Company Name	Bankers Life		Knights of Columbus		Mutual of Omaha	
Product Type		Comprehensive	Facility-Only	Comprehensive	Compr	ehensive
Product Marketing Name	SimpleChoice TQ Standard	SimpleChoice TQ Premier & Elite	Long Term Care Plus NHC2	Long Term Care Plus LTC2	MutualCare Secure Solutions	Mutual CareCustom Solution
Product Form Number	GR-N620	GR-N650	ICC14 NHC2 7-14	ICC14 LTC2 7-14	LT .	TC13
Year First LTCI Product Offered	1985		2000		1987	
Year Current LTCI Product Was Priced	2013		2014		2020	
Jurisdictions LTCI Available	All States & DC (BCLIC in NY)		All States & DC		All States & DC	
State Partnerships (as of January 1, 2024)	40 (Including CT, IN)		None		38	
Financial Ratings (as of December 31, 2023)						
A.M. Best	A		A+		A+	
Standard and Poor's	A-		AA+		A+	
Moody's	A3		Not Rated		A1	
Fitch	A		Not Rated		Not Rated	
COMDEX Ranking (as of May 1, 2024)		73	98		90	
Statutory Financials (Millions)						
Assets (December 31, 2023)		\$21,140	\$2	29,910	\$10,979	
Capital & Surplus (December 31, 2023)		\$1,033	\$2,819		\$3	3,984
Percent Increase (Assets, Surplus)		5%, -24%	2%,3%		8%, -1%	
LTCI Premium (Millions)						
2023 First Year Premium*		\$1.6	\$2.6		\$24.6	
2023 End of Year In-Force Premium		\$258.4	\$92.8		\$622.7	
Percent Increase (New Business, In-Force)		-1%, -7%	19%,8%		-13%, 6%	
Most recent issue year that has had a price increase		2015	2016		2013	
LTCI Lives Insured						
2023 First Year Issued	706		1,088		7,287	
2023 End of Year In-Force	132,661		52,177		235,401	
Percent Increase (New Business, In-Force)	0%, -7%		13%,0%		-15%, 1%	
Product Ranges and Elimination Period Terms						
Issue Age Range	18 - 84		18 - 75		30 - 79	
Daily, Weekly or Monthly Benefit Range	\$40 - \$400		\$1,500 - \$15,000/Month		\$1,500 - \$15,000/Month	
Benefit Periods and/or Pools	1,2,3		3, 5, 10		2, 3, 4	\$50,000 - \$500,000 (up to 8.3 years)
Elimination Periods	0, 15, 30, 60, 90, 180, 365, 730, 1095, 1460		30, 90, 180 (cut in half for HCBC with care coordination)**		90, 180, 365 0, 30, 60, 90, 180, 365	
Vanishing, Cumulative		Yes, Yes	Yes, No		Yes, Yes	
Elimination Period Crediting		3 HC/Week=7	Calend	ndar Days	Calendar Days	After 1st Expense
0-day HCBC EP with longer NH EP		NA	Facility-Only	NA	Extra Cost; HC Days Retire FC EP	
Product Benefits						
Number of: Benefit Pools, EPs						
		1,1	Facility-Only	1,1		l, 1
Partial Cash (Disability) Alternative		1,1 NA				I, 1 utomatic)
		· · · · · · · · · · · · · · · · · · ·		1, 1 NA	25% (A	
Partial Cash (Disability) Alternative Additional Cash Benefit	Weekly	NA 25% (Extra Cost)	I	NA	25% (A	utomatic)
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis	Weekly	NA 25% (Extra Cost) Monthly	Facility Only		25% (A	utomatic)
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max)		NA 25% (Extra Cost)	I	NA Monthly	25% (A	utomatic) NA onthly
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max)	Weekly	NA 25% (Extra Cost) Monthly	Facility Only	NA	25% (A	utomatic)
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional		NA 25% (Extra Cost) Monthly 100% 50%, 100%	Facility Only 100%	NA Monthly	25% (A I Mo 50%, 79	utomatic) NA onthly 5%, 100%
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services		NA 25% (Extra Cost) Monthly 100%	Facility Only	NA Monthly	25% (A I Mo 50%, 79	utomatic) NA onthly
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family)		NA 25% (Extra Cost) Monthly 100% 50%, 100%	Facility Only 100%	Monthly 100% Same as Custodial Care	25% (A Mo 50%, 79 Same as C	utomatic) NA onthly 5%, 100%
