

SERFF Tracking Number: FRTH-127614061 State: Arkansas
 Filing Company: Forethought Life Insurance Company State Tracking Number: 49980
 Company Tracking Number: LTC2000-02
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: LTC2000-02 Rider
 Project Name/Number: LTC2000-02 Rider/LTC2000-02

Filing at a Glance

Company: Forethought Life Insurance Company

Product Name: LTC2000-02 Rider SERFF Tr Num: FRTH-127614061 State: Arkansas
 TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 49980
 Variable Closed
 Sub-TOI: A02I.003 Single Premium Co Tr Num: LTC2000-02 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Kasey Poettker Disposition Date: 10/12/2011
 Date Submitted: 10/07/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: LTC2000-02 Rider Status of Filing in Domicile: Pending
 Project Number: LTC2000-02 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/12/2011
 State Status Changed: 10/12/2011
 Deemer Date: Created By: Kasey Poettker
 Submitted By: Kasey Poettker Corresponding Filing Tracking Number:
 Filing Description:
 Re: Forethought Life Insurance Company
 NAIC No.: 91642-----FEIN No.: 06-1016329

Individual Annuity Forms Filing

Form:-----Description:
 LTC2000-02-----Rider for Long-Term Care Benefits

Please find attached a revised Long Term Care Rider, form LTC2000-02 for your review. This rider is similar to LTC2000-01 which was approved by your office on 2/17/11, Serff Tracking #FRTH-126999627.

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Upon advice of tax counsel, we are adding language that specifically states that expenses covered by Medicare are not reimbursable. This has no effect on how the rider operates. It is intended to more explicitly state one of the Federal requirements of qualified long term care insurance.

The following language has been added to page 22 of the Rider:

Coordination with Medicare – We will not pay for expenses incurred for services or items to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for application of a deductible or coinsurance amount requirement.

This form is being filed on a general use basis and will be marketed in the individual annuity market exclusively by the Company's licensed agents/brokers and bank distribution channels. This form contains no unusual or controversial features or language that deviate from normal insurance industry standards.

We have also added revised marketing pieces - LTC5000-02, LTC5001-02 and LTC4009-01 that will used to market this product.

Sincerely,

Kasey Poettker
Compliance Analyst
Forethought Life Insurance Company

Company and Contact

Filing Contact Information

Kasey Poettker, Compliance Analyst kasey_poettker@forethought.com
1 Forethought Center 812-933-6748 [Phone]
Batesville, IN 47006 812-933-6348 [FAX]

Filing Company Information

Forethought Life Insurance Company CoCode: 91642 State of Domicile: Indiana
1 Forethought Center Group Code: 1266 Company Type: Insurance
Batesville, IN 47006 Group Name: State ID Number:
(800) 648-0075 ext. [Phone] FEIN Number: 06-1016329

SERFF Tracking Number: FRTH-127614061 State: Arkansas
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TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: LTC2000-02 Rider
Project Name/Number: LTC2000-02 Rider/LTC2000-02

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: \$50.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Forethought Life Insurance Company	\$200.00	10/07/2011	52587600

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/12/2011	10/12/2011

SERFF Tracking Number: FRTH-127614061 State: Arkansas
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 Company Tracking Number: LTC2000-02
 TOI: A021 Individual Annuities- Deferred Non-Variable Sub-TOI: A021.003 Single Premium
 Product Name: LTC2000-02 Rider
 Project Name/Number: LTC2000-02 Rider/LTC2000-02

Disposition

Disposition Date: 10/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Forethought Life Insurance Company	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Rider for Long Term Care Benefits		Yes
Form	Forethought ForeCare Fixed Annuity Highlight Sheet		Yes
Form	ForeCare Fixed Annuity Brochure		Yes
Form	Qualifying Question Card		Yes
Rate	Rates Rider Form Series LTC2000-01		Yes
	Rider for Long-Term Care Benefits 12-17-10B subm		
Rate	Rates Rider Form Series LTC2001-01		Yes
	Optional Inflation Protection Benefit Rider 12-17-10B subm		
Rate	Rates Rider Form Series LTC2001-01		Yes
	Plus LTC2002-01 12-17-2010B subm		
Rate	Rates Rider Form Series LTC2002-01		Yes
	Optional Nonforfeiture Benefit Rider 12-17-2010B subm		

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Form Schedule

Lead Form Number: LTC2000-02

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LTC2000-02	Policy/Cont Rider for Long Term ract/Fratern Care Benefits al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.300	LTC2000-02_ Rider for Long-Term Care Benefits_08- 18-11 clean copy- generic.pdf
	LTC5000-02	Advertising Forethought ForeCare Fixed Annuity Highlight Sheet	Initial		45.000	LTC5000- 02_ForeCare- HS.pdf
	LTC5001-02	Advertising ForeCare Fixed Annuity Brochure	Initial		51.000	LTC5001- 02_ForeCare- CG.pdf
	LTC4009-01	Advertising Qualifying Question Card	Initial		54.000	ForeCare- QualifyingQue st-Card- FINAL LTC4009- 01.pdf

Rider for Long-Term Care Benefits

Home Office: [One Forethought Center
P.O. Box 245
Batesville, IN 47006-0246]

This Rider for Long-Term Care Benefits is added to and made a part of the Contract to which it is attached. This Rider provides monthly insurance benefits for Qualified Long-Term Care Services in the event an Insured becomes a Chronically Ill Individual. These Long-Term Care Benefits reduce the Contract Value without Withdrawal Charges or Market Value Adjustments. This Rider is subject to all of the terms, conditions and definitions of the Contract unless stated otherwise in this Rider. **PLEASE READ THIS RIDER CAREFULLY.**

LONG-TERM CARE BENEFITS WILL NOT BE PROVIDED UNDER THIS RIDER UNTIL THE WAITING PERIOD, IF ANY, SHOWN ON THE CONTRACT DATA PAGE FOR THIS RIDER, IS SATISFIED.

TAXATION. This Rider is intended to be federally tax-Qualified Long-Term Care Insurance under section 7702B of the Internal Revenue Code of 1986, as amended (herein referred to as the "Code").

We consider Rider Charges for this Rider that are deducted from the Contract, to be charges paid for tax-Qualified Long-Term Care Insurance, which are excluded from gross income under section 72(e)(11) of the Code. We also consider the benefits paid under this Rider to be benefits payable from tax-Qualified Long-Term Care Insurance that generally should be excludable from gross income. **TAX TREATMENT OF LONG-TERM CARE COVERAGE MAY CHANGE, AND YOU SHOULD ALWAYS CONSULT AND RELY ON THE ADVICE OF A QUALIFIED TAX ADVISOR.**

CONFORMITY WITH INTERNAL REVENUE CODE. If on its Issue Date, this Rider does not comply with the requirements of the Code, it will be construed or treated as if it had been changed to comply with those requirements. Because this Rider is non-cancellable, We will inform the Owner in writing of any such required change in the provisions of this Rider. The Owner will be given the choice of accepting the change or retaining this Rider without the change.

RIGHT TO EXAMINE AND RETURN THIS RIDER. If the Owner is not satisfied with this Rider for any reason, the Owner may cancel it within 30 days after the Owner receives it by notifying Us in writing and returning this Rider to Us. Immediately upon Our receipt of the Owner's cancellation notice request, this Rider will be deemed void from the beginning, and We will credit any deducted Rider Charges or premiums for this Rider to the Contract Value of the Contract.

NOTICE TO OWNER: This Rider may not cover all of the costs associated with long-term care which may be incurred by an Insured during the period of coverage. The Owner is advised to review carefully all limitations in the Contract and this Rider.

THIS RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE. If an Insured is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us.

CAUTION: The issuance of this Rider is based upon the responses to the questions on the Application. A copy of the Application is enclosed or was retained by the Owner when the Owner applied for this Rider. If any answers are incorrect or untrue, We have the right to deny benefits or rescind this Rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any answers are incorrect, contact Us at the above address.

RENEWABILITY: This Rider is non-cancellable. This means that We may not, on Our own, cancel or reduce coverage provided by this Rider, and We may not change the Rider Charge for Long-Term Care Benefits per Dollar of Contract Value for this Rider. Subject to the Rider Termination provision, this Rider will remain in force for as long as the Contract remains in force and the required charges for this Rider are paid.

TABLE OF CONTENTS

	Page
DEFINITIONS	3
RIDER SUMMARY	6
RIDER CONSIDERATIONS AND PERIOD OF COVERAGE	6
COVERED SERVICES	8
BENEFIT PAYMENTS	11
WAIVER OF RIDER CHARGES BENEFIT	14
ELIGIBILITY AND CONDITIONS FOR BENEFITS.....	15
BENEFITS AFTER MATURITY DATE	17
EFFECT OF RIDER CHARGES AND BENEFIT PAYMENTS	18
EFFECT OF CONTRACT PAYMENTS	19
GENERAL EXCLUSIONS AND LIMITATIONS	20
CLAIMS PROVISIONS	21
GENERAL PROVISIONS.....	23

DEFINITIONS

When the following words are used in this Rider, they have the meaning stated. Some words in this Rider are defined within the Contract or the provisions in which they appear in this Rider.

Accelerated Benefits – Monthly Benefit Payments for Qualified Long-Term Care Services that reduce Your Contract Value under the terms of this Rider.

Accelerated Benefit Period – The period over which benefits for Qualified Long-Term Care Services are paid as Accelerated Benefits of the Contract Value.

Activities of Daily Living (ADLs) – The following functions:

1. **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene including caring for catheter or colostomy bag.
3. **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, table), or by feeding tube or intravenously.
5. **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring:** Moving into or out of a bed, chair or wheelchair.

Application – The applications for the Contract and this Rider.

Beneficiary – The person(s) named as Beneficiary in the Contract to which this Rider is attached.

Chronically Ill Individual – A person who has been certified by a Licensed Health Care Practitioner within the preceding 12 months as:

1. Being unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
2. Requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Contract – The annuity contract to which this Rider is attached.

Contract Month – A one-month period starting on the same day of each calendar month as the Issue Date of the Contract.

Contract Value – Contract Value has the same meaning as defined in the Contract.

Elimination Period – The days of care, as specified for each type of Covered Service, that an Insured must be a Chronically Ill Individual and must be receiving any Qualified Long-Term Care Services other than Respite Care Services, before We will pay Long-Term Care Benefits under this Rider for the specified type of Covered Service for that Insured. The Elimination Period, if any, for each type of Covered Service is shown on the Contract Data Page for this Rider. Refer to the LONG-TERM CARE BENEFIT PROVISIONS section for more details.

Extended Benefits – Monthly Benefit Payments for Qualified Long-Term Care Services during the Extended Benefit Period. Extended Benefits are not available for surrender, death benefit or annuitization.

Extended Benefit Period – This Rider is considered to be in the Extended Benefit Period any time Long-Term Care Benefits are payable after the Accelerated Benefit Period ends. There can be only one Extended Benefit Period, though it may stop and start due to recovery and subsequent claim.

Grantor Trust – A domestic trust of which the grantor will be treated as the Owner pursuant to Section 671 of the Code.

Home – An Insured's primary place of residence used principally for independent residential living. This could be: (a) a house; (b) a condominium; (c) an apartment; (d) a unit in a congregate care community; or (e) similar residential environment. An Insured's Home does not include a hospital, Nursing Home Facility or Assisted Living Facility.

Immediate Family – Means an Insured's Spouse, and the following relatives of an Insured and an Insured's Spouse: (a) parent; (b) grandparent; (c) child; (d) grandchild; (e) sibling; (f) aunt or uncle; (g) first cousin; (h) nephew or niece. This includes adopted, in-law and step-relatives. For the purposes of this Rider, "Spouse" refers to a legal spouse as defined for federal tax purposes.

Insured – The person or persons named as an Insured on the Contract Data Page for this Rider as of the Issue Date of this Rider.

Lapse – The termination of this Rider due to non-payment of Rider Charges during the Accumulation Period of the Contract, and prior to the end of the Accelerated Benefit Period.

Licensed Health Care Practitioner – Any of the following who is not a member of an Insured's Immediate Family:

1. A physician as defined in Section 1861(r)(1) of the Social Security Act;
2. A registered professional Nurse;
3. A licensed social worker; or
4. Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Long-Term Care Benefits – The benefits payable under this Rider for Qualified Long-Term Care Services as described under Covered Services in the LONG-TERM CARE BENEFIT PROVISIONS section.

