MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175 1-877-894-2478

INDIVIDUAL LONG-TERM CARE INSURANCE OUTLINE OF COVERAGE FOR POLICY SERIES LTC13 TAX-QUALIFIED

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

CAUTION: The issuance of this long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be attached to and made part of any issued policy. If your answers are incomplete, incorrect, or untrue, we may have 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 Mutual of Omaha Insurance Company at this address: Long-Term Care Service Office, P.O. Box 64901, St. Paul, MN 55164-0901.

1. POLICY DESIGNATION – INDIVIDUAL COVERAGE

This is an individual policy of insurance.

2. PURPOSE OF THE 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 available to you. **This is not an insurance contract, but only a summary of coverage.** Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and us. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY CAREFULLY**!

3. FEDERAL TAX CONSEQUENCES

The policy 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

RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE - PREMIUMS MAY CHANGE

This policy is guaranteed renewable. This means you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premium on time. Mutual of Omaha Insurance Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

WAIVER OF PREMIUM BENEFIT

If you meet the policy's ELIGIBILITY FOR THE PAYMENT OF BENEFITS section requirements, you will not need to pay premiums for the policy effective on the date we begin paying: nursing home benefits; assisted living facility benefits; at least eight days of home health care or adult day care benefits in any month; or the monthly cash benefit, if the Cash Benefit Rider is attached to the policy. Once waiver of premium ends, you must resume paying premiums to keep the policy in force.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

The premium for your policy can change. We will not increase premium due to a change in your age or health or your use of the long-term care coverage. However, we can change premiums if we make the same change for all persons of the same class, but never more than once per year. We will notify you at least 60 days before we change premiums for your class. Your premium rates will also increase when you purchase additional coverage after the policy effective date, such as an increased level of inflation protection.

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

(a) **30-DAY FREE LOOK:** You have 30 days from the date of its delivery to review the policy. If during that time you are not satisfied with the policy, you may return it to us or to your agent. We will refund all premiums paid within 30 days of the return directly to the payer. The policy will then be considered never to have been issued.

(b) **REFUND OF UNEARNED PREMIUM:** The policy contains a provision for the return of unearned premium in the event of termination due to death or cancellation. Upon receipt of notice that you cancelled the policy or that you have died, we will refund the pro-rata portion of any unearned premium paid for the period after your death or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* available from Mutual of Omaha Insurance Company. Neither Mutual of Omaha Insurance Company nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE COVERAGE

Policies of this category are designed to provide for one or more necessary diagnostic, preventative, 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. This policy pays benefits for expenses you incur for covered long-term care expenses. Payment is subject to the *elimination period*, exclusions, and all other terms of the policy and riders.

9. BENEFITS PROVIDED BY THE POLICY

ELIMINATION PERIOD

Elimination period means the initial number of calendar days that you must be *chronically ill* before we will pay benefits under your policy. The *elimination period* begins on the first day you are *chronically ill* and receive a covered service. Subsequent days on which you are *chronically ill* will be used to satisfy the *elimination period*, even if you do not receive a covered service on those days. If you cease to be *chronically ill* during the *elimination period*, the *elimination period* will stop. The *elimination period* will resume on the next date that you are *chronically ill* and receive a covered service.

Your policy's *elimination period* must be satisfied only once in your lifetime. Any days for which Medicare pays benefits for qualified long-term care services can be used to satisfy the *elimination period*. The *elimination period* applies to all benefits unless otherwise stated in a specific benefit provision.

BENEFIT LIMITS

We will pay benefits up to their applicable maximum amounts or until the policy limit has been reduced to zero, whichever occurs first. Except as otherwise provided in the policy, any benefits we pay under the policy will reduce the amount of the policy limit. Refer to your completed application for the level of coverage and features selected.

COVERED SERVICES

Covered services means services or supplies you receive for which a benefit may be payable under your policy. You must incur actual charges in order for services and supplies to be *covered services*. A service must also be a qualified long-term care service in order to be considered a *covered service*.

