

New Required Disclosure!

Confined Care Disclosure Form for Final Expense Immediate Plans

One of the recent enhancements made to the **Final Expense Immediate Death Benefit Plans** was to add the **Accelerated Benefits Rider – Confined Care** to each policy at no additional charge.

~Not available on Graded and ROP plans~

As a reminder, with the addition of this rider it is now a requirement to complete the disclosure **Form No. 9761**.

(See sample form)

Effective as of this notice,

All applications for **Final Expense Immediate Death benefit plans** must include the completed required disclosure form -

Form No. 9761.

Failure to submit this form will result in delays related to the processing of your business.

The **Confined Care Rider** is not available in all states; Please see the attached State Approval Grid to check availability for your state.

SAMPLE FORM

Actual form should include the company name at the top and company prefix next to the form number at the bottom.

DISCLOSURE STATEMENT

ACCELERATED BENEFITS RIDER - CONFINED CARE

TAX IMPLICATIONS. The acceleration-of-life-insurance benefits offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long term care expenses, such as nursing home care. If the acceleration-of-life-insurance benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to acceleration-of-life-insurance benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive acceleration-of-life-insurance benefits excludable from income under federal law.

Receipt of acceleration-of-life-insurance benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

The Rider provides early (pre-death) payments of life insurance proceeds if the Insured is receiving Confined Care as defined in the Accelerated Benefits Rider - Confined Care. Benefits are only paid at the Owner's option and request. The terms and conditions are detailed in the Rider. **THE RIDER IS NOT INTENDED TO PROVIDE HEALTH INSURANCE, NURSING HOME INSURANCE OR LONG TERM CARE INSURANCE. IT MAY NOT COVER ALL NURSING HOME EXPENSES. IT DOES NOT COVER HOME CARE OR ADULT DAY CARE SERVICES.**

Cash values (if any), loan values (if any), the associated premium and death benefit under the life insurance policy to which the Rider is attached will be reduced if an accelerated benefit is paid. There is no premium or administrative fee for this Rider.

I have received a copy of this Disclosure Statement.

Applicant: _____ Date: _____

I certify that this Disclosure Statement has been presented to the applicant.

Agent: _____ Date: _____

Original - Home Office / Copy - Applicant

Form No. 9761

Copies of this form can be ordered from the company website by selecting the **Supply Requisition/Product Materials link**, or by contacting the Supply department. Forms can be viewed and/or printed from the company website as well.

If you have any questions regarding this communication, please contact the Marketing Sales Agent Hotline
Phone : (800)736-7311 Menu Options: Press 1,1,2

AMERICAN-AMICABLE LIFE INSURANCE COMPANY OF TEXAS
WACO, TEXAS

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**Company State Approvals - Final Expense Plans - Immediate Death Benefit
Confined Care Rider**

State	American-Amicable	Occidental	Pioneer American	Pioneer Security
Alabama	Yes	Yes	Yes	Yes
Alaska	Yes	Yes	Yes	N/L
Anguilla	N/L	Yes	Yes	N/L
Arizona	Yes	Yes	Yes	N/L
Arkansas	Yes	Yes	Yes	Yes
British Virgin Islands	N/L	Yes	N/L	N/L
California	*No	*No	*No	*No
Colorado	Yes	Yes	Yes	Yes
Connecticut	No	No	N/L	N/L
Delaware	Yes	Yes	N/L	Yes
District of Columbia	No	No	No	No
Florida	No	No	No	No
Georgia	Yes	Yes	Yes	Yes
Guam	Yes	Yes	N/L	N/L
Hawaii	Yes	Yes	Yes	Yes
Idaho	Yes	Yes	Yes	Yes
Illinois	*No	*No	*No	*No
Indiana	No	No	No	No
Iowa	N/L	Yes	N/L	N/L
Kansas	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	Yes	Yes
Maine	No	No	N/L	N/L
Maryland	Yes	Yes	Yes	Yes
Massachusetts	N/L	No	No	N/L
Michigan	N/L	Yes	N/L	N/L
Minnesota	Yes	No	N/L	No
Mississippi	Yes	Yes	Yes	Yes
Missouri	Yes	Yes	Yes	Yes
Montana	No	No	No	No
Nebraska	Yes	Yes	N/L	Yes
Nevada	Yes	Yes	Yes	N/L
New Hampshire	N/L	No	N/L	N/L
New Jersey	N/L	No	No	N/L
New Mexico	Yes	Yes	Yes	Yes
North Carolina	No	No	No	No
North Dakota	Yes	Yes	N/L	Yes
Ohio	No	No	No	N/L
Oklahoma	Yes	Yes	Yes	Yes
Oregon	Yes	Yes	Yes	Yes
Pennsylvania	Yes	Yes	N/L	Yes
Puerto Rico	N/L	Yes	Yes	N/L
Rhode Island	N/L	Yes	Yes	N/L
South Carolina	Yes	Yes	Yes	Yes
South Dakota	No	No	N/L	No
Tennessee	Yes	Yes	Yes	Yes
Texas	Yes	Yes	Yes	Yes
U.S. Virgin Islands	N/L	Yes	N/L	N/L
Utah	Yes	Yes	Yes	Yes
Vermont	N/L	No	N/L	N/L
Virginia	No	No	No	No
Washington	No	No	Yes	No
West Virginia	Yes	Yes	Yes	Yes
Wisconsin	Yes	Yes	N/L	Yes
Wyoming	Yes	Yes	Yes	N/L

No - do not anticipate approval

* No - filed/pending approval

N/L - Not Licensed