

# THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

(In this application, "the Company" is the insurer named above.) **Customer Service Office**6255 Sterner's Way, Bethlehem, PA 18017-9464

# APPLICATION SUPPLEMENT ACCELERATION OF DEATH BENEFIT FOR LONG TERM CARE SERVICES (LTC) RIDER

DISCLOSURE: Payment of a Monthly LTC Benefit may be taxable. The owner should consult a competent tax advisor to determine the current tax consequences before requesting any accelerated payments. Receipt of accelerated death benefits may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income. The premium rates applicable to the LTC rider can be found on the Outline of Coverage provided to you with this application. There is no premium charge for the Accelerated Benefit Rider for Terminal Illness (TABR) however a lien is created when an acceleration occurs under this rider and a \$250 administrative fee is applied the first time the rider is accelerated. Receipt of accelerated death benefits under TABR may affect eligibility for public assistance programs and may be taxable.

	ase print (any changes must be initialed by the		
	CTION A Proposed Insured/Owner		
1.	First Name	MI	Last Name
2.	Social Security #		3. Sex ☐ Male ☐ Female
4.	Date of Birth (mm/dd/yyyy)		
5.	10		ty or charity (Complete only if the proposed insured is NOT to be the
	owner)?		
SE	CTION B LTC Rider Information		
Ву		efit Rider for Te	erminal Illness (TABR) will also be part of the policy if the LTC rider
1.	Basic LTC Pool is the lesser of (a) 90% of the	basic policy fa	ount that can be accelerated under the LTC Rider. The maximum ace amount being applied for or (b) the basic policy face amount less
	\$25,000. However, in no event can the Basic	: LTC Pool app	olicable to an insured life exceed \$2,500,000.
	☐ I elect the maximum Basic LTC Pool as de	escribed above	е.
	☐ I elect a Basic LTC Pool of: \$		_
2.	Additional LTC Pool Yes No		
3.	Rider Value Option B – Enhanced Reduced P	aid-up Benefit	(Nonforfeiture Benefit) Yes No
	<b>TE:</b> By electing the Optional Reduced Paid-up are option is not elected.	Benefit (Nonfo	orfeiture Benefit) the Premiums for the LTC Rider will be higher than
SE	CTION C Protection From Unintended I	Lapse	
rec		ider for non-pa	he right to designate at least one person other than himself/herself to ayment of premium. Such notice will not be given to the designated.
	I elect NOT to designate a person to receive su	uch notice	
	I elect to designate the following person(s) to re	eceive notice p	prior to cancellation of the policy for nonpayment of premium
PE	RSON 1		
Fire	st Name	MI	Last Name
Prir	mary Residence (Do not use P.O. Box)		
		City	State Zip
PΕ	RSON 2		
Fire	st Name	MI	Last Name
Prir	mary Residence (Do not use P.O. Box)		
		City	State Zip
LT	C APP SUPP NY	Page 1	

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	•						Yes	No
1.	Is the Proposed Ins	sured covered by Medic	aid?					
2.		term care policies, certi nd/or health maintenand vide details below				nths on the Pr	oposed	
3.	Are there other life Insured's life? Prov	insurance policies in for vide details below	ce that provide	similar long term	care coverage	on the Propos	sed	
4.		eplace any long-term car plied for in this supplem		ealth coverage on	the Proposed	Insured's life	with the	
5.	Has the proposed	insured ever been denie	d coverage for	a long-term care	rider or policy?			
* Fo	r any "No" answer, pl	ease provide date of lap	se in the Rema	rks section.				
Nan	ne of Company	Type (e.g. individual	Year Issued	Total Amount	Currently in	force?	Being Rep	laced?
		or group)			Yes	No*	Yes	No
	transferring from bed			•		-	☐ Ye	s
	•	to chair? nsured currently use or h	as the propose	ed insured used in	the past 12 mg	onths, a whee		S UNO
		d cane, hospital bed, oxy						s  No
	activities: taking med	nsured currently need he dication, doing housewo	rk, laundry, sho	pping or meal pre		of the followin		
	by a member of the n	sured ever been diagnos	ed as naving o				T e	s 🗌 No
	<ol> <li>Alzheimer's disea;</li> </ol>		gnitive Impairm		ain syndrome?			
	b. Multiple Sclerosis	se or dementia, Mild Co , Muscular Dystrophy, P	arkinson's Dise	ent, or organic bra ase or ALS (Lou (	Gehrig's Disea	se)?	∐ Ye	es
	b. Multiple Sclerosis	se or dementia, Mild Co , Muscular Dystrophy, P s, has the proposed ins	arkinson's Dise	ent, or organic bra ase or ALS (Lou (	Gehrig's Disea	se)?	∐ Ye	es
	<ul> <li>b. Multiple Sclerosis</li> <li>Within the last 5 year</li> <li>of the medical profes</li> <li>a. Amnesia, confusion</li> </ul>	se or dementia, Mild Co , Muscular Dystrophy, P rs, has the proposed insi sion for: on, aphasia, memory los	arkinson's Dise ured been treat s or forgetfulne	ent, or organic braces or ALS (Lou Ged, examined, or	Gehrig's Disea	se)?	☐ Ye ☐Yes nseling by a r ☐ Ye	es No No member
	<ul> <li>b. Multiple Sclerosis.</li> <li>Within the last 5 year</li> <li>of the medical profes</li> <li>a. Amnesia, confusion</li> <li>b. Dizziness, fainting</li> <li>c. Tremors or numbr</li> </ul>	se or dementia, Mild Co, Muscular Dystrophy, Pes, has the proposed insistion for: on, aphasia, memory los y, weakness or chronic faness?	arkinson's Dise ured been treat s or forgetfulne	ent, or organic braces or ALS (Lou Ged, examined, or	Gehrig's Disea	se)?	☐ Ye ☐Yeanseling by a r ☐ Yea	es  No No No No Member
	<ul> <li>b. Multiple Sclerosis</li> <li>Within the last 5 year</li> <li>of the medical profes</li> <li>a. Amnesia, confusio</li> <li>b. Dizziness, fainting</li> <li>c. Tremors or numbr</li> <li>d. Any fractures or fa</li> </ul>	se or dementia, Mild Co, Muscular Dystrophy, Prs, has the proposed insistion for: on, aphasia, memory lose, weakness or chronic facess?	arkinson's Dise ured been treat s or forgetfulne	ent, or organic braces or ALS (Lou Ged, examined, or	Gehrig's Disea	se)?	Yee	es No s No member es No s No s No s No es No
	<ul> <li>b. Multiple Sclerosis</li> <li>Within the last 5 year</li> <li>of the medical profes</li> <li>a. Amnesia, confusion</li> <li>b. Dizziness, fainting</li> <li>c. Tremors or numbrred</li> <li>d. Any fractures or famous</li> <li>e. A condition which</li> <li>f. Incontinence prob</li> </ul>	se or dementia, Mild Co, Muscular Dystrophy, Prs, has the proposed insistence on, aphasia, memory lost, weakness or chronic faness?  Causes limited motion?	arkinson's Dise ured been treat s or forgetfulne	ent, or organic braces or ALS (Lou Ged, examined, or	Gehrig's Disea	se)?	Yeenseling by a r	es No es No member es No
6.	<ul> <li>b. Multiple Sclerosis.</li> <li>Within the last 5 year of the medical profes</li> <li>a. Amnesia, confusion</li> <li>b. Dizziness, fainting</li> <li>c. Tremors or numbrred. Any fractures or famous</li> <li>e. A condition which</li> <li>f. Incontinence probing</li> <li>g. Ataxia, balance, on</li> <li>During the last 12 months</li> </ul>	se or dementia, Mild Co, Muscular Dystrophy, Prs, has the proposed insistence on, aphasia, memory lost, weakness or chronic faness?  Causes limited motion?	arkinson's Dise ured been treat s or forgetfulne atigue?	ent, or organic braces or ALS (Lou Ged, examined, or SS?	Gehrig's Disea: received consu	se)? iltation or cour	Yespensation or	es No es No emember es No
6.	b. Multiple Sclerosis. Within the last 5 year of the medical profes a. Amnesia, confusio b. Dizziness, fainting c. Tremors or numbr d. Any fractures or fa e. A condition which f. Incontinence prob g. Ataxia, balance, o During the last 12 mc Security Disability?	se or dementia, Mild Co, Muscular Dystrophy, Prs, has the proposed insistence on, aphasia, memory lost, weakness or chronic facess?  alls?  causes limited motion?  or gait impairment?	arkinson's Dise ured been treat s or forgetfulne atigue? insured receive	ent, or organic braase or ALS (Lou Ged, examined, or ss?	Gehrig's Disea: received consu	se)? iltation or cour vorker's Com	Yespensation or	es No es No member es No
<ol> <li>6.</li> <li>7.</li> </ol>	b. Multiple Sclerosis. Within the last 5 year of the medical profes a. Amnesia, confusio b. Dizziness, fainting c. Tremors or numbr d. Any fractures or fa e. A condition which f. Incontinence prob g. Ataxia, balance, o During the last 12 mc Security Disability?	se or dementia, Mild Co, Muscular Dystrophy, Prs, has the proposed insistence on, aphasia, memory lost, weakness or chronic facess?  alls?  causes limited motion?  or gait impairment?  onths, has the proposed	arkinson's Dise ured been treat s or forgetfulne atigue? insured receive	ent, or organic braase or ALS (Lou Ged, examined, or ss?	Gehrig's Disea: received consu	se)? iltation or cour vorker's Com	Yespensetion or either parent	ss No ss No member ss No social ss No or any
<ul><li>6.</li><li>7.</li><li>8.</li></ul>	b. Multiple Sclerosis. Within the last 5 year of the medical profes a. Amnesia, confusio b. Dizziness, fainting c. Tremors or numbr d. Any fractures or fae. A condition which f. Incontinence prob g. Ataxia, balance, o During the last 12 mc Security Disability? Does the proposed in siblings?	se or dementia, Mild Co, Muscular Dystrophy, P is, has the proposed insistence on, aphasia, memory lost, weakness or chronic facess? alls? causes limited motion? or gait impairment? on the, has the proposed insured have a family his conths has the proposed	arkinson's Dise ured been treat s or forgetfulne atigue? insured receive	ent, or organic brackets or ALS (Lou of ed, examined, or ess?	Gehrig's Diseas received consulations ability benefit, V	se)? iltation or cour Worker's Com izophrenia in	Yespectation or other visical or other versical or other versical or other versical	ss No ss No member ss No

List all medication prescribed and/or taken by the Proposed Insured in the last 24 months THAT ARE NOT CURRENTLY BEING TAKEN and provide the appropriate details as requested below.

Medication	Dose and frequency	Physician who prescribed	Reason for taking	Date Started	Date Stopped

CTION F	Remarks Section			
(If needed, a	ttach additional sheets).			

SECTION G Amendments or Corrections (For Home Office Or Customer Service Office Use Only)

# Representations of the Proposed Insured and Owner

NOTICE: If the policy is to be owned by someone other than the Proposed Insured, I (Proposed Insured) provide consent to the proposed owner to own the policy on which this rider is attached and understand that any LTC benefits paid under the rider being applied for with this application supplement will be payable to the owner and not to me (Proposed Insured).

CAUTION: If answers on this Application Supplement fail to include all material information requested, the Company has the right to deny benefits or rescind the LTC rider. The best time to clear up any questions is now, before a claim arises. If for any reason you feel the statements made in these applications are incorrect, contact us at the Customer Service Office shown at the top of this form.

#### Acknowledgement

I agree that I am applying for the LTC Rider to be included on the life insurance policy that I am applying for and that this application supplement will form part of the basis for coverage under the policy and will be attached to and become a part of any policy issued. I further agree that all of the statements that are part of this supplement are correctly recorded, and are complete and true to the best of my knowledge and belief. Any misrepresentation or omission, if found to be material, may adversely affect acceptance of the risk, claims payment or may cause the Company to seek rescission of any policy that is issued based on this application. I also understand that the agent cannot determine eligibility or alter the terms of the proposed rider. The company may require as part of this applications process an attending physician statement, medical records, an underwriting assessment, a medical exam, a Department of Motor Vehicle report or other questionnaire, test or a prescription drug or medication report.

I further acknowledge that I have received the Outline of Co	verage for the rider being applied for.
Signed by Owner at:	on
City and State	mm/dd/yyyy
X	X
Signature of Proposed Insured	Signature of Applicant/Owner if Other than Proposed Insured
	X
Date of Signature for Proposed Insured (mm/dd/yy)	Signature of Additional Owner
X	
Witness (must be witnessed if completed outside the presence of the	ne agent)



# The Guardian Life Insurance Company of America Customer Service Office 6255 Sterner's Way, Bethlehem, PA 18017-9464

# Eligibility Considerations related to applying for the Accelerated Death Benefit for Long Term Care Services Rider

## DO NOT SUBMIT THIS DOCUMENT WHEN APPLYING FOR THIS RIDER

The underwriting of the Accelerated Death Benefit for Long-Term Care (LTC) Rider differs greatly from traditional life insurance underwriting. Underwriting decisions are based on morbidity risks versus mortality risks. Some factors that are unique to long term care underwriting include functional impairment, cognitive impairment, degenerative conditions, mobility problems, and frailty. Please note that the information provided in this document is meant to be a guide in determining eligibility for the rider. It is not an all inclusive document and final determination of eligibility will be determined during the underwriting process.

<u>Screening Tips:</u> In order prevent declinations in coverage for your clients and to expedite the underwriting of your cases, please follow these guidelines to "pre-qualify" your clients before submitting the case to underwriting. We have included in this packet, listings of uninsurable medical conditions, uninsurable medications, and situations that will cause declination of the LTC Rider.

This document is <u>not</u> intended to be used to apply for the LTC rider; it should be used to determine whether or not a client is a good candidate for this rider.

