

**KNIGHTS OF COLUMBUS - NAIC 58033**

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

Policy Form: NHC01 OOC-CA 1-02

**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.

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**Long Term Care Insurance Rates**

Policy Form: NHC01 OOC-CA 1-02

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**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	\$146	\$506			\$130	\$452		
45	\$200	\$607			\$178	\$542		
50	\$264	\$710			\$236	\$634		
55	\$338	\$825			\$302	\$736		
60	\$456	\$989			\$407	\$883		
65	\$729	\$1,385			\$651	\$1,237		
70	\$1,175	\$1,966			\$1,049	\$1,755		
75	\$2,063	\$3,057			\$1,842	\$2,730		
80	\$3,099	\$4,130			\$2,767	\$3,688		

**Customer Service Telephone Number:** (800) 380-9995