1 COMPANY NAME	Bankers Life and Casualty Company		Knights of Columbus		Mutual of Omaha		
2 Product Type	Comprehensive		Facility-Only Comprehensive		Comprehensive		
3 Product Marketing Name	SimpleChoice TQ Standard	SimpleChoice TQ Premier & Elite	Long Term Care Plus NHC2	Long Term Care Plus LTC2	Mutual Care Secure Solution	Mutual Care Custom Solution	
4 Product Form Number	GR-N620 GR-N650		ICC14 NHC2 7-14			LTC13	
5 Year First LTCI Product Offered	1985			2000	1987		
6 Year Current LTCI Product Was Priced	2013			2014	2020		
7 Jurisdictions LTCI Available	All States (BCLIC in NY)		All States & DC		All States & DC		
8 State Partnerships (as of January 1, 2022)	40 (Including CT, IN)			None		38	
9 Financial Ratings (as of December 31, 2021)							
10 A.M. Best	А		A+		A+		
11 Standard and Poor's	A-			AA+		A+	
12 Moody's	A3			Not Rated		A1	
13 Fitch		Α-		Not Rated		Not Rated	
14 COMDEX Ranking (as of May 1, 2022)		71		98		90	
15 Statutory Financials (Millions)							
16 Assets (December 31, 2021)		\$18,542		\$28,838		\$10,342	
17 Capital & Surplus (December 31, 2021)		\$1,241		\$2,651		\$3,997	
18 Percent Increase (Assets, Surplus)		9%, 1%		4%, 15%		10%, 10%	
19 LTCI Premium (Millions)							
20 2021 First Year Premium		\$2.1		\$3.7		\$35.1	
21 2021 End of Year In-Force Premium		\$349.3		\$82.8		\$560.7	
22 Percent Increase (New Business, In-Force)		13%, -4%		12%, 5%		-14%, 4%	
Most recent issue year that has had a price increase		2015		Never had a rate increase		2011	
24 LTCI Lives Insured							
25 2021 First Year Issued		1,701		2,223		13,060	
26 2021 End of Year In-Force		191,822	51,960		230,416		
27 Percent Increase (New Business, In-Force)		131%, -1%	34%, 3%		-13%, 4%		
28 Product Ranges and Elimination Period Terms							
28 Product Ranges and Elimination Period Terms 29 Issue Age Range		18 - 84		18 - 75		30 - 79	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range		18 · 84 \$40 · \$400		18 - 75 \$1,500 - \$15,000/Month		\$1,500 - \$10,000/Month	
29 Issue Age Range				\$1,500 · \$15,000/Month 3, 5, 10	2, 3, 4, 5		
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods	0, 15, 30	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460		\$1,500 - \$15,000/Month		\$1,500 - \$10,000/Month	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative	0, 15, 30	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes		\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No	2, 3, 4, 5 90, 180, 365	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting	0, 15, 30	\$40 · \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week – 7	30, 90, 180 (cut	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP	0, 15, 30	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes		\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits	0, 15, 30	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA	30, 90, 180 (cut	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ndar Days After 1st Expense a Cost; HC Days Retire FC EP	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs	0, 15, 30	\$40 · \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA	30, 90, 180 (cut	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative	0, 15, 30	\$40 · \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week – 7 NA 1,1	30, 90, 180 (cut	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ndar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic)	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit		\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost)	30, 90, 180 (cut Facility-Only Facility-Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis	0, 15, 30 Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly	30, 90, 180 (cut Facility-Only Facility-Only Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ndar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic)	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max)	Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost)	30, 90, 180 (cut Facility-Only Facility-Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max)		\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly	30, 90, 180 (cut Facility-Only Facility-Only Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1	2, 3, 4, 5 90, 180, 365 Cale	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional	Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100%	Facility-Only Facility-Only Facility Only 100%	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100%	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services	Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100%	30, 90, 180 (cut Facility-Only Facility-Only Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family)	Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100%	Facility-Only Facility-Only Facility Only 100%	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100%	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care	Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100%	Facility-Only Facility-Only Facility Only 100%	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100%	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care	Weekly	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered	Facility-Only Facility-Only Facility Only 100%	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care Not Covered	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care 10 Day EP; if used it Delays Satisfying the EP	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium)	Weekly	\$40 · \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5%	Facility-Only Facility-Only Facility Only 100%	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care 10 Day EP; if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium)	Weekly 50%	\$40 · \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week – 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5%	Facility-Only Facility-Only Facility Only 100%	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care Not Covered	2, 3, 4, 5 90, 180, 365 Cale Extra Cash Alternative Has 3%, 4%, 5%	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care 10 Day EP; if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option NA	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium) 49 Lifetime Simple Increases (Level Premium) 50 Other Increases (Level Premium)	Weekly 50%	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5% in Options Are Also Offered (See Other Comments)	Facility-Only Facility-Only Facility Only 100% Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care Not Covered 3%, 5% NA	2, 3, 4, 5 90, 180, 365 Cale Extra	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care 10 Day EP; if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium)	Weekly 50%	\$40 · \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week – 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5%	Facility-Only Facility-Only Facility Only 100% Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care Not Covered	2, 3, 4, 5 90, 180, 365 Cale Extra Cash Alternative Has 3%, 4%, 5% 3% or 5% CBIO for 20 Years	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care 10 Day EP; if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option NA Above w/ 10, 15, or 20 yr periods No FPO. Buy-up option allows % incr each yr not to exceed 5%, Avail prior to	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium) 49 Lifetime Simple Increases (Level Premium) 50 Other Increases (Level Premium)	Weekly 50% 2 Decreasing Inflatio	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5% in Options Are Also Offered (See Other Comments)	Facility-Only Facility-Only Facility Only 100% Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care Not Covered 3%, 5% NA	2, 3, 4, 5 90, 180, 365 Cale Extra Cash Alternative Has 3%, 4%, 5%	\$1,500 - \$10,000/Month	
29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium) 50 Other Increases (Level Premium) 51 Future Purchase Options (FPO)	Weekly 50% 2 Decreasing Inflatio	\$40 - \$400 1, 2, 3 0, 60, 90, 180, 365, 730, 1095, 1460 Yes, Yes 3 HC/Week = 7 NA 1,1 NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5% on Options Are Also Offered (See Other Comments) 15% Every 3 Years	Facility-Only Facility-Only Facility Only 100% Facility Only	\$1,500 - \$15,000/Month 3, 5, 10 in half for HCBC with care coordination)** Yes, No Calendar Days NA 1, 1 NA Monthly 100% Same as Custodial Care Not Covered 3%, 5% NA	2, 3, 4, 5 90, 180, 365 Cale Extra Cash Alternative Has 3%, 4%, 5% 3% or 5% CBIO for 20 Years	\$1,500 - \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes Indar Days After 1st Expense a Cost; HC Days Retire FC EP 1, 1 25% (Automatic) NA Monthly 50%, 75%, 100% Same as Custodial Care 10 Day EP; if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option NA Above w/ 10, 15, or 20 yr periods No FPO. Buy-up option allows % incr each yr not to exceed 5%, Avail prior to	