BASIC POLICY BENEFITS

CARE COORDINATOR SERVICE

The care coordinator service is voluntary and available to you at no cost to assist you in managing and arranging your long-term care needs. The care coordinator offers knowledge, training, and experience, and can help you to make the best use of the policy's benefits. You do not need to satisfy the *elimination period* in order to use the care coordinator service. If you wish to use this service, the care coordinator will contact you to:

(a) evaluate your specific needs for care and services;

(b) develop your initial and subsequent plans of care;

(c) assist you in obtaining the services and facilities outlined in the plan of care; and

(d) monitor your progress and the quality of the care you receive on an ongoing basis.

Stay-at-home benefits and the alternate care benefit are only available if you use a care coordinator. You do not need to use a care coordinator to receive any other benefits under the policy. We do not require you to use the providers identified in the plan of care developed by a care coordinator.

HOME HEALTH CARE BENEFITS

If you receive home health care from a home health care agency or an independent provider, we will pay the expense you incur for covered services, up to the Home Health Care Maximum Monthly Benefit for each month you receive such services. Home health care benefits begin after you have satisfied the policy's *elimination period*. *Covered services* for home health care consist of:

(a) part-time or intermittent skilled services provided by a nurse;

(b) services to help you comply with your medication/treatment regimen;

(c) home health aide services;

(d) physical therapy, respiratory therapy, occupational therapy, speech therapy, or audiology therapy;

(e) services provided by a specialist in the field of nutrition or the administration of chemotherapy;

(f) homemaker services; and

(g) maintenance or personal care services.

ADULT DAY CARE BENEFITS

If you receive adult day care from an adult day care center, we will pay the expense you incur for covered services, up to the Home Health Care Maximum Monthly Benefit for each month you receive such services. *Covered services* for adult day care consist of adult day care center services and fees charged for transportation to and from the adult day care center. Adult day care benefits begin after you have satisfied the policy's *elimination period*.

ASSISTED LIVING FACILITY BENEFITS

If you are confined in an assisted living facility, we will pay the expense you incur for covered services, up to the Assisted Living Facility Maximum Monthly Benefit for each month you are confined. Assisted living facility benefits begin after you have satisfied the policy's *elimination period*. *Covered services* for assisted living facility confinement consist of room and board for a one-bedroom unit, ancillary services, and patient supplies provided by the assisted living facility for care of its residents.

ASSISTED LIVING FACILITY BED RESERVATION BENEFIT

If you are absent for any reason (except discharge) during an assisted living facility confinement, and are charged by the facility to reserve your place there, we will pay an assisted living facility bed reservation benefit up to the calendar year maximum. This assisted living facility bed reservation benefit begins after you have satisfied the policy's *elimination period*.

NURSING HOME BENEFITS

If you are confined in a nursing home, we will pay the expense you incur for covered services, up to the Nursing Home Maximum Monthly Benefit for each month you are confined. Nursing home benefits begin after you have satisfied the policy's *elimination period*. *Covered services* for nursing home confinement consist of room and board, ancillary services, and patient supplies provided by the nursing home for care of its residents.

NURSING HOME BED RESERVATION BENEFIT

If you are absent for any reason (except discharge) during a nursing home confinement, and are charged by the facility to reserve your place there, we will pay a nursing home bed reservation benefit up to the calendar year maximum. This nursing home bed reservation benefit begins after you have satisfied the policy's *elimination period*.

RESPITE CARE BENEFITS

If your unpaid caregiver needs short-term relief from the duties of providing care to you, we will pay the expense you incur for *covered services* for respite care up to the Respite Care Benefit Limit for that calendar year. You do not need to satisfy the *elimination period* in order to use respite care benefits. *Covered services* for respite care consist of home health care, adult day care, confinement in an assisted living facility, or confinement in a nursing home.

HOSPICE CARE BENEFITS

If you are terminally ill and receive hospice care, we will pay the expense you incur for *covered services* up to the applicable maximum monthly benefit for each month you receive such services. The maximum monthly benefit will depend on the location where you receive the hospice care.