Maintenance or Personal Care Services – Any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which an Insured is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment.

Medicare – The Health Insurance for the Aged Act, Title XVIII of the Social Security Act.

Maximum Extended Benefits Amount – The maximum amount payable under the Extended Benefits provision. This amount is paid as Monthly Benefit Payments.

Monthly Benefit Payment – The actual amount payable for Qualified Long-Term Care Services under this Rider per Insured for a given month.

Nurse – Someone who is licensed as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within the scope of that license.

Owner – The person named as owner in the Contract to which this Rider is attached.

Qualified Long-Term Care Services – The necessary diagnostic, preventative, therapeutic, curative, treatment, mitigation, and rehabilitative services, and Maintenance or Personal Care Services, which are: (1) required by a Chronically Ill Individual; and (2) provided pursuant to a written Plan of Care prescribed by a Licensed Health Care Practitioner.

Severe Cognitive Impairment – A loss or deterioration in intellectual capacity or judgment which requires Substantial Supervision to protect an Insured and is measurable by clinical evidence and standardized tests that reliably evaluate: (1) short and long-term memory; (2) orientation as to person (the Insured knows who he or she is), place (the Insured knows where he or she is), and time (the Insured knows day, date, and year); (3) deductive or abstract reasoning; and (4) judgment as it relates to safety awareness.

Spouse – A legal spouse as defined for Federal tax purposes.

Substantial Assistance – Is either:

1. **Hands-on Assistance**, which is the physical assistance of another person without which an Insured would be unable to perform the Activity of Daily Living; or
2. **Standby Assistance**, which is the presence of another person within arm's reach of an Insured that is necessary to prevent, by physical intervention, injury to the Insured while he or she is performing the Activity of Daily Living.

Substantial Supervision – Continual supervision (which may include verbal cueing, prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired individual from threats to his or her health or safety (such as may result from wandering).

Waiting Period – The period of time that this Rider must be in force before any Long-Term Care Benefits become payable under this Rider. The Waiting Period, if any, is shown on the Contract Data Page for this Rider.

We, Us, Our, Company – Forethought Life Insurance Company.

You or Your – The Owner of the Contract. The Owner is shown on the Contract Data Page.

RIDER SUMMARY

The following paragraphs in this section are a summary of the primary benefits provided by this Rider. Please read and review the entire Rider for Long-Term Care Benefits to fully understand the Long-Term Care Benefits available and all limitations and exclusions.

- This Rider provides for the monthly payment of Long-Term Care Benefits upon an Insured's receipt of Qualified Long-Term Care Services, subject to the applicable Elimination Period and Waiting Period, if any, while he or she is a Chronically Ill Individual. The Maximum Monthly Benefit is generally Your Contract Value at the time Long-Term Care Benefits begin for the claim, divided by the Scheduled Accelerated Benefit Period as shown on the Contract Data Page of this Rider.
- During a period of claim, Monthly Benefit Payments are provided by this Rider up to the Maximum Monthly Benefit for the reimbursement of expenses for Qualified Long-Term Care Services incurred by an Insured. While an Insured is on claim, the Monthly Benefit Payments may continue until the full amount of Your Contract Value and all of the Maximum Extended Benefits Amount has been paid out to the Owner. Monthly Benefit Payments are provided according to the Accelerated Benefits provision and the Extended Benefits provision.
- During a period of claim, Accelerated Benefits are payments of Long-Term Care Benefits to You that reduce Your Contract Value, free of Withdrawal Charges and Market Value Adjustments, during the Accelerated Benefit Period. Your Contract Value could be reduced to zero (0) as a result of the Accelerated Benefits having been fully paid. If an Insured continues to meet the eligibility for Long-Term Care Benefits under this Rider, Monthly Benefit Payments will continue to be provided up to the Maximum Monthly Benefit as Extended Benefits. Extended Benefits are payments of Long-Term Care Benefits to You by the Company during the Extended Benefit Period. Long-Term Care Benefits will cease once the Maximum Extended Benefits Amount payable under this Rider has been paid to You.

This Rider is made part of the Contract to which it is attached. Except as stated in this Rider, this Rider is subject to all the terms, provisions and conditions of the Contract.

RIDER CONSIDERATIONS AND PERIOD OF COVERAGE

Consideration – This Rider is issued in consideration of the Application.

Rider Effective Date – This Rider is effective on the Rider Issue Date shown on the Contract Data Page for this Rider.

Insured(s) – If the Owner is a living person, the Insured(s) must be the Owner or the Spouse of the Owner. If the Owner is not a living person, then the Owner must be a Grantor Trust and the Insured(s) must be the grantor or the Spouse of the grantor. If an Insured is not an Owner and is the Spouse of an Owner, then that Insured must be the sole primary Beneficiary. If the Owner is not a living person, an Insured must be the Annuitant or the Spouse of the Annuitant. The Insured(s) cannot be changed.

This Rider provides coverage for the Insured only and is not transferable.

Owner – This Rider can only be attached to a Contract where the Owner is:

1. A living person;
2. Two living persons who are Spouses as defined for federal income tax purposes; or
3. A Grantor Trust.

Rider Charges – While this Rider is in effect, Rider Charges for this Rider will be deducted from the Contract Value. The Rider Charge for any Contract Month will be equal to the Contract Value at the beginning of the Contract Month multiplied by a rate per dollar of Contract Value that is shown on the Contract Data Page for this Rider. The Rider Charge for Long-Term Care Benefits per Dollar of Contract

Value will not be changed while this Rider is in force. The Rider Charges will be waived per the terms of the WAIVER OF RIDER CHARGES BENEFIT section.

During the Rider Charge Cap Period specified on the Contract Data Page, the Rider Charges will be determined so that each ending Contract Month's Contract Value will not decrease, as a result of this charge, below the prior ending Contract Month's Contract Value reduced by that month's Withdrawals, if any.

Rider Termination – This Rider may be terminated within the 30-day period following a Contract Anniversary by a written request from the Owner.

This Rider will remain in force until it terminates on the earliest of:

1. The date the requirements specified for Insured(s) are no longer met;
2. The date the Owner is changed, except where such ownership change (a) results from a divorce settlement and after the change the sole Owner is the Insured, or (b) results from a death of one of the joint Owners and after such death the surviving Spouse becomes the sole Owner of the Contract;
3. The date the Contract is surrendered;
4. The date of death of the last surviving Insured;
5. The date the Owner requests to terminate this Rider;
6. The Annuity Date selected by the Owner, if elected prior to the Maturity Date;
7. The Maturity Date, except as provided for under the BENEFITS AFTER MATURITY DATE section; or
8. The date maximum Long-Term Care Benefits available under this Rider have been paid.

Upon termination of this Rider, Rider Charges will no longer be assessed, and no further Long-Term Care Benefits will be paid except as provided under the Extended Coverage When Rider Terminates While Confined provision.

Extended Coverage When Rider Terminates While Confined – If this Rider terminates due to Lapse while an Insured is confined in a Nursing Home Facility or Assisted Living Facility, that Insured will continue to be eligible for Long-Term Care Benefits until the earliest of:

1. The date that Insured's continuous confinement in such a facility ceases;
2. The date Long-Term Care Benefits under this Rider are reduced to zero; or
3. The date that Insured ceases to meet the requirements provided in the ELIGIBILITY AND CONDITIONS FOR BENEFITS section.

Payment of Long-Term Care Benefits under this provision is subject to the Waiting Period, if any, and any applicable Elimination Period and all other applicable provisions of this Rider and the Contract. Each such benefit payment under this provision will reduce the Contract Value.

LONG-TERM CARE BENEFIT PROVISIONS

COVERED SERVICES

Long-Term Care Benefits are payable under this Rider for Home Health Care Services, Nursing Home Facility Services, Assisted Living Facility Services, Respite Care Services, and Bed Reservation Services. Coverage for these services will be subject to the Waiting Period, if any, and any applicable Elimination Period for the particular Covered Service as shown in the Contract Data Page for this Rider.

HOME HEALTH CARE SERVICES BENEFIT

We will pay for expenses an Insured incurs for the following Covered Services to the extent that they are Qualified Long-Term Care Services: Home Care Services, Adult Day Care Services, Nurse and Therapist Services, Home Health Aide and Personal Care Services, Homemaker Services, Chore Services, and Hospice Care.

These services must be:

1. Provided in the Insured's Home, unless they are Adult Day Care Services or Hospice Care;
2. Necessary to enable the Insured to continue to stay safely at Home, unless the services are in a facility providing Hospice Care;
3. Necessary because the Insured alone is not able to perform the supported functions due to the Insured being a Chronically Ill Individual;
4. Consistent with the needs addressed in the Insured's Plan of Care; and
5. Provided in the United States, and its territories and possessions.

Providers of these services do not need to be affiliated with a home health care agency.

This Home Health Care Services benefit will not be payable at the same time as any Long-Term Care Benefits for confinement in a Nursing Home Facility, or Assisted Living Facility.

Home Care Services – These services consist of skilled nursing or other professional services in the residence of an Insured, including, but not limited to: (1) part-time and intermittent skilled nursing services; (2) home health aide services; (3) physical therapy; (4) occupational therapy; (5) speech therapy and audiology services; and (6) medical social services by a social worker.

Home Care Services can be provided by, but are not limited to a home health agency or an independent home health care provider. Such agency or provider must be licensed or certified to operate as such an agency or provider in the state in which the services are provided.

Adult Day Care Services – These services provide Adult Day Care, for only part of the day, in an Adult Day Care Facility. Adult Day Care is a program of social and health related services for six or more individuals during the day in a community setting for the purpose of supporting frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside of the Home.

The Adult Day Care Facility must be licensed, registered or certified to provide a planned program of Adult Day Care Services by the state in which it operates. If the state does not license, register or certify such facilities, then the facility must be operated pursuant to law and meet all of the following standards:

1. It provides Adult Day Care Services in a protective setting and under appropriate supervision, including personal, social, and related supportive services that are designed to meet the needs of functionally or cognitively impaired adults through an individualized service plan;

2. It operates on less than a 24 hour basis;
3. It keeps written record of services for each person; and
4. It has established procedures for obtaining appropriate aid in the event of a medical emergency.

Chore Services – These services provide assistance with the following light work activities: (1) minor household repairs related to an Insured's safety at Home, such as to handrails and safety rails, stairs, or floors; (2) taking out the garbage; and (3) simple cleaning tasks to remove unsafe debris or dirt in an Insured's Home. Chore Services do not include any type of residential upkeep, construction renovation or routine home preservation, such as painting, lawn or yard care, snow removal, vehicle or equipment maintenance, or similar tasks.

Home Health Aide and Personal Care Services – These services provide assistance with simple health care tasks, personal hygiene, managing medications, or in performing Activities of Daily Living and supervision an Insured needs when he or she has Severe Cognitive Impairment.

Homemaker Services – These services provide assistance with one or more of the following tasks: (1) meal planning and preparation; (2) doing laundry; and (3) doing light house cleaning such as: (a) vacuuming; (b) dry mopping; (c) dishwashing; (d) cleaning the kitchen or bath; and (e) changing soiled bedding.

Hospice Care Services – These services are designed to provide palliative care to an Insured, or to alleviate an Insured's physical, emotional and spiritual discomforts because the Insured has been diagnosed with a terminal disease with a life expectancy of twelve months or less to live. Hospice Care Services can be provided in an Insured's Home or a separate facility that is licensed or certified to provide Hospice Care by the state in which it is located. Coverage includes room and board provided in such a facility. Hospice Care does not include coverage for prescription drugs.

Nurse and Therapist Services – These services are provided in an Insured's Home by a Nurse or a licensed physical, occupational, respiratory, or speech therapist.

