Carrier Name	Global Atlantic	Lincoln Financial		
Product Name	ForeCare	Lincoln Financial  MoneyGuard II 2019	MoneyGuard III 2019	
Type of Coverage	LTC	LTC	LTC	
LTC License Required?	Yes	Yes	Yes	
Product Type	Fixed Annuity	Universal Life	Universal Life	
Treduct type	13607411611)	CTITY OF CALL	erin ordan Eric	
Issue Ages	50 - 80	40 - 79	30 - 80	
Couple's Discount	Yes Both partners must apply	Yes Both partners need not apply	Yes Both partners need not apply	
Minimum Death Benefit	\$35,000	\$50,000	\$50,000	
Maximum Death Benefit	Single Insured: \$400,000 Joint Insured: \$600,000	2-year Initial LTC Benefit Period: \$500,000 3-year Initial LTC Benefit Period: \$750,000	\$500,000	
Benefit Duration	Single Standard: 72 Months Single Premier: 72 Months Joint Standard: 84 Months Joint Premier: 90 Months	24 Months 36 Months 48 Months 60 Months 72 Months 84 Months	36 Months 48 Months 60 Months 72 Months 84 Months	
Lifetime Benefits	No	No	No	
Underwriting Type	Simplified	Simplified	Simplified	
Chackwilling Type	·	· ·	·	
Phone Interview	Cognitive interview only for applicants over 70	Yes	Yes I	
Medical Records	No	No	No	
Paramed	No	No	No	
Underwriting Classes	Standard (x2 leverage)	Couple Standard	Couple Standard	
Benefit Type	Reimbursement	Reimbursement	Reimbursement	
Premium Duration	Single Premium	Single Premium Recurring Premium up to 25 years; based on age at time of issue	ingle Premium Recurring Premium up to 40 years; based on age at fim ff issue	
LTC Premium Tax Deductibility	No	No	No	
LIC FIEITHOTT TOX DEGUCTIONITY	Unable to perform 2 of 6 ADL's, or needs "substantial	Unable to perform 2 of 6 ADL's, or needs "substantial		
Qualifications	supervision" due to cognitive impairment.	supervision" due to cognitive impairment.	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.	
Benefit Uses	Qualified, documentable long-term care expenses	Qualified, documentable long-term care expenses	Qualified, documentable long-term care expenses	
Elimination Period	Home Health: 0 Days All Other Services: 90 Days	All Services: 0 Days	All Services: 0 Days	
Inflation Options Available	5% Compound	3% Compound 5% Compound	3% Compound 5% Compound	
	No.	During COOT will be seen of the control of the cont	Design 7000 all according to solid	
Return of Premium	No	Basic: 80% all years after premium is paid Vested: 100% starting year 6	Basic: 70% all years after premium is paid Vested: 100% starting year 10	
Residual Death Benefit	N/A	Lesser of 5% of initial Specified Amount or \$10,000	Lesser of 5% of initial Specified Amount or \$10,000	
	IVA	No	No	
Waiver of Premium	No			
Waiver of Policy Charges	Yes None	No Base Policy: 100%	No 100% up to 36 months	
International Benefits		Extension: 0% Type of Care: Facility only	Type of Care: Facility only	
	Please see the LTC an	d CI Foreign National & Foreign Travel Details Cheat Sheet	for additional details	
Source of Funds	Non-Qualified Funds: Yes Qualified Funds: No	Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	
States Not Available	NY, CT	NY	CA, DC, DE, MT, NJ, NY	
Additional Details	No Return of Premium; Cash Surrender Value only, In most cases, the Cash Surrender Value is no less than the initial premium, less costs incurred for optional Inflation Protection. The Cash Surrender Value is subject to Market Value Adjustment.	Sunset of MoneyGuard II 2019 will begin December 31, 2019. Please reference official carrier communications for specific dates for each state.	Terminal Illness Rider: one-time payment for 25% to 75% of the current specified amount of death benefit, up to \$250K.	