## Situations where LTC Rider will not be approved by underwriting:

- The base policy has a substandard rating or flat extra.
- The rider is being issued as a replacement of an existing long term care product.
- The inability to perform activities of daily living (ADL's). These activities include: Bathing, Continence (control of bladder or bowel), Dressing, Eating, Toileting, Transferring out of bed of chair.
- Applicants who are currently using a wheelchair, walker, multi-pronged cane, hospital bed, oxygen, dialysis machine, motorized cart, or stair lift.
- Applicants who currently reside in a nursing home, assisted care facility, custodial facility, or attend adult day care.
- Applicants who are receiving Medicaid.
- Applicants currently receiving disability payments.
- Applicants who have been declined long term care coverage previously.
- Applicants who have surgery or an investigative work up pending. Or individuals who
  have recently had surgery from which they have not been released from the doctors care
  and are not yet fully recovered.

<u>Long Term Care Rider Uninsurable Medications:</u> This table lists medications that if taken regularly within the past 5 years would most likely result in the LTC rider being declined. Please note that this list is NOT ALL INCLUSIVE. Medications that are not listed may also result in the rider being declined as part of the underwriting process.

Antabuse (disulfuram)	Eldepryl (Selegiline)	Methadone	Remicade (infliximab)
Arava (leflunomide)	Enbrel (entanercept)	Methotrexate	Reminyl (galantamine)
Aricept (donepezil)	Ergoloid	Morphine	Requip (ropinirole)
Artane (trihexyphenidyl)	Exelon (rivastigmine)	MS Contin	ReVia (naltrexone)
Avonex (interferon)	Fentanyl	Namenda (memantine	Risperdal (risperidone)
Baclofen	Geodon (ziprasidone)	Navane (thiothixene)	Seroquel (quetiapine)
Betaseron (interferon)	Hydergine	Oxycontin (oxycodone)	Sinimet (levadopa)
Campral (acamprosate)	Interferon	Parlodel (bromocriptine)	Stezaline (trifluoperazine)
Cogentin (benztropine)	Insulin	Permax (pergolide)	Symmetral (amantadine)
Cognex (tacrine)	L-Dopa	Prolixin (fluphenazine)	Thorazine (chlorpromazine)
Comtan (entacapone)	Larodopa	Razadyne (galantamine)	Trilafon (perphenazine)
Copaxone ((glatiramer)	Levodopa	Rebif (interferon)	Vivitrol (naltrexone)
Depade (naltrexone)	Lithium		

<u>Conditions where LTC Rider will not be approved:</u> Please note that this list is NOT ALL INCLUSIVE. Conditions that are not listed may also result in the rider being declined as part of the underwriting process.

AIDS/HIV	Cirrhosis (liver)	Leukemia (within 10 years)	Paralysis
AIDS-related Complex (ARC)	Congestive heart failure	Lymphoma	Paraplegia/ Quadriplegia
Alcoholism (within 10 years)	COPD/emphysema	Memory Loss	Parkinson's
ALS	Cystic fibrosis	Mental Retardation	Polyarteritis Nodosa
Alzheimer's disease / dementia	Depression (severe or hospitalized within 10 years)	Mixed Connective Tissue Disease	Polycystic Kidney Disease
Amputations (multiple limbs or due to disease)	Diabetes (Insulin dependent)	Mobility impairment with ADL limitations	Post polio syndrome
Aneurysm (not repaired)	Drug abuse (within 10 years)	Multiple Myeloma	Pulmonary Hypertension
Arteritis (severe)	Esophageal Varices	Multiple Sclerosis	Rheumatoid Arthritis
Assistive devices (walker, cane, wheelchair)	Heart attack, heart or carotid artery surgery (within 6 months)	Muscular Dystrophy	Schizophrenia
Ataxia/Gait impairments	Hepatitis (chronic)	Myasthenia Gravis	Scleroderma / Crest syndrome
Atrophy (brain)	Huntington's disease	Narcotic drug or prescription pain meds – regular use	Stroke
Balance disorders	Hydrocephalus	Neurogenic bladder	Systemic Lupus
Bowel Incontinence	Implantable defibrillator	Organic Brain Syndrome	Transient Ischemic Attack (TIA) (within 6 months or multiple)
Cardiomyopathy	kidney disease (dialysis)	Oxygen use	Transplant (internal organs)
		Pancreatitis (chronic)	Wegener's granulomatosis

#### LTC RIDER NEW BUSINESS SUBMISSION INSTRUCTION PAGE

#### FOR USE IN NEW YORK ONLY

This document provides instructions on what is needed in order to submit a case that contains our Long Term Care (LTC) rider. This information is in addition to the normal new business submission requirements that would normally apply to a whole life submission.

PREQUALIFICATION WORKSHEET FORM (13-LTC PRE QUAL WORKSHEET) – This worksheet was developed as a
tool for an agent to review information with their client to determine if a client is a viable candidate for applying for the LTC
rider. This worksheet should <u>only</u> be used as a guide for the types of conditions and situations where an LTC rider would
not be approved for issue. DO NOT complete this form and submit it with other New Business documentation. It should
ONLY be used as a guide to determine if a client should apply for the rider.

The following documents must be completed and submitted in order to apply for the LTC rider:

- APPLICATION SUPPLEMENT FORM (LTC APP SUPP NY) This form is used to apply for the rider. It is where you select the benefit levels and optional features that are provided under the rider. It also includes a number of additional health questions that relate specifically to the underwriting considerations of the rider that are not contained in the base application.
- LTC AGENT CERTIFICATION FORM (13-LTC APP SUPP AC) –This is a separate agent certification that must be completed by the agent and submitted with the other paperwork. This is required by law since there are LTC related replacement questions that the agent is required to respond to. This agent certification is required in addition to the certification submitted for the base application.
- **TERMINAL ILLNESS DISCLOSURE FORM (13-TIR DISC NY)** Since a terminal illness rider is also included whenever an LTC rider is attached to a policy, a signed disclosure is required for this rider.
- **THIRD PARTY OWNERSHIP FORM (13-TPOD NY)** Whenever the insured is <u>not</u> the owner of the policy that contains the LTC Rider, Guardian requires completion of a disclosure which mentions the possible the tax implications of such an ownership structure. This form is required if the application shows an owner that is different than the insured.

In addition to the above forms that may need to be submitted as part of the new business application process, the following form needs to be provided to the client at the time the application is taken. If the LTC rider is added to a case that has already been submitted, this form must be given to the client prior to any request to add this rider to a case.

• OUTLINE OF COVERAGE FORM (14-LTC OC NY) – This is a required disclosure that must be given to the client at the time of applying for the LTC rider.

# LTC RIDER AGENT'S CERTIFICATION

Do you have knowledge or reason to believe that replacement of an existing long-term care policy or rider within the lasmonths may be involved by reason of this transaction? Yes No a. If yes, which company? b. If that policy/rider lapsed, indicate date of lapse? by you have any knowledge or reason to believe that the proposed insured or owner is covered by Medicaid? Yes any health or long-term care insurance policies that you have sold the proposed insured/owner that are currently in for Name of Company Type (e.g. individual or group). Year Issued Total Amount Being Replaced? Yes No    Company	lite of		(Proposed Insure	d).			
b. If that policy/rider lapsed, indicate date of lapse?  by you have any knowledge or reason to believe that the proposed insured or owner is covered by Medicaid?    Set any health or long-term care insurance policies that you have sold the proposed insured/owner that are currently in formula    Name of Company    Type (e.g. individual or group)    Year Issued    Total Amount    Being Replaced?    Yes     No     Description:  List any health or long-term care insurance policies that you have sold the proposed insured/owner in the past 5 years to longer in force:					g long-term care p	oolicy or rider	within the las
o you have any knowledge or reason to believe that the proposed insured or owner is covered by Medicaid?	a. If y	yes, which company?					
Name of Company  Type (e.g. individual or group)  Year Issued  Total Amount  Being Replaced?  Yes  No  U  U  U  U  U  U  U  U  U  U  U  U  U	b. If t	that policy/rider lapsed, in	ndicate date of lapse?				
Name of Company  Type (e.g. individual or group)  Year Issued  Total Amount  Being Replaced?  Yes No  D  D  D  D  List any health or long-term care insurance policies that you have sold the proposed insured/owner in the past 5 years to longer in force:	you	have any knowledge or	reason to believe that the propo	osed insured o	r owner is covered	d by Medicai	d? ☐ Yes ☐
Name of Company  Type (e.g. individual or group)  Year Issued  Total Amount  Yes  No  Description  Lance Date							
Name of Company  Type (e.g. Individual or group)  Year Issued  Total Amount  Yes  No	st any	y health or long-term care	e insurance policies that you ha	ve sold the pro	oposed insured/ow	vner that are	currently in fo
Name of Company  Type (e.g. individual or group)  Year Issued  Total Amount  Yes  No							
List any health or long-term care insurance policies that you have sold the proposed insured/owner in the past 5 years to longer in force:		Name of Company	Type (e.g. individual or group)	Year Issued	Total Amount		
no longer in force:						П	П
no longer in force:						П	
no longer in force:							
no longer in force:							
		-	are insurance policies that you	have sold the լ	oroposed insured/	owner in the	past 5 years
	no lo	nger in force:	· · ·			-	
	no lo	nger in force:	· · ·				
	no lo	nger in force:	· · ·				
	no lo	nger in force:	· · ·				
	no lo	nger in force:	· · ·				
	no lo	nger in force:	· · ·				
	no lo	Name of Company ers to all questions on this	Type (e.g. individual or group)	Year Issued	Total Amount  best of my knowle	Lapse	Date
r is duly appointed and licensed in the state in which this application was signed and for the product(s) proposed.	no lo	Name of Company ers to all questions on this	Type (e.g. individual or group)	Year Issued	Total Amount  best of my knowle	Lapse	Date
	answeer is d	Name of Company  ers to all questions on this	Type (e.g. individual or group)	Year Issued  and true to the lication was si	Total Amount  best of my knowledged and for the property of th	Lapse	Date
on	answeer is d	Name of Company  ers to all questions on this	Type (e.g. individual or group)  s application are full, complete and in the state in which this app	Year Issued  And true to the dication was si	Total Amount  best of my knowledged and for the process of the pro	Lapse	Date
	answeer is d	Name of Company  ers to all questions on this	Type (e.g. individual or group)  s application are full, complete and in the state in which this app	Year Issued  And true to the dication was si	Total Amount  best of my knowledged and for the process of the pro	Lapse	Date
on	answeer is d	Name of Company  ers to all questions on this only appointed and license.  City and	Type (e.g. individual or group)  s application are full, complete and in the state in which this application.	Year Issued  And true to the dication was si	Total Amount  best of my knowledger and for the particular and for t	edge and bel	Date
cd at:on City and Statemm/dd/yyyy	answeer is d	Name of Company  ers to all questions on this only appointed and license.  City and	Type (e.g. individual or group)  s application are full, complete and in the state in which this application.	Year Issued  And true to the dication was si	best of my knowlegned and for the polygonial description.	edge and beloroduct(s) pro	Date





#### **The Guardian Life Insurance Company of America** Customer Service Office 6255 Sterner's Way, Bethlehem, PA 18017-9464

# ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER SUMMARY AND DISCLOSURE STATEMENT

This Disclosure Statement provides a brief summary of the important features of an Accelerated Death Benefit for Terminal Illness rider; it does not alter any of the rider's provisions. The actual provisions of the rider set forth its full details and conditions.

#### EFFECTS OF AN ACCELERATED BENEFIT PAYMENT ON A LIFE INSURANCE POLICY

WHEN AN ACCELERATED BENEFIT IS PAID, A LIEN IS CREATED AGAINST THE POLICY EQUAL TO THE AMOUNT OF THE ACCELERATED BENEFIT WE PAY, PLUS LIEN CARRYING CHARGES TO THE NEXT POLICY ANNIVERSARY. ANY LIEN CREATED WILL BEAR CARRYING CHARGES WHICH ARE PAYABLE IN ADVANCE ON THE DATE THE LIEN WAS CREATED AND ON EACH SUBSEQUENT POLICY ANNIVERSARY. THE INTEREST RATE VARIES DEPENDING ON THE AMOUNT OF THE OUTSTANDING LIEN. IF THE OUTSTANDING LIEN IS LESS THAN OR EQUAL TO THE CASH VALUE OF THE POLICY PLUS THE CASH VALUE OF ANY ADDITIONS DISCOUNTED TO THE DATE THE LIEN CARRYING CHARGES ARE DETERMINED, THE LIEN CARRYING CHARGE RATE IS EQUAL TO THE LESSER OF THE FIXED LOAN INTEREST RATE THEN IN EFFECT UNDER THE POLICY OR AN ADJUSTABLE LOAN INTEREST RATE AS ALLOWED BY LAW. THE RATE FOR ANY AMOUNT OF AN OUTSTANDING LIEN WHICH EXCEEDS THE CASH VALUE OF THE POLICY PLUS THE CASH VALUE OF ADDITIONS DISCOUNTED TO THE DATE THE LIEN CARRYING CHARGES ARE DETERMINED IS EQUAL TO AN ADJUSTABLE LOAN INTEREST RATE AS ALLOWED BY LAW. THE ADJUSTABLE LOAN INTEREST RATE IS BASED ON THE MOODY'S CORPORATE BOND YIELD AVERAGE PUBLISHED BY MOODY'S INVESTORS SERVICE, INC., OR ANY SUCCESSOR THERETO, AS OF THE CALENDAR MONTH ENDING TWO MONTHS BEFORE THE FIRST DAY OF THE MONTH OF THE POLICY ANNIVERSARY.

THE CASH SURRENDER VALUE, LOAN VALUE, AND DEATH PROCEEDS PAYABLE WILL BE REDUCED BY ANY LIEN OUTSTANDING DUE TO THE PAYMENT OF AN ACCELERATED BENEFIT. HOWEVER, THE POLICY'S FACE AMOUNT AND CASH VALUE ARE NOT AFFECTED BY ANY OUTSTANDING LIEN. IN ADDITION, ANY DIVIDEND PAYABLE WILL BE AFFECTED BY ANY OUTSTANDING LIEN AND LIEN CARRYING CHARGES DURING THE POLICY YEAR. WHILE A LIEN IS OUTSTANDING, THE POLICY WILL REMAIN IN FORCE AND THE FULL POLICY PREMIUM WILL STILL BE DUE (UNLESS THE POLICY IS PAID-UP OR PREMIUMS ARE THEN BEING WAIVED UNDER A WAIVER OF PREMIUM RIDER). HOWEVER, IF THE TOTAL LOAN PLUS OUTSTANDING LIEN, INCLUDING LIEN CARRYING CHARGES, EXCEEDS THE POLICY'S FACE AMOUNT PLUS THE FACE AMOUNT OF ANY ADDITIONS, THEN THE POLICY AND ANY OTHER RIDERS WILL END.

