ATLANTIC AMERICAN
Employee Benefits

GROUP WHOLE LIFE INSURANCE

and Living Care Benefits

Give yourself protection for a lifetime

Many people buy life insurance to provide financial protection for those left behind. What if your life insurance could also provide benefits if you suffer from a permanent health condition and you require ongoing care from a family member or professional caregiver?

Value of Whole Life insurance

- **Permanent Life insurance**
- **Living Care benefits for chronic illnesses**
- **Guaranteed premiums and death benefits**
- **Accumulates cash value[1]**
- **Payroll-deducted premiums**
- **Coverage can be taken with you if you change jobs or retire, billed directly to you at home**

Atlantic American's Whole Life & Living Care plan combines the guarantees of permanent life insurance with the benefits of living care protection. Our living care benefits can assist you when you need to take care of ongoing expenses that arise from a chronic medical condition.

This hybrid life product is ideal if you want to:

- **Leave a death benefit** to loved ones after you die
- **Provide benefits** for the costly expenses associated with care, particularly over long periods of time
- **Lifelong coverage** through retirement with no increase in premiums

How can Living Care benefits help?

- Adult daycare
- Assisted living or nursing home
- Prescription drugs
- Gas for transportation (to and from treatment)
- Cash to a family member to assist in your care

[1]Access to cash values through borrowing or partial surrenders will reduce the policy's cash value and death benefit, increase the chance the policy will lapse, and may result in a tax liability if the policy terminates before the death of the insured.

GROUP WHOLE LIFE INSURANCE

Summary of Benefits

Atlantic American Employee Benefits' Group Whole Life insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.

PLAN INFORMATION		
Available To	**ISSUE AGES**	**BENEFIT AMOUNT**
Employee	18-70	Up to $100,000 in $10,000 increments
Spouse Coverage*	18-65	Up to $20,000, in $10,000 increments - up to 100% of employee election. Based on spouse age.
Dependent Coverage*	15 days - age 25	$10,000 - up to 100% of employee election. Term rider continues to age 26 at which point they may choose to convert to an individual policy, up to 5x the Child's coverage amount, on a guarantee issue basis.

ADDITIONAL PLAN DETAILS	
Portability	Included

RIDERS	
Employee	Accelerated Death Benefit for Terminal Illness Rider - Insured can receive up to 50% of elected face amount during their life when there are diagnosed with a terminal illness that leaves them with a life expectancy of 12 months or less.
	Waiver of Premium Rider - Plan premiums are waived during disability period when insured has been disabled for 6 months. Included on issue ages 18-65; terminates at age 70.
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - Provides a 4% monthly benefit, up to 75% of certificate face amount.
	Restoration of Benefits Rider - Restores 25% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
Spouse	Accelerated Death Benefit for Terminal Illness Rider
	Accelerated Death Benefit for Chronic Illness Rider with Extension of Benefits Rider - 4% monthly benefit, up to 75% of certificate face amount.
	Restoration of Benefits Rider - Restores 25% of the death benefit for the beneficiary in the event the Acceleration for Chronic Illness Rider is exhausted.
Dependent(s)	Children's Term Rider

All benefit amounts are Guarantee Issue

* Employee coverage is required in order to elect spouse and/or dependent coverage.

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SEMI-MONTHLY PREMIUM RATES - EMPLOYEE

FACE AMOUNTS OF COVERAGE										
CURRENT AGE	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
18-24	$3.75	$7.50	$11.25	$15.00	$18.75	$22.50	$26.25	$30.00	$33.75	$37.50
25-29	$4.35	$8.70	$13.05	$17.40	$21.75	$26.10	$30.45	$34.80	$39.15	$43.50
30-34	$5.30	$10.60	$15.90	$21.20	$26.50	$31.80	$37.10	$42.40	$47.70	$53.00
35-39	$6.45	$12.90	$19.35	$25.80	$32.25	$38.70	$45.15	$51.60	$58.05	$64.50
40-44	$8.20	$16.40	$24.60	$32.80	$41.00	$49.20	$57.40	$65.60	$73.80	$82.00
45-49	$10.55	$21.10	$31.65	$42.20	$52.75	$63.30	$73.85	$84.40	$94.95	$105.50
50-54	$13.65	$27.30	$40.95	$54.60	$68.25	$81.90	$95.55	$109.20	$122.85	$136.51
55-59	$18.20	$36.40	$54.60	$72.80	$91.00	$109.20	$127.41	$145.61	$163.81	$182.01
60-64	$26.35	$52.70	$79.05	$105.40	$131.76	$158.11	$184.46	$210.81	$237.16	$263.51
65-70*	$33.25	$66.50	$99.75	$133.01	$166.26	$199.51	$232.76	$266.01	$299.26	$332.51

**Waiver of Premium not included*

SEMI-MONTHLY PREMIUM RATES - SPOUSE

FACE AMOUNTS OF COVERAGE		
CURRENT AGE	$10,000	$20,000
18-24	$3.75	$7.50
25-29	$4.35	$8.70
30-34	$5.30	$10.60
35-39	$6.45	$12.90
40-44	$8.20	$16.40
45-49	$10.55	$21.10
50-54	$13.65	$27.30
55-59	$18.20	$36.40
60-64	$26.35	$52.70
65	$33.25	$66.50

SEMI-MONTHLY PREMIUM RATES - CHILD TERM RIDER

FACE AMOUNTS OF COVERAGE	
CURRENT AGE	$10,000
15 Days to Age 25	$2.50

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18 PAY PERIODS PREMIUM RATES - EMPLOYEE

