benefit to be paid.

### INCONTESTABILITY

We cannot contest payment of this rider benefit once this rider has been in force while the insured is alive for 2 years from the rider date, except for nonpayment of premiums.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

#### Home Office

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

#### [Administrative Office

American Heritage Life Insurance Company  
17 Church Street  
Keene, NH 03431]

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**TOTAL DISABILITY WAIVER OF MONTHLY DEDUCTION RIDER**

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are in addition to the life insurance benefits of the certificate. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

**DEFINITIONS**

**Certificate.** The certificate to which this rider is attached.

**Monthly Deduction.** The sum of the certificate's monthly expense charge and monthly cost of insurance.

**Rider Date.** The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our [Administrative/Home] Office in accordance with our dating rules in effect at the time this rider is issued.

**Total Disability.** During the first 24 months of disability, the insured must be unable to perform the substantial and material duties of his or her principal occupation.

After the first 24 months of disability, the insured must be unable to perform the substantial and material duties of any occupation for which they are suited by education, training or experience.

The insured is not totally disabled when not under the regular care of a physician (unless the physician tells us that regular care would be of no further benefit to the insured during such continuing disability).

**BENEFIT**

We agree to waive the monthly deduction after we receive due proof that total disability of the insured:

1. has existed continuously for at least 6 months; and
2. began before the insured's attained age 60; and
3. began while the certificate and this rider are in force; and
4. is not described in the Limitations and Exclusions provision of this rider.

We will waive the monthly deduction after total disability has existed continuously for 6 months and while total disability continues. We will also retroactively waive the monthly deductions for the six month period of continuous disability.

You may continue to make premium payments to the certificate while the monthly deduction is being waived. The certificate can enter a grace period even though the monthly deductions are being waived.

**LIMITATIONS AND EXCLUSIONS**

No benefit is provided for this rider if disability results from:

1. injuries intentionally self-inflicted; or
2. war or any act of war, whether declared or undeclared, while the insured is in the military service of any country.

**WRITTEN NOTICE OF CLAIM**

We must receive written notice of claim:

1. while total disability continues; and
2. while the insured is alive; and
3. within 1 year of when the insured becomes disabled.

We will not reject a claim because notice was not given within these times if you show that notice was given as soon as reasonably possible.

**PROOF OF TOTAL DISABILITY**

Due proof of total disability should be furnished with the written notice of claim or as soon thereafter as reasonably possible. Upon your request, we will supply forms for furnishing proof.

We can require due proof, at reasonable intervals, that total disability continues. After total disability has continued for 2 years, we will not require due proof more often than once a year. We can require physical examination of the insured by our medical representatives at our expense as part of any due proof of total disability. We will not waive the monthly deduction under this rider if due proof is not furnished as required.

## PREMIUMS

The annual premium for this rider is shown on the certificate specifications page. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

## TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the certificate anniversary on or next following the insured's 60<sup>th</sup> birthday; or
2. the date any premium for this rider or the certificate remains unpaid, subject to the grace period provision of the certificate; or
3. the date the insurance under the certificate matures, expires or otherwise terminates.

You may terminate this rider on any premium due date by written request. A claim based on total disability that began before termination of this rider will not be affected by the termination.

## GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

You will remain liable for payment of interest on any certificate loan while we are providing a benefit under this rider. If the certificate loan balance exceeds the cash surrender value while we are providing a benefit under this rider, the certificate will terminate in accordance with the certificate unless a sufficient loan repayment is made. Because the benefit under this rider is a waiver of the monthly deduction and not a loan repayment, the benefit under this rider will not prevent termination when the loan balance exceeds the cash surrender value.

## INCONTESTABILITY

We cannot contest this rider after it has been in force while the insured is alive for 2 years from the rider date except for nonpayment of premiums.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.



Secretary



President

### Home Office

American Heritage Life Insurance Company  
1776 American Heritage Life Drive, Jacksonville, Florida 32224

### [Administrative Office

American Heritage Life Insurance Company  
17 Church Street, Keene, NH 03431]

*SERFF Tracking Number:*      *VFCP-125737190*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Heritage Life Insurance Company*      *State Tracking Number:*      *39661*  
*Company Tracking Number:*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *AR AHL Base*  
*Project Name/Number:*      */*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: VFCE-125737190 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 39661  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AR AHL Base  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 07/17/2008  
**Comments:**  
**Attachment:**  
Certification of Compliance[1].pdf

**Review Status:**  
**Satisfied -Name:** Application 07/17/2008  
**Comments:**  
**Attachment:**  
Group policyholder app.pdf

**Review Status:**  
**Satisfied -Name:** Actuarial Memorandum 07/17/2008  
**Comments:**  
**Attachments:**  
Act Memo Rider.pdf  
actmemo.gul22.signed.pdf

**Review Status:**  
**Satisfied -Name:** Complaint Notice 07/17/2008  
**Comments:**  
**Attachment:**  
ARCN[1].pdf

**Review Status:**  
**Satisfied -Name:** Cover Letter 07/31/2008  
**Comments:**  
**Attachment:**  
COVER LETTER1.pdf

**Review Status:**

SERFF Tracking Number: VFCP-125737190 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 39661  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AR AHL Base  
Project Name/Number: /

**Satisfied -Name:** Filing Authorization 07/17/2008

**Comments:**

**Attachment:**

filing authorization.pdf

SERFF Tracking Number: VFCP-125737190 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 39661  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AR AHL Base  
Project Name/Number: /

**Review Status:**

**Satisfied -Name:** Form List 07/17/2008  
**Comments:**  
**Attachment:**  
Form List.pdf

**Review Status:**

**Satisfied -Name:** Declination of Future Purchase Option 07/17/2008  
**Comments:**  
**Attachment:**  
GPHS-03.pdf

**Review Status:**

**Satisfied -Name:** Endorsement 07/17/2008  
**Comments:**  
**Attachment:**  
GPHS-04.pdf

**Review Status:**

**Satisfied -Name:** Annual Statement 07/17/2008  
**Comments:**  
**Attachment:**  
GUL22P John Doe ann stmt1 [1].pdf

**Review Status:**

**Satisfied -Name:** Illustration Certification 07/17/2008  
**Comments:**  
**Attachment:**  
Illustration certification.GUL22\_TIR.pdf

**Review Status:**

**Satisfied -Name:** Readability Certification 07/17/2008

*SERFF Tracking Number:* VFCP-125737190      *State:* Arkansas  
*Filing Company:* American Heritage Life Insurance Company      *State Tracking Number:* 39661  
*Company Tracking Number:*  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* AR AHL Base  
*Project Name/Number:* /

**Comments:**

**Attachment:**

Readability Certification[1].pdf

SERFF Tracking Number: VFCP-125737190 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 39661  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AR AHL Base  
Project Name/Number: /

**Review Status:**

**Satisfied -Name:** Sample Illustration 07/17/2008

**Comments:**

**Attachment:**

Sample ill.pdf

**Review Status:**

**Satisfied -Name:** Spec Pages 07/17/2008

**Comments:**

Each spec page document corresponds with its respective certificate.

**Attachments:**

Spec Page GUL22C.pdf

Spec Page GUL22CV.pdf

**Review Status:**

**Satisfied -Name:** Statement of Variability 07/17/2008

**Comments:**

**Attachment:**

Stmt of Variability \_2\_[1].pdf

**Certification of Compliance**  
**American Heritage Life Insurance Company**

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with the applicable statutes, regulations, and bulletins of the State of Arkansas. I further certify that they will be revised and/or discontinued in the event of future changes in the statutes, regulations, or bulletins which would prohibit the use of such forms.

Diane D. Ierna

Diane Ierna, Assistant Vice President Compliance  
American Heritage Life Insurance Company

7/16/08

Date

Policyholder Application  
**American Heritage Life Insurance Company**  
 [Administrative Office: P.O. Box 506, Keene, N.H. 03431-0506]

Group Name:	Group Policy Number:
Address (No., Street, City, State & ZIP Code):	Policy Effective Date:
Contact Name, Phone # and Fax #:	

This is to advise American Heritage Life Insurance Company (AHL) that we would like to participate in your Insurance Program for the benefit of our [employees/members]. We authorize AHL, its authorized agents or enrollers, to offer each of the eligible [employees/members], as defined below, the opportunity to purchase the Insurance Program.

1. We will allow agents or enrollers to conduct an annual enrollment of all eligible persons. Eligible Persons are described as [employees/members] of the Policyholder[, and their dependents, ] who meets the eligibility requirements shown in the Insurance Schedule:
  - a. An eligible person must be [actively at work] on the date the enrollment form is signed.
2. We will provide AHL with employment census data in order that they may, based on their rules, determine proper enrollment eligibility.
3. We will provide AHL's authorized agents or enrollers direct access to its [employees] to solicit enrollment forms through group meetings and individual interviews in a suitable location on our property during normal business hours, or through any other means mutually agreed upon by both AHL and us. AHL reserves the right to withdraw from the enrollment and withdraw any applications already solicited should these conditions not be satisfied.
4. We will honor all Deduction Authorization forms signed by our current [employees], if any, for payment of the premium to AHL when due. The bills will normally be sent once each month for any premiums due and we shall forward all deductions to AHL's administrative office within 15 days of the receipt of the monthly billing. We shall maintain records of all premiums withheld on behalf of our [employees]. These records shall always remain open to inspection and audit by AHL during normal business hours and for two years after the program has been terminated.
5. We will maintain eligibility records and, on behalf of our [employees], report changes and terminations on a timely basis to AHL.
6. The following riders may be made available to our [employees/members] subject to state and/or underwriting approval. We indicate our selection of available riders by checking the appropriate boxes below:

	Accept	Decline
[Accidental Death Benefit Rider	<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Premium	<input type="checkbox"/>	<input type="checkbox"/>
Payor Waiver	<input type="checkbox"/>	<input type="checkbox"/>
Child Term Rider]	<input type="checkbox"/>	<input type="checkbox"/>

We may, upon written notice to AHL and to our [employees/members], discontinue our participation in AHL's Insurance Program. In such event, the continued payment of premiums will be coordinated between AHL and each [employee/member].

In the event of any misappropriation by us, our [employees/members] or agents, of funds owed to AHL, we shall reimburse AHL for their entire loss including attorney fees and expenses incurred in collection.

Will you pay for any of the premium for the coverage elected?  Yes  No

Will you pay for all of the premium for the coverage elected?  Yes  No

Enrollment Period: from \_\_\_\_\_ to \_\_\_\_\_.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Officer/Representative

\_\_\_\_\_  
Print Name and Title of Officer/Representative

\_\_\_\_\_  
Signature of Witness (Licensed Resident Agent as Required)

\_\_\_\_\_  
Print Name of Licensed Resident Agent

\_\_\_\_\_  
License Identification Number (as Required)

Please complete, sign and date this document. Return this document to AHL at the address above. Make a photocopy for your records.

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida

**Level Term Insurance Rider**

**ACTUARIAL MEMORANDUM**  
Rider Form: GUTIR

Description of Rider Characteristics:

Level Term Insurance Rider is a renewable level term insurance rider that terminates on the rider anniversary on or next following the insured's 65<sup>th</sup> birthday. The rider renews automatically provided there is sufficient value in the underlying certificate to pay the cost of insurance of the rider.

Conversion Provision:

The conversion provision provides for a current date change, without evidence of insurability, to a permanent life plan issued by American Heritage Life Insurance Company. The conversion option is available until the termination date of the rider.

Cost of Insurance Charges (COI's):

COI's can vary by sex and smoker classification. The certificate holder will be charged COI's based on the current COI scale in effect for the rider. However, the current COI scale will never exceed the guaranteed COI scale specified in the certificate.

The current COI's are not guaranteed for any period of time. COI's increase annually and are payable through the termination date of the rider.

Participating:

Level Term Insurance Rider is non-participating.

Nonforfeiture Values:

The term insurance rider has no cash values.

Reserves:

Statutory reserves for the term insurance rider will be calculated according to the Standard Valuation Law and will never be less than the minimums required by your state.

The rider is renewable monthly at the option of the certificateholder. The COI's are collected from the base certificate monthly. At the end of each month, the terminal reserve is zero.

Reserves are calculated by the Net Level Reserve Valuation Method. Policies are assumed to be in the middle of the month on average. For 2008 issues, the 2001 CSO Ultimate Age Last Birthday, Male/Female, Smoker/Nonsmoker mortality tables and 4.00% interest are used.

The reserve for male nonsmoker issue age  $x$ , duration  $t$  is:

$${}_tV_x = 1000/12 * v_i^{1/2} * q_{x+t-1}$$
$${}_3V_{35} = 1000/12 * v_{0.04}^{1/2} * q_{37} = 0.083333 * 0.980581 * 1.24 = 0.10538$$

Certification:

To the best of my knowledge and judgement, this rider is in compliance with the applicable laws and regulations of your state, and the cost of insurance rates are reasonable in relation to the benefits provided.



Lisa W. Henry, F.S.A., M.A.A.A.  
Actuary

June 30, 2008

Date

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

Jacksonville, Florida

**Accidental Death Benefit Rider**

**ACTUARIAL MEMORANDUM**

**Rider Form: GUADB**

Description of Rider Characteristics

This rider provides a benefit in case of death resulting directly and independently of all other causes from accidental bodily injury. This rider terminates on the certificate anniversary on or next following the insured's 65<sup>th</sup> birthday.

Cost of Insurance

The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

Nonforfeiture Values:

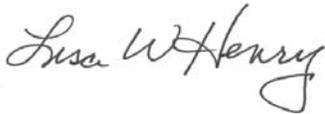
The rider has no cash values.

Reserves:

Statutory reserves for the rider will be calculated according to the Standard Valuation Law and will never be less than the minimums required by your state.

Certification:

To the best of my knowledge and judgement, this rider is in compliance with the applicable laws and regulations of your state, and the cost of insurance rates are reasonable in relation to the benefits provided.



\_\_\_\_\_  
Lisa W. Henry, F.S.A., M.A.A.A.  
Actuary

\_\_\_\_\_  
June 30, 2008

Date



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida

**Future Purchase Option Rider**

**ACTUARIAL DEMONSTRATION**  
**Rider Form: GUFPO**

Description of Rider Characteristics

This rider provides the opportunity to increase the planned premium and specified amount without underwriting subject to limits on the amount of increase and the timing of the increase. In general increases are limited to the first x certificate anniversaries, and once a certificate anniversary's available increase is declined the rider terminates.

Cost of Insurance

There is no separate monthly cost for the rider. Any additional cost of insurance is assessed by the base certificate after an increase has been exercised.

Nonforfeiture Values

This rider has no cash values.

Reserves

There are no reserves for this rider. Any additional reserve is calculated under the base certificate after an increase has been exercised.