54 COMPANY NAME	<u> </u>	Bankers Life and Casualty Company		Knights of Columbus	M	utual of Omaha	
55 Product Marketing Name			SimpleChoice TQ Premier & Elite Long Term Care Plus Long-Term Care Plus			Mutual Care Secure Solution Mutual Care Custom Solution	
56 Sales Rep/Source for More Info	Simplechoice Lu Standard Simplechoice Lu Premier & Ente		Long Form out of the	dan.hill@kofc.org		800-693-6083	
57 Ancillary Benefits		**************************************		danime Koto.org			
58 Bed Reserve Days/Year, Respite during EP?	60 + Other, No	60+ Other, 21		21, 21		30 + Other, 30	
59 Alternative Plan of Care (APC)	No	Contractual After EP	Contractual After EP		Contractual After EP		
60 Home Modification	· · · · · · · · · · · · · · · · · · ·	30 x MDB		min (45 x MDB, \$5000)*		x If Care Coord Is Used*	
61 Caregiver Training Benefit		25% of Monthly HC 5% HC MMB; Max 12 Months	Facility Only	\$500/Calendar Year			
62 Emergency Alert	NA			APC w/Care Co-ord	Included Above*		
63 Equipment Benefit				Included Above*			
64 Drug, Ambulance Benefit	NA, \$75/Trip x 4x/Year			NA, \$250/Year		NA NA	
65 Claims Issues							
66 Conditional Receipt Protection	No			No	No		
67 Coverage Beyond USA	Canada (Other = 30 Days)			Canada & US Territories	Canada & UK; Indemnity for Other (365)		
68 Provider Discounts (Directly or Indirectly)	No		Life	Plans Provider Discount Program*		No	
69 Care Coordination Available From	Through Network			work** or up to \$500/yr for client's choice		Company Staff	
70 Independent Review		Extended to IF in states with IR		Extended to All Claimants		Required by Law	
71 Premiums and Discounts							
72 Gender-distinct or Unisex pricing		Gender-Distinct		Gender-Distinct		ender-Distinct	
73 Preferred Discount		10%		10%		15%	
74 Substandard Extra Ratings		25%		50%		25%, 50%	
75 Two-Spouse, Two-Partner Discounts		35%, 10%		30%, 0%		15%, 15%	
76 Requires Identical Coverage		No		No	No		
77 If Spouse is a Surprise Decline							
78 If Spouse answers "Yes" to 'Knock-Out' question		One-spouse discount		One-spouse discount		One-spouse discount	
79 One-Spouse Discount (Only 1 Spouse Applies)		15%		15%		5%	
80 Maximum Best UW Class & Spouse Discount		41.5%		37%		27.75%	
B1 Later Marriage Earns Discount For:	IF & New Spouse (if within	n two years); Otherwise, New Spouse gets one-buy discount		New Spouse gets 15% discount		ouse; Otherwise new spouse gets 5% discount	
When are dividends or credits expected to start?		NA				NA	
83 Most Common Employer, Affinity Discount		NA, 5%		NA NA		5% (Not Employer Sponsored), 5%	
84 Minimum Size Employer Group, Number Apps		NA				non Employer Program Only	
85 Minimum Size Affinity Group, Number Apps		Varies				100, 10	
Modal Factors (SA, Ω, M, PAC)		51.50%, 26.25%, 9.17%, 8.58%		52%, 26.5%, NA, 8.65%		51%, 26%, NA, 9%	
Credit Card: Frequencies Accepted		None		None		None	
How long unmarried partners must co-habit for discount		Five years		NA NA		Three years	
Any discounts available for non-spouse relatives?		No		No No		No	
Non-Level Premiums							
91 Limited Premium Periods		NA		NA		NA	
22 Waiver of Premium							
73 First Premium Waived (Days)	Elimination			Elimination		Elimination	
HCBC Waiver	Yes			Yes Not Offered		Yes, With 8 Days of Care/Month	
Joint Waiver	Extra Cost	Automatic		Not Offered	Not Offered	Extra Cost	
Return of Premium Upon Death (ROP)	No. C. L.	from 100/ @ Ath Voor to 1000/ @ V 20		Just mostin Not. Dooth Defens CE	None	isial MMD after 10 year	
ROP Design #1	Net; Grades from 10% @ 4th Year to 100% @ Year 20+		Automatic: Net, Death Before 65			nitial MMB after 10 yrs	
Other ROP Design(s)		NA NA		NA NA	NA	Net, 100%; Net 100% to 65	
99 Other Riders & Features		Evtra Coat		Not Offered	Not Offered	Futro Cost	
O Paid Un Curvivar Panafit	Extra Cost		Not Offered		NOT OTTERED	Extra Cost	
	10			NA NA			
D1 Both People Must Survive Number of Years						No	
D1 Both People Must Survive Number of Years D2 Claim-Free Requirement?		No	A 20,11 - 10	2 year as E year DD in lieu of access to the comment		No	
