



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

A Stock Company

FLEXIBLE PREMIUM ADJUSTABLE GROUP LIFE INSURANCE CERTIFICATE

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

PLEASE READ THIS CERTIFICATE CAREFULLY!

Right to Examine Certificate: If for any reason you are not satisfied with this certificate, return it to us at our Home Office or to our agent. If the certificate is returned within 20 days after you receive it (45 days if a replacement certificate), we will return all premiums paid and the certificate is void. If you have a complaint, an inquiry or need to obtain information regarding your coverage, you may call us toll-free at 1-800-521-3535.

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

Secretary

President

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

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

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

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES
TOBACCO USER RATES, UNISEX**

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

Guaranteed Basis of Values

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

Interest Rate: 4.0%

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

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

Guaranteed Basis of Values

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

Interest Rate: 4.0%

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

Fund Value. The current accumulation of value as described on page 9.

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

Group Policyholder. The entity through which we make this insurance available.

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

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

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

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

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

DEFINITIONS (continued)

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

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

Net Surrender Value. Surrender value minus any debt.

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

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

Surrender Value. The fund value less the surrender charge.

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

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

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

PREMIUMS

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

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

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

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

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

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

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

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

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

PREMIUMS (continued)

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

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

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

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

If the certificate becomes a claim during the grace period before any overdue monthly deduction(s) is paid, the amount of such deduction(s) may be deducted at certificate settlement.

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

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

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

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

Non-Payment of Premium. If you make no premium payment, this certificate continues, subject to the grace period provision, until the net surrender value is no longer sufficient to cover the monthly deduction or during the first 5 certificate years the condition described in item # 3 of the **Beginning of A Grace Period** provision is not met. Unless required payments are made, this certificate and all attached riders will then terminate. In no case will this certificate continue beyond the maturity date nor will a rider continue beyond its termination date.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit. If the insured dies before the maturity date and while this certificate is in force, we pay the death benefit to the beneficiary, subject to the terms and conditions of this certificate, upon receipt at our Home Office of proof of the death of the insured. Proof of death must be by a certified copy of the death certificate or by other written evidence satisfactory to us. We may also require you to submit the certificate with the proof of death.

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

DEATH BENEFIT AND DEATH BENEFIT OPTIONS (continued)

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

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

The above options are subject to IRS requirements.

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

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

CHANGING YOUR DEATH BENEFIT

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

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

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

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

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

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

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

CHANGING YOUR DEATH BENEFIT (continued)

Changing the Death Benefit Option.

1. **If you request a change from Option 1 to Option 2:** The specified amount is decreased by the amount of the fund value, but not below the minimum specified amount shown on the certificate specifications page. Evidence of insurability may be required.
2. **If you request a change from Option 2 to Option 1:** The specified amount is increased by the amount of the fund value. No evidence of insurability is required.

CERTIFICATE FUND VALUE

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

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

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

* 95% is 100% minus the 5% of premium charge.

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

1. the fund value on the last monthly date; plus
2. interest on item (1) above from the last monthly date to the current date; plus
3. 95%* of any premiums received since the last monthly date; plus
4. interest on the 95%* of any premiums received since the last monthly date from the date of their receipt to the current date; minus
5. any partial surrender of fund value and any partial surrender service charge since the last monthly date; minus
6. interest on any partial surrender of fund value and any partial surrender service charge since the last monthly date from the date of surrender to the current date.

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

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

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

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

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

CERTIFICATE FUND VALUE (continued)

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

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

Monthly per Thousand Charges for each \$1,000 of Initial Specified Amount or Increased Specified Amount

Age at issue or increase	Non-Tobacco User		Age at issue or increase	Tobacco User	
	Duration since Issue or Increase (Year)			Duration since Issue or Increase (Year)	
	1-14	15+		1-14	15+
0-25	0.16	0.00	19-25	0.17	0.00
26-35	0.20	0.02	26-35	0.24	0.02
36-45	0.26	0.10	36-45	0.40	0.05
46-50	0.34	0.30	46-50	0.55	0.05
51-55	0.47	0.34	51-55	0.55	0.55
56-60	0.75	0.75	56-60	0.75	0.75
61-65	0.75	0.75	61-65	1.25	1.25
66-70	1.50	1.50	66-70	2.50	2.50
71-75	2.75	2.75	71-75	3.50	3.50
76-80	4.00	4.00	76-80	4.50	4.50

CERTIFICATE SURRENDER

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

The net surrender value is equal to:

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

The surrender value is equal to:

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

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

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

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

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

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

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

CERTIFICATE SURRENDER (continued)

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

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

CERTIFICATE LOANS, PARTIAL SURRENDERS AND REDUCED PAID UP OPTION

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

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

The loan value is the net surrender value at the end of the current certificate year.