			Nationwide	Nationwide	
Product Name	MoneyGuard Reserve		YourLife CareMatters	YourLife CareMatters II	
Type of Coverage	·		LTC	LTC	
LTC License Required?	Yes		Yes	Yes	
Product Type	Universal Life		Universal Life	Universal Life	
Issue Ages	30 - 80		Single Premium: 40 - 69 Recurring Premium: 40 - 75	30 - 75	
Couple's Discount	No		Yes Both partners need not apply	Yes Both partners need not apply	
Minimum Death Benefit	\$25,000		2-year Initial LTC Benefit Period: \$60,000 3-year Initial LTC Benefit Period: \$90,000	\$60,000	
Maximum Death Benefit	2-year Initial LTC Benefit Perio 3-year Initial LTC Benefit Perio		2-year Initial LTC Benefit Period: \$500,000 3-year Initial LTC Benefit Period: \$750,000	\$500,000	
Benefit Duration	24 Months 36 Months 48 Months 60 Months 72 Months		24 Months 36 Months 48 Months 60 Months 72 Months 84 Months	24 Months 36 Months 48 Months 60 Months 72 Months 84 Months	
Lifetime Benefits	No		No	No	
Underwriting Type	Simplified		Simplified	Simplified	
Phone Interview	Yes		Yes	Yes	
Medical Records	No		No	No	
Paramed	No		No	No	
Underwriting Classes	Non-Smoker Smoker		Non-Tobacco Couple Non-Tobacco Single Tobacco Couple Tobacco Single	Non-Tobacco Couple Non-Tobacco Single Tobacco Couple Tobacco Single	
Benefit Type	Reimbursement		Cash Indemnity	Cash Indemnity	
Premium Duration	3-Pay		Single Premium 5-pay 10-pay	Single Premium 5-Pay 10-Pay Pay to 65 (ages 30 - 54) Pay to 100 (ages 30 - 65)	
LTC Premium Tax Deductibility	No		No	Yes	
	Unable to perform 2 of 6 ADL's, or needs "substantial		Unable to perform 2 of 6 ADL's, or needs "substantial	Unable to perform 2 of 6 ADL's, or needs "substantial	
Qualifications	supervision" due to cognitive impairment.		supervision" due to cognitive impairment.	supervision" due to cognitive impairment.	
Benefit Uses	Qualified, documentable long-term care expenses		No restrictions	No restrictions	
Elimination Period	All Services: 90 Days		All Services: 90 Days	All Services: 90 Days. Once met, LTC benefits for first 90 days are paid retroactively.	
Inflation Options Available	Initial LTC Benefit Period: 3% Simple 2% Compound	Extension of Benefit Rider: 3% Simple 5% Compound	3% Simple 5% Compound	3% Simple 3% Compound 5% Compound Medical Inflation Index	
Return of Premium	Single Premium: 100% all years Recurring Premium: None		Single Premium: Vested; 100% starting year 6 Recurring Premium: 100% after all premiums are paid	Vested:  *Single Premium & 5-Pay: 100% starting year 6  *10-pay & Pay to 65: 100% starting year 11  *Pay to 100: Not available One-Time Step Up: 80% year 1; 100% starting year 11  *Not available on Pay to 100 Minimum ROP/Max LTC: Cash Surrender Value only	
Residual Death Benefit	10% of initial Specified Amou	nt	20% of initial Specified Amount	20% of initial Specified Amount	
Waiver of Premium	No		No	Pay to 100: LTC premiums are waived; life insurance premium is due All other premium schedules: All premiums due, or insured may elect a reduced paid-up policy	
Waiver of Policy Charges	No		No	No	
	Base Policy: 100%		Base Policy: 50%	Base Policy: 100%	
International Benefits	Extension: 0% Type of Care: Facility only		Extension: None Type of Care: No restrictions	Extension: None Type of Care: No restrictions	
			d CI Foreign National & Foreign Travel Details Cheat Sheet		
Source of Funds	Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)		Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	
States Not Available	Available only in NY		МТ	AZ, CA, CT, DC, DE, HI, IN, MT, ND, NY	
Additional Details	Terminal Illness Rider: one-time payment no less than 25% or more than 75% of current Specified Amount, less any outstanding indebtedness.		Terminal Illness Rider: one-time payment no less than \$10K or more than \$250K, less any outstanding indebtedness.	All benefit periods are build on a 2 year SAP (Specified Acceleration Period)     Terminal Illness Rider: one-time payment no less than \$10K or more than \$250K, less any outstanding indebtedness.	