\_\_\_\_\_  
Lisa W. Henry, F.S.A., M.A.A.A.  
Actuary

June 30, 2008

Date

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**Jacksonville, Florida**

**Accelerated Death Benefit for Terminal Illness Rider**

**ACTUARIAL MEMORANDUM**  
**Rider Form: GULBR**

Description of Rider Characteristics

This is an accelerated death benefit rider. The rider provides for the advance, during the insured's lifetime, of a portion of the death benefit, if the insured incurs a terminal illness while coverage under the rider is in effect. A terminal illness is defined to be an injury or sickness which is expected to result in the insured's death within 12 months and for which there is no reasonable prospect for recovery.

Expected Cost/Financing Option

Expected costs include the loss of interest on the amount of the accelerated benefit payment, loss of monthly deductions due to the waiver of monthly deductions provision, and expenses associated with the administration and claims investigation of the certificate and/or claims.

The costs will be financed through discounting. The company will pay only the present value of the death benefit being accelerated. The interest rate used to discount the death benefit will be the greater of the yield on 90-day Treasury Bills or Moody's Corporate Bond Yield Average--Monthly Average. The time period used to discount the death benefit will be 9 months.

Risk Factors

- 1) Length of time from the date the certificateowner elects the benefit to the actual date of death.
- 2) Difference between the interest rate that would have been earned on the amount elected under the rider and the interest rate used to discount that amount.
- 3) Amount of monthly deductions waived under the waiver of monthly deductions provision.
- 4) Amount of expense incurred in the administration and investigation of claims under this rider.

Impact on Certificate

Certificate death benefits will be reduced by the amount elected by the certificateholder, subject to limits stated in the form. Certificate cash values will be reduced in the same proportion that the certificate's death benefit is reduced. Any existing certificate loans will be reduced in the same proportion that the certificate's death benefit is reduced. The amount that the loan is reduced by will be deducted from the accelerated death benefit amount. Any remaining monthly deductions for the certificate will be waived. Any surrender charge will be reduced in the same proportion that the certificate's death benefit is reduced. The amount that the surrender charge is reduced will have no other effect, i.e., it will not be used to reduce the accelerated death benefit amount.

Reserves

This rider can be thought of as providing two benefits--an accelerated payment of death benefit and a waiver of future monthly deductions. The design of this rider is such that no gain or loss is expected from the accelerated payment of the death benefit; therefore, no reserves will be held for this piece. This is true since the amount paid under the rider is equal to the actuarial present value of what will no longer be paid due to utilization of the rider. The waiver of future monthly deductions is expected to have some cost; upon utilization, reserves will be held in the same manner as for waiver of premium riders that are actively waiving premiums (where the monthly deductions will be used instead of scheduled premiums).

Additionally, the administrative expense for utilization of the rider is expected to be minimal, and the claim investigation expense for the certificate is assumed to be no more than if the death benefit had not been accelerated.

Reserves for the certificates that this rider is attached to will be determined in accordance with usual procedures which will vary by type of certificate.

In all cases, reserves will be determined in accordance with the Standard Valuation Law.

Calculation Methodology

As illustrated below, the methodology for the calculation of the reduced death benefit advance amount to be paid is as follows. The unreduced death benefit advance amount (as elected by the certificateholder, subject to limits stated in the form) is reduced by any pro-rata loan, i.e., the outstanding loan for the certificate, multiplied by the ratio of the unreduced death benefit advance amount for the certificate to the current (before rider utilization) death benefit for the certificate. The result is then multiplied by the discount factor, which is  $1/[1 + (0.75 \times i)]$ , where  $i$  is the interest rate used for discounting, as described above. This utilizes simple interest methods. This result, the reduced death benefit advance amount, is the amount that will actually be paid.

Calculation Example

**Current Values Just Before Rider Utilization:**

Death Benefit:	\$100,000.00
Cash Value:	\$2,000.00
Loan Balance:	\$1,000.00
Current Maximum Statutory Adjustable Certificate Loan Interest Rate:	8.00%
Current Yield on 90-day Treasury Bills:	3.00%

Certificateholder requests an (unreduced) death benefit advance of \$50,000.00. This amount is 50% of the current death benefit.

**Calculation:**

Pro-rata Loan = \$1,000.00 x 50% = \$500.00.

Discount Factor Interest Rate = maximum(8.00%; 3.00%) = 8.00%.

Discount Factor =  $1/[1 + (0.75 \times 0.08)] = 0.9434$ .

\$50,000.00 - Pro-rata Loan = \$50,000.00 - \$500.00 = \$49,500.00.

\$49,500.00 x Discount Factor = \$49,500.00 x 0.9434 = \$46,698.30.

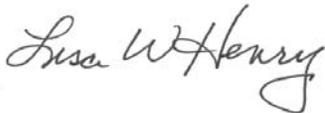
Thus, the amount that will actually be paid is \$46,698.30.

**Current Values Just After Rider Utilization:**

Death Benefit:	\$50,000.00
Cash Value:	\$1,000.00
Loan Balance:	\$500.00

Actuarial Certification

The methodology and assumptions used in calculating reserves for this rider are appropriate.



\_\_\_\_\_  
Lisa W. Henry, F.S.A., M.A.A.A.  
Actuary

\_\_\_\_\_  
June 30, 2008  
Date

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida

**Other Insured Person Level Term Insurance Rider**

**ACTUARIAL MEMORANDUM**  
**Rider Form GUOIR**

Description of Rider Characteristics:

Other Insured Level Term Insurance Rider is a non-participating renewable level term insurance rider attached to Universal Life certificate forms available in your state. The rider terminates on the rider anniversary on or next following the other insured person's 65<sup>th</sup> birthday. The rider renews automatically provided there is sufficient value in the underlying certificate to pay the cost of insurance of the rider.

Conversion Provision:

The conversion provision provides for a current date change, without evidence of insurability, to a non-term individual life policy issued by American Heritage Life Insurance Company. The conversion option is available until the termination date of the rider.

Cost of Insurance Charges (COI's):

COI's vary by smoker classification. The COI premium scale is shown in the tables on pages 3 and 4 of this rider.

The COI's are guaranteed for the life of the certificate. COI's increase annually and are payable through the termination date of the rider.

Participating:

Other Insured Level Term Insurance Rider is non-participating.

Nonforfeiture Values:

The term insurance rider has no cash values.

Reserves:

Statutory reserves for the term insurance rider will be calculated according to the Standard Valuation Law and will never be less than the minimums required by your state.

The rider is renewable monthly at the option of the certificateholder. The COI's are collected from the base certificate monthly. At the end of each month, the terminal reserve is zero.

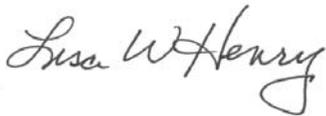
Reserves are calculated by the Net Level Reserve Valuation Method. Policies are assumed to be in the middle of the month on average. For 2008 issues, the 2001 CSO Ultimate Age Last Birthday, Male/Female, Smoker/Nonsmoker mortality tables and 4.00% interest are used.

The reserve for male nonsmoker issue age  $x$ , duration  $t$  is:

$${}_tV_x = 1000/12 * v_i^{1/2} * q_{x+t-1}$$
$${}_3V_{35} = 1000/12 * v_{0.04}^{1/2} * q_{37} = 0.083333 * 0.980581 * 1.24 = 0.10538$$

Certification:

To the best of my knowledge and judgment, this rider is in compliance with the applicable laws and regulations of your state, and the cost of insurance rates are reasonable in relation to the benefits provided.



\_\_\_\_\_  
Lisa W. Henry, F.S.A., M.A.A.A.  
Actuary

\_\_\_\_\_  
June 30, 2008  
Date

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**Jacksonville, Florida**

**Total Disability Premium Waiver Rider**

**ACTUARIAL MEMORANDUM**  
**Rider Form: GUPW**

Description of Rider Characteristics

This form pays a stipulated waiver of premium benefit as if it were a premium payment into the certificate. This benefit is paid upon a total disability that has existed continuously for at least six months, as defined in the rider. The waiver of premium benefit is payable for as long as the certificate insured remains disabled.

This rider will be attached to a universal life insurance certificate and will terminate on the anniversary on or following the insured's 60<sup>th</sup> birthday or on the same date as the certificate, if earlier. A claim based on total disability that began before termination of the rider will not be affected by the termination.

Rider Charges

The charge for this rider is based on the insured's issue age, underwriting class and the amount of the monthly waiver of premium benefit that would be paid in case of disability.

Reserves

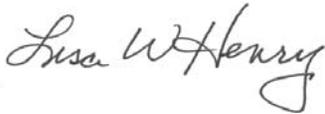
Statutory reserves for the waiver of premium rider attached to a universal life certificate will be calculated according to the Standard Valuation Law and will never be less than the minimums required by your state.

Nonforfeiture Values

The Disability Waiver of Premium Rider has no cash values.

Certification:

To the best of my knowledge and judgement, this rider is in compliance with the applicable laws and regulations of your state, and the cost of insurance rates are reasonable in relation to the benefits provided.



Lisa W. Henry, F.S.A., M.A.A.A.  
Actuary

June 30, 2008  
Date

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

## Children's Level Term Insurance Rider

### ACTUARIAL MEMORANDUM

Rider Form: GUCTR

#### Description of Rider Characteristics

This rider provides a level amount of term insurance on covered children to age 25. Coverage for each child terminates at age 25. This rider terminates on the certificate anniversary on which the primary insured is age 70.

#### Conversion Provision:

The conversion provision provides for a current date change, without evidence of insurability, to a non-term life individual policy issued by American Heritage Life Insurance Company. The conversion option is available when each child's coverage under the rider terminates.

#### Cost of Insurance

The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date.

#### Participating:

Level Term Insurance Rider is non-participating.

#### Nonforfeiture Values:

The term insurance rider has no cash values.

#### Reserves:

Statutory reserves for the term insurance rider will be calculated according to the Standard Valuation Law and will never be less than the minimums required by your state.

Demonstration below on basis: CRVM, 2001 CSO, Male/Female, ALB, 4% Curtate

t=rider year

x=issue age

m=insurance period

n=premium payment period

DB(t)=death benefit in rider year t

ELA(x,t,m)=equivalent level death benefit for rider years t through m for an insured of issue age x

PVFB(x+t-1)=present value of future benefits, at the beginning of rider year t, for an insured of issue age x

tVx=terminal reserve as of the end of rider year t for an insured of issue age x

$\alpha(x)$ =first year valuation net premium for an insured of issue age x

$\beta(x)$ =renewal year net premium for an insured of issue age x

Standard commutation column notation of the Society of Actuaries applies elsewhere.

$PVFB(x+j-1)$  = pv of future benefits as of the beginning of rider year j, for an insured of issue age x

$$= \frac{\sum_{s=j}^m DB(s) * C(x+s-1)}{D(x+j-1)}, \text{ where } m=25-x \text{ and } DB(s)=\text{Death benefit in year } s$$

$$\begin{aligned}
 & \text{ELA}(x,j,m) = \text{equivalent level DB for rider years } j \text{ through } m \text{ for an insured of issue age } x \\
 & \sum_{s=j}^m \text{DB}(s) * C^{(x+s-1)} \\
 & = \frac{\quad}{M^{(x+j-1)}}, \text{ where } m=25-x \text{ and } \text{DB}(s)=\text{Death benefit in year } s
 \end{aligned}$$

$$\begin{aligned}
 & \beta(x) = \text{renewal year net premium for an insured of issue age } x \\
 & \frac{\text{PVB}_x + [\text{ELA}(x,2,m) * {}_{19}P_{x+1}, \beta(x)] - \text{DB}(1) * c_x}{\ddot{a}_{x \text{ angle } n}}
 \end{aligned}$$

$$\text{where } \beta(x) \leq {}_{\text{NF}}P_x, \beta(x) \geq \text{PVFB}(x) / \ddot{a}_{x \text{ angle } n}$$

$$\begin{aligned}
 & \alpha(x) = \text{first year valuation net premium for an insured of issue age } x \\
 & = \text{PVFB}(x) - \beta(x) * a_{x \text{ angle } (n-1)}
 \end{aligned}$$

$$\begin{aligned}
 & tV_x = \text{terminal reserve as of the end of rider year } t \text{ for an insured of issue age } x \\
 & = \text{PVFB}(x+t) - \beta(x) * \ddot{a}_{(x+t) \text{ angle } (n-t)}
 \end{aligned}$$

Numeric example for male age 5, \$1000 face amount:

$$t=10$$

$$x=5$$

$$m=n=20$$

$$\text{PVFB}(5) = \$7.3006$$

$$\text{PVFB}(15) = \$7.4850$$

$$\beta(5) = (7.3006 + \beta(5) - 1000 * 0.000202) / 14.0889$$

$$\beta(5) = (7.3006 - 0.202) / 13.0889 = 0.542343$$

$$\alpha(5) = 7.3006 - 0.542343 * 13.0889 = 0.202$$

$${}_{10}V_5 = 7.4850 - 0.542343 * 8.4050 = 2.9266 = 2.93$$

In computing mean reserves, any negative terminal reserves are regarded as zero. The mean reserve is never less than one-half of the year's cost of insurance.

Certification:

To the best of my knowledge and judgement, this rider is in compliance with the applicable laws and regulations of your state, and the cost of insurance rates are reasonable in relation to the benefits provided.



\_\_\_\_\_  
 Lisa W. Henry, F.S.A., M.A.A.A.  
 Actuary

\_\_\_\_\_  
 June 30, 2008

Date

American Heritage Life Insurance Company  
1776 American Heritage Life Drive, Jacksonville, Florida 32224  
ACTUARIAL MEMORANDUM  
Plan: Group Flexible Premium Adjustable Life Insurance  
Form: Policy GUL22P and Certificate GUL22C

### ACTUARIAL MEMORANDUM

Group Flexible Premium Adjustable (Universal) Life Insurance  
Form: Group Policy **GUL22P** and Certificate **GUL22C**

#### SECTION I. CONTRACT DESCRIPTION

##### **A. General Description**

This insurance contract provides adjustable life insurance coverage to certificate holders until the certificate maturity date or their certificate terminates, whichever is earlier.

##### **B. Death Benefits**

The death benefit is payable upon the death of the insured. The certificate offers two death benefit options. The amount of death benefit depends upon the option chosen.

**Option A.** The total death benefit consists of the greater of:

1. The face amount of the certificate; or
2. The certificate accumulation value on the date of death, multiplied by the applicable percentage as required by Section 7702 of the Internal Revenue Code, and shown in the certificate in the table of Death Benefit Factors.

**Option B.** The total death benefit consists of the greater of:

1. The face amount of the certificate, plus the certificate accumulation value; or
2. The certificate accumulation value on the date of death, multiplied by the applicable percentage as required by Section 7702 of the Internal Revenue Code, and shown in the certificate in the table of Death Benefit Factors.