UPON RECEIPT OF A REQUEST FOR AN ACCELERATED BENEFIT PAYMENT, GUARDIAN WILL NOTIFY THE OWNER AND ANY IRREVOCABLE BENEFICIARY OF THE EFFECT THAT SUCH PAYMENT WILL HAVE ON POLICY BENEFITS AND VALUES.

#### **TAX CONSEQUENCES**

ALTHOUGH THE PAYMENTS MADE UNDER THIS RIDER ARE INTENDED TO QUALIFY FOR FAVORABLE TAX TREATMENT UNDER SECTION 101(g) OF THE FEDERAL INTERNAL REVENUE CODE, PAYMENTS UNDER THIS RIDER MAY BE TAXABLE. THE OWNER SHOULD CONSULT A COMPETENT TAX ADVISOR TO DETERMINE THE CURRENT TAX CONSEQUENCES BEFORE REQUESTING ANY ACCELERATED PROCEEDS.

## **GOVERNMENT ENTITLEMENTS**

YOUR ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS, SUCH AS MEDICAL ASSISTANCE (MEDICAID), AID TO FAMILIES WITH DEPENDENT CHILDREN, AND SUPPLEMENTAL SECURITY INCOME ("SSI") MAY BE AFFECTED BY HAVING AN ACCELERATED DEATH BENEFIT RIDER AS PART OF YOUR LIFE INSURANCE POLICY OR BY RECEIVING AN ACCELERATED BENEFIT PAYMENT.

Exercising the option to receive an accelerated benefit payment and receiving such payment before applying for these programs, or while other government benefits are being received, may affect initial or continued eligibility. The appropriate social services agency (for example, the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office) should be consulted for more information concerning how receipt of an accelerated benefit payment will affect the eligibility of the recipient and/or the recipient's spouse or dependents.



#### LIMITS OF AN ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

THE ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER IS NOT HEALTH, NURSING HOME, OR LONG TERM CARE INSURANCE, AND IT IS NOT INTENDED OR DESIGNED TO ELIMINATE YOUR NEED FOR SUCH COVERAGE. There are no restrictions or limits on the use of an accelerated benefit payment. An accelerated benefit payment may not be enough to cover your medical, nursing home or other bills.

#### **OTHER OPTIONS**

Even though it is attached to a policy, an Accelerated Death Benefit for Terminal Illness Rider does not have to be exercised. An Accelerated Death Benefit for Terminal Illness Rider provides you with an additional means of accessing cash under a life insurance policy. Alternatively, you may elect to receive a loan (if available under your policy) or surrender your policy.

#### **DEFINITIONS**

**Terminally III or Terminal Illness:** This means that the insured has been certified by a physician as having an illness or physical condition which can reasonably be expected to result in death within 12 months.

**Net Amount at Risk:** Net Amount at Risk on a given date means the face amount of the base policy plus any additions, less the cash value of the base policy and any additions, as of the date to which premiums have been paid.

**Total Lien Limit**: The Total Lien Limit is the policy's Cash Value as of the date to which premiums have been paid plus 80% of the Net Amount at Risk. The percentage will be locked in, at the insurance attained age, when the first accelerated benefit payment is made.

#### THE ACCELERATED BENEFIT PAYMENT

An accelerated benefit payment may be made to the owner of a life insurance policy if the owner provides proof acceptable to Guardian that the insured is terminally ill as defined above. This proof includes but is not limited to a physician's certification regarding the insured's medical condition. Guardian must receive at its customer service office the owner's written request for an accelerated benefit payment and the physician's certification and claim form regarding the insured's medical condition. The accelerated benefit payment will be paid to the owner in a lump sum.

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY OF BENEFITS

Accelerated Benefit payments are limited by the Total Lien Limit. The owner may take a maximum of 4 liens per policy year. The policy must be in force other than as extended term insurance on the date the accelerated benefit is requested. If the policy is in force as paid-up insurance on the date the first accelerated benefit is requested, the amount of paid-up insurance must be at least \$100,000.

#### **ADMINISTRATIVE FEE**

A one-time Administrative Fee of \$250 will be charged the first time that an Accelerated Benefit is paid under this rider. This charge is associated with administrative costs for processing an Accelerated Benefit payment to the owner.

#### **COST**

There is no additional premium charged to add an Accelerated Death Benefit for Terminal Illness Rider to a life insurance policy.

#### **TERMINATION**

This Accelerated Death Benefit for Terminal Illness Rider will terminate the date the policy terminates or, if earlier on:

- The date of the insured's death;
- Upon receipt of proper written request for cancellation or to continue policy as Extended Term Insurance;
- Upon election of a Policy Value Option providing for reduced paid-up insurance, if the amount of reduced paid-up insurance is less than \$100,000 and no accelerated benefit has ever been paid under this rider; or
- The date the loan plus total lien, including lien carrying charges, exceeds the policy face amount plus the face amount of any additions.

#### Generic Illustration of Accelerated Benefit Rider

The following is a sample illustration showing the potential effect of using the Accelerated Benefit Rider for Terminal Illness. This sample shows a single accelerated benefit being paid at the beginning of the 11<sup>th</sup> policy year. The sample is not intended to relate to the specific policy the applicant is applying for. The following assumptions were made in preparing these samples:

- The insured is a 45 year old male in the Preferred Plus premium class;
- The policy is a Whole Life 99 policy with a Face Amount of \$250,000, and no Paid-Up Additions Rider;
- Acceleration occurs at age 55;
- The cash values and death benefit values shown below are based on <u>guaranteed</u> values. This sample illustration does not reflect any dividends;
- The sample assumes the owner is electing half of the maximum benefit allowed under the rider. The
  maximum benefit is the Total Lien Limit.

Age	Premium	Accelerated	Policy Face	Policy Guaranteed	Lien Amount <sup>2</sup>	Net Death Benefit <sup>3</sup>	Net Cash
	Payable	Benefit Paid 1	Amount	Cash Value			Surrender Value <sup>4</sup>
55	\$ 4,969	\$ 103,799	\$ 250,000	\$ 39,238	\$ 112,373	\$ 137,627	\$0
56	\$ 4,969		\$ 250,000	\$ 44,123	\$ 121,363	\$ 128,637	\$0
57	\$ 4,969		\$ 250,000	\$ 49,078	\$ 131,072	\$ 118,928	\$0
58	\$ 4,969		\$ 250,000	\$ 54,143	\$ 141,557	\$ 108,443	\$0
59	\$ 4,969		\$ 250,000	\$ 59,310	\$ 152,882	\$ 97,118	\$0
60	\$ 4,969		\$ 250,000	\$ 64,565	\$ 165,112	\$ 84,888	\$0
61	\$ 4,969		\$ 250,000	\$ 69,878	\$ 178,321	\$ 71,679	\$0
62	\$ 4,969		\$ 250,000	\$ 75,225	\$ 192,587	\$ 57,413	\$0
63	\$ 4,969		\$ 250,000	\$ 80,593	\$ 207,994	\$ 42,006	\$0
64	\$ 4,969		\$ 250,000	\$ 85,988	\$ 224,634	\$ 25,366	\$0
65	\$ 4,969		\$ 250,000	\$ 91,058	\$ 242,604	\$ 7,396	\$0
66	\$ 4,969		\$ 250,000	\$ 96,155	\$ 262,013	\$ 0	\$0

#### **Notes**

- 1. This is the dollar amount of the accelerated benefit actually paid, and reflects the deduction of the one-time administrative charge of \$250.
- 2. This is the lien amount created against the policy. It begins as the requested lien amount (assumed to be the Total Lien Limit) with interest to the end of the year. The values in this column assume that lien carrying charges are not paid by the owner, but rather allowed to accumulate at interest. The interest rate used in this calculation is 8%. A different rate may apply as described on page 1 of this form.
- 3. The net death benefit shown is the policy face amount minus the outstanding lien.
- 4. The net cash surrender value shown is the amount available to the owner as either a policy loan, or upon a surrender of the policy for cash.

ACKNOW! EDGEMENT

I hereby acknowledge that I have received and read the	nis disclosure Statement.
Signature of Proposed Insured	Date
Signature of Proposed Owner (if other than Proposed Insured)	Date



# The Guardian Life Insurance Company of America A Mutual Company Established 1860

Customer Service Office 6255 Sterner's Way, Bethlehem, PA 18017-9464 1-800-441-6455

#### OUTLINE OF COVERAGE FOR ACCELERATED DEATH BENEFIT FOR LONG TERM CARE SERVICES RIDER

Rider Form Number 13-LTCR NY

Caution: The issuance of this long term care insurance rider is based upon your responses to the questions on your application. A copy of your application for the policy and the rider will be attached to the policy. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at the address stated above.

NOTICE TO BUYER: This policy may not cover all of the costs associated with long-term care incurred by the Owner during the period of coverage. The Owner is advised to review carefully all policy limitations.

- 1. The Accelerated Death Benefit for Long Term Care Services rider is attached to an individual life insurance policy.
- 2. **PURPOSE OF OUTLINE OF COVERAGE**. This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the rider and individual life policy to which it is attached contains governing contractual provisions. This means that the policy and rider set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY CAREFULLY!
- 3. **FEDERAL TAX CONSEQUENCES**. The rider is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
- 4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.
  - (a) Renewability: THE RIDER IS GUARANTEED RENEWABLE. This means that you have the right, subject to the terms and conditions of the rider, to continue the rider as long as you pay your premiums on time. The Guardian cannot change any of the terms of your rider on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.
  - **(b) Waiver of Premium**: The premium credit for the full premium of the rider will be applied while monthly benefits under the rider are being received. Additionally, a premium credit will be applied towards the premium for the policy to which the rider is attached. You may still need to pay a portion of the policy premium in order to keep the policy in force while you are receiving monthly benefit payments under the rider.

**Rider Termination** - The rider will terminate on the earliest of the following dates:

- the date of the insured's death;
- the date you exercise an Accelerated Death Benefit Rider for Terminal Illness that may be also attached to the policy;
- the date the accumulated monthly benefit payments equals the Total LTC Pool;
- upon receipt of the Owner's proper written request for cancellation at our Customer Service Office.

The rider may also provide a reduced or no benefit on the date the policy to which the rider is attached:

- goes on Policy Value Option; or
- is surrendered for its cash value.

## 5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.

The Current LTC Rider Premium is guaranteed for the first year. Thereafter, it may be changed by the company on a class basis. However, the Current LTC Rider Premium will never exceed the Maximum LTC Rider Premium.

In Addition, there may also be an LTC Dividend Charge applicable to your rider. If so, the Current LTC Dividend Charge Percentage may change on a class basis. However, it will never exceed the Maximum LTC Dividend Charge Percentage.

See Section 13 for more information on the premiums associated with the rider.

#### 6. TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND PREMIUM REFUNDED.

- (a) You have the right to examine the rider and return it for cancellation to our Customer Service Office or to any agent or agency within 30 days after receiving it. A written cancellation notice must be delivered or mailed to cancel the rider. Any notice given by mail is effective on being postmarked, properly addressed and postage prepaid. If the rider is cancelled during this period, the company will refund all premiums paid for the rider and the rider will be treated as if it had never been issued. The policy has its own separate free look period.
- **(b)** The rider does not contain a provision providing for a refund or partial refund of the rider premium upon the death of the insured or upon surrender of the rider or policy.
- 7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE**. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. Neither The Guardian nor its agents represent Medicare, the federal government or any state government.
- 8. **LONG-TERM CARE COVERAGE**. Policies and riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.
- 9. **BENEFITS PROVIDED BY THE RIDER**. If the insured meets the eligibility requirements of the rider, we will provide monthly benefit payments to the Owner subject to the rider's limitations and exclusions.

Payments under the rider are accelerations of the death benefit provided under the policy to which the rider is attached. As a result, payment of the monthly benefit under the rider will reduce the death benefit available under the policy and will also proportionally reduce the policy's cash value.

The maximum monthly benefit is the lesser of:

- (a) 2% of the Basic LTC Pool: or
- (b) 30 times the per diem amount declared by the Internal Revenue Code for a given calendar year.

Covered services under the rider are those received by the insured when he or she is Chronically III and receiving Qualified Long Term Care Services, as described in Section 8, by a Health Care Provider under a Plan of Care for:

- Adult Day Care which is a state licensed or certified program at an Adult Day Care Center for a specified
  number of individuals providing social or health-related or both types of services during the day in a
  community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can
  benefit from care in a group setting outside the home.
- Assisted Living Care which is personal custodial monitoring and assistance with Activities of Daily Living
  provided in a residential setting at an Assisted Living Facility.
- Skilled Nursing Care, Intermediate Care or Custodial Care in a Long Term Care Facility which is personal assistance and care, medically necessary care provided by a registered professional nurse or under the supervision of a Health Care Provider, as long as the insured is confined as an inpatient in any Long Term Care Facility licensed by the state.
- **Home Health Care** which is personal assistance and care provided by a Home Health Care Provider in a private home or by a center that provides Adult Day Care. Home Health Care services include medical and nonmedical services, provided to ill, disabled or infirm persons in their residences.

**Waiting Period** - The rider has a 90 day Waiting period. This is the period of time that a Chronically III insured must be receiving Qualified Long Term Care Services by a Health Care Provider before Monthly LTC Benefit payments will begin. The Waiting Period begins on the first day the insured receives Qualified Long Term Care Services. If the insured still qualifies to receive benefits under the rider 90 days after the beginning of the Waiting Period, the Owner will start receiving Monthly LTC Benefit Payments as of the beginning of the Waiting Period. The Waiting Period only needs to be satisfied once.