ASSISTED LIVING FACILITY SERVICES BENEFIT

We will pay for expenses an Insured incurs for Qualified Long-Term Care Services (including room and board, but not prescription drugs) provided by an Assisted Living Facility while the Insured is confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

The Assisted Living Facility must be engaged primarily in providing ongoing care and related services to inpatients in one location and meets one of the following criteria:

1. It is licensed or accredited by the appropriate agency to provide such care, if such licensing or accreditation is required by the state in which the care is received; or
2. If licensing is not required, it is not a listed facility under Excluded Places, and meets all of the following:
 - a. It has accommodations for at least ten residents;
 - b. It provides services 24 hours a day, every day of the year;
 - c. It maintains records for all care and services provided to each resident;
 - d. It has an awake employee on duty in the facility who is trained and ready to provide its resident inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;

- e. It has an awake employee who is aware of the whereabouts of the resident inpatients;
- f. It provides, at a minimum, assistance with Bathing and Dressing;
- g. It provides three meals a day and accommodates special dietary needs;
- h. It has written formal procedures, including an agreement with a physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- i. It has the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications.

Excluded Places: An Assisted Living Facility is NOT any of the following:

- 1. A clinic or hospital;
- 2. A sub-acute care or rehabilitation hospital or unit;
- 3. A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
- 4. A Nursing Home Facility;
- 5. An Insured's Home or place of residence used principally for independent residential living including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities; or
- 6. Any facility that is located outside of the United States, its territories and possessions.

If a facility has multiple licenses, certifications, purposes, or locations; a separate portion, ward, wing, unit or location thereof can qualify as an Assisted Living Facility only if it is engaged primarily in providing care that satisfies this Rider's definition of an Assisted Living Facility.

RESPITE CARE SERVICES BENEFIT

This Long-Term Care Benefit provides for short-term care that is provided to an Insured in order to relieve the person who normally provides the Insured with unpaid informal care in the Insured's Home. An Insured's Plan of Care must state:

- 1. The name of the unpaid caregiver for whom respite is being provided;
- 2. The period of respite; and
- 3. The Qualified Long-Term Care Services an Insured will require to replace that care normally provided by the unpaid caregiver.

When an Insured receives Respite Care Services, We will pay the following benefits:

- 1. The Home Health Care Services;
- 2. The Nursing Home Facility Services;
- 3. The Assisted Living Facility Services; and
- 4. The Bed Reservation Services.

Respite Care Services will be covered up to 30 days per Contract Year.

Respite Care Services can be received in an Insured's Home, or during a temporary stay in a Nursing Home Facility or Assisted Living Facility. It must be provided in the United States, and its territories and possessions.

This benefit is not subject to, and does not satisfy, any Elimination Period. This benefit will not be payable at the same time as any other Long-Term Care Benefit payment.

NURSING HOME FACILITY SERVICES BENEFIT

We will pay for expenses an Insured incurs for Qualified Long-Term Care Services (including room and board, but not prescription drugs) provided by a Nursing Home Facility while an Insured is confined there as a resident inpatient. The expenses must be consistent with the level of charges normally made for other resident inpatients receiving similar care in that facility.

For these Long-Term Care Benefits to be payable, services must be provided in a Nursing Home Facility that:

1. Operates under the authority granted by a license issued by the federal government or the state in which it is located;
2. Is engaged primarily in providing continual 24 hours-a-day, every day nursing care to all of its residents or inpatients in accordance with the authority granted by a license issued by the federal government or the state in which it is located;
3. Provides nursing care performed by or under the direct supervision of a Registered Nurse (RN) or a physician;
4. Has a Registered Nurse or physician on duty or on call in the facility at all times; and
5. Maintains records for all care and services provided to each resident.

If a facility has multiple licenses or purposes, a separate portion, ward, wing or unit thereof can qualify as a Nursing Home Facility only if that portion, ward, wing or unit is engaged primarily in providing such nursing care in accordance with the authority granted by its license.

Excluded Places: The definition of a Nursing Home Facility does NOT include any of the following:

1. A clinic or hospital;
2. A sub-acute care or rehabilitation hospital or unit;
3. A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness;
4. An Assisted Living Facility;
5. An Insured's Home or place of residence used principally for independent residential living including, but not limited to, hotels, motels, retirement homes, boarding homes and adult foster care facilities;
6. An adult residence establishment or environment which is similar to this Rider's definition of a Nursing Home Facility; or
7. Any facility that is located outside of the United States, and its territories and possessions.

BED RESERVATION SERVICES BENEFIT

This Long-Term Care Benefit provides for a reservation to hold a person's bed in a facility during a temporary absence so that the person may return to the facility. Under this benefit, We will continue to pay benefits for Qualified Long-Term Care Services under the Nursing Home Facility Services and the Assisted Living Facility Services benefits while an Insured is a Chronically Ill Individual and:

1. Is temporarily absent during a stay in a Nursing Home Facility or Assisted Living Facility; and
2. Is charged to reserve the Insured's accommodations in that facility.

The temporary absence can be for any reason. This includes, but is not limited to, a hospital stay or when an Insured spends holidays or other time with his or her family.

Bed Reservation Services will be covered up to 30 days per Contract Year.

BENEFIT PAYMENTS

Maximum Monthly Benefit

At the time of the first Monthly Benefit Payment made under this Rider, the Maximum Monthly Benefit will be:

1. The Contract Value at the time this Rider's Long-Term Care benefits begin for the initial claim; divided by

2. The Scheduled Accelerated Benefit Period that is shown on the Contract Data Page for this Rider.

After the first Monthly Benefit Payment is made under this Rider, the Maximum Monthly Benefit will be recalculated:

1. At the time of any Withdrawal from the Contract; and
2. At the start of any New Claim.

After a Withdrawal is made from the Contract the Maximum Monthly Benefit is changed on a pro rata basis as follows:

The Maximum Monthly Benefit is reduced by:

1. The Maximum Monthly Benefit just prior to the Withdrawal; multiplied by
2. The Withdrawal Amount resulting from the Withdrawal; divided by
3. The Contract Value just prior to the Withdrawal.

Monthly Benefit Payments and deductions for Rider Charges are not Withdrawals for purposes of this Rider.

The Maximum Monthly Benefit at the start of any New Claim occurring after the end of the first period of claim for Long-Term Care Benefits under this Rider will be the greater of:

1. The Contract Value at the time the Long-Term Care Benefits begin for the New Claim, divided by the Scheduled Accelerated Benefit Period, shown on the Contract Data Page of this Rider; or
2. The Maximum Monthly Benefit last determined.

At any time the Maximum Monthly Benefit is recalculated, the Maximum Extended Benefits Amount is recalculated as the new Maximum Monthly Benefit multiplied by the Scheduled Extended Benefit Period shown on the Contract Data Page.

Monthly Benefit Payments – If an Insured continually meets the eligibility and conditions for payment as provided under the ELIGIBILITY AND CONDITIONS FOR BENEFITS section, Monthly Benefit Payment amounts will be paid under this Rider subject to the applicable Elimination Period shown on the Contract Data Pages for this Rider. Long-Term Care Benefit payments made under this Rider are not subject to Withdrawal Charges or Market Value Adjustments.

The actual Monthly Benefit Payment in any month will be an amount equal to:

1. The Maximum Monthly Benefit; multiplied by
2. The number of full or partial days of Qualified Long-Term Care Services received by the Insured in the month; divided by
3. The number of days in the month.

One day of receipt of Qualified Long-Term Care Services is counted as a day in which Qualified Long-Term Care Services are received, regardless of whether such services are received for a full day or for a partial day.

In no event will the Monthly Benefit Payment per Insured exceed the actual expenses incurred by that Insured for Qualified Long-Term Care Services.

Upon payment of the Monthly Benefit Payment, the Contract Value during the Accelerated Benefit Period will be reduced by that amount.

The Contract's Minimum Contract Value After Withdrawal requirement will not apply when this Rider is in effect under the Contract.

The Monthly Benefit Payment amount may be reduced upon Your request.

Elimination Period – An Elimination Period, if any, is specified for each type of Covered Service on the Contract Data Page. The Elimination Periods for all types of Covered Services start when an Insured begins receiving any Qualified Long-Term Care Services other than Respite Care Services and ends when the Insured has been a Chronically Ill Individual for the number of days of service indicated in the Elimination Period for the specified type of Covered Service. Days without any Covered Service do not count toward satisfaction of an Elimination Period. A full or partial day of Qualified Long-Term Care Service is counted as a day of service. Each Insured must satisfy the Elimination Period for the specified type of Covered Service before Long-Term Care Benefits under this Rider are paid for Qualified Long-Term Care Services for that type of Covered Service incurred by that Insured. The Elimination Period for each type of Covered Service may be completed consecutively or intermittently, but must be completed within a period of 270 consecutive calendar-days. The Elimination Period for each type of Covered Service needs to be satisfied only once for each Insured during the Insured's lifetime. Any days of service counted for satisfaction of the Elimination Period for a particular Covered Service other than Respite Care Services are also counted for the satisfaction of the Elimination Period for all other Covered Services.

An Elimination Period may begin during the Waiting Period, if any.

Accelerated Benefits – Long-Term Care Benefits payable under this Rider will be paid first under this Accelerated Benefits provision as Accelerated Benefits. Long-Term Care Benefits paid for Qualified Long-Term Care Services covered under this Rider will reduce the Contract Value during the Accelerated Benefit Period. No Withdrawal Charges or Market Value Adjustments will apply to the accelerated amount. Such Long-Term Care Benefits are subject to the Elimination Period provision, ELIGIBILITY AND CONDITIONS FOR BENEFITS section, and all other applicable provisions, terms and conditions of this Rider.

Accelerated Benefits will cease when the Contract Value is reduced to zero.

The actual period over which Accelerated Benefits are payable may exceed the Scheduled Accelerated Benefit Period since interest may be credited on the remaining portion of the Contract Value during a claim. This may also occur if actual Monthly Benefit Payments for Qualified Long-Term Care Services in a month were less than the Maximum Monthly Benefit. Conversely, the actual period over which Accelerated Benefits are payable may be less than the Scheduled Accelerated Benefit Period if joint coverage is elected and both Insureds receive Long-Term Care Benefits under this Rider at the same time. The Scheduled Accelerated Benefit Period is shown on the Contract Data Page for this Rider.

Upon each Monthly Benefit Payment, the Contract Value during the Accelerated Benefit Period will be reduced by the amount of the payment.

Extended Benefits – When Accelerated Benefits have been exhausted, Long-Term Care Benefits will continue to be paid under this Extended Benefits provision. Such benefits are subject to the ELIGIBILITY AND CONDITIONS FOR BENEFITS section, and all other applicable provisions, terms and conditions of this Rider.

The Maximum Extended Benefits Amount payable over the Extended Benefit Period is the Maximum Monthly Benefit at the start of the Extended Benefit Period multiplied by the Scheduled Extended Benefit

Period shown on the Contract Data Page. Extended Benefits will cease when the full Maximum Extended Benefits Amount has been paid during the Extended Benefit Period, or until recovery if earlier.

The actual period over which Extended Benefits are payable may exceed the Scheduled Extended Benefit Period if actual Monthly Benefit Payments for Qualified Long-Term Care Services in a month were less than the Maximum Monthly Benefit. Conversely, the actual period over which Extended Benefits are payable may be less than the Scheduled Extended Benefit Period if joint coverage is elected and both Insureds receive Long-Term Care Benefits under this Rider at the same time. The Scheduled Extended Benefit Period is shown on the Contract Data Page for this Rider.

Recovery of Insured – Long-Term Care Benefit payments under this Rider for an Insured will cease when that Insured has recovered from being a Chronically Ill Individual. If cumulative Long-Term Care Benefits provided under this Rider at time of the recovery are less than maximum Long-Term Care Benefits defined for this Rider, this Rider will remain in force.

If an Insured becomes a Chronically Ill Individual again and meets the requirements of the ELIGIBILITY AND CONDITIONS FOR BENEFITS section of this Rider, Monthly Benefit Payments under this Rider will resume. It is necessary to satisfy an applicable Elimination Period only once, for each Insured, in that Insured's lifetime.

WAIVER OF RIDER CHARGES BENEFIT

If, after the Waiting Period, if any, and any applicable Elimination Period is satisfied for a Covered Service, We will waive all charges for this Rider when Long-Term Care Benefits are payable for that Covered Service under the following benefits:

1. The Home Health Care Services;
2. The Assisted Living Facility Services;
3. The Nursing Home Facility Services; or
4. The Bed Reservation Services.

This waiver will begin with the first Rider Charge to be made following the date such benefits are first paid by Us. This waiver will stop when an Insured is no longer receiving Covered Services for which benefits are payable under any of the benefits listed under Covered Services. When this waiver ceases, Rider Charges will resume as otherwise scheduled.