##### **C. Certificate Accumulation Value**

A certificate accumulation value is established for each certificate at its inception. This accumulation value is adjusted each month for any partial surrenders that occurred during the month. The certificate accumulation value is further credited with any net premiums for the month and reduced by a monthly deduction. The net certificate premium is equal to the premium paid less a percent of premium expense charge which is shown in the certificate Data Pages. The monthly deduction consists of four parts:

1. The monthly cost of insurance for the certificate;
2. The monthly charge for any benefits provided by riders attached to the certificate;
3. A monthly certificate fee;
4. A monthly expense charge per 1,000 of face amount.

The certificate accumulation value is then credited with one month's interest.

**D. Cash Value**

The cash value is the certificate accumulation value less a surrender charge. The surrender charge is calculated as a percentage of the first year surrender charge which varies by issue age and tobacco use status.

If an increase in face amount is made after issue, new surrender charges, based upon the amount of the increase and the attained age of the insured at the time of the increase, are created in addition to the surrender charges in effect before the increase.

**E. Flexible Premiums**

For months in which no premium is received, the certificate and any riders will remain in force until the accumulation value minus surrender charge, less any loan, is insufficient to cover the monthly deduction, as provided in the Grace Period section of the certificate. During the first 60 certificate months, as long as the accumulated premiums paid less loans and partial surrenders is at least as large as the accumulated minimum monthly premium, the certificate will not enter the grace period.

**F. Maturity Benefit**

On the maturity date, any cash value less loans is payable to the certificate owner if the insured is living and the certificate is in force.

**G. Flexibility**

At issue, the certificate holder selects both a premium amount and the face amount of insurance subject to minimums specified by the Company.

Continuation of the original combination of face and premium amount will result in a coverage period which could range from a very short period to a period extending to the maturity date, depending upon the relationship of the selected values.

Once each certificate year, after the first certificate anniversary, the certificate holder may change the face amount of insurance. Decreases may not lower the face amount of insurance below the minimum amount specified by the Company. Evidence of insurability is required for any increase in face amount of insurance, unless the increase is the result of exercising a future purchase option provided by rider.

**H. Reduced Paid-Up Insurance**

The policyholder may elect to include or exclude the Reduced Paid-Up Provision. If included, the certificate holder may, at any time, elect to surrender his certificate with any net cash surrender value (CSV) being used to purchase reduced paid-up insurance. The reduced paid-up option provides for a reduced Death Benefit to the certificate anniversary following the insured's 95th birthday. The reduced paid-up amount is calculated by dividing the CSV by the Net Single premium calculated using the certificate's guaranteed maximum cost of insurance rates and guaranteed

American Heritage Life Insurance Company  
1776 American Heritage Life Drive, Jacksonville, Florida 32224  
ACTUARIAL MEMORANDUM  
Plan: Group Flexible Premium Adjustable Life Insurance  
Form: Policy GUL22P and Certificate GUL22C

interest rate. American Heritage Life reserves the right to refund the full net cash surrender value if the reduced paid-up amount is less than \$1,000.

## **SECTION II. BASIS OF VALUES**

### **A. Interest**

The minimum guaranteed interest rate applied in the calculation of certificate accumulation values is 4.00% per annum. The Company may apply higher rates of interest in the calculation of accumulation values.

### **B. Cost of Insurance**

The guaranteed cost of insurance rates applied in the calculation of certificate accumulation values are shown in the certificate. Guaranteed cost of insurance rates are based on 100% of the 2001 CSO Male, smoker-distinct, Ultimate, ALB mortality rates. Cost of insurance rates lower (but not higher) than the guaranteed rates may be used in calculating the certificate accumulation value.

## **SECTION III. MINIMUM CASH VALUE REQUIREMENTS**

Minimum cash surrender values for flexible premium universal life policies are defined by the Standard Nonforfeiture Law and the regulations for Universal Life policies that interpret the Standard Nonforfeiture Law (SNFL). They are defined to be the accumulation of the premiums paid; minus the accumulations of (1) the benefit charges, (2) the averaged administrative expense charges for the first certificate year, (3) actual administrative expense charges for other years, (4) initial and additional acquisition expense charges actually made and deductions made for partial withdrawals; all accumulations being at the actual rates of interest credited, and minus any unamortized unused initial expense and additional expense allowances.

For this form, in order to meet the minimum requirements, the certificate surrender values generated must satisfy:

1. The excess of first-year expense charges over the averaged administrative expense charges is less than the SNFL's initial expense allowance for a fixed premium, fixed benefit Endowment at Age 95 certificate with a face amount equal to the initial face amount of the certificate.
2. The surrender charges are less than the unamortized unused expense allowance.

The expense and surrender charges for the form have been designed to satisfy both conditions.

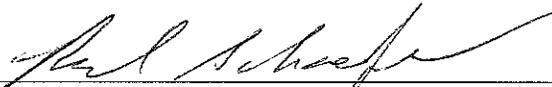
American Heritage Life Insurance Company  
1776 American Heritage Life Drive, Jacksonville, Florida 32224  
ACTUARIAL MEMORANDUM  
Plan: Group Flexible Premium Adjustable Life Insurance  
Form: Policy GUL22P and Certificate GUL22C

#### **SECTION IV. RESERVES**

Reserves are calculated under the Commissioner's Reserve Valuation Method using an interest rate not greater than the maximum valuation interest rate permitted by the Insurance Law. Reserve mortality will be based on the Commissioners 2001 Standard Ordinary Mortality Table, Age Last Birthday. In no instance will reserves held be less than the cash value.

#### **SECTION V. GENERAL MARKETING METHOD**

Although this group life policy, certificate and riders are sold primarily to employer-employee groups, we reserve the right to sell this policy, certificate and riders to any legitimate group allowed by your State's laws and/or regulations.



---

Richard D. Schaefer, FSA, MAAA  
Senior Vice President and Chief Actuary  
June 30, 2008

**IMPORTANT NOTICE**

To obtain information or to make a complaint:

You may call or write us at:

**American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224**

**1-800-521-3535**

You may also contact your agent by calling or writing:

AGENT NAME :  
AGENT NUMBER :  
TELEPHONE NO :  
ADDRESS :

You may contact the Arkansas Department of Insurance to obtain information on companies, coverage, rights or complaints at:

**1-800-852-5494**

You may write the Arkansas Department of Insurance at:

**1200 W. Third Street  
Little Rock, Arkansas 72201**

**ATTACH THIS NOTICE TO YOUR POLICY / CERTIFICATE:**

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

ARCN

July 31, 2008

Ms. Linda Bird  
Life and Health Division  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> St.  
Little Rock, AR 72201

RE: American Heritage Life Insurance Company  
NAIC No.: 60534  
FEIN Number: 59-0781901  
Flexible Premium Adjustable Group Life Insurance Policy, GUL22P, et. al - See attached list  
SERFF Tracking Number: VFPC-125737190  
State Tracking Number: 39661

Dear Ms. Bird:

Thank you for your response of July 18, 2008.

To comply with Ark. Code Ann. 23-66-502(a), I have added a Fraud Warning to each of the enrollment forms, AWD4553 and AWD4553V.

I would like to confirm that other than form number changes, I have made no additional changes to the other materials previously submitted for your review.

Thank you for your assistance with this filing. If you have any questions, please call me at 1-800-635-4467, ext. 267.

Sincerely,

Ted Keating  
Compliance-Filing Coordinator  
Vision Financial Corporation  
Telephone: 800-635-4467, ext. 209  
Fax: 603-357-0250  
Email: [tkeating@visfin.com](mailto:tkeating@visfin.com)

Vision Financial Corporation is a Third Party Administrator for American Heritage Life Insurance Company



# Allstate®

Workplace Division

**Sheryl McDaniel**  
Vice President,  
Compliance

June 30, 2008

Company NAIC Number: 60534  
NAIC Group Number: 0008  
Company FEIN: 59-0781901

RE: Group Universal Life Insurance Policy, Certificate and Rider Filing  
Letter of Authorization

To: All State Insurance Departments

American Heritage Life Insurance Company of Jacksonville, Florida hereby authorizes  
Vision Financial Corporation to represent us in the submission of the captioned forms  
and to negotiate with insurance departments for their approval.

Sincerely,

Sheryl McDaniel, FLMI, AIRC, HIA, ALHC  
Vice President, Compliance  
Legal/Compliance Department  
American Heritage Life Insurance Company  
Allstate Workplace Division

American Heritage Life Insurance Company  
Forms Listing

<b>Form #</b>	<b>Form Name</b>	<b>Description</b>
GUL22P	Flexible Premium Adjustable Group Life Insurance Policy	This is the Flexible Premium Adjustable Life Insurance Policy that will be delivered to any Employer or Association that applies for Participation in the Insurance program offered by American Heritage Life.
GUL22CAR	Flexible Premium Adjustable Group Life Insurance Certificate	This Certificate is provided to the Certificateholder as evidence of the coverage provided under The Policy. This certificate form will be utilized for any group sales administered through American Heritage Life's home office.
GUL22CV	Flexible Premium Adjustable Group Life Insurance Certificate	This Certificate is provided to the Certificateholder as evidence of the coverage provided under The Policy. This certificate form will be utilized for any group sales administered through American Heritage Life's administrative office.
GULAPP	Policyholder Application	Application completed by an Authorized Officer or Representative of a Group requesting participation in the Insurance Program being offered by American Heritage Life.
AWD4553V	Group Enrollment and Evidence of Insurability Form	This enrollment form will be utilized for any group sales administered through AHL's administrative office. Form that will be completed by Applicants for themselves and their eligible family members requesting to enroll in the Voluntary Insurance program being offered by American Heritage Life.
AWD4553	Group Enrollment and Evidence of Insurability Form	This enrollment form will be utilized for any group sales administered through AHL's home office. Form that will be completed by Applicants for themselves and their eligible family members requesting to enroll in the Voluntary Insurance program being offered by American Heritage Life.
GUADB	Accidental Death Benefit Rider	This Rider may provide an additional benefit to the Beneficiary if the Insured dies by accidental means.
GUCTR	Children's Term Insurance	This Rider may provide level term insurance coverage to dependent children.
GUFPO	Future Purchase Option Rider	This rider is attached to the Certificate and may provide for a number of automatic future purchases (increase in coverage) for the insured.
GUTIR	Level Term Insurance Rider	This Rider provides a term insurance death benefit to the insured until the anniversary on or next following the insured's 65 <sup>th</sup> birthday.
GUOIR	Other Insured Person Level Term Rider	This Rider provides a term insurance death benefit to an other named insured until the anniversary on or next following the insured's 65 <sup>th</sup> birthday.
GUCDSL	Continuation of Coverage During a Strike or Layoff Rider	This Rider may provide for a continuation of coverage for the insured during a strike or layoff.

American Heritage Life Insurance Company  
Forms Listing

<b>Form #</b>	<b>Form Name</b>	<b>Description</b>
GUPW	Total Disability Premium Waiver Rider	This Rider may provide for a waiver of future premium payments if the Insured is found totally disabled.
GUWMD	Total Disability Waiver of Monthly Deduction Rider	This Rider may provide for a waiver of future monthly deductions if the Insured is found totally disabled.
GUPWP	Total Disability Payor Waiver of Premium Rider	This Rider may provide for a waiver of future premium payments if the Payor is found totally disabled.
GUPWMD	Total Disability Payor Waiver of Monthly Deduction Rider	This Rider may provide for a waiver of future monthly deductions if the Payor is found totally disabled.
GULBR	Accelerated Death Benefit For Terminal Illness Rider	This Rider provides for an Acceleration of the Death Benefit should the Insured become diagnosed with a qualifying Terminal Illness.

American Heritage Life Insurance Company  
Forms Listing

Supplemental Forms

<b>Form #</b>	<b>Form Name</b>	<b>Description</b>
AWD13513	Summary and Disclosure Statement for Accelerated Death Benefit for Terminal Illness Rider	This form will be provided to the Applicant at the point of sale. This form will provide an outline of the coverage that is provided under this benefit.
GPHS-04	Future Purchase Option Endorsement	Endorsement will be sent to the Certificateholder each time the Future Purchase Option is exercised.
GPHS-03	Future Purchase Option Decline Endorsement	Endorsement will be sent to the Certificateholder each time the Future Purchase Option is declined.



**Allstate**

Workplace Division

**American Heritage Life Insurance Company**  
1776 American Heritage Life Drive, Jacksonville, FL 32224

**DECLINATION OF FUTURE PURCHASE OPTION**

Re: Certificate Number: ## #####U  
Insured: Insured's Name

I do not wish to exercise the current option under the Future Purchase Option Rider to increase the specified amount and premium of my Group Universal Life certificate. I understand that declining this increase will result in termination of the rider and I will not be eligible for future purchase options to increase coverage.

\_\_\_\_\_  
Certificateholder's Signature

\_\_\_\_\_  
Date



**Allstate**

Workplace Division

Date: June 14, 2007

**ENDORSEMENT**

American Heritage Life Insurance Company certificate 90 8793824U insuring Insured's Name dated Issue Date is hereby endorsed and modified as follows:

The Specified Amount of Insurance has been increased from \$23,810.00 to \$26,394.00. The annual premium is changed to \$553.56 and the billable premium is changed to \$46.13. The effective date of this change is Date of Increase.

Secretary



**Allstate**

**Workplace Division**

JOHN DOE  
123 THIRD ST  
JACKSONVILLE BEACH FL 32250

**American Heritage Life Insurance Company**  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224-6687

Page 1 of 3  
Certificate Number: 901234567U  
Certificate Issue Date: 12/01/2008  
Issue Age: 35  
Insured: JOHN DOE  
(1)Death Benefit Amount-Current Option-1  
Beg. Of Year: \$50,000.00  
End of Year: \$50,000.00  
Current Specified Amount: \$50,000.00  
End of Prior Year  
Fund Value: \$0.00  
Certificate Debt: \$0.00

Universal Life Annual Report for Certificate Year 12/01/2008 to 12/01/2009

This statement gives the current status of your certificate including current fund values. You should compare these actual values to the projection of values you received when you purchased your certificate. Call your agent or the company if you have any questions.

