

**EMC NATIONAL LIFE COMPANY  
DISCLOSURE — ACCELERATED BENEFIT RIDER**

**Rider Benefit** — According to the terms of the Accelerated Benefit Rider, EMC National Life Company will pay the accelerated death benefit upon receiving proof of occurrence, experienced by the Insured or Covered Child, of any one of the Covered Conditions listed below. The accelerated benefit is payable only once regardless of the subsequent occurrence of the same or a different condition. A cancer condition must manifest itself on or after the 30th day following the date of issue of this Rider.

**Consequences of Receiving Accelerated Death Benefit** — This Rider provides an accelerated benefit for the Covered Conditions listed below. Whether or not a tax liability will be incurred when a benefit is paid under this Rider depends on the facts and circumstances under which the payment is made and received as well as on how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. The recipient of a benefit should consult his or her tax advisor to assess any tax impact of the benefit. We make no representations about the tax impact of the benefit.

**Covered Conditions/Percentage of Maximum Benefit Payable:**

- **Advanced Stage Cancer (100%)**
- **Heart Attack (100%)**
- **Stroke (100%)**
- **Advanced Alzheimer’s Disease (100%) \***
- **Kidney Failure (100%)**
- **Major Organ Transplant Surgery (100%)**
- **Paralysis (100%)\***
- **Blindness (100%)\***
- **Severe Burns (100%)\***
- **Amyotrophic Lateral Sclerosis or Lou Gehrig’s Disease (ALS) (100%)**
- **Terminal Illness (100%)**
- **Occupational HIV Infection (100%)\***
- **Early Stage Cancer (25%)**
- **Coronary Artery Bypass Surgery (25%)**
- **Advanced Multiple Sclerosis (25%)**
- **Coronary Angioplasty (10%)**

\* If applying for Children’s Coverage, these conditions are not covered under the Children’s Accelerated Benefit Rider

**Notice and Proof of Qualifying Event** — We will require proof that the Insured is covered under this Rider. We must be furnished a diagnosis of a Covered Condition by a physician licensed in the United States, including documentation supported by pathological, clinical, radiological, histological, or laboratory evidence of the Covered Condition. The Company may require at its expense an additional examination or autopsy by a physician of its choice.

**Effect of an Accelerated Death Benefit** — Any benefits under this Rider are an advance of this Policy’s death proceeds and will reduce the amount payable upon death under the terms of the Policy to which this Rider is attached.

**Exceptions:**

**Pre-existing Conditions:** Benefits are not payable for any of the Covered Conditions caused by or resulting from a pre-existing condition unless the Covered Condition is diagnosed 12 months after the issue date of the Rider. A pre-existing condition is defined as an illness or condition for which the Insured or Covered Child has received medical consultation, treatment, care, services or for which medication has been prescribed during the 24 months immediately preceding the effective date of the Rider.

**Benefits Are Not Provided For:** Self-inflicted injuries or attempt at suicide, while sane or insane; chronic alcoholism or drug addiction unless addiction results from administration of drugs for treatment by a physician; injury or sickness caused by war or any act of war, declared or undeclared; injury or sickness caused by engaging in an illegal occupation or activity.

After payment of a partial accelerated benefit, premiums will still be payable on this Policy, without reduction, including any premiums for Riders.

Any irrevocable beneficiaries or assignees must send us a written consent to the accelerated death benefit payment. The written request must be in a form satisfactory to us.

I acknowledge that I have received and read this disclosure statement which was furnished to me prior to signing the Application for insurance. This is a very brief summary of the benefits provided by the Accelerated Benefit Riders. It is not an insurance contract. Only the actual Policy and Rider provisions detail the rights and obligations of me and the Company.

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Signature of Proposed Insured/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date

