

SERFF Tracking Number: AEGF-126313148 State: Arkansas
Filing Company: Monumental Life Insurance Company- State Tracking Number: 43559
Company Tracking Number: R09402
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2009 Career ADBR
Project Name/Number: /

Filing at a Glance

Company: Monumental Life Insurance Company-

Product Name: 2009 Career ADBR

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AEGF-126313148 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43559

Co Tr Num: R09402

State Status: Approved-Closed

Author: Neil Tomas

Date Submitted: 09/22/2009

Reviewer(s): Linda Bird

Disposition Date: 10/01/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/01/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/02/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/01/2009

Created By: Neil Tomas

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Neil Tomas

Filing Description:

Re: Monumental Life Insurance Company - NAIC #468-66281 - FEIN #52-0419790

Form - Description

R09402 - Accelerated Death Benefit Rider

To Whom It May Concern:

SERFF Tracking Number: AEGF-126313148 State: Arkansas
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We respectfully request that the above captioned form be considered for approval. This is a new form that does not replace any previously approved form. R09402 will be used with all of our Life insurance policies.

Rider form R09402 is an accelerated death benefit rider. This form provides for a discounted Death Benefit amount to be paid to the policy Owner if the Insured has been diagnosed with a Qualifying Event, as defined in the Rider form.

This form will be marketed by Captive Agents on an individual basis. No part of this filing contains any unusual or controversial items from normal company or industry standards. Your prompt attention to this filing will be greatly appreciated. Please contact me if you have any questions.

Sincerely,

Neil Tomas
Compliance Analyst
Phone: 410-685-2900, ext. 2034
Fax: 410-576-4554
ntomas@monlife.com

Company and Contact

Filing Contact Information

Neil Tomas, Compliance Analyst
2 E Chase Street
Baltimore, MD 21202
NTomas@monlife.com
410-685-2900 [Phone] 2034 [Ext]
410-576-4554 [FAX]

Filing Company Information

Monumental Life Insurance Company-
4333 Edgewood Rd NE
Cedar Rapids, IA 52499
(410) 685-2900 ext. [Phone]
CoCode: 66281
Group Code: 468
Group Name:
FEIN Number: 52-0419790
State of Domicile: Iowa
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Product Name: 2009 Career ADBR
Project Name/Number: /
Fee Explanation: 50 x Amount of Policies = Total
50 x 1 = 50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company-	\$50.00	09/22/2009	30728701

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/01/2009	10/01/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/25/2009	09/25/2009	Neil Tomas	09/30/2009	09/30/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accelerated Death Benefit Rider	Neil Tomas	09/24/2009	09/24/2009
Form	Accelerated Death Benefit Rider	Neil Tomas	09/22/2009	09/22/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Disclosure Notice		No
Form (revised)	Accelerated Death Benefit Rider		No
Form	Accelerated Death Benefit Rider		No
Form	Accelerated Death Benefit Rider		No

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/25/2009
Submitted Date 09/25/2009
Respond By Date 10/26/2009

Dear Neil Tomas,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: AEGF-126313148 State: Arkansas
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Product Name: 2009 Career ADBR
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/30/2009
Submitted Date 09/30/2009

Dear Linda Bird,

Comments:

We received your problem report dated September 25th, 2009 and our response is below.

Response 1

Comments: Pursuant Rule and Regulation 60s8, we have attached a copy of the Disclosure notice that will be given to the Proposed Insured/Owner at the time of application. Furthermore, there will be no cost of insurance charge nor any administrative charge associated with R09402.

Related Objection 1

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Disclosure Notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Your continued review of this filing is greatly appreciated. If you have any questions or comments please feel free to contact me.