SUMMARY OF ACTIVITY FOR CERTIFICATE YEAR ENDING 12/01/2009

Cert. Mo.	Gross Premium	Loading	- - Monthly Charges - - Cost of Insurance	Expense	Rider Cost (4)	Interest Credited (2)	Full/Part Surrender	Loan Transfer (3)	Fund Value
DEC	61.25	3.06	4.23	12.00	14.68	0.12	0.00	0.00	27.39
JAN	61.25	3.06	4.23	12.00	14.68	0.23	0.00	0.00	54.90
FEB	61.25	3.06	4.23	12.00	14.68	0.35	0.00	0.00	82.54
MAR	61.25	3.06	4.23	12.00	14.68	0.47	0.00	0.00	110.29
APR	61.25	3.06	4.22	12.00	14.68	0.59	0.00	0.00	138.16
MAY	61.25	3.06	4.22	12.00	14.68	0.71	0.00	0.00	166.16
JUN	61.25	3.06	4.22	12.00	14.68	0.83	0.00	0.00	194.27
JUL	61.25	3.06	4.22	12.00	14.68	0.95	0.00	0.00	222.51
AUG	61.25	3.06	4.21	12.00	14.68	1.07	0.00	0.00	250.87
SEP	61.25	3.06	4.21	12.00	14.68	1.19	0.00	0.00	279.36
OCT	61.25	3.06	4.21	12.00	14.68	1.31	0.00	0.00	307.97
NOV	61.25	3.06	4.21	12.00	14.68	1.43	0.00	0.00	336.70
Tot.	735.00	36.75	50.65	144.00	176.14	9.24	0.00		

Certificate Values as of 12/01/09:  
Fund Value: 336.70      Surrender Charge: 550.00  
Certificate Debt: 0.00      Net Surrender Value: 0.00

- (1)The death benefit amount will be reduced by any outstanding certificate debt.
- (2)Current annual interest rate schedule applicable to fund value accumulation:  
Fund Value, Unimpaired by Cert. Debt 5.250% Declared Through Current Month End  
Fund Value, Impaired by Certificate Debt 4.000% Declared Through Maturity Date
- (3)The current loan interest rate is 8.000% payable in arrears.
- (4)Rider Charges Included For - ADB, PW, Other Rider Coverages

The guaranteed interest rate for the life of the certificate is 4.000%.

Your planned periodic premium is 61.25 paid monthly.

The maximum premium which can be paid on this certificate during the next 12 months is 10,757.52 as specified by TEFRA legislation.

This certificate is not a Modified Endowment Contract (MEC).

The maximum amount of future payments which can be paid on this certificate during the next 6 years is 16,995.72 to still avoid a MEC contract.

WARNING: Withdrawals and loans on MEC contracts receive income first tax treatment and may be subject to a 10% penalty.

Current interest rate and cost of insurance charges are not guaranteed for the future.

Agent: ALLSTATE WORKPLACE DIVISION  
1776 AMERICAN HERITAGE LIFE DR  
JACKSONVILLE FL 32224

Payroll Deduction: 54321

Printed: 12/05/2009

DEATH

INSURED: BENEFIT AMOUNT  
 DOE, JOHN \$100,000.00

Projected activity to the next anniversary using current assumptions and planned premium payments.

	Gross Premiums	Loading	Cost of Insurance	Expense Charges	Rider Charges	Interest	Fund Value
Tot	735.00	36.75	53.26	144.00	179.59	26.74	684.85

PROJECTED CERTIFICATE YEAR END VALUES USING GUARANTEED ASSUMPTIONS

Certificate Year	No Premiums			With Premiums		
	Fund Values	Death Benefit	Amt.	Fund Values	Death Benefit	Amt.
2	0.00		0.00	673.96		50,000.00
3	0.00		0.00	1,018.43		50,000.00
4	0.00		0.00	1,367.44		50,000.00
5	0.00		0.00	1,721.08		50,000.00
6	0.00		0.00	2,079.60		50,000.00
7	0.00		0.00	2,437.15		50,000.00
8	0.00		0.00	2,793.62		50,000.00
9	0.00		0.00	3,146.28		50,000.00
10	0.00		0.00	3,491.83		50,000.00
11	0.00		0.00	3,827.15		50,000.00
12	0.00		0.00	4,151.82		50,000.00
13	0.00		0.00	4,471.27		50,000.00
14	0.00		0.00	4,788.29		50,000.00
15	0.00		0.00	5,210.34		50,000.00
16	0.00		0.00	5,622.60		50,000.00
17	0.00		0.00	6,021.66		50,000.00
18	0.00		0.00	6,398.27		50,000.00
19	0.00		0.00	6,745.69		50,000.00
20	0.00		0.00	7,051.05		50,000.00
21	0.00		0.00	7,328.69		50,000.00
AT MATURITY	0.00		0.00	0.00		0.00

PROJECTED CERTIFICATE YEAR END VALUES USING CURRENT ASSUMPTIONS

Certificate Year	No Premiums			With Premiums		
	Fund Values	Death Benefit	Amt.	Fund Values	Death Benefit	Amt.
2	0.00		0.00	684.85		50,000.00
3	0.00		0.00	1,044.95		50,000.00
4	0.00		0.00	1,416.14		50,000.00
5	0.00		0.00	1,797.42		50,000.00
6	0.00		0.00	2,189.40		50,000.00
7	0.00		0.00	2,589.50		50,000.00
8	0.00		0.00	2,996.61		50,000.00
9	0.00		0.00	3,408.39		50,000.00
10	0.00		0.00	3,821.95		50,000.00
11	0.00		0.00	4,235.98		50,000.00
12	0.00		0.00	4,649.11		50,000.00
13	0.00		0.00	5,064.41		50,000.00
14	0.00		0.00	5,485.08		50,000.00
15	0.00		0.00	6,019.76		50,000.00
16	0.00		0.00	6,556.12		50,000.00
17	0.00		0.00	7,094.05		50,000.00
18	0.00		0.00	7,628.95		50,000.00
19	0.00		0.00	8,156.20		50,000.00
20	0.00		0.00	8,667.76		50,000.00
21	0.00		0.00	9,181.71		50,000.00
AT MATURITY	0.00		0.00	70,798.41		70,798.41

With no new loans, partial surrenders, or future increases made after this report Date, Based upon current assumptions,

Your certificate will remain in force until 12/01/2009 With No Future Premiums,  
 Or to Maturity With Future Premiums,

And, Based upon guaranteed assumptions,

Your certificate will remain in force until 12/01/2009 With No Future Premiums,  
 Or to 06/01/2052 With Future Premiums.

IMPORTANT CERTIFICATEHOLDER NOTICES:

Since your last annual report, the current rate of interest credited to your certificate may have changed. Interest rates may increase or decrease during any certificate year. A decrease in interest rates will have an adverse impact on the anticipated values of your certificate in the future.

You should consider requesting more detailed information about your certificate to understand how it may perform in the future. You should not consider replacement of your certificate or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling (904) 992-1776, writing to American Heritage Life Insurance Company at 1776 American Heritage Life Drive, Jacksonville, FL 32224 or by contacting your agent. If you do not receive a current illustration of your certificate within 30 days from your request, you should contact your State Insurance Department.

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**Jacksonville, Florida**

**CERTIFICATION OF LIFE ILLUSTRATION**

Company Name: American Heritage Life Insurance Company

Form Numbers: **GUL22P**, **GUL22C** and **GUTIR**

I, Richard Schaefer, hereby certify that:

1. the disciplined current scale used in the illustrations is in conformity with the Actuarial Standards of Practice for Compliance promulgated by the Actuarial Standards Board and that the illustrated scales used in insurer authorized illustrations meet the requirements of Section 408-A(f) of the Insurance Company Law; and
2. we have provided our agents with information about the expense allocation used by American Heritage Life Insurance Company in its illustrations and disclosures as required by the State of \_\_\_\_\_.



Richard Schaefer, FSA, MAAA  
Senior Vice President and Chief Actuary, Illustration Actuary

Date: June 30, 2008

## Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

### A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is \_\_\_\_\_.

2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

Forms and Form Numbers to Which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Flexible Premium Adjustable Group Life Insurance Policy	GUL22P	54.0
Policyholder Application	GULAPP	**
Flexible Premium Adjustable Group Life Insurance Certificate	GUL22C	65.5
Flexible Premium Adjustable Group Life Insurance Certificate	GUL22CV	65.5
Group Enrollment and Evidence of Insurability Form	AWD4553	60.6
Group Enrollment and Evidence of Insurability Form	AWD4553V	65.3
Accidental Death Benefit Rider	GUADB	64.3
Continuation of Coverage During a Strike or Layoff Rider	GUCDSL	62.4
Children's Term Rider	GUCTR	60.5
Future Purchase Option Rider	GUFPO	61.5
Level Term Insurance Rider	GUTIR	61.9
Other Insured Person Level Term Rider	GUOIR	67.6
Total Disability Premium Waiver Rider	GUPW	51.5
Total Disability Payor Waiver of Premium Rider	GUPWP	53.4
Total Disability Waiver of Monthly Deduction	GUWMD	57.7
Total Disability Payor Waiver of Monthly Deduction	GUPWMD	59.0
Accelerated Death Benefit for Terminal Illness Rider	GULBR	57.3
Accelerated Death Benefit for Long Term Care Rider	GULTC	54.7
Extension of Benefits Rider	GULTCEXT	52.2
Accelerated Death Benefit for Critical Illness Rider	GUCIR	53.0

\*\*The Readability Score for the Policyholder Application has been completed in conjunction with the Flexible Premium Adjustable Group Life Insurance Policy.

### B. Test Option Selected

1. Test was applied to entire policy form(s)

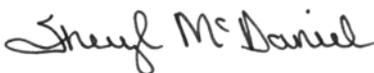
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

Signature: 	
Officer's name : Sheryl McDaniel	Officer's Title: Vice President, Compliance
	Date: July 7, 2008

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## A Flexible Premium Adjustable Group Life Insurance Illustration

---

Form GUL22C  
**Group Universal Life**

*Designed for*  
**John Doe**  
Situs State: Alabama

*Presented by*  
**SMITH, DAVID E JR**

**123 MAIN ST  
JACKSONVILLE, FL  
904-123-6898**

June 27, 2008

Allstate Workplace Division is the marketing name for American Heritage Life Insurance Company, a wholly-owned subsidiary of the Allstate Corporation, Home Office: Northbrook, Illinois. All products are underwritten by American Heritage Life Insurance Company. Home Office: Jacksonville, Florida. This illustration highlights some features of the policy and riders, but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company.  
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**Allstate**<sup>®</sup>

Workplace Division

*Designed for:*

**John Doe**

**Age 35**

**Illustration Explanation**

Group Universal Life Form GUL22C

<b>Group Universal Life Insurance</b>	The life insurance you are considering allows flexible premium payments to age 95. The death benefit is adjustable and ultimately depends on the net surrender value in the certificate. The net surrender value is based on the timing and amount of your premium payments, certificate and rider charges, monthly interest credited to the certificate, surrender charges, and any loans or partial surrenders you may take. Interest rates and cost factors are subject to change. The interest rate is guaranteed never to go below 4.000% and costs are guaranteed not to exceed the maximums listed in the certificate. The non-guaranteed elements of this certificate are described in the following pages.
<b>Premium Class: Male Non-Tobacco</b>	The premium options and certificate charges calculated for this illustration assume a certificate is issued based on the underwriting class listed at the left. Actual amounts will depend on the outcome of the underwriting process, and may vary from what is shown on this illustration. If so, you will receive a revised illustration with your certificate.
<b>Initial Death Benefit: \$100,000</b>	The death benefit assumed at issue is shown on the left. The actual amount payable at death may be decreased by loans or partial surrenders, or increased by additional insurance benefits. The certificate will specify how to determine the benefit. This illustration is based on an initial specified amount of \$50,000, a change in specified amount at age 36 to \$55,963, a change in specified amount at age 37 to \$61,642, a change in specified amount at age 38 to \$67,063, a change in specified amount at age 39 to \$72,305, and a change in specified amount at age 40 to \$77,327 for the current values shown.
<b>Initial Death Benefit Option: 1</b>	The certificate provides for two different death benefit options. Under option 1, the death benefit amount is generally the specified amount. Under option 2, the death benefit amount is generally the specified amount plus the fund value. The certificate's cost of insurance charges are based roughly on the difference between the death benefit amount and the fund value. This illustration is based on death benefit option 1.
<b>Initial Monthly Premium: \$61.25</b>	The planned premium outlays are shown in the yearly detail of this illustration. Be sure to note when coverage would cease based on guaranteed or non-guaranteed assumptions.
<b>Initial Annual Premium to Guarantee Coverage: \$888.12</b>	This is the initial premium which must be paid on an annual basis to guarantee coverage to age 95. This premium changes if the specified amount changes. The premium necessary to guarantee coverage is shown for each year of this illustration in the Guideline Level Premium column of this illustration. You can also prepay these premiums during the early years of the certificate.
<b>Net Surrender Value</b>	The amount available to the certificateholder upon surrender of the certificate. The net surrender value equals the fund value, minus the surrender charge, minus certificate debt.
<b>Non-Guaranteed Elements of the Certificate</b>	Many aspects of your life insurance certificate will be guaranteed, including your minimum interest rate credited and maximum charges. However, other aspects of the certificate cannot be predicted. For example, the interest rate credited may exceed the guaranteed rate and monthly charges may be less than the maximum guaranteed charges.

*Designed for:*

**John Doe**

**Age 35**

**Illustration Explanation (Continued)**

Group Universal Life Form GUL22C

The non-guaranteed elements can improve the value of your life insurance in one of two ways: by increasing your certificate's net surrender value and/or death benefit; or by reducing the out-of-pocket cost of your certificate. Variations in these factors could affect: death benefits, net surrender values, cash flow taken out of the certificate, or total out-of-pocket payments over the lifetime of the certificate. The assumptions on which non-guaranteed elements are based are subject to change by the insurer.

The non-guaranteed values shown in this illustration provide snapshots of your certificate assuming a higher interest rate credited and lower charges than those that are guaranteed. Since these elements cannot be predicted, a range of results are illustrated. The actual values will be less or more favorable than these illustrated results.

American Heritage Life Insurance Company

*Designed for:*

**John Doe**

**Age 35**

**Optional Riders**

Group Universal Life Form GUL22C

	Amount /Units	To Age	Monthly Premium	Annualized Premium
Rider Coverage Summary:				
Premium Waiver (GUPW)	\$61.25 monthly	60	\$5.06	\$60.69
Accidental Death Benefit (GUADB)	\$50,000	65	\$4.50	\$54.00
Children's Term (GUCTR)	\$2,000	70	\$0.91	\$10.92
Other Insured Term (GUOIR)	\$5,000	Her Age 65	\$2.40	\$28.80
Future Purchase Option (GUFPO)		40		
Term to Age 65 (GUTIR)	\$50,000	65	\$21.08	\$253.00
Accel DB for Terminal Ill (GULBR)		93		

X – indicates the rider is included in this illustration

(X) Premium Waiver  
Rider

Waiver of the planned periodic premium in the event of continuous total disability for at least 6 months beginning while the certificate and rider are in force and before the insured's age 60. Does not pay for disability resulting from injuries intentionally self-inflicted; or war or any act of war, whether declared or undeclared, while the insured is in the military service of any country. The coverage terminates on the certificate anniversary on or next following the insured's 60th birthday or the date the insurance under the certificate matures, expires or otherwise terminates.

