

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

**LTC Individual - Nursing Facility/Residential Care - Tax Qualified**

POLICY FORM: GR-N340

**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	NO	NO	YES

MPB Company Notes: Other Notes: We offer the following benefit periods (in days): 365,500,730,1000,1095,1460,1500,1825,2000,2190,2500,2920.

**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	\$300	\$10	YES	NO	NO	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 Notes: Enter Notes: None reported by the company.

**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	NO	NO

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

**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.

**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 2 of 6 Activities of Daily Living.

**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 and 180 day options are 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 INFLATION 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-N340

LTC Individual - Nursing Facility/Residential Care - 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	\$264	\$1,283			\$237	\$1,152		
45	\$338	\$1,414			\$303	\$1,269		
50	\$449	\$1,523			\$403	\$1,367		
55	\$581	\$1,789			\$521	\$1,606		
60	\$834	\$2,192			\$749	\$1,967		
65	\$1,246	\$2,855			\$1,119	\$2,563		
70	\$2,043	\$4,003			\$1,834	\$3,593		
75	\$3,395	\$5,906			\$3,048	\$5,302		
80								

Customer Service Telephone Number: (800) 231-9150