Sincerely,
Neil Tomas

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 Product Name: 2009 Career ADBR
 Project Name/Number: /

Amendment Letter

Submitted Date: 09/24/2009

Comments:

We have replaced form R09402 with a slightly revised version. Only one change was made, and that was to the Accelerated Death Benefit provision. The first sentence of the first paragraph in this provision was changed from "We will determine the interest rate, but it will not exceed the maximum permissible rate for policy loans under the Policy" to "We will determine the interest rate, but it will not exceed eight percent per year." No other change was made to this filing.

If you have any questions or comments, please do not hesitate to contact me.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
R09402	Policy/Contr	Accelerated Death Certificate: Benefit Rider Amendment, Insert Page, Endorsement or Rider	Initial				50.500	R09402.pdf

SERFF Tracking Number: AEGF-126313148 State: Arkansas
 Filing Company: Monumental Life Insurance Company- State Tracking Number: 43559
 Company Tracking Number: R09402
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 2009 Career ADBR
 Project Name/Number: /

Amendment Letter

Submitted Date: 09/22/2009

Comments:

To whom it may concern,
 We have made a minor revision to the filing that we submitted earlier today. Form R09402 was accidentally listed under the Form Schedule as an Application/Enrollment Form. We have changed that listing so that it is accurately shown as a Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider. Nothing else has been changed in this filing.

Sincerely,

Neil Tomas

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
R09402	Policy/Contr	Accelerated	Initial				50.500	R09402.pdf
	act/Fraternal	Death						
	Certificate:	Benefit						
	Amendment,	Rider						
	Insert							
	Page,							
	Endorsemen							
	t or Rider							

SERFF Tracking Number: AEGF-126313148 State: Arkansas
 Filing Company: Monumental Life Insurance Company- State Tracking Number: 43559
 Company Tracking Number: R09402
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 2009 Career ADBR
 Project Name/Number: /

Form Schedule

Lead Form Number: R09402

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	R09402	Policy/Cont Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.500	R09402.pdf

ACCELERATED DEATH BENEFIT RIDER

AN ACCELERATED DEATH BENEFIT MAY BE TAXABLE AND MAY TRIGGER OTHER TAXABLE EVENTS UNDER THE POLICY. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PERSONAL TAX ADVISOR BEFORE EXERCISING BENEFITS UNDER THIS RIDER.

THIS RIDER PROVIDES AN ACCELERATED DEATH BENEFIT THAT WILL BE PAID INSTEAD OF THE CASH VALUE OR DEATH BENEFIT OF THE POLICY AS SHOWN IN THE POLICY SPECIFICATIONS. PLEASE READ THIS RIDER CAREFULLY.

This Rider is a part of the Policy to which it is attached. It is issued in consideration of the application and the continued payment of any required premiums under the Policy. This Rider is subject to the provisions stated below. It is also subject to all conditions and provisions of your Policy not inconsistent with this Rider.

DEFINITIONS.

Acceleration Date – The “Acceleration Date” is the date that we make payment of the Accelerated Death Benefit.

Eligible Institution – An “Eligible Institution” is a licensed hospice care program which provides a coordinated, interdisciplinary program of hospice care services for meeting the special physical, psychological, spiritual and social needs of dying individuals and their families, by providing palliative and supportive medical, nursing, and other health services through a home-based care program or an inpatient hospice facility during the illness and bereavement.

Immediate Family – “Immediate Family” means a spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, stepparent, grandparent, or grandchild of the Insured or Owner.

Insured – The “Insured” under this Rider is the primary Insured under the attached Policy.

Owner – The “Owner” of this Rider is the same as the Owner of the attached Policy.

Physician – A “Physician” is a person licensed to practice medicine and treat injury or illness, in the state in which the Insured is treated, and who is acting within the scope of that license. A Physician must be board certified and a Physician must specialize in the treatment of the Qualifying Event for which the Insured is diagnosed. A Physician may not be the Insured, the Owner, a person who lives with the Insured or Owner, or a person who is a part of the Insured’s or Owner’s Immediate Family.