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

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

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

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

If at any time the certificate debt exceeds the surrender value, this certificate terminates. At least 31 days prior notice will be mailed to your last known address.

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

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

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

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

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

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

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

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

Once this option is surrendered it cannot be reinstated.

Any insurance continued under this non-forfeiture provision shall not include benefits which supplement the basic life insurance benefit, whether these supplemental benefits are mentioned in the certificate itself or provided by a rider attached to the certificate, unless specifically provided otherwise where the supplemental benefit is described.

CERTIFICATEHOLDER, BENEFICIARY AND ASSIGNMENT

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

CERTIFICATEHOLDER, BENEFICIARY AND ASSIGNMENT (continued)

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

Beneficiary. The beneficiary:

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

If not provided otherwise:

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

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

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

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

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

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

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

GENERAL CERTIFICATE PROVISIONS

Entire Certificate; Changes. The entire certificate consists of:

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

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

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

Continuation of Coverage or Conversion. If the insured loses eligibility for the coverage provided under the policy for any reason other than non-payment of premiums, you may either continue coverage under the policy, or convert the amount of insurance that ceased under the policy to an individual life insurance policy.

Under the continuation of coverage feature, you have the option to continue the certificate, including any optional riders, by paying the premiums directly to us at our Home Office. We will bill you for these premiums. If you stop paying premiums under this option, the certificate may enter its grace period.

Alternatively, you have the right to convert the amount of insurance lost due to termination of coverage under the policy to an individual life insurance policy. The individual policy will be available without presenting evidence of insurability in an amount up to and including the amount of coverage that ceased. You may select from any non-term life policy that is available for sale by us. The premiums charged will be those applicable to the premium class and age at last birthday prior to the date of the selected individual policy. This right to convert to an individual policy may only be exercised within 31 days of the termination of coverage under the policy.

Should the Insured die during the period within the 31 day conversion period, and before the individual policy would become effective, the amount of insurance which the person would have been entitled to have been issued under the individual policy shall be payable as a claim under the group policy, whether or not application for the individual policy or payment of the first premium has been made.

GENERAL CERTIFICATE PROVISIONS (continued)

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

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

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

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

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

Misstatement of Age or Tobacco Use Status. If the insured's age or tobacco use status is misstated, the death benefit amount will be adjusted at the time of the insured's death. Adjustments to the death benefit due to misstatements of the tobacco use status will be made during the first 2 certificate years only. The adjusted death benefit amount equals the unadjusted death benefit amount, multiplied by the certificate's cost of insurance rate which applies during the certificate month of the insured's death using the misstated age or tobacco use status, divided by the certificate's cost of insurance rate which applies during the certificate month of the insured's death using the correct age or tobacco use status. If there is no established certificate cost of insurance rate which applies during the certificate month of the insured's death using the correct age or tobacco use status, we will extrapolate such a rate for the purpose of adjusting the death benefit amount. No adjustments to the fund value will be made as a result of the insured's age or tobacco use status being misstated.

Payments by Us and Right to Defer Payment. All payments by us are made from our Home Office.

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

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

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

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

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

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

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

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

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

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

GENERAL CERTIFICATE PROVISIONS (continued)

Termination. This certificate terminates on the earliest of:

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

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6688

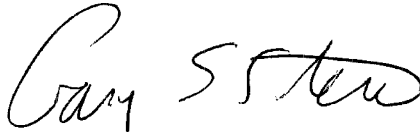
AMENDMENT

The following is added to the General Provisions of the policy/certificate to which it is attached:

Cooperation of Beneficiary. The beneficiary must reasonably cooperate during any investigation and/or adjudication of a claim. This includes the authorization for the release of medical records and other information.

This Amendment does not change, alter, or amend the policy/certificate except as stated.