ELIGIBILITY AND CONDITIONS FOR BENEFITS

ELIGIBILITY FOR THE PAYMENT OF BENEFITS – For Long-Term Care Benefits to be payable under this Rider, the following eligibility and conditions for payment requirements must be met:

1. An Insured must be a Chronically Ill Individual;
2. We must receive a Current Eligibility Certification for this Insured. The Current Eligibility Certification is the written certification of a Licensed Health Care Practitioner acceptable to Us, made within the preceding 12-month period, that the Insured meets the requirements for being a Chronically Ill Individual;
3. We must receive ongoing proof which demonstrates that the Qualified Long-Term Care Services this Insured receives are needed due to his or her continually being a Chronically Ill Individual. Such proof must be satisfactory to Us. The proof can be based on information from:
 - a. Care providers;
 - b. Personal physicians; or
 - c. Other Licensed Health Care Practitioners; and
4. We must receive proof that this Insured received or is receiving Qualified Long-Term Care Services and proof of the expenses incurred with respect to any Qualified Long-Term Care Services for which reimbursement is sought under this Rider;
5. The Waiting Period as stated on the Contract Data Page, if any, has elapsed since the Issue Date of this Rider.

CONDITIONS FOR PAYMENTS – Benefits for an Insured who is a Chronically Ill Individual will be paid as reimbursement for incurred expenses for Qualified Long-Term Care Services that meet all of the following conditions:

1. An Owner must elect to claim Long-Term Care Benefits under this Rider;
2. The Qualified Long-Term Care Services are provided pursuant to a written Plan of Care prescribed by a Licensed Health Care Practitioner;
3. This Insured is receiving Qualified Long-Term Care Services during the Accelerated Benefit Period or Extended Benefit Period;
4. This Insured has not exhausted any limits applicable to the specific Long-Term Care Benefits claimed;
5. This Insured satisfies the applicable Elimination Period; and
6. Except as stated in the Extended Coverage When Rider Terminates While Confined provision in the RIDER CONSIDERATIONS AND PERIOD OF COVERAGE section, the Contract and this Rider must be in force on the date this Insured receives Qualified Long-Term Care Services.

When Rider Benefits Begin – We will begin Monthly Benefit Payments under this Rider when:

1. The ELIGIBILITY AND CONDITIONS FOR BENEFITS section requirements are met; and
2. A claim for Long-Term Care Benefits has been approved by Us.

Plan of Care – As stated above, a Plan of Care for this Insured is required in order for Long-Term Care Benefits to be considered for payment under this Rider. It must be a written, individualized plan for care and support services for the Insured that:

1. Has been developed as a result of an assessment and incorporates applicable information provided by this Insured's personal physician;
2. Has been prescribed by a Licensed Health Care Practitioner;
3. Fairly, accurately and appropriately addresses this Insured's long-term care needs and support service needs; and

4. Specifies the following:
 - a. The type, frequency and duration of all services required to meet those needs;
 - b. The providers appropriate to furnish those services; and
 - c. An estimate of the cost of such services.

We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care is to be updated to reflect changes in the applicable Insured's functional or cognitive abilities, social situation, and care services needs. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We reserve the right to request periodic updates not more frequently than once every 30 days. No more than one Plan of Care may be in effect at a time.

No Long-Term Care Benefits are payable under this Rider for the development of a Plan of Care for an Insured. The Owner, at his or her own expense, is responsible for obtaining a Plan of Care for an Insured.

Once We determine that an Insured is eligible for Long-Term Care Benefits, this Insured's eligibility for such benefits will continue for as long as:

1. This Insured continues to be a Chronically Ill Individual and continues to receive Qualified Long-Term Care Services; and
2. Cumulative Long-Term Care Benefit payments made under this Rider are less than the Long-Term Care Benefit maximums provided by this Rider; and
3. This Rider and the Contract remain in force.

We reserve the right to perform periodic reassessments of an Insured's eligibility, but such reassessments will not be more than once every 60 days. The Plan of Care must be renewed at least once every 12 months.

BENEFITS AFTER MATURITY DATE

This Rider will terminate on the Maturity Date, as stated on the Contract Data Page, except (1) when an Annuity Option is elected on the Maturity Date; or (2) when the Contract Value is 0 (zero) and there is Extended Benefits coverage in effect. If all the requirements of this section are met on such an Annuity Date, Extended Benefits for Qualified Long-Term Care Services under this Rider will be paid-up coverage after the Annuity Date.

Long-Term Care Benefits payable after such an Annuity Date will be subject to the ELIGIBILITY AND CONDITIONS FOR BENEFITS section, and Recovery of Insured provision in the LONG-TERM CARE BENEFIT PROVISIONS section of this Rider. After such an Annuity Date, no Monthly Benefit Payments will be payable during the remaining Scheduled Accelerated Benefit Period, the length of which is determined immediately prior to the Annuity Date and described below. After the remaining Scheduled Accelerated Benefit Period, and during the Extended Benefit Period, the Monthly Benefit Payments may be payable as reimbursement for Qualified Long-Term Care Services.

If there has been a claim prior to such an Annuity Date, the Maximum Monthly Benefit will be set equal to the Maximum Monthly Benefit as defined immediately prior to the Annuity Date from the earlier claim. If there has not been a claim prior to such an Annuity Date, the Maximum Monthly Benefit after the Annuity Date will equal the Contract Value that existed on this Annuity Date before the Annuity Option was elected divided by the Scheduled Accelerated Benefit Period. The remaining Scheduled Accelerated Benefit Period on the Annuity Date is then equal to the Contract Value immediately prior to the Annuity Date, divided by the Maximum Monthly Benefit as determined above in this paragraph.

At Our discretion, We may make other options available for the Owner to continue coverage after the Maturity Date.

If an Insured is a Chronically Ill Individual on the Maturity Date shown on the Contract Data Page, the Contract will be continued in the Accumulation Period while this Insured remains a Chronically Ill Individual.

EFFECT OF RIDER CHARGES AND BENEFIT PAYMENTS

When Rider Charges are assessed; or Long-Term Care Benefit payments are made under this Rider, the following benefits provided under the Contract will be affected as indicated.

Effect on Death Benefit – The Death Benefit payable under the Contract will be reduced by the Rider Charges and payments of Accelerated Benefits under this Rider.

Effect on Minimum Guaranteed Contract Withdrawal Value – The Rider Charges for this Rider will reduce the Minimum Guaranteed Contract Withdrawal Value as Rider Charges per the calculations described in the Minimum Guaranteed Contract Withdrawal Value section of the Contract. The Minimum Guaranteed Contract Withdrawal Value will be reduced by the payment of Accelerated Benefits under this Rider.

Effect on Contract Value –The Contract Value under the Contract will be reduced by the amount of Rider Charges and the payment of Accelerated Benefits under this Rider.

EFFECT OF CONTRACT PAYMENTS

Effect of Death Benefit Payments – The death of the last surviving Owner will terminate this Rider, unless an Insured is the sole primary Beneficiary and continues the Contract in the Accumulation Period. Accelerated Benefits under this Rider for Qualified Long-Term Care Services received by an Insured prior to death of the Owner may be paid if the Long-Term Care Benefit payable under this Rider has not been exhausted, until a Beneficiary under the Contract is first paid Death Benefit proceeds after electing one of the Death Benefit options under the Contract. At that time Accelerated Benefits payable under this Rider will be reduced to zero, and no further Long-Term Care Benefits will be paid under this Rider.

Effect of Withdrawals – Withdrawals from the Contract will reduce the Maximum Monthly Benefit under this Rider on a pro rata basis as follows.

- a. If such Withdrawal occurs before Long-Term Care Benefits under this Rider begin, the Contract Value is reduced by the Withdrawal Amount resulting from the Withdrawal and this reduced Contract Value becomes the base on which the Maximum Monthly Benefit is calculated.
- b. If such Withdrawal occurs after Long-Term Care Benefits under this Rider begin, the Contract Value is reduced by the Withdrawal Amount resulting from the Withdrawal, and The Maximum Monthly Benefit is reduced as described in the Maximum Monthly Benefit provision.

At any time the Maximum Monthly Benefit is recalculated, the Maximum Extended Benefits Amount is recalculated as the new Maximum Monthly Benefit multiplied by the Scheduled Extended Benefit Period shown on the Contract Data Page.

Monthly Benefit Payments and deductions for Rider Charges are not Withdrawals for purposes of this Rider.

GENERAL EXCLUSIONS AND LIMITATIONS

No payment will be made for any room and board, care, treatment, services, equipment or other items:

1. Provided by a member of an Insured's Immediate Family, unless:
 - a. He or she is a regular employee of the organization that is providing the services; and
 - b. Such organization receives payment for the services; and
 - c. He or she receives no compensation other than the normal compensation for employees in her or his job category;
2. For which no charge is normally made in the absence of insurance;
3. Provided outside of the United States of America, and its territories and possessions;
4. Provided by or in a Veterans Administration or federal government facility, unless required by law;
5. Due to an Insured's alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed physician; or
6. Resulting, directly or indirectly, from:
 - a. War or act of war, whether declared or not; or
 - b. Attempted suicide or an intentionally self-inflicted injury.

CLAIMS PROVISIONS

Notice of Claim – Written notice of claim must be given to Us within thirty 30 days after the occurrence or start of any loss covered under this Rider, or as soon thereafter as is reasonably possible. Notice given by or on behalf of an Insured to Us at Our Home Office address shown on the first page of this Rider, or to any agent authorized by Us, with information sufficient to identify the Insured, will be deemed notice to Us.

If the Owner has designated an irrevocable Beneficiary, such Beneficiary must sign-off on the claim.

New Claim – For the purpose of determining the Maximum Monthly Benefit, a claim is considered a New Claim if:

1. It is the first claim for Covered Services since the Issue Date of this Rider; or
2. It is the first claim for Covered Service after a break of 180 days or more from the date of the most recent Covered Service and while each Insured is in good health.

Claim Forms – Once We receive notice of claim, We will send the claimant the necessary forms for filing proof of loss. If these forms are not given to the claimant within 15 days after We receive the notice, the claimant will be deemed to have complied with the requirements of this Rider as to proof of loss upon submitting, within the time period required under the Proof of Loss provision, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Proof of Loss – Written proof of loss must be received by Us at Our Home Office within 90 days after such loss. Failure to furnish proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within that time, provided such proof is given to Us as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

Time of Payment of Claim – After We receive the proper written proof of loss as described in the Notice of Claim provision, We will pay any Long-Term Care Benefits then due within 30 days.

Payment of Claims – Long-Term Care Benefits under this Rider will be paid to the Owner. If the Owner is a living person, any such benefits unpaid at the Owner's death may be paid to the Owner's estate.

If Long-Term Care Benefits may be paid to the Owner's estate, We may pay a portion of those benefits, up to \$1,000, directly to someone related to the Owner by blood or marriage, who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

We may pay all or a portion of any Long-Term Care Benefits for care or services an Insured receives to the provider of the care or services if so directed by the Owner in writing at the time proofs of loss are filed.

Physical Examinations and Autopsy – We, at Our own expense, will have the right and opportunity to examine an Insured when and as often as We may reasonably require during the pendency of a claim under this Rider. We may also require an autopsy in case of death where it is not forbidden by law.

Evaluation of Claims – We will obtain information about an Insured by working with that Insured, the Owner, and that Insured's personal physician, as appropriate. We will also obtain information from any Licensed Health Care Practitioners, agencies and other care providers that Insured may have consulted.

For the duration of the claim, We must receive ongoing updates to an Insured's Plan of Care and Current Eligibility Certifications.

Appeal Process – We will inform the Owner in writing if a claim, or any part of a claim, is denied. If it is believed that Our decision on a claim is in error, the Owner may appeal, and We will reconsider the claim. To make an appeal, the Owner must send Us a written statement that explains why We should change Our decision. The Owner may authorize someone else to act for him or her in this appeal process.

The written appeal should include the names, addresses and phone numbers of any providers We should contact to learn more about the health of and the care received by an Insured. This would include those physicians, health care professionals and other care providers who treated that Insured, and the facilities from which that Insured received care, treatment, services, equipment or other items.

We will provide the Owner with a written explanation of the reasons for any claim denial and make available all information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any Long-Term Care Benefits due as a result of Our reconsideration.

