



Long Term Care Insurance Quote

Prepared For: Valued Client 1
Valued Client 2
New Jersey

Provided By: LTC Broker

Proposal Date: May 17, 2018

Transamerica Life Insurance Company

Home Office
Cedar Rapids, IA

Administrative Office
P.O. Box 869093
Plano, TX 75086-9093
(866) 478-5209

**This quote is valid for 5 days from the date below
if your age does not change.**

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® III Long Term Care Insurance Quote

Prepared For: Valued Client 1 and Valued Client 2

Thank you for taking the time to consider this opportunity to help protect you and your family from the financial risks of long term care. TransCare® III is designed with you in mind. Long Term Care insurance is a financial planning tool that may help you safeguard key foundational elements of your lifestyle, including financial security and freedom of choice.

Your TransCare® III Long Term Care insurance quote includes the following benefits: Cash Benefit, Home Care and Adult Day Care, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care and 3 year Rate Guarantee.

The premiums shown in this illustration include:

A Spouse/Partner Applying discount of 30%.

Illustration Details	Valued Client 1	Valued Client 2
Age	66	62
Gender	Male	Female
Rate Classification	Standard	Standard
Status	Spouse/Partner Applying	Spouse/Partner Applying
Maximum Daily Benefit	\$300.00	\$300.00
Policy Maximum Amount	\$328,500.00	\$328,500.00
Estimated Benefit Years	3	3
Facility Elimination Period	90 Days	90 Days
Home Health Care and Adult Day Care Elimination Period	0 Days	0 Days
Base Plan Premium	\$3,116.40	\$3,678.90
Optional Benefits - Additional Premium Required		
Tailored Benefit Increase Option Rider	\$1,495.87	\$1,765.88
Optional Benefits Subtotal	\$1,495.87	\$1,765.88
Total Annual Premium	\$4,612.27	\$5,444.78
Total Combined Annual Premium	\$10,057.05	

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Premium Payment Period: Lifetime	Premium Amounts	Premium Amounts
Payment Mode*:		
Annual	\$4,612.27	\$5,444.78
Semi-annual	\$2,398.38	\$2,831.28
Quarterly	\$1,222.25	\$1,442.87
Monthly	\$415.10	\$490.03
Payment Required with Application	\$768.70	\$907.46
Total Combined Payment Required with Application	\$1,676.16	

*Bank Draft is available for all payment modes.

This quote may meet requirements for your state's partnership program, if the state in which you reside at time of your application maintains a partnership program. You must apply for the policy approved by the state in which you reside. Please see your insurance producer/agent for details.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® III Long Term Care Insurance Quote

Prepared For: Valued Client 1

Optional Coverage Designs

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the Deferred Benefit Increase Option will be included in your Policy.

Name:	Valued Client 1	Rate Classification:	Standard
Age:	66	Premium Payment Period:	Lifetime
Gender:	Male	Benefit Increase Option:	Tailored
Maximum Daily Benefit:	\$300.00	Optional Benefits:	No optional benefits.
Policy Maximum Amount:	\$328,500.00		
Estimated Benefit Years:	3		
Facility Elimination Period:	90 Days		
Home Health and Adult Day Care Elimination Period:	0 Days		

