

BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263

LTC Individual - Nursing Facility/Residential Care - Non - Tax Qualified Female POLICY FORM: GR-N670F

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 | NO | NO | NO | NO | NO | YES |

MPB _____ (Number of Days) times the Nursing Facility Daily Benefit = _____. Other Notes: We offer the following benefit periods (in days):
 365,500,730,1000,1095

Company Notes:

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 |
|---------|---------|-----------|-----|------|-------|------|-------|
| \$40 | \$400 | \$10 | YES | NO | YES | NO | NO |

NHB Enter Notes: None reported by the company.

Company Notes:

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 Enter Notes: None reported by the company.

Company Notes:

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 |
|------|-----|-----|-----|-----|-----|-----|------|-------|
| NO | NO | NO | NO | NO | NO | NO | YES | No |

HCB Enter Notes: None reported by the company.

Company Notes:

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 |
|---------|---------|-----------|-----|------|-------|------|-------|
| | | | | | | | |

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_2_OF_7 | QB_OTH1 | QB_MN | QB_CI | QB_90DR | QB_OTH2 |
|-----------|-----------|---------|-------|-------|---------|---------|
| NO | YES | NO | NO | YES | NO | NO |

QB The need for human assistance or continual supervision to perform at least 2 of 7 Activities of Daily Living.

Company Notes:

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 | YES | YES |

IP Company Notes: Enter Notes: 3% and 4% compound inflation options are also available.

9. Waiver of Premium (WAVP)

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Long Term Care Insurance Rates

POLICY FORM: GR-N670F **FEMALE**

LTC Individual - Nursing Facility/Residential Care - Non - Tax Qualified Female

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 | \$547 | \$3,690 | | | \$468 | \$3,154 | | |
| 45 | \$717 | \$3,971 | | | \$613 | \$3,394 | | |
| 50 | \$902 | \$4,238 | | | \$771 | \$3,622 | | |
| 55 | \$1,154 | \$4,556 | | | \$986 | \$3,894 | | |
| 60 | \$1,568 | \$5,044 | | | \$1,340 | \$4,311 | | |
| 65 | \$2,256 | \$5,924 | | | \$1,928 | \$5,063 | | |
| 70 | \$3,446 | \$7,470 | | | \$2,946 | \$6,384 | | |
| 75 | \$5,258 | \$9,740 | | | \$4,494 | \$8,325 | | |
| 80 | \$8,150 | \$13,209 | | | \$6,966 | \$11,289 | | |

Customer Service Telephone Number: (800) 621-3724