01 Both People Must Survive Number of Years 02 Claim-Free Requirement? 03 Shared Care Benefit			Available with	3-year or 5-year BP in lieu of couples discount		manent Extra \$	
01 Both People Must Survive Number of Years 02 Claim-Free Requirement? 03 Shared Care Benefit 04 Other Shared Care Aspects	Eutra Cont	No Permanent Extra \$, Third Pool	Available with	3-year or 5-year BP in lieu of couples discount NA		rmanent Extra \$ 1 Year for Living Spouse	
100 Paid Up Survivor Benefit 101 Both People Must Survive Number of Years 102 Claim-Free Requirement? 103 Shared Care Benefit 104 Other Shared Care Aspects 105 Restoration of Benefits 106 Other Comments	Extra Cost Extra-Cost Rider Ups Surv	No Permanent Extra \$, Third Pool Included ivor's Daily Benefit 50% But Survivor's Prem is Unchanged:		NA ng and care management benefits do not count against monthly max but do count aga	Must Leave	nmanent Extra \$ 1 Year for Living Spouse NA 5% "Common Employer" Discount But Employer Cannot Be Involved	
01 Both People Must Survive Number of Years 02 Claim-Free Requirement? 03 Shared Care Benefit 04 Other Shared Care Aspects 05 Restoration of Benefits	Extra-Cost Rider Ups Surv	No Permanent Extra \$, Third Pool Included		NA	Must Leave	rmanent Extra \$ 1 Year for Living Spouse NA	

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1 COMPANY NAME	National Guardian Life Insurance Company	New Yo	rk Life Insurance Company	Thrivent	
2 Product Type	Comprehensive Work-Site		Comprehensive	Comprehensive	
3 Product Marketing Name	EssentialLTC Essen	NYL My Care	NYL Secure Care	Long-Term Care Insurance	
4 Product Form Number	ICC16-NLTC100P	ICC18-LTCD	ICC14-LTC6	ICC13 H-HX-LTC	
5 Year First LTCI Product Offered	2016		1988	1987	
6 Year Current LTCI Product Was Priced	2021	2018	2016	2016	
7 Jurisdictions LTCI Available	All States & DC (except MT, NY) Not in AZ, FL, ME, MT, NY		All States & DC	All States & DC (except NY)	
8 State Partnerships (as of January 1, 2022)	35		35	41 (Including IN)	
9 Financial Ratings (as of December 31, 2021)				(moderning my	
10 A.M. Best	A		A++	A++	
11 Standard and Poor's	Not Rated		AA+	AA+	
12 Moody's	Not Rated		Aaa	Not Rated	
13 Fitch	Not Rated		AAA	Not Rated	
14 COMDEX Ranking (as of May 1, 2022)	Not Ranked		100	100	
15 Statutory Financials (Millions)					
16 Assets (December 31, 2021)	\$5,092		\$379,985	\$115,542	
17 Capital & Surplus (December 31, 2021)	\$497		\$30,694	\$13,695	
18 Percent Increase (Assets, Surplus)	6%, 15%		6%, 14%	6%, 28%	
19 LTCI Premium (Millions)					
20 2021 First Year Premium	\$13.8		\$22.4	\$10.9	
21 2021 End of Year In-Force Premium	\$17.9		\$343.9	\$205.6	
22 Percent Increase (New Business, In-Force)	136%, 59%		34%, 9%	27%, 1%	
23 Most recent issue year that has had a price increase	Never had a rate increase		2014	2003	
24 LTCI Lives Insured					
25 2021 First Year Issued	3,610		16,660	4,377	
26 2021 End of Year In-Force	5,934	162,585		115,709	
27 Percent Increase (New Business, In-Force)	292%, 150%	187%, 9%		63%, -1%	
28 Product Ranges and Elimination Period Terms					
29 Issue Age Range	40-79 (age nearest birthday)		25-79	18 - 79	
30 Daily, Weekly or Monthly Benefit Range	\$50-\$300		\$50-\$400	\$1,500 - \$15,000/Month	
31 Benefit Periods and/or Pools	2, 3, 4, 5, 6, Lifetime	\$50,000-\$500,000 in increments of \$5K; Max = 60 x MMB	2, 3, 5, 7	2, 3, 4, 5, 8	
32 Elimination Periods	30, 90, 180	Deductible=3, 6, 9 or 12 x MMB (then 20% co-pay)	90, 180, 365 (20 for HCBC*)	30, 90, 180	
33 Vanishing, Cumulative	Yes, Yes		Yes, Yes	Yes, Yes	
34 Elimination Period Crediting	Service Days	Dollars spent	Service Days	1 HC/Week = 7	
35 O-day HCBC EP with longer NH EP	Extra Cost; HC Days Retire FC EP		NA	Extra Cost; HC Days Retire FC EP	
36 Product Benefits					
37 Number of: Benefit Pools, EPs	1,1	1, 0 (deductible ilo EP)	1,1	1,1	
38 Partial Cash (Disability) Alternative	NA NA		NA	NA NA	
39 Additional Cash Benefit				10% in Facilities but 15% at Home (Extra Cost)	
40 HCBC Payment Basis	Daily	Monthly	Daily (Monthly@31 x MDB*)	Monthly	
41 Assisted Living (Percent of NH Max)	100%		100%		
42 Home Care Health Aide (Percent of NH Max)		100%	50%, 80%, 100%	100%	
43 Independent Professional	Not Covered	Not Covered			
