

AMALGAMATED LIFE INSURANCE COMPANY
[333 Westchester Avenue, White Plains, NY 10604]

Amalgamated Life Insurance Company (“we”, “us”, “our”) has issued this Rider as part of the Certificate to which it is attached. The effective date of this Rider is the Effective Date shown in the Certificate Schedule. Except as shown in this Rider, the provisions of the Certificate will prevail.
PLEASE READ THIS RIDER CAREFULLY.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT RIDER

WHAT IS COVERED

We will pay the applicable benefit amount for an accidental death or dismemberment resulting from accidental bodily injury and incurred by the Insured. Payment is subject to receipt of due proof of the Accidental Death or Dismemberment of the Insured. The Loss must have occurred: (a) within 365 days after the accident causing such Loss; (b) while this Rider is in force.

All benefits other than for loss of life will be paid to the Individual. Benefits for loss of life will be paid to the Insured’s beneficiary. If the Insured has not designated a beneficiary, then benefits for loss of life will be paid to the Insured’s estate.

The amount shown in the Schedule of Benefits for Accidental Death & Dismemberment (50% of the Death Benefit) is paid for loss of:

- | | |
|-------------------------|------------------|
| Life | Any two or more: |
| Both hands or both feet | One foot, |
| Sight of both eyes | One hand, |
| Speech and Hearing | Sight of one eye |
| | Speech |
| | Hearing |

One-half the amount shown in the Schedule of Benefits (50% of the Death Benefit) is paid for loss of:

- One hand or
- One foot or
- Sight of one eye
- Speech
- Hearing

Loss means

1. severance of hand or foot at or above the wrist or ankle joint;
2. the total and irrecoverable loss of sight;
3. total and irrecoverable loss of audible speech communication;
4. total deafness in both ears, which cannot be corrected to any functional degree by any aid or device.

If more than one loss is suffered in any one accident, payment will be made only for the loss with the largest benefit. Payment will be made only for the loss that results from the accident without regard to any former loss.

If the Insured becomes paralyzed as a direct result of an accidental bodily injury sustained while covered under this Rider, the benefit percentages listed below are payable. Paralysis must occur within one year from the date of the accident causing the paralysis. The benefit payable is a percentage of the amount shown in the Schedule of Benefits for Accidental Death & Dismemberment (50% of the Death Benefit) and is as follows:

1. Quadriplegia (complete and irreversible paralysis of both upper and both lower limbs)	100%
2. Paraplegia (complete and irreversible paralysis of both lower limbs)	75%
3. Hemiplegia (complete and irreversible paralysis of upper and lower limbs on one side of the body)	50%
4. Uniplegia (total paralysis of one limb)	25%

NOT COVERED

No benefits will be paid for losses resulting from or caused directly or indirectly by:

1. War or any act of war, whether declared or undeclared;
2. Service in the Armed Forces or units auxiliary thereto;
3. Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
4. Intentionally self inflicted injury;
5. Suicide or attempted suicide;
6. Injury sustained while engaged in or taking part in aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
7. Commission of or participation in a felony, a riot or an insurrection.

NO RIGHT TO CONVERT

The coverage provided by this rider may not be converted.

NOTICE OF CLAIM

Written notice of the event on which a claim is based must be given to us at our Home Office no later than thirty days after the loss for which a claim is made. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

On receipt of such notice we will furnish forms for filing proof of claim. If the claimant has not been given such forms within 15 days after receipt of notice, that person can fulfill the terms of the policy as to proof of claim by giving written proof of:

1. the occurrence of the loss;
2. the nature of the loss; and
3. the extent of the loss.

Such proof must be given within the time stated in "PROOF OF CLAIM" below.

PROOF OF CLAIM

Written proof of claim must be given to us at our Home Office on our forms within 120 days after the date of loss for which a claim is made.

Failure to furnish such proof within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof within such time, provided such proof was furnished as soon as reasonably possible.

PAYMENT OF CLAIMS

On receipt of due proof of claim:

1. benefits for loss of life will be paid in accordance with the terms of this policy; and
2. all other benefits will be paid to the Insured.

Benefits will be payable not more than 60 days after receipt of proof of claim.

EXAMINATIONS

We, at our own expense, have the right to have a doctor examine any Insured when we deem it reasonably necessary while there is a claim pending under this policy. We also have the right to have an autopsy performed in case of death where the law does not forbid it.

LEGAL ACTIONS

No one may sue for payment of a claim:

1. less than 60 days after due proof of claim is furnished; or
2. more than three years after the date proof of claim is required by this policy.



Paul Mallen]
President