(X) Accidental  
Death Benefit Rider

An additional \$50,000 of death benefit if death occurs directly and independently from all other causes, from an accidental bodily injury, within 180 days after the injury and while the certificate and the rider are in force. The coverage terminates on the certificate anniversary on or next following the insured's 65<sup>th</sup> birthday, or the date any premium for the rider or the certificate remain unpaid, subject to the grace period provision, or the date the insurance under the certificate matures, expires or otherwise terminates.

The death benefit is not payable if the insured's death results, directly or indirectly, from any of the following causes or is contributed to, wholly or in part, by any of the following causes:

1. suicide, or any attempt at suicide, while sane or insane; or
2. bodily or mental infirmity or disease of any kind, even though the proximate or precipitating cause of death is accidental bodily injury; or
3. committing or attempting to commit an assault or felony; or
4. the intentional taking of: any drug unless prescribed by a physician and used in the manner prescribed; or alcohol; or any poison or inhaling of gas or fumes; or
5. operating, riding in or descending from any kind of aircraft if the insured: is a pilot, officer, or member of the crew; or is being flown for the purpose of descent from such aircraft while in flight; or is giving or receiving any kind of training or instruction; or has any duties aboard such aircraft; or
6. insurrection or war, or any act attributable to war, whether or not the insured is in military service. The term "war" includes declared or undeclared war or any conflict, involving the armed forces of any country or countries.

American Heritage Life Insurance Company

Designed for:

**John Doe**

**Age 35**

**Optional Riders (Continued)**

Group Universal Life Form GUL22C

(X) Children's Term Rider

Provides a death benefit of \$2,000 for each child more than 24 hours and not yet 25 years old. Coverage expires on each child's 25th birthday. The rider terminates on the death of the certificate insured; or the date any premium for the rider or the certificate remain unpaid, subject to the grace period provision; or the date the certificate insured turns age 70; or the date the certificate matures, expires or otherwise terminates. If an insured child dies by suicide, whether sane or insane, within 2 years from the date he or she is insured, our liability for that insured child is limited to a return of all premiums paid for the rider. In the event of suicide of the certificate insured within 2 years from the date of enrollment for the rider, coverage for any insured children may be converted as explained in the conversion option provision of the rider.

Conversion Option

Once the insured child reaches age 25, or if the insured child's coverage ends due to the certificate insured's death or reaching age 70, the child may convert his/her coverage under the rider to any non-term life insurance policy currently being offered, without evidence of insurability, up to 5 times his/her covered death benefit under the rider. We must receive written request for the conversion within 30 days of the event.

(X) Other Insured Term Rider

Provides a death benefit of \$5,000 for Jane Doe, female, age 35, non-tobacco premium class to the rider anniversary on or next following her 65th birthday. We do not provide any benefits under the rider if the other insured person dies by suicide, while sane or insane, within 2 years from the rider date. Our liability is limited to a return of all cost of insurance charges deducted for the rider. In the event of suicide of the certificate insured, coverage for the other insured person may continue under the conversion option provision of the rider. Term insurance provided by the rider may not be used by any rider that provides for the acceleration of the certificate's death benefit. The rider terminates on the earliest of: the conversion date; or the rider anniversary on or next following the insured person's [65<sup>th</sup>] birthday; or the date of death of the certificate insured; or the date the certificate matures, expires, is surrendered or otherwise terminates; or the monthly date on or next following the date we receive your written request to terminate.

Conversion Option

If the other insured's coverage ends due to the certificate insured's death, the other insured may convert his/her coverage under the rider to any other non-term life insurance currently being offered, without evidence of insurability, up to the death benefit amount in force for the rider on the conversion date. Premiums for the conversion will be at the rate in effect on the conversion date for the other insured person's premium class and age on his or her last birthday as of the conversion date. We must receive written request for the conversion within 30 days after the certificate terminates.

(X) Future Purchase Option Rider

Automatically increases the planned premium and specified amount of the certificate on each of the first 5 rider anniversaries while the rider is in force. The increase in planned premium is \$4.33 monthly. The increase in specified amount will be based on the insured's attained age and original underwriting classification and published target premium rates per thousand of specified amount for this rider in effect on the certificate date. Each increase is automatic unless you notify us in writing before the rider anniversary to which it applies. Once an increase is declined, the rider terminates and no future increases are available from the rider.

*Designed for:*

**John Doe**  
**Age 35**

**Optional Riders (Continued)**  
 Group Universal Life Form GUL22C

(X) Term To Age 65  
 Rider

Provides an additional \$50,000 of death benefit to the rider anniversary on or next following the insured's [65<sup>th</sup>] birthday. We do not provide any benefits under the rider if the insured dies by suicide, while sane or insane, within 2 years from the rider date. Our liability is limited to a return of all cost of insurance charges deducted for the rider. Term insurance provided by the rider may not be used by any rider that provides for the acceleration of the certificate's death benefit. The rider terminates on the conversion date, or the death of the certificate insured, or the rider anniversary on or next following the date the certificate insured turns age [65], or the date the certificate matures, expires or otherwise terminates; or the monthly date on or next following the date we receive your written request to terminate.

Conversion Option

We must receive a written request for conversion while the rider is in force. The conversion may be any non-term life policy currently being offered, without evidence of insurability, up to the death benefit amount in force for the rider on the conversion date. Premiums for the conversion will be at the rate in effect on the conversion date for the insured person's premium class and age on his or her last birthday as of the conversion date. The conversion policy will not include any additional benefits or riders, unless agreed to by us.

(X) Accelerated  
 Death Benefit for  
 Terminal Illness

If the insured has an illness or physical condition which in the opinion of the physician is expected to result in death within 12 months with no reasonable prospect of recovery, you may elect an advance of up to 75% of the sum of the death benefit for the certificate (excluding any death benefit riders) on the insured's life, subject to a maximum of the lesser of \$100,000 or the certificate death benefit. The amount payable is reduced by pro-rata loans, and discounted at the current discount rate. Any pro-rata surrender charge is waived. Also waives future monthly deductions for the certificate and any riders. Values are reduced proportionately.

American Heritage Life Insurance Company

Designed for:

**John Doe**  
Age 35

**Illustration Summary**  
Group Universal Life Form GUL22C

Premium class:  
**Male**  
**Non-Tobacco**

Interest and Cost  
Scenarios:  
**Guaranteed**

4.000% interest rate  
and maximum  
charges  
**Midpoint**

Interest rate and  
charges halfway  
between current &  
guaranteed  
**Current**

5.250% interest  
rate and current  
charges  
Today's current  
Interest rate is  
5.250%

This illustration  
presumes the non-  
guaranteed  
elements will  
continue as  
assumed for all  
years shown. This  
is not likely to occur,  
and actual results  
may be more or less  
favorable

Summary Year	4.000% Guaranteed	4.625% Non-Guaranteed Midpoint	5.250% Non-Guaranteed Current
<b>Year 5</b>			
Premium	\$943	\$943	\$943
Net Surr. Value	\$1,323	\$1,370	\$1,418
Death Benefit	\$122,305	\$122,305	\$122,305
<b>Year 10</b>			
Premium	\$995	\$995	\$995
Net Surr. Value	\$3,806	\$4,011	\$4,224
Death Benefit	\$127,327	\$127,327	\$127,327
<b>Year 20</b>			
Premium	\$995	\$995	\$995
Net Surr. Value	\$8,958	\$9,972	\$11,073
Death Benefit	\$127,327	\$127,327	\$127,327
<b>Age 70</b>			
Premium	\$995	\$995	\$995
Net Surr. Value	\$8,927	\$16,071	\$23,856
Death Benefit	\$77,327	\$77,327	\$77,327
Last Year of Death Benefit	42	49	60
<b>All Years - Total</b>			
Death Benefit	\$40,588	\$47,551	\$58,909

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

**THIS ILLUSTRATION IS NOT A CONTRACT**

American Heritage Life Insurance Company

Designed for:

**John Doe**  
Age 35

**Life Insurance Illustration**  
Group Universal Life Form GUL22C

Premium class:  
**Male**  
**Non-Tobacco**

Mode: A= Annual; S= Semi-Annual; Q= Quarterly; M= Monthly;  
SM= Semi-Monthly; BW= Bi-Weekly; W= Weekly; N= Ninthly;  
T= Tenthly.

Premiums are paid at the beginning of the period for the mode noted.

Values and benefits are as of the end of the year.

This illustration presumes the non-guaranteed elements will continue as assumed for all years shown. This is not likely to occur, and actual results may be more or less favorable.

Age	End of Yr	Yearly Premium Outlay	Mode	4.000% Guaranteed		5.250% Non-Guaranteed Current	
				Net Surr. Value	Death Benefit	Net Surr. Value	Death Benefit
36	1	735	M	0	50,000	0	50,000
37	2	787	M	66	55,963	85	55,963
38	3	839	M	379	61,642	415	61,642
39	4	891	M	830	67,063	892	67,063
40	5	943	M	1,323	72,305	1,418	72,305
41	6	995	M	1,806	77,327	1,942	77,327
42	7	995	M	2,314	77,327	2,504	77,327
43	8	995	M	2,821	77,327	3,076	77,327
44	9	995	M	3,325	77,327	3,655	77,327
45	10	995	M	3,806	77,327	4,224	77,327
		9,169					
46	11	995	M	4,260	77,327	4,781	77,327
47	12	995	M	4,695	77,327	5,332	77,327
48	13	995	M	5,152	77,327	5,914	77,327
49	14	995	M	5,611	77,327	6,509	77,327
50	15	995	M	6,178	77,327	7,223	77,327
51	16	995	M	6,749	77,327	7,955	77,327
52	17	995	M	7,319	77,327	8,706	77,327
53	18	995	M	7,875	77,327	9,472	77,327
54	19	995	M	8,435	77,327	10,272	77,327
55	20	995	M	8,958	77,327	11,073	77,327
		19,117					
56	21	995	M	9,391	77,327	11,829	77,327
57	22	995	M	9,756	77,327	12,565	77,327
58	23	995	M	10,054	77,327	13,283	77,327
59	24	995	M	10,281	77,327	13,982	77,327
60	25	995	M	10,416	77,327	14,653	77,327
61	26	995	M	10,506	77,327	15,357	77,327
62	27	995	M	10,461	77,327	16,000	77,327
63	28	995	M	10,252	77,327	16,563	77,327
64	29	995	M	9,854	77,327	17,032	77,327
65	30	995	M	9,248	77,327	17,396	77,327
		29,065					

American Heritage Life Insurance Company

Designed for:

**John Doe**

**Age 35**

**Life Insurance Illustration**  
Group Universal Life Form GUL22C

Premium class:  
**Male**  
**Non-Tobacco**

Premiums are paid  
at the beginning of  
the period for the  
mode noted.

Values and benefits  
are as of the end of  
the year.

This illustration  
presumes the non-  
guaranteed  
elements will  
continue as  
assumed for all  
years shown. This  
is not likely to occur,  
and actual results  
may be more or less  
favorable.

Age	End of Yr	Yearly Premium Outlay	Mode	4.000% Guaranteed		5.250% Non-Guaranteed Current	
				Net Surr. Value	Death Benefit	Net Surr. Value	Death Benefit
66	31	995	M	9,405	77,327	18,638	77,327
67	32	995	M	9,465	77,327	19,904	77,327
68	33	995	M	9,415	77,327	21,197	77,327
69	34	995	M	9,244	77,327	22,515	77,327
70	35	995	M	8,927	77,327	23,856	77,327
71	36	995	M	8,441	77,327	25,229	77,327
72	37	995	M	7,729	77,327	26,614	77,327
73	38	995	M	6,738	77,327	28,007	77,327
74	39	995	M	5,431	77,327	29,407	77,327
75	40	995	M	3,753	77,327	30,813	77,327
		9,948					
76	41	995	M	1,637	77,327	32,222	77,327
77	42	995	M	0	0	33,630	77,327
78	43	995	M	0	0	35,031	77,327
79	44	995	M	0	0	36,414	77,327
80	45	995	M	0	0	37,776	77,327
81	46	995	M	0	0	39,101	77,327
82	47	995	M	0	0	40,375	77,327
83	48	995	M	0	0	41,597	77,327
84	49	995	M	0	0	42,764	77,327
85	50	995	M	0	0	43,861	77,327
		19,896					
86	51	995	M	0	0	44,883	77,327
87	52	995	M	0	0	45,810	77,327
88	53	995	M	0	0	46,610	77,327
89	54	995	M	0	0	47,266	77,327
90	55	995	M	0	0	47,766	77,327
91	56	995	M	0	0	48,142	77,327
92	57	995	M	0	0	48,393	77,327
93	58	995	M	0	0	48,431	77,327
94	59	995	M	0	0	48,147	77,327
95	60	995	M	0	0	47,399	77,327
		29,844					

American Heritage Life Insurance Company

Designed for:

**John Doe**

**Age 35**

**Life Insurance Certificate Outlays**

Group Universal Life Form GUL22C

Premium class:

**Male**

**Non-Tobacco**

*Premium payments can be increased up to the maximum limits in order to extend and increase benefits and values.*

Certificate Outlay					Guideline Premiums				
End of Yr	Age	Premium Outlay	Partial Sur-render	Annual Loan	Single	Level	Total	7 Pay	
1	36	735	0	0	11,493	888	11,493	2,533	
2	37	787	0	0	987	970	12,479	2,760	
3	38	839	0	0	975	1,051	13,454	2,988	
4	39	891	0	0	965	1,132	14,419	3,217	
5	40	943	0	0	967	1,212	15,386	3,449	
6	41	995	0	0	962	1,293	16,348	3,684	
7	42	995	0	0	0	1,293	16,348	3,684	
8	43	995	0	0	0	1,293	16,348	3,684	
9	44	995	0	0	0	1,293	16,348	3,684	
10	45	995	0	0	0	1,293	16,348	3,684	
		9,169	0	0	16,348	11,717			
11	46	995	0	0	0	1,293	16,348	3,684	
12	47	995	0	0	0	1,293	16,348	3,684	
13	48	995	0	0	0	1,293	16,348	0	
14	49	995	0	0	0	1,293	16,888	0	
15	50	995	0	0	0	1,293	18,181	0	
16	51	995	0	0	0	1,293	19,474	0	
17	52	995	0	0	0	1,293	20,766	0	
18	53	995	0	0	0	1,293	22,059	0	
19	54	995	0	0	0	1,293	23,352	0	
20	55	995	0	0	0	1,293	24,645	0	
		19,117	0	0	16,348	24,645			
21	56	995	0	0	0	1,293	25,937	0	
22	57	995	0	0	0	1,293	27,230	0	
23	58	995	0	0	0	1,293	28,523	0	
24	59	995	0	0	0	1,293	29,816	0	
25	60	995	0	0	0	1,293	31,108	0	
26	61	995	0	0	0	1,293	32,401	0	
27	62	995	0	0	0	1,293	33,694	0	
28	63	995	0	0	0	1,293	34,987	0	
29	64	995	0	0	0	1,293	36,279	0	
30	65	995	0	0	0	1,293	37,572	0	
		29,065	0	0	16,348	37,572			

