

STERLING INVESTORS LIFE INSURANCE COMPANY

65 Technology Parkway, Rome, Georgia 30165

IN HOME CONVALESCENT CARE RIDER

Rider Effective Date: _____

(If other than the Effective Date of the Policy to which this Rider is attached.)

Rider Taking Effect and Renewal: We have issued this Rider in consideration of the payment of premium and the statements in the application. The application is part of the Policy to which this Rider is attached. The Effective Date of this Rider is the same as the Effective Date of the Policy to which this Rider is attached, unless otherwise indicated. You can keep this Rider in force, as long as You renew the Policy, by paying premiums as they become due.

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits are shown on the Policy Schedule.

Rider Premium: The Policy Schedule shows the premium for the Policy with the inclusion of this Rider. The same conditions that apply to changing premiums for the Policy apply to Our changing premiums for this Rider.

Right To Examine This Rider: If You are not satisfied with this Rider, return it to Us or to the agent from whom it was purchased. If returned within thirty (30) days from the date You received it, the Rider will be void as of the Rider's Effective Date, and all premiums paid for the Rider will be refunded.

Termination: This Rider will terminate on the earliest of: (1) the end of the Grace Period while the premium due for the Policy or this Rider remains unpaid; or (2) the date Your Policy terminates; or (3) upon Your written request for termination of this Rider.

This Rider is signed for Us as of its Effective Date.



President

In Home Convalescent Care Benefit

In Home Convalescent Care Benefit

Once the Elimination Period is satisfied under the Policy, We will pay 100% of the actual charges incurred up to the Maximum Daily Benefit Amount for each day You incur charges for Home Health Care or Adult Day Care. The number of days for which Covered Services are received under this Rider will be counted toward the Maximum Benefit Period for the Policy and is shown on the Policy Schedule Page.

The following requirements must be met to be eligible for the In Home Convalescent Care Benefit:

A Physician must certify in a Plan of Care that:

1. You are unable to perform at least two (2) Activities of Daily Living without Hands On Assistance or Standby Assistance; or
2. You have a Cognitive Impairment and require Substantial Supervision.

In Home Convalescent Care does not include services provided while confined in a hospital, long term care facility, hospice care facility, or any other facility that charges room and board.

Definitions

Adult Day Care means a program for six (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 and can benefit from care in a group setting outside the Home.

Adult Day Care Center means an organization that provides a program of Adult Day Care and that meets the following requirements:

1. it is established and operated as an Adult Day Care Center in accordance with any applicable state or local laws including the laws requiring Adult Day Care Centers to be licensed; and
2. its staff includes
 - a) a full-time director; and
 - b) one (1) or more registered professional nurses (RN) in attendance for at least four (4) hours during operating hours; and
 - c) not less than two (2) full-time staff members; and
3. it operates at least five (5) days a week for a minimum of six (6) hours per day, but is not an overnight facility; and
4. it maintains a written record of medical services given to each client; and
5. it has established procedures for obtaining appropriate aid in the event of a medical emergency.

Home Health Aide: An individual who provides Homemaker Companion Services, Hands On Assistance or Standby Assistance with Activities of Daily Living or Substantial Supervision when You have a Cognitive Impairment. The Home Health Aide must be employed by a Home Health Care Agency and licensed in the state or recognized in the state in which the care is given.

Home Health Care: Medical and nonmedical services provided by a Home Health Care Practitioner in Your Home, Adult Day Care received in an Adult Day Care Center and Homemaker Companion Services provided by a Homemaker Companion in Your Home. An expense for Home Health Care is incurred on the date the service is performed.

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 by the appropriate state licensing agency or authority where the services are performed or is Medicare certified as a Home Health Care Agency; and
3. maintains a complete medical record and plan of care on each patient; and

4. is operating within the scope of its license or certification.

Definitions Continued

Home Health Care Practitioner: An individual listed below who is qualified to provide Home Health Care in Your Home. A Home Health Care Practitioner is a Home Health Aide; a provider of medical or social services; a registered professional nurse (RN); a licensed practical nurse (LPN); a licensed vocational nurse (LVN); a licensed speech therapist or audiologist; a licensed respiratory therapist; a licensed physical therapist; a licensed chemotherapy specialist; or a licensed nutritional therapist. A Home Health Care 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 recognized in the state in which the care is given; and
2. may not be a member of Your Immediate Family; and
3. may not reside at Your address; and
4. must present a charge for the care given which You are legally obligated to pay; and
5. must be employed or contracted with a Home Health Care Agency.

Homemaker Companion: An individual who provides Homemaker Companion Services and is employed by a Home Health Care Agency and licensed in the state or recognized in the state in which the care is given.

Homemaker Companion Services: Homemaker Companion Services are as follows:

1. cooking, which means preparation of meals and nutrition; and
2. shopping, which means purchasing groceries, household supplies and medicine; and
3. assisting with the use of the telephone, laundering clothes, bill paying and other housekeeping tasks.

Homemaker Companion Services do not include any type of construction, renovation or maintenance (such as painting, etc.), lawn care, snow removal, maintenance of a vehicle or other similar services.

An expense for Homemaker Companion Services is incurred on the date the service is performed.

Plan of Care: A written document prepared and signed by a Physician which specifies the type and frequency of all care or services required by You. The written Plan of Care must include:

1. Physician's orders; and
2. the diagnosis and symptoms; and
3. the reasons for admission or required services; and
4. the frequency of care and type of treatment; and
5. the objective of the plan.

We reserve the right to require a Plan of Care be updated monthly, when it is determined to be reasonably necessary.