

KNIGHTS OF COLUMBUS - NAIC 58033

LTC Individual - Comprehensive - Tax Qualified

Policy Form: LTC01 OOC-CA 1-02

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

MPB 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.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$400						

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					

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
YES								

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

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				YES	YES	

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	YES	YES		YES		YES

EP Company Notes: Enter Notes: Other = 180 Days

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES			

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

9. Waiver of Premium (WAVP)

Enter Notes: None reported by the company.

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Long Term Care Insurance Rates

Policy Form: LTC01 OOC-CA 1-02

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30 Day Elimination Period - Calendar 90 Day Elimination Period - Calendar

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	\$224	\$810			\$200	\$724		
45	\$307	\$973			\$274	\$869		
50	\$406	\$1,138			\$363	\$1,016		
55	\$520	\$1,322			\$465	\$1,180		
60	\$701	\$1,585			\$626	\$1,415		
65	\$1,042	\$2,061			\$930	\$1,841		
70	\$1,679	\$2,925			\$1,499	\$2,612		
75	\$3,079	\$4,753			\$2,750	\$4,244		
80	\$4,427	\$6,147			\$3,953	\$5,488		

Customer Service Telephone Number: (800) 380-9995