

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

**LTC Individual - Nursing Facility/Residential Care - Tax Qualified Female POLICY FORM: GR-N640F**

**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  | NO   | NO   | NO   | NO   | 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

**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.

**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.

**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.

**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 |
|---------|---------|-----------|-----|------|-------|------|-------|
|         |         |           |     |      |       |      |       |

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       | NO        | NO      | NO    | YES   | YES     | NO      |

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 |
| 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       | YES                        | 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 the duration of the elimination period. Premiums are waived for the entire policy.

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

**Long Term Care Insurance Rates**

POLICY FORM: GR-N640F **FEMALE**

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

**30 Day Elimination Period - Service      90 Day Elimination Period - Service**

| ISSUE AGE | 30 Day Elimination Period - Service                     |   | 90 Day Elimination Period - Service        |  | 30 Day Elimination Period - Service                     |   | 90 Day Elimination Period - Service        |  |
|-----------|---|---|--|--|---|---|--|--|
|           | 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        | \$526   | \$3,548   |  |  | \$450   | \$3,033   |  |  |
| 45        | \$690   | \$3,819   |  |  | \$590   | \$3,264   |  |  |
| 50        | \$868   | \$4,075   |  |  | \$742   | \$3,483   |  |  |
| 55        | \$1,109   | \$4,380   |  |  | \$948   | \$3,744   |  |  |
| 60        | \$1,508   | \$4,850   |  |  | \$1,289   | \$4,145   |  |  |
| 65        | \$2,169   | \$5,696   |  |  | \$1,854   | \$4,868   |  |  |
| 70        | \$3,314   | \$7,182   |  |  | \$2,832   | \$6,139   |  |  |
| 75        | \$5,056   | \$9,365   |  |  | \$4,321   | \$8,005   |  |  |
| 80        | \$7,837   | \$12,701  |  |  | \$6,698   | \$10,855  |  |  |

Customer Service Telephone Number: (800) 621-3724