## **Eligibility for Payment of Benefits**

The rider will provide a monthly LTC benefit, when:

- we receive a certification signed by a Physician that the insured meets the definition of Chronically III;
- the insured is receiving Qualified Long Term Care Services (as described in Section 8) under a Plan of Care prescribed by a Physician;
- the rider is in force:
- the Waiting Period has been satisfied; and
- the claim request has been approved by the Guardian in accordance with the claims provisions of the rider.

A person is determined to be Chronically III under the rider if he or she has been certified within the prior 12 months by a Physician that he or she:

- is unable to perform without Substantial Assistance from another person at least 2 Activities of Daily Living for a period of at least 90 days due to loss of functional capacity; or
- requires Substantial Supervision from another individual to protect the insured from threats to health and safety due to Severe Cognitive Impairment.

Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.

Severe Cognitive Impairment is the loss or deterioration in intellectual capacity that is (a) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and (b) measured by clinical evidence and standardized tests that reliably measure impairment in the individual's (i) short-term or long-term memory, (ii) orientation as to people, places, or time, and (iii) deductive or abstract reasoning.

10. **LIMITATIONS, EXCEPTIONS AND EXCLUSIONS**. In addition to the benefit maximums stated above, there are certain exclusions and limitations to receiving benefits under the rider. This section includes those exclusions.

#### **Exclusions and Limitations:**

The rider does <u>not</u> cover care or treatment:

- From a Facility that primarily treats drug addicts or alcoholics, provides domiciliary, residency or retirement care or is owned or operated by an Immediate Family Member.
- From a Home Health Care Provider that is the Owner, insured, any Immediate Family Member even if that individual is licensed to provide such services, or anyone under suspension from Medicare or Medicaid.
- When the Qualified Long Term Services are received outside of the United States unless the initial Physician's Plan of Care and all renewal Plan of Care updates are provided by a Physician licensed in the United States.

An Immediate Family Member includes the Owner or insured's spouse (including civil union partner or domestic partner), parents, grandparents as well as siblings, children, stepchildren, grandchildren and their spouses. In addition, an Immediate Family Member includes the listed members of the Owner and insured's spouse.

We will not exclude or limit LTC Monthly Benefit payments by type of illness, treatment, medical condition or accident except as follows:

- mental or nervous disorders excluding Alzheimer's Disease or demonstrable organic brain disease;
- alcoholism or drug addiction:
- illness, treatment or medical condition arising out of
  - an attempted suicide or intentionally self-inflicted injuries;
  - participation in a felony, riot or insurrection; or
  - war or act of war (whether declared or undeclared).

# THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS**. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. THE RIDER DOES NOT INCLUDE INFLATION PROTECTION COVERAGE.

The Basic LTC Pool will <u>not</u> increase over time. However, if the optional Additional LTC Pool is elected, the benefit amount will increase by the amount of LTC dividend additions. While this means that it will increase the <u>number</u> of monthly payments you could receive under the rider, it will <u>not</u> increase the maximum amount of the monthly benefit payment that you would be eligible to receive.

A charge against any dividends received under the policy will be applied if you elect to have those dividends used to purchase LTC Dividend Additions. As a result, while you will be purchasing dividend additions that can then be accelerated under the terms of the rider, the amount of paid-up additional life insurance coverage will be less than if you applied your dividends to purchase additional paid-up coverage that would <u>not</u> be eligible for acceleration under the rider.

You also have the option of electing a nonforfeiture benefit (Enhanced Rider Value Option) under the rider. If elected, the premium for the rider and the percentage deducted from your dividend if you elected the LTC dividend option will both be higher. If you elect the Enhanced Rider Value Option, subject to the terms and conditions of the rider you will have a reduced benefit under the rider if you decide to surrender your policy.

If you exercise any rights under your policy that impact the death benefit or cash value, like reducing your face amount, taking a policy loan or surrendering LTC dividend additions, you may be reducing the amount that can be accelerated under the rider. If you take a policy loan, we will use a portion of any benefit payment under the rider to repay a portion of that policy loan. This will reduce the actual benefit payment amount that you will receive.

- 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. Subject to the conditions listed in Sections 9 and 10 above the rider provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. In order to receive benefits under the rider for the above conditions, we may require an evaluation to show that the condition includes a loss or deterioration in intellectual capacity that is measured by clinical evidence and standardized tests that reliably measure impairment in the insured's short-term or long-term memory, orientation as to people, places, or time, and deductive or abstract reasoning.
- 13. **PREMIUM**. The premium for the rider will be shown in the Rider Specifications section of your rider. Both the current premium that you will be paying for the rider and the guaranteed maximum premium that could be charged for the rider will be shown in the Rider Specifications section. The rate used to determine the dollar amount of the premiums for the rider vary by the insured's issue age, sex, underwriting class and rider benefit amount. See Appendix A for these rates.
- 14. **ADDITIONAL FEATURES**. To determine whether we issue the rider to you, we will depend on certain medical information about the insured that you would provide as part of the application process. This is generally known as medical underwriting.
- 15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM AGENCY IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE RIDER.

#### **Generic Illustration of Accelerated Benefit**

The following is a generic sample illustration showing the potential effect of using the Accelerated Death Benefit for Long Term Care Services rider. The sample shows Monthly LTC Benefit payments being paid beginning at the beginning of the 11<sup>th</sup> policy year. These samples are not intended to relate to the specific policy the applicant is applying for. The following assumptions were made in preparing these samples:

- The insured is a 45 year old male in the Preferred Plus premium class;
- The policy is a Whole Life 99 policy with a Face Amount of \$250,000, and Basic LTC Pool of \$225,000 with no Additional LTC Pool;
- Acceleration begins at age 55;
- The cash values and death benefit values shown below are based on <u>guaranteed</u> values. This sample illustration does not reflect any dividends;
- the owner is electing the maximum benefit allowed under the rider.

Age	םר		celerated nefit Paid¹	•		 Policy Guaranteed Cash Value		Accumulated LTC Amount <sup>2</sup>		et Death Benefit <sup>3</sup>	Net Cash Surrender Value <sup>4</sup>		
55	\$	4,969	\$	54,000	\$	250,000	\$ 39,238	\$	54,000	\$	196,000	\$	30,763
56	\$	-	\$	54,000	\$	250,000	\$ 44,123	\$	108,000	\$	142,000	\$	25,062
57	\$	-	\$	54,000	\$	250,000	\$ 49,078	\$	162,000	\$	88,000	\$	17,275
58	\$	-	\$	54,000	\$	250,000	\$ 54,143	\$	216,000	\$	34,000	\$	7,363
59	\$	-	\$	9,000	\$	250,000	\$ 59,310	\$	225,000	\$	25,000	\$	5,931
60	\$	478	\$	-	\$	250,000	\$ 64,565	\$	225,000	\$	25,000	\$	6,457
61	\$	478	\$	-	\$	250,000	\$ 69,878	\$	225,000	\$	25,000	\$	6,988
62	\$	478	\$	-	\$	250,000	\$ 75,225	\$	225,000	\$	25,000	\$	7,523
63	\$	478	\$	-	\$	250,000	\$ 80,593	\$	225,000	\$	25,000	\$	8,059
64	\$	478	\$	-	\$	250,000	\$ 85,988	\$	225,000	\$	25,000	\$	8,599
65	\$	478	\$	-	\$	250,000	\$ 91,058	\$	225,000	\$	25,000	\$	9,106
66	\$	478	\$	-	\$	250,000	\$ 96,155	\$	225,000	\$	25,000	\$	9,616
67	\$	478	\$	-	\$	250,000	\$ 101,298	\$	225,000	\$	25,000	\$	10,130
68	\$	478	\$	-	\$	250,000	\$ 106,488	\$	225,000	\$	25,000	\$	10,649
69	\$	478	\$	-	\$	250,000	\$ 111,738	\$	225,000	\$	25,000	\$	11,174
70	\$	478	\$	-	\$	250,000	\$ 117,025	\$	225,000	\$	25,000	\$	11,703
71	\$	478	\$	-	\$	250,000	\$ 122,340	\$	225,000	\$	25,000	\$	12,234
72	\$	478	\$	-	\$	250,000	\$ 127,605	\$	225,000	\$	25,000	\$	12,761
73	\$	478	\$	-	\$	250,000	\$ 132,835	\$	225,000	\$	25,000	\$	13,284
74	\$	478	\$	-	\$	250,000	\$ 138,040	\$	225,000	\$	25,000	\$	13,804
75	\$	478	\$	-	\$	250,000	\$ 143,215	\$	225,000	\$	25,000	\$	14,322
76	\$	478	\$	-	\$	250,000	\$ 148,360	\$	225,000	\$	25,000	\$	14,836
77	\$	478	\$	-	\$	250,000	\$ 153,443	\$	225,000	\$	25,000	\$	15,344
78	\$	478	\$	-	\$	250,000	\$ 158,425	\$	225,000	\$	25,000	\$	15,843
79	\$	478	\$	-	\$	250,000	\$ 163,270	\$	225,000	\$	25,000	\$	16,327
80	\$	478	\$	-	\$	250,000	\$ 167,973	\$	225,000	\$	25,000	\$	16,797
81	\$	478	\$	-	\$	250,000	\$ 172,503	\$	225,000	\$	25,000	\$	17,250
82	\$	478	\$	-	\$	250,000	\$ 176,883	\$	225,000	\$	25,000	\$	17,688
83	\$	478	\$	-	\$	250,000	\$ 181,125	\$	225,000	\$	25,000	\$	18,113
84	\$	478	\$	-	\$	250,000	\$ 185,213	\$	225,000	\$	25,000	\$	18,521
85	\$	478	\$	-	\$	250,000	\$ 189,120	\$	225,000	\$	25,000	\$	18,912
86	\$	478	\$	-	\$	250,000	\$ 192,818	\$	225,000	\$	25,000	\$	19,282
87	\$	478	\$	-	\$	250,000	\$ 196,295	\$	225,000	\$	25,000	\$	19,630
88	\$	478	\$	-	\$	250,000	\$ 199,545	\$	225,000	\$	25,000	\$	19,955
89	\$	478	\$	-	\$	250,000	\$ 202,573	\$	225,000	\$	25,000	\$	20,257
90	\$	478	\$	-	\$	250,000	\$ 205,388	\$	225,000	\$	25,000	\$	20,539

04	Φ	470	Φ		Φ	050 000	Φ	000 000	ф	005 000	Φ	05 000	Φ	00.010
91	\$	478	\$	-	\$	250,000	\$	208,098	\$	225,000	\$	25,000	\$	20,810
92	\$	478	\$	-	\$	250,000	\$	210,738	\$	225,000	\$	25,000	\$	21,074
93	\$	478	\$	-	\$	250,000	\$	213,338	\$	225,000	\$	25,000	\$	21,334
94	\$	478	\$	-	\$	250,000	\$	215,950	\$	225,000	\$	25,000	\$	21,595
95	\$	478	\$	-	\$	250,000	\$	218,650	\$	225,000	\$	25,000	\$	21,865
96	\$	478	\$	-	\$	250,000	\$	221,690	\$	225,000	\$	25,000	\$	22,169
97	\$	478	\$	-	\$	250,000	\$	225,338	\$	225,000	\$	25,000	\$	22,534
98	\$	478	\$	-	\$	250,000	\$	230,053	\$	225,000	\$	25,000	\$	23,005
99	\$	-	\$	-	\$	250,000	\$	231,093	\$	225,000	\$	25,000	\$	23,109
100	\$	-	\$	-	\$	250,000	\$	231,993	\$	225,000	\$	25,000	\$	23,199
101	\$	-	\$	-	\$	250,000	\$	232,875	\$	225,000	\$	25,000	\$	23,288
102	\$	-	\$	-	\$	250,000	\$	233,738	\$	225,000	\$	25,000	\$	23,374
103	\$	-	\$	-	\$	250,000	\$	234,585	\$	225,000	\$	25,000	\$	23,459
104	\$	-	\$	-	\$	250,000	\$	235,410	\$	225,000	\$	25,000	\$	23,541
105	\$	-	\$	-	\$	250,000	\$	236,215	\$	225,000	\$	25,000	\$	23,622
106	\$	-	\$	-	\$	250,000	\$	237,000	\$	225,000	\$	25,000	\$	23,700
107	\$	-	\$	-	\$	250,000	\$	237,763	\$	225,000	\$	25,000	\$	23,776
108	\$	-	\$	-	\$	250,000	\$	238,505	\$	225,000	\$	25,000	\$	23,851
109	\$	-	\$	-	\$	250,000	\$	239,223	\$	225,000	\$	25,000	\$	23,922
110	\$	-	\$	-	\$	250,000	\$	239,920	\$	225,000	\$	25,000	\$	23,992
111	\$	-	\$	-	\$	250,000	\$	240,593	\$	225,000	\$	25,000	\$	24,059
112	\$	-	\$	-	\$	250,000	\$	241,245	\$	225,000	\$	25,000	\$	24,125
113	\$	-	\$	-	\$	250,000	\$	241,873	\$	225,000	\$	25,000	\$	24,187
114	\$	-	\$	-	\$	250,000	\$	242,480	\$	225,000	\$	25,000	\$	24,248
115	\$	-	\$	-	\$	250,000	\$	243,063	\$	225,000	\$	25,000	\$	24,306
116	\$	-	\$	-	\$	250,000	\$	243,625	\$	225,000	\$	25,000	\$	24,363
117	\$	-	\$	-	\$	250,000	\$	244,163	\$	225,000	\$	25,000	\$	24,416
118	\$	-	\$	-	\$	250,000	\$	244,705	\$	225,000	\$	25,000	\$	24,471
119	\$	_	\$	-	\$	250,000	\$	245,158	\$	225,000	\$	25,000	\$	24,516
120	\$	_	\$	-	\$	250,000	\$	250,000	\$	225,000	\$	25,000	\$	25,000
			•		•	, -	•	, -		, -	•	, -	•	, -

# **NOTES:**

- 1. This is the dollar amount of the accelerated benefit actually paid in that year.
- 2. This is the total amount of the monthly LTC benefit payments made under the rider.
- 3. The net death benefit shown is the policy face amount minus the Accumulated LTC Amount.
- 4. The net cash surrender value shown is the amount available to the owner as either a policy loan, or upon a surrender of the policy for cash.