Coordination with Medicare – We will not pay for expenses incurred for services or items to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for application of a deductible or coinsurance amount requirement.

GENERAL PROVISIONS

Representations – In the absence of fraud, any statement made by an Owner or an Insured will be deemed a representation and not a warranty. Such statement may not be used in defense of a claim, unless it is contained in a signed Application.

Incontestability Period – A misstatement by an Owner or an Insured in any Application for the Contract or this Rider may be used to rescind or cancel this Rider or deny an otherwise valid claim. During the first six months following the Issue Date of this Rider or subsequent reinstatement date of this Rider, We may take such action only if the misstatement was material to the issuance of this Rider. After the first six months, but before the end of the first twenty-four months, We may take such action only if the misstatement was material to both the issuance of this Rider and the claim for which Long-Term Care Benefits are being sought. After this Rider has been in force for twenty-four months from the Issue Date of this Rider or subsequent reinstatement date of this Rider, We can take such action only if We can show that an Owner or an Insured knowingly and intentionally misrepresented relevant facts relating to an Insured's health.

No Long-Term Care Benefits will be paid under this Rider if it is rescinded or canceled.

Pre-Existing Conditions Not Excluded – Except as permitted in the Incontestability Period and Misstatement of Age provisions of this Rider, We will not reduce or deny any claim under this Rider because of sickness or a physical or medical condition that existed before the Issue Date of this Rider.

Misstatement of Age – If an Insured's age is misstated, We will adjust the Rider Charges for this Rider to the amounts that would have applied based on that Insured's correct issue age and benefits selected. If this Rider would not have been issued at the correct issue age, all Rider Charges for this Rider will be credited to the Contract Value of the Contract and this Rider will be rescinded.

Reinstatement – If this Rider Lapses when the Insured is a Chronically Ill Individual, and reinstatement is requested within five months after the date of the Lapse, then in lieu of submitting evidence of insurability, this Rider may be reinstated by submitting to Us satisfactory proof that this Insured was a Chronically Ill Individual at the time of Rider Lapse. Upon reinstatement, this Rider will provide benefits for Qualified Long-Term Care Services received after the date of the Lapse as if coverage had remained in force and be subject to all terms and conditions of the Contract and this Rider.

Legal Action – No action at law or in equity will be brought to recover on this Rider prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Rider. No such action will be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

Conformity With State Law – If any provision of this Rider which, on the Issue Date of this Rider, is in conflict with the statutes of the state in which the Contract was delivered, the provisions of this Rider will be automatically amended to meet the minimum requirements of such statutes.

Signed for Forethought Life Insurance Company.



President



FORETHOUGHT® ForeCareSM Fixed Annuity

HIGHLIGHT SHEET

Product Design

Single premium tax-deferred annuity with qualified long term care benefits

Issue Ages¹

50–80

Premium^{1,2}

Minimum \$35,000 single and joint
Maximum \$400,000 single or \$600,000 joint

Interest Rate

Guaranteed fixed interest rate declared annually on the Contract Anniversary. The interest rate is guaranteed to never be less than 1%.

Tax Advantages

- Tax-deferred growth
- Long term care rider charges are generally not taxed as distributions
- Benefits received for qualified long term care expenses are income tax-free
- Existing non-qualified annuities may be exchanged tax free for a ForeCare Fixed Annuity by utilizing IRC Section 1035

Simplified Underwriting

Completed at point of sale

Covered Care

Home Care, Adult Day Care, Hospice Care, Nursing Home Facility, Assisted Living Facility, Respite Care, Bed Reservation, Nurse and Therapist, Home Health Aide and Personal Care, Homemaker Services and Chore Services

¹ State variations may apply.

² Net of any Optional rider charges if elected.

Long Term Care Benefits

With the ForeCare Multiplier, receive up to two or three times (depending on underwriting eligibility) the amount of your Contract Value in long term care coverage to spend on qualified long term care expenses. To qualify for benefits, Forethought must receive proof from a licensed health care practitioner stating you are incapable of performing, without substantial assistance, two of the six Activities of Daily Living for at least 90 days, and/or you have a cognitive disability that requires substantial supervision. *(See Rider for Long Term Care Benefits for complete details on eligibility and claims.)*

An Accelerated Benefit is paid first from the Contract Value and once that reaches \$0, Forethought Life Insurance Company pays the Extended Benefit until the coverage is exhausted.

Single Life				
Rating	Accelerated Benefit	+	Extended Benefit	= Total Duration
Standard	36 months	+	36 months	= 72
Premier	24 months	+	48 months	= 72
Joint Life				
Rating	Accelerated Benefit	+	Extended Benefit	= Total Duration
Standard	42 months	+	42 months	= 84
Premier	30 months	+	60 months	= 90

The Scheduled Accelerated and Scheduled Extended Benefit periods are based on the Contract Value at time of first claim for qualified Long Term Care services. The Total Duration period assumes the Insured(s) will be eligible for both benefit periods for the entire time of the option for which they are qualified. These periods could be longer or shorter for several reasons. Please review the ForeCare Long Term Care Benefits Rider for details.

Elimination Period

Benefits are paid after 90 days of covered care within 270 consecutive days. The elimination period is waived for home health care with qualifying plan of care.

Waiting Period

None

Withdrawal Charges

Contract Year									
1	2	3	4	5	6	7	8	9	10+
8%	8%	7%	6%	5%	4%	3%	2%	1%	0%

A Free Withdrawal followed by a complete surrender in the same Contract Year will result in the above charge being applied to both the amount previously taken as "free" and the remaining Contract Value withdrawn.

Withdrawals

10% of the beginning of year Contract Value can be withdrawn each year without incurring Withdrawal Charges, except in any year where a full surrender occurs. Long term care benefit claims will reduce the amount available for the 10% free withdrawals

Note: Withdrawals, taken for purposes other than qualified long term care benefits and Rider for Long Term Care Benefit costs, will reduce the total amount available for long term care benefits on a pro-rata basis. A tax advisor should be consulted prior to taking withdrawals. If you withdraw an amount in excess of this Free Withdrawal amount (other than for long term care benefits and costs), you may be subject to Withdrawal Charges and Market Value Adjustments (state variations apply).

Withdrawals of taxable amounts are subject to ordinary income tax and may be subject to a 10% federal tax penalty if taken before age 59½. Cash withdrawals and an elected annuitization option will impact subsequent long term care benefits.

Market Value Adjustment (MVA)

Market Value Adjustment (MVA) applies to withdrawals that incur a Withdrawal Charge. The MVA can either increase or decrease a Withdrawal Charge depending on whether benchmark rates have fallen or risen since the Contract issue date. MVAs will not be applied to any death benefit proceeds paid. MVAs may not be available in all states.

Not a bank deposit	Not FDIC/NCUA insured
Not insured by any federal government agency	
No bank guarantee	May lose value

Forethought ForeCareSM annuities are issued by Forethought Life Insurance Company and available in most states with Contract FA1101SPDA-01 (certificate GA1101SPDA-01, as applicable) with Rider for Long Term Care Benefits Form LTC2000-01, Optional Inflation Protection Benefit Rider Form LTC2001-01 and Optional Nonforfeiture Benefit Rider Form LTC2002-01 (certificate series LTCG2000-01, LTCG2001-01 and LTCG2002-01, as applicable). Read the Contract for complete details. Products and features are subject to state variations and availability. This is a solicitation of LTC insurance. Guarantees are backed by the financial strength and claims paying ability of Forethought Life Insurance Company.

Riders

Rider for Long Term Care Benefits

This is automatically part of the ForeCareSM Fixed Annuity and is what provides the long term care benefits associated with the Contract. The monthly Rider Charge Rate is locked in for the life of the Contract.³

Optional Nonforfeiture Benefit Rider⁴

Optional Inflation Protection Rider⁴

Free Look Period

You will have 30 days to review your Contract. If you are not fully satisfied, you may return the Contract and your Annuity Deposit will be returned net of any Withdrawals.

³ Charges are waived when Withdrawals are being made for qualified long term care reimbursements during the Accelerated Benefit and Enhanced Benefit periods.

⁴ There is an up-front charge for this rider which is deducted from the Contract Value at issue. Please speak with your advisor for more details.

ForeCareSM Fixed Annuity

A fixed annuity with important long term care benefits.



THINKING AHEADSM FORE
THOUGHT[®]

Long Term Care Planning: A New Approach

Most people know that long term care is quickly becoming a fact of life. We have been impacted personally by the long term care needs of a family member or we know someone who has been directly affected.

We also know that long term care costs are going up faster than we can save or invest for them.

We need a new approach.

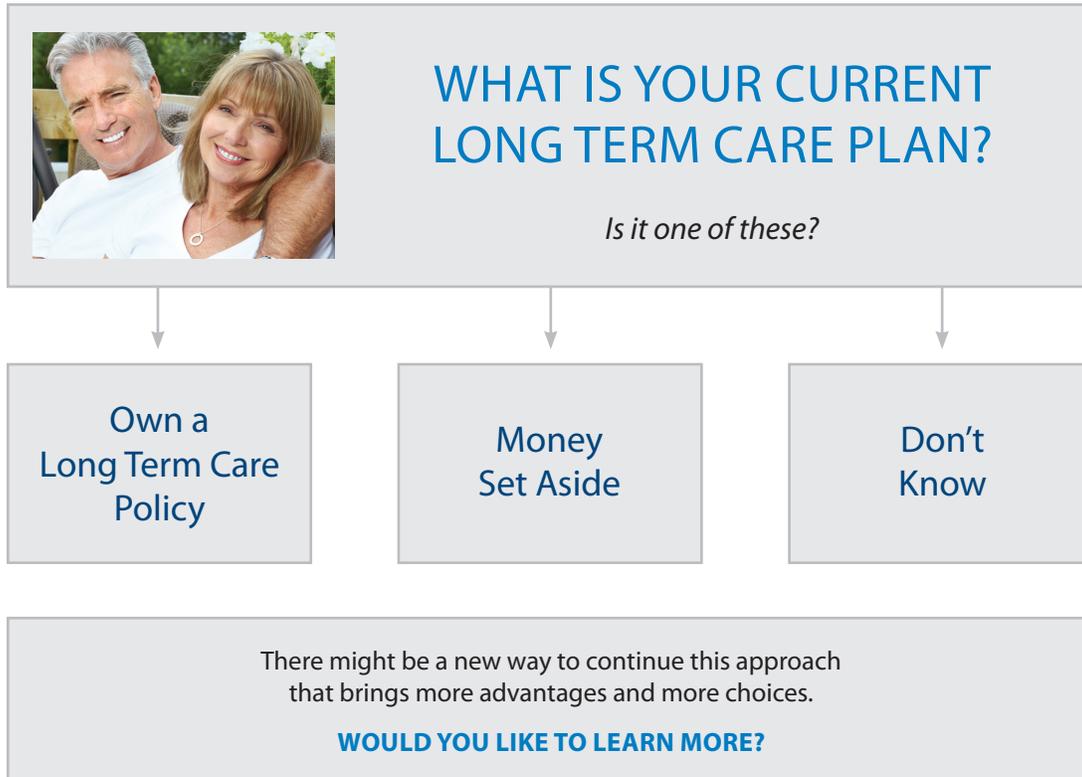
INTRODUCING THE
ForeCareSM Fixed Annuity



THE PENSION PROTECTION ACT

The good news is that since the long term care provisions of the Pension Protection Act took effect on January 1, 2010, there are new choices available to you. Now you have choices that address your potential long term care needs in a way that could give you more advantages.

LET'S REVISIT YOUR LONG TERM CARE PLAN



BY THE NUMBERS

\$19,000

Average annual cost of in home care three times per week.⁴

70%

of people over age 65 will need long term care services.⁴

\$109,560

Maximum amount of assets Medicaid allows the healthy spouse to keep.⁵

Nearly 50%

of Americans will need long term care at some point in their life.⁶

⁴ Source: U.S. Department of Health and Human Services data from 2010. *Paying for Long Term Care*. www.longtermcare.gov, 2010.

⁵ Medicaid data for 2011.

⁶ Source: <http://www.longtermcareinsurancetree.com>, as of June 30, 2010.

More Advantages

The ForeCareSM Fixed Annuity improves your ability to pay for the long term care you deserve.

IF YOU NEED LONG TERM CARE...