44 Homemaker Services	Same As Custodial Care	1 day/v	vk if 2 LTC days provided	Same As Custodial Care	
45 Informal Care (Other Than Family)	Not Covered	Not Covered	50% of HC MDB up to 365 days with 4+ hrs of care/day from non-Partner.	Not Covered	
46 Informal Family Care					
47 Benefit Increase Features					
48 Lifetime Compound Increases (Level Premium)	3%, 5%	2%, 3%, 5%	3%, 5%	1%, 2%, 3%, 5%	
49 Lifetime Simple Increases (Level Premium)		NA	3%	NA	
50 Other Increases (Level Premium)	NA NA	Benefits increase based on CPI-U (cap: 7.5%/yr) until declined Based on CPI-U (cap: 7.5%/yr)		IVA	
51 Future Purchase Options (FPO)		2x or age 95.	Premiums & benefits increase based on CPI-U (cap: 7.5%/yr)	FPO provides automatic 5% increases each yr until declined 3x in a row. Always applies when premium is waived	
52 Benefit Increase Comments		CPI FPO increases use attained-age price per unit	CPI increases maintain original-age price per unit		
53 Other Comments	Single Premium is available, facilitating §1035 exchanges	Deductible instead of EP; 20% co-pay	Partners Benefit Rider provides Jt WP and Shared EP	Must meet eligibility requirements for fraternal membership.	
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54 COMPANY NAME	Na	ational Guardian Life Insurance Company	New Yo	rk Life Insurance Company	Thrivent Financial for Lutherans
55 Product Marketing Name	EssentialLTC	EssentialLTC Employer Group	NYL My Care	NYL Secure Care	Long-Term Care Insurance
56 Sales Rep/Source for More Info		8-505-2332 or www.ngl-essentiallltc.com		(800) 224-4582	1-800-THRIVENT
57 Ancillary Benefits					
58 Bed Reserve Days/Year, Respite during EP?		30 + Other, 30		60+ Other, 30	60+Other, 2 x Monthly Max
59 Alternative Plan of Care (APC)	No		Contrac	ctual When Benefit Eligible	Contractual After EP
60 Home Modification	Not Covered		NA	Grab bars, hand rails, ramps	2 x Monthly Max*
61 Caregiver Training Benefit		5 x MDB	20% x MMB	5 x Facility MDB	2 x Monthly Max
62 Emergency Alert		Up to \$50/Month		NA	
63 Equipment Benefit		Not Covered	\$5,000	\$4,000	Included Above*
64 Drug, Ambulance Benefit		NA NA	NA		NA NA
65 Claims Issues					
66 Conditional Receipt Protection		No	Up to \$5000 for 60 days after app	Up to \$1000 for 60 days after app	Full, After UW Regt
67 Coverage Beyond USA	Canada (others = 30 days)		3 x MMB	100 x Facility MDB	2x Max Monthly Benefit
68 Provider Discounts (Directly or Indirectly)		No		No	No
69 Care Coordination Available From		Through Network	Through Network	Through Network*	Through Network
70 Independent Review		As Required By Law	· ·	led to IF in States with IR	Extended to IF in States with IR
71 Premiums and Discounts					
72 Gender-distinct or Unisex pricing	Gender-Distinct	Unisex		Gender-Distinct	Gender-Distinct
73 Preferred Discount				NA	10%
74 Substandard Extra Ratings	NA	None	25%, 50%, 75%, 100%	50%, 100%	25%, 50%
75 Two-Spouse, Two-Partner Discounts	Together pay	125% of female premium at the older insured's age		25%, 25%	20%, 20%
76 Requires Identical Coverage		Yes		No	No
77 If Spouse is a Surprise Decline					
78 If Spouse answers "Yes" to 'Knock-Out' question	8	Single Person Price at that person's age	One-spouse discount	No Discount	One-spouse discount
79 One-Spouse Discount (Only 1 Spouse Applies)		0%	10%	0%	5%
80 Maximum Best UW Class & Spouse Discount	~ 24.5% (same age couple)	37.5% (same age couple)	25%	25%	30%
81 Later Marriage Earns Discount For:		Neither	New Spouse		IF & New Spouse
82 When are dividends or credits expected to start?	NA		End of 3rd year	End of 10th year	
83 Most Common Employer, Affinity Discount	NA, 5%	- NA	51	%, 5%; not for SSTD	
04 14: 0: 5 1 0 11 1 4	NA 5, 2-5 varies by state				NA NA
84 Minimum Size Employer Group, Number Apps	IVA			None, None	
84 Minimum Size Employer Group, Number Apps 85 Minimum Size Affinity Group, Number Apps	10, 1	NA			
1 , 11		NA 52%, 27%, 8.75%, 8.75%	!	51%, 26%, NA, 9%	50.8%, 25.6%, NA, 8.6%
85 Minimum Size Affinity Group, Number Apps			!		50.8%, 25.6%, NA, 8.6% None
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC)		52%, 27%, 8.75%, 8.75%	!	51%, 26%, NA, 9%	
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted	10, 1	52%, 27%, 8.75%, 8.75% None		51%, 26%, NA, 9% None	None
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount	10, 1	52%, 27%, 8.75%, 8.75% None One Day		51%, 26%, NA, 9% None Three years	None Three years