POLICY MAXIMUM AMOUNT							
BENEFIT INCREASE OPTION	FACILITY ELIMINATION PERIOD	\$109,500.00	\$219,000.00	\$328,500.00	\$438,000.00	\$547,500.00	\$657,000.00
		ANNUAL PREMIUM					
DEFERRED*	0 DAYS	\$3,068.40	\$3,540.90	\$3,989.40	\$5,181.90	\$5,832.00	\$7,336.50
	30 DAYS	\$2,817.00	\$3,250.50	\$3,661.80	\$4,757.10	\$5,353.80	\$6,734.70
	60 DAYS	\$2,649.00	\$3,057.00	\$3,443.70	\$4,473.60	\$5,034.60	\$6,333.60
	90 DAYS	\$2,397.30	\$2,766.60	\$3,116.40	\$4,048.50	\$4,556.40	\$5,731.80
	180 DAYS	\$2,145.60	\$2,476.20	\$2,789.40	\$3,623.40	\$4,077.90	\$5,129.70
	365 DAYS	\$2,061.60	\$2,379.30	\$2,680.20	\$3,481.80	\$3,918.30	\$4,929.30
TAILORED	0 DAYS	\$4,541.23	\$5,240.53	\$5,904.31	\$7,099.20	\$7,523.28	\$10,051.00
	30 DAYS	\$4,169.16	\$4,810.74	\$5,419.46	\$6,517.23	\$6,906.40	\$9,226.54
	60 DAYS	\$3,920.52	\$4,524.36	\$5,096.67	\$6,128.83	\$6,494.63	\$8,677.03
	90 DAYS	\$3,548.00	\$4,094.57	\$4,612.27	\$5,546.45	\$5,877.75	\$7,852.56
	180 DAYS	\$3,175.49	\$3,664.78	\$4,128.31	\$4,964.06	\$5,260.49	\$7,027.69
	365 DAYS	\$3,051.17	\$3,521.37	\$3,966.69	\$4,770.07	\$5,054.61	\$6,753.14
3% STEP RATED	0 DAYS	\$3,927.55	\$4,532.35	\$5,425.59	\$7,047.38	\$7,931.52	\$10,271.10
	30 DAYS	\$3,605.76	\$4,160.64	\$4,980.05	\$6,469.65	\$7,281.17	\$9,428.58
	60 DAYS	\$3,390.72	\$3,912.96	\$4,683.43	\$6,084.09	\$6,847.06	\$8,867.04
	90 DAYS	\$3,068.54	\$3,541.25	\$4,238.31	\$5,505.96	\$6,196.71	\$8,024.52
	180 DAYS	\$2,746.37	\$3,169.54	\$3,793.59	\$4,927.82	\$5,545.95	\$7,181.58
	365 DAYS	\$2,638.85	\$3,045.51	\$3,645.07	\$4,735.25	\$5,328.89	\$6,901.02
5% STEP RATED	0 DAYS	\$4,725.34	\$5,452.98	\$6,103.78	\$7,410.12	\$8,456.40	\$11,151.48
	30 DAYS	\$4,338.18	\$5,005.77	\$5,602.55	\$6,802.65	\$7,763.01	\$10,236.74
	60 DAYS	\$4,079.46	\$4,707.78	\$5,268.86	\$6,397.25	\$7,300.17	\$9,627.07
	90 DAYS	\$3,691.85	\$4,260.56	\$4,768.09	\$5,789.35	\$6,606.78	\$8,712.33
	180 DAYS	\$3,304.23	\$3,813.34	\$4,267.78	\$5,181.46	\$5,912.96	\$7,797.14
	365 DAYS	\$3,174.87	\$3,664.12	\$4,100.70	\$4,978.97	\$5,681.54	\$7,492.53
3% COMPOUND	0 DAYS	\$5,768.59	\$6,656.89	\$7,539.96	\$10,052.89	\$11,022.48	\$14,306.18
	30 DAYS	\$5,295.96	\$6,110.94	\$6,920.80	\$9,228.78	\$10,118.68	\$13,132.67
	60 DAYS	\$4,980.12	\$5,747.16	\$6,508.59	\$8,678.79	\$9,515.39	\$12,350.52
	90 DAYS	\$4,506.92	\$5,201.21	\$5,889.99	\$7,854.09	\$8,611.59	\$11,177.01
	180 DAYS	\$4,033.73	\$4,655.26	\$5,271.96	\$7,029.40	\$7,707.23	\$10,002.92
	365 DAYS	\$3,875.81	\$4,473.09	\$5,065.58	\$6,754.69	\$7,405.59	\$9,612.14
5% COMPOUND	0 DAYS	\$6,995.95	\$8,073.25	\$9,414.99	\$12,384.74	\$13,938.48	\$16,580.49
	30 DAYS	\$6,422.76	\$7,411.14	\$8,641.85	\$11,369.47	\$12,795.58	\$15,220.43
	60 DAYS	\$6,039.72	\$6,969.96	\$8,127.13	\$10,691.90	\$12,032.69	\$14,313.94
	90 DAYS	\$5,465.84	\$6,307.85	\$7,354.71	\$9,675.91	\$10,889.79	\$12,953.87
	180 DAYS	\$4,891.97	\$5,645.74	\$6,582.99	\$8,659.92	\$9,746.18	\$11,593.13
	365 DAYS	\$4,700.45	\$5,424.81	\$6,325.27	\$8,321.50	\$9,364.74	\$11,140.22

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® III Long Term Care Insurance Quote

Prepared For: Valued Client 1

***Rates are subject to change upon your election of future benefit increase offers.**

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TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® III Long Term Care Insurance Quote

Prepared For: Valued Client 2

Optional Coverage Designs

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the Deferred Benefit Increase Option will be included in your Policy.

