

NEW YORK LIFE INSURANCE COMPANY - NAIC 66915

LTC Partnership - Nursing Facility/Residential Care - Tax Qualified

POLICY FORM: 21157(0102)

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	YES	YES	YES	YES	NO	YES	NO	YES

MPB Company Notes:	365_ (Number of Days) times the Nursing Facility Daily Benefit = 730, 1095, 1460, 1825, 2555, OR 3650___. Other Notes: A half-year plan is available as a downgrade option
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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
\$170	\$400	\$1	YES	NO	NO	NO	NO

NHB Company Notes:	Enter Notes: None reported by the company.
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES	NO	NO	NO	YES	NO

RCFE Company Notes:	Enter Notes: None reported by the company.
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4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
NO	NO	NO	NO	NO	NO	NO	YES	NO

HCB Company Notes:	Enter Notes: Home Care is not available on this form
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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.
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	NO	NO

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
NO	NO	YES	NO	YES	NO	NO	YES	NO

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

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	NO	NO

IP Company Notes: Enter Notes: The 5% Simple inflation option is only available to insureds issued at age 70 and above

9. Waiver of Premium (WAVP)

Enter Notes: Premiums will be waived beginning on the first day that benefits are payable after the Wating Period has been satisfied. Premiums will continue to be waived until benefits are no longer being received.

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Long Term Care Insurance Rates

POLICY FORM: 21157(0102)

LTC Partnership - Nursing Facility/Residential Care - Tax Qualified

	30 Day Elimination Period - Service				90 Day Elimination Period - Service			
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
50		\$1,634				\$1,143		
55		\$2,181				\$1,525		
60		\$2,644				\$1,849		
65		\$3,413				\$2,387		
70		\$4,593				\$3,212		
75		\$6,670				\$4,664		
80								

Customer Service Telephone Number: (800) 224 - 4582