This Amendment becomes effective as of the policy/certificate date.

A handwritten signature in black ink, appearing to read "Gary S. Steu". The signature is fluid and cursive, with the first name "Gary" being more legible than the last name "Steu".

Secretary



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

A Stock Company

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

AMERICAN HERITAGE LIFE INSURANCE COMPANY
ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER

TAX QUALIFICATION NOTICE: This rider is intended to provide a qualified accelerated death benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this rider is issued. To that end, the provisions of this rider and the certificate are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right to amend this rider or the certificate to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this rider or the certificate to any applicable changes in such tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, it must be by giving us written notice, and your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this rider could depend on whether you are also the insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of an accelerated death benefit **MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI")** eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Long-Term Care Rider is part of your certificate will not in and of itself affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or when you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This rider provides that you may elect to receive a portion of the death benefit when the insured becomes eligible for benefits under this rider. **Each monthly benefit payable under this rider will reduce the following certificate values: death benefit, death benefit amount, fund value, surrender value, net surrender value, surrender charge, certificate debt and the specified amount.**

TERMS UNDER WHICH THIS RIDER MAY BE RETURNED AND PREMIUM REFUNDED

You may return this rider within 30 days after you receive it, and we will refund any cost of insurance that you paid for the rider.

CAUTION: This rider is issued to you based on answers to the questions in the enrollment form for this rider. If your answers are incorrect or untrue, or if material information was omitted in such answers, then we have the right to deny rider benefits or to rescind your coverage under this rider. If, for any reason, any of your answers are incorrect, please contact us at 1-800-521-3535.

Benefits are subject to all of the terms, conditions and provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

NOTICE TO YOU, THE BUYER

The rider may not cover all of the costs associated with long-term care incurred during the period of care. We advise you to review carefully all limitations of this rider as well as those of the certificate to which it is attached.

NOTICE TO PERSONS ELIGIBLE FOR MEDICARE

This is not a Medicare Supplement rider. If the insured is eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

DEFINITIONS

The following terms are defined as used in this rider.

Activities of Daily Living. Activities used to measure the insured's need for long-term care. Activities of daily living are any of the following:

1. **Bathing** - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower, with or without the aid of equipment.
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), with or without the aid of equipment.
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 or 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.

Adult Day Care. A program for 6 or more individuals, of social and health-related services provided during the day in a community group setting for the purpose of supporting persons who are chronically ill and can benefit from care in a group setting outside the home.

Adult Day Care Center. A facility or part of a facility that provides adult day care and is appropriately licensed or certified to provide such services, if required by the jurisdiction in which it is operating.

Assisted Living Facility. A facility that is primarily engaged in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

1. it is licensed by the appropriate licensing agency, if the state in which it operates licenses such facilities; and
2. it provides 24 hour a day care and services sufficient to support needs resulting from being chronically ill; and
3. it has a trained and ready to respond employee on duty at all times to provide care; and
4. it provides 3 meals a day and accommodates special dietary needs; and
5. it has formal arrangements for the services of a physician or nurse to furnish medical care in case of an emergency; and
6. it has appropriate methods and procedures for handling and administering drugs and biologicals.

Certificate. The certificate to which this rider is attached.

Chronically Ill. The insured has been certified by a licensed health care practitioner within the preceding 12 month period as:

1. being unable to perform (without substantial assistance from another individual) at least 2 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 oneself from threats to health and safety due to cognitive impairment.

Cognitive Impairment. A deficiency in the insured's: short or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or, judgment as it relates to safety awareness. This deficiency must be to such a degree as to require 24 hour per day supervision to maintain the safety of the insured or others.

Cognitive impairment is measured by clinical evidence and standardized tests and is based on the insured's impairment as indicated by loss in the following areas:

1. short or long-term memory; or
2. recognition of identity or location, or time of day, month or year; deductive or abstract reasoning; or judgment as it relates to safety awareness.

Confined or Confinement. Assignment to a bed and physically within a licensed Nursing or Assisted Living Facility as an overnight resident patient.

Day. A 24 hour period which begins and ends at 12:01 a.m.

Death Benefit Amount. The death benefit amount of the certificate. This does not include the death benefit for any riders that may be attached to the certificate.

Elimination Period. The number of days at the beginning of a period of care for which benefits are not payable under this rider. The number of days in the elimination period for this rider is 90. In order for a day to count as a day in the elimination period, the following requirements must be met:

1. the insured must be chronically ill; and
2. charges must be incurred for the care and services of the insured.

Home. The insured's: private residence; or a residential care facility; or a rest home; or a boarding home; or a home for the aged; or a community living center; or a place that provides domiciliary or retirement care. It does not include a nursing care facility, a hospital or a hospice care facility.

Home Health Care. Medical and non-medical services provided in the insured's home by a home health care practitioner in accordance with a plan of care.

Home health care does not include the following:

1. cooking, which means preparation of meals and nutrition; and
2. shopping, which includes but is not limited to purchasing groceries, household supplies and medicine; and
3. assistance with the use of the telephone, laundering clothes, correspondence, bill paying, and other housekeeping tasks; and

4. any type of construction, renovation or maintenance (such as painting, etc.), lawn care, snow removal, maintenance of a vehicle and any other service performed outside of the home; and
5. any other services similar to those described above.

Home Health Care Agency. An agency or organization which:

1. specializes in giving nursing care or therapeutic services in the home; and
2. is licensed to provide such care or services by the appropriate state licensing agency or authority where the service is performed or is Medicare certified as a home health care agency; and
3. maintains a complete medical record and plan of care for each patient; and
4. is operating within the scope of its license or certification.

Home Health Care Practitioner. An individual who is qualified to provide home health care. A home health care practitioner includes the following: a home health aide, certified nurse assistant, medical social worker, occupational therapist, speech therapist, physical therapist, total parenteral nutrition specialist, enterostomal specialist, chemotherapy specialist, licensed visiting nurse, licensed vocational nurse (L.V.N.), licensed practical nurse (L.P.N.), or a licensed graduate nurse (R.N.). A practitioner whose specialty is not listed here may be used if approved by us prior to the practitioner providing the service. A home health care practitioner:

1. must be licensed in the state or recognized as such by the state in which the care is given; and
2. may not be a family member; and
3. may not reside at the insured's address; and
4. must charge for the care given which the insured is legally responsible to pay; and
5. must be employed or contracted by a home health care agency.

Licensed Health Care Practitioner. A physician or any registered professional nurse, licensed social worker, or other individual who meets such requirements as described by the Secretary of Health and Human Services.

Maintenance or Personal Care Services. Any care the primary purpose of which is the provision of needed assistance with any of the activities of daily living as a result of which the insured is chronically ill (including the protection from threats to health and safety due to severe cognitive impairment).

Monthly Benefit Period. The first monthly benefit period during a period of care begins the day following the day on which the elimination period is satisfied and ends on the day before the next monthly date. Each subsequent monthly benefit period begins on the monthly date after the last monthly benefit period ended and ends on the day before the next monthly date. Each day in a period of care after the elimination period is satisfied applies to one monthly benefit period only.

Nursing Care Facility. A facility that meets all of the following standards:

1. it is licensed by the state in which it is located; and
2. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
3. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
4. its primary function is to provide nursing care, and room and board; and the facility charges for these services. The care must be performed under the direction of a licensed physician, or a licensed graduate nurse (R.N.), or licensed practical nurse (L.P.N.); and
5. it is not, other than incidentally, a hospital, a home for the aged, a retirement home, a rest home, or a community living center.

Period of Care. Begins on the first day the insured incurs a charge for qualified long-term care services covered under this rider. It ends when, for a period of 180 consecutive days, the insured has not:

1. received qualified long-term care services covered under this rider; or
2. been chronically ill.

Plan of Care. A written individualized plan of care or services prepared by a licensed health care practitioner which specifies: (1) the type and frequency of all care or services required; and (2) the care or service provider; and (3) the cost of care or services.

Pre-existing Condition. A condition for which medical advice or treatment was recommended by or received from a physician or other member of the medical profession, acting within the scope of their license, within 6 months before the rider date.

Qualified Confined Care Services. Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed health care practitioner in an assisted living facility or nursing care facility.

Qualified Long-Term Care Services. Qualified confined care services and qualified non-confined care services.

Qualified Non-Confined Care Services. Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed health care practitioner by means of home health care or adult day care.