Carrier Name	New York Life	OneAmerica		
Product Name	Asset Preserver (AD 113)	Asset Flex	Asset Care	
Type of Coverage	LTC	LTC	LTC	
LTC License Required?	Yes	Yes	Yes	
Product Type	Universal Life	Universal Life	Participating Whole Life (no assumed dividends)	
11000011770	O III Y O I S GI E II O	Single Premium: 30 - 75		
Issue Ages	40 - 80	5 - Pay: 30 - 65 10 - Pay: 30 - 60	Single: 35 - 80 Joint: 35 - 80	
Couple's Discount	Yes Both partners need not apply	Yes Both partners need not apply	No	
Minimum Death Benefit	\$24,000	2-year Initial LTC Benefit Period: \$24,000 3-year Initial LTC Benefit Period: \$36,000	\$50,000	
Maximum Death Benefit	\$1,000,000	2-year Initial LTC Benefit Period: \$500,000 3-year Initial LTC Benefit Period: \$750,000	\$1,500,000	
Benefit Duration	24 months 36 months 42 months 48 months 66 months	24 Months 36 Months 48 Months 60 Months 72 Months 84 Months	Single Life:         Joint Life:           25 months         33 months           33 months         50 months           50 months         66 months           64 months         100 months           Lifetime         Lifetime	
Lifetime Benefits	No	No	Yes	
Underwriting Type	F. III	Sinon life od	Simplified	
underwilling type	Full	Simplified	Full for cause	
Phone Interview	Dependent on face amount	Yes	Yes	
Medical Records	Yes	Yes If: Age 65+ Premiums \$150K+ For cause	Only for cause	
Paramed	Dependent on face amount	No No	Full Underwriting only	
Underwriting Classes	Life Ratings:  *Non-Smoker - Preferred to Class 8  *Smoker - Select Standard to Class 8 LTC Rating:  *LTC1  *LTC2	Elite Non-Tobacco Elite Tobacco Preferred Non-Tobacco Preferred Tobacco	Full Underwriting only Preferred Non-Tobacco Preferred Tobacco Standard Non-Tobacco Standard Tobacco	
Benefit Type	Reimbursement	Reimbursement	Reimbursement	
Premium Duration	Single Premium	Single Premium 5-Pay 10-Pay	Single Premium 5-Pay 10-Pay 20-Pay Pay to 95 Qualified Rollover NQ Annuity 1035	
LTC Premium Tax Deductibility	No	No	Yes	
Qualifications	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.	
Benefit Uses	Qualified, documentable long-term care expenses	Qualified, documentable long-term care expenses	Qualified, documentable long-term care expenses	
Elimination Period	All Services: 90 Days	All Services: 90 Days	Home Health: 0 Days All Other Services: 90 Days	
Inflation Options Available	5% Compound	5% Compound	3% Compound 5% Compound	
Return of Premium	100% after all premium paid	Full: 100% after all premiums paid Vested: 100% starting year 6 *Only available for Single Premium	Distinct product with full ROP on life, Acceleration of Benefit (AOB), and Continuation of Benefit (COB) premium. Must use 50 month AOB + 50 month COB. Does not apply to Inflation Protection premium.	
Residual Death Benefit	10% of initial Specified Amount	10% of initial Specified Amount	None	
Waiver of Premium	No	No	Yes	
Waiver of Policy Charges	Yes	Yes	Yes	
Waiver of Policy Charges	None	Base Policy: 100% Extension: None	Yes  CA: Base: 100% for 12 months  All other states: Base: 50%	
International Benefits	Place on the LTC or	Type of Care: Facility only  *Maximum lifetime benefit 3x monthly benefit amount  d CLForeian National & Foreian Travel Details Cheat Shee	per insured Extension: None Extension: None Type of Care: Facility only	
Source of Funds	Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	Non-Qualified Funds: Yes Qualified Funds: Yes	
States Not Available	Only available in NY and CA	CA, NY	CA, DC, MT	
Additional Details	Career distribution only     Spouse's Paid Up Insurance Purchase Option" allows the insured's spouse, if a beneficiary, to use the policy proceeds to purchase a paid-up single premium whole life policy without evidence of insurability.     Inflation Rider is an additional, annual increasing premium.	"Spouse's Paid Up Insurance Purchase Option" allows the insured's spouse, if a beneficiary, to use the policy proceeds to purchase a paid-up single premium whole life policy without evidence of insurability.     Terminal Illness Rider: amount is subject to a discount factor at the time of election     Inflation Rider is an additional, annual increasing premium.		

