

Service address:

**RiverSource Life Insurance Co. of New York**  
70500 Ameriprise Financial Center Minneapolis, MN 55474  
1.800.541.2251



## Outline of Coverage - Accelerated Benefit Rider for Chronic Illness

### **AdvanceSource® Accelerated Benefit Rider for Chronic Illness**

#### **Form 138751**

The issuance of this rider is based upon the responses to the questions in the application for the policy and this rider. A copy of Your application for the policy and this rider are attached to the policy. If Your answers, including answers regarding the Accelerated Benefit Insured fail to include all material information requested, We have the right to deny benefits or rescind Your policy and the rider. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your or the Accelerated Benefit Insured's answers are incorrect, contact the company at: Service address: **RiverSource Life Insurance Co. of New York**, 70500 Ameriprise Financial Center Minneapolis, MN 55474.

**NOTICE TO OWNER:** The rider may not cover all of the costs associated with long-term care services incurred by the Accelerated Benefit Insured. You should carefully review all policy and rider provisions and limitations.

1. The *AdvanceSource* Accelerated Benefit rider is attached to an individual life insurance policy.
2. **PURPOSE OF THE OUTLINE OF COVERAGE.** This Outline of Coverage provides a very brief description of the important features of the *AdvanceSource* Accelerated Benefit rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the rider and the individual life insurance policy to which it is attached contain the governing contractual provisions. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY.**
3. **FEDERAL TAX CONSEQUENCES.** This rider is intended to be federally tax-qualified Long-Term Care insurance under Section 7702B(b) of the Internal Revenue Code of 1986, as adopted by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191 (herein referred to as the "Code"), and as amended from time to time. This is not a health insurance rider and is not subject to the minimum requirements of New York Law pertaining to Long Term Care Insurance and does not qualify for the New York State Long Term Care Partnership Program, and is not a Medicare Supplement Policy. This Rider is intended to be a qualified long term care insurance rider for federal tax law only.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.**

**RENEWABILITY:** The rider is guaranteed renewable. This means that we may not on our own, cancel or reduce coverage provided by this rider. Subject to the Rider Termination Provision, this rider will remain in force for as long as the policy remains in force and the required charges for this rider are paid.

**WAIVER OF RIDER CHARGE:** The monthly cost for the rider will be waived once Monthly Benefit Payments begin.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE RIDER CHARGES.** We may change the cost of insurance rates for the rider from time to time. Changes to the cost of insurance rates are described in the Rider Charges provision of the rider and will apply to all individuals of the same risk classification. Any change will be made in accordance with procedures and standards prescribed by the state insurance department. The cost of insurance rates for the rider will not exceed the **Guaranteed Maximum Monthly Cost of Insurance Rates** for this rider shown under Policy Data in the policy.

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6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND RIDER CHARGES REFUNDED.** If for any reason you are not satisfied with the rider, return it to us or our representative within 30 days after you receive it. We will then cancel the rider and refund any cost, including any fees, you have paid for it. The rider will then be considered void from its start.
7. **THE RIDER IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us. Neither RiverSource Life Insurance Co. of New York nor its agents represent Medicare, the federal government or any state government.
8. **LONG-TERM CARE COVERAGE.** Policies and riders providing long-term coverage are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as a nursing home, in the community or in the home.

We will pay to the Owner an acceleration of the policy death benefit each month the Accelerated Benefit Insured is a Chronically Ill Individual who is receiving Qualified Long-Term Care Services.

9. **BENEFITS PROVIDED BY THE RIDER.** We will pay an acceleration of the policy death benefit each month, limited by the Maximum Monthly Benefit, as a result of the Accelerated Benefit Insured is a Chronically Ill Individual who is receiving Qualified Long-Term Care Services. We will pay a proportionate amount of the Maximum Monthly Benefit for each date of Qualified Long-Term Care Services rendered. Benefits will be paid until the Rider Specified Amount has been exhausted. All benefits are subject to the provisions of the rider. Rider benefits paid will also change other values of the life insurance policy as provided in the rider.

Eligibility of the Payments of Benefits. We must receive the following documentation before any benefits are payable:

1. A current written eligibility certification from a Licensed Health Care Practitioner that certifies that the Accelerated Benefit Insured is a Chronically Ill Individual; and
2. Proof that the Accelerated Benefit Insured received or is receiving Qualified Long-Term Care Services pursuant to a Plan of Care; and
3. Proof that the Elimination Period has been satisfied; and
4. Written Notice of a Claim and Proof of Loss, as described in the Claim Provisions, in a form satisfactory to Us.

### **Definition of Terms**

**Adult Day Care Center.** A place that is licensed to provide Adult Day Care by the state. If licensing is not required, Adult Day Care Center means: (1) A place that provides Adult Day Care; and (2) Has enough full-time staff to maintain no more than an 8 to 1 client-staff ratio; and (3) Has established procedures for obtaining appropriate aid in the event of a medical emergency.

**Assisted Living Facility.** A facility that is engaged primarily in providing ongoing care and related services to inpatients in one location and meets one of the following criteria: (1) is licensed or accredited by the appropriate agency to provide such care, if such licensing or accreditation is required by the state in which the care is received; or (2) if licensing is not required, meets all of the following: (a) provides 24-hour-a-day care and services sufficient to support needs resulting from Cognitive Impairment or inability to perform Activities of Daily Living; and (b) has a trained and ready to respond employee on duty at all times to provide that care; and (c) provides 3 meals a day and accommodates special dietary needs; and (d) has established procedures for obtaining appropriate aid in the event of a medical emergency; and (e) has appropriate methods and procedures for handling and administering drugs and biologics.