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives?	10, 1	52%, 27%, 8.75%, 8.75% None One Day		51%, 26%, NA, 9% None Three years	None Three years
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants		51%, 26%, NA, 9% None Three years No	None Three years Yes, if same generation 3-year cohabitants
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium 93 First Premium Waived (Days)	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination	After Deductible	51%, 26%, NA, 9% None Three years No	None Three years Yes, if same generation 3-year cohabitants
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium 93 First Premium Waived (Days) 94 HCBC Waiver	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10	After Deductible	None Three years No NA Elimination	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium 93 First Premium Waived (Days) 94 HCBC Waiver	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination		None Three years No NA Elimination	None Three years Yes, if same generation 3-year cohabitants 10 Elimination
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium 93 First Premium Waived (Days) 94 HCBC Waiver 95 Joint Waiver 96 Return of Premium Upon Death (ROP)	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic	After Deductible Not Offered	None Three years No NA Elimination Yes Extra Cost	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium 93 First Premium Waived (Days) 94 HCBC Waiver 95 Joint Waiver 96 Return of Premium Upon Death (ROP) 97 ROP Design #1	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die	After Deductible	51%, 26%, NA, 9% None Three years No NA Elimination Yes Extra Cost Net, 100%	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years
85 Minimum Size Affinity Group, Number Apps 86 Modal Factors (SA, Q, M, PAC) 87 Credit Card: Frequencies Accepted 88 How long unmarried partners must co-habit for discount 89 Any discounts available for non-spouse relatives? 90 Non-Level Premiums 91 Limited Premium Periods 92 Waiver of Premium 93 First Premium Waived (Days) 94 HCBC Waiver 95 Joint Waiver 96 Return of Premium Upon Death (ROP) 97 ROP Design #1 98 Other ROP Design(s)	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic	After Deductible Not Offered	None Three years No NA Elimination Yes Extra Cost	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Credit Card: Frequencies Accepted How long unmarried partners must co-habit for discount Non-Level Premiums Limited Premium Periods Waiver of Premium Tirst Premium Waived (Days) HCBC Waiver Return of Premium Upon Death (ROP) ROP Design #1 Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Waiver relatives? Mon-Level Premium Periods Page Waiver of Premium Periods Waiver of Premium Upon Death (ROP) The Rop Design #1 Characteristics (ROP) The Rop Design #1 The Company of the Rop Design(s) Waiver Apps Modal Factors (SA, Q, M, PAC) Waiver Premium Periods Waiver of Premium Upon Death (ROP) The Rop Design(s) Waiver Apps Waiver Or House Accepted (Nor House) Waiver of Premium Upon Death (ROP) The Rop Design(s) Waiver Apps Waiver Or House Accepted (Nor House) Waiver of Premium Upon Death (ROP)	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die th Surrender Option (grades up to 80% after 4 years)	After Deductible Not Offered	None Three years No NA Elimination Yes Extra Cost NA NA	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Credit Card: Frequencies Accepted How long unmarried partners must co-habit for discount Any discounts available for non-spouse relatives? Non-Level Premiums Limited Premium Periods Waiver of Premium First Premium Waived (Days) HCBC Waiver Joint Waiver Return of Premium Upon Death (ROP) ROP Design #1 Mother ROP Design(s) Other Riders & Features Together Accepted	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die	After Deductible Not Offered	51%, 26%, NA, 9% None Three years No NA Elimination Yes Extra Cost Net, 100%	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Credit Card: Frequencies Accepted How long unmarried partners must co-habit for discount Any discounts available for non-spouse relatives? Non-Level Premiums Limited Premium Periods Waiver of Premium Sirst Premium Waived (Days) HCBC Waiver Joint Waiver Return of Premium Upon Death (ROP) ROP Design #1 Mother ROP Design(s) Other Riders & Features Company Teams Total Cardinal Process Total Cardinal	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die th Surrender Option (grades up to 80% after 4 years)	After Deductible Not Offered	None Three years No NA Elimination Yes Extra Cost NA NA	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost 10