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

In order to receive benefits under this rider, the following conditions must be true:

1. the certificate and rider are in force; and
2. the insured must satisfy the elimination period; and
3. the death benefit amount at the end of the monthly benefit period before the death benefit amount is reduced by the payment of the monthly accelerated death benefit minus any advance payment of death benefits and certificate debt has not been totally accelerated; and
4. the insured:
 - a. is confined in a nursing care or assisted living facility and the confinement occurs while this rider is in force; or
 - b. receives home health care services provided by a home health care agency for a minimum of 4 home health care visits during each monthly benefit period and while this rider is in force; or
 - c. receives adult day care provided in an adult day care center for a minimum of 4 adult day care visits during each monthly benefit period and while this rider is in force; and
5. the insured incurred charges for qualified long-term care services which are included in the insured's plan of care; and
6. the insured is chronically ill; and
7. all irrevocable beneficiaries and assignees have signed the written request for this benefit.

If death benefit option 2 is in effect, we will change it to death benefit option 1 prior to paying the first monthly benefit under this rider.

We may periodically require certification that the insured is chronically ill, but not more than once every 31 days.

We will not simultaneously pay benefits under this rider for both qualified confined and non-confined services, even if the insured otherwise qualifies for both types of services during a monthly benefit period. In any given monthly benefit period that the insured qualifies for both qualified types of services, we will pay either the qualified confined or non-confined service, whichever is higher.

PRE-EXISTING CONDITION LIMITATION

We do not pay benefits under this rider for a period of care that begins in the first 6 months after the rider date if a pre-existing condition causes the insured to be chronically ill. A period of care that begins more than 6 months after the rider date that is caused by a pre-existing condition will be covered.

MONTHLY ACCELERATED DEATH BENEFIT FOR QUALIFIED CONFINEMENT

We will pay a monthly accelerated death benefit for each monthly benefit period or fraction thereof during which the insured is eligible for benefits. The monthly accelerated death benefit is equal to the lesser of the following:

1. the death benefit amount on the date of the certificateholder's request for acceleration, times the confinement percentage of 4%.
2. the death benefit amount at the end of the monthly benefit period before the death benefit amount is reduced by the payment of the monthly accelerated death benefit minus any advance payment of death benefits and certificate debt.

If the insured is confined for only a fraction of a certificate month, we will pay a pro-rata benefit for each day of confinement.

We will require that a portion of any certificate debt be deducted from the monthly accelerated death benefit. The portion will equal the certificate debt multiplied by the ratio of the monthly accelerated death benefit to the death benefit amount prior to the monthly benefit payment.

MONTHLY ACCELERATED DEATH BENEFIT FOR QUALIFIED NON-CONFINED CARE

We will pay a monthly accelerated death benefit for each monthly benefit period or fraction thereof during which the insured is eligible for benefits. The monthly accelerated death benefit is equal to the lesser of the following:

1. the death benefit amount on the date of the certificateholder's request for acceleration, times the non-confined care percentage of 4%.
2. the death benefit amount at the end of the monthly benefit period before the death benefit amount is reduced by the payment of the monthly accelerated death benefit minus any advance payment of death benefits and certificate debt.

If the insured receives qualified non-confined care services less than 4 times during a monthly benefit period, we will pay a pro-rata benefit for each day of the monthly benefit period that qualified non-confined care services were received.

We will require that a portion of any certificate debt be deducted from the monthly accelerated death benefit. The portion will equal the certificate debt multiplied by the ratio of the monthly accelerated death benefit to the death benefit amount prior to the monthly benefit payment.

ORDER IN WHICH REQUESTS ARE APPLIED

If the certificateholder's request for acceleration is received before the elimination period is satisfied and then a request from the certificateholder for a partial surrender is made or a change in the death benefit is requested, the company will honor each request in the order they were made.

EFFECT OF ACCELERATED DEATH BENEFIT PAYMENTS ON THE CERTIFICATE

At the end of each monthly benefit period for which a monthly accelerated death benefit is paid, the specified amount, fund value, surrender charge and any outstanding certificate debt will be reduced as explained below.