Physician Statement – A “Physician Statement” is a statement in a form acceptable to the Company and signed by a Physician which:

- (1) provides the Physician’s diagnosis of the Insured’s Qualifying Event; and
- (2) states with reasonable medical certainty that the Insured’s Qualifying Event can reasonably be expected to result in the death of the Insured within 12 months from the date of the Physician Statement. This Statement must be made on the basis of the ordinary and reasonable medical care, advice, and treatment available in the same or similar communities.

Accelerated Coverage – As used in this Rider, “Accelerated Coverage” means the primary life insurance policy and riders on the primary insured referred to in the policy specifications page as Accelerated Death Benefit eligible.

Qualifying Event – A “Qualifying Event” means a medical condition from injury or illness which, as determined by a Physician:

- (1) can reasonably be expected to result in death within 12 months from the date of the Physician Statement; or

- (2) has required or requires extraordinary medical intervention, including but not limited to major organ transplant or continuous artificial life support, without which the Insured would die; or
- (3) usually requires continuous confinement in an Eligible Institution as defined in this Rider if the Insured is expected to remain there for the rest of his or her life; or
- (4) would result in a drastically limited life span of 12 months or less in the absence of extensive or extraordinary medical treatment. Such conditions include, but are not limited to:
 - a. coronary artery disease resulting in an acute infarction or requiring surgery;
 - b. permanent neurological deficit resulting from cerebral vascular accident;
 - c. end-stage renal failure; or
 - d. Acquired Immune Deficiency Syndrome.

We – “We” means Monumental Life Insurance Company. “Us,” “our” and “ours” also refer to Monumental Life Insurance Company.

ACCELERATED DEATH BENEFIT. The Accelerated Death Benefit shall be equal to:

- (1) the Accelerated Coverage that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
- (2) a discount on the Accelerated Coverage calculated for the 12 month period using the interest rate described below; less
- (3) any outstanding policy loans, including accrued interest until the end of the 12 months following the Acceleration Date; less
- (4) any premiums which would be required to keep the Accelerated Coverage In Force for the 12 month period following the Acceleration Date for the Accelerated Coverage Amount of Insurance reduced by an appropriate discount using the interest rate described below.

We will determine the interest rate, but it will not exceed eight percent per year. The Accelerated Death Benefit will never be less than the net cash value on the Acceleration Date.

Accelerated Death Benefits shall be effective for accidents on the effective date of the Rider and for illnesses that first manifest themselves more than thirty (30) days following the effective date of the Rider.

BENEFIT. We will pay, in a lump sum, without life contingencies, the Accelerated Death Benefit to the Owner when we receive proof, satisfactory to us, that the Insured has been diagnosed with a Qualifying Event while the Policy and this Rider are In Force.

BENEFIT AND VALUE REDUCTION. The Accelerated Death Benefit under this Rider may only be elected once. When elected, the attached Policy and any attached Riders will Terminate.

BENEFIT CONDITIONS. We will pay the Accelerated Death Benefit subject to all of the following conditions:

- (1) Receipt of a Request in a form acceptable to us signed by the Owner and the Insured;
- (2) Any irrevocable beneficiary or assignee must give written consent to the payment of this benefit; and
- (3) The Owner must provide a Physician Statement and any other proof we may require. We shall have the right to seek a second medical opinion at our expense. We shall also have the right to have the Insured examined by a Physician we chose at our expense. If the Physician we choose provides a different diagnosis of the Insured’s medical condition, we shall have the right to rely on the statement from our Physician.

PROOF OF QUALIFYING EVENT. We must receive proof of the Insured’s Qualifying Event at our Administrative Office. This proof shall include a completed Request and a Physician Statement. We may request additional medical information from the Physician who submits the Statement.

PAYING PREMIUMS. No additional premium is payable for this Rider.

EFFECTIVE DATE. The Effective Date of this Rider is the date this Rider was issued. It is used to determine Rider years and anniversaries.

