PROTECTIVE LIFE INSURANCE COMPANY / P. O. BOX 2606 / BIRMINGHAM, ALABAMA 35202

OUTLINE OF COVERAGE FOR COMPREHENSIVE LONG-TERM CARE ACCELERATED DEATH BENEFIT RIDER

Rider Form: L575-IL 2-04

CAUTION: The issuance of a long-term care insurance rider is based upon all statements made by or for the Insured in the application. A copy of the application will be attached to the Policy. If the statements are incorrect or untrue, we have the right to deny benefits or rescind the rider during the first two policy years. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of the statements are incorrect or untrue, contact us at the address shown above.

PURPOSE OF OUTLINE OF COVERAGE

This outline of coverage is for an individual long-term care rider. It provides a description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other long-term care riders or policies available to you. This is not an insurance contract, but only a summary of coverage. Only the rider contains governing contractual provisions. This means that the 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 RIDER CAREFULLY!**

TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: PRIOR TO ATTAINED AGE 100 OF THE INSURED, THE RIDER IS GUARANTEED RENEWABLE AS LONG AS THE RIDER REMAINS IN FORCE. This means you have the right, prior to attained age 100 of the Insured and as long as the rider remains in force, to continue the rider. Protective Life Insurance Company cannot change any of the terms of your rider on its own except that, in the future, IT MAY INCREASE THE COST OF INSURANCE RATE OF THE RIDER CHARGE YOU WILL PAY.

Cost of Insurance. The monthly cost of insurance charge for the rider is shown on the Policy Specifications Page. Any changes in the cost of insurance rate will be by class and will be based upon changes in future expectations of such factors as mortality, morbidity, investment earnings, persistency, expenses and taxes. The maximum monthly cast of insurance charge for the rider is shown on the Policy.

TERMS UNDER WHICH THE RIDER MAY BE RETURNED

You have the right to return the rider. You may cancel the rider after its delivery by returning the Policy and rider to our Home Office, or to any Agent of the Company, with a written request for cancellation within 30 days of its delivery. The returned rider will be treated as if we had never issued it. We will reissue the Policy without the rider. We will refund any premium paid or credit the Policy with the cost of insurance charge for the rider, whichever is applicable.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us. Neither Protective Life Insurance Company nor its Agents represent Medicare, the federal government or any state government.

DEFINITIONS

"You" or "your" means the owner of the Policy. "Insured" means the person named as such on the Policy Specifications Page. "We," "our," "us," or "Company" means Protective Life Insurance Company.

Activities of Daily Living. Mean the basic human functional abilities which relate to the Insured's ability to live independently.
They are as follows:

(a) Bathing - The ability to wash oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower.

(b) Continence - The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for the catheter or colostomy bag.

(c) Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

(d) Eating - The ability to feed oneself by getting food into the body from a receptacle, such as a plate, cup or table, or by feeding tube or intravenously.

(e) Toileting - The ability to get to and from the toilet, getting on and off the toilet and performing associated personal hygiene.

(f) Transferring - The ability to move into or out of a bed, chair or wheelchair.

Adult Day Care. Means a program for 6 or more individuals of Qualified Long-Term Care Services provided by an Adult Day Care Facility during the day, on less than a 24 hour basis.

Assisted Living Care. Means Qualified Long-Term Care Services provided in an Assisted Living Facility.

Chronically Ill or Chronic Illness. Means that the Insured has been certified, within the preceding 12 months, by a Physician as:

(a) Being unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living for a period of at least 90 days due to loss of functional capacity; or

(b) Requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Community Care. Means Home Health Care, or Assisted Living Care or Adult Day Care.

Comprehensive Care. Means Community Care or Nursing Home Care.

Home Health Care. Means Qualified Long-Term Care Services provided by a Home Health Care Practitioner at the Insured's Home because the Insured is Chronically Ill. An expense for Home Health Care is incurred on the date the service is performed.

Home Office. 2801 Highway 280 South, Birmingham, Alabama, 35223.

Maintenance or Personal Care Services. Means any care the primary purpose of which is to provide needed assistance with any of the disabilities as a result of which the Insured is Chronically Ill, including the protection from threats to health and safety due to Severe Cognitive Impairment.

Maximum Accelerated Death Benefit. Is equal to (a) minus (b) where:

(a) Lesser of 90% of the Net Face Amount or $250,000;
(b) Any outstanding lien amount against the Policy resulting from any other accelerated death benefit rider or endorsement attached to the Policy.

Monthly Accelerated Death Benefit. Is the lesser of:

(a) An amount equal to a percentage of the Initial Face Amount; or
(b) $5,000.