# APPENDIX A

Current LTC Rider Rates - Non-Forfeiture Option A for LTC Rider on L95, L99, and L121

Guaranteed LTC Rider Rates - Non-Forfeiture Option A for LTC Rider on L95, L99, and L121

Premium per 1000 of Basic LTC Pool

	Male		Female Pref+ NT		Unisex	
	Pref+ NT	Pref+ NT			Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.29	0.36	0.38	0.48	0.32	0.40
19	0.30	0.38	0.40	0.50	0.34	0.42
20	0.31	0.39	0.42	0.52	0.35	0.44
21	0.32	0.40	0.44	0.54	0.36	0.45
22	0.33	0.42	0.46	0.56	0.38	0.47
23	0.35	0.43	0.47	0.59	0.39	0.49
24	0.36	0.45	0.49	0.61	0.41	0.51
25	0.37	0.46	0.51	0.63	0.42	0.52
26	0.39	0.48	0.53	0.66	0.44	0.54
27	0.40	0.50	0.55	0.69	0.45	0.57
28	0.42	0.52	0.58	0.72	0.48	0.59
29	0.43	0.54	0.60	0.75	0.49	0.61
30	0.45	0.56	0.62	0.78	0.51	0.64
31	0.47	0.59	0.65	0.82	0.53	0.67
32	0.49	0.62	0.69	0.86	0.56	0.70
33	0.52	0.64	0.72	0.91	0.59	0.73
34	0.54	0.67	0.76	0.95	0.62	0.77
35	0.56	0.70	0.79	0.99	0.64	0.80
36	0.59	0.74	0.83	1.04	0.67	0.85
37	0.62	0.77	0.87	1.09	0.71	0.88
38	0.64	0.81	0.91	1.14	0.73	0.93
39	0.67	0.84	0.95	1.19	0.77	0.96
40	0.70	0.88	0.99	1.24	0.80	1.01
41	0.73	0.92	1.05	1.31	0.84	1.06
42	0.76	0.96	1.10	1.38	0.88	1.11
43	0.80	1.00	1.16	1.45	0.93	1.16
44	0.83	1.04	1.21	1.52	0.96	1.21
45	0.86	1.08	1.27	1.59	1.00	1.26
46	0.91	1.14	1.36	1.70	1.07	1.34
47	0.96	1.20	1.45	1.81	1.13	1.41
48	1.01	1.27	1.54	1.93	1.20	1.50
49	1.06	1.33	1.63	2.04	1.26	1.58
50	1.11	1.39	1.72	2.15	1.32	1.66
51	1.17	1.47	1.87	2.33	1.42	1.77
52	1.24	1.55	2.02	2.52	1.51	1.89
53	1.30	1.63	2.16	2.70	1.60	2.00
54	1.37	1.71	2.31	2.89	1.70	2.12
55 50	1.43	1.79	2.46	3.07	1.79	2.24
56 57	1.55	1.94	2.71	3.39	1.96	2.45
57	1.67	2.09	2.96	3.70	2.12	2.65
58	1.78	2.23	3.22	4.02	2.28	2.86
59 60	1.90	2.38	3.47	4.33	2.45	3.06
60	2.02	2.53	3.72	4.65	2.62	3.27
61	2.27	2.84	4.25	5.31 5.07	2.96	3.70
62 63	2.52 2.77	3.15 3.47	4.78 5.31	5.97 6.64	3.31 3.66	4.14 4.58
64	3.02	3.47	5.84	7.30	4.01	4.56 5.01
65	3.02	3.76 4.09	6.37	7.30 7.96	4.01	5.44
66	3.27 4.07	4.09 5.09	6.37 7.85	7.96 9.82	4.36 5.39	5.44 6.75
67	4.07	6.10	9.34	9.62 11.67	6.44	8.05
68	4.00 5.68	7.10	10.82	13.53	7.48	9.35
69	6.49	8.11	12.31	15.38	8.53	9.35 10.65
70	7.29	9.11	13.79	17.24	9.57	11.96

Premium per 1000 of Basic LTC Pool

	Male		Female		Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.58	0.72	0.76	0.96	0.64	0.80
19	0.60	0.76	0.80	1.00	0.68	0.84
20	0.62	0.78	0.84	1.04	0.70	0.88
21	0.64	0.80	0.88	1.08	0.72	0.90
22	0.66	0.84	0.92	1.12	0.76	0.94
23	0.70	0.86	0.94	1.18	0.78	0.98
24	0.72	0.90	0.98	1.22	0.82	1.02
25	0.74	0.92	1.02	1.26	0.84	1.04
26	0.78	0.96	1.06	1.32	0.88	1.08
27	0.80	1.00	1.10	1.38	0.90	1.14
28	0.84	1.04	1.16	1.44	0.96	1.18
29	0.86	1.08	1.20	1.50	0.98	1.22
30	0.90	1.12	1.24	1.56	1.02	1.28
31	0.94	1.18	1.30	1.64	1.06	1.34
32	0.98	1.24	1.38	1.72	1.12	1.40
33	1.04	1.28	1.44	1.82	1.18	1.46
34	1.08	1.34	1.52	1.90	1.24	1.54
35	1.12	1.40	1.58	1.98	1.28	1.60
36	1.18	1.48	1.66	2.08	1.34	1.70
37	1.24	1.54	1.74	2.18	1.42	1.76
38	1.28	1.62	1.82	2.28	1.46	1.86
39	1.34	1.68	1.90	2.38	1.54	1.92
40	1.40	1.76	1.98	2.48	1.60	2.02
41	1.46	1.84	2.10	2.62	1.68	2.12
42	1.52	1.92	2.20	2.76	1.76	2.22
43	1.60	2.00	2.32	2.90	1.86	2.32
44	1.66	2.08	2.42	3.04	1.92	2.42
45	1.72	2.16	2.54	3.18	2.00	2.52
46	1.82	2.28	2.72	3.40	2.14	2.68
47	1.92	2.40	2.90	3.62	2.26	2.82
48	2.02	2.54	3.08	3.86	2.40	3.00
49	2.12	2.66	3.26	4.08	2.52	3.16
50	2.22	2.78	3.44	4.30	2.64	3.32
51	2.34	2.94	3.74	4.66	2.84	3.54
52	2.48	3.10	4.04	5.04	3.02	3.78
53	2.60	3.26	4.32	5.40	3.20	4.00
54	2.74	3.42	4.62	5.78	3.40	4.24
55	2.86	3.58	4.92	6.14	3.58	4.48
56	3.10	3.88	5.42	6.78	3.92	4.90
57	3.34	4.18	5.92	7.40	4.24	5.30
58	3.56	4.46	6.44	8.04	4.56	5.72
59	3.80	4.76	6.94	8.66	4.90	6.12
60	4.04	5.06	7.44	9.30	5.24	6.54
61	4.54	5.68	8.50	10.62	5.92	7.40
62	5.04	6.30	9.56	11.94	6.62	8.28
63	5.54	6.94	10.62	13.28	7.32	9.16
64	6.04	7.56	11.68	14.60	8.02	10.02
65	6.54	8.18	12.74	15.92	8.72	10.88
66	8.14	10.18	15.70	19.64	10.78	13.50
67	9.76	12.20	18.68	23.34	12.88	16.10
68	11.36	14.20	21.64	27.06	14.96	18.70
69	12.98	16.22	24.62	30.76	17.06	21.30
70	14.58	18.22	27.58	34.48	19.14	23.92

**Additional LTC Pool Dividend Charge** 

٠.	<u> </u>								
	Male		Fen	nale	Unisex				
	Pref+ NT		Pref+ NT		Pref+ NT				
	Pref NT		Pref NT		Pref NT				
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
	0.6%	0.8%	1.7%	2.1%	1.0%	1.3%			

Ţ								
Male		Fer	nale	Unisex				
Pref+ NT		Pref+ NT		Pref+ NT				
Pref NT		Pref NT		Pref NT				
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
1.2%	1.6%	3.4%	4.2%	2.0%	2.5%			

# Current LTC Rider Rates - Non-Forfeiture Option B for LTC Rider on L95, L99, and L121

# Guaranteed LTC Rider Rates - Non-Forfeiture Option B for LTC Rider on L95, L99, and L121

Premium per 1000 of Basic LTC Pool

	Male		Female Pref+ NT		Unisex	
	Pref+ NT	Pref+ NT			Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.46	0.59	0.62	0.77	0.52	0.65
19	0.48	0.61	0.65	0.81	0.54	0.68
20	0.50	0.63	0.68	0.84	0.56	0.70
21	0.52	0.65	0.71	0.87	0.59	0.73
22	0.54	0.67	0.74	0.91	0.61	0.75
23	0.56	0.70	0.76	0.94	0.63	0.78
24	0.58	0.72	0.79	0.98	0.65	0.81
25	0.60	0.74	0.82	1.01	0.68	0.83
26	0.62	0.77	0.86	1.06	0.70	0.87
27	0.65	0.80	0.89	1.11	0.73	0.91
28	0.67	0.84	0.93	1.16	0.76	0.95
29	0.70	0.87	0.93	1.10	0.76	0.99
-						
30	0.72	0.90	1.00	1.26	0.82	1.03
31	0.76	0.95	1.05	1.33	0.86	1.08
32	0.79	0.99	1.11	1.39	0.90	1.13
33	0.83	1.04	1.16	1.46	0.95	1.19
34	0.86	1.08	1.22	1.52	0.99	1.23
35	0.90	1.13	1.27	1.59	1.03	1.29
36	0.95	1.19	1.33	1.67	1.08	1.36
37	0.99	1.25	1.40	1.75	1.13	1.43
38	1.04	1.30	1.46	1.84	1.19	1.49
39	1.08	1.36	1.53	1.92	1.24	1.56
40	1.13	1.42	1.59	2.00	1.29	1.62
41	1.18	1.48	1.68	2.11	1.36	1.70
42	1.23	1.55	1.77	2.22	1.42	1.78
43	1.28	1.61	1.86	2.34	1.48	1.87
44	1.33	1.68	1.95	2.45	1.55	1.95
45	1.38	1.74	2.04	2.56	1.61	2.03
46	1.46	1.84	2.19	2.74	1.72	2.16
47	1.54	1.94	2.33	2.92	1.82	2.10
48	1.63	2.04	2.48	3.10	1.93	2.41
49						
	1.71	2.14	2.62	3.28	2.03	2.54
50	1.79	2.24	2.77	3.46	2.13	2.67
51	1.89	2.37	3.01	3.76	2.28	2.86
52	1.99	2.50	3.25	4.05	2.43	3.04
53	2.10	2.62	3.48	4.35	2.58	3.23
54	2.20	2.75	3.72	4.64	2.73	3.41
55	2.30	2.88	3.96	4.94	2.88	3.60
56	2.49	3.12	4.37	5.45	3.15	3.94
57	2.68	3.36	4.77	5.96	3.41	4.27
58	2.87	3.59	5.18	6.47	3.68	4.60
59	3.06	3.83	5.58	6.98	3.94	4.93
60	3.25	4.07	5.99	7.49	4.21	5.27
61	3.65	4.57	6.84	8.56	4.77	5.97
62	4.05	5.07	7.70	9.62	5.33	6.66
63	4.46	5.58	8.55	10.69	5.89	7.37
64	4.86	6.08	9.41	11.75	6.45	8.06
65	5.26	6.58	10.26	12.82	7.01	8.76
66	6.56	8.20	12.65	15.81	8.69	10.86
67	7.85	9.82	15.04	18.80	10.37	12.96
68	9.15	11.43	17.42	21.78	12.04	15.05
69	10.44	13.05	19.81	24.77	13.72	17.15
70	11.74	14.67	22.20	24.77 27.76	15.72	17.15
70	11./4	14.07	22.20	21.10	13.40	19.20

Premium per 1000 of Basic LTC Pool

	Male		Female		Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.92	1.18	1.24	1.54	1.04	1.30
19	0.96	1.22	1.30	1.62	1.08	1.36
20	1.00	1.26	1.36	1.68	1.12	1.40
21	1.04	1.30	1.42	1.74	1.18	1.46
22	1.08	1.34	1.48	1.82	1.22	1.50
23	1.12	1.40	1.52	1.88	1.26	1.56
24	1.16	1.44	1.58	1.96	1.30	1.62
25	1.20	1.48	1.64	2.02	1.36	1.66
26	1.24	1.54	1.72	2.12	1.40	1.74
27	1.30	1.60	1.78	2.22	1.46	1.82
28	1.34	1.68	1.86	2.32	1.52	1.90
29	1.40	1.74	1.92	2.42	1.58	1.98
30	1.44	1.80	2.00	2.52	1.64	2.06
31	1.52	1.90	2.10	2.66	1.72	2.16
32	1.58	1.98	2.22	2.78	1.80	2.26
33	1.66	2.08	2.32	2.92	1.90	2.38
34	1.72	2.16	2.44	3.04	1.98	2.46
35	1.80	2.26	2.54	3.18	2.06	2.58
36	1.90	2.38	2.66	3.34	2.16	2.72
37	1.98	2.50	2.80	3.50	2.26	2.86
38	2.08	2.60	2.92	3.68	2.38	2.98
39	2.16	2.72	3.06	3.84	2.48	3.12
40	2.26	2.84	3.18	4.00	2.58	3.24
41	2.36	2.96	3.36	4.22	2.72	3.40
42	2.46	3.10	3.54	4.44	2.84	3.56
43	2.56	3.22	3.72	4.68	2.96	3.74
44	2.66	3.36	3.90	4.90	3.10	3.90
45	2.76	3.48	4.08	5.12	3.22	4.06
46	2.92	3.68	4.38	5.48	3.44	4.32
47	3.08	3.88	4.66	5.84	3.64	4.56
48	3.26	4.08	4.96	6.20	3.86	4.82
49	3.42	4.28	5.24	6.56	4.06	5.08
50	3.58	4.48	5.54	6.92	4.26	5.34
51	3.78	4.74	6.02	7.52	4.56	5.72
52	3.98	5.00	6.50	8.10	4.86	6.08
53	4.20	5.24	6.96	8.70	5.16	6.46
54	4.40	5.50	7.44	9.28	5.46	6.82
55	4.60	5.76	7.92	9.88	5.76	7.20
56	4.98	6.24	8.74	10.90	6.30	7.88
57	5.36	6.72	9.54	11.92	6.82	8.54
58	5.74	7.18	10.36	12.94	7.36	9.20
59	6.12	7.66	11.16	13.96	7.88	9.86
60	6.50	8.14	11.98	14.98	8.42	10.54
61	7.30	9.14	13.68	17.12	9.54	11.94
62	8.10	10.14	15.40	19.24	10.66	13.32
63	8.92	11.16	17.10	21.38	11.78	14.74
64	9.72	12.16	18.82	23.50	12.90	16.12
65	10.52	13.16	20.52	25.64	14.02	17.52
66	13.12	16.40	25.30	31.62	17.38	21.72
67	15.70	19.64	30.08	37.60	20.74	25.92
68	18.30	22.86	34.84	43.56	24.08	30.10
69	20.88	26.10	39.62	49.54	27.44	34.30
70	23.48	29.34	44.40	55.52	30.80	38.50

