

**Protective Life Insurance Company**  
"we, us, our"

**SUMMARY AND DISCLOSURE STATEMENT FOR CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER**

This disclosure form provides a brief description of the important features of the rider. This is not an insurance contract. Only the rider contains the governing contractual provisions setting forth in detail the rights and obligations of both the Owner and the Company.

**NOTICE: This rider is intended to provide an accelerated death benefit which will qualify for tax treatment under Section 101 (g)(1)(B) of the Code except as provided in Section 101 (g)(5) of the Code. Accelerated benefit payments due to chronic illness are subject to limits imposed by the federal government and any amounts received in excess of these limits are includible in gross income. This rider is not intended to be a Qualified Long Term Care Insurance contract under section 7702B of the Code nor is it intended to be a Non-Qualified Long Term Care contract. Accelerated benefits under this rider may be taxable as income. There may be tax consequences of accepting an amount above the amount that would be tax qualified under the Code. As with all tax matters, the Owner should consult a personal legal or tax advisor to assess the impact of any benefit received under this rider.**

**Any benefit received under this rider may impact the recipient's eligibility for Medicaid or other government benefits. Benefits under this rider do not pay or reimburse for expenses including those set forth in 101(g)(3)(A)(ii)(I) of the Code.**

**Any benefit paid under this rider will impact the policy. Face amount, Policy Values and loan values will be reduced if an accelerated death benefit is paid. The impact on the policy is discussed in the Impact on the Policy section of this rider.**

Subject to the terms of the rider, we will pay a portion of the policy's death benefit each benefit period upon receiving Written Certification or Written Re-certification, as applicable, that the Insured is Chronically Ill. The amount we pay is called the Monthly Benefit.

**DEFINITIONS**

**Activities of Daily Living:** Means six basic human functions necessary for a person to live independently. Specifically they include: eating, toileting, transferring, bathing, dressing, and continence.

**Chronically Ill:** Means that the Insured has been certified, within the preceding 12 months, by a Licensed Healthcare Practitioner as: being unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for a period at least equal to the Elimination Period due to a loss of functional capacity; or, Requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

**Written Certification:** Means written documentation from a Licensed Health Care Practitioner certifying that the Insured is Chronically Ill and will remain so throughout the next 12 months following for which a claim is made. The initial Written Certification shall be provided at the Owner's or Insured's expense. Written Certification, after the first shall be at our expense and will not count against the Lifetime Maximum Benefit.

**BENEFIT**

The Monthly Benefit is subject to a maximum chosen by the Insured. An amount less than then Maximum Monthly Benefit may be requested. You may also choose to receive the accelerated death benefit payment as a present value lump sum. All payments are subject to the Lifetime Maximum Benefit as described in the rider.

**ELIGIBILITY**

The Insured will become eligible, each Benefit Period, for the Benefit payments during the life of the Insured when each of the following conditions are met: (1) We receive Your written request for the Benefit; (2) We receive Written Certification; (3) The Policy and this Rider are in force; (4) We receive written consent from any irrevocable beneficiaries or assignee of record named in the policy; (5) The Elimination Period has expired; and (6) The benefit payment is made in respect to a month when the insured is Chronically Ill.

We reserve the right to independently assess the Insured's Chronic Illness and benefit eligibility. As part of this assessment we have the right to require that the Insured be examined by a Licensed Health Care Practitioner chosen by us. We will pay for this examination. The Insured must be certified as Chronically Ill for the entire period in which benefits are being paid.

**IMPACT ON THE POLICY**

Each Monthly Benefit payment will reduce certain current values by a proportional amount. This proportion will equal the Monthly Benefit payment, before reduction for repayment of Policy Debt, divided by the death benefit immediately before the payment. The current values that will be reduced by this provision are: (1) Policy Value; (2) Face amount; (3) Surrender Charges, if any; (4) Values and premiums required to maintain lapse protection, if any; (5) Cumulative premiums paid to date; and (6) Policy Debt, if any.

An amount equal to Policy Debt reduction will be applied to repay Policy Debt, and thus will reduce the net amount of proceeds distributable as an accelerated death benefit. Future charges for the policy will be reduced to the rates that would apply had the policy been issued at the reduced face amount.

**RIDER COST**

The monthly charge for this rider will not exceed the Maximum Monthly Charge shown in the policy schedule. The monthly charge for this rider will be added to the Monthly Deduction, unless waived under the Waiver of Costs provision.

**EFFECT ON MONTHLY DEDUCTION**

During a Benefit Period, all monthly deductions continue. If on any monthly anniversary such deduction would cause the policy to lapse, we will waive the monthly deduction or the monthly lapse protection deduction, if any, as required to maintain the policy. Any waiver of deductions is only effective during a Benefit Period.

**Acknowledgement:**

I acknowledge that I have received and read the Summary and Disclosure Statement for Chronic Illness Accelerated Death Benefit Rider.

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if other than Insured)

\_\_\_\_\_  
Date