American Heritage Life Insurance Company

Designed for:

**John Doe**

**Age 35**

**Life Insurance Certificate Outlays**

**Group Universal Life Form GUL22C**

Premium class:

**Male**

**Non-Tobacco**

*Premium payments can be increased up to the maximum limits in order to extend and increase benefits and values.*

Certificate Outlay					Guideline Premiums				
End of Yr	Age	Premium Outlay	Partial Sur-render	Annual Loan	Single	Level	Total	7 Pay	
31	66	995	0	0	0	1,293	38,865	0	
32	67	995	0	0	0	1,293	40,157	0	
33	68	995	0	0	0	1,293	41,450	0	
34	69	995	0	0	0	1,293	42,743	0	
35	70	995	0	0	0	1,293	44,036	0	
36	71	995	0	0	0	1,293	45,328	0	
37	72	995	0	0	0	1,293	46,621	0	
38	73	995	0	0	0	1,293	47,914	0	
39	74	995	0	0	0	1,293	49,207	0	
40	75	995	0	0	0	1,293	50,499	0	
		39,013	0	0	16,348	50,499			
41	76	995	0	0	0	1,293	51,792	0	
42	77	995	0	0	0	1,293	53,085	0	
43	78	995	0	0	0	1,293	54,378	0	
44	79	995	0	0	0	1,293	55,670	0	
45	80	995	0	0	0	1,293	56,963	0	
46	81	995	0	0	0	1,293	58,256	0	
47	82	995	0	0	0	1,293	59,549	0	
48	83	995	0	0	0	1,293	60,841	0	
49	84	995	0	0	0	1,293	62,134	0	
50	85	995	0	0	0	1,293	63,427	0	
		48,961	0	0	16,348	63,427			
51	86	995	0	0	0	1,293	64,720	0	
52	87	995	0	0	0	1,293	66,012	0	
53	88	995	0	0	0	1,293	67,305	0	
54	89	995	0	0	0	1,293	68,598	0	
55	90	995	0	0	0	1,293	69,890	0	
56	91	995	0	0	0	1,293	71,183	0	
57	92	995	0	0	0	1,293	72,476	0	
58	93	995	0	0	0	1,293	73,769	0	
59	94	995	0	0	0	1,293	75,061	0	
60	95	995	0	0	0	1,293	76,354	0	
		58,909	0	0	16,348	76,354			

American Heritage Life Insurance Company

Designed for:

**John Doe**

**Age 35**

**Important Notes**

Group Universal Life Form GUL22C

Tax Guidelines

In order to receive favorable tax treatment of distributions (including loans) under the Internal Revenue Code, a life insurance certificate must satisfy a 7-Pay Premium limitation during the first 7 years and during 7 years after certain certificate changes. Failure to satisfy this limitation would cause distributions to be taxable to the extent that there is a gain in the contract. In addition, there is a penalty of 10% of taxable income for distributions from such certificates before age 59½ with certain exceptions. In any case, a gain in the contract is taxable upon full surrender of the certificate.

Initial 7-Pay Premium: \$2,532.96

Certain changes to the certificate's benefits (whether illustrated or not) will alter the 7-pay premium limitation, and could cause the certificate to lose its favorable tax status. Please consult your tax advisor for more information.

There is a limitation on the total premium paid for a certificate based on the guideline premiums. The initial guideline premiums for this illustration are:

Guideline Single Premium: \$11,492.52

Guideline Level Premium: \$888.12

These values may change for later years based on certificate changes. The maximum premium limit is the greater of the guideline single premium and the sum of the guideline level premiums.

How Loans Affect  
Interest Rates

The current interest rate is only credited to fund value not represented by certificate debt. The interest rate credited to fund value represented by certificate debt is 4.000%. Certificate debt is charged an interest rate of 8.000% in arrears.

We will notify you at the time a cash loan is made of the initial rate of interest on the loan. With respect to premium loans, we will notify you of the initial rate of interest on the loan as soon as it is reasonably practical to do so. We will send you reasonable advance notice of any increase in the rate.

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
 1776 American Heritage Life Drive, Jacksonville, Florida 32224

**CERTIFICATE SPECIFICATIONS**

FORM NO.	DESCRIPTION OF BENEFITS	NUMBER OF YEARS PAYABLE	PREMIUMS ANNUAL AMOUNT
GUL22CAR	FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE	60	\$327.59
GUPW	PREMIUM WAIVER RIDER DISABILITY BENEFIT AMOUNT: \$61.25 MONTHLY	25	\$60.69
GUADB	ACCIDENTAL DEATH BENEFIT RIDER	\$50,000 30	\$54.00
GUCTR	CHILDREN'S TERM RIDER	\$2,000 40	\$10.92
GUOIR	OTHER INSURED TERM RIDER ISSUE AGE 35, FEMALE PREMIUM CLASS: NON-TOBACCO	\$5,000 30	28.80
GUTIR	LEVEL TERM INSURANCE RIDER	\$50,000 30	\$253.00
GUFPO	FUTURE PURCHASE OPTION RIDER ANNUAL PREMIUM INCREASE AMOUNT: \$52.00 TERMINATION DATE: DECEMBER 1, 2013		
GULBR	ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER	58	
		TOTAL	\$735.00

SEE PAGE 3A FOR ADDITIONAL CERTIFICATE SPECIFICATIONS.

The effective date and issue age of each benefit is the Certificate Date and Issue Age of the Certificate unless otherwise specified.

**TOTAL PREMIUMS**

The Total Premiums include the charge for any additional benefits.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	PLANNED PERIODIC PREMIUM
			\$61.25	\$61.25

Premium Payment Method PAYROLL DEDUCTION - MONTHLY

Premium Class NON-TOBACCO

BENEFICIARY: AS NAMED ON THE ENROLLMENT FORM FOR THIS CERTIFICATE OR AS LATER CHANGED.

INSURED: JOHN DOE	CERTIFICATE NUMBER: 1234567U
CERTIFICATE DATE: DECEMBER 01, 2008	ISSUE AGE: M 35
INITIAL SPECIFIED AMOUNT: \$50,000	MATURITY DATE: DECEMBER 01, 2068
MINIMUM SPECIFIED AMOUNT: \$10,000	DEATH BENEFIT OPTION - 1
INITIAL MINIMUM MONTHLY PREMIUM: \$60.37	GROUP POLICY NUMBER: AB123
MINIMUM MONTHLY PREMIUM PERIOD: 5 YEARS	
GUL22CAR	FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

1776 American Heritage Life Drive, Jacksonville, Florida 32224

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**CERTIFICATE SPECIFICATIONS**

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CERTIFICATE VALUES WILL VARY AND COVERAGE MAY CEASE PRIOR TO THE MATURITY DATE DEPENDING ON CHANGES IN INTEREST RATES, COST OF INSURANCE RATES, AND THE FREQUENCY, TIMING, AND AMOUNT OF YOUR PREMIUM PAYMENTS. EVEN IF COVERAGE CONTINUES TO THE MATURITY DATE, THERE MAY BE LITTLE OR NO CASH SURRENDER VALUE.

GUARANTEED MINIMUM INTEREST RATE:

MONTHLY RATE: 0.32737%  
ANNUAL RATE: 4.000%

DEATH BENEFIT DISCOUNT FACTOR: 1.0032737

MONTHLY FEE: \$2.00 FOR YEARS 1 THROUGH 20 ONLY

PERCENT OF PREMIUM CHARGE: 5%

MONTHLY PER THOUSAND CHARGE: SEE PAGES 9 AND 10

THE SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT ARE AS FOLLOWS:

YEAR 1	\$550.00
YEAR 2	\$550.00
YEAR 3	\$550.00
YEAR 4	\$440.00
YEAR 5	\$330.00
YEAR 6	\$275.00
YEAR 7	\$275.00
YEAR 8	\$275.00
YEAR 9	\$275.00
YEAR 10	\$275.00
YEAR 11	\$275.00
YEAR 12	\$275.00
YEAR 13	\$247.50
YEAR 14	\$220.00
YEAR 15	\$192.50
YEAR 16	\$165.00
YEAR 17	\$137.50
YEAR 18	\$110.00
YEAR 19	\$ 55.00
YEARS 20+	\$ 0.00

PARTIAL SURRENDER SERVICE CHARGE: \$25.00

GUIDELINE SINGLE PREMIUM: \$11,492.52  
GUIDELINE LEVEL PREMIUM: \$ 888.12

ASSUMING MAXIMUM COST OF INSURANCE RATES ARE CHARGED, THE MINIMUM INTEREST RATE IS CREDITED AND THE PLANNED PERIODIC PREMIUM IS PAID, YOUR CERTIFICATE WILL LAPSE IN THE CERTIFICATE YEAR WHICH ENDS IN 2050.

BASIS OF RESERVES ON THE CERTIFICATE DATE: 2001 COMMISSIONERS STANDARD ORDINARY  
AGE LAST BIRTHDAY, NONSMOKER  
4.00% INTEREST

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
1776 American Heritage Life Drive, Jacksonville, Florida 32224

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**CERTIFICATE SPECIFICATIONS**

FORM NO.	DESCRIPTION OF BENEFIT	NUMBER OF YEARS PAYABLE	PREMIUM ANNUAL AMOUNT
GUL22CV	FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE	60	\$ 735.00

**TOTAL PREMIUMS**

The Total Premiums include the charge for any additional benefits.

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	PLANNED PERIODIC PREMIUM
			\$ 61.25	\$ 61.25

Premium Payment Method PAYROLL DEDUCTION – MONTHLY

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POLICYHOLDER: [GROUP NAME]

POLICY EFFECTIVE DATE: [MARCH 01, 2008]

POLICY NUMBER: [123XYZZ]

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BENEFICIARY: AS NAMED IN THE APPLICATION FOR THIS CERTIFICATE OR AS LATER CHANGED.

INSURED: JOHN DOE

CERTIFICATE NUMBER: 234567U

CERTIFICATEHOLDER: JOHN DOE

ISSUE AGE: M 35

PREMIUM CLASS: NON-TOBACCO

DEATH BENEFIT OPTION: 1

CERTIFICATE DATE: DECEMBER 01, 2008

MATURITY DATE: DECEMBER 01, 2068

INITIAL SPECIFIED AMOUNT: \$50,000

MINIMUM SPECIFIED AMOUNT: \$10,000

INITIAL MINIMUM MONTHLY PREMIUM: \$60.37  
MINIMUM MONTHLY PREMIUM PERIOD: 5 YEARS

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
 1776 American Heritage Life Drive, Jacksonville, Florida 32224

**CERTIFICATE SPECIFICATIONS CONT.  
 RIDERS**

The effective date and issue age of each rider is the Certificate Date and Issue Age of the Certificate unless otherwise specified.

BENEFIT	AMOUNT	ANNUAL PREMIUM	COVERAGE DATE	EXPIRY DATE
CHILDREN'S TERM RIDER	\$ 2,000	\$ 10.92	DEC 01, 2008	DEC 01, 2043
ACCIDENTAL DEATH BENEFIT RIDER	\$ 50,000	\$ 54.00	DEC 01, 2008	DEC 01, 2038
TOTAL DISABILITY PREMIUM WAIVER RIDER:		\$ 60.69	DEC 01, 2008	DEC 01, 2033
DISABILITY BENEFIT AMOUNT	\$61.25/MO.			
LEVEL TERM INSURANCE RIDER	\$50,000	\$ 253.00	DEC 01, 2008	DEC 01, 2038
INSURED PERSON: JOHN DOE	ISSUE AGE: 35; MALE		NON-TOBACCO	
OTHER INSURED PERSON LEVEL TERM RIDER	\$5,000	\$28.80	DEC 01, 2008	DEC 01, 2038
INSURED PERSON: MARY DOE	ISSUE AGE: 35; FEMALE		NON-TOBACCO	
CONTINUATION OF COVERAGE DURING A STRIKE OR LAYOFF – NO CHARGE				
ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER – NO CHARGE				
FUTURE PURCHASE OPTION RIDER			DEC 01, 2008	DEC 01, 2013
RIDER ANNIVERSARY	SPECIFIED AMOUNT INCREASE		ANNUAL PREMIUM INCREASE	
DEC 01, 2009	\$5,963		\$52.00	
DEC 01, 2010	\$5,679		\$52.00	
DEC 01, 2011	\$5,421		\$52.00	
DEC 01, 2012	\$5,242		\$52.00	
DEC 01, 2013	\$5,022		\$52.00	

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
1776 American Heritage Life Drive, Jacksonville, Florida 32224

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**CERTIFICATE SPECIFICATIONS CONT.**

CERTIFICATE VALUES WILL VARY AND COVERAGE MAY CEASE PRIOR TO THE MATURITY DATE DEPENDING ON CHANGES IN INTEREST RATES, COST OF INSURANCE RATES, AND THE FREQUENCY, TIMING, AND AMOUNT OF YOUR PREMIUM PAYMENTS. EVEN IF COVERAGE CONTINUES TO THE MATURITY DATE, THERE MAY BE LITTLE OR NO CASH SURRENDER VALUE.

**GUARANTEED MINIMUM INTEREST RATE:**

MONTHLY RATE: 0.32737%  
ANNUAL RATE: 4.000%

DEATH BENEFIT DISCOUNT FACTOR: 1.0032737

MONTHLY FEE: \$2.00 FOR YEARS 1 THROUGH 20 ONLY

**ANNUAL EXPENSE CHARGES:**

Certificate Years 1-14: \$120.00  
Certificate Years 15+ \$12.00

PERCENT OF PREMIUM CHARGE: 5%

**THE SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT ARE AS FOLLOWS:**

YEARS 1-3	\$550	YEAR 15	\$192.50
YEAR 4	\$440	YEAR 16	\$275
YEAR 5	\$330	YEAR 17	\$137.50
YEARS 6-12	\$275	YEAR 18	\$110
YEAR 13	\$247.50	YEAR 19	\$55
YEAR 14	\$220	YEAR 20	\$0.00

PARTIAL SURRENDER SERVICE CHARGE: \$25.00

GUIDELINE SINGLE PREMIUM: \$11,492.52  
GUIDELINE LEVEL PREMIUM: \$ 888.12

ASSUMING MAXIMUM COST OF INSURANCE RATES ARE CHARGED, THE MINIMUM INTEREST RATE IS CREDITED AND THE PLANNED PERIODIC PREMIUM IS PAID, YOUR CERTIFICATE WILL LAPSE IN THE CERTIFICATE YEAR WHICH ENDS IN 2050.