You can receive hospice care:

(a) at home as a home health care benefit;

(b) at an adult day care center as an adult day care benefit;

(c) while confined in an assisted living facility as an assisted living facility benefit;

(d) while confined in a nursing home as a nursing home benefit; or

(e) while confined in a hospice care facility.

During confinement in a stand-alone hospice care facility, *covered services* are paid as a nursing home benefit.

You do not need to satisfy the *elimination period* to use hospice care benefits.

INTERNATIONAL BENEFIT

If you meet the ELIGIBILITY FOR THE PAYMENT OF BENEFITS section requirements while outside of the United States, its possessions or territories, Canada, or the United Kingdom, we will pay a fixed indemnity benefit for each month of:

(a) confinement in a nursing home;

(b) confinement in an assisted living facility;

(c) home health care;

(d) adult day care;

(e) respite care; and

(f) hospice care.

The international benefit is a fixed indemnity benefit equal to the maximum monthly benefit shown on the policy schedule. We will pay the benefit regardless of the actual expenses you incur.

International benefits for nursing home, assisted living facility, adult day care, or home health care begin after you have satisfied the policy's *elimination period*. You do not need to satisfy the *elimination period* to receive hospice care or respite care.

We will pay the international benefit in place of any other policy or rider benefit. The following benefits are not available when you are receiving the international benefit: the Cash Benefit Rider, the care coordinator service, waiver of premium, and stay-at-home benefits.

STAY-AT-HOME BENEFITS

Stay-at-home benefits are only available when you use the care coordinator service.

Stay-at-home benefits are provided to help you remain in your home or return home after a confinement. The care coordinator must determine that stay-at-home benefits are a cost-effective alternative to benefits otherwise provided by the policy. When you follow the plan of care developed by the care coordinator, we will pay the expense you incur for *covered services* for the following stay-at-home benefits:

(a) caregiver training;

(b) durable medical equipment;

(c) home modification; and

(d) medical alert system.

You do not need to satisfy the *elimination period* to receive stay-at-home benefits. However, you cannot use stay-at-home benefits to satisfy the *elimination period* for other policy benefits. All four stay-at-home benefits combined are subject to the single Stay-At-Home Benefit Limit.

ALTERNATE CARE BENEFIT

Alternate care benefits are only available when you use the care coordinator service.

When a plan of care developed by a care coordinator recommends treatment, services, or supplies not otherwise covered by the policy, we may pay benefits for such alternate types of care if:

(a) they are qualified long-term care services;

(b) they are a less-expensive alternative to the policy's other benefits for which you are then eligible; and

(c) you, we, and a licensed health care practitioner agree to the alternate care services in writing.

We will not pay an alternate care benefit for any benefit that was available or for which you were ineligible at the time of application.

CASH BENEFIT

If you meet the policy's ELIGIBILITY FOR THE PAYMENT OF BENEFITS section requirements, you may elect to receive a monthly cash benefit in place of any other benefit for which you qualify under the policy. The cash benefit is a fixed indemnity benefit that we will pay in advance, at the start of each month, regardless of the actual expenses you incur. We reserve the right to require an assessment and a new plan of care at least once every 90 days while you are receiving the cash benefit.

You do not need to satisfy the policy's *elimination period* to receive the cash benefit. However, any days on which you receive the cash benefit cannot be used to satisfy the *elimination period* for other policy benefits. If you switch from the cash benefit to another policy benefit, you must still satisfy the *elimination period* applicable to the other policy benefit.

We will not pay the cash benefit if you are located outside of the United States, its possessions or territories, Canada, or the United Kingdom at the time you are eligible for the cash benefit.

CONTINGENT NONFORFEITURE BENEFIT

The contingent nonforfeiture benefit is available to you if there is a substantial premium increase for your coverage. This benefit allows you to choose either a reduced benefit amount to prevent premium increases, or to convert your policy to a paid-up status.