**Additional LTC Pool Dividend Charge** 

	<u> </u>								
	Male		Fen	nale	Unisex				
T	Pref+ NT		Pref+ NT		Pref+ NT				
	Pref NT		Pref NT		Pref NT				
I	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
	1.0%	1.3%	2.7%	3.4%	1.6%	2.0%			

-			<u> </u>							
	Male		Fer	nale	Unisex					
	Pref+ NT		Pref+ NT		Pref+ NT					
	Pref NT		Pref NT		Pref NT					
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard				
	2.0%	2.6%	5.4%	6.8%	3.2%	4.1%				

Male		Female		Unisex		
	Pref+ NT	410	Pref+ NT		Pref+ NT	100%
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.97	1.21	1.86	2.32	1.28	1.60
19	0.98	1.23	1.90	2.37	1.30	1.63
20	1.00	1.25	1.93	2.41	1.33	1.66
21	1.02	1.27	1.96	2.45	1.35	1.68
22	1.03	1.29	2.00	2.50	1.37	1.71
23	1.05	1.31	2.03	2.54	1.39	1.74
24	1.06	1.33	2.07	2.59	1.41	1.77
25	1.08	1.35	2.10	2.63	1.44	1.80
26	1.10	1.38	2.13	2.67	1.46	1.83
27	1.10	1.40	2.13	2.71	1.49	1.86
	1.14					
28		1.43	2.20	2.76	1.51	1.90
29	1.16	1.45	2.24	2.80	1.54	1.92
30	1.18	1.48	2.27	2.84	1.56	1.96
31	1.21	1.51	2.33	2.91	1.60	2.00
32	1.23	1.54	2.39	2.98	1.64	2.04
33	1.26	1.58	2.44	3.06	1.67	2.10
34	1.28	1.61	2.50	3.13	1.71	2.14
35	1.31	1.64	2.56	3.20	1.75	2.19
36	1.34	1.67	2.61	3.26	1.78	2.23
37	1.37	1.71	2.65	3.32	1.82	2.27
38	1.39	1.74	2.70	3.37	1.85	2.31
39	1.42	1.78	2.74	3.43	1.88	2.36
40	1.45	1.81	2.79	3.49	1.92	2.40
41	1.47	1.84	2.87	3.59	1.96	2.45
42	1.50	1.87	2.96	3.70	2.01	2.51
43	1.52	1.90	3.04	3.80	2.05	2.57
44	1.55	1.93	3.13	3.91	2.10	2.62
45	1.57	1.96	3.21	4.01	2.14	2.68
46	1.61	2.01	3.30	4.12	2.20	2.75
47	1.65	2.06	3.39	4.24	2.26	2.82
48	1.69	2.11	3.48	4.35	2.32	2.89
49	1.73	2.16	3.57	4.47	2.37	2.97
50	1.77	2.21	3.66	4.58	2.43	3.04
51	1.81	2.26	3.76	4.71	2.49	3.12
52	1.85	2.20	3.86	4.71	2.55	3.12
53	1.89	2.36	3.97	4.96	2.62	3.13
54	1.93	2.41	4.07	5.08	2.68	3.34
55 56	1.97	2.46	4.17	5.21 5.46	2.74	3.42
56	2.04	2.55	4.37	5.46	2.86	3.57
57	2.11	2.63	4.57	5.71	2.97	3.71
58	2.17	2.72	4.76	5.95	3.08	3.85
59	2.24	2.80	4.96	6.20	3.19	3.99
60	2.31	2.89	5.16	6.45	3.31	4.14
61	2.51	3.13	5.57	6.96	3.58	4.47
62	2.70	3.38	5.97	7.47	3.84	4.81
63	2.90	3.62	6.38	7.97	4.12	5.14
64	3.09	3.87	6.78	8.48	4.38	5.48
65	3.29	4.11	7.19	8.99	4.66	5.82
66	4.09	5.12	8.51	10.64	5.64	7.05
67	4.90	6.12	9.84	12.30	6.63	8.28
68	5.70	7.13	11.16	13.95	7.61	9.52
69	6.51	8.13	12.49	15.61	8.60	10.75
70	7.31	9.14	13.81	17.26	9.59	11.98

Premium per 1000 of Basic LTC Pool

Premiu	Premium per 1000 of Basic LTC Pool								
		ale		nale		isex			
	Pref+ NT		Pref+ NT		Pref+ NT				
Issue	Pref NT		Pref NT		Pref NT				
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
18	1.94	2.42	3.72	4.64	2.56	3.20			
19	1.96	2.46	3.80	4.74	2.60	3.26			
20	2.00	2.50	3.86	4.82	2.66	3.32			
21	2.04	2.54	3.92	4.90	2.70	3.36			
22	2.06	2.58	4.00	5.00	2.74	3.42			
23	2.10	2.62	4.06	5.08	2.78	3.48			
24	2.12	2.66	4.14	5.18	2.82	3.54			
25	2.16	2.70	4.20	5.26	2.88	3.60			
26	2.20	2.76	4.26	5.34	2.92	3.66			
27	2.24	2.80	4.34	5.42	2.98	3.72			
28	2.28	2.86	4.40	5.52	3.02	3.80			
29	2.32	2.90	4.48	5.60	3.08	3.84			
30	2.36	2.96	4.54	5.68	3.12	3.92			
31	2.42	3.02	4.66	5.82	3.20	4.00			
32	2.46	3.08	4.78	5.96	3.28	4.08			
33	2.52	3.16	4.88	6.12	3.34	4.20			
34	2.56	3.22	5.00	6.26	3.42	4.28			
35	2.62	3.28	5.12	6.40	3.50	4.38			
36	2.68	3.34	5.22	6.52	3.56	4.46			
37	2.74	3.42	5.30	6.64	3.64	4.54			
38	2.78	3.48	5.40	6.74	3.70	4.62			
39	2.84	3.56	5.48	6.86	3.76	4.72			
40	2.90	3.62	5.58	6.98	3.84	4.80			
41	2.94	3.68	5.74	7.18	3.92	4.90			
42	3.00	3.74	5.92	7.40	4.02	5.02			
43	3.04	3.80	6.08	7.60	4.10	5.14			
44	3.10	3.86	6.26	7.82	4.20	5.24			
45	3.14	3.92	6.42	8.02	4.28	5.36			
46	3.22	4.02	6.60	8.24	4.40	5.50			
47	3.30	4.12	6.78	8.48	4.52	5.64			
48	3.38	4.22	6.96	8.70	4.64	5.78			
49	3.46	4.32	7.14	8.94	4.74	5.94			
50	3.54	4.42	7.32	9.16	4.86	6.08			
51	3.62	4.52	7.52	9.42	4.98	6.24			
52	3.70	4.62	7.72	9.66	5.10	6.38			
53	3.78	4.72	7.94	9.92	5.24	6.54			
54	3.86	4.82	8.14	10.16	5.36	6.68			
55	3.94	4.92	8.34	10.42	5.48	6.84			
56	4.08	5.10	8.74	10.92	5.72	7.14			
57	4.22	5.26	9.14	11.42	5.94	7.42			
58	4.34	5.44	9.52	11.90	6.16	7.70			
59	4.48	5.60	9.92	12.40	6.38	7.98			
60	4.62	5.78	10.32	12.90	6.62	8.28			
61	5.02	6.26	11.14	13.92	7.16	8.94			
62	5.40	6.76	11.94	14.94	7.68	9.62			
63	5.80	7.24	12.76	15.94	8.24	10.28			
64	6.18	7.74	13.56	16.96	8.76	10.96			
65	6.58	8.22	14.38	17.98	9.32	11.64			
66	8.18	10.24	17.02	21.28	11.28	14.10			
67	9.80	12.24	19.68	24.60	13.26	16.56			
68	11.40	14.26	22.32	27.90	15.22	19.04			
69	13.02	16.26	24.98	31.22	17.20	21.50			
70	14.62	18.28	27.62	34.52	19.18	23.96			
	_	-		-					

**Additional LTC Pool Dividend Charge** 

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	Male		Fen	nale	Unisex				
	Pref+ NT		Pref+ NT		Pref+ NT				
	Pref NT		Pref NT		Pref NT				
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
	0.6%	0.8%	1.7%	2.1%	1.0%	1.3%			

ī								
	Male		Fer	nale	Unisex			
	Pref+ NT		Pref+ NT		Pref+ NT			
	Pref NT		Pref NT		Pref NT			
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard		
	1.2%	1.6%	3.4%	4.2%	2.0%	2.5%		

	Male			Female		Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT		
Issue	Pref NT		Pref NT		Pref NT		
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard	
18	1.56	1.95	3.00	3.74	2.06	2.58	
19	1.58	1.98	3.06	3.81	2.10	2.62	
20	1.61	2.01	3.11	3.88	2.14	2.66	
21	1.64	2.04	3.16	3.95	2.17	2.71	
22	1.66	2.07	3.22	4.02	2.21	2.75	
23	1.69	2.11	3.27	4.09	2.24	2.80	
24	1.71	2.14	3.33	4.16	2.28	2.85	
25	1.74	2.17	3.38	4.23	2.31	2.89	
26	1.77	2.21	3.43	4.30	2.35	2.94	
27	1.80	2.25	3.49	4.37	2.39	2.99	
28	1.84	2.30	3.54	4.43	2.44	3.05	
29	1.87	2.34	3.60	4.50	2.48	3.10	
30	1.90	2.38	3.65	4.57	2.51	3.15	
31	1.94	2.43	3.74	4.69	2.57	3.22	
32	1.98	2.48	3.84	4.80	2.63	3.29	
33	2.03	2.54	3.93	4.92	2.70	3.37	
34	2.07	2.59	4.03	5.03	2.76	3.44	
35	2.11	2.64	4.12	5.15	2.81	3.52	
36	2.15	2.69	4.19	5.24	2.86	3.58	
37	2.20	2.75	4.27	5.34	2.92	3.66	
38	2.24	2.80	4.34	5.43	2.98	3.72	
39	2.29	2.86	4.42	5.53	3.04	3.79	
40	2.33	2.91	4.49	5.62	3.09	3.86	
41	2.37	2.96	4.63	5.79	3.16	3.95	
42	2.41	3.01	4.76	5.96	3.23	4.04	
43	2.45	3.06	4.90	6.12	3.31	4.13	
44	2.49	3.11	5.03	6.29	3.38	4.22	
45	2.53	3.16	5.17	6.46	3.45	4.32	
46	2.59	3.24	5.31	6.64	3.54	4.43	
47	2.66	3.32	5.46	6.82	3.64	4.55	
48	2.72	3.40	5.60	7.01	3.73	4.66	
49	2.79	3.48	5.75	7.19	3.83	4.78	
50	2.85	3.56	5.89	7.37	3.91	4.89	
51	2.91	3.64	6.05	7.57	4.01	5.02	
52	2.98	3.72	6.22	7.78	4.11	5.14	
53	3.04	3.80	6.38	7.98	4.21	5.26	
54	3.11	3.88	6.55	8.19	4.31	5.39	
55	3.17	3.96	6.71	8.39	4.41	5.51	
56	3.28	4.10	7.03	8.79	4.59	5.74	
57	3.39	4.24	7.35	9.19	4.78	5.97	
58	3.50	4.37	7.67	9.58	4.96	6.19	
59	3.61	4.51	7.99	9.98	5.14	6.42	
60	3.72	4.65	8.31	10.38	5.33	6.66	
61	4.04	5.04	8.96	11.20	5.76	7.20	
62	4.35	5.44	9.62	12.02	6.19	7.74	
63	4.67	5.83	10.27	12.83	6.63	8.28	
64	4.98	6.23	10.93	13.65	7.06	8.83	
65	5.30	6.62	11.58	14.47	7.50	9.37	
66	6.59	8.24	13.71	17.13	9.08	11.35	
67	7.89	9.86	15.84	19.80	10.67	13.34	
68	9.18	11.48	17.97	22.46	12.26	15.32	
69	10.48	13.10	20.10	25.13	13.85	17.31	
70	11.77	14.72	22.23	27.79	15.43	19.29	

