

BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263

LTC Individual - Comprehensive - Non-Tax Qualified

Male

POLICY FORM: GR-N680M

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	YES	YES	YES	YES	YES	YES	NO	YES

MPB Company Notes:	(Number of Days) times the Nursing Facility Daily Benefit = _____ . Other Notes: We offer the following benefit periods (in days): 365,500,730,1000,1095,1460,1500,1825,2000,2190,2500,2920.
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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	\$10	YES	NO	YES	NO	NO

NHB 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	NO	NO	NO	NO	NO

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

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO						

HCB 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	

HCBO 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	NO	NO	NO	YES	YES	NO

QB 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	NO	YES	YES	YES	NO	NO	YES	YES

EP Company Notes: Enter Notes: 15 DAY OPTION IS ALSO AVAILABLE.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	NO	YES

IP Company Notes: Enter Notes: 3% AND 4% COMPOUND OPTIONS ARE ALSO AVAILABLE.

9. Waiver of Premium (WAVP)

Enter Notes: Premiums are waived after 90 days of receiving covered services. Premiums are waived for the entire policy.

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Long Term Care Insurance Rates

POLICY FORM: GR-N680M **MALE**

LTC Individual - Comprehensive - Non-Tax Qualified

30 Day Elimination Period - Service 90 Day Elimination Period - Service

ISSUE AGE	30 Day Elimination Period - Service		90 Day Elimination Period - Service		30 Day Elimination Period - Service		90 Day Elimination Period - Service	
	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	\$512	\$3,025			\$437	\$2,586		
45	\$650	\$3,259			\$556	\$2,786		
50	\$789	\$3,502			\$674	\$2,993		
55	\$997	\$3,797			\$852	\$3,245		
60	\$1,344	\$4,248			\$1,149	\$3,630		
65	\$1,933	\$5,080			\$1,652	\$4,342		
70	\$2,982	\$6,536			\$2,549	\$5,586		
75	\$4,603	\$8,703			\$3,934	\$7,439		
80	\$7,221	\$12,067			\$6,172	\$10,313		

Customer Service Telephone Number: (800) 231-9150