If you convert your coverage to paid-up status, you will not be required to make further premium payments, and we will continue to pay benefits up to the applicable monthly maximums. However, your policy limit will be reduced to an amount equal to the greater of: (a)the maximum monthly benefit in effect on the date your policy lapsed; or (b) the total amount of premiums paid for your policy.

The reduced policy limit will not exceed the policy limit amount remaining in effect on the date the policy lapsed.

OTHER NONFORFEITURE BENEFIT

NONFORFEITURE BENEFIT - SHORTENED BENEFIT PERIOD

The optional Nonforfeiture Benefit - Shortened Benefit Period provides a continuation of your coverage, but with a reduced policy limit, if your coverage lapses on or after the third policy anniversary date. We will continue to pay benefits up to the applicable monthly maximums. However, the policy limit will be reduced to an amount equal to the greater of: (a) the maximum monthly benefit in effect on the date the policy lapsed; or (b) the total amount of premiums paid for the policy. The reduced policy limit will not exceed the policy limit amount remaining in effect on the date the policy lapsed.

OPTIONAL BENEFITS

You may elect any of the following options to expand the benefits under the policy:

PROFESSIONAL HOME HEALTH CARE BENEFITS

If you receive professional home health care from a home health care agency or an independent provider, we will pay the expense you incur for covered services, up to the Professional Home Health Care Maximum Monthly Benefit for each month you receive such services. If the expense you incur for professional home health care exceeds the Professional Home Health Care Maximum Monthly Benefit, we will pay for such expense under the terms of your policy's home health care benefits up to the Home Health Care Maximum Monthly Benefit. Professional home health care benefits begin after you have satisfied your policy's *elimination period*.

Covered services for professional home health care consist of: (a) part-time or intermittent skilled services provided by a nurse (for a maximum of 365 days of service during the life of your policy); (b) physical therapist services; (c) respiratory therapist services; (d) occupational therapist services; (e) speech therapist services; (f) audiologist services; (g) chemotherapy administration specialist services; and (h) nutritional specialist services.

WAIVER OF ELIMINATION PERIOD FOR HOME HEALTH CARE BENEFIT

This feature waives the requirement that you satisfy the *elimination period* before we will pay home health care or adult day care benefits. Days on which we waive the elimination period for home health care or adult day care benefits will be used to satisfy the elimination period for other benefits available under your policy, including but not limited to nursing home benefits or assisted living facility benefits.

JOINT WAIVER OF PREMIUM

We will waive the payment of your premium when your partner qualifies for the waiver of premium benefit under his or her policy. We will waive your premium for as long as your partner's premium continues to be waived. This waiver of premium benefit is only available if both you and your partner are covered under separate, in-force Mutual of Omaha Insurance Company long-term care policies, series LTC13, and each of you has elected this rider. If we increase your premium because you purchase additional coverage after the policy effective date, such as an increased level of inflation protection, you must pay the amount of the increase until the 10th anniversary of the effective date of the increase. Once waiver of premium ends, you must resume paying premiums to keep the policy in force.

SURVIVORSHIP BENEFIT

If your partner dies after the qualification period expires, your premium will be waived so that no further premium payments will be due for the policy, effective on the next policy renewal date. This survivorship benefit is only available if both you and your partner are covered under separate, in-force Mutual of Omaha Insurance Company long-term care policies, series LTC13, each of you has this rider in force, and both of you continue to live for the length of the qualification period. If we increase your premium because you purchase additional coverage after the policy effective date, such as an increased level of inflation protection, you must pay the amount of the increase until the 10th anniversary of the effective date of the increase.

SHARED CARE BENEFIT

If your policy limit has been reduced to zero, this rider allows you to draw from your partner's policy limit to pay for benefits that you qualify for under your policy. The shared care benefit is only available if both you and your partner have identical coverage, including the shared care benefit, in force. If your partner dies while this benefit is in force, the remaining amount of your partner's policy limit will be added to your policy limit. Your partner may receive benefits under his or her policy at the same time that you are drawing on your partner's policy limit.