Premium per 1000 of Basic LTC Pool

Premiu	_		Female		Unisex	
	Pref+ NT	ale	Pref+ NT	naie	Pref+ NT	isex
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	3.12	3.90	6.00	7.48	4.12	5.16
19	3.12	3.96	6.12	7.48	4.12	5.16
20	3.10	4.02	6.22	7.76	4.28	5.32
21	3.28	4.02	6.32	7.70	4.20	5.42
22	3.32	4.14	6.44	8.04	4.42	5.50
23	3.38	4.22	6.54	8.18	4.48	5.60
24	3.42	4.28	6.66	8.32	4.56	5.70
25	3.48	4.34	6.76	8.46	4.62	5.78
26	3.54	4.42	6.86	8.60	4.70	5.88
27	3.60	4.50	6.98	8.74	4.78	5.98
28	3.68	4.60	7.08	8.86	4.88	6.10
29	3.74	4.68	7.20	9.00	4.96	6.20
30	3.80	4.76	7.30	9.14	5.02	6.30
31	3.88	4.86	7.48	9.38	5.14	6.44
32	3.96	4.96	7.68	9.60	5.26	6.58
33	4.06	5.08	7.86	9.84	5.40	6.74
34	4.14	5.18	8.06	10.06	5.52	6.88
35	4.22	5.28	8.24	10.30	5.62	7.04
36	4.30	5.38	8.38	10.48	5.72	7.16
37	4.40	5.50	8.54	10.68	5.84	7.32
38	4.48	5.60	8.68	10.86	5.96	7.44
39	4.58	5.72	8.84	11.06	6.08	7.58
40	4.66	5.82	8.98	11.24	6.18	7.72
41	4.74	5.92	9.26	11.58	6.32	7.90
42	4.82	6.02	9.52	11.92	6.46	8.08
43	4.90	6.12	9.80	12.24	6.62	8.26
44	4.98	6.22	10.06	12.58	6.76	8.44
45	5.06	6.32	10.34	12.92	6.90	8.64
46	5.18	6.48	10.62	13.28	7.08	8.86
47	5.32	6.64	10.92	13.64	7.28	9.10
48 49	5.44 5.58	6.80 6.96	11.20	14.02 14.38	7.46 7.66	9.32 9.56
50	5.70	7.12	11.50 11.78	14.36	7.82	9.56
51	5.82	7.12	12.10	15.14	8.02	10.04
52	5.96	7.20	12.10	15.14	8.22	10.04
53	6.08	7.60	12.76	15.96	8.42	10.52
54	6.22	7.76	13.10	16.38	8.62	10.78
55	6.34	7.92	13.42	16.78	8.82	11.02
56	6.56	8.20	14.06	17.58	9.18	11.48
57	6.78	8.48	14.70	18.38	9.56	11.94
58	7.00	8.74	15.34	19.16	9.92	12.38
59	7.22	9.02	15.98	19.96	10.28	12.84
60	7.44	9.30	16.62	20.76	10.66	13.32
61	8.08	10.08	17.92	22.40	11.52	14.40
62	8.70	10.88	19.24	24.04	12.38	15.48
63	9.34	11.66	20.54	25.66	13.26	16.56
64	9.96	12.46	21.86	27.30	14.12	17.66
65	10.60	13.24	23.16	28.94	15.00	18.74
66	13.18	16.48	27.42	34.26	18.16	22.70
67	15.78	19.72	31.68	39.60	21.34	26.68
68	18.36	22.96	35.94	44.92	24.52	30.64
69	20.96	26.20	40.20	50.26	27.70	34.62
70	23.54	29.44	44.46	55.58	30.86	38.58

**Additional LTC Pool Dividend Charge** 

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Ma	ale	Fen	nale	Unisex					
Pref+ NT		Pref+ NT		Pref+ NT					
Pref NT		Pref NT		Pref NT					
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard				
1.0%	1.3%	2.7%	3.4%	1.6%	2.0%				

- 1									
	Male		Fer	nale	Unisex				
	Pref+ NT		Pref+ NT		Pref+ NT				
	Pref NT		Pref NT		Pref NT				
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
	2.0%	2.6%	5.4%	6.8%	3.2%	4.1%			

	Male		Female		Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.49	0.62	0.89	1.12	0.63	0.80
19	0.50	0.63	0.91	1.15	0.64	0.81
20	0.51	0.64	0.94	1.18	0.66	0.83
21	0.52	0.65	0.97	1.21	0.68	0.85
22	0.53	0.66	0.99	1.24	0.69	0.86
23	0.54	0.68	1.02	1.28	0.71	0.89
24	0.55	0.69	1.04	1.31	0.72	0.91
25	0.56	0.70	1.07	1.34	0.74	0.92
26	0.57	0.72	1.10	1.38	0.76	0.95
27	0.59	0.74	1.14	1.42	0.78	0.98
28	0.60	0.75	1.17	1.47	0.80	1.00
29	0.62	0.77	1.21	1.51	0.83	1.03
30	0.63	0.79	1.24	1.55	0.84	1.06
31	0.64	0.81	1.28	1.60	0.86	1.09
32	0.66	0.83	1.31	1.64	0.89	1.11
33	0.67	0.84	1.35	1.69	0.91	1.14
34	0.69	0.86	1.38	1.73	0.93	1.16
35	0.70	0.88	1.42	1.78	0.95	1.20
36	0.72	0.90	1.46	1.83	0.98	1.23
37	0.74	0.93	1.51	1.89	1.01	1.27
38	0.76	0.95	1.55	1.94	1.04	1.30
39	0.78	0.98	1.60	2.00	1.07	1.34
40	0.80	1.00	1.64	2.05	1.09	1.37
41	0.82	1.03	1.69	2.12	1.12	1.41
42	0.85	1.06	1.75	2.19	1.17	1.46
43	0.87	1.09	1.80	2.25	1.20	1.50
44	0.90	1.12	1.86	2.32	1.24	1.54
45 46	0.92	1.15	1.91	2.39	1.27	1.58
46 47	0.96 1.00	1.20 1.25	1.97 2.03	2.47 2.55	1.31 1.36	1.64 1.71
48	1.00	1.30	2.03		1.41	1.71
46 49	1.04	1.35	2.10	2.62 2.70	1.41	1.76
50	1.12	1.40	2.10	2.78	1.51	1.88
51	1.12	1.48	2.31	2.89	1.58	1.97
52	1.15	1.56	2.40	3.00	1.65	2.06
53	1.31	1.64	2.48	3.11	1.72	2.15
54	1.38	1.72	2.57	3.11	1.80	2.15
55	1.44	1.80	2.66	3.33	1.87	2.34
56	1.56	1.95	2.87	3.60	2.02	2.53
57	1.68	2.10	3.09	3.86	2.17	2.72
58	1.79	2.24	3.30	4.13	2.32	2.90
59	1.91	2.39	3.52	4.39	2.47	3.09
60	2.03	2.54	3.73	4.66	2.63	3.28
61	2.28	2.85	4.26	5.32	2.97	3.71
62	2.53	3.16	4.79	5.99	3.32	4.15
63	2.78	3.48	5.32	6.65	3.67	4.59
64	3.03	3.79	5.85	7.32	4.02	5.03
65	3.28	4.10	6.38	7.98	4.37	5.46
66	4.08	5.11	7.86	9.83	5.40	6.76
67	4.89	6.11	9.35	11.69	6.45	8.06
68	5.69	7.12	10.83	13.54	7.49	9.37
69	6.50	8.12	12.32	15.40	8.54	10.67
70	7.30	9.13	13.80	17.25	9.58	11.97

Premium per 1000 of Basic LTC Pool

Premiu		o of Basic ale		nale	l ln	isex
	Pref+ NT	ui <del>c</del>	Pref+ NT	naic	Pref+ NT	IOCΛ
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.98	1.24	1.78	2.24	1.26	1.60
19	1.00	1.26	1.82	2.30	1.28	1.62
20	1.02	1.28	1.88	2.36	1.32	1.66
21	1.04	1.30	1.94	2.42	1.36	1.70
22	1.06	1.32	1.98	2.48	1.38	1.72
23	1.08	1.36	2.04	2.56	1.42	1.78
24	1.10	1.38	2.08	2.62	1.44	1.82
25	1.12	1.40	2.14	2.68	1.48	1.84
26	1.14	1.44	2.20	2.76	1.52	1.90
27	1.18	1.48	2.28	2.84	1.56	1.96
28	1.20	1.50	2.34	2.94	1.60	2.00
29	1.24	1.54	2.42	3.02	1.66	2.06
30	1.26	1.58	2.48	3.10	1.68	2.12
31	1.28	1.62	2.56	3.20	1.72	2.18
32	1.32	1.66	2.62	3.28	1.78	2.22
33	1.34	1.68	2.70	3.38	1.82	2.28
34	1.38	1.72	2.76	3.46	1.86	2.32
35	1.40	1.76	2.84	3.56	1.90	2.40
36	1.44	1.80	2.92	3.66	1.96	2.46
37	1.48	1.86	3.02	3.78	2.02	2.54
38	1.52	1.90	3.10	3.88	2.08	2.60
39	1.56	1.96	3.20	4.00	2.14	2.68
40	1.60	2.00	3.28	4.10	2.18	2.74
41	1.64	2.06	3.38	4.24	2.24	2.82
42	1.70	2.12	3.50	4.38	2.34	2.92
43 44	1.74 1.80	2.18 2.24	3.60 3.72	4.50	2.40 2.48	3.00
45	1.84	2.24	3.72	4.64 4.78	2.46	3.08 3.16
46	1.04	2.40	3.94	4.76	2.54	3.16
47	2.00	2.50	4.06	5.10	2.72	3.42
48	2.08	2.60	4.00	5.24	2.82	3.52
49	2.16	2.70	4.32	5.40	2.92	3.64
50	2.24	2.80	4.44	5.56	3.02	3.76
51	2.36	2.96	4.62	5.78	3.16	3.94
52	2.50	3.12	4.80	6.00	3.30	4.12
53	2.62	3.28	4.96	6.22	3.44	4.30
54	2.76	3.44	5.14	6.44	3.60	4.50
55	2.88	3.60	5.32	6.66	3.74	4.68
56	3.12	3.90	5.74	7.20	4.04	5.06
57	3.36	4.20	6.18	7.72	4.34	5.44
58	3.58	4.48	6.60	8.26	4.64	5.80
59	3.82	4.78	7.04	8.78	4.94	6.18
60	4.06	5.08	7.46	9.32	5.26	6.56
61	4.56	5.70	8.52	10.64	5.94	7.42
62	5.06	6.32	9.58	11.98	6.64	8.30
63	5.56	6.96	10.64	13.30	7.34	9.18
64	6.06	7.58	11.70	14.64	8.04	10.06
65	6.56	8.20	12.76	15.96	8.74	10.92
66	8.16	10.22	15.72	19.66	10.80	13.52
67	9.78	12.22	18.70	23.38	12.90	16.12
68	11.38	14.24	21.66	27.08	14.98	18.74
69	13.00	16.24	24.64	30.80	17.08	21.34
70	14.60	18.26	27.60	34.50	19.16	23.94

Additional LTC Pool Dividend Charge

Male		Fer	nale	Unisex				
Pref+ NT		Pref+ NT		Pref+ NT				
Pref NT		Pref NT		Pref NT				
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
0.6%	0.8%	1.7%	2.1%	1.0%	1.3%			

Male		Fen	nale	Unisex	
Pref+ NT		Pref+ NT		Pref+ NT	
Pref NT		Pref NT		Pref NT	
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
1.2%	1.6%	3.4%	4.2%	2.0%	2.5%

Male		Female		Unisex		
	Pref+ NT	ale	Pref+ NT	naie	Pref+ NT	isex
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.79	0.99	1.43	1.80	1.01	1.27
19	0.79	1.01	1.43	1.85	1.03	1.30
20	0.82	1.03	1.51	1.90	1.06	1.33
21	0.82	1.05	1.55	1.95	1.00	1.33
22	0.85	1.03	1.59	2.00	1.09	1.40
23	0.83	1.07	1.64	2.06	1.11	1.43
24	0.87	1.11	1.68	2.00	1.14	1.43
						1.40
25	0.90	1.13	1.72	2.16	1.19	
26	0.92	1.16	1.78	2.23	1.22	1.53
27	0.94	1.19	1.83	2.30	1.25	1.58
28	0.97	1.21	1.89	2.36	1.29	1.61
29	0.99	1.24	1.94	2.43	1.32	1.66
30	1.01	1.27	2.00	2.50	1.36	1.70
31	1.03	1.30	2.06	2.57	1.39	1.74
32	1.06	1.33	2.12	2.65	1.43	1.79
33	1.08	1.36	2.17	2.72	1.46	1.84
34	1.11	1.39	2.23	2.80	1.50	1.88
35	1.13	1.42	2.29	2.87	1.54	1.93
36	1.16	1.46	2.36	2.96	1.58	1.99
37	1.19	1.50	2.43	3.04	1.62	2.04
38	1.23	1.53	2.50	3.13	1.67	2.09
39	1.26	1.57	2.57	3.21	1.72	2.14
40	1.29	1.61	2.64	3.30	1.76	2.20
41	1.33	1.66	2.73	3.41	1.82	2.27
42	1.37	1.71	2.82	3.52	1.88	2.34
43	1.40	1.75	2.90	3.63	1.93	2.41
44	1.44	1.80	2.99	3.74	1.98	2.48
45	1.48	1.85	3.08	3.85	2.04	2.55
46	1.54	1.93	3.18	3.98	2.11	2.65
47	1.61	2.01	3.28	4.10	2.19	2.74
48	1.67	2.09	3.37	4.23	2.27	2.84
49	1.74	2.17	3.47	4.35	2.35	2.93
50	1.80	2.25	3.57	4.48	2.42	3.03
51	1.90	2.38	3.71	4.66	2.53	3.18
52	2.01	2.51	3.85	4.83	2.65	3.32
53	2.11	2.64	4.00	5.01	2.77	3.47
54	2.22	2.77	4.14	5.18	2.89	3.61
55	2.32	2.90	4.28	5.36	3.01	3.76
56	2.51	3.14	4.63	5.79	3.25	4.07
57	2.70	3.38	4.97	6.22	3.49	4.37
58	2.89	3.61	5.32	6.64	3.74	4.67
59	3.08	3.85	5.66	7.07	3.98	4.98
60	3.27	4.09	6.01	7.50	4.23	5.28
61	3.67	4.59	6.86	8.57	4.23	5.28
62	4.07	4.59 5.09	7.71	9.64	5.34	6.68
63	4.07	5.60	8.57	10.71	5.3 <del>4</del> 5.91	7.39
64	4.46	6.10	9.42	11.78	6.47	8.09
	4.88 5.28				7.03	8.09 8.79
65		6.60	10.27	12.85		
66 67	6.57	8.22	12.66	15.83	8.70	10.88
67	7.87	9.84	15.05	18.82	10.38	12.98
68	9.16	11.46	17.44	21.80	12.06	15.08
69	10.46	13.08	19.83	24.79	13.74	17.18
70	11.75	14.70	22.22	27.77	15.41	19.27