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Terdit Card: Frequencies Accepted Modal Factors (Frequencies Accepted Modal Factors	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die In Surrender Option (grades up to 80% after 4 years) Not offered NA	After Deductible Not Offered Automatic, Net, Death Before 65	None Three years No NA Elimination Yes Extra Cost NA NA Not Offered NA	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost 10 Yes
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Credit Card: Frequencies Accepted How long unmarried partners must co-habit for discount Any discounts available for non-spouse relatives? Non-Level Premiums Limited Premium Periods Waiver of Premium First Premium Waived (Days) HCBC Waiver Joint Waiver Return of Premium Upon Death (ROP) ROP Design #1 Mother ROP Design(s) Other Riders & Features Claim-Free Requirement? Shared Care Benefit	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die in Surrender Option (grades up to 80% after 4 years) Not offered	After Deductible Not Offered Automatic, Net, Death Before 65	None Three years No NA Elimination Yes Extra Cost Net, 100% NA NA Permanent Extra \$, Third Pool	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost 10 Yes Extra Cost Ends If Partner Dies
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Terdit Card: Frequencies Accepted Modal Factors (Frequencies Accepted Modal Factors	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die In Surrender Option (grades up to 80% after 4 years) Not offered NA Permanent Extra \$,Third Pool	After Deductible Not Offered Automatic, Net, Death Before 65	None Three years No NA Elimination Yes Extra Cost NA NA Not Offered NA	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost 10 Yes
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Credit Card: Frequencies Accepted How long unmarried partners must co-habit for discount Any discounts available for non-spouse relatives? Non-Level Premiums Limited Premium Periods Waiver of Premium First Premium Waived (Days) HCBC Waiver Joint Waiver Return of Premium Upon Death (ROP) ROP Design #1 Mother ROP Design(s) Other Riders & Features Claim-Free Requirement? Shared Care Benefit	10, 1	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die In Surrender Option (grades up to 80% after 4 years) Not offered NA	After Deductible Not Offered Automatic, Net, Death Before 65	None Three years No NA Elimination Yes Extra Cost Net, 100% NA NA Permanent Extra \$, Third Pool	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost 10 Yes Extra Cost Ends If Partner Dies
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC) Credit Card: Frequencies Accepted How long unmarried partners must co-habit for discount Any discounts available for non-spouse relatives? Non-Level Premiums Limited Premium Periods Waiver of Premium Waived (Days) HCBC Waiver Joint Waiver Return of Premium Upon Death (ROP) ROP Design #1 ROP Design #1 Mother ROP Design(s) Other Riders & Features Claim-Free Requirement? Claim-Free Requirement? Shared Care Benefit	Can add Cash	52%, 27%, 8.75%, 8.75% None One Day Yes, if same generation cohabitants 1, 10 Elimination Yes Automatic 100% net of claims paid, 2nd-to-die In Surrender Option (grades up to 80% after 4 years) Not offered NA Permanent Extra \$,Third Pool	After Deductible Not Offered Automatic, Net, Death Before 65 Permanent Extra \$ Cannot	None Three years No NA Elimination Yes Extra Cost Net, 100% NA Permanent Extra \$, Third Pool be unilaterally taken away	None Three years Yes, if same generation 3-year cohabitants 10 Elimination Yes Automatic w/ Shared Care Net, 100% for death after 10 years NA Extra Cost 10 Yes Extra Cost 10 Yes Extra Cost Ends If Partner Dies Pool Depleted, Spouse < 86 & No Clm in 2 Yrs, Can Buy 2 Yr BP

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