

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

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

POLICY FORM: GR-N670**M**

**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
\$40	\$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 (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: 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>  7  </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-N670M **MALE**

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

**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	\$370	\$2,293			\$316	\$1,960		
45	\$473	\$2,478			\$405	\$2,118		
50	\$577	\$2,662			\$493	\$2,276		
55	\$740	\$2,899			\$632	\$2,478		
60	\$998	\$3,261			\$853	\$2,788		
65	\$1,457	\$3,912			\$1,245	\$3,344		
70	\$2,285	\$5,066			\$1,953	\$4,330		
75	\$3,579	\$6,826			\$3,059	\$5,834		
80	\$5,732	\$9,600			\$4,899	\$8,205		

Customer Service Telephone Number: (800) 231-9150