Premium per 1000 of Basic LTC Pool

Male		Female		Unisex		
	Pref+ NT	ale	Pref+ NT	IIaie	Pref+ NT	SEX
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	1.58	1.98	2.86	3.60	2.02	2.54
19	1.60	2.02	2.94	3.70	2.06	2.60
20	1.64	2.06	3.02	3.80	2.12	2.66
21	1.68	2.10	3.10	3.90	2.18	2.74
22	1.70	2.14	3.18	4.00	2.22	2.80
23	1.74	2.18	3.28	4.12	2.28	2.86
24	1.76	2.22	3.36	4.22	2.32	2.92
25	1.80	2.26	3.44	4.32	2.38	2.98
26	1.84	2.32	3.56	4.46	2.44	3.06
27	1.88	2.38	3.66	4.60	2.50	3.16
28	1.94	2.42	3.78	4.72	2.58	3.22
29	1.98	2.48	3.88	4.86	2.64	3.32
30	2.02	2.54	4.00	5.00	2.72	3.40
31	2.06	2.60	4.12	5.14	2.78	3.48
32	2.12	2.66	4.24	5.30	2.86	3.58
33	2.16	2.72	4.34	5.44	2.92	3.68
34	2.22	2.78	4.46	5.60	3.00	3.76
35	2.26 2.32	2.84	4.58	5.74	3.08	3.86
36	_	2.92	4.72	5.92	3.16	3.98
37 38	2.38 2.46	3.00 3.06	4.86 5.00	6.08 6.26	3.24 3.34	4.08
39	2.40	3.14	5.00	6.42	3.44	4.18 4.28
40	2.52	3.14	5.14	6.60	3.52	4.40
41	2.66	3.32	5.46	6.82	3.64	4.40
42	2.74	3.42	5.64	7.04	3.76	4.68
43	2.80	3.50	5.80	7.26	3.86	4.82
44	2.88	3.60	5.98	7.48	3.96	4.96
45	2.96	3.70	6.16	7.70	4.08	5.10
46	3.08	3.86	6.36	7.96	4.22	5.30
47	3.22	4.02	6.56	8.20	4.38	5.48
48	3.34	4.18	6.74	8.46	4.54	5.68
49	3.48	4.34	6.94	8.70	4.70	5.86
50	3.60	4.50	7.14	8.96	4.84	6.06
51	3.80	4.76	7.42	9.32	5.06	6.36
52	4.02	5.02	7.70	9.66	5.30	6.64
53	4.22	5.28	8.00	10.02	5.54	6.94
54	4.44	5.54	8.28	10.36	5.78	7.22
55	4.64	5.80	8.56	10.72	6.02	7.52
56	5.02	6.28	9.26	11.58	6.50	8.14
57	5.40	6.76	9.94	12.44	6.98	8.74
58	5.78	7.22	10.64	13.28	7.48	9.34
59	6.16	7.70	11.32	14.14	7.96	9.96
60	6.54	8.18	12.02	15.00	8.46	10.56
61	7.34	9.18	13.72	17.14	9.58	11.96
62	8.14	10.18	15.42	19.28	10.68	13.36
63	8.96	11.20	17.14	21.42	11.82	14.78
64	9.76	12.20	18.84	23.56	12.94	16.18
65	10.56	13.20	20.54	25.70	14.06	17.58
66	13.14	16.44 19.68	25.32	31.66	17.40	21.76
67 68	15.74 18.32	19.68 22.92	30.10 34.88	37.64 43.60	20.76 24.12	25.96 30.16
69	20.92	26.16	34.88	43.60 49.58	24.12 27.48	34.36
70	23.50	29.40	39.66 44.44	49.56 55.54	30.82	38.54
70	23.00	23.40	44.44	JJ.J4	30.02	30.34

**Additional LTC Pool Dividend Charge** 

Male		Fen	nale	Unisex	
Pref+ NT		Pref+ NT		Pref+ NT	
Pref NT		Pref NT		Pref NT	
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
1.0%	1.3%	2.7%	3.4%	1.6%	2.0%

Male		Fen	nale	Unisex	
Pref+ NT		Pref+ NT		Pref+ NT	
Pref NT		Pref NT		Pref NT	
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
2.0%	2.6%	5.4%	6.8%	3.2%	4.1%

Premium per 1000 of Basic LTC Pool							
		ale	Female		Unisex		
	Pref+ NT		Pref+ NT		Pref+ NT		
Issue	Pref NT		Pref NT		Pref NT		
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard	
18	0.31	0.38	0.53	0.67	0.39	0.48	
19	0.32	0.40	0.55	0.70	0.40	0.51	
20	0.33	0.41	0.58	0.73	0.42	0.52	
21	0.34	0.42	0.61	0.76	0.43	0.54	
22	0.35	0.44	0.63	0.79	0.45	0.56	
23	0.36	0.45	0.66	0.83	0.47	0.58	
24	0.37	0.47	0.68	0.86	0.48	0.61	
25	0.38	0.48	0.71	0.89	0.50	0.62	
26	0.40	0.50	0.74	0.93	0.52	0.65	
27	0.41	0.52	0.77	0.97	0.54	0.68	
28	0.43	0.54	0.81	1.01	0.56	0.70	
29	0.44	0.56	0.84	1.05	0.58	0.73	
30	0.46	0.58	0.87	1.09	0.60	0.76	
31	0.48	0.61	0.92	1.15	0.63	0.80	
32	0.50	0.63	0.97	1.21	0.66	0.83	
33	0.53	0.66	1.01	1.27	0.70	0.87	
34	0.55	0.68	1.06	1.33	0.73	0.91	
35	0.57	0.71	1.11	1.39	0.76	0.95	
36	0.60	0.75	1.18	1.47	0.80	1.00	
37	0.63	0.78	1.24	1.55	0.84	1.05	
38	0.65	0.82	1.31	1.64	0.88	1.11	
39	0.68	0.85	1.37	1.72	0.92	1.15	
40	0.71	0.89	1.44	1.80	0.97	1.21	
41	0.75	0.94	1.53	1.92	1.02	1.28	
42	0.79	0.99	1.63	2.04	1.08	1.36	
43	0.84	1.05	1.72	2.15	1.15	1.44	
44	0.88	1.10	1.82	2.27	1.21	1.51	
45	0.92	1.15	1.91	2.39	1.27	1.58	

Additional LTC Pool Dividend Cha	rge

_									
	M	ale	Fer	nale	Unisex				
	Pref+ NT		Pref+ NT		Pref+ NT				
	Pref NT		Pref NT		Pref NT				
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
	0.6%	0.8%	1.7%	2.1%	1.0%	1.3%			

#### Current LTC Rider on L65 Rates - Non-Forfeiture Option B

### Premium per 1000 of Basic LTC Pool

Premiu	ili per 100	0 of Basic				
	Male		Female		Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.50	0.62	0.85	1.08	0.62	0.78
19	0.51	0.64	0.89	1.13	0.64	0.81
20	0.53	0.66	0.93	1.18	0.67	0.84
21	0.55	0.68	0.97	1.23	0.70	0.87
22	0.56	0.70	1.01	1.28	0.72	0.90
23	0.58	0.73	1.06	1.33	0.75	0.94
24	0.59	0.75	1.10	1.38	0.77	0.97
25	0.61	0.77	1.14	1.43	0.80	1.00
26	0.64	0.80	1.19	1.49	0.83	1.04
27	0.66	0.83	1.24	1.56	0.86	1.09
28	0.69	0.87	1.30	1.62	0.90	1.13
29	0.71	0.90	1.35	1.69	0.93	1.18
30	0.74	0.93	1.40	1.75	0.97	1.22
31	0.78	0.97	1.48	1.85	1.03	1.28
32	0.81	1.01	1.56	1.95	1.07	1.34
33	0.85	1.06	1.63	2.04	1.12	1.40
34	0.88	1.10	1.71	2.14	1.17	1.46
35	0.92	1.14	1.79	2.24	1.22	1.53
36	0.96	1.20	1.90	2.37	1.29	1.61
37	1.01	1.26	2.00	2.50	1.36	1.69
38	1.05	1.31	2.11	2.64	1.42	1.78
39	1.10	1.37	2.21	2.77	1.49	1.86
40	1.14	1.43	2.32	2.90	1.55	1.94
41	1.21	1.51	2.47	3.09	1.65	2.06
42	1.28	1.60	2.62	3.28	1.75	2.19
43	1.34	1.68	2.78	3.47	1.84	2.31
44	1.41	1.77	2.93	3.66	1.94	2.43
45	1.48	1.85	3.08	3.85	2.04	2.55

#### Additional LTC Pool Dividend Charge

Male		Fen	nale	Unisex			
Pref+ NT		Pref+ NT		Pref+ NT			
Pref NT		Pref NT		Pref NT			
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard		
1.0%	1.3%	2.7%	3.4%	1.6%	2.0%		

#### Premium per 1000 of Basic LTC Pool

Premiu	m per 100	U Of Basic	LTC Pool			
		ale		nale	Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	0.62	0.76	1.06	1.34	0.78	0.96
19	0.64	0.80	1.10	1.40	0.80	1.02
20	0.66	0.82	1.16	1.46	0.84	1.04
21	0.68	0.84	1.22	1.52	0.86	1.08
22	0.70	0.88	1.26	1.58	0.90	1.12
23	0.72	0.90	1.32	1.66	0.94	1.16
24	0.74	0.94	1.36	1.72	0.96	1.22
25	0.76	0.96	1.42	1.78	1.00	1.24
26	0.80	1.00	1.48	1.86	1.04	1.30
27	0.82	1.04	1.54	1.94	1.08	1.36
28	0.86	1.08	1.62	2.02	1.12	1.40
29	0.88	1.12	1.68	2.10	1.16	1.46
30	0.92	1.16	1.74	2.18	1.20	1.52
31	0.96	1.22	1.84	2.30	1.26	1.60
32	1.00	1.26	1.94	2.42	1.32	1.66
33	1.06	1.32	2.02	2.54	1.40	1.74
34	1.10	1.36	2.12	2.66	1.46	1.82
35	1.14	1.42	2.22	2.78	1.52	1.90
36	1.20	1.50	2.36	2.94	1.60	2.00
37	1.26	1.56	2.48	3.10	1.68	2.10
38	1.30	1.64	2.62	3.28	1.76	2.22
39	1.36	1.70	2.74	3.44	1.84	2.30
40	1.42	1.78	2.88	3.60	1.94	2.42
41	1.50	1.88	3.06	3.84	2.04	2.56
42	1.58	1.98	3.26	4.08	2.16	2.72
43	1.68	2.10	3.44	4.30	2.30	2.88
44	1.76	2.20	3.64	4.54	2.42	3.02
45	1.84	2.30	3.82	4.78	2.54	3.16

#### Additional LTC Pool Dividend Charge

ional E101 col Bividena Charge									
	Ma	ale	Fen	nale	Unisex				
	Pref+ NT		Pref+ NT		Pref+ NT				
	Pref NT		Pref NT		Pref NT				
	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard			
	1.2%	1.6%	3.4%	4.2%	2.0%	2.5%			

#### Guaranteed LTC Rider on L65 Rates - Non-Forfeiture Option B

## Premium per 1000 of Basic LTC Pool

Fielilic		ale		nale	Unisex	
	Pref+ NT		Pref+ NT		Pref+ NT	
Issue	Pref NT		Pref NT		Pref NT	
Age	Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard
18	1.00	1.24	1.70	2.16	1.24	1.56
19	1.02	1.28	1.78	2.26	1.28	1.62
20	1.06	1.32	1.86	2.36	1.34	1.68
21	1.10	1.36	1.94	2.46	1.40	1.74
22	1.12	1.40	2.02	2.56	1.44	1.80
23	1.16	1.46	2.12	2.66	1.50	1.88
24	1.18	1.50	2.20	2.76	1.54	1.94
25	1.22	1.54	2.28	2.86	1.60	2.00
26	1.28	1.60	2.38	2.98	1.66	2.08
27	1.32	1.66	2.48	3.12	1.72	2.18
28	1.38	1.74	2.60	3.24	1.80	2.26
29	1.42	1.80	2.70	3.38	1.86	2.36
30	1.48	1.86	2.80	3.50	1.94	2.44
31	1.56	1.94	2.96	3.70	2.06	2.56
32	1.62	2.02	3.12	3.90	2.14	2.68
33	1.70	2.12	3.26	4.08	2.24	2.80
34	1.76	2.20	3.42	4.28	2.34	2.92
35	1.84	2.28	3.58	4.48	2.44	3.06
36	1.92	2.40	3.80	4.74	2.58	3.22
37	2.02	2.52	4.00	5.00	2.72	3.38
38	2.10	2.62	4.22	5.28	2.84	3.56
39	2.20	2.74	4.42	5.54	2.98	3.72
40	2.28	2.86	4.64	5.80	3.10	3.88
41	2.42	3.02	4.94	6.18	3.30	4.12
42	2.56	3.20	5.24	6.56	3.50	4.38
43	2.68	3.36	5.56	6.94	3.68	4.62
44	2.82	3.54	5.86	7.32	3.88	4.86
45	2.96	3.70	6.16	7.70	4.08	5.10

Ma	ale	Female		Unisex					
Pref+ NT		Pref+ NT		Pref+ NT					
Pref NT		Pref NT		Pref NT					
Non-Sm	Standard	Non-Sm	Standard	Non-Sm	Standard				
2.0%	2.6%	5.4%	6.8%	3.2%	4.1%				