SECURITY BENEFIT

If you are receiving benefits under your policy, and your partner is alive, we will pay you an additional cash benefit, which is a percentage of the monthly benefit for *covered services* you receive. We will not pay the security benefit if you are receiving benefits under any Cash Benefit Rider that may be a part of your policy.

RETURN OF PREMIUM BENEFITS

Payment of any return of premium benefit will not include interest, any benefits paid under your policy, any waived premiums, or any unearned premium that we refund.

RETURN OF PREMIUM AT DEATH BENEFIT

This return of premium benefit provides for a refund of premiums, minus all benefits paid, if you die while the policy is in force.

RETURN OF PREMIUM IF DEATH OCCURS BEFORE AGE 65 BENEFIT

This return of premium benefit provides for a refund of premiums, minus all benefits paid, if you die while the policy is in force but prior to the policy anniversary date coinciding with or next following your 65th birthday.

THREE TIMES THE MAXIMUM MONTHLY BENEFIT RETURN OF PREMIUM AT DEATH BENEFIT

This return of premium benefit provides for a refund of premiums, minus all benefits paid, if you die while the policy is in force, but no more than three times your maximum monthly benefit. For the purposes of this rider, the maximum monthly benefit is the lesser of your initial maximum monthly benefit, or your most recent maximum monthly benefit, excluding the whole amount of any inflation protection increases. The policy must remain in force for the length of the 10 year qualification period.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

To be eligible for the payment of benefits under all provisions of the policy:

(a) You must be *chronically ill*; and

(b) We must receive a written plan of care from a licensed health care practitioner prescribing qualified long-term care services.

Chronically ill means (a) you are unable to perform at least two *activities of daily living* without substantial assistance from another person who is physically present with you, for a period that is expected to last at least 90 consecutive days due to a loss of functional capacity; or (b) you require substantial supervision to protect yourself from threats to health and safety due to a severe cognitive impairment.

You will only meet the definition of *chronically ill* if, within the preceding 12 months, a licensed health care practitioner has certified that you meet such requirements.

Activities of daily living means the following self-care functions: bathing, continence, dressing, eating, toileting, and transferring.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

You must meet **ALL** of the following conditions to be eligible for benefits:

(a) The policy must be in force on the date for which you are claiming benefits.

(b) The policy limit has not been reduced to zero.

(c) You have not exhausted any maximum benefit amount that applies to the benefit you are claiming.

(d) You must satisfy the *elimination period* if it applies to the benefit you are claiming. The *elimination period* does not apply to the Cash Benefit Rider, if part of your coverage, respite care benefits, hospice care benefits, stay-at-home benefits, and the care coordinator service.

ONE BENEFIT IS PAYABLE ON A SINGLE DAY

If you are eligible for benefits under more than one provision on any single day, we will pay benefits under the provision which pays the greatest amount. This limitation applies even if multiple benefits share the same maximum benefit amount. This limitation does not apply to the policy's stay-at-home benefits, which you may receive at the same time as other policy benefits. The monthly cash benefit may be paid in place of any other benefit if the Cash Benefit Rider is part of your coverage.

10. LIMITATIONS AND EXCLUSIONS

We will not pay benefits for:

(a) services provided by an immediate family member, unless:

1. he or she is a regular employee of the facility or agency providing the covered services;
2. the facility or agency receives the payment for the covered services; and
3. he or she receives no compensation other than the normal compensation for employees in his or her job category;

(b) services for which no charge is made in the absence of insurance;

(c) services provided outside of the United States, its possessions or territories, Canada, or the United Kingdom (except as provided by the INTERNATIONAL BENEFIT section);

(d) loss resulting from suicide, attempted suicide, or intentionally self-inflicted injury;

(e) loss resulting from alcoholism or drug addiction (except for an addiction to a prescription medication when administered in accordance with the advice of your physician);

(f) treatment provided in a government facility (unless otherwise required by law) except a Veterans Administration facility;

(g) services received while the policy is not in force (except as provided by the EXTENSION OF BENEFITS section); or

(h) loss resulting from war or act of war (declared or undeclared).

