

KNIGHTS OF COLUMBUS - NAIC 58033

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

Policy Form: NHC2 OOC CA 7-14

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: Other = 10 Years

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	\$500						

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

EP Company Notes: Enter Notes: Other = 180 Days
30-day EP not available with Standard class

8. Inflation Protection (IP)

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

IP Company Notes: Enter Notes: Other = 3% Compound

9. Waiver of Premium (WAVP)

Enter Notes: None reported by the company.

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Long Term Care Insurance Rates

Policy Form: NHC2 OOC CA 7-14

Male

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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	\$389	\$2,087			\$324	\$1,739		
45	\$449	\$2,154			\$374	\$1,795		
50	\$517	\$2,201			\$431	\$1,834		
55	\$613	\$2,223			\$511	\$1,852		
60	\$953	\$2,881			\$794	\$2,401		
65	\$1,183	\$3,153			\$986	\$2,628		
70	\$2,005	\$4,468			\$1,671	\$3,723		
75	\$2,906	\$6,692			\$2,422	\$5,576		
80								

Customer Service Telephone Number:

(800) 380-9995