INCONTESTABILITY. Except for fraud, we will not contest this Rider after it has been In Force during the lifetime of the Insured for two years from the Effective Date. If the Amount of Insurance of the Accelerated Coverage is changed after the Rider's Effective Date, and such changes increase the benefits under this Rider, we may contest the increase for two years from the date of the increase.

OTHER INSURANCE. All other riders attached to the Policy shall Terminate, subject to any paid-up or conversion options, upon payment of any benefit under this Rider.

TERMINATION. This Rider will automatically terminate when your Policy Terminates or Lapses or matures or is continued under one of the Nonforfeiture Options, or when we have paid the Accelerated Death Benefit, whichever occurs first.

Signed for the Company at Cedar Rapids, Iowa.

MONUMENTAL LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "H. Stacey Boyer". The signature is written in a cursive, flowing style.

H. Stacey Boyer
Secretary

<i>SERFF Tracking Number:</i>	<i>AEGF-126313148</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company-</i>	<i>State Tracking Number:</i>	<i>43559</i>
<i>Company Tracking Number:</i>	<i>R09402</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>2009 Career ADBR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Flesch Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Only a rider is being filed for approval.		
Attachment: Forms List.pdf		

	Item Status:	Status Date:
Satisfied - Item: Disclosure Notice		
Comments:		
Attachment: IMO-560GEN.PDF		

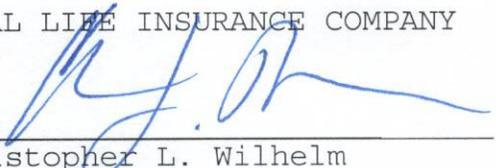
CERTIFICATION

THIS IS TO CERTIFY, that the forms listed below achieved the following Flesch Reading Ease Scores and are in compliance with the requirements of Arkansas Insurance Code ACA 23-80-206.

<u>Form</u>	<u>Flesch Score</u>
R09402	50.5

MONUMENTAL LIFE INSURANCE COMPANY

Date: 09/22/2009

By: 

Christopher L. Wilhelm
Assistant General Counsel &
Assistant Vice President

**DESCRIPTION OF APPLICATIONS TO BE USED WITH RIDER
R09402**

<u>Form</u>	<u>Description</u>	<u>Approval</u>
A08100	Life & Health Application - Part 1	07/15/2009
A08101	Life & Health Application - Part 2	07/15/2009
A08102	Cancer Application - Part 2	07/15/2009
A08103	Accident Application - Part 2	07/15/2009
A95110AR	Agreement/Authorization - Part 3	02/23/1998
A0910R	Conditional Receipt	06/24/2009
A95100	Life & Health Application - Part 1	02/23/1998
A95101	Life & Health Application - Part 2	02/23/1998
A97101	Cancer Application - Part 2	08/20/1998
A95103	Accident Application - Part 2	02/23/1998
A0310R	Conditional Receipt	07/18/2003

ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

Receipt of the Accelerated Death Benefit may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. In addition, receipt of the Accelerated Death Benefit may be taxable and assistance should be sought from a personal tax advisor.

Description of Benefit: Upon receipt of proof acceptable to us of the Insured's Qualifying Event, the Owner may choose to receive the Accelerated Death Benefit while the Insured is alive and the Rider is In Force.

Qualifying Event: An event defined in the Rider, which allows for payment of the Accelerated Death Benefit.

Accelerated Death Benefit Amount: The Accelerated Death Benefit shall be equal to:

1. the Policy Death Benefit that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
2. a discount on the Accelerated Death Benefit calculated for the 12 month period using the current interest rate; less
3. any outstanding policy loans, including accrued interest until the end of the 12 months following the Acceleration Date less;
4. any premiums which would be required to keep the Policy In Force for the 12 month period following the Acceleration Date for the Policy Amount of Insurance reduced by an appropriate discount using the current interest rate.

Termination of Coverage: The Accelerated Death Benefit Rider will automatically terminate when the Policy to which it is attached terminates or lapses or matures or is continued under one of the nonforfeiture options; or when the Accelerated Death Benefit is paid; whichever occurs first.