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care		NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental	Facility Only 100%	Monthly 100%	25% (A Mo 50%, 79 Same as C	utomatic) NA onthly 5%, 100% ustodial Care
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care Benefit Increase Features		NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered	Facility Only 100% Facility Only	NA Monthly 100% Same as Custodial Care Not Covered	25% (A Mo 50%, 79 Same as C Cash Alternative Has 0 Day EP;	utomatic) NA onthly 5%, 100% ustodial Care if used it Delays Satisfying the EP
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care Benefit Increase Features Lifetime Compound Increases (Level Premium)		NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5%	Facility Only 100% Facility Only	Monthly 100% Same as Custodial Care	25% (A Mo 50%, 7! Same as C Cash Alternative Has 0 Day EP; 3%, 4%, 5%	utomatic) NA onthly 5%, 100% ustodial Care if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care Benefit Increase Features Lifetime Compound Increases (Level Premium) Lifetime Simple Increases (Level Premium)	50%	NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5%	Facility Only 100% Facility Only	NA Monthly 100% Same as Custodial Care Not Covered	25% (A Mo 50%, 79 Same as C Cash Alternative Has 0 Day EP; 3%, 4%, 5%	utomatic) NA onthly 5%, 100% ustodial Care if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option NA
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care Benefit Increase Features Lifetime Compound Increases (Level Premium) Lifetime Simple Increases (Level Premium) Other Increases (Level Premium)	50%	NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5% 1 Options Are Also Offered (See Other Comments)	Facility Only 100% Facility Only 3%	NA Monthly 100% Same as Custodial Care Not Covered %, 5% NA	25% (A Mo 50%, 7! Same as C Cash Alternative Has 0 Day EP; 3%, 4%, 5%	utomatic) NA onthly 5%, 100% ustodial Care 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
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care Benefit Increase Features Lifetime Compound Increases (Level Premium) Lifetime Simple Increases (Level Premium) Other Increases (Level Premium) Future Purchase Options (FPO)	50% 2 Decreasing Inflation	NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5% 1 Options Are Also Offered (See Other Comments) 15% Every 3 Years	Facility Only 100% Facility Only 3%	NA Monthly 100% Same as Custodial Care Not Covered	25% (A Mo 50%, 79 Same as C Cash Alternative Has 0 Day EP; 3%, 4%, 5%	utomatic) NA onthly 5%, 100% ustodial Care 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 % increach yr not to exceed 5%, Avail pr
Partial Cash (Disability) Alternative Additional Cash Benefit HCBC Payment Basis Assisted Living (Percent of NH Max) Home Care Health Aide (Percent of NH Max) Independent Professional Homemaker Services Informal Care (Other Than Family) Informal Family Care Benefit Increase Features Lifetime Compound Increases (Level Premium) Lifetime Simple Increases (Level Premium) Future Purchase Options (FPO) Benefit Increase Comments	50% 2 Decreasing Inflation	NA 25% (Extra Cost) Monthly 100% 50%, 100% Must Be Incidental Not Covered 2%, 3%, 4%, 5% 5% 1 Options Are Also Offered (See Other Comments)	Facility Only 100% Facility Only 3%	NA Monthly 100% Same as Custodial Care Not Covered %, 5% NA	25% (A Mo 50%, 79 Same as C Cash Alternative Has 0 Day EP; 3%, 4%, 5%	utomatic) NA onthly 5%, 100% ustodial Care if used it Delays Satisfying the EP 1% to 5%, 0.25% increments & Buy-Up Option NA

*Includes full single premium. See Table 12 in the article for only 10% of single premium.

