Admin Office: P.O. Box 83043, Lincoln, NE 68501 • 1-866-863-9753



Accelerated Benefit Disclosure Facts

An Accelerated Benefit is provided in the Policy. The Accelerated Benefit provides a one-time payment of up to thirty percent (30%) of the policy Coverage Amount upon receipt of proof of a determination that the Insured has a covered condition. Covered conditions are defined as:

HEART ATTACK (Myocardial Infarction): The death of a portion of heart muscle (myocardium) resulting from a blockage of one or more coronary arteries; and requiring hospital confinement for at least three (3) consecutive days.

STROKE: Any acute cerebral vascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days and requiring hospital confinement for at least three (3) consecutive days.

LIFE-THREATENING CANCER: Only those types of cancer manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. As used herein, Leukemia and Hodgkin's Disease (except State I Hodgkin's Disease) shall be considered lifethreaten-ing cancer.

LIFE THREATENING CANCER DOES NOT INCLUDE: Any pre-malignant tumors or polyps, cancer in situ, intraductal non-invasive carcinoma of the breast, carcinoid of the appendix, Stage I transitional carcinoma of the urinary bladder, or any skin cancers other than melanoma.

TERMINAL CONDITION: A condition that will result in a drastically limited life span of less than 12 months.

- The covered condition must first manifest itself on or after 30 days following the Policy's Effective Date
- The Accelerated Benefit is payable only once in a lump sum.
- The amount paid will reduce the Coverage Amount of the policy by the percentage of the Accelerated Benefit payout. The premium amount due will remain the same.
- A processing charge of \$150.00 will be deducted from the Accelerated Benefit payment (except in Nebraska, Florida and South Carolina).
- The benefit paid may be taxable. If so, you or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.
- Receipt of accelerated benefit payments may adversely affect the recipient's eligibility of Medicaid or other government benefits or entitlements.
- This Accelerated Benefit Disclosure must be presented prior to or concurrently with the application.

| Applicant's Name: | | | |
|---|------|-------------|--|
| Applicant's Signature: | | Date: | |
| This form was given to the applicant on | | | |
| | Date | | |
| Agent Name | | | |
| Agent Signature | | Date: | |

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)