Examples of such facilities may include Alzheimer facilities or Assisted Living Facilities that are either free-standing facilities or part of a life-care community. They may also be met by some personal care and adult congregate care facilities.

An Assisted Living Facility does not mean: (1) a Hospital or clinic; or (2) a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide custodial care. Custodial care means care ordered by a Licensed Health Care Practitioner due to the Accelerated Benefit Insured's Cognitive Impairment or need for assistance in the Activities of Daily Living; or (3) a facility for the treatment of alcoholism, drug addiction, or mental illness.

**Chronically Ill Individual.** An individual who has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform (without Substantial Assistance from another person) at least two Activities of Daily Living for a period of least 90 days due to loss of functional capacity; or
2. requiring Substantial Supervision to protect such individual from threats to health and safety due to Cognitive Impairment.

Activities of Daily Living means the following activities: bathing, continence, dressing, eating, toileting and transferring.

**Elimination Period.** The number of days of Qualified Long-Term Care Services that are required while this rider is in force before any benefit is available under this rider. The Elimination Period is shown under Policy Data. The dates of service need not be continuous; however, the Elimination Period must be satisfied within a period of 730 consecutive days. The Elimination Period must be satisfied only once while this rider is in force. Once all conditions for the Payment of Benefits have been met, benefits will be payable for days of service used to satisfy the Elimination Period.

**Home Health Care Provider.** Either a Home Health Agency or an Independent Home Health Care Provider that provides Home Health Care.

**Licensed Health Care Practitioner.** A Physician, a registered nurse (R.N.), a licensed social worker, or any other individual who meets the requirements as may be prescribed by the U.S. Secretary of the Treasury. The following do not qualify as a Licensed Health Care Practitioner under the rider: You, the Accelerated Benefit Insured, a member of Your or the Accelerated Benefit Insured's Immediate Family, or anyone who is under suspension from Medicare or Medicaid

**Long-Term Care Facility.** A facility, other than the acute care unit of a Hospital, that provides skilled nursing care, intermediate care, or custodial care, and is licensed by the appropriate state licensing agency or if not licensed maintains a registered nurse or licensed practical nurse on duty at all times to supervise 24-hour nursing service, a doctor to supervise the operation of the facility, a planned program of policies and procedures that were developed with the advice of a professional group including at least one doctor or nurse, and a doctor available to furnish emergency medical care.

**Maximum Monthly Benefit.** The maximum monthly amount payable is the lesser of:

1. the Rider Specified Amount multiplied by the Monthly Benefit Percent; or
2. the monthly equivalent of the per diem limit allowed by the Health Insurance Portability and Accountability Act; or
3. the remaining Rider Specified Amount available to be accelerated.

**Qualified Long-Term Care Services.** Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services, which are:

1. required for treatment of a Chronically Ill Individual; and
2. provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner; and
3. provided in a Long-Term Care Facility, an Assisted Living Facility, an Adult Day Care Center, or by a Home Health Care Provider.

## 10. LIMITATIONS AND EXCLUSIONS.

(a) Non-eligible Facilities/Providers and Level of Care. The rider does not cover services provided by a facility or an agency that does not meet the rider definition of such facility or agency.

(b) Exclusions, Exceptions, and Limitations. The rider does not cover treatment or care:

1. For attempted suicide or intentionally self-inflicted injuries;
2. For Qualified Long-Term Care Services incurred before the effective date of this rider;
3. As a result of alcoholism or drug addiction (unless drug abuse was a result of the administration of drugs as part of treatment by a Physician);
4. Due to war or any act of war (declared or undeclared), or service in any of the armed forces or auxiliary units;
5. Due to participation in a felony, riot or insurrection;
6. As a result of participation in any form of aviation other than as a fare-paying passenger;
7. For a mental or nervous disorder; however, this exclusion will not exclude or limit benefits on the basis of Alzheimer's Disease or demonstrable organic brain disease; or
8. Received outside the United States or Canada. For purpose of this exclusion, United States shall mean the 50 states, its Territories and Possessions, and the District of Columbia.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH THE ACCELERATED BENEFIT INSURED'S LONG-TERM CARE NEEDS.

Receipt of accelerated death benefits under this rider may adversely affect your eligibility for governmental benefits or public assistance programs, such as Medicaid.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The rider does not include inflation protection coverage and therefore the benefit level will not increase over time.
12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. The rider will cover Qualified Long-Term Care Services resulting from a clinical diagnosis of Alzheimer's disease or related degenerative and dementing illnesses that result in the Accelerated Benefit Insured's cognitive impairment.
13. RIDER CHARGES. The charge for the rider is included in the total policy's value as long as the rider is in force, but not while rider benefits are being paid and not beyond the age where the policy cost of insurance is no longer charged. The rate for the rider varies by the Accelerated Benefit Insured's sex, issue age, and the monthly benefit percentage selected as shown under Policy Data.
14. ADDITIONAL FEATURES. Issuance of this coverage may depend upon certain medical information about the Accelerated Benefit Insured. This is generally known as medical underwriting.
15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR *ADVANCESOURCE* ACCELERATED BENEFIT RIDER. REFER BELOW FOR THE NAME, ADDRESS AND PHONE NUMBER OF YOUR STATE'S SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM.

State	Name of the Program	Address	Phone
New York	Health Insurance Information Counseling and Assistance Program(HIICAP)	New York State Office for the Aging 2 Empire State Plaza, Agency Bldg. #2, 4th Floor Albany, New York 12223-1251	Toll Free: 1.800.701.0501 Toll Line: 1.800.342.9871