NOTICE TO BUYER: This policy may not cover all of the costs associated with Long-Term Care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy Limitations.

CAUTION: The issuance of this long-term care insurance policy is based upon your responses to the questions on your Application. A copy of your Application will be attached to the Policy. If your answers are incorrect or untrue, the company has the right to deny benefits or rescind your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the company at this address:

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, Nebraska 68131

The Policy is an individual Policy of insurance, issued in Connecticut.

PURPOSE OF OUTLINE OF COVERAGE - This outline of coverage provides a very brief description of the important features of the Policy. You should compare this outline of coverage to outlines of coverage for other Policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY CAREFULLY!

THIS POLICY IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE IRS CODE OF 1986, AS AMENDED.

TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED - The Policy is Guaranteed Renewable. When we receive your Renewal Premium before the Grace Period ends and before the Maximum Benefit amount has been paid, we must accept it.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS: We may change your Renewal Premium only if we make the same change for all Policies of this form and class in the State where you live.

WAIVER OF PREMIUM - After you have received eligible benefits for a total of 90 days (the 90 days need not be consecutive), We will waive all future premiums coming due according to the Premium Payment Mode in effect at the time you become eligible for the Waiver of Premium. Premiums will be waived until you are no longer eligible for benefits. Waiver of Premium can be retroactive up to six months prior to the date on which We receive notice of eligibility.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED - If you are not satisfied with your Policy, you have 31 days to return it to Us or our agent for a full refund of any premium you have paid. The Policy is then void as if no Policy had been issued.

RETURN OF PREMIUM UPON DEATH: Upon notification to the Company of the Insured's death, the Company will refund the unearned premium prorated from the date of death to the end of the premium period for which the premium had been paid.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from your agent. Neither Physicians Mutual Insurance Company nor its agents represent Medicare, the federal government, or any state government.

LONG-TERM CARE COVERAGE - Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal...
care services. Coverage for these services may be provided in a setting such as in a Nursing Home, in an Assisted Living Facility, but not in an acute care unit of a hospital. The Policy pays the expenses incurred for any services as shown in the Policy, subject to the Policy Limitations, Exclusions and Elimination Periods.

BENEFITS PROVIDED BY THIS POLICY - When you meet the definition of a “Chronically Ill Individual,” we will pay the expenses you incur for the services of a skilled, intermediate or custodial Nursing Home, Assisted Living Facility, or Hospice Facility while you are confined. “Chronically Ill Individual” means any individual who has been certified within the preceding 12 month period by a Licensed Health Care Practitioner as being unable to perform (without Substantial Assistance from another individual) at least two Activities of Daily Living (which are bathing, eating, dressing, continence, transferring and toileting) for a period of at least 90 days due to a loss of Functional Capacity or requiring Substantial Supervision to protect such individual from threats to health and safety due to severe Cognitive Impairment.

ELIGIBILITY FOR PAYMENT OF BENEFITS: If you are certified as a Chronically Ill Individual and a Plan of Care has been prescribed by a Licensed Health Care Practitioner, these benefits are available to you. The benefits are subject to the Elimination Period and Maximum benefit shown in your Policy’s Schedule, our Claims Evaluation Process and all other Policy provisions.

FACILITY CARE BENEFIT - The most We will pay for a Nursing Home (skilled, intermediate, or custodial), an Assisted Living Facility or Hospice Facility for expenses you incur in any month is $__________.

BED RESERVATION BENEFIT - If you are temporarily absent while receiving Facility Care Benefits, and the Elimination Period has been met, We will pay the charges incurred to reserve your bed. If the Elimination Period has not been met, then each day the insured is absent will count toward the Elimination Period. We will pay Bed Reservation Benefits for up to 30 days of absence during a Calendar Year.

EXTENSION OF BENEFITS - Termination of this Policy shall be without prejudice to any benefits payable for Facility Care Benefits under this Policy if such confinement began while this Policy was in force and continues without interruption after termination.