The specified amount will be reduced by an amount equal to 4% times the fraction of the month for which the insured is eligible for benefits times the specified amount as of the monthly date immediately following the date the period of care begins. If the new specified amount is less than the minimum specified amount shown on the certificate specifications page, the minimum specified amount is amended to be the specified amount calculated according to this provision.

The fund value will be reduced by an amount equal to the reduction in the death benefit amount multiplied by the ratio of the fund value to death benefit amount as of the monthly date immediately following the date the period of care begins.

The surrender charge will be reduced by an amount equal to the reduction in the death benefit amount multiplied by the ratio of the surrender charge to death benefit amount as of the monthly date immediately following the date the period of care begins.

The portion of the certificate debt deducted from the monthly accelerated death benefit will reduce the certificate debt.

While the insured is eligible for monthly benefits under this rider the following conditions apply:

1. no changes may be made to the specified amount and death benefit option of the certificate; and
2. no change may be made to existing riders nor may new riders be added; and
3. we will not accept any premium payments.

While the certificate is in force any accidental death benefit and level term rider will not be affected by the payment of monthly accelerated death benefits under this rider.

A Monthly Benefit Report will be provided as required.

EFFECT ON CERTIFICATE AND RIDER(S) WHEN DEATH BENEFIT AMOUNT IS TOTALLY ACCELERATED

If the certificate's death benefit amount at the beginning of the period of care minus any advance payment of death benefits and certificate debt has been totally accelerated, then the certificate and any riders will terminate with no further benefits payable.

CONVERSION OPTION FOR OTHER RIDER(S)

If there is a rider attached to the certificate which:

1. provides term life insurance on the insured or an other insured; and
2. terminates as a result of the Effect on Certificate and Rider(s) When Death Benefit Amount is Totally Accelerated provision; and
3. has a conversion option which could have been exercised on the date the rider terminates;

then the conversion option period is extended to 30 days after the date the rider terminates, except that this provision does not extend the conversion option into any time period where maximum age limitations make the conversion option inapplicable. The maximum death benefit which can be converted will be determined using the method described in the rider being converted, using the rider's death benefit on the date of termination.

EXCLUSIONS

We will not pay benefits under this rider for that portion of any day of qualified long-term care services or charges that are:

1. caused by mental or nervous disorders without demonstrable organic disease (not including Alzheimer's Disease); or
2. caused by alcoholism or drug addiction; or
3. caused by illness, treatment or medical conditions arising out of:
 - (a) war or act of war (whether declared or undeclared); or
 - (b) participation in a felony, riot or insurrection; or
 - (c) service in the armed forces or units auxiliary thereto; or
 - (d) suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or
4. for treatment provided in a government facility (unless otherwise required by law or unless a charge is made and the insured is legally obligated to pay it); services for which benefits are available under Medicare (or benefits would be available under Medicare except for the applicable deductibles or co-insurance requirements) or other governmental program (except Medicaid); any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or

5. for care or services for which no charge is normally made to the insured; or
6. for care or services when the person performing the service is a family member; or
7. for care or services received outside the United States or its territories.

NOTICE OF CLAIM

Written notice of claim must be given to us within 20 days after the occurrence or commencement of any loss covered by this rider, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to us at our Home Office, or to any authorized agent of ours, with information sufficient to identify the insured, shall be deemed notice to us.

CLAIM FORMS

We, upon receipt of a notice of claim, will furnish to you forms for filing proof of loss. If such forms are not furnished within 10 days after the giving of such notice, you shall be deemed to have complied with the requirements of this rider as to proof of loss upon submitting, within the time frame fixed in the rider for filing proof of loss, 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 furnished to us at our Home Office within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the insured, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS

Benefits payable under this rider will be promptly paid upon receiving proof of loss.

PREMIUMS

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

WAIVER OF MONTHLY DEDUCTIONS

For each certificate month you receive monthly benefits under this rider, we will waive the monthly deductions for the certificate and all riders attached to the certificate.

TERMINATION


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

1. the date any monthly deduction for this certificate remains unpaid, subject to the Grace Period provision of the certificate; or
2. the date the certificate matures or terminates for any reason including termination due to the acceleration of the death benefit; or
3. the date the certificate is surrendered; or
4. the next monthly date after your written request to terminate this rider.

GENERAL

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

Signed for American Heritage Life Insurance Company at its Home Office.


Secretary


President

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