Carrier Name	OneA	merica	OneAmerica		One America		
Product Name		Care 1		Care 2		Care 3	
Type of Coverage	LTC	LTC			LTC		
LTC License Required? Product Type	Yes Interest Sensitive Whole Life		Yes Interest Sensitive Whole Life		Yes Interest Sensitive Whole Life		
110doct Type	Single: 35 - 80		Single: 59½ - 80		Single: 59½ - 80		
Issue Ages	Joint: 35 - 80		Joint: 59% - 80		Joint: 59½ - 80		
Couple's Discount	No			No		No Minimum Death Benefit	
Minimum Death Benefit			No Minimum Death Benefit Minimum Premium \$20,000		Minimum Premium \$20,000		
Maximum Death Benefit	\$1,500,000	Transaction.	\$1,500,000			\$1,500,000	
Benefit Duration	Single Life: 25 months 33 months 50 months 66 months 100 months Lifetime	Joint Life: 33 months 50 months 66 months 100 months Lifetime	Single Life: 25 months 33 months 50 months 66 months 100 months Lifetime	Joint Life: 33 months 50 months 66 months 100 months Lifetime	Single Life: 25 months 33 months 50 months 66 months 100 months Lifetime	Joint Life: 33 months 50 months 66 months 100 months Lifetime	
Lifetime Benefits	Yes				Yes		
Underwriting Type	Simplified Full for cause		Simplified Full for cause		Simplified Full for cause		
Phone Interview	Yes		Yes		Yes		
Medical Records	Only for cause		Only for cause		Only for cause		
Deve	Full Handan with a control		Full considers with a second		Full madaments		
Paramed  Underwriting Classes	Full Underwriting only Preferred (Non-Smoker) Standard (Smoker) Preferred (Non-Smoker) Table 5 - 8 Standard (Smoker) Table 5 - 8		Full underwriting only Preferred (Non-Smoker) Standard (Smoker) Preferred (Non-Smoker) Table 5 - 8 Standard (Smoker) Table 5 - 8		Full underwriting only Preferred (Non-Smoker) Standard (Smoker) Preferred (Non-Smoker) Table 5 - 8 Standard (Smoker) Table 5 - 8		
Benefit Type	Reimbursement		Reimbursement		Reimbursement		
Premium Duration	Base Policy: Single Premium	COB Rider: Single Premium 10-Pay 20-Pay Pay to 100	Base Policy: NQ Annuity 1035 Life Insurance Cash Value 1035	COB Rider: Single Premium 10-Pay 20-Pay Pay to 100	Base Policy: Qualified Rollover	COB Rider: Single Premium 10-Pay 20-Pay Pay to 100	
LTC Premium Tax Deductibility	Yes		Yes		Yes		
Qualifications	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.		Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.		Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.		
Benefit Uses	Qualified, documentable long-term care expenses		Qualified, documentable long-term care expenses		Qualified, documentable lo	ng-term care expenses	
Elimination Period	Home Health: 30 Days All Other Services: 90 Days		Home Health: 30 Days All Other Services: 90 Days		Home Health: 30 Days All Other Services: 90 Days		
Inflation Options Available	Base Policy (state variations): 5% Simple 5% Compound	COB Rider: 2% Compound 3% Compound 4% Compound 5% Compound	Base Policy (state variations): 5% Simple 5% Compound	COB Rider: 2% Compound 3% Compound 4% Compound 5% Compound	Base Policy (state variations): 5% Simple 5% Compound	COB Rider: 2% Compound 3% Compound 4% Compound 5% Compound	
Return of Premium	Base Policy: Yes	COB: No	Base Policy: Yes	COB: No	Base Policy: Yes	COB: No	
Residual Death Benefit	None		None		None		
Waiver of Premium	Base Policy: No	COB: Yes	Base Policy: No	COB: Yes	Base Policy: No	COB: Yes	
Waiver of Policy Charges	No	!	No	!	No	!	