Impact on the Policy's Death Benefit: The Policy to which the Rider is attached will terminate on the date the Accelerated Death Benefit is paid.

Agent Instructions: Please leave this page with the Proposed Insured/Owner

MONUMENTAL LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

Administrative Office: 2 East Chase Street, Baltimore, Maryland 21202

IMO-560GEN

ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

Acknowledgement:

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit Rider Option, any beneficiary designated on the attached Policy will not receive the Death Benefit.

Date

Proposed Insured Signature

Owner's Signature (If Owner other than Insured)

Agent's Signature

MONUMENTAL LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

Administrative Office: 2 East Chase Street, Baltimore, Maryland 21202

SERFF Tracking Number: AEGF-126313148 State: Arkansas
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Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/22/2009	Form	Accelerated Death Benefit Rider	09/24/2009	R09402.pdf (Superceded)
09/22/2009	Form	Accelerated Death Benefit Rider	09/22/2009	R09402.pdf

ACCELERATED DEATH BENEFIT RIDER

AN ACCELERATED DEATH BENEFIT MAY BE TAXABLE AND MAY TRIGGER OTHER TAXABLE EVENTS UNDER THE POLICY. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT A PERSONAL TAX ADVISOR BEFORE EXERCISING BENEFITS UNDER THIS RIDER.

THIS RIDER PROVIDES AN ACCELERATED DEATH BENEFIT THAT WILL BE PAID INSTEAD OF THE CASH VALUE OR DEATH BENEFIT OF THE POLICY AS SHOWN IN THE POLICY SPECIFICATIONS. PLEASE READ THIS RIDER CAREFULLY.

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DEFINITIONS.

Acceleration Date – The “Acceleration Date” is the date that we make payment of the Accelerated Death Benefit.

Eligible Institution – An “Eligible Institution” is a licensed hospice care program which provides a coordinated, interdisciplinary program of hospice care services for meeting the special physical, psychological, spiritual and social needs of dying individuals and their families, by providing palliative and supportive medical, nursing, and other health services through a home-based care program or an inpatient hospice facility during the illness and bereavement.

Immediate Family – “Immediate Family” means a spouse, child, stepchild, brother, stepbrother, sister, stepsister, parent, stepparent, grandparent, or grandchild of the Insured or Owner.

Insured – The “Insured” under this Rider is the primary Insured under the attached Policy.

Owner – The “Owner” of this Rider is the same as the Owner of the attached Policy.

Physician – A “Physician” is a person licensed to practice medicine and treat injury or illness, in the state in which the Insured is treated, and who is acting within the scope of that license. A Physician must be board certified and a Physician must specialize in the treatment of the Qualifying Event for which the Insured is diagnosed. A Physician may not be the Insured, the Owner, a person who lives with the Insured or Owner, or a person who is a part of the Insured’s or Owner’s Immediate Family.

Physician Statement – A “Physician Statement” is a statement in a form acceptable to the Company and signed by a Physician which:

- (1) provides the Physician’s diagnosis of the Insured’s Qualifying Event; and
- (2) states with reasonable medical certainty that the Insured’s Qualifying Event can reasonably be expected to result in the death of the Insured within 12 months from the date of the Physician Statement. This Statement must be made on the basis of the ordinary and reasonable medical care, advice, and treatment available in the same or similar communities.

Accelerated Coverage – As used in this Rider, “Accelerated Coverage” means the primary life insurance policy and riders on the primary insured referred to in the policy specifications page as Accelerated Death Benefit eligible.

