

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: _____ (Number of Days) times the Nursing Facility Daily Benefit = _____. Other Notes: N/A

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						

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 (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
							NO

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	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
		YES	YES	YES		YES		YES

EP Company Notes: Enter Notes: Other = 180 Days

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES			

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

9. Waiver of Premium (WAVP)

Enter Notes: None reported by the company.

KNIGHTS OF COLUMBUS - NAIC 58033

Policy Form: NQLTC01 OOC-CA 1-02

Long Term Care Insurance Rates

LTC Individual - Comprehensive - Non-Tax Qualified

30 Day Elimination Period - Calendar 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	\$246	\$891			\$220	\$796		
45	\$338	\$1,070			\$301	\$956		
50	\$447	\$1,252			\$399	\$1,118		
55	\$572	\$1,454			\$512	\$1,298		
60	\$771	\$1,744			\$689	\$1,557		
65	\$1,146	\$2,267			\$1,023	\$2,025		
70	\$1,847	\$3,218			\$1,649	\$2,873		
75	\$3,387	\$5,228			\$3,025	\$4,668		
80	\$4,870	\$6,762			\$4,348	\$6,037		

Customer Service Telephone Number: (800) 380-9995