BASIS OF RESERVES ON THE CERTIFICATE DATE: 2001 COMMISSIONERS STANDARD ORDINARY TABLE, AGE LAST BIRTHDAY, NONSMOKER, 4.00% INTEREST

**AMERICAN HERITAGE LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY**

**Form Number – GUL22P**

**Description – Flexible Premium Adjustable Group Life Insurance Policy**

Variable is reflected on page	Variable Language	Variable Text
3, 3a, 5, 6, 7	Employee/Member	The term: Employee or Member will appear interchangeably and as appropriate.
1	Employer/Association	The term: Employer or Association will appear interchangeably as appropriate for the policyholder.
1	Group Policyholder	Will be the complete legal name of each policyholder.
1	Group Policy Number	Will be a unique number assigned to the policyholder.
1	Group Policy Effective Date	Will reflect the effective date of the group policy.
1	Governing Jurisdiction	Will reflect the state of Issuance for the domicile location of the policyholder.
1	Telephone Number	Will change if the 800 number of the Administrative Office or Home Office changes.
1	Home Office and Administrative Address	Administrative Office and address information will be deleted if Administrative Office is not being used. Also, address may change if the physical location of the Home or Administrative Office changes.
3, 3a, 3b	Insurance Schedule	The Insurance Schedule will change based on the coverage selected, availability to employees/members/family members, coverage limitations made by the policyholder or based on the laws of the state the policy is issued in.
	Employee/Member	The term: Employee or Member will appear here interchangeably as appropriate.
	Employer/Association	The term: Employer or Association will appear here interchangeably as appropriate for the policyholder.
	Eligibility to Participate in the Insurance Program	The classes of Employees or Members who are eligible will be accurately described here. The number of hours may vary, and other categories of Employees or Members may be included. If the policyholder is an Association, the statement “The member of the association must be a member in good standing at the time of the initial enrollment” will appear.

	Spouse /Domestic Partner	All references to Spouse, Domestic Partner, etc. will be deleted if policyholder doesn't elect to cover dependents via the policy or riders. Spouse, Domestic Partner and Civil Union language may vary based on laws in the policyholder's state of domicile. If not mandated by the state of domicile of the policyholder, Domestic Partner and/or Civil Union language will be deleted if the policyholder does not want coverage for such dependents.
	Dependent Child	All references to Dependent Child will be deleted if policyholder doesn't elect to cover dependents via the policy or riders. Age may vary based on the laws of the state that the policy is being issued in.
	Evidence of Insurability – [31 days]	This period may vary based on the requirements of the policyholder and their standard benefits offering.
	Guaranteed Issue Limits, Contingent Guaranteed Issue Limits and Simplified Issue limits.	The age and coverage amount limits may vary based on the decision of the policyholder and family members being offered coverage.
	Optional Riders	The Optional Riders are elected by the policyholder. If elected, all eligible persons may choose to elect the optional rider.
	Minimum Participation Requirements	The participation requirements are based on the size of the group and the laws of the state the plan is being offered in.
5	Certificateholder – [The certificateholder is shown on the certificate specifications page]	This statement will appear for those contracts that are administered at the Administrative Office. For those contracts that are administered by the Home Office, this statement will not appear.
5	Domestic Partner	Domestic Partner language will be deleted if the policyholder does not want coverage for such dependents, unless mandated by state law.
6	Grace Period number of days [31]	May vary based on the laws of the state that the policy is being issued in.
6	Advance Written Notice [60]	May vary based on the laws of the state that the policy is being issued in.
6	Termination number of days [32]	May vary based on the laws of the state that the policy is being issued in.

**Form Number – GUL22CAR and GUL22CV**  
**Description - Flexible Premium Adjustable Group Life Insurance Certificate**

<b>Variable is reflected on page</b>	<b>Variable Language</b>	<b>Variable Text</b>
1	Telephone Number	Will change if the 800 number of the Administrative Office or Home Office changes.
1, 6, 7, 8, 10, 12, 13, 14	Home Office and Administrative Address or Reference	Administrative Office and address information will be deleted if Administrative Office is not being used. Also, address may change if the physical location of the Home or Administrative Office Changes.
3, 3a, 3b	Certificate Specifications	The Certificate Specifications pages will reflect those changes that are unique to the person being insured and the selection of coverages, optional riders and limits made by the certificateholder.
	Annual Premium	This will reflect the annualized premium based on the coverage selected, issue age and rate classification of the Insured.
	Total Premiums	The various premium mode calculations will reflect the various modal calculations based off the Annual Premium. The Planned Periodic Premium will reflect the premium calculation based on the premium mode selected by the Certificateholder. (i.e. Weekly, Bi-Weekly, Monthly, Quarterly, Semi-Annual)
	Group Policyholder	Will be the complete legal name of policyholder.
	Group Policy Number	Will be a unique number assigned to the policyholder.
	Group Policy Effective Date	Will reflect the effective date of the group policy.
	Insured Name	Name of the Covered, Insured Person.
	Certificateholder	Name of the Certificateholder.
	Certificate Number	Identifying number for a given Certificate.
	Issue Age	Calculated Issue Age of the Insured.
	Premium Class	Non-Tobacco or Tobacco (Smoking Classification).
	Certificate Date	Effective Date of Coverage for the Certificate.
	Initial Specified Amount	Amount of coverage elected for the given Insured.
	Initial Minimum Annual Premium	Minimum Premium calculated based on the plan coverage selected, issue age and rate classification of the Insured.
	Death Benefit Option	Death Benefit Option selected by the Certificateholder – either 1 or 2.
	Maturity Date	This reflects the date coverage would mature under the certificate.

	Minimum Specified Amount	This reflects the minimum amount of coverage allowed under the plan.
	Optional Riders	<p>This section will reflect the Optional Riders selected by the Certificateholder. Only those Optional Riders that have been filed and approved for use with this product can be selected. Variable information will include the name of the Optional Rider, Coverage Amount, Annual Premium, Coverage Date and the Expiry Date of the Optional Rider.</p> <p>Additional Insured name, age, sex and premium class will be collected for any Other Insured Person Level Term Rider coverage.</p> <p>Rider Anniversary, Specified Amount and the Annual Premium will be identified for the Future Purchase Option. The dates, specified amount and premium will vary based on the plan coverage selected, issue age and rate classification of the Insured.</p>
	Surrender Charges	The surrender charge calculation will vary based on the plan coverage selected, issue age and rate classification of the Insured.
	Guideline Premium – Single and Level	The guideline premium calculation will vary based on the plan coverage selected, issue age and rate classification of the Insured.
4A, 4B	Table of Guaranteed Maximum Monthly Cost of Insurance Rates	These tables may vary based on the gender mix of the group.
5	Employee/Member or Eligible Dependents	The term: Employee or Member and Eligible family members will appear here interchangeably and as is appropriate.
5	Spouse /Domestic Partner	All references to spouse, domestic partner and dependent children will be deleted if policyholder doesn't elect to cover dependents
5	Group Policyholder – [The Group Policyholder is shown on the certificate specifications page.]	This statement will appear for those contracts that are administered at the Administrative Office. For those contracts that are administered by the Home Office, this statement will not appear.
9	Fund Value – [95%] of any premium received.....	This could range from 90% to 100%
9	Monthly Fee [2.00] & Years 1 to [20]	The monthly fee can range from \$0 to \$5.00 and the years may be from 2 to 30.
11, 12	Certificate Loans and Partial Surrenders and Reduced Paid Up Option	This title will be modified based on whether or not the Reduced Paid Up Option is available to the group.
12	Reduced Paid Up Option	This will only be made available if requested by the Group.

**Form Number – GULAPP**

Description – Policyholder Application

Variable is reflected on page	Variable Language	Variable Text
1	Employee(s)/Member(s)	The term: Employee or Member will appear here interchangeably as is appropriate for the policyholder.
1	Actively At Work/Active Member	The term Actively at Work will be used for Employees. The term Active Member will be used for members of an association.
1	Group Policy Number	Will be a unique number assigned to each policyholder.
1	Policy Effective Date	Will reflect the effective date of the policy.
1	Optional Riders	This area will only display those riders that have been elected by the policyholder.

**Form Number – AWD4553V**

Description – Group Enrollment and Evidence of Eligibility Form

Variable is reflected on page	Variable Language	Variable Text
1	Section I – Employee/Payor Information	This section will reflect the information necessary to identify the group and the Employee or Member.
	Group Name	This will reflect the name of the policyholder.
	Employee/Payor Name	The term: Employee or Member will appear here interchangeably as appropriate.
		This section will also hold data specific to the Employee/Member with respect to address, salary, SS# and Employee ID if required by the group.
1	Section II	This section will reflect the name, date of birth, age, sex and smoking classification for each proposed insured.
	Employee/Payor Name	The term: Employee or Member will appear here interchangeably as appropriate.
	Spouse	Spouse may be changed to Domestic Partner if requested by the policyholder or mandated by state law.
1	Section III	This section will reflect the coverage amounts and optional riders for each proposed insured. Only those Optional riders that are requested by the policyholder will be reflected.
	Employee/Payor Name	The term: Employee or Member will appear here interchangeably as is appropriate.
1	Section IV	Reflects any unique beneficiary designation.

1	Section V	The term: Employee or Member will appear here interchangeably and as is appropriate for the group
1	Section VI – [Is the [Employee/Payor] actively at work now and does he/she work at least [20 hours] each week performing the regular duties of his/her job in the usual manner and the usual place of employment?]	<p>This section reflects the eligibility question that determines whether the individual is eligible to enroll in the life insurance program being offered by the policyholder. The term Employee will be used interchangeably with Member depending on the type of group. The number of hours worked [20] will vary based on the requirements of the policyholder. This will usually match the policyholder's existing practices with respect to availability of core benefits.</p> <p>The question as stated will be asked of Employees of Employer Groups. The question will be modified for Association Members.</p>
1	Section VII	Reflects the Contingent Guarantee Issue underwriting questions for the proposed insured.
2	Section VIII	Reflects the Simplified Issue underwriting questions for the proposed insured.
2	Section IX	Reflects the information regarding existing coverage or replacement activity for each proposed insured.
2	*[I understand that the insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.]	<p>This statement will be changed for special enrollment situations where the enrollment may occur during a period in which deductions can not occur until several months later. (Example: School systems where the enrollment takes place in June prior to the school closing for the summer and the deductions will be held until September when school resumes. In this case the wording would read:</p> <p>The insurance being applied for will be effective as of the Certificate Date and not the date the enrollment form is signed.)</p>
2	Employee/Payor Name	The term: Employee or Member will appear here interchangeably as appropriate.
2	Agent's Statement	This will only be present on the enrollment form if required by the state of enrollment.
2	Signature of Licensed Producer, Printed Name of Producer and State License Number	

**Description** – Group Enrollment and Evidence of Eligibility Form

<b>Variable is reflected on page</b>	<b>Variable Language</b>	<b>Variable Text</b>
1	Evidence of Insurability	May be deleted if no medical questions will be asked and form used strictly for enrollment purposes.
1	GI (Employee Only)	May be deleted if no Guarantee Issue being provided.
2	Medical Questions	Questions are bracketed to allow customization of form based on underwriting criteria. If coverage being provided on CGI basis, SI questions may be deleted to eliminate confusion.
2	Replacement and Existing Insurance	May be deleted depending on the method of solicitation.
3	Electronic Acceptance	There may be instances where the policyholder has requested the electronic delivery of certificates directly to certificateholders. If electronic delivery will not be made available, Electronic Acceptance language will be deleted.
3	Illustration Regulation Certification	May be deleted depending on the method of solicitation.
3	*[I understand that the insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.]	<p>This statement will be changed for special enrollment situations where the enrollment may occur during a period in which deductions can not occur until several months later. (Example: School systems where the enrollment takes place in June prior to the school closing for the summer and the deductions will be held until September when school resumes. In this case the wording would read:</p> <p>The insurance being applied for will be effective as of the Certificate Date and not the date the enrollment form is signed.)</p>
3	Producer's Statement	May be deleted depending on the method of solicitation.

**Form Number – GUCTR**  
**Description - Children’s Term Rider**

<b>Variable is reflected on page</b>	<b>Variable Language</b>	<b>Variable Text</b>
	Stepchild	The term: Stepchild may be deleted based on federal requirements or policyholder plan design.
	[or child of a domestic partner, civil union (or similar state designated term)]	Domestic Partner and Civil Union language may vary based on laws in the policyholder’s state of domicile. If not mandated by the state of domicile of the policyholder, Domestic Partner and/or Civil Union language will be deleted if the policyholder does not want coverage for such dependents.
	[or becomes the stepchild]	The term: Stepchild may be deleted based on federal requirements or policyholder plan design.
	Home Office and Administrative Address	Administrative Office and address information will be deleted if Administrative Office is not being used. Also, address may change if the physical location of the Home or Administrative Office changes.
	[age 70]	The Termination age may vary based on policyholder plan design.

*SERFF Tracking Number:* VFCP-125737190      *State:* Arkansas  
*Filing Company:* American Heritage Life Insurance Company      *State Tracking Number:* 39661  
*Company Tracking Number:*  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* AR AHL Base  
*Project Name/Number:* /

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Enrollment Form	07/17/2008	awd4553 ahl.pdf
No original date	Form	Enrollment Form	07/17/2008	awd4553v.pdf
No original date	Supporting Document	Cover Letter	07/17/2008	COVER LETTER.pdf



# AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

1776 AMERICAN HERITAGE LIFE DRIVE  
JACKSONVILLE, FLORIDA 32224

Workplace Division

## ENROLLMENT [AND EVIDENCE OF INSURABILITY] FORM Group Universal Life

### EMPLOYEE/MEMBER INFORMATION SECTION

(Please complete entire section)

- New Certificate  
 Change Certificate \_\_\_\_\_  
 Reinstatement \_\_\_\_\_

Please print with black ink

EMPLOYEE/MEMBER NAME Last First M.I.			<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)	<input type="checkbox"/> Married <input type="checkbox"/> Single
RESIDENCE ADDRESS			CITY		STATE	ZIP
EMPLOYER/ASSOCIATION/UNION			DATE HIRED (MM/DD/YEAR)		PHONE NUMBER	
OCCUPATION			PLANT OR DIVISION		ANNUAL SALARY \$	
Are you actively at work now and have you worked at least [20] hours each week performing all your duties at your regular occupation at your regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____						

### PROPOSED INSURED'S INFORMATION SECTION

(Please complete entire section unless employee/member is proposed insured; then complete information not provided above)

NAME (Last, First, M.I.)			<input type="checkbox"/> Emp./Mem. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> F	AGE	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)
RESIDENCE ADDRESS			CITY		STATE	ZIP	
OCCUPATION		EMPLOYER		ANNUAL SALARY \$		PHONE NUMBER	
OWNER'S NAME AND RESIDENCE ADDRESS			CITY		STATE	ZIP	
PRIMARY BENEFICIARY FULL NAME		AGE	RELATIONSHIP	CONTINGENT BENEFICIARY FULL NAME		AGE	RELATIONSHIP
Are you adding any coverage or changing any of your existing coverage due to marriage, birth, adoption, employment status change, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate type of change: _____ Date of change _____ Current Certificate Number _____							

### DEPENDENT COVERAGE SECTION

(Please complete if children's term and/or other insured's term rider coverage elected. Use additional paper if needed.)