ForeCare Fixed Annuity gives you two significant advantages in your ability to pay for your long term care needs.

ADVANTAGE #1

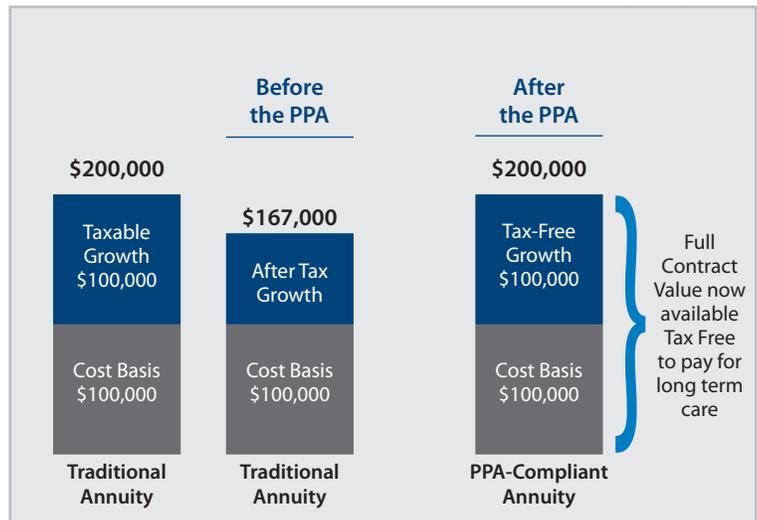
Pay with Tax-Deferred Dollars

Before the long term care provisions of the PPA took effect on January 1, 2010, you had to pay taxes on the growth inside of your annuity before paying long term care expenses.

Now, with a PPA-compliant annuity like ForeCare Fixed Annuity, you can use those same tax-deferred dollars tax free if you spend it on long term care expenses.

¹ This is a hypothetical example for illustration purposes only. Based on a 33% tax bracket and an original Contract Value of \$100,000 and taxable growth of \$100,000. The PRE-PPA amount of \$167,000 assumes a total withdrawal.

The Power of the Pension Protection Act (PPA)¹



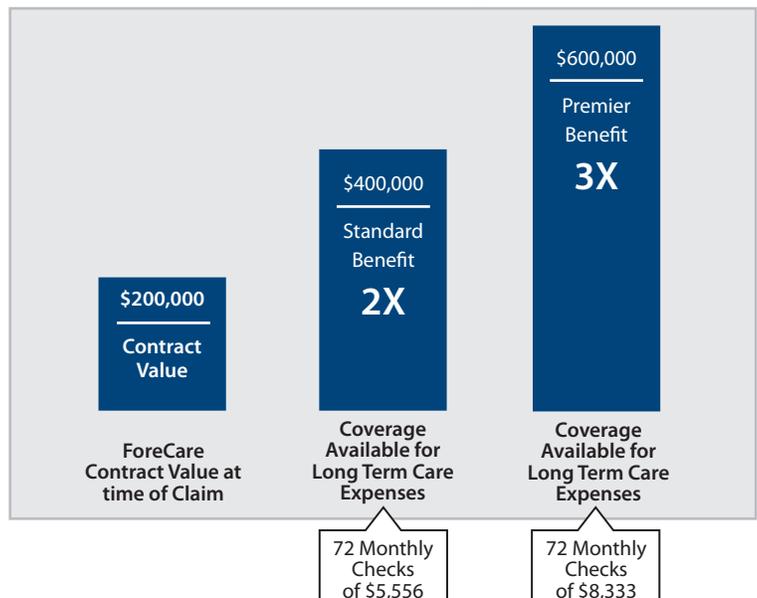
ADVANTAGE #2

The ForeCare Multiplier

The ForeCare Multiplier means you can receive long term care coverage up to two or three times (depending on eligibility) the amount of your Contract Value to spend on qualified long term care expenses.

² This is a hypothetical example for illustration purposes only. Based on a single life and Contract Value at the time benefits begin. PLEASE NOTE: The 2X and 3X benefits include the amount of your original annuity Contract Value.

The ForeCare Multiplier²



More Options

ForeCare Fixed Annuity covers many types of long term care you may need.

IF YOU NEED LONG TERM CARE...

ForeCare Fixed Annuity covers eleven long term care services, including:

11 Long Term Care Services



Home Care	Adult Day Care
Hospice Care	Nursing Home Facility
Assisted Living Facility	Respite Care
Bed Reservation	Nurse and Therapist
Home Health Aide and Personal Care	Homemaker Services
Chore Services	

IF YOU DON'T NEED LONG TERM CARE...

If you don't use ForeCare for long term care services, you have other options:

3 Convenient Annuity Options



You can spend your money now. You have access to 10% of your Contract Value free of Withdrawal Charges and MVA available each year (except in any year where a full surrender occurs), or you can choose from a number of annuitization options.³



You can save your money for later. Your ForeCare Fixed Annuity continues to grow tax-deferred at a guaranteed interest rate.



You can transfer this money to your heirs without the delay, expense or publicity of probate.

³ Withdrawals, taken for purposes other than qualified long term care benefits and Rider for Long Term Care Benefits costs, will reduce the total amount available for long term care benefits on a pro-rata basis. A tax advisor should be consulted prior to taking withdrawals. If you withdraw an amount in excess of the Free Withdrawal amount (other than for long term care benefits and costs), you may be subject to Withdrawal Charges and Market Value Adjustments (state variations apply). Withdrawals of taxable amounts are subject to a 10% IRS federal tax penalty if taken before the age of 59½. Cash withdrawals and annuitization options may impact subsequent long term care coverage. Long Term Care Rider charges and benefits paid are not taxable if the Contract Value is used for long term care benefits.

ForeCareSM Fixed Annuity Facts-at-a-Glance

PRODUCT DESIGN	Single premium tax-deferred annuity with qualified long term care benefits
ISSUE AGES / PREMIUMS	Ages: 50–80 Single \$35,000–\$400,000 Joint \$35,000–\$600,000 (state variations may apply)
TAX ADVANTAGES	<ul style="list-style-type: none"> • Tax-deferred growth • Long term care rider charges are generally not taxed as distributions • Benefits received for qualified long term care expenses are income tax-free • Existing non-qualified annuities may be exchanged tax free for a ForeCare Fixed Annuity by utilizing IRC Section 1035
RIDERS	<ul style="list-style-type: none"> • Rider for Long Term Care Benefits (automatically included with Contract) • Optional Nonforfeiture Benefit Rider (available for an up-front charge. Please discuss with your Advisor) • Optional Inflation Protection Benefit Rider (available for an up-front charge. Please discuss with your Advisor)
SIMPLIFIED UNDERWRITING	Completed at point-of-sale
COVERED CARE	Home Care, Adult Day Care, Hospice Care, Nursing Home Facility, Assisted Living Facility, Respite Care, Bed Reservation, Nurse and Therapist, Home Health Aide and Personal Care, Homemaker Services, Chore Services
WAITING PERIOD	None
ELIMINATION PERIOD	Benefits paid after 90 days of covered care within 270 consecutive days. Waived for home health care with qualifying plan of care
WITHDRAWAL CHARGES	9-year schedule: 8%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1%, 0% thereafter (State variations may apply)
MARKET VALUE ADJUSTMENT (MVA)	MVA applies to withdrawals that incur a Withdrawal Charge. The MVA can either decrease or increase a Withdrawal Charge depending on whether benchmark rates have fallen or risen since the Contract issue date. MVAs will not be applied to any death benefit proceeds paid. MVAs may not be available in all states.

See ForeCareSM Fixed Annuity Highlights Sheet for more details about the product.

Forethought Life Insurance Company

Corporate Office

300 N. Meridian St., Suite 1800, Indianapolis, IN 46204

1-855-244-4440 www.forethought.com

Administrative Office

One Forethought Center, Batesville, IN 47006

Not a bank deposit	Not FDIC/NCUA insured
Not insured by any federal government agency	
No bank guarantee	May lose value

Forethought ForeCareSM annuities are issued by Forethought Life Insurance Company and available in most states with Contract FA1101SPDA-01 (certificate GA1101SPDA-01, as applicable) with Rider for Long Term Care Benefits Form LTC2000-01, Optional Inflation Protection Benefit Rider Form LTC2001-01 and Optional Nonforfeiture Benefit Rider Form LTC2002-01 (certificate series LTCG2000-01, LTCG2001-01 and LTCG2002-01, as applicable). Read the Contract for complete details. Products and features are subject to state variations and availability. This is a solicitation of LTC insurance. Guarantees are backed by the financial strength and claims paying ability of Forethought Life Insurance Company.

THINKING AHEADSM FORETHOUGHT[®]

Qualifying Questions

Please read the following questions. We will not ask you to share your personal health information without a signed HIPAA form.

If you can answer "NO" to all, please notify your advisor.

If you answer "YES" to any of the questions, please tell your advisor, "I have a "YES" answer to a question."

- 1.** Are you currently hospitalized, confined to a bed or nursing facility, receiving home health care, using Adult Day Care services, receiving hospice care, residing in an Assisted Living Facility, or have you been medically advised to seek such confinement or care?
- 2.** Do you require assistance or supervision in performing any of the following activities: bathing, dressing, transferring, eating, toileting, bowel or bladder control, mobility, or taking medications?
- 3.** Do you use or have been medically advised to use a walker, multi-prong cane, wheelchair, motorized scooter, hospital bed, stair lift, or any medical appliance such as oxygen, respirator, dialysis machine or have a defibrillator implanted?
- 4.** Have you been medically diagnosed, treated for, advised to have treatment for, been prescribed or taken medication for any of the following?
 - a. Alzheimer's disease, dementia, recurrent memory loss, Organic Brain Syndrome (OBS), mental incapacity or retardation?
 - b. Stroke, Parkinson's disease, paralysis, paraplegia, or quadriplegia?
 - c. Multiple sclerosis, Muscular Dystrophy, Lou Gehrig's disease (ALS), cystic fibrosis, or Huntington's disease?
- 5.** Have you ever been medically Diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), or have you ever tested positive for the Human Immunodeficiency Virus (HIV)?
- 6.** In the last three years have you applied for long term care policy or long term care rider that was declined or postponed?

Forethought ForeCareSM annuities are issued by Forethought Life Insurance Company and available in most states with Contract FA1101SPDA-01 (certificate GA1101SPDA-01, as applicable) with Rider for Long Term Care Benefits Form LTC2000-01, Optional Inflation Protection Benefit Rider Form LTC2001-01 and Optional Nonforfeiture Benefit Rider Form LTC2002-01 (certificate series LTCG2000-01, LTCG2001-01 and LTCG2002-01, as applicable). Read the Contract for complete details. Products and features are subject to state variations and availability. This is a solicitation of LTC insurance. Guarantees are backed by the financial strength and claims paying ability of Forethought Life Insurance Company.

What is HIPAA?

Health Insurance Portability and Accountability Act of 1966. Provides you with the right to understand and control how your health information is used.