International Benefits	CA: Base: 100% for 12 months per insured Extension: None Type of Care: Facility only	All other states: Base: 50% Extension: None Type of Care: Facility only	CA: Base: 100% for 12 months per insured Extension: None Type of Care: Facility only and Cl Foreian National & Foreian	All other states: Base: 50% Extension: None Type of Care: Facility only	CA: Base: 100% for 12 months per insured Extension: None Type of Care: Facility only If for additional details	All other states: Base: 50% Extension: None Type of Care: Facility only	
Source of Funds	Non-Qualified Funds: Yes Qualified Funds: No		Non-qualified Annuity		Qualified Assets		
States Not Available	ONLY available in: CA, DC, MT		ONLY available in: CA, DC, MT		ONLY available in: CA, DC, MT		
Additional Details	1. 25 year maximum age range for joint insureds     2. Sunset of Asset Care 1 begins July 1, 2019. Please see official carrier communication for specific timelines by state		25 year maximum age range for joint insureds     Sunset of Asset Care 2 begins July 1, 2019. Please see official carrier communication for specific timelines by state		1. 25 year maximum age range for joint insureds     2. Sunset of Asset Care 3 begins July 1, 2019. Please see official carrier communication for specific timelines by state		

Carrier Name	OneAmerica OneAmerica			OneAmerica			
Product Name	Asset (	Care 4	Annuity Care		Annuity Care II		
Type of Coverage	LTC				LTC		
LTC License Required?	Yes				Yes		
Product Type	Interest Sensitive Whole Life		Fixed Annuity F		Fixed Annuity		
Issue Ages	Single: 20 - 80 Joint: 20 - 80		50 - 85		40 - 80	40 - 80	
Couple's Discount	No		No		No		
Minimum Death Benefit			No Minimum Death Benefit Minimum Premium \$10,000		No Minimum Death Benefit Minimum Premium \$10,000		
Maximum Death Benefit	\$1,500,000		No Maximum Death Benefit Maximum Premium \$500,00	0	No Maximum Death Benefit Maximum Premium \$500,000		
Benefit Duration	Single Life: 25 months 33 months 50 months 66 months 100 months Lifetime	Joint Life: 33 months 50 months 66 months 100 months Lifetime	Single Annuitant: 36 months 72 months Lifetime	Joint Annuitants: 36 months 72 months Lifetime	Single Life: 24 months 60 months 96 months 132 months	Joint Life: 30 months 33 months 102 months 138 months	
Lifetime Benefits	Yes		Yes		No		
Underwriting Type	Simplified		Simplified		Simplified		
	Full for cause			Loop Bill V	·		
Phone Interview	Yes		Base: No	COB Rider: Yes	Yes		
Medical Records	Only for cause		No		No		
Paramed	Full Underwriting only		No		No		
Underwriting Classes	Preferred (Non-Smoker) Standard (Smoker) Preferred (Non-Smoker) Table Standard (Smoker) Table 5 -				None None		
Benefit Type	Reimbursement		Reimbursement		Reimbursement		
Premium Duration	Base Policy: 10 - 20-Pay Pay to 100	COB Rider: Single Premium 10-Pay 20-Pay Pay to 100	Base Policy: Single Premium	COB Rider: Single Premium 10-Pay 20-Pay Pay to 100	Single Premium		
LTC Premium Tax Deductibility	Yes		Yes		No		
·	Unable to perform 2 of 6 AD	L's, or needs "substantial	Unable to perform 2 of 6 ADL's, or needs "substantial"		Unable to perform 2 of 6 Al	DL's, or needs "substantial	
Qualifications	supervision" due to cognitive	impairment.			supervision" due to cognitiv	e impairment.	