ELIGIBILITY FOR PAYMENT OF ADDITIONAL BENEFITS: If you are eligible for benefits, these Additional Benefits are available to you. The Elimination Period does not apply to these Additional Benefits and they will not count toward satisfying the Elimination Period. These Additional Benefits will not count toward your Maximum benefit. These Additional Benefits are also subject to our Claims Evaluation Process and all other Policy provisions.

AMBULANCE SERVICE BENEFIT - We will pay for services provided by a local licensed ambulance service for transportation to or from a Nursing Home, an Assisted Living Facility, a Hospice Facility or a hospital in accordance with the following: (1) expenses incurred by you, not to exceed $75 per trip; and (2) Lifetime Maximum of $300.

FIRST-TIME CASH BENEFIT - The first time you are eligible for benefits, We will pay you a one-time lump sum of $1,000. This benefit will only be paid once in your lifetime.

NOTICE: Since First-Time Cash Benefit is made without regard to expenses you incur, part of the benefits could be considered taxable income. You should consult with a tax advisor for more information concerning the tax implications.

HOME MODIFICATION BENEFIT - This is a Home Modification Benefit Lifetime Maximum of $__________ which may be used for expenses you incur for modification to your Home that are primarily being made to improve your ability to perform the Activities of Daily Living and allow you to live safely in your Home.

INFORMAL CAREGIVER TRAINING BENEFIT - This is an Informal Caregiver Training Benefit Lifetime Maximum of $__________ which may be used for the expenses you incur in training your Informal Caregiver to take care of you in your Home.
RESOURCE ADVISOR - A Resource Advisor is available to assist you with questions concerning the following: (1) eligibility of benefits; (2) availability of resources in your area; or (3) any other questions you may have about a claim for benefits.

CARE COORDINATION ADVISOR - After you have spoken with your Resource Advisor and in the event you require additional care coordination assistance, We will arrange, at no cost, for a Care Coordination Advisor, designated by Us, who will: (1) be a Licensed Health Care Practitioner; (2) assess and coordinate appropriate care and services; (3) prescribe a Plan of Care appropriate for your condition; (4) monitor your Plan of Care, including periodic assessments of your situation; and (5) assist with necessary claims documentation.

CONTINGENT NON-FORFEITURE BENEFIT: This Contingent Non-Forfeiture Benefit applies during the first three years after the Policy Effective Date. If also applies after the first three years if a Shortened Benefit Period Non-Forfeiture Rider is not attached to your Policy. We will provide you a Contingent Non-Forfeiture Benefit when all of the following take place: (1) We have notified you of a Substantial Premium Increase; and (2) your Policy lapses within 120 days following the due date of the Substantial Premium Increase. A Substantial Premium Increase is a cumulative percentage increase over your initial premium. The cumulative percentage needed to trigger the Contingent Non-Forfeiture Benefit will vary depending upon your age at issue. Any increase in premium due to an increase in benefits is excluded from calculating a Substantial Premium Increase. The following lists the Substantial Premium Increase percentages.

<table>
<thead>
<tr>
<th>Issue Age</th>
<th>Premium Increase Over Initial Premium</th>
<th>Issue Age</th>
<th>Premium Increase Over Initial Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 and under</td>
<td>200%</td>
<td>72</td>
<td>36%</td>
</tr>
<tr>
<td>30-34</td>
<td>190%</td>
<td>73</td>
<td>34%</td>
</tr>
<tr>
<td>35-39</td>
<td>170%</td>
<td>74</td>
<td>32%</td>
</tr>
<tr>
<td>40-44</td>
<td>150%</td>
<td>75</td>
<td>30%</td>
</tr>
<tr>
<td>45-49</td>
<td>130%</td>
<td>76</td>
<td>28%</td>
</tr>
<tr>
<td>50-54</td>
<td>110%</td>
<td>77</td>
<td>26%</td>
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<tr>
<td>55-59</td>
<td>90%</td>
<td>78</td>
<td>24%</td>
</tr>
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<td>60</td>
<td>70%</td>
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<td>22%</td>
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<tr>
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<td>62%</td>
<td>81</td>
<td>19%</td>
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<tr>
<td>63</td>
<td>58%</td>
<td>82</td>
<td>18%</td>
</tr>
<tr>
<td>64</td>
<td>54%</td>
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<td>17%</td>
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<td>50%</td>
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<td>16%</td>
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<td>48%</td>
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<td>46%</td>
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<td>14%</td>
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<td>68</td>
<td>44%</td>
<td>87</td>
<td>13%</td>
</tr>
<tr>
<td>69</td>
<td>42%</td>
<td>88</td>
<td>12%</td>
</tr>
<tr>
<td>70</td>
<td>40%</td>
<td>89</td>
<td>11%</td>
</tr>
<tr>
<td>71</td>
<td>38%</td>
<td>90 and over</td>
<td>10%</td>
</tr>
</tbody>
</table>
We will notify You of Your Contingent Non-Forfeiture Benefit option at least 30 days prior to the due date of a Substantial Premium Increase.

