


RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Minneapolis, Minnesota 55474

AdvanceSource® Accelerated Benefit Rider



Long-Term Care Insurance - Outline of Coverage

Comprehensive Long-Term Care Insurance - Form 132172A-CA

 A copy of Your application for the policy and the rider are attached to the policy. If Your or the Accelerated Benefit Insured answers are misstated or untrue, the company has 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: RiverSource Life Insurance Company, 70100 Ameriprise Financial Center, Minneapolis, MN 55474.

THE BENEFITS PAYABLE BY THE RIDER WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE. FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1-800-434-0222.

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.

Taxation. This rider for Long-Term Care insurance is intended to be federally tax qualified 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"), as amended from time to time, and may qualify for federal and state tax benefits.

The benefit is intended to qualify for exclusion from income within the limits of the Code in effect at the issuance of this rider. Receipt of benefits in excess of those limits may be taxable. Consult a tax advisor regarding the taxation of any benefits received.

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. This means that the policy and rider sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND RIDER CAREFULLY.**
3. **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 cancel the rider from the beginning and refund the cost of the rider within 30 days, including any fees, for which you have paid. The rider will then be considered void from its start.
4. **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 Company nor its agents represent Medicare, the federal government or any state government.
5. **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.

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Client Copy - Give to Client



Subject to the Elimination Period we will pay to the Accelerated Benefit Insured 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.

6. **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 being a Chronically Ill Individual who is receiving Qualified Long-Term Care Services for Skilled Nursing Facility services, Residential Care Facility services, and Home Care or Community Based 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.

Definition of Terms

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. Benefits will not be retroactively paid for the Elimination Period.

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.

Licensed Health Care Practitioner. A Physician, registered nurse, a licensed social worker, or any other individual who meets the requirements as prescribed by the U.S. Treasury.

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

Eligible Care and Service Providers criteria are defined in the rider, and include but are not limited to the following; Skilled Nursing Facility, Residential Care Facility, Home Health Care, Adult Day Care, Personal Care, Homemaker Services Provider, Hospice Services Provider, and Respite Care.

Long-Term Care Facility. A facility, other than the acute care unit of a Hospital that provides continuous skilled nursing care and is licensed as a Skilled Nursing Facility 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 physician 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 physician, and a physician available to furnish emergency medical care.



Residential Care Facility. A facility licensed as a residential care facility for the elderly or as defined in the Health and Safety Code. If not licensed, it must meet certain criteria listed in the rider.

Adult Day Care Center. Medical or non-medical care on less than a 24-hour basis, provided in a licensed facility outside the residence and meets the criteria listed in the rider.

7. LIMITATIONS AND EXCLUSIONS.

- (a) Pre-existing conditions. The rider does not cover conditions for which medical advice or treatment was received by (or recommended to) the Accelerated Benefit Insured from a provider of health care services within six months preceding the effective date of this rider. No benefits will be provided under this rider during the first six months for Qualified Long-Term Care Services received by the Accelerated Benefit Insured due to a pre-existing condition. Days of services received by the Accelerated Benefit Insured for a pre-existing condition during the first six months that this rider is in force will not be counted toward the satisfaction of the Elimination Period.
- (b) Non-eligible Facilities/Providers. 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.
- (c) Non-eligible Level of Care. The rider does not cover services provided by a family member.
- (d) Exclusions, Exceptions, and Limitations. The rider does not cover treatment or care:
 - 1. For suicide, whether or not the person had mental capacity to control what he or she was doing, 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 act of war, whether declared or undeclared, or service in any of the Armed Forces or auxiliary units
 - 5. Due to committing or attempting to commit or participating in a felony, or an illegal occupation;
 - 6. As a result of participation in any form of aviation other than as a fare-paying passenger;
 - 7. 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.
 - 8. Provided by a member of the Accelerated Benefit Insured's Immediate Family.

Actions in the Event of a Public Funded National or State Plan.

If a non-Medicaid/Medi-Cal national or state long term care program created through public funding substantially duplicates benefits provided by this rider, the Owner will be entitled to select either a reduction in future Rider Charges or an increase in future benefits. However, if increased, the new Remaining Amount to be Accelerated, divided by the policy Specified Amount must be less than or equal to the Maximum Rider Specified Amount Percent shown under Policy Data. We will implement one of those alternatives based on mutual agreement between Us and the California Department of Insurance. The amount of Rider Charge reductions and future benefit increases to be made by Us will be based on: (a) the extent of the duplication of covered benefits; (b) the amount of past Rider Charge payments; and (c) Our claims experience. The Rider Charge reduction and benefit increase plans will first be filed with and approved by the California Department of Insurance.

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/Medi-Cal.

- 8. 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.



9. 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.

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.

10. **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.
11. **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.
12. **ADDITIONAL FEATURES.** Issuance of this coverage may depend upon certain medical information about the Accelerated Benefit Insured. This is generally known as medical underwriting.
13. **INFORMATION AND COUNSELING.** The California Department of Insurance has prepared a Consumer Guide to Long-Term Care Insurance. This guide can be obtained by calling the Department of Insurance toll-free telephone number. This number is 1-800-927-HELP. Additionally, the Health Insurance Counseling and Advocacy Program (HICAP) administered by the California Department of Aging, provides long-term care insurance counseling to California senior citizens. Call the HICAP toll-free telephone number 1-800-434-0222 for a referral to your local HICAP office.

Long-Term Care Specimen Policies- California



A specimen policy for *RiverSource* life insurance with the *AdvanceSource*[®] rider is available and you may request this by either:

1. Contacting your financial advisor.
2. Calling 1.866.877.4390.

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, LLC.

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