

BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263

LTC Individual - Comprehensive - Tax Qualified

Male

POLICY FORM: GR-N650M

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	YES	YES	NO	YES

MPB Company Notes:	(Number of Days) times the Nursing Facility Daily Benefit = _____ . Other Notes: We offer the following benefit periods (in days): 365,500,730,1000,1095,1460,1500,1825,2000,2190,2500,2920.
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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	\$10	YES	NO	YES	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	NO	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
YES	NO	NO						

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	NO	NO	NO	YES	YES	NO

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	NO	YES	YES	YES	NO	NO	YES	YES

EP Company Notes: Enter Notes: 15 DAY OPTION IS ALSO AVAILABLE.

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	YES

IP Company Notes: Enter Notes: 3% AND 4% COMPOUND OPTIONS ARE ALSO AVAILABLE.

9. Waiver of Premium (WAVP)

Enter Notes: Premiums are waived after 90 days of receiving covered services. Premiums are waived for the entire policy.

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Long Term Care Insurance Rates

POLICY FORM: GR-N650M **MALE**

LTC Individual - Comprehensive - 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
40	\$483	\$2,854			\$412	\$2,439		
45	\$613	\$3,075			\$524	\$2,628		
50	\$744	\$3,304			\$636	\$2,824		
55	\$940	\$3,582			\$804	\$3,062		
60	\$1,268	\$4,007			\$1,083	\$3,425		
65	\$1,824	\$4,792			\$1,559	\$4,096		
70	\$2,813	\$6,166			\$2,404	\$5,270		
75	\$4,342	\$8,211			\$3,712	\$7,018		
80	\$6,812	\$11,384			\$5,822	\$9,730		

Customer Service Telephone Number: (800) 231-9150