NON-DUPLICATION OF BENEFITS

We will not duplicate benefits for that portion of covered expense paid or payable:

(a) by Medicare, including amounts that are reimbursable or would be reimbursable but for the application of a deductible or coinsurance amount;

(b) by any other governmental program (except Medicaid), including the Veterans Administration; or

(c) by any state or federal workers' compensation, employer liability, or occupational disease law, or any motor vehicle no-fault law.

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

11. THE 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. You may elect one of the inflation protection options to increase your coverage. Only increases taken in accordance with one of the inflation protection options do not require proof of insurability.

COMPOUND INFLATION PROTECTION - LIFETIME BENEFIT

The optional Compound Inflation Protection - Lifetime Benefit increases the benefit amounts of the policy each year. On each policy anniversary date, we will increase the policy limit and your then existing maximum monthly benefit by the increase percentage you select on the application. Your premium will not change solely because of these annual benefit increases.

COMPOUND INFLATION PROTECTION - LIMITED PERIOD BENEFIT

The optional Compound Inflation Protection - Limited Period Benefit increases the benefit amounts of the policy as follows: On each policy anniversary date for the remainder of the limited period you selected, we will increase the policy limit and your then existing maximum monthly benefit by the increase percentage you selected on the application. Benefit increases will stop accruing after the number of years in the limited period have expired. Your premium will not change solely because of these annual benefit increases.

COMPOUND INFLATION PROTECTION BENEFIT WITH BUY-UP OPTION

The optional Compound Inflation Protection Benefit with Buy-Up Option increases the benefit amounts of the policy each year. On each policy anniversary date, we will increase the policy limit and your then existing maximum monthly benefit by the increase percentage you select on the application. Your premium will not change solely because of these annual benefit increases. However, your premium will increase if you elect the buy-up option. The increase will be based on your age and the premium rate in effect for the new compound inflation percentage at that time.

BUY-UP OPTION

On or before each policy anniversary date, you may choose to increase your compound inflation percentage to any percentage we offer. Your total level of inflation protection cannot exceed 5%. You are eligible for the Buy-Up Option unless, at any time during the two years preceding your request to exercise this option: we waived premium under any provision of the policy; the policy was paid-up; or you were *chronically ill*.

Premium for the policy will increase each time you elect the buy-up option. Benefit increases will not occur until the second policy anniversary date coinciding with or next following the date your written request is received and accepted by us.

COMPOUND INFLATION PROTECTION - LIMITED PERIOD BENEFIT WITH BUY-UP OPTION

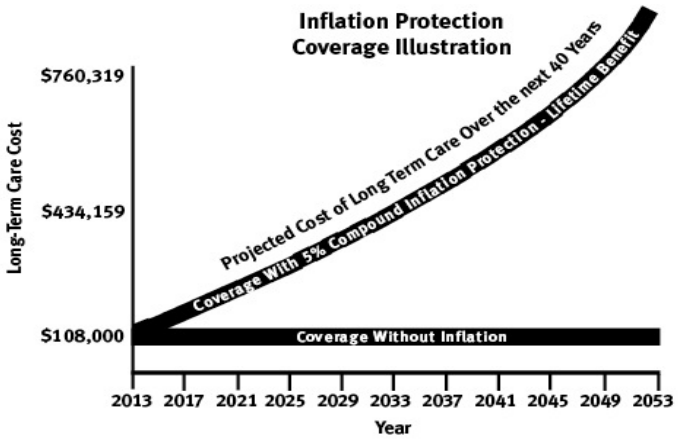
The optional Compound Inflation Protection – Limited Period Benefit with Buy-Up Option increases the benefit amounts of the policy as follows: On each policy anniversary date for the remainder of the limited period you selected, we will increase the policy limit and your then existing maximum monthly benefit by the increase percentage you select on the application. Benefit increases will stop accruing after the number of years in the limited period have expired. Your premium will not change solely because of these annual benefit increases. However, your premium will increase if you elect the buy-up option. The increase will be based on your age and the premium rate in effect for the new compound inflation percentage at that time.

