

KNIGHTS OF COLUMBUS - NAIC 58033

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

Policy Form: NHC01-CA 1-02NT

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:

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
						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				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	NO	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: NHC01-CA 1-02NT

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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	\$161	\$557	\$211	\$757	\$143	\$497	\$189	\$675
45	\$220	\$668	\$293	\$910	\$196	\$596	\$261	\$813
50	\$290	\$781	\$389	\$1,066	\$260	\$697	\$348	\$952
55	\$372	\$908	\$502	\$1,240	\$332	\$810	\$448	\$1,107
60	\$502	\$1,088	\$810	\$1,775	\$448	\$971	\$723	\$1,585
65	\$802	\$1,524	\$1,404	\$2,685	\$716	\$1,361	\$1,253	\$2,398
70	\$1,293	\$2,163	\$2,208	\$3,711	\$1,154	\$1,931	\$1,971	\$3,313
75	\$2,269	\$3,363	\$3,379	\$5,026	\$2,026	\$3,003	\$3,017	\$4,487
80	\$3,409	\$4,543	\$5,216	\$6,970	\$3,044	\$4,057	\$4,657	\$6,223

Customer Service Telephone Number: (800) 380-9995 or (800) 214-9825