Name:	Valued Client 2	Rate Classification:	Standard
Age:	62	Premium Payment Period:	Lifetime
Gender:	Female	Benefit Increase Option:	Tailored
Maximum Daily Benefit:	\$300.00	Optional Benefits:	No optional benefits.
Policy Maximum Amount:	\$328,500.00		
Estimated Benefit Years:	3		
Facility Elimination Period:	90 Days		
Home Health and Adult Day Care Elimination Period:	0 Days		

POLICY MAXIMUM AMOUNT							
BENEFIT INCREASE OPTION	FACILITY ELIMINATION PERIOD	\$109,500.00	\$219,000.00	\$328,500.00	\$438,000.00	\$547,500.00	\$657,000.00
		ANNUAL PREMIUM					
DEFERRED*	0 DAYS	\$3,622.20	\$4,180.20	\$4,709.10	\$6,116.70	\$6,884.70	\$8,659.80
	30 DAYS	\$3,325.20	\$3,837.60	\$4,322.70	\$5,615.10	\$6,320.10	\$7,949.40
	60 DAYS	\$3,127.20	\$3,608.70	\$4,065.00	\$5,280.60	\$5,943.60	\$7,476.00
	90 DAYS	\$2,829.90	\$3,265.80	\$3,678.90	\$4,779.00	\$5,379.00	\$6,765.60
	180 DAYS	\$2,532.90	\$2,922.90	\$3,292.80	\$4,277.10	\$4,814.10	\$6,055.20
	365 DAYS	\$2,433.60	\$2,808.60	\$3,163.80	\$4,109.70	\$4,625.70	\$5,818.50
TAILORED	0 DAYS	\$5,360.86	\$6,186.69	\$6,969.47	\$9,358.55	\$9,982.82	\$13,595.89
	30 DAYS	\$4,921.30	\$5,679.64	\$6,397.60	\$8,591.10	\$9,164.15	\$12,480.56
	60 DAYS	\$4,628.26	\$5,340.87	\$6,016.20	\$8,079.32	\$8,618.22	\$11,737.32
	90 DAYS	\$4,188.25	\$4,833.38	\$5,444.78	\$7,311.87	\$7,799.55	\$10,622.00
	180 DAYS	\$3,748.69	\$4,325.89	\$4,873.35	\$6,543.96	\$6,980.45	\$9,506.67
	365 DAYS	\$3,601.73	\$4,156.72	\$4,682.43	\$6,287.84	\$6,707.27	\$9,135.05
3% STEP RATED	0 DAYS	\$4,636.42	\$5,350.65	\$6,686.92	\$8,746.88	\$9,845.12	\$12,210.32
	30 DAYS	\$4,256.26	\$4,912.12	\$6,138.23	\$8,029.59	\$9,037.74	\$11,208.66
	60 DAYS	\$4,002.82	\$4,619.13	\$5,772.30	\$7,551.26	\$8,499.35	\$10,541.16
	90 DAYS	\$3,622.27	\$4,180.22	\$5,224.03	\$6,833.97	\$7,691.97	\$9,539.50
	180 DAYS	\$3,242.11	\$3,741.31	\$4,675.77	\$6,116.25	\$6,884.16	\$8,537.83
	365 DAYS	\$3,115.01	\$3,595.00	\$4,492.59	\$5,876.87	\$6,614.75	\$8,204.09
5% STEP RATED	0 DAYS	\$5,650.63	\$6,521.11	\$7,204.92	\$9,358.55	\$10,533.59	\$13,422.69
	30 DAYS	\$5,187.31	\$5,986.66	\$6,613.73	\$8,591.10	\$9,669.75	\$12,321.57
	60 DAYS	\$4,878.43	\$5,629.57	\$6,219.45	\$8,079.32	\$9,093.71	\$11,587.80
	90 DAYS	\$4,414.64	\$5,094.65	\$5,628.72	\$7,311.87	\$8,229.87	\$10,486.68
	180 DAYS	\$3,951.32	\$4,559.73	\$5,037.98	\$6,543.96	\$7,365.57	\$9,385.56
	365 DAYS	\$3,796.42	\$4,381.42	\$4,840.61	\$6,287.84	\$7,077.32	\$9,018.68
3% COMPOUND	0 DAYS	\$7,425.51	\$8,569.41	\$9,794.93	\$12,906.24	\$14,457.87	\$19,138.16
	30 DAYS	\$6,816.66	\$7,867.08	\$8,991.22	\$11,847.86	\$13,272.21	\$17,568.18
	60 DAYS	\$6,410.76	\$7,397.84	\$8,455.20	\$11,142.07	\$12,481.56	\$16,521.96
	90 DAYS	\$5,801.30	\$6,694.89	\$7,652.12	\$10,083.69	\$11,295.90	\$14,951.98
	180 DAYS	\$5,192.45	\$5,991.95	\$6,849.03	\$9,024.68	\$10,109.61	\$13,381.99
	365 DAYS	\$4,988.88	\$5,757.63	\$6,580.71	\$8,671.47	\$9,713.97	\$12,858.89
5% COMPOUND	0 DAYS	\$9,453.94	\$10,910.32	\$12,620.39	\$16,392.76	\$18,451.00	\$22,082.49
	30 DAYS	\$8,678.77	\$10,016.14	\$11,584.84	\$15,048.47	\$16,937.87	\$20,270.97
	60 DAYS	\$8,161.99	\$9,418.71	\$10,894.20	\$14,152.01	\$15,928.85	\$19,063.80
	90 DAYS	\$7,386.04	\$8,523.74	\$9,859.46	\$12,807.72	\$14,415.72	\$17,252.28
	180 DAYS	\$6,610.87	\$7,628.77	\$8,824.71	\$11,462.63	\$12,901.79	\$15,440.76
	365 DAYS	\$6,351.70	\$7,330.45	\$8,478.99	\$11,014.00	\$12,396.88	\$14,837.18