Company Name	Bankers Li	ife	Knights of Columbus			Mutual of Omaha	
Product Marketing Name	SimpleChoice TQ Standard	SimpleChoice TQ Premier & Elite	Long Term Care Plus Long-Term Care Plus		Mutual Care Secure Solution Mutual Care Custom Solution		
Sales Rep/Source for More Info	www.bankersli		dan.hill@kofc.org		1-800-693-6083		
Ancillary Benefits	WWW.Ballicolon	10.0011	duli.iiii@kolo.org			1 000 000 0000	
Bed Reserve Days/Year, Respite during EP?	60+Other, No	60+ Other, 21	21, 21			30+Other, 30	
Alternative Plan of Care (APC)	No	Contractual After EP	Contractual After EP			Contractual After EP	
Home Modification	110	30 x MDB	oontrastaar/iitor Er	min (45 x MDB, \$5000)*		2 x Mo Max If Care Coord Is Used*	
Caregiver Training Benefit		25% of Monthly HC		\$500/Calendar Year		2 A 110 Max II Out 0 00014 10 0004	
Emergency Alert	NA	20% 01 Montany 110	Facility Only	APC w/Care Co-ord		Included Above*	
Equipment Benefit		5% HC MMB; Max 12 Months		Included Above*		illoladou / laovo	
Drug, Ambulance Benefit	NA, \$75/Trip x 4x/Year		NA, \$250/Year		NA NA		
5 Claims Features							
Conditional Receipt Protection	No		No			No	
Coverage Beyond USA	Canada (Other =	30 Davs)	Canada & US Territories		Canada & UK; Indemnity for Other (365)		
Provider Discounts (Directly or Indirectly)	No		LifePlans Provider Discount Program*			No	
Care Coordination Available From	Through Net	work	Through Network** or up to \$500/yr for client's choice			Company Staff	
Independent Review	Extended to IF in sta		Extended to All Claimants			As Required by Law	
Premiums and Discounts							
Gender-distinct or Unisex pricing	Gender-Dist	inct	Gender-Distinct		Gender-Distinct		
Preferred Discount	10%		10%		15%		
Substandard Extra Ratings	25%		50%		25%, 50%		
Two-Spouse, Two-Partner Discounts	35%, 10%	, D	30%, 0%		15%, 15%		
Requires Identical Coverage	No		No		No		
If Spouse is a Surprise Decline	0 "		2 " .				
If Spouse answers "Yes" to 'Knock-Out' question	One-spouse dis	scount	One-spouse discount		One-spouse discount		
One-Spouse Discount (Only 1 Spouse Applies)	15%		15%		5%		
Maximum Best UW Class & Spouse Discount	41.5%		37%		27.75%		
Later Marriage Earns Discount For:	IF & New Spouse (if within two years); Otherwis	se, New Spouse gets one-buy discount	New Spouse gets 15% discount		If Same Policy Series, IF & New Spouse; Otherwise new spouse gets 5% discount		
How long unmarried partners must co-habit for discount	Five years	s	NA		Three years		
Any discounts available for non-spouse relatives?	No		No		No		
When are dividends or credits expected to start?	NA			NA		NA NA	
Most Common Employer, Affinity Discount	NA, 5%		NA			5% (Not Employer Sponsored), 5%	
Minimum Size Employer Group, Number Apps	NA		_		5 Apps, Common Employer Program Only		
Minimum Size Affinity Group, Number Apps	Varies				100, 10		
Modal Factors (SA, Q, M, PAC)	51.50%, 26.25%, 9.1	7%, 8.58%	52%, 26.5%, NA, 8.65%		51%, 26%, NA, 9%		
Credit Card: Frequencies Accepted	None		None		None		
Limited Premium Periods	NA		NA			NA	
Waiver of Premium							
First Premium Waived (Days)	Elimination		Elimination		Elimination Ye Wild OR 1997 (1997)		
HCBC Waiver	Yes		Yes		Yes, With 8 Days of Care/Month		
Joint Waiver	Extra Cost	Automatic	Not Offered		Not Offered	Extra Cost	
