

**BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263**

**LTC Individual - Nursing Facility/Residential Care - Non - Tax Qualified Female** POLICY FORM: GR-N670F

**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

<b>MPB</b> 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
\$40	\$400	\$10	YES	NO	YES	NO	NO

<b>NHB</b> 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

<b>RCFE</b> 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
NO	NO	NO	NO	NO	NO	NO	YES	No

<b>HCB</b> 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	

<b>HCBO</b> 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

<b>QB</b> 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 INFLATION 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.

**BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263**

**Long Term Care Insurance Rates**

POLICY FORM: GR-N670F **FEMALE**

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

**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	\$547	\$3,690			\$468	\$3,154		
45	\$717	\$3,971			\$613	\$3,394		
50	\$902	\$4,238			\$771	\$3,622		
55	\$1,154	\$4,556			\$986	\$3,894		
60	\$1,568	\$5,044			\$1,340	\$4,311		
65	\$2,256	\$5,924			\$1,928	\$5,063		
70	\$3,446	\$7,470			\$2,946	\$6,384		
75	\$5,258	\$9,740			\$4,494	\$8,325		
80	\$8,150	\$13,209			\$6,966	\$11,289		

Customer Service Telephone Number: (800) 231-9150