The Initial Face Amount is shown on the Policy Specifications Page. The percentage is equal to 1% or 2% depending on the type of care the Insured received for which you are filing a claim. The Community Care percentage is 1%. The Nursing Home Care percentage is 2%.

Net Face Amount. Is equal to (a), plus (b), minus (c), minus (d) where:

(a) Initial Face Amount as shown on the Policy Specifications Page;
(b) Any Increase in the face amount for which you submit a supplemental application and that is approved by us;
(c) Any decrease in the face amount resulting from a withdrawal under the Policy;
(d) Any outstanding Policy Debt.

Nursing Home Care. Means Qualified Long-Term Care Services provided in a Nursing Home Facility.

Physician. Means any physician as defined in Section 1861 (r)(1) of the Social Security Act, who is a duly licensed physician practicing within the scope of his or her license. It does not include the Insured or a Family Member.

Policy. Is the base policy to which the rider is attached (the "Policy").

Policy Debt. Is the sum of all outstanding policy loans plus accrued interest.

Qualified Long-Term Care Services. Means necessary diagnostic, preventative therapeutic, curing, treating, mitigating, and rehabilitative services, and Maintenance or Personal Care Services which are:

(a) Required by the Insured because he or she is Chronically Ill; and
(b) Provided pursuant to a plan of care prescribed by the attending Physician.

Severe Cognitive Impairment. Means a loss or deterioration in the Insured's intellectual capacity that is (a) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and (b) measured by clinical evidence and standardized tests that reliably measure impairment in the following areas:

(1) The Insured's short or long term memory;
(2) The Insured's orientation as to person (such as who they are), place (such as their location) or time (such as day, date and year); and
(3) The Insured's deductive or abstract reasoning.

LONG-TERM CARE COVERAGE

Riders or policies of this category 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.
The rider provides coverage, using an acceleration of a portion of the death benefit of the Policy, in the form of a fixed dollar indemnity benefit for Community Care or Nursing Home Care, subject to all of the terms and conditions of the rider.

BENEFITS PROVIDED BY THE RIDER

Benefit. If the rider is in force and the Eligibility for the Payment of Benefits conditions are satisfied, you may request an acceleration of a portion of the death benefit of the Policy. The amount we pay is called the Adjusted Monthly Accelerated Death Benefit.

The Adjusted Monthly Accelerated Death Benefit is equal to the Monthly Accelerated Death Benefit less any unpaid monthly deductions within the grace period of the Policy. The monthly deductions are shown on the Policy Specifications Pages. The Monthly Accelerated Death Benefit and the Maximum Accelerated Death Benefit are defined under the Definitions section.

Eligibility for the Payment of Benefits. All of the following conditions must be met to qualify for benefits under the rider:

(a) The Insured must be Chronically Ill, as determined, and certified at least once every 12 months by the attending Physician;
(b) The care provided must constitute Qualified Long-Term Care Services;
(c) The care must be provided pursuant to a plan of care, as prescribed, and reconfirmed in writing, at least once every 12 months by the attending Physician;
(d) The Insured must incur expense for care, covered by the rider;
(e) For the Community Care benefit only,

(1) The Insured's Community Care began after the Effective Date of Coverage and while the rider and Policy were in force and
(2) The Insured has been receiving Community Care for at least 90 days;

(f) For the Nursing Home Care benefit only,

(1) The Insured's Nursing Home Care began after the Effective Date of Coverage and while the rider and Policy were in force and
(2) The Insured has been receiving Nursing Home Care for at least 90 consecutive days;

(g) Written consent from any irrevocable beneficiaries and collateral assignees is received by us;
(h) Timely Notice of Claim is received by us; and
(i) Timely Proof of Claim is received by us.

We reserve the right to independently assess the Insured's Chronic Illness and your benefit eligibility periodically, but no more than once every 31 days. As part of this assessment, we have the right to require that the Insured be examined by a Physician chosen by us. We will pay for this examination.
You are not eligible for a Community Care and Nursing Home Care benefit in the same month.

Waiting Period Condition.

A period of Community Care due to the same or related cause as that of a prior period of Community Care may be a continuation of the prior period. This depends on how much time has passed from the end of the prior period to the date the current Community Care began.
If less than 30 days have passed:

(a) We will consider it to be a continuation of the prior period; and
(b) A new 90 day waiting period condition will not have to be satisfied.

If 30 days or more have passed:

(a) We will consider it to be a new period of Community Care; and
(b) A new 90 day waiting period condition will have to be satisfied.

The 90 day waiting period condition for the Community Care benefit is explained under the Eligibility for the Payment of Benefits section.

