

SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
Company Tracking Number: TLC END 908  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: TLC END 908  
Project Name/Number: /

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLC END 908

SERFF Tr Num: AEGJ-125933510 State: ArkansasLH

TOI: LTC05I Individual Long Term Care -  
Nursing Home & Home Health Care

SERFF Status: Closed

State Tr Num: 41067

Sub-TOI: LTC05I.001 Qualified

Co Tr Num: TLC END 908

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Marie Bennett

Author: Laura Aleman

Disposition Date: 12/19/2008

Date Submitted: 12/05/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/19/2008

State Status Changed: 12/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

December 5, 2008

Honorable Julie Bowman

Arkansas Insurance Department

1200 W. Third Street

Little Rock, AR 72201

SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
Company Tracking Number: TLC END 908  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: TLC END 908  
Project Name/Number: /

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC# 86231, FEIN# 39-0989781

Individual Long Term Care Insurance Forms Filing

New Form Numbers Description  
TLC END 908 Endorsement  
TLC END-S 908 Endorsement

Dear Commissioner Bowman:

Enclosed for your formal review and approval are the above referenced forms. These forms are new and not intended to replace any forms previously approved by your Department. These Endorsements will be used with all our previously approved policy, TLC 1-FP (AR) 206 which was approved by your department on May 30, 2006 and the associated forms which were approved on August 20, 2002, November 22, 2002, and March 17, 2004. It will also be used with the approved forms under SERFF Tracking # AEGJ-125755497, State Tracking # 39803 which was approved on September 24, 2008, as well as any that may be approved in the future.

The Endorsements will be used by our Customer Service and New Business units for policy changes. TLC END-S 908 is used for changes such as adding a benefit increase option, or some other increase in benefits. It requires a signature. TLC END 908 is for changes that are minor in nature such as a state of birth that was left off an application and that was confirmed via a telephone call to the insured; or it may also be used for other benefit decreases as requested in writing by the insured.

Attached are samples of the language that could be used on the Endorsements.

Also enclosed is the required filing fee and certification.

Your review and approval of this submission will be greatly appreciated. Please call me toll-free at 1-800-553-7600, extension 3353 if you should have any questions regarding this submission. My email address is LAleman@aegonusa.com.

SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
 Company Tracking Number: TLC END 908  
 TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
 Home & Home Health Care  
 Product Name: TLC END 908  
 Project Name/Number: /

Sincerely,

Laura Aleman, HIA, ACS  
 Senior Policy Analyst  
 Long Term Care Division

## Company and Contact

### Filing Contact Information

Laura Aleman, Senior Policy Analyst  
 P.O. Box 93007  
 Bedford, TX 76053-3007

LAleman@aegonusa.com  
 (800) 553-7600 [Phone]  
 (817) 285-3394[FAX]

### Filing Company Information

Transamerica Life Insurance Company  
 P O Box 93005  
 Hurst, TX 76053-3005  
 (800) 553-7600 ext. [Phone]

CoCode: 86231  
 Group Code: 468  
 Group Name:  
 FEIN Number: 39-0989781  
 -----

State of Domicile: Iowa  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$40.00  
 Retaliatory? No  
 Fee Explanation: \$20 per form (when not filed with the policy) x 2 forms  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$40.00	12/05/2008	24353368

SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
Company Tracking Number: TLC END 908  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: TLC END 908  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	12/19/2008	12/19/2008

*SERFF Tracking Number:* AEGJ-125933510      *State:* Arkansas  
*Filing Company:* Transamerica Life Insurance Company      *State Tracking Number:* 41067  
*Company Tracking Number:* TLC END 908  
*TOI:* LTC05I Individual Long Term Care - Nursing      *Sub-TOI:* LTC05I.001 Qualified  
Home & Home Health Care  
*Product Name:* TLC END 908  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 12/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
 Company Tracking Number: TLC END 908  
 TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
 Home & Home Health Care  
 Product Name: TLC END 908  
 Project Name/Number: /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Sample Variables Used on Endorsements		Yes
<b>Form</b>	Endorsement		Yes
<b>Form</b>	Endorsement		Yes

SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
 Company Tracking Number: TLC END 908  
 TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
 Home & Home Health Care  
 Product Name: TLC END 908  
 Project Name/Number: /

## Form Schedule

Lead Form Number: TLC END 908

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TLC END 908	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40	TLC END 908.pdf
	TLC END-S 908	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40	TLC END-S 908.pdf



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 95302  
Hurst, TX 76053-5302  
1-800-227-3740

**ENDORSEMENT**

ATTACHED TO AND MADE A PART OF POLICY NO. \_\_\_\_\_

ANYTHING IN SAID POLICY TO THE CONTRARY NOTWITHSTANDING, THIS ENDORSEMENT SHALL EXPIRE CONCURRENTLY WITH SAID POLICY UNLESS OTHERWISE TERMINATED.

IN WITNESS THEREOF, TRANSAMERICA LIFE INSURANCE COMPANