

LIFESECURE INSURANCE COMPANY - NAIC 77720

LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: LS 0002 CA 07 07 (4.2 Years)

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: 1520 (Number of Days) times the Nursing Facility Daily Benefit = 4.2. Other Notes:

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
\$1,550	\$20,000	\$1	NO	NO	YES	NO	NO

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

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.

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								

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

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.

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		

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	NO	NO	YES	NO	YES	NO	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	NO	YES	YES

IP Company Notes: Enter Notes: 3% compound offered; GPO offered if no other IP selected by policyholder.

9. Waiver of Premium (WAVP)

Enter Notes: Premium is waived beginning on the first day the policyholder begins receiving benefits.

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Long Term Care Insurance Rates

POLICY FORM: LS 0002 CA 07 07 (4.2 Years)

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30 Day Elimination Period 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					\$588	\$1,893		
45					\$674	\$1,995		
50					\$793	\$2,157		
55					\$946	\$2,488		
60					\$1,272	\$3,256		
65					\$1,838	\$4,338		
70					\$3,208	\$6,512		
75					\$5,981	\$10,228		
80								

Note: Annual rates used. Lifetime benefit period not offered.

Customer Service Telephone Number: (866) 582-7702