

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:
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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
\$50	\$400						

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					

RCFE Company Notes:	Enter Notes: None reported by the company.
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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.
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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				YES	YES	

QB Company Notes:	The need for human assistance or continual supervision to perform at least <u> 2 </u> of <u> 6 </u> Activities of Daily Living.
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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			\$143	\$497		
45	\$220	\$668			\$196	\$596		
50	\$290	\$781			\$260	\$697		
55	\$372	\$908			\$332	\$810		
60	\$502	\$1,088			\$448	\$971		
65	\$802	\$1,524			\$716	\$1,361		
70	\$1,293	\$2,163			\$1,154	\$1,931		
75	\$2,269	\$3,363			\$2,026	\$3,003		
80	\$3,409	\$4,543			\$3,044	\$4,057		

Customer Service Telephone Number: (800) 524-3611