Once you are eligible for the Contingent Non-Forfeiture Benefit, you may select one of the following options:

1. To reduce Policy benefits provided by your current coverage without the requirement of additional underwriting so that required premium payments are not increased; or
2. To convert your coverage to paid-up status and Your new Maximum Benefit will be the greater of:
   a) 100% of the sum of all premiums paid for your Policy and any attached riders; or
   b) Your Facility Care Benefit in effect on the date of the lapse, including any increases resulting from an Inflation Protection Benefit Rider or Guaranteed Purchase Option Rider.

If the Contingent Non-Forfeiture Benefit is in effect and you do not notify Us to the contrary at the time of lapse, We will apply option 2.

LIMITATIONS AND EXCLUSIONS - the policy does not provide benefits for expenses incurred:

1. while your Policy is not in force;
2. due to intentional, self-inflicted injury or attempted suicide;
3. that are payable by Medicare or any other Federal or State program, except Medicaid;
4. outside the United States, its territories or possessions;
5. that are payable under any workers’ compensation or employer’s liability laws;
6. due to treatment for alcoholism or drug addiction;
7. for hospital or physician services, prescription drugs, x-rays, and lab work;
8. due to injuries or sickness resulting from an act of declared or undeclared war; or
9. for services provided by a Family Member, unless: a) the Family Member is a Licensed Health Care Practitioner; b) the Family Member is a regular employee of the organization furnishing the service of care; c) the organization receives the payment for the services; and d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

RELATIONSHIP OF COST OF CARE AND BENEFITS - Because the costs of Long-Term Care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the base Policy will not increase over time, unless you have elected to purchase inflation protection. For an additional premium payment, you may purchase one of the following optional riders: Compound Inflation Protection Benefit Rider; Compound Inflation Protection Benefit Rider – 2X Maximum; Simple Inflation Protection Benefit Rider; and Guaranteed Purchase Option Rider.

OPTIONAL DAILY HOME AND COMMUNITY CARE BENEFIT RIDER (B201) - For an additional premium payment, the most this rider will pay in any day is $________ for the expenses you incur for the services of Home and Community Care for the following services: (1) Home Health Care; (2) Hospice Care; (3) Adult Day Care; or (4) Respite Care – limited to 30 days of your Home and Community Care Benefit per Calendar Year, not to exceed________ % of the amount of the Facility Care Benefit shown in the Policy Schedule. This rider offers the following benefits: Alternative Plan of Care Benefit - If you would otherwise be eligible to receive benefits, We may pay the expenses you incur for services provided under a written Alternate Plan of Care. For this Alternate Plan of Care to be approved: (1) it must be agreed upon in advance by you, your Licensed Health Care Practitioner and Us; (2) it must be a cost effective plan to provide benefits for your claim. Home First Benefit - This is a Home First Benefit Lifetime Maximum of $_________ which may be used for the expenses you incur for the following services: (1) Medical Alert System; (2) Durable Medical Equipment; or (3) Home Safety Check. This benefit is not payable while you are receiving Facility Care Benefits; or You are confined as an inpatient in a hospital.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL MONTHLY HOME AND COMMUNITY CARE BENEFIT RIDER (B202) - For an additional premium payment, the most this rider will pay in any month is $________ for the expenses you incur for the
services of Home and Community Care for the following services: (1) Home Health Care; (2) Hospice Care; (3) Adult Day Care; or (4) Respite Care – limited to 30 days of your Home and Community Care Benefit per Calendar Year, not to exceed ________% of the amount of the Facility Care Benefit shown in the Policy Schedule. This Rider offers the following benefits: Alternative Plan of Care Benefit - If you would otherwise be eligible to receive benefits, We may pay the expenses you incur for services provided under a written Alternate Plan of Care. For this Alternate Plan of Care to be approved: (1) it must be agreed upon in advance by you, your Licensed Health Care Practitioner and Us; (2) it must be a cost effective plan to provide benefits for your claim. Home First Benefit - This is a Home First Benefit Lifetime Maximum of $________ which may be used for the expenses you incur for the following services: (1) Medical Alert System; (2) Durable Medical Equipment; or (3) Home Safety Check. This benefit is not payable while you are receiving Facility Care Benefits; or You are confined as an inpatient in a hospital.