A period of Nursing Home Care due to the same or related cause as that of a prior period of Nursing Home Care may be a continuation of the prior period. This depends on how much time has passed from the end of the prior period to the date the current Nursing Home Care began.
If less than 30 days have passed:

(a) We will consider it to be a continuation of the prior period; and
(b) A new 90 day waiting period condition will not have to be satisfied.

If 30 days or more have passed:

(a) We will consider it to be a new period of Nursing Home Care; and
(b) A new 90 day waiting period condition will have to be satisfied.

The 90 day waiting period condition for the Nursing Home Care benefit is explained under the Eligibility for the Payment of Benefits section.

LIMITATIONS AND EXCLUSIONS

Exclusions. The rider does not cover:

(a) Loss to the extent that benefits are payable under Medicare (including that which would have been payable but for the application of a deductible or co-insurance amount);
(b) Illness, treatment or medical condition arising out of an attempt (while sane or insane) at suicide or an intentionally self-inflicted injury;
(c) Illness, treatment or medical condition arising out of war while the Insured is in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war or any act of war. "Country" includes any international organization or group of countries;
(d) Illness, treatment or medical condition arising out of participation in a felony, riot or insurrection;
(e) Confinement or care received outside the United States;
(f) Services provided by a facility, agency or practitioner that does not meet the requirements of the rider; and
(g) Services provided by a Family Member or for which no charge is normally made in the absence of insurance.

Limitations. The benefit, if any, stops when:

(a) The rider terminates;
(b) Any one of the conditions (a)-(d) of the Eligibility for the Payment of Benefits are not met;
(c) For the Community Care benefit only, the Insured stops receiving Community Care;
(d) For the Nursing Home Care benefit only, the Insured stops receiving Nursing Home Care; or
(e) As part of our independent assessment, if any, of the Insured's Chronic Illness, the Insured refuses or fails to have an examination that is required by us.

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

RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the cost of long-term care services will likely increase over time, you should consider whether and how the benefits of the rider may be adjusted. The rider may not cover all of the Community Care or Nursing Home Care Expense incurred by the Insured during the period of coverage. You are advised to review carefully all rider limitations. The Monthly Accelerated Death Benefit will not increase to match any increase in the cost of long-term care services.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

A loss or deterioration in the Insured's intellectual capacity that is (a) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and (b) measured by clinical evidence and standardized tests that reliably measure impairment in the following areas:

(1) The Insured's short or long term memory;
(2) The Insured's orientation as to person (such as who they are), place (such as their location) or time (such as day, date and year); and
(3) The Insured's deductive or abstract reasoning is covered if all of the Eligibility for the Payment of Benefit conditions are met.

IMPACT ON THE POLICY

A lien will be established against the Policy in the amount of (a) plus (b) where:

(a) Monthly Accelerated Death Benefit for Community Care multiplied times the number of months a Community Care benefit has been paid under the rider;
(b) Monthly Accelerated Death Benefit for Nursing Home Care multiplied times the number of months a Nursing Home Care benefit has been paid under the rider.

Once the lien is established it will continue against the Policy until the earlier of the Policy termination date or the lien repayment date.
The effect of a lien is as follows:

(a) The amount of any lien is subtracted from the death benefit proceeds of the Policy. The death benefit proceeds is the amount payable to the beneficiary of the Policy if the Insured dies while the Policy in force.
(b) Access to the surrender value for full surrender or withdrawal is limited to the surrender value of the Policy less any lien amount;
(c) After the date the Eligibility for the Payment of Benefits conditions are first satisfied for either a Community Care or Nursing Home Care benefit, we cannot process a new policy loan request under the Policy; and
(d) If the Policy terminates at the end of the grace period of the Policy, reinstatement of the policy shall be subject to:
    (1) The requirement that we receive payment of or reinstatement of any lien amount which existed at the end of the grace period of the Policy; and
    (2) The reinstatement requirements of the Policy.

TERMINATION

The rider terminates on the earliest of:

(a) The date of the Insured's death;
(b) The date the Policy terminates;
(c) The date we receive written request from you to terminate the rider; or
(d) The date the lien against the Policy equals or exceeds the Maximum Accelerated Death Benefit;
(e) Attained age 100 of the Insured.

However, we are still responsible for any continuance of a claim for Assisted Living Care or Nursing Home Care which began while the rider was in force and continues without interruption after termination, provided that, the aggregate amount of benefits payable shall not exceed the Maximum Accelerated Death Benefit reduced by any death benefit or surrender proceeds paid. In the event you are entitled to receive and choose to receive such an extension of monthly benefits, the rider and the cost of insurance charge for the rider will not terminate until such benefit payments cease.

ADDITIONAL FEATURES

The Insured may be medically underwritten.