1. **Maximum Policy Benefit (MPB)**  
   - In year(s). Enter the number of days in Company Notes.  
   - Options: 1Yr, 2Yrs, 3Yrs, 4Yrs, 5Yrs, 6Yrs, 7Yrs, Lifetime, Other  
   - MPB = YES  
   - Company Notes: _______ (Number of Days) times the Nursing Facility Daily Benefit = __________. Other Notes: N/A  

2. **Nursing Home/Facility Daily Benefit Amounts (NHB)**  
   - There is a minimum and maximum amount offered in dollar increments.  
   - Options: Minimum, Maximum, Increment, Day, Week, Month, None, Other  
   - Minimum: $50, Maximum: $400  
   - 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.  
   - Options: 100%, 90%, 80%, 75%, 70%, Other  
   - RCFE = YES  
   - 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.  
   - Options: 100%, 90%, 80%, 75%, 70%, 60%, 50%, None, Other  
   - HCB = YES  
   - 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.  
   - Options: Minimum, Maximum, Increment, Day, Week, Month, None, Other  
   - Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.  

6. **Qualification for Benefits (QB)**  
   - Options: QB_2_OF_6, QB_2_OF_7, QB_OTH1, QB_MIN, QB_CI, QB_90DR, QB_OTH2  
   - QB = YES  
   - 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) = \text{In days Select all that applies.}\]

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<th>30</th>
<th>60</th>
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EP Company Notes: Enter Notes: Other = 180 Days

8. Inflation Protection (IP)

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IP Methodology: 5% Compound

Explain IP Methodology: None reported by the company.

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

9. Waiver of Premium (WAVP)

Enter Notes: None reported by the company.

**KNIGHTS OF COLUMBUS - NAIC 58033**

Policy Form: LTC01 OOC-CA 1-02

**Long Term Care Insurance Rates**

LTC Individual - Comprehensive - Tax Qualified

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<th>30 Year Maximum Policy Benefit - With Inflation Protection</th>
<th>Lifetime Benefit - No Inflation Protection</th>
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Customer Service Telephone Number: (800) 380-9995