**1. Maximum Policy Benefit (MPB)**

<table>
<thead>
<tr>
<th>Year</th>
<th>MPB</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Yr</td>
<td>_____ (Number of Days) times the Nursing Facility Daily Benefit = ________________</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**2. Nursing Home/Facility Daily Benefit Amounts (NHB)**

- There is a minimum and maximum amount offered in dollar increments.

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
<th>Increment</th>
<th>Day</th>
<th>Week</th>
<th>Month</th>
<th>None</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50</td>
<td>$400</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3. Residential Care Facility Daily Benefit (RCFE)**

- Represents the RCFE percentage of the Nursing Facility Limit.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>RCFE</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>YES</td>
<td>None reported by the company.</td>
</tr>
</tbody>
</table>

**4. Home Care Benefit (HCB)**

- Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>HCB</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>YES</td>
<td>None reported by the company.</td>
</tr>
</tbody>
</table>

**5. Home Care Only Benefit Amounts (HCBO)**

- There is a minimum and maximum amount offered in dollar increments.

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
<th>Increment</th>
<th>Day</th>
<th>Week</th>
<th>Month</th>
<th>None</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**6. Qualification for Benefits (QB)**

<table>
<thead>
<tr>
<th>QB Code</th>
<th>QB</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>QB_2_OF_6</td>
<td>YES</td>
<td>The need for human assistance or continual supervision to perform at least <em><strong><strong>2</strong></strong></em> of <strong><strong>6</strong></strong> Activities of Daily Living.</td>
</tr>
<tr>
<td>QB_2_OF_7</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>QB_OTH1</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>QB_MIN</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>QB_CI</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>QB_90DR</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>QB_OTH2</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

**Company Notes:**

- Enter Notes: None reported by the company.
- Not Applicable: This LTC policy form is not a Home Care Only policy.
7. Elimination Period (EP) = In days Select all that applies.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>20</th>
<th>30</th>
<th>60</th>
<th>90</th>
<th>100</th>
<th>CALENDAR</th>
<th>SERVICE</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

EP Company Notes: Enter Notes: Other = 180 Days

8. Inflation Protection (IP)

<table>
<thead>
<tr>
<th>IP Methodology</th>
<th>5% Compound</th>
<th>5% Simple</th>
<th>Guaranteed Purchase Option</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain IP Methodology: None reported by the company.</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: NQNHC01 OOC-CA 1-02

Long Term Care Insurance Rates
LTC Individual - Nursing Facility/Residential Care - Non-Tax Qualified

<table>
<thead>
<tr>
<th>ISSUE AGE</th>
<th>30 Day Elimination Period - Calendar</th>
<th>90 Day Elimination Period - Calendar</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION</td>
<td>3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION</td>
</tr>
<tr>
<td>3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION</td>
<td>3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION</td>
<td>LIFETIME BENEFIT - NO INFLATION PROTECTION</td>
</tr>
<tr>
<td>30 Day Elimination Period - Calendar</td>
<td>90 Day Elimination Period - Calendar</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>$161</td>
<td>$557</td>
</tr>
<tr>
<td>45</td>
<td>$220</td>
<td>$668</td>
</tr>
<tr>
<td>50</td>
<td>$290</td>
<td>$781</td>
</tr>
<tr>
<td>55</td>
<td>$372</td>
<td>$908</td>
</tr>
<tr>
<td>60</td>
<td>$502</td>
<td>$1,088</td>
</tr>
<tr>
<td>65</td>
<td>$802</td>
<td>$1,524</td>
</tr>
<tr>
<td>70</td>
<td>$1,293</td>
<td>$2,163</td>
</tr>
<tr>
<td>75</td>
<td>$2,269</td>
<td>$3,363</td>
</tr>
<tr>
<td>80</td>
<td>$3,409</td>
<td>$4,543</td>
</tr>
</tbody>
</table>

Customer Service Telephone Number: (800) 380-9995