

Plan-at-a-Glance

Standard Features

Issue Ages: 18 through 79

Premium Payment Options: Lifetime or 10-year

Benefit Bank: \$100,000 to \$1,000,000[†] available in one dollar increments. The Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

Monthly Benefit: You choose 1%, 2% or 3%^{††} at the time of application. Your Monthly Benefit is calculated as a percentage of your Benefit Bank and represents the maximum dollar benefit amount available on a monthly basis for your long term care needs. Example: \$250,000 x 2% = \$5,000 Monthly Benefit. (Minimums: **In WI:** \$1,800; **In SD:** \$3,000)

Benefit Payout Structure. When you become eligible for benefits, we will reimburse you for incurred long term care covered expenses up to your Monthly Benefit each calendar month (in accordance with your Plan of Care). Covered expenses include care at home through a home care agency or independent provider, in an assisted living facility, in an adult day care center, or in a nursing home. Hospice care is also covered. *In a given month, any un-used Monthly Benefit remains in your Benefit Bank and extends the life of your policy.*

Flexible Benefit: If you do not use your full Monthly Benefit for covered expenses outlined above in a given calendar month, 50% of your unused Monthly Benefit will be available to you as a Flexible Benefit. The Flexible Benefit is not restricted by the definition of covered expenses. This benefit is designed to provide greater flexibility in the types of care, services and products available to you, such as: care provided by a family member (including Immediate Family members, even a spouse) or friend in your home, construction of a wheelchair ramp, or installation of grab bars in your bathroom. *LifeSecure allows use of both formal (licensed) care and informal care in your home during the same month.*

Flexible Benefit EXAMPLE	Monthly Benefit \$5,000	Licensed Care (Covered Expenses) \$2,000	Unused Monthly Benefit \$3,000 X 50%	Flexible Benefit \$1,500
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Guaranteed Future Purchase Offers: This feature is included in your coverage as a standard feature, unless you elect one of the optional compound inflation benefits described under Optional Benefit Riders. Under the Guaranteed Future Purchase Offers, until you reach age 80 or go on claim, you will be offered the opportunity to increase your current Benefit Bank and Monthly Benefit by 15% every three years – regardless of how many times you have declined previous offers. You may accept each offer without submitting evidence of insurability. (**In CT & IN:** offers continue beyond age 79)

Benefit Eligibility: You are eligible for benefits if you have been certified as Chronically Ill within the last 12 months by a Licensed Health Care Practitioner. This means that you are unable to perform at least two Activities of Daily Living (bathing, dressing, toileting, transferring, continence and eating) for a period that is expected to last at least 90 days, or you require Substantial Supervision to protect your health and safety due to a Severe Cognitive Impairment.

Benefit Wait Period: 90 Calendar Days (once you are verified as Chronically Ill).

LifeSecure Care Advisor Services: Unlimited access to a LifeSecure Care Advisor is available to you and your family from the day you receive your policy. The LifeSecure Care Advisor can help you with long term care questions, recommendations for care facilities, arrangements for personal care or services, and rate negotiations with providers on your behalf when possible.

[†] For employees or members of multi-life offerings: full underwriting is required for certain Benefit Bank amounts.
^{††} 3% Monthly Benefit not available for Benefit Bank amounts over \$500,000. (**In AZ:** also not available with Shared Care)

Waiver of Premium: Your premiums are waived beginning on the first day you start receiving benefits, except under the International Coverage Benefit. As long as you continue to receive benefits, additional premiums will not be required.

International Coverage Benefit: If you require care or services while outside the United States, Canada or their territories or possessions, you will be eligible for up to 365 days of benefits in an international location over the life of your policy. The International Coverage Benefit is paid on an indemnity basis in US dollars, regardless of actual expenses, as follows: (a) 100% of the Monthly Benefit for care provided in a qualified facility; or (b) 50% of the Monthly Benefit for care provided in a home or a community based setting.

Premium Discounts

Spouse Discount: If you and your spouse/partner both apply and are accepted, a 30% premium discount will apply to each policy. To qualify for the discount, both individuals must apply for the same policy series (LTC-0004 or LTC-0005, et al).

Employer Contribution Discount: If coverage is provided through your employer, an additional 5% discount may be available under the *Employee Solutions* multi-life program.

Optional Benefit Riders

Compound Inflation Benefit (3% or 5%): If you elect this optional benefit, we will automatically increase your current Monthly Benefit and your remaining Benefit Bank by 3% or 5% each year. The increase will be effective on each anniversary of your policy and rider, even while you are receiving benefits.

Shared Care: This rider gives couples the ability to share benefits in the event that one spouse uses his/her entire Benefit Bank. If your spouse exhausts his/her Benefit Bank, he/she may begin drawing from yours - retaining at least 12 x the Monthly Benefit for you (**In AZ:** 24 x). To be eligible for Shared Care, both individuals must have identical coverage selections. The initial Benefit Bank Amount may not exceed \$750,000 per spouse when selecting this rider.

Money-Back Promise: If you die while this rider is in force for 5 or more years, a percentage of the premiums (less benefits paid) is refunded to a beneficiary. The percentage of payback equals 25% of the premiums paid if death occurs in policy years 5-9; 50% in years 10-14; and 75% in years 15 and beyond. Your policy and this rider must be in force at the time of death for the Money-Back Promise Rider benefits to be payable.

Non-forfeiture Benefit: If this rider is in force for at least three full years, and your policy then terminates due to non-payment of premium, this optional benefit allows you to retain a reduced paid-up amount of coverage. You will have a revised Benefit Bank equal to the greater of: (a) 100% of the sum of all premiums paid by you; or (b) one times your Monthly Benefit. Not applicable if Benefit Bank is exhausted prior to lapse.

Policy Limitations and Exclusions

The policy will not pay benefits for care, treatment, services or charges: for a loss that occurs while the policy is not in force; for alcoholism or drug addiction (**In SD**, for the rehabilitation of alcoholism or drug addiction), except for an addiction to a prescribed medication administered on the advice of a Physician*; due to declared or undeclared war or act of war; due to participation in a felony, riot or insurrection or involvement in an illegal occupation**; due to suicide, attempted suicide or intentionally self-inflicted injury; that are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; that are reimbursable (**In SD**, paid or provided) or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law; provided outside the United States, Canada or their territories or possessions, except as provided under the International Coverage Benefit; for which no charge is made in the absence of insurance, except as provided under the Flexible Benefit; or provided by an Immediate Family member (except as provided under the Flexible Benefit), unless: he or she is a regular employee of an organization which is providing the care, treatment or service; he or she receives no compensation other than the normal compensation for employees in his or her job category; and the organization receives the payment for the care, treatment, service or charge.

* In CT, for confinement due to alcoholism or drug addiction, except for confinement due to an addiction to a prescribed medication administered on the advice of a Physician.

** Not applicable in CT.

For more information, contact your agent or visit us at YourLifeSecure.com.

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