For information, see

www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

Not a bank deposit	Not FDIC/NCUA insured
Not insured by any federal government agency	
No bank guarantee	May lose value

Forethought Life Insurance Company

Corporate Office

300 N. Meridian St., Suite 1800
Indianapolis, IN 46204

Administrative Office

One Forethought Center
Batesville, IN 47006

1-855-244-4440

www.forethought.com

SERFF Tracking Number: *FRTH-127614061* State: *Arkansas*
 Filing Company: *Forethought Life Insurance Company* State Tracking Number: *49980*
 Company Tracking Number: *LTC2000-02*
 TOI: *A021 Individual Annuities- Deferred Non-Variable* Sub-TOI: *A021.003 Single Premium*
 Product Name: *LTC2000-02 Rider*
 Project Name/Number: *LTC2000-02 Rider/LTC2000-02*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Forethought Life Insurance Company	%	%				%	%

SERFF Tracking Number: FRTH-127614061 State: Arkansas
 Filing Company: Forethought Life Insurance Company State Tracking Number: 49980
 Company Tracking Number: LTC2000-02
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
 Variable
 Product Name: LTC2000-02 Rider
 Project Name/Number: LTC2000-02 Rider/LTC2000-02

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rates Rider Form Series LTC2000-01 Rider for Long-Term Care Benefits 12-17-10B subm	LTC2000-01	New		Rates_Rider Form Series LTC2000-01_Rider for Long-Term Care Benefits_12-17-10B_subm.pdf
	Rates Rider Form Series LTC2001-01 Optional Inflation Protection Benefit Rider 12-17-10B subm	LTC2001-01	New		Rates_Rider Form Series LTC2001-01_Optional Inflation Protection Benefit Rider_12-17-2010B_subm.pdf
	Rates Rider Form Series LTC2001-01 Plus LTC2002-01 12-17-2010B subm	LTC2001-01 & LTC2002-01	New		Rates_Rider Form Series LTC2001-01 Plus LTC2002-01_12-17-2010B subm.pdf
	Rates Rider Form Series LTC2002-01 Optional Nonforfeiture	LTC2002-01	New		Rates_Rider Form Series LTC2002-

SERFF Tracking Number: FRTH-127614061 State: Arkansas
Filing Company: Forethought Life Insurance Company State Tracking Number: 49980
Company Tracking Number: LTC2000-02
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: LTC2000-02 Rider
Project Name/Number: LTC2000-02 Rider/LTC2000-02

Benefit Rider 12-17-
2010B subm

01_Optional
Nonforfeiture
Benefit Rider_12-
17-2010B
subm.pdf

Forethought Life Insurance Company

Rider for Long-Term Care Benefits - Rider Form Series LTC2000-01

Long-Term Care Rider Annual Charge
(as the basis point of the account value)

Issue Age	Single	Married <i>(Married 2-buy)</i>
50	90	72
51	90	72
52	90	72
53	90	72
54	93	74
55	96	77
56	99	79
57	102	82
58	107	86
59	112	90
60	117	94
61	123	98
62	129	103
63	135	108
64	142	114
65	150	120
66	158	126
67	166	133
68	175	140
69	187	150
70	200	160
71	214	171
72	229	183
73	245	196
74	262	210
75	280	224
76	300	240
77	300	240
78	300	240
79	300	240
80	300	240

The LTC rider charge for Joint Life is the average of the single male and female charges, rounded to the nearest the basis point.

Forethought Life Insurance Company

Optional Inflation Protection Benefit Rider - Rider Form Series LTC2001-01

Optional Inflation Benefit Premium

Single Initial Premium: per \$1,000 of annuity single Premium

Issue Age	<u>Non-Joint Life</u>				<u>Joint Life</u>			
	Band 1		Band 2		Premier		Standard	
	<i>Single</i>	<i>Married (Married 2-buy)</i>	<i>Single</i>	<i>Married (Married 2-buy)</i>	<i>Band 1</i>	<i>Band 2</i>	<i>Band 1</i>	<i>Band 2</i>
50	260	208	165	132	630	388	445	330
51	260	208	165	132	630	388	445	330
52	260	208	165	132	630	388	445	330
53	260	208	165	132	630	388	445	330
54	262	210	165	132	632	390	449	331
55	264	212	165	132	634	393	453	332
56	266	214	165	132	636	395	457	333
57	268	216	165	132	638	398	461	334
58	270	216	165	134	640	401	467	335
59	274	219	167	136	642	404	472	336
60	278	222	169	138	644	406	477	337
61	282	225	171	140	646	409	482	338
62	286	228	173	142	648	411	487	339
63	290	232	177	142	650	415	490	340
64	294	235	178	143	658	423	495	344
65	298	238	179	144	666	430	500	348
66	302	241	180	145	674	439	505	352
67	306	244	181	146	682	448	510	356
68	310	248	183	146	690	456	515	360
69	314	251	187	149	709	468	520	365
70	318	254	191	152	729	480	525	370
71	322	257	195	155	750	493	530	375
72	326	260	199	158	771	505	535	380
73	330	264	204	163	793	519	542	386
74	331	265	208	167	796	521	543	387
75	332	266	212	171	799	524	544	388
76	333	267	216	175	802	526	545	389
77	334	268	220	179	805	529	546	390
78	335	268	225	182	806	531	545	390
79	335	268	230	185	807	534	544	390
80	335	268	235	188	808	536	543	390

The LTC Inflation premium for Joint Life is the average of the male and female premiums, rounded to the nearest dollar per thousand of annuity single premium.

Forethought Life Insurance Company

Rider Form Series LTC2002-01 *Plus* LTC2001-01

Optional Nonforfeiture Premium plus Optional Inflation Premium

Single Initial Premium: per \$1,000 of annuity single Premium

Issue Age	<u>Non-Joint Life</u>				<u>Joint Life</u>			
	Band 1		Band 2		Premier		Standard	
	<i>Single</i>	<i>Married (Married 2-buy)</i>	<i>Single</i>	<i>Married (Married 2-buy)</i>	<i>Band 1</i>	<i>Band 2</i>	<i>Band 1</i>	<i>Band 2</i>
50	300	240	205	164	795	553	610	495
51	300	240	205	164	795	553	610	495
52	300	240	205	164	795	553	610	495
53	300	240	205	164	795	553	610	495
54	302	242	205	164	797	555	614	496
55	304	244	205	164	799	558	618	497
56	306	246	205	164	801	560	622	498
57	308	248	205	164	803	563	626	499
58	310	248	205	166	805	566	632	500
59	314	251	207	168	807	569	637	501
60	318	254	209	170	809	571	642	502
61	322	257	211	172	811	574	647	503
62	326	260	213	174	813	576	652	504
63	330	264	217	174	815	580	655	505
64	334	267	218	175	823	588	660	509
65	338	270	219	176	831	595	665	513
66	342	273	220	177	839	604	670	517
67	346	276	221	178	847	613	675	521
68	350	280	223	178	855	621	680	525
69	354	283	227	181	874	633	685	530
70	358	286	231	184	894	645	690	535
71	362	289	235	187	915	658	695	540
72	366	292	239	190	936	670	700	545
73	370	296	244	195	958	684	707	551
74	371	297	248	199	961	686	708	552
75	372	298	252	203	964	689	709	553
76	373	299	256	207	967	691	710	554
77	374	300	260	211	970	694	711	555
78	375	300	265	214	971	696	710	555
79	375	300	270	217	972	699	709	555
80	375	300	275	220	973	701	708	555

The LTC Nonforfeiture plus Inflation premium for Joint Life is the average of the male and female premiums, rounded to nearest the dollar per thousand of annuity single premium.

Forethought Life Insurance Company

Optional Nonforfeiture Benefit Rider - Rider Form Series LTC2002-01

Optional Nonforfeiture Benefit Premium

Single Initial Premium: per \$1,000 of annuity single Premium

Issue Age	<u>Non-Forfeiture</u>		
	Single	Married (Married 2-buy)	Joint Life
50	15	12	25
51	15	12	25
52	15	12	25
53	15	12	25
54	15	12	25
55	15	12	25
56	15	12	25
57	15	12	25
58	15	12	25
59	15	12	25
60	15	12	25
61	15	12	25
62	15	12	25
63	15	12	25
64	15	12	25
65	15	12	25
66	15	12	25
67	15	12	25
68	15	12	25
69	16	13	26
70	17	14	27
71	18	15	28
72	19	16	29
73	20	16	30
74	21	17	32
75	22	18	34
76	23	19	36
77	24	20	38
78	25	20	40
79	25	20	40
80	25	20	40

The LTC Nonforfeiture premium for Joint Life is the average of the male and female premiums, rounded to nearest the dollar per thousand of annuity single premium.

SERFF Tracking Number: FRTH-127614061 State: Arkansas
Filing Company: Forethought Life Insurance Company State Tracking Number: 49980
Company Tracking Number: LTC2000-02
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: LTC2000-02 Rider
Project Name/Number: LTC2000-02 Rider/LTC2000-02

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

LTC2000-02 - Readability Cert 10.07.11.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

This application was approved with the initial product on 2/17/11 under Serff #FRTH-126999627.

Attachment:

LTC3000-02-AR_ForeCare Annuity Application_02-04-11 subm.pdf

Item Status: **Status Date:**

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: n/a

Comments:

CERTIFICATION OF READABILITY

FORM #	FORM NAME	FLESCH SCORE
LTC2000-02	RIDER FOR LONG-TERM CARE BENEFITS	56.3

Forethought Life Insurance Company hereby certifies that this form achieves the Flesch reading ease score listed.



David K. Mullen, Sr. Vice President

October 7, 2011

SECTION A – Owner, Annuitant and Insured Information (Under Federal Law, we are required to verify your identify)

1. Owner Information

First Name	Initial	Last Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Phone Number	
Mailing Address			Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship	
Type of Identification ID#	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Immigration	<input type="checkbox"/> Military	<input type="checkbox"/> Passport	<input type="checkbox"/> Other
Expiration Date: _____		State of Issuance: _____			

1b. Joint Owner Information (Must be Spouse of Owner)

First Name	Initial	Last Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Phone Number	
Mailing Address			Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship	
Type of Identification ID#	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Immigration	<input type="checkbox"/> Military	<input type="checkbox"/> Passport	<input type="checkbox"/> Other
Expiration Date: _____		State of Issuance: _____			

2. Trust Information (Complete only if Contract Owner is a Trust)

Trust Name		Trust Date			
Mailing Address		City	State	Zip	
Social Security or Tax I.D. Number			Telephone Number		
Attach the Certification of Trust & Indemnity Form					

3. Annuitant Information (Complete only if the Owner and Annuitant are different)

First Name	Initial	Last Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Phone Number	
Mailing Address			Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship	
Type of Identification ID#	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Immigration	<input type="checkbox"/> Military	<input type="checkbox"/> Passport	<input type="checkbox"/> Other
Expiration Date: _____		State of Issuance: _____			

3b. Joint Annuitant Information (Must be Spouse of the Annuitant if Owner is the Trust)

First Name	Initial	Last Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Phone Number	
Mailing Address			Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship	
Type of Identification ID#	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Immigration	<input type="checkbox"/> Military	<input type="checkbox"/> Passport	<input type="checkbox"/> Other
Expiration Date: _____		State of Issuance: _____			

4. Proposed Insured Information (Must be Owner or Spouse of Owner, or if Owner is a Trust then must be Annuitant or Spouse of Annuitant to select Long Term Care Rider)

First Name	Initial	Last Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Phone Number	
Mailing Address			Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship	

4b. Proposed Joint Insured Information (Complete only when applying for Joint Long-Term Care coverage. Joint Insured must be Spouse of Insured)

First Name	Initial	Last Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)	Age	Social Security Number	Phone Number	
Mailing Address			Residential Address (if different than Mailing Address)		
City		State	Zip Code	Country of Citizenship	

SECTION B – Beneficiary Information (Beneficiary proceeds will be split equally if no percentages are provided.)

Primary and Contingent Beneficiary percentage designation(s) must be in whole percentages only and each total 100%. Unless specified otherwise in the Special Instructions and Remarks in this section, upon death of an Owner, the surviving Joint Owner, if any, becomes the Primary Beneficiary and the Primary Beneficiary, listed below, becomes the Contingent Beneficiary.

					%
Full Legal Name of Primary Beneficiary (including Trust)	Relationship to Owner	Date of Birth/Date of Trust	SSN/TIN	Percentage	
Primary Beneficiary Address					%
Full Legal Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	Date of Birth	SSN/TIN	Percentage	
Beneficiary Address					%
Full Legal Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	Date of Birth	SSN/TIN	Percentage	
Beneficiary Address					%
Full Legal Name <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	Date of Birth	SSN/TIN	Percentage	
Beneficiary Address					%

Special Instructions and Remarks

SECTION C – Couples Discount

Does the Proposed Insured's spouse have long term care benefits inforce or applied for with Forethought Life Insurance Company? Yes No

If "yes" to the question above, enter spouse information.

Name (First, Middle Initial, Last)	Date of Birth	Policy/Contract Number	Social Security Number
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SECTION D – Contract and Rider Benefit Information

Source of Annuity Deposit: Check Wire 1035 Exchange/Transfer

Payable to: Forethought Life Insurance Company \$ _____

Type of Annuity: Non-Qualified

Guaranteed Rate Period (select one) Surrender Charge Period (select one)
 (1 Year) (3 Year) (5 Year) (5 Year) (7 Year) (9 Year)

Free Withdrawal Option (select one) Other Options (select all that apply)
 Accumulated Interest Return of Premium
 10% Free Withdrawal Market Value Adjustment
 No Free Withdrawal Surrender Charge Waiver
 NA

Rider Selections: Rider for Long-Term Care Benefits

Optional Inflation Protection Benefit Rider (select one)
 0% I, the Owner, have reviewed the Outline of Coverage. Specifically, I have reviewed plans offering compound and no increases, and I reject the 5% Compound option.
 5% I, the Owner, choose the 5% Compound option.

