

KNIGHTS OF COLUMBUS - NAIC 58033

LTC Individual - Nursing Facility/Residential Care - Tax Qualified

Policy Form: NHC01-CA 1-02TQ

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:

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							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	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	NO	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-CA 1-02TQ

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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	\$192	\$688	\$130	\$452	\$172	\$614
45	\$200	\$607	\$266	\$827	\$178	\$542	\$237	\$739
50	\$264	\$710	\$354	\$969	\$236	\$634	\$316	\$865
55	\$338	\$825	\$456	\$1,127	\$302	\$736	\$407	\$1,006
60	\$456	\$989	\$736	\$1,614	\$407	\$883	\$657	\$1,441
65	\$729	\$1,385	\$1,276	\$2,441	\$651	\$1,237	\$1,139	\$2,180
70	\$1,175	\$1,966	\$2,007	\$3,374	\$1,049	\$1,755	\$1,792	\$3,012
75	\$2,063	\$3,057	\$3,072	\$4,569	\$1,842	\$2,730	\$2,743	\$4,079
80	\$3,099	\$4,130	\$4,742	\$6,336	\$2,767	\$3,688	\$4,234	\$5,657

Customer Service Telephone Number: (800) 380-9995 or (800) 214-9825