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® III Long Term Care Insurance Quote

Prepared For: Valued Client 2

***Rates are subject to change upon your election of future benefit increase offers.**

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® III Long Term Care Insurance Quote

Prepared For: Valued Client 1

Tailored Benefit Increase Schedule

This is intended to show how your TransCare® III Long Term Care daily benefit and maximum benefit will increase due to the effect of the Tailored Benefit Increase Option you selected. This includes the illustration details and other optional benefits you selected in the original illustration. It shows the benefit increase progression according to your age and the applicable percentages.

Name:	Valued Client 1	Rate Classification:	Standard
Age:	66	Premium Payment Period:	Lifetime
Gender:	Male	Benefit Increase Option:	Tailored
Maximum Daily Benefit:	\$300.00	Optional Benefits:	No optional benefits.
Policy Maximum Amount:	\$328,500.00		
Estimated Benefit Years:	3		
Facility Elimination Period:	90 Days		
Home Health and Adult Day Care Elimination Period:	0 Days		

AGE	MAXIMUM DAILY BENEFIT	POLICY MAXIMUM AMOUNT	BENEFIT INCREASE %	TAILORED ANNUAL PREMIUM
66	\$300.00	\$328,500.00	-	\$4,612.27
67	\$309.00	\$338,355.00	3%	\$4,612.27
68	\$318.27	\$348,505.65	3%	\$4,612.27
69	\$327.82	\$358,960.82	3%	\$4,612.27
70	\$337.65	\$369,729.64	3%	\$4,612.27
71	\$347.78	\$380,821.53	3%	\$4,612.27
72	\$358.22	\$392,246.18	3%	\$4,612.27
73	\$368.96	\$404,013.56	3%	\$4,612.27
74	\$380.03	\$416,133.97	3%	\$4,612.27
75	\$391.43	\$428,617.99	3%	\$4,612.27
76-100	\$391.43	\$428,617.99	0%	\$4,612.27

These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.

Please see the Outline of Coverage for details regarding the Tailored Benefit Increase Rider.

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TransCare® III Long Term Care Insurance Quote

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Tailored Benefit Increase Schedule

This is intended to show how your TransCare® III Long Term Care daily benefit and maximum benefit will increase due to the effect of the Tailored Benefit Increase Option you selected. This includes the illustration details and other optional benefits you selected in the original illustration. It shows the benefit increase progression according to your age and the applicable percentages.