Benefit Uses	Qualified, documentable lor	ng-term care expenses	Qualified, documentable long-term care expenses		Qualified, documentable lo	ng-term care expenses	
Elimination Period	Home Health: 30 Days All Other Services: 90 Days		All Services: 7 Days		All Services: 90 Days		
Inflation Options Available	Base Policy (state variations): 5% Simple 5% Compound Base Policy: Yes	COB Rider: 2% Compound 3% Compound 4% Compound 5% Compound COB: No	Base Policy: None	COB Rider: 2% Compound 3% Compound 4% Compound 5% Compound	Base Policy: None	COB Rider: 5% Compound	
Return of Premium							
Residual Death Benefit	None		No		No		
Waiver of Premium	Base Policy: Optional WOP Rider	COB: Yes	No		No		
Waiver of Policy Charges	No	<u> </u>	No		No		
International Benefits	CA: Base: 100% for 12 months per insured Extension: None Type of Care: Facility only	All other states: Base: 50% Extension: None Type of Care: Facility only	CA: Base: 100% for 12 months per insured Extension: None Type of Care: Facility only	All other states: Base: 50% Extension: None Type of Care: Facility only	CA: Base: 100% for 12 months per insured Extension: None Type of Care: Facility only	All other states: Base: 50% Extension: None Type of Care: Facility only	
Source of Funds	Non-Qualified Funds: Yes		Non-Qualified Funds: Yes Qualified Funds: Yes		Non-Qualified Funds: Yes Qualified Funds: No		
States Not Available	ONLY available in: CA, DC, MT		CT, NH, NM, VT, NY		CT, NJ, NY		
Additional Details	2. Syear maximum age range for joint insureds     Sunset of Asset Care 4 begins July 1, 2019. Please see official carrier communication for specific timelines by state		Pension Protection Act (PPA) compliant		Pension Protection Act (PPA) compliant		

Carrier Name	OneAmerica		Pacific Life	Securian Financial	
Product Name	Indexed Annuity Care		Premier Care	SecureCare	
Type of Coverage			LTC	LTC	
LTC License Required? Product Type	Yes Indexed Annuity		Yes Whole Life	Yes Universal Life	
riodoci type	Indexed Airiony			OTHIVEISCH EIFE	
Issue Ages	40 - 85		Single Premium: 30 - 75 Recurring Premium: 30 - 70	40 - 75	
Couple's Discount			Yes Both partners need not apply	Yes Both partners need not apply	
Minimum Death Benefit	Minimum Premium \$50,000		\$60,000	\$50,000	
Maximum Death Benefit	No Maximum Death Benefit Maximum Premium \$500,000		\$600,000	2-year Initial LTC Benefit Period: \$500,000 3-year Initial LTC Benefit Period: \$750,000	
Benefit Duration	Single Life: 24 months 48 months 72 months Lifetime	Joint Life: 30 months 60 months 90 months Lifetime	60 Months 72 Months 84 Months 96 Months	24 Months 36 Months 48 Months 60 Months 72 Months 84 Months	
Lifetime Benefits	Yes		No	No	
Underwriting Type	Simplified		Simplified	Simplified	
Phone Interview	Base: No	COB Rider: Yes	Yes	Yes	
Medical Records	No		No	Only for Cause	
Paramed	No		No	No	
Underwriting Classes	None		Non-Smoker Couple Non-Smoker Single Smoker Couple Smoker Single	Non-Tobacco Couple Non-Tobacco Single Tobacco Couple Tobacco Single	
Benefit Type	Reimbursement		Reimbursement Optional Indemnity for 20% reduction in LTC benefit	Cash Indemnity	
	Base Policy: Single Premium	COB Rider: Single Premium 10-Pay	Single Premium 5-pay 10-pay	Single Premium 5-Pay 7-Pay	
Premium Duration		20-Pay Pay to 100		10-Pay 15-Pay	
LTC Premium Tax Deductibility	Yes		No	Yes	
Qualifications	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.		Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.	Unable to perform 2 of 6 ADL's, or needs "substantial supervision" due to cognitive impairment.	
Benefit Uses	Qualified, documentable lor	ng-term care expenses	Reimbursement: qualified, documentable long-term care expenses. Indemnity: none.	No restrictions	
Elimination Period	All Services: 60 Days		Reimbursement: Home Health O Days; All Other Services 90 Days Indemnity: All Services 90 Days	All Services: 90 Days	
Inflation Options Available	None COB Rider: 2% Compound 3% Compound 4% Compound 5% Compound		3% Simple 5% Simple 5% Compound	3% Simple 3% Compound 5% Simple 5% Compound	
Return of Premium	No		Full: 100% all years Vested: 100% starting year 9	Vested: 100% starting year 6.	