This Rider can only be purchased at the time of Application for this Policy.

OPTIONAL COMPOUND INFLATION PROTECTION BENEFIT RIDER (B203Z) - For an additional premium payment, this rider will automatically increase the benefits listed under the Covered Services of this policy and the remaining Maximum Benefit by 5%. These increases will be compounded annually on each Policy anniversary date for the lifetime of your Policy, even when you are receiving benefits.

Inflation Protection coverage can only be purchased at the time of Application for this Policy.

OPTIONAL SIMPLE INFLATION PROTECTION BENEFIT RIDER (B205Z) - For an additional premium payment, this rider will automatically increase the benefits listed under the Covered Services of this policy and the remaining Maximum Benefit by 5% of your original benefit levels on each Policy anniversary for the lifetime of your Policy.

Inflation protection can only be purchased at the time of Application for this Policy.

OPTIONAL GUARANTEED PURCHASE OPTION RIDER (B206X) - For an additional premium payment, on any anniversary date of your Policy, you may, at your option, increase the benefits listed under the Covered Services of this policy and the remaining Maximum Benefit by 5%. No additional underwriting or health screening is required. An additional premium will be charged for the additional coverage. The additional premium will be based upon your age at that time you elect to exercise your option to increase your benefits, premium rates then in effect and the dollar amount of increase in the Facility Care Benefit on the option date.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL SHORTENED BENEFIT PERIOD NON-FORFEITURE RIDER (B186) - For an additional premium payment, this rider provides for your coverage to remain in force as paid-up status if you lapse your Policy and this rider after the third policy anniversary. Your new Maximum Benefit during the paid-up status will be the greater of: (1) 100 % of the sum of all premiums paid for the Policy and any attached riders, or (2) your Facility Care Benefit on the date of the lapse, including any increase resulting from an Inflation Protection Rider or Guaranteed Purchase Option Rider. However, no benefits will be paid in excess of the Maximum Benefit that would have been in effect if premiums had continued to pay premiums as required.

This rider can only be purchased at the time of application for this Policy.

OPTIONAL SURVIVING SPOUSE WAIV ER OF PREMIUM RIDER (B187) - For an additional premium payment, this rider will waive the premium that comes due for the Policy and all riders attached to the Policy for the remainder of your lifetime beginning the latter of: (1) the date of the death of your spouse; or (2) the 10th anniversary date of this rider, if the death of your spouse occurs before the rider’s 10th anniversary. The Waiver of Premium provision provided by this rider will only apply if: (1) you and your spouse have the same Policy Effective Date and Rider Effective Date for coverage with us under the same Policy form with this rider form attached to both Policies; and (2) your coverage is continuously in effect from the Rider Effective Date until the date that We begin to waive your premiums under the Waiver of Premium provision of this rider; and
(3) your spouse’s coverage is continuously in effect from the Rider Effective Date until the earlier of:
   a) the date of death of your spouse, or
   b) the date your spouse’s Policy terminates after We have paid out the Maximum Benefit.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL JOINT WAIVER OF PREMIUM RIDER (B188) - For an additional premium payment, this rider will waive the premium that comes due for your Policy and all riders attached to your Policy during the time that your spouse qualifies for the Waiver of Premium provision under his or her policy. Waiver of Premium will no longer apply and premium payments will resume at the next premium due date according to the Premium Payment Mode in effect at the time, if:
   (1) your spouse’s coverage terminates for any reason, including complete payment of the Maximum Benefit; or
   (2) your spouse’s coverage remains in effect, however, he or she no longer qualifies for the Waiver of Premium provision under his or her Policy.