FACE AMOUNTS OF COVERAGE										
CURRENT AGE	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
18-24	$5.00	$10.00	$15.00	$20.00	$25.00	$30.00	$35.00	$40.00	$45.00	$50.00
25-29	$5.80	$11.60	$17.40	$23.20	$29.00	$34.80	$40.60	$46.40	$52.20	$58.00
30-34	$7.07	$14.13	$21.20	$28.27	$35.33	$42.40	$49.47	$56.54	$63.60	$70.67
35-39	$8.60	$17.20	$25.80	$34.40	$43.00	$51.60	$60.20	$68.80	$77.40	$86.00
40-44	$10.93	$21.87	$32.80	$43.74	$54.67	$65.60	$76.54	$87.47	$98.40	$109.34
45-49	$14.07	$28.13	$42.20	$56.27	$70.34	$84.40	$98.47	$112.54	$126.61	$140.67
50-54	$18.20	$36.40	$54.60	$72.80	$91.00	$109.20	$127.41	$145.61	$163.81	$182.01
55-59	$24.27	$48.54	$72.80	$97.07	$121.34	$145.61	$169.87	$194.14	$218.41	$242.68
60-64	$35.13	$70.27	$105.40	$140.54	$175.67	$210.81	$245.94	$281.08	$316.21	$351.35
65-70*	$44.34	$88.67	$133.01	$177.34	$221.68	$266.01	$310.35	$354.68	$399.02	$443.35

**Waiver of Premium not included*

18 PAY PERIODS PREMIUM RATES - SPOUSE

FACE AMOUNTS OF COVERAGE		
CURRENT AGE	$10,000	$20,000
18-24	$5.00	$10.00
25-29	$5.80	$11.60
30-34	$7.07	$14.13
35-39	$8.60	$17.20
40-44	$10.93	$21.87
45-49	$14.07	$28.13
50-54	$18.20	$36.40
55-59	$24.27	$48.54
60-64	$35.13	$70.27
65	$44.34	$88.67

18 PAY PERIODS PREMIUM RATES - CHILD TERM RIDER

FACE AMOUNTS OF COVERAGE	
CURRENT AGE	$10,000
15 Days to Age 25	$3.33

Exclusions, Limitations and Other Plan Information

GROUP WHOLE LIFE

EXCLUSIONS – No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly:1) suicide – If the Insured, whether sane or insane, dies by Suicide, within two (2) years* from the Effective Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

* 1 year in CO, MO, ND.

OTHER LIMITATIONS AND EXCLUSIONS – The policy and riders have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for full details.

DELAYED EFFECTIVE DATE PROVISION – Atlantic American Employee Benefits will postpone the Effective Date of an eligible Spouse/Dependent, other than a newborn child's coverage if, on that date, he or she is: 1) confined to a hospital or other health care facility; 2) home confined; or 3) unable to perform two or more daily living activities. In that case, we will postpone the Effective Date of his or her coverage until the day after the date: (a) of his or her discharge from such facility; (b) his or her home confinement ends; or (c) he or she is no longer requires assistance with two or more activities of daily living. If a Spouse/Dependent was covered under a prior plan at replacement, this language will not apply to the amount of coverage that was in force with the prior plan.

QUALIFYING CHRONIC ILLNESS – a Chronic Illness: 1) that was Diagnosed no more than twelve (12) months prior to the date We received a claim for benefits under this Rider; 2) that has continued while this Rider has been In Force for at least ninety (90) consecutive Days; 3) which was not caused by a mental or nervous disorder (except organically demonstrable disorders, such as Alzheimer's or senile dementia), alcoholism or drug addiction; and 4) which is expected to be Permanent.

PORTABILITY OPTION – If you, an employee, lose eligibility for this insurance, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

COVERED CHILDREN AND GRANDCHILDREN – Children are covered if the child is a natural, step, or legally adopted child and dependent of the employee. A grandchild is covered if the child is a dependent of the employee and filed as such on their federal tax returns. Children/grandchildren must reside in the U.S. to receive coverage.

CONVERSION – Within the 31-day period after the expiration date of the term insurance on each Dependent Child, such term insurance may be converted to a new whole life policy without evidence of insurability up to 5x the term rider coverage amount.

EXPIRATION OF CHILDREN TERM INSURANCE – The term insurance on each Dependent Child will expire on the earlier of 1) the end of the month of the child's 26th birthday; or 2) the date the Certificate matures or becomes paid up for its full Face Amount.

GROUP WHOLE LIFE INSURANCE

$8,910

was the monthly median cost for a private room in a nursing home facility in 2021.

https://bit.ly/3Fflouk

chance that someone turning 65 will need long-term care services in their remaining years.

almost 70%

https://bit.ly/3uTPdxs

Group Whole Life policy form series B 21803 GMP, Accelerated Death Benefit Rider for Terminal Illness form B 21803 R1 ACL, Accelerated Death Benefit Rider for Chronic Illness form B 21803 R12 CIACL, Restoration of Benefits Rider for Chronic Illness form B 21803 R13 ROBCI, Extension of Benefits Rider form B 21803 R14 EOBR, Children's Term Insurance Rider form B 21803 R8 CTR, Waiver of Premium for Disability Rider form B 21803 R9 WPD, and Accidental Death and Dismemberment Rider form B 21803 R10 ADD underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control. Refer to the specific policy and certificate for details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may call on you.

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ATLANTIC AMERICAN
Employee Benefits

Easy access to coverage

MyCoverage is an easy-to-use website that allows you to access coverage and benefit information 24/7, update your profile and more.
mycoverage.atlam.com