## **KNIGHTS OF COLUMBUS - NAIC 58033**

# LTC Individual - Comprehensive - Tax Qualified Male

1. Maximun	n Policy Be	nefit (MPB) =	= In year(s).	Enter the nu	mber of days	in Company I	Notes.			
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other		
								YES		
MPB Company Notes:	(Numb	er of Days) time	es the Nursing	Facility Daily Be	enefit =		Other Notes:	Other = 10 Years		
2. Nursing	Home/Facili	ity Daily Ben	nefit Amoun	its (NHB) - T	There is a mir	nimum and ma	aximum amo	ount offered in dollar increments.		
Minimum	Maximum	Increment	Day	Week	Month	None	Other			
\$50	\$500									
NHB Company Notes:	Enter Notes: I	None reported b	by the company	<i>'</i> .						
3. Resident	ial Care Fac	cility Daily B	enefit (RCF	E) - Represe	ents the RCFI	E percentage	of the Nursi	ng Facility Limit.		
100%	90%	80%	75%	70%	Other					
YES						]				
RCFE Company Notes:	Enter Notes: None reported by the company.									
4. Home Ca	re Benefit (	( <b>HCB)</b> - Repr	esents the p	ercentage of	f Home Care	Benefit Amou	nt for Comp	rehensive Policies.		
100%	90%	80%	75%	70%	60%	50%	None	Other		
YES										
HCB Company Notes:	Enter Notes: I	None reported b	by the company	· /.						
	-	, ,				n dollar increments.	0.1			
Minimum	Maximum	Increment	Day	Week	Month	None	Other NO			
HCBO Company Notes:	Not Applicable:	This LTC policy f	orm is not a Hon	ne Care Only poli	су.					
6. Qualifica	tion for Ber	nefits (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 least2 of6 Activities of Daily Living.									

Policy Form: LTC2 OOC CA 7-14

## 7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other	
		YES		YES		YES		YES	

EP Company Enter Notes: Other = 180 Days

Notes: 30-day EP not available with Standard class

8. Inflation Protection (IP)

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

IP Company Notes:

Enter Notes: Other = 3% Compound

#### 9. Waiver of Premium (WAVP)

Enter Notes: None reported by the company.

#### **KNIGHTS OF COLUMBUS - NAIC 58033**

### **Long Term Care Insurance Rates**

Policy Form: LTC2 OOC CA 7-14 Male

LTC Individual - Comprehensive - Tax Qualified Male

	30 Day Ellr	nination Per	iod - Calen	dar	90 Day Elimination Period - Calendar				
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	INFLATION	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	\$491	\$2,612			\$409	\$2,176			
45	\$565	\$2,656			\$471	\$2,213			
50	\$678	\$2,682			\$565	\$2,235			
55	\$828	\$2,709			\$690	\$2,257			
60	\$1,112	\$3,350			\$927	\$2,791			
65	\$1,458	\$3,734			\$1,215	\$3,112			
70	\$2,329	\$4,994			\$1,940	\$4,162			
75	\$3,633	\$8,364			\$3,027	\$6,970			
80									

**Customer Service Telephone Number:** (800) 380-9995