Dependent's Name(s) (Last, First, M.I.)	Relationship	Sex	Date of Birth (MM/DD/YEAR)

### SELECTION OF COVERAGE SECTION

<input type="checkbox"/> SI <input type="checkbox"/> CGI <input type="checkbox"/> GI (Employee only)]					Death Benefit Option <input type="checkbox"/> 1 <input type="checkbox"/> 2		Face Amount \$			Mode Premium \$	
Life Riders	Rider	Rider	Rider	Rider	Rider	Rider	Rider	Rider	Rider		
Units/Amt											
Has any person to be insured used tobacco in any form in the last 12 months? If so, who? _____								<input type="checkbox"/> Yes <input type="checkbox"/> No			Remarks

<b>Premium/Billing Mode</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Other				Case Number	Producer/ Agent Number	Percentage Credit
Date of First Deduction _____				Employee/Member ID		
Requested Issue Date _____				Situs State		

# ENROLLMENT [AND EVIDENCE OF INSURABILITY] FORM

## [EVIDENCE OF INSURABILITY SECTION

(If question 1 is answered "No" or questions 2-6 are answered "Yes", please list the requested information in 8 below.)

<b>Eligibility - Spouse Only</b>																			
1. Is the person to be insured actively at work now and has he/she worked at least [20] hours each week performing all duties at his/her regular occupation at his/her regular place of employment for the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Contingent Guaranteed Issue (Must answer questions 1-3, 9 and 10)</b>																			
2. Is any person to be insured now being treated, or ever been treated or diagnosed by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or ever tested positive for antigens or antibodies to an AIDS virus?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
3. Has any person to be insured been disabled or hospitalized in the last 6 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>Simplified Issue (Must answer questions 1-10)</b>																			
4a. In the last 3 years, has any person to be insured: had a chronic disease (including but not limited to heart disorder, stroke, cancer, diabetes, etc.); been hospitalized; seen a physician (other than for colds, flu or normal pregnancy or a routine physical with no unfavorable results); or been counseled for or excessively used alcohol or any type of drugs?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
b. Is any person to be insured currently under the care or treatment of a physician (including but not limited to currently using prescription medications for injury or illness)?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
c. Has any person to be insured ever been rated or declined for life insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
5a. Has any person to be insured ever been diagnosed with hypertension or high blood pressure?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
b. If the answer to 5a is yes, in the last year has that person had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once?			<input type="checkbox"/> Yes <input type="checkbox"/> No																
6. Please provide person to be insured's height and weight:                      Height:                      Weight:																			
7. Has any person to be insured, in the last 3 years, had his/her driver's license suspended or revoked or been arrested for reckless or drunken driving and/or been involved in 3 or more motor vehicle accidents? If yes, provide additional details.			<input type="checkbox"/> Yes <input type="checkbox"/> No																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 30%; text-align: left;">Nature of Illness/Injury or Medical Attention/ Reason Last Consulted</th> <th style="width: 20%; text-align: left;">Date and/or Duration</th> <th style="width: 25%; text-align: left;">Name and Address of Physician or Hospital/Clinic</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Name	Nature of Illness/Injury or Medical Attention/ Reason Last Consulted	Date and/or Duration	Name and Address of Physician or Hospital/Clinic	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Nature of Illness/Injury or Medical Attention/ Reason Last Consulted	Date and/or Duration	Name and Address of Physician or Hospital/Clinic																
_____	_____	_____	_____																
_____	_____	_____	_____																
_____	_____	_____	_____																
<b>[Replacement and Existing Insurance Section (Must Answer)</b>																			
9. <b>Replacement.</b> Is this insurance to replace or change any existing life coverage? If yes, indicate product being replaced or changed and complete replacement form provided by your producer if required by your state.			<input type="checkbox"/> Yes <input type="checkbox"/> No																
10. <b>Existing Insurance.</b> Is there any other life insurance in force or applied for on proposed insured? If yes, list company name, policy number, year issued, type of coverage, and amount of benefit.			<input type="checkbox"/> Yes <input type="checkbox"/> No																

# ENROLLMENT [AND EVIDENCE OF INSURABILITY] FORM

## [ELECTRONIC ACCEPTANCE (Please check yes or no)]

By checking the "Yes" box below, I agree to electronic delivery of my certificate of insurance, describing my coverage under the group policy, and its accompanying notices ("my Certificates"). If electronically delivered, I will be provided instructions on how to receive my Certificate via the following address: [www.allstateatwork.com/mybenefits](http://www.allstateatwork.com/mybenefits).

To electronically receive my Certificate, I must use a computer that meets the following minimum requirements: (1) Operating system with a minimum of: (a) Pentium or higher processor, (b) 16 MB random access memory (RAM), (c) 20 MB of free hard drive space; (2) Operating system Windows® XP or higher or Windows® 2000 or higher; (3) Microsoft® Internet Explorer 6.x or greater; (4) Adobe® Reader 6.x or greater; (5) Internet connection.

My consent is valid while I am covered under the group certificate. At any time, I may withdraw my consent for any reason and receive a paper copy of my Certificate, free of charge, by calling, toll-free: 1-800-521-3535; or by writing to: Customer Care Center, American Heritage Life Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida, 32224.

YES, I agree to receive my Certificate electronically via the internet.

NO, I prefer to receive paper copies of my Certificate.]

## [Illustration Regulation Certification

The Certificateholder/Insured and the producer certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery of the certificate.  Yes  No] If no, complete the applicable illustration certification form.

## CERTIFICATION, UNDERSTANDING AND AUTHORIZATIONS (Please read, sign and date)

I CERTIFY that the statements and answers contained on this form are made by me, are complete and true, are correctly and fully recorded and that no important circumstance or information has been withheld or omitted. These statements and answers are offered to AHL as an inducement to grant insurance, and I understand that AHL may use misstatements or misrepresentations to contest the validity of any coverage provided on the basis of this Enrollment and Evidence of Insurability Form. [• I UNDERSTAND that the insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for. ] • I AUTHORIZE any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, or other organization, institution or person, that has records or knowledge of me or my health to give to AHL, its subsidiaries or its reinsurers, any information. I acknowledge receipt of the Important Notice About Privacy and MIB Notice form. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom insurance is requested. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying AHL in writing of my desire to do so. • I ALSO AUTHORIZE my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

Signed at: City/State: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_

Signature of Owner or Payor, if other than Insured: \_\_\_\_\_

- [Producer's Statement. (Must complete)**
1. To your knowledge, is change or replacement involved?  Yes  No
  2. To your knowledge, does the proposed insured have existing coverage in force?  Yes  No
  3. I certify that to the best of my knowledge and belief the information on this enrollment form is complete, accurate and correctly recorded.

Signature of Producer: \_\_\_\_\_ Print Producer's Name: \_\_\_\_\_ ]

**IMPORTANT NOTICE ABOUT PRIVACY:**

In processing your application, an investigative report may be made. Information is obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general information and personal characteristics. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. No information obtained from the Medical Information Bureau pertaining to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) will affect the issuance or the underwriting of this coverage except, upon written consent, to be medically tested for HIV or AIDS and the results of such testing prove positive.

**GIN/MIB**

**(03/08)**

**MIB NOTICE:**

Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report to the Medical Information Bureau (Bureau), a non-profit organization of life insurance companies, which operates an information exchange for its members. If you apply to another Bureau member company for life or health insurance coverage or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau arranges disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, contact the Bureau and seek a correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is P.O. Box 105, Essex Station, Boston, MA02112, PH. 866-692-6901 (TTY 866-346-3642 for hearing impaired). American Heritage Life Insurance Company or its reinsurers may release information in its file to other insurance companies that you apply to for life or health insurance, or submit a claim to for benefits. However, no specific information pertaining to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) will be disclosed to anyone outside the company or its employees, insurance affiliates, agents or reinsurers, except to a physician designated by the applicant, in writing, or in the absence of such designation, to the State Department of Health.

**GIN/MIB**

**(03/08)**



**Allstate**<sup>®</sup>

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Workplace Division



**VIII. Simplified Issue Questions:**

1. [Employee]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 3. Child 1: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 2. [Spouse]: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ 4. Child 2: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

	Proposed Insured:		[Spouse]		Child 1		Child 2	
	Yes	No	Yes	No	Yes	No	Yes	No
a. had a chronic disease (including, but not limited to heart disorder, stroke, cancer, diabetes, etc);	<input type="checkbox"/>							
b. been hospitalized; seen a physician (other than for colds, flu or normal pregnancy or a routine physical with no unfavorable results);	<input type="checkbox"/>							
c. been counseled for or excessively used alcohol or any type of drugs;	<input type="checkbox"/>							
d. had his/her driver's license suspended or revoked or been arrested for reckless or drunken driving and/or been involved in 3 or more motor vehicle accidents?	<input type="checkbox"/>							
4. Is any person proposed for insurance currently under the care of a physician?	<input type="checkbox"/>							
5. Has any person proposed for insurance ever been rated or declined for life insurance?	<input type="checkbox"/>							
6a. Has any person to be insured ever been diagnosed with hypertension or high blood pressure?	<input type="checkbox"/>							
6b. If 6a is yes, in the last year has that person had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than once?	<input type="checkbox"/>							

**Details:** Provide full details of "yes" answers on Page 1 and 2. Include the diagnoses, date, duration, and names and address of all attending physicians and medical facilities.

Proposed Insured	Question #	Nature of Illness/Injury or Medical Attention/Reason Last Consulted	Date and/or Duration	Name & Address of Physician or Hospital/Clinic

*If more space is needed to provide details, attach a signed and dated additional sheet of paper.*

**[IX. Replacement:**

**Replacement:** Is this insurance to replace or change any existing life coverage? If yes, indicate product being replaced or changed and complete replacement form provided by your producer if required by your state.  Yes  No

**[Existing Insurance:** Is there any other life insurance in force or applied for on any person proposed for insurance? If yes, list company name, policy number, year issued, type of coverage, and amount of benefit.  Yes  No

**CERTIFICATION, UNDERSTANDING AND AUTHORIZATIONS: I CERTIFY** that the statements and answers contained on this form are made by me, are complete and true, are correctly and fully recorded and that no important circumstance or information has been withheld or omitted. These statements and answers are offered to American Heritage Life Insurance Company as an inducement to grant insurance, and I understand that American Heritage Life Insurance Company may use misstatements or misrepresentations to contest the validity of any coverage provided on the basis of this Enrollment and Evidence of Insurability Form. **\*[ I UNDERSTAND that the insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.] \* I AUTHORIZE** any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, or other organization, institution or person, that has records or knowledge of me or my health to give to American Heritage Life Insurance Company, its subsidiaries or its reinsurers, any information. I acknowledge receipt of the Important Notice About Privacy. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom insurance is requested. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying American Heritage Life Insurance Company in writing of my desire to do so. **\* I ALSO AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

[The Certificateholder/Insured and the agent certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery of the Certificate.  Yes  No]

SIGNED AT: ( City, State ) \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE OF [Employee/Payor]: \_\_\_\_\_  
 SIGNATURE OF [SPOUSE]: (if required) \_\_\_\_\_ SIGNATURE OF CHILD: (if required) \_\_\_\_\_

**[Agent's Statement:** 1. To your knowledge, does any proposed insured have existing coverage in force?  Yes  No  
 2. To your knowledge, is change or replacement involved?  Yes  No  
 3. I certify that to the best of my knowledge and belief the information in this enrollment form is complete, accurate and correctly recorded.]

[SIGNATURE OF LICENSED PRODUCER: \_\_\_\_\_] [PRINTED NAME OF PRODUCER: \_\_\_\_\_] [STATE LICENSE NUMBER: (if required by law) \_\_\_\_\_]

July 17, 2008

Life and Health Division  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> St.  
Little Rock, AR 72201

RE: American Heritage Life Insurance Company  
NAIC No.: 60534  
FEIN Number: 59-0781901  
Flexible Premium Adjustable Group Life Insurance Policy, GUL22P, et. al - See attached list

Dear Sir or Madam:

The above referenced forms are being submitted for your review and approval. A list of the forms included with this filing is attached to this letter. These are new forms and will not replace any forms previously approved by your Department. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. A similar plan was filed contemporaneously in our domicile state of Florida.

Variable material is set off by brackets. It must be noted that no change in the variable areas will be made which will conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

American Heritage Life is developing this product for two different administration systems. Therefore, some of the materials will have slight differences.

A similar plan was filed contemporaneously in our domicile State of Florida.

These forms will be marketed primarily to employer, union or association groups. These policies will only be marketed using agents who are properly licensed with American Heritage Life Insurance Company and licensed to do business within your state.

The enrollment may be taken through electronic enrollment procedures by our licensed agents using a pen-based signature pad, PIN numbers, and any other valid electronic signature method. You have our assurance that appropriate encryption standards have been implemented to prohibit alteration of the application after the applicant has signed it.

All forms are submitted in final print and are subject to only minor modifications in paper size, paper color, paper stock, binding, ink, shading, border, company officer signatures, font type, logo and company adaptation to computer printing/typesetting.

[Please find attached the Filing Fee, Illustration Actuary Certification, Transmittal Forms, Actuarial Memorandums and the Readability Certification for these forms.]

Thank you for your assistance with this filing. If you have any questions, please call me at 1-800-635-4467, ext. 267.

Sincerely,

Barbara Mooney  
Vice President Actuarial Services  
Vision Financial Corporation  
Telephone: 800-635-4467, ext. 267  
Fax: 603-357-0250  
Email: [bmooney@visfin.com](mailto:bmooney@visfin.com)

Vision Financial Corporation is a Third Party Administrator for American Heritage Life Insurance Company