

**KNIGHTS OF COLUMBUS - NAIC 58033**

**LTC Individual - Comprehensive - Non-Tax Qualified**

Policy Form: LTC01-CA 1-02NT

**1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.**

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
				YES				

<b>MPB</b> Company Notes:	(Number of Days) times the Nursing Facility Daily Benefit = _____ . Other Notes:
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**2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.**

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$400						

<b>NHB</b> Company Notes:	Enter Notes: None reported by the company.
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**3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.**

100%	90%	80%	75%	70%	Other
YES					

<b>RCFE</b> Company Notes:	Enter Notes: None reported by the company.
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**4. Home Care Benefit (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.**

100%	90%	80%	75%	70%	60%	50%	None	Other
YES								

<b>HCB</b> Company Notes:	Enter Notes: None reported by the company.
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**5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.**

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

<b>HCBO</b> Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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**6. Qualification for Benefits (QB)**

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES				YES	YES	

<b>QB</b> Company Notes:	The need for human assistance or continual supervision to perform at least <u>  2  </u> of <u>  6  </u> Activities of Daily Living.
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**7. Elimination Period (EP) = In days Select all that applies.**

0	20	30	60	90	100	CALENDAR	SERVICE	Other
		YES	YES	YES		YES	NO	YES

EP Company Notes: Enter Notes: Other = 180 Days

**8. Inflation Protection (IP)**

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES			

IP Company Notes: Enter Notes: None reported by the company.

**9. Waiver of Premium (WAVP)**

Enter Notes: None reported by the company.

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**Long Term Care Insurance Rates**

LTC Individual - Comprehensive - Non-Tax Qualified

**30 Day Elimination Period - Calendar      90 Day Elimination Period - Calendar**

ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
40	\$246	\$891			\$220	\$796		
45	\$338	\$1,070			\$301	\$956		
50	\$447	\$1,252			\$399	\$1,118		
55	\$572	\$1,454			\$512	\$1,298		
60	\$771	\$1,744			\$689	\$1,557		
65	\$1,146	\$2,267			\$1,023	\$2,025		
70	\$1,847	\$3,218			\$1,649	\$2,873		
75	\$3,387	\$5,228			\$3,025	\$4,668		
80	\$4,870	\$6,762			\$4,348	\$6,037		

Customer Service Telephone Number: (800) 524-3611