# BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263

## LTC Individual - Comprehensive - Non-Tax Qualified Male

### POLICY FORM: GR-N680M

<b>1. Maximum Policy Benefit (MPB)</b> = In year(s). Enter the number of days in Company Notes.											
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other			
YES	YES	YES	NO	NO	NO	NO	NO	YES	1		
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											
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.											
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         Inter Notes:											
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	NO	NO	NO	NO	NO	NO			
HCB Company Notes: None reported by the company.											
5. Home Care O	nly Benefit Amo	ounts (HCBO) - Th	nere is a minimu	m and maximum	amount offered in	o dollar increments.					
Minimum	Maximum	Increment	Day	Week	Month	None	Other	1			
HCBO Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.											
6. Qualification for Benefits (QB)											
QB_2_OF_6			QB_MN	QB_CI	QB_90DR	QB_OTH2	r				
NO	YES	NO	NO	YES	NO	NO					
QB       Company       The need for human assistance or continual supervision to perform at least2 of7 Activities of Daily Living.         Notes:       Notes:											

7. Eliminatio	on Period (E	<b>EP)</b> = In days	Select all th	at applies.							
0	20	30	60	90	100	CALENDAR	SERVICE	Other			
YES	NO	YES	YES	YES	NO	NO	YES	YES			
EP Company Notes:	Enter Notes: 1	5 day option is	also available.								
8. Inflation Protection (IP)											
Guaranteed											
IP Methodology				5% Compound	5% Simple	Purchase Option	Other				
Explain IP Methodology: None reported by the company. YES					YES	YES	YES				
IP Company Notes:	Enter Notes: 3	% AND 4% CO	MPOUND OP	TIONS ARE ALS	SO AVAILABLE		· · · · ·				
9. Waiver of Premium (WAVP)											
Enter Notes: Premiums are waived after the duration of the elimination period. Premiums are waived for the entire policy.											

#### **BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263**

#### POLICY FORM: GR-N680M MALE

#### Long Term Care Insurance Rates

LTC Individual - Comprehensive - Non-Tax Qualified Male

	30 Day Elin	nination Per	<mark>iod - Servic</mark>	e	90 Day Elimination Period - Service					
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	\$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) 621-3724