Return of Premium Upon Death (ROP)	Note Condon from 100/ O 44 V	oor to 1009/ @ Voor 20	Automotics Net Deck Defense			Not 2 vinitial MMP after 10 year	
ROP Design #1 Other ROP Design(s)	Net; Grades from 10% @ 4th Year to 100% @ Year 20+		Automatic: Net, Death Before 65 NA		NIA	Net, 3 x initial MMB after 10 yrs	
	NA		IVA		NA	Net, 100%; Net 100% to 65	
	From Co.	*	Not Official		Not Offered	Eutra Coat	
Paid Up Survivor Benefit Both People Must Survive Number of Years	Extra Cost		Not Offered		Not offered	Extra Cost	
1 Claim-Free Requirement?	10 No.		NA NA		NA	No	
Claim-rree Requirement? Shared Care Benefit	No Parmanant Fytra \$	Third Pool	Available with 2 year or 5 year DD is lieu of sounder discount		Permanent Extra \$		
Other Shared Care Aspects	Permanent Extra \$, Third Pool		Available with 3-year or 5-year BP in lieu of couples discount		Must Leave 1 Year for Living Spouse		
	5.0.		NA NA				
<u> </u>	Eytra Cost	Included					
Restoration of Benefits	Extra Cost Extra-Cost Rider Uns Survivor's Daily Renefit 5	Included N% But Survivor's Prem is Unchanged:		care management henefits do not		NA	
<u> </u>	Extra Cost Extra-Cost Rider Ups Survivor's Daily Benefit 5 Return of Premium Applie None	0% But Survivor's Prem is Unchanged; es on Lapse Also.	Claims subject to "usual and customary"; Caregiver training and count against monthly max but do count again		Spouse Security Benefit Pays 60% of Reimbursemen	NA t Benefit; 5% "Common Employer" Discount But Employer Cannot Be Involved in Any Way None	

*Includes full single premium. See Table 12 in the article for only 10% of single premium.

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Company Name	National National	Guardian Life Insurance Company	New York Life Insurance Company		Thrivent	
Product Type	Comprehensive	Work-Site	Comprehe	ensive	Comprehensive	
Product Marketing Name	EssentialLTC	EssentialLTC Employer Group	NYL My Care	NYL Secure Care	Long-Term Care Insurance	
Product Form Number		ICC16-NLTC100P	ICC18-LTCD	ICC14-LTC6	ICC13 H-HX-LTC	
Year First LTCI Product Offered	2016		1988	3	1987	
Year Current LTCI Product Was Priced	2021		2018	2016	2016	
Jurisdictions LTCI Available	All States & DC (except NY) Not in ME, NY		All States	& DC	All States & DC (except NY)	
State Partnerships (as of January 1, 2024)	35		35	35		
Financial Ratings (as of December 31, 2023)						
A.M. Best		A	A++		A++	
Standard and Poor's	Not Rated		AA+	AA+		
Moody's	Not Rated		Aaa		Aa2	
Fitch		Not Rated	AAA	1	Not Rated	
COMDEX Ranking (as of May 1, 2024)		Not Ranked	100		100	
Statutory Financials (Millions)						
Assets (December 31, 2023)		\$4,930	\$408,9	05	\$113,518	
Capital & Surplus (December 31, 2023)		\$494	\$31,83	75	\$14,333	
Percent Increase (Assets, Surplus)		3%, -6%	4%, 6	%	5%, 4%	
LTCI Premium (Millions)						
2023 First Year Premium*		\$7.6	\$19.2	2	\$9.1	
2023 End of Year In-Force Premium		\$27.5	\$391.	9	\$207.5	
Percent Increase (New Business, In-Force)		-17%, 20%	-2%, 6	%	-26%,0%	
Most recent issue year that has had a price increase	I	Never had a rate increase	2014	2003		
LTCI Lives Insured						
2023 First Year Issued		1,439	4,438	5	2,557	
2023 End of Year In-Force		8,376 164,038		38	110,143	
Percent Increase (New Business, In-Force)		-10%, 17%	-34%, 0%		-19%, -3%	
Product Ranges and Elimination Period Terms						