The Waiver of Premium provision provided by this rider will only apply if:
   (1) you and your spouse have the same Policy Effective Date and Rider Effective Date for coverage with Us under the same Policy form with this rider attached to both Policies; and
   (2) you and your spouse’s coverage are continuously in effect from the Rider Effective Date until the date that We begin to waive your premiums under the Waiver of Premium provision of this rider.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL FULL RETURN OF PREMIUM RIDER (B189) – For an additional premium payment, upon your death, this rider will pay your beneficiary, or your estate if no beneficiary has been designated, a Return of Premium Benefit equal to the total premiums paid for your policy and all riders attached to your policy.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL RETURN OF PREMIUM RIDER (B190) – For an additional premium payment, upon your death, this rider will pay your beneficiary, or your estate if no beneficiary has been designated, a Return of Premium Benefit equal to the total premiums paid for your policy and all riders attached to your policy, reduced by the total of benefits paid. If the total of benefits exceeds the total of premiums paid, this Return of Premium Benefit will be zero.

This rider can only be purchased at the time of application for this policy.

OPTIONAL SHARED CARE BENEFIT RIDER (B193) – For an additional premium payment, if you or your spouse exhaust the Maximum Benefit of your Policy, We will continue to pay benefits until the Shared Care Maximum is exhausted. Benefit will be paid at the same Monthly Maximum and, if applicable, same Daily Maximum, subject to the provisions of your Policy. If your Policy has an Inflation Protection Rider or Guaranteed Purchase Option Rider, the Shared Care Maximum will increase in the same manner as the Maximum Benefit. The Restoration of Benefit provision, if applicable, in your Policy, if applicable, does not apply to the Shared Care Maximum. If both you and your spouse are eligible to receive benefits from the Shared Care Maximum at the same time, We will pay benefits for both spouses until the Shared Care Maximum is exhausted. In the case of divorce or termination of your spouse’s Policy by non-payment of premium, half of the Shared Care Maximum amount remaining will be added to your Maximum Benefit with no increase in premium. If your Spouse dies while his or her Policy is in force, the Shared Care Maximum amount remaining will be added to your Maximum Benefit with no increase in premium.

The Shared Care Benefit provision provided by this rider will only apply if:
   (1) both you and your spouse have the same Policy Effective Date and Rider Effective Date for coverage with Us under the same Policy form with this rider attached to both Policies; and
   (2) both you and your spouse’s coverage are continuously in effect from the Rider Effective Date until the date that We begin providing benefits under the Shared Care Benefit provision of this rider.

This rider can only be purchased at the time of Application for this Policy.
OPTIONAL RESTORATION OF BENEFIT RIDER (B207) – For an additional premium payment, if the Maximum Benefit has not been paid, We will restore the Maximum Benefits of this Policy listed in your Policy’s Schedule, including increases from any rider or endorsement, subject to the following conditions: (1) you must be certified by a Licensed Health Care Practitioner that you are not a Chronically Ill Individual; (2) that status has been maintained for at least six consecutive months from the date of the certification; and (3) you have not received services covered by this Policy for a period of at least six months. This will not apply when the Policy is in force under any non-forfeiture benefit provision.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL CALENDAR DAY ELIMINATION PERIOD RIDER (B208) – For an additional premium payment, We will begin to count days to satisfy your Calendar Day Elimination Period on the first day you are eligible for benefits. Each day that you are eligible for benefits will count towards your Calendar Day Elimination Period.

This rider can only be purchased at the time of Application for this Policy.

OPTIONAL SPOUSE PREMIUM DISCOUNT RIDER (B198) - We will reduce the premium of your Policy and all attached riders by an amount equal to 30% of the total premium charged for your Policy and all attached riders. In order to qualify for such discount: (1) you must be married on the first day this rider becomes effective; (2) your spouse must have a Long-Term Care Policy with Us, which is in effect on the first day this rider became effective.