Name:	Valued Client 2	Rate Classification:	Standard
Age:	62	Premium Payment Period:	Lifetime
Gender:	Female	Benefit Increase Option:	Tailored
Maximum Daily Benefit:	\$300.00	Optional Benefits:	No optional benefits.
Policy Maximum Amount:	\$328,500.00		
Estimated Benefit Years:	3		
Facility Elimination Period:	90 Days		
Home Health and Adult Day Care Elimination Period:	0 Days		

AGE	MAXIMUM DAILY BENEFIT	POLICY MAXIMUM AMOUNT	BENEFIT INCREASE %	TAILORED ANNUAL PREMIUM
62	\$300.00	\$328,500.00	-	\$5,444.78
63	\$309.00	\$338,355.00	3%	\$5,444.78
64	\$318.27	\$348,505.65	3%	\$5,444.78
65	\$327.82	\$358,960.82	3%	\$5,444.78
66	\$337.65	\$369,729.64	3%	\$5,444.78
67	\$347.78	\$380,821.53	3%	\$5,444.78
68	\$358.22	\$392,246.18	3%	\$5,444.78
69	\$368.96	\$404,013.56	3%	\$5,444.78
70	\$380.03	\$416,133.97	3%	\$5,444.78
71	\$391.43	\$428,617.99	3%	\$5,444.78
72	\$403.17	\$441,476.53	3%	\$5,444.78
73	\$415.27	\$454,720.83	3%	\$5,444.78
74	\$427.73	\$468,362.45	3%	\$5,444.78
75	\$440.56	\$482,413.32	3%	\$5,444.78
76-100	\$440.56	\$482,413.32	0%	\$5,444.78

These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.

Please see the Outline of Coverage for details regarding the Tailored Benefit Increase Rider.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

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GENERAL EXCLUSIONS AND LIMITATIONS

The Policy will not pay benefits when You are eligible for confinement, care or services:

1. as a result of alcoholism or drug addiction, unless as a result of medication prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance;
5. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
6. received outside the fifty (50) United States and the District of Columbia, or Canada; or
7. performed by a member of Your Immediate Family. Your Immediate Family member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

We will not pay for any confinement, care or service that is not included in Your Plan of Care. We will not pay for anything that is prohibited by state or federal law, including any law governing economic and trade sanctions.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit.

The exclusion regarding confinement, care or services received outside the fifty (50) United States and District of Columbia, or Canada will not apply to the Cash Benefit if a Licensed Health Care Practitioner licensed in the United States determines that You satisfy the Eligibility for the Payment of Benefits provision and develops Your Plan of Care at least once each 90 days.

NONDUPLICATION OF COVERAGE

The Policy and any rider(s) or endorsement(s) attached to it will not pay benefits when confinement, care or services are:

1. provided in a government facility (unless otherwise required by law);
2. provided under any governmental programs (except Medicaid); or
3. for services or items available or paid under another long term care insurance or health insurance policy; or
4. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

except to the extent that Your Out of Pocket Expenses exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

LIMITATIONS

We will not pay for: Physician's charges; hospital or laboratory charges; prescription or non-prescription medications; medical supplies; durable medical equipment (except as provided under the Remain At Home Benefit); payments in-kind; transportation; and personal expenses, such as items and services furnished at Your request for comfort, convenience, beautification or entertainment.

POLICY TERMINATION

Your policy will not be cancelled or otherwise end because of your age or changes in your health. However, your policy and all its benefits will end on the earliest of the following: the date the policy lapses; the date of your death; the date the Policy Maximum Amount has been exhausted; or our receipt of your written request to cancel this policy.

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Illustration Disclaimer

Premium rates for this policy vary by gender.

This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. Please see the Outline of Coverage or sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased. Premium and benefit amounts will vary, depending upon age at application and the plan selected. The actual premiums may differ as a result of any applicable discounts. Premiums also vary based upon whether it is paid annually, semi-annually, quarterly or monthly. Please note that the more often premium is paid, the higher the total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium.

Grace Period

There is a Grace Period of 65 days to pay each premium after the initial premium. If premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to the insured and, if so designated, to a third party. The Policy will remain in effect during the Grace Period and will not lapse until 35 days after the date on the notice we have mailed to the insured and, if so designated, the third party.

Policy

Policy TLC 3-P NJ 0313 is an individual tax-qualified long term care insurance policy designed to meet federal standards, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult a tax advisor for assistance.

Partnership Policies

The coverage advertised may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard'. Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If there are any questions about the availability of this Program in the state where the policy is issued, please contact the company or state insurance department.

The insured's state of residence is responsible for the asset protection partnership program. The partnership program and requirements for asset protection are determined by the state in which the insured resides at the time of application for long term care insurance. If an insured moves to another state, they may not have asset protection through any partnership program.

A Word About Premium Rates

The Policy is Guaranteed Renewable which means the company may adjust premiums as needed, with prior regulatory approval if required by the state Department of Insurance. We cannot increase premium during the 3 year rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may have occurred during the rate guarantee period. We cannot single out an insured for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel the Policy as long as premium is paid on a timely basis.