Issue Age Range	4	0-79 (age nearest birthday)	25-79	9	18 - 79	
Daily, Weekly or Monthly Benefit Range		\$50-\$300	\$50-\$4	100	\$1,500 - \$15,000/Month	
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	
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	
Vanishing, Cumulative		Yes, Yes	Yes, Yo	es	Yes, Yes	
Elimination Period Crediting		Service Days	Dollars spent	Service Days	1 HC/Week=7	
0-day HCBC EP with longer NH EP	Extr	a Cost; HC Days Retire FC EP	NA NA		Extra Cost; HC Days Retire FC EP	
Product Benefits						
Number of: Benefit Pools, EPs		1, 1	1, 0 (deductible ilo EP)	1,1	1,1	
Partial Cash (Disability) Alternative		NA	NA		NA	
Additional Cash Benefit		NA.	INA		10% in Facilities but 15% at Home (Extra Cost)	
HCBC Payment Basis		Daily	Monthly	Daily (Monthly@31 x MDB*)	Monthly	
Assisted Living (Percent of NH Max)		100%	100%	6		
Home Care Health Aide (Percent of NH Max)		100%		E00/ 000/ 1000/	100%	
Independent Professional		Not Covered	Not Covered	50%, 80%, 100%		
Homemaker Services		Same As Custodial Care	1 day/wk if 2 LTC days provided		Same As Custodial Care	
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 Council	
Informal Family Care		Not Covered			Not Covered	
Benefit Increase Features						
Lifetime Compound Increases (Level Premium)		3%, 5%	2%, 3%, 5%	3%,5%	1%, 2%, 3%, 5%	
Lifetime Simple Increases (Level Premium)			NA	3%	N/A	
Other Increases (Level Premium)		NA		Based on CPI-U (cap: 7.5%/yr)	NA	
Future Purchase Options (FPO)		IVA	Benefits increase based on CPI-U (cap: 7.5%/yr) until declined 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 premiu waived.	
Benefit Increase Comments			CPI FPO increases use attained-age price per unit	CPI increases maintain original-age price per unit		
	0: 1.5 :	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.	

*Includes full single premium. See Table 12 in the article for only 10% of single premium.

Company Name	National Guardian Life	Insurance Company	New York Life Insura	Thrivent	
Product Marketing Name	EssentialLTC	EssentialLTC Employer Group	NYL My Care	NYL Secure Care	Long-Term Care Insurance
Sales Rep/Source for More Info	888-505-2332 or www.r		(800) 224-4		1-800-THRIVENT
Ancillary Benefits	000 000 2002 01 11111111	igi obbonitumito.bom	(000) 22.1	1002	1 300 11111112111
Bed Reserve Days/Year, Respite during EP?	30+0th	er. 30	60+Other,	30	60+Other, 2 x Monthly Max
Alternative Plan of Care (APC)	No No		Contractual When B		Contractual After EP
Home Modification	Not Covered		NA Grab bars, hand rails, ramps		2 x Monthly Max*
Caregiver Training Benefit	5 x MDB		20% x MMB	5 x Facility MDB	2 x Monthly Max
Emergency Alert	Up to \$50/Month		NA		2.4
Equipment Benefit	Not Covered		\$5,000 \$4,000		Included Above*
Drug, Ambulance Benefit	NA NA		NA		NA NA
Claims Features		`			· · ·
Conditional Receipt Protection	No		Up to \$5000 for 60 days after app	Up to \$1000 for 60 days after app	Full, After UW Regt
Coverage Beyond USA	Canada (other		3×MMB	100 x Facility MDB	2x Max Monthly Benefit; No EP
Provider Discounts (Directly or Indirectly)	No		No	,	No
Care Coordination Available From	Through N		Through Network	Through Network*	Through Network
Independent Review	As Require		Extended to IF in S		Extended to IF in States with IR