OPTIONAL MARRIED PREMIUM DISCOUNT RIDER (B200) – We will reduce the premium of your Policy and all attached riders by an amount equal to 10% of the total premium charged for your Policy and all attached riders. In order to qualify for such discount you must be married on the first day this rider becomes effective.

OPTIONAL FAMILY MEMBER PREMIUM DISCOUNT RIDER (B211) – We will reduce the premium of your Policy and all attached riders by an amount equal to 10% of the total premium charged for your Policy and all attached riders. In order to qualify for such discount: (1) you must currently be living with a Family Member in your Home; (2) you must have lived with the above mentioned Family Member for at least two years before the Rider Effective Date; and (3) you and the above mentioned Family Member must have a Long Term Care Policy with Us, which is in effect on the first day this Rider becomes effective.

ALZHEIMER’S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - Subject to any applicable Elimination Period, Limitations or exclusions described above, the Policy provides coverage if you are clinically diagnosed as having Alzheimer’s disease, and other forms of senile dementia or mental disorders caused by demonstrable, structural brain damage.
<table>
<thead>
<tr>
<th>Benefit Rider</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Home and Community Care Benefit Rider – B201</td>
<td>$________</td>
</tr>
<tr>
<td>Monthly Home and Community Care Benefit Rider – B202</td>
<td>$________</td>
</tr>
<tr>
<td>Compound Inflation Protection Benefit Rider – B203Z</td>
<td>$________</td>
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<tr>
<td>Simple Inflation Protection Benefit Rider – B205Z</td>
<td>$________</td>
</tr>
<tr>
<td>Guaranteed Protection Option Rider – B206X</td>
<td>$________</td>
</tr>
<tr>
<td>Shortened Benefit Period Non-Forfeiture Rider – B186</td>
<td>$________</td>
</tr>
<tr>
<td>Surviving Spouse Waiver of Premium Rider – B187</td>
<td>$________</td>
</tr>
<tr>
<td>Joint Waiver of Premium Rider – B188</td>
<td>$________</td>
</tr>
<tr>
<td>Full Return of Premium Rider – B189</td>
<td>$________</td>
</tr>
<tr>
<td>Return of Premium Rider – B190</td>
<td>$________</td>
</tr>
<tr>
<td>Shared Care Benefit Rider – B193</td>
<td>$________</td>
</tr>
<tr>
<td>Restoration of Benefit Rider – B207</td>
<td>$________</td>
</tr>
<tr>
<td>Calendar Day Elimination Period Rider – B208</td>
<td>$________</td>
</tr>
<tr>
<td>Spouse Premium Discount Rider – B198</td>
<td>$________</td>
</tr>
<tr>
<td>Married Premium Discount Rider – B200</td>
<td>$________</td>
</tr>
<tr>
<td>Family Member Premium Discount Rider – B211</td>
<td>$________</td>
</tr>
</tbody>
</table>

**TOTAL ANNUAL PREMIUM**

$________

**MEDICAL UNDERWRITING** - Your insurability for the Policy will be determined by the answers given in your Application and any other authorized medical information We obtain regarding your current state of health.

**GRACE PERIOD** - There is a 31-day grace period for all premiums falling due after the initial premium. Your Policy will continue in force during the grace period.
The example below is an illustration of the premium and benefits for a non-increasing Policy without an Inflation Protection Benefit Rider or Guaranteed Purchase Option Rider versus an increasing Policy with an Inflation Protection Benefit Rider or Guaranteed Purchase Option Rider. The illustrations are based on a $3000 initial monthly Facility Care Benefit, 100% daily Home and Community Care Benefit, 90 day Elimination Period, three year Benefit Multiplier, issued to a 60 year old individual and Annual Premium Payment Mode.

INFLATION PROTECTION BENEFIT RIDER COMPARISON

**Comparison of Inflation Options**

- **No Inflation**
- **Simple**
- **Compound**
- **Guaranteed Purchase Option**

**Comparison of Premiums**

- **No Inflation**
- **Simple**
- **Compound**
- **Guaranteed Purchase Option**