BUY-UP OPTION

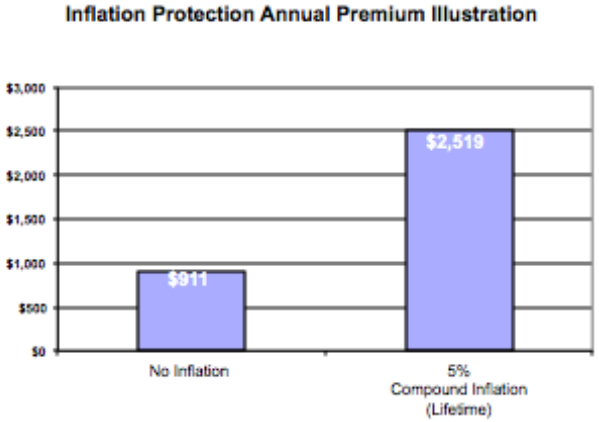
On or before each policy anniversary date, you may choose to increase your compound inflation percentage to any percentage we offer. Your total level of inflation protection cannot exceed 5%. You are eligible for the Buy-Up Option unless, at any time during the two years preceding your request to exercise this option: we waived premium under any provision of the policy; the policy was paid-up; or you were *chronically ill*.

Premium for the policy will increase each time you elect the buy-up option. Benefit increases will not occur until the second policy anniversary date coinciding with or next following the date your written request is received and accepted by us.

INFLATION PROTECTION – GRAPHIC COMPARISON



The Inflation Protection – Graphic Comparison shows the anticipated cost for one year of institutional care during a 40-year period and compares the policy limit for two types of coverage: one with a 5% Compound Inflation Protection - Lifetime Benefit and one without inflation protection.



The Inflation Protection Annual Premium Illustration compares the annual premium paid by a 63-year old male, in the Select underwriting class, for two types of coverage: one with a 5% Compound Inflation Protection - Lifetime Benefit and one without inflation protection, assuming the following coverage features:

- a 3-year benefit at $3000/month ($3000 times 36 months = $108,000 policy limit);
- $3000/month Nursing Home MMB;
- $3000/month Assisted Living Facility MMB;
- $3000/month Home Health Care MMB; and
- an *elimination period* of 90 days.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Once your application is approved, the policy provides coverage for treatment of Alzheimer's disease, Parkinson's disease, senile dementia, and all other forms of organic brain disease.

13. PREMIUM

Refer to the table below to find the annual premium.

PREMIUM

Premium Payment Mode (Adjustment Factor) Limited Pay - Complete below.

❒ Annual (1.0) ❒ Semi-Annual (.51)
❒ Quarterly (.26) ❒ Monthly Electronic Funds Transfer (.09)

Basic Policy Coverage Premium:	$
Nonforfeiture Benefit - Shortened Benefit Period:	$
Compound Inflation Protection Selected:	$
Professional Home Health Care:	$
Return of Premium at Death Benefit Selected:	$
Security Benefit:	$
Shared Care Benefit:	$
Joint Waiver of Premium Benefit:	$
Survivorship Benefit:	$
Waiver of Elimination Period for Home Health Care Benefit:	$
Total Annual Premium:	$
Modal Premium:	$
(Annual X Mode Factor)	

14. ADDITIONAL FEATURES

UNDERWRITING

We require medical underwriting when you apply for coverage.

PROTECTION AGAINST UNINTENTIONAL LAPSE

You have the right to designate at least one person who is to receive notice of lapse due to non-payment of premium in addition to yourself. If the policy lapses due to non-payment of premium, we will reinstate the policy if we receive proof that you were *chronically ill* beginning on or before the date of lapse. We must receive your request for reinstatement within five months of the date of lapse and you must pay all past due premiums.

15. CONTACT THE STATE AGENCY LISTED IN *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* 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 POLICY.