Optional Nonforfeiture Rider (select one)
 No I, the Owner, have reviewed the Outline of Coverage and compared the benefits and charges of this contract with and without the Nonforfeiture Option that has been made available and I reject the Nonforfeiture Benefit.
 Yes I, the Owner, choose the Nonforfeiture Benefit.

SECTION E – Protection Against Unintentional Termination or Reduction of Long-Term Care Benefits

THIS SECTION IS TO BE COMPLETED BY THE OWNER. YOU HAVE THE RIGHT TO DESIGNATE A THIRD PARTY TO RECEIVE NOTICE FROM US OF A REQUEST FROM YOU THAT RESULTS IN REDUCTION OR TERMINATION OF THE LONG-TERM CARE BENEFIT.

I understand that I have the right to designate others to receive notice from the Company of a request from me that results in the reduction or termination of long-term care benefits.

- I elect **NOT** to designate another person to receive such notice.
- I designate the following person or entity to receive such notice.

Full Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____

To add, remove, or change the person designated, please contact us.

SECTION F – Other Coverage and Replacement Information

The Producer shall comply with any additional state and/or company replacement requirements.

1. Does the proposed Insured have any existing life insurance policies and/or annuity contracts? If "yes," provide details in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the proposed Insured intend to replace, end or change any existing life insurance and/or annuity contracts (including those with long term care benefits) with this policy? If "yes," provide details in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the proposed Insured currently have a long-term care policy or certificate in force (including health care service contracts or health maintenance organization contracts)? If "yes," provide details in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the proposed Insured had a long-term care policy or certificate in force during the last 12 months? If "yes," provide details in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the proposed Insured intend to replace any long-term care, medical or health insurance coverage with this coverage? If "yes," provide details in #7.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Producer must list all health insurance, including long-term care policies sold to the proposed Insured which: are still in force; or were purchased in the last five years but are no longer in force.
 If "None," check this box. None

Provide details in #7.

7. Details of Existing or Replacement Policies

Company Name	Policy or Certificate Number	Type of Coverage	Contains a Long Term Care Benefit		Issue Year	To be Replaced by this Coverage?		Is this a 1035 Exchange?	
			Yes	No		Yes	No	Yes	No

8. Is the proposed Insured currently eligible for benefits under or covered by Medicaid (not Medicare)? Yes No

SECTION G – State Required Notices

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.

SECTION H – Telephone Interview Authorization

I, the proposed Insured, understand that I will be talking to a representative of the Company to complete Annuity LTC Application Part 2 to verify my health history and condition(s). The decision to issue the annuity contract and Long-Term Care rider is based on any of my responses obtained during this telephone interview. By signing this application, I agree to respond honestly and complete any interview to the best of my ability and that final authorization may be requested during the telephone interview.

SECTION I – Authorization to Collect and Disclose Information

This Authorization complies with the HIPAA Privacy Act

I, the Proposed Insured, hereby authorize any licensed physician, medical practitioner, hospital, clinic or medically related facility, insurance company, the Medical Information Bureau, consumer reporting agency, pharmacies, pharmacy benefit managers or other organization, employer, institution or person that has any records or knowledge of me or my health (or of additional insured(s)), (if included in the coverage applied for), to give to the Company, or any physical or mental condition, as well as any other non-medical information. A photographic copy of this authorization shall be as valid as the original. The authorization will be valid from the date signed for a period of two and one half years. I know that I have a right to receive a copy of this authorization upon request.

I also hereby authorize the Company to provide its affiliated companies any and all information provided herein and obtained hereafter on me. This authorization shall be valid from the date signed below until affirmatively withdrawn in writing by myself.

SECTION J – Owner Declarations and Signatures

The Owner(s), Annuitant(s) and proposed Insured(s) understand and agree that:

1. The above statements and answers are true, complete and correct to the best of his or her knowledge and belief.
2. The statements made shall form the exclusive basis of any annuity contract issued hereon.
3. Checks must be made payable to Forethought Life Insurance Company, not to the agent.
The cancelled check and Delivery Receipt are my receipt.
4. Only a Forethought Life Insurance Company officer can make, modify, discharge, or waive any of the Company's rights.

In the event of replacement, I(we) understand that the agent must leave the original or a copy of all written or printed communications used for the presentation with me(us).

Owner(s) Initials

I(We) understand and acknowledge that Forethought Life Insurance Company does not offer legal, financial, tax, investment or estate-planning advice and I(we) have had the opportunity to seek such advice from the proper sources before purchasing this contract. I(We) have determined that the purchase of this Single Premium Deferred Annuity is suitable given my(our) particular legal, financial, tax, investment, estate-planning or other goals or circumstances.

Owner(s) Initials

I(We) have received a copy of the Disclosure Statement and understand that any results shown other than the minimum guaranteed contract values are not guarantees, promises or warranties.

Owner(s) Initials

I(We) have received the Outline of Coverage, Things You Should Know Before You Buy Long-Term Care Insurance, Long-Term Care Insurance Personal Worksheet, Replacement Notice (if applicable), and the applicable Shopper's Guide and/or Buyer's Guide.

Owner(s) Initials

I(We) certify that the funds for the purchase of the annuity contract are not derived from the proceeds of a reverse mortgage.

Owner(s) Initials

_____ Owner Signature	_____ Date	_____ Signed At (City, State)
_____ Joint Owner Signature	_____ Date	_____ Signed At (City, State)
_____ Annuitant Signature (If not the Owner)	_____ Date	_____ Signed At (City, State)
_____ Joint Annuitant Signature (If not the Owner)	_____ Date	_____ Signed At (City, State)
_____ Proposed Insured Signature (If not the Owner)	_____ Date	_____ Signed At (City, State)
_____ Proposed Joint Insured Signature (If not the Owner)	_____ Date	_____ Signed At (City, State)

SECTION K – Agent Declarations and Signatures

Agent Name (Print)		Agent Number	
Branch Address	City	State	Zip Code
Business or Institution Name		Business or Institution Phone Number	

I declare that: (a) the application was signed and dated by the Owner(s), and the Insured(s), and the Annuitant(s), if not the Owner(s), after all answers and information were recorded herein; and (b) I have truly and accurately recorded on this form all of the information provided by the Owner(s), and the Insured(s), and the Annuitant(s), if not the Owner(s).

- Yes
- No
- Yes
- No

To the best of my knowledge, the annuity contract applied for is intended to replace or change existing life insurance policies or annuity contracts. If replacement or change is involved, I have attached the appropriate Replacement Form for the Owner(s) and will return with the application. Did you observe the proposed Insured having any physical or mental impairment with regard to walking or talking? If **yes**, please explain.

Initials

I certify that in states with suitability requirements that apply to this annuity: (a) the requirements have been met; (b) I have completed the suitability section of the appropriate disclosure statement with the applicant(s); (c) a copy of that form has been left with the applicant(s); and (d) a copy of the form is enclosed with this application.

Initials

I certify that I personally met with the Owner(s), reviewed the government issued identification as required and verified to the best of my knowledge and belief, that the information accurately reflects the identity of the Owner(s).

Initials

I certify that the appropriate Disclosure Statement and a *Buyer's Guide to Fixed Deferred Annuities* have been provided to the Applicant(s). I have not made any statements that differ from this material.

Initials

I certify that the source of funds for the purchase of this annuity contract are not derived from the proceeds of a reverse mortgage.

Agent Signature

Date

Signed At (City, State)

FORETHOUGHT LIFE INSURANCE COMPANY HOME OFFICE USE ONLY

Forethought Annuity LTC Application – Part 2 Medical Questionnaire

Proposed Insured

Name (First, Middle Initial, Last)		Date of birth (mm/dd/yyyy)	
Mailing Address		Height	Weight
City	State	Social Security Number	

Proposed Insured Health Questions

<p>1. Are you currently confined to a nursing facility, receiving home health care, using Adult Day Care services, receiving hospice care, residing in an Assisted Living Facility, or in the last 12 months have you used or been medically advised to seek such confinement or care, or are you currently hospitalized or confined to a bed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Do you require assistance or supervision in performing any of the following activities: bathing, dressing, transferring, eating, toileting, bowel or bladder control, mobility, or taking medications?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Do you use or have you been medically advised to use a walker, multi prong cane, wheelchair, motorized scooter, hospital bed, stair lift, or any medical appliance such as oxygen, respirator, dialysis machine or have a defibrillator implanted?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have you been medically diagnosed, treated for, advised to have treatment for, been prescribed or taken medication for any of the following?</p> <p>a. Alzheimer’s disease, dementia, recurrent memory loss, Organic Brain Syndrome (OBS), mental incapacity or retardation?</p> <p>b. Stroke, Parkinson’s disease, paralysis, paraplegia, or quadriplegia?</p> <p>c. Multiple Sclerosis, Muscular Dystrophy, Lou Gehrig’s disease (ALS), Cystic Fibrosis, or Huntington’s disease?</p> <p>If “Yes” to any of the above questions, please list all medications in number 12. Additional Information.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you ever been medically diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), or have you ever tested positive for the Human Immunodeficiency Virus (HIV)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. In the last three (3) years have you applied for any long term care policy or long term care rider that was declined or postponed?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. In the last 6 months, have you been medically diagnosed as having had a heart attack or aneurysm, had angioplasty, coronary bypass surgery, vascular surgery, or heart valve replacement?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. In the last 12 months have you:</p> <p>a. Been medically diagnosed as having or been treated for congestive heart failure or cardiomyopathy?</p> <p>b. Had a seizure or convulsion, multiple falls, or any fall resulting in a fracture?</p> <p>c. Been hospitalized overnight two (2) or more times?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. In the last two (2) years have you been:</p> <p>a. Medically diagnosed or received treatment for leukemia, Hodgkins’ disease or other lymphoma, cancer of the bone, breast, colon, esophagus, liver, lung, ovary, pancreas, stomach, uterus, or any metastatic cancer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Medically advised to have treatment or been treated for alcohol or drug use or dependency? Yes No
- c. Hospitalized for depression, bi-polar disorder or any other psychiatric disorder? Yes No

10. Have you ever been medically diagnosed, treated for, advised to have treatment for, been prescribed or taken medication for:

- a. Cirrhosis of the liver? Yes No
- b. Transient Ischemic Attach (TIA) within the last year, multiple TIA's, or a TIA with a history of heart disease? Yes No
- c. Bi-polar disorder, schizophrenia or other psychosis? Yes No
- d. Chronic kidney failure? Yes No
- e. Diabetes with a history of TIA, heart disease, or carotid artery disease? Yes No
- f. Diabetes currently treated with insulin? Yes No
- g. Rheumatoid arthritis with joint deformity, joint replacement or requiring daily use of narcotic medication? Yes No
- h. Organ transplant other than cornea? Yes No
- i. Multiple myeloma, scleroderma, myasthenia gravis, or systemic lupus? Yes No
- j. Amputation due to disease? Yes No

If "Yes" to any of the above questions, please list all medications in number 12. Additional Information.

- 11. Have you been medically advised to have any surgery, organ transplant, diagnostic test, or medical evaluation that has not yet been completed? Yes No

12. ADDITIONAL INFORMATION:

Proposed Insured Statement and Representations

I agree that no insurance shall be in effect until: (a) a contract has been issued and (b) the premium is paid while my insurability as stated in this application remains unchanged.

I agree that the answers set forth on this Application are true and complete to the best of my knowledge and belief, and my answers are the basis of any insurance issued. All statements made by me shall be deemed to be representations and not warranties.

I agree that this Application will be part of the policy for which I apply and that I will notify the Insurer if any statements or answers given in the Application change prior to delivery of the policy.

I agree that a verbal confirmation may be requested for this Application during a telephone interview, and that my verbal confirmation is as valid as my written signature.

CAUTION: If your answers on this Application are incorrect or untrue, Forethought Life Insurance Company has the right to deny benefits or rescind the contract.

Signature of Proposed Insured

Date

Printed Name of Proposed Insured

Signature of Examiner