Qualifying Event – A “Qualifying Event” means a medical condition from injury or illness which, as determined by a Physician:

- (1) can reasonably be expected to result in death within 12 months from the date of the Physician Statement; or

- (2) has required or requires extraordinary medical intervention, including but not limited to major organ transplant or continuous artificial life support, without which the Insured would die; or
- (3) usually requires continuous confinement in an Eligible Institution as defined in this Rider if the Insured is expected to remain there for the rest of his or her life; or
- (4) would result in a drastically limited life span of 12 months or less in the absence of extensive or extraordinary medical treatment. Such conditions include, but are not limited to:
 - a. coronary artery disease resulting in an acute infarction or requiring surgery;
 - b. permanent neurological deficit resulting from cerebral vascular accident;
 - c. end-stage renal failure; or
 - d. Acquired Immune Deficiency Syndrome.

We – “We” means Monumental Life Insurance Company. “Us,” “our” and “ours” also refer to Monumental Life Insurance Company.

ACCELERATED DEATH BENEFIT. The Accelerated Death Benefit shall be equal to:

- (1) the Accelerated Coverage that would be In Force at the end of the 12 month period following the Acceleration Date, before deduction of any outstanding Loan Balance; less
- (2) a discount on the Accelerated Coverage calculated for the 12 month period using the interest rate described below; less
- (3) any outstanding policy loans, including accrued interest until the end of the 12 months following the Acceleration Date; less
- (4) any premiums which would be required to keep the Accelerated Coverage In Force for the 12 month period following the Acceleration Date for the Accelerated Coverage Amount of Insurance reduced by an appropriate discount using the interest rate described below.

We will determine the interest rate, but it will not exceed the maximum permissible rate for policy loans under the Policy. The Accelerated Death Benefit will never be less than the net cash value on the Acceleration Date.

Accelerated Death Benefits shall be effective for accidents on the effective date of the Rider and for illnesses that first manifest themselves more than thirty (30) days following the effective date of the Rider.

BENEFIT. We will pay, in a lump sum, without life contingencies, the Accelerated Death Benefit to the Owner when we receive proof, satisfactory to us, that the Insured has been diagnosed with a Qualifying Event while the Policy and this Rider are In Force.

BENEFIT AND VALUE REDUCTION. The Accelerated Death Benefit under this Rider may only be elected once. When elected, the attached Policy and any attached Riders will Terminate.

BENEFIT CONDITIONS. We will pay the Accelerated Death Benefit subject to all of the following conditions:

- (1) Receipt of a Request in a form acceptable to us signed by the Owner and the Insured;
- (2) Any irrevocable beneficiary or assignee must give written consent to the payment of this benefit; and
- (3) The Owner must provide a Physician Statement and any other proof we may require. We shall have the right to seek a second medical opinion at our expense. We shall also have the right to have the Insured examined by a Physician we chose at our expense. If the Physician we choose provides a different diagnosis of the Insured’s medical condition, we shall have the right to rely on the statement from our Physician.

PROOF OF QUALIFYING EVENT. We must receive proof of the Insured’s Qualifying Event at our Administrative Office. This proof shall include a completed Request and a Physician Statement. We may request additional medical information from the Physician who submits the Statement.

PAYING PREMIUMS. No additional premium is payable for this Rider.

EFFECTIVE DATE. The Effective Date of this Rider is the date this Rider was issued. It is used to determine Rider years and anniversaries.

INCONTESTABILITY. Except for fraud, we will not contest this Rider after it has been In Force during the lifetime of the Insured for two years from the Effective Date. If the Amount of Insurance of the Accelerated Coverage is changed after the Rider's Effective Date, and such changes increase the benefits under this Rider, we may contest the increase for two years from the date of the increase.

OTHER INSURANCE. All other riders attached to the Policy shall Terminate, subject to any paid-up or conversion options, upon payment of any benefit under this Rider.

TERMINATION. This Rider will automatically terminate when your Policy Terminates or Lapses or matures or is continued under one of the Nonforfeiture Options, or when we have paid the Accelerated Death Benefit, whichever occurs first.

Signed for the Company at [Cedar Rapids, Iowa].

MONUMENTAL LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "H. Stacey Boyer". The signature is written in a cursive, flowing style.

H. Stacey Boyer
Secretary