Residual Death Benefit	No		Lesser of 5% of initial Specified Amount or \$5,000	Lesser of 10% of initial Specified Amount or \$10,000	
Waiver of Premium	No		No	No	
Waiver of Policy Charges	No		No	No	
International Benefits	CA:  Base: 100% for 12 months per insured Extension: None Type of Care: Facility only  All other states: Base: 50% Extension: None Type of Care: Facility only		Base: 100% up to 24 months COB: None Type of Care: Facility only	Base: 50% COB: 50% Type of Care: No restrictions	
Source of Funds	Please see the LTC an Non-Qualified Funds: Yes Qualified Funds: Yes		nd CI Foreign National & Foreign Travel Details Cheat Shee Non-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	hon-Qualified Funds: Yes Qualified Funds: Indirectly (via SPIA, etc.)	
States Not Available	NY		NY, plus states that have not yet approved PremierCare Choice (see list below). Those states currently have PremierCare Advantage until Choice is approved.	CA, NY	
Additional Details	Pension Protection Act (PPA) compliant		Terminal Turners Rider: one-time payment equal to the lesser of 75% of the face amount or \$250K. Minimum benefit \$500.	Reduced Paid-Up Benefit: if the owner stops paying premiums, he or she may receive a reduced paid-up benefit guaranteed for the rest of their life.	

# ASSET BASED LONG-TERM CARE GLOSSARY

Term	Definition			
Asset Based Long-Term Care	A long-term care policy built on an asset, generally a life insurance policy or annuity. These policies provide a guaranteed death benefit if long-term care is not needed, guaranteed Return of Premium or Cash Surrender Value, tax-free long-term care benefits, and guaranteed premiums. Also referred to as hybrid, combination or linked benefit products.			
Activities of Daily Living (ADL's)	Basic actions that independently functioning individuals perform on a daily basis: bathing, dressing, transferring, eating, continence, and toileting.			
Benefit Duration	Represents a combination of a "base policy" (may be referred to as Acceleration for LTC or LTC Acceleration of Benefits, AOB) and an optional Extension of Benefits Rider (may be referred to as Continuation of Benefits, COB). The total benefit duration can range from 24 months up to an entire lifetime.			
Cash Indemnity	Once a claim is approved by the Carrier, no monthly bills or receipts will need to be submitted, and up to the full monthly LTC benefit will be paid directly to the policy owner.			
Traditional Indemnity	Once a claim is approved by the Carrier, no monthly bills or receipts will need to be submitted, and up to the full monthly LTC benefit will be paid directly to the policy owner. However, documentation of \$1 worth of qualified long-term care expenses may be required.			
Reimbursement	Once a claim is approved by the carrier, only documented, qualified incurred expenses are paid, up to the stated monthly maximum policy benefit.			
Couple's Discount	A discounted premium available to married couples or domestic partners as recognized in the state of policy issue at the time of application.			
Elimination Period	Specified amount of time at the beginning of a chronic illness during which you receive covered services, but the policy does not pay benefits. Also known as a Deductible Period or Waiting Period.			
International Benefits	Benefits available to an insured receiving qualified long-term care services outside of the United States, its territories or possessions.			
LTC Premium Tax Deductibility	Premium (as opposed to a policy charge assessed against the cash value) specifically designated as long-term care premium (premium to accelerate the death benefit for care, premium to extend LTC benefits beyond death benefit depletion, and premium for inflation protection), is considered a health expense. Therefore, an individual or corporation may be able to deduct all or a portion of this premium. Please see carrier specific tax guides for further information.			
Residual Death Benefit	The amount of guaranteed death benefit available to a beneficiary even after the death benefit has been fully accelerated for Long-Term Care expenses.			
Return of Premium	The amount of premium returned to the policy owner upon surrender of the policy. The Return of Premium amount may be subject to a vesting schedule. Return of Premium options vary widely based on specific product selection and design.			
Source of Funds	Refers to the tax-qualification of the asset being used for funding.			
Waiver of Premium	Planned premiums are waived when an insured is on active claim.			
Waiver of Policy Charges	Policy charges are waived when an insured is on active claim.			
Simplified Underwriting	The majority of Asset Based LTC products undergo an Accelerated Underwriting/Simplified Issue process. Meaning, the potential insured is only subject to a Personal History Interview, MIB and prescription database check. Some Carriers may opt to obtain Attending Physicians Statements as well. All insureds deemed within a Table 4 risk are issued in the same rate class.			
Full Underwriting	In lieu of Simplified Underwriting, some insureds may be subject to full/traditional underwriting to include a Paramed, blood/urine, EKG, etc. Carriers using a full underwriting platform will generally issue policies for risk class up through Table 8.			