Premiums and Discounts	As nequire	,	Extended to it iii o		Excellent to it in outdown in
Gender-distinct or Unisex pricing	Gender-Distinct	Unisex	Gender-Dis	stinct	Gender-Distinct
Preferred Discount	School Station	5loox	NA		10%
Substandard Extra Ratings	NA	None	50%, 100%	50%, 100%	25%, 50%
Two-Spouse, Two-Partner Discounts	Together pay 125% of female pre	mium at the older insured's age	25%, 25	l · · · · · · · · · · · · · · · · · · ·	20%, 20%
Requires Identical Coverage	Yes		No	U.	No
If Spouse is a Surprise Decline	16.	•	NO		140
If Spouse answers "Yes" to 'Knock-Out' question	Single Person Price a	at that person's age	One-spouse discount	No Discount	One-spouse discount
One-Spouse Discount (Only 1 Spouse Applies)	0%		10%	0%	5%
Maximum Best UW Class & Spouse Discount			25%	25%	30%
Later Marriage Earns Discount For:	~24.5% (same age couple)	37.5% (same age couple)	25% New Spoi		
· ·	Neither O. a. Davi		·	IF & New Spouse	
How long unmarried partners must co-habit for discount	One Day Yes, if same generation cohabitants		Three year	Three years	
Any discounts available for non-spouse relatives? When are dividends or credits expected to start?			No End of 3rd year End of 10th year		Yes, if same generation 3-year cohabitants
Most Common Employer, Affinity Discount	NA, 5%	NA NA			
			5%, 5%; 1101 10	5%, 5%; not for SSTD	
Minimum Size Employer Group, Number Apps	NA 10.1	5, 2-5 varies by state	None, No	one	
Minimum Size Affinity Group, Number Apps Modal Factors (SA, Q, M, PAC)	10, 1	NA	F10/ 200/ N	A DO	F0.00/, OF C0/, NA. 0.00/
Credit Card: Frequencies Accepted	52%, 27%, N		51%, 26%, N	50.8%, 25.6%, NA, 8.6%	
	Nor		None NA		None 10
Limited Premium Periods Waiver of Premium	1, 1	U	NA		10
First Premium Waived (Days)	Elimina	ation	After Deductible	Elimination	Elimination
	Elimination		Yes	Ellillillauoti	Yes
HCBC Waiver	Yes				
Joint Waiver	Autom	dulu	NOT OTHER D	Extra Cost	Automatic w/ Shared Care
Return of Premium Upon Death (ROP)	1000/	and 2nd to dia	Automotic Nat Dooth Dofers CF	Not 1000/	Net 100% for Joseph after 10
ROP Design #1	100% net of claims paid, 2nd-to-die Can add Cash Surrender Option (grades up to 80% after 4 years)		Automatic, Net, Death Before 65	Net, 100%	Net, 100% for death after 10 years
Other ROP Design(s) Other Riders & Features	can add cash Surrender Uption (yraues up ιο δυ% aπer 4 years)	NA		NA
	N1-4-55	orod	Not Offer	and a second	Evtra Coat
Paid Up Survivor Benefit	Not offered		Not Utter	Extra Cost	
Both People Must Survive Number of Years	- NA		NA		10 Voc
Claim-Free Requirement?	D	o third Dool	Downward Fides 0		Yes
Shared Care Benefit	Permanent Extr	a \$,111170 P001	Permanent Extra \$	Permanent Extra \$, Third Pool	Extra Cost Ends If Partner Dies
Other Shared Care Aspects	N.A.		Cannot be unilateral	T	Pool Depleted, Spouse <86 & No Clm in 2 Yrs, Can Buy 2 Yr BP
Restoration of Benefits			NA NA	>12 mos of not being chronically ill	NA NA
Other Comments	Markets ROP & Surrender Option as altern		Premium gtd for 3 yrs; FY 5% discount if other NYLIC policy	Qual'd EP costs can be reimbursed at end of next cal. yr after claim ends if policy is still IF (EP reinstated).	5-Year Rate Guarantee
Combination Policies Offered	See row 105		Life	Yes	

*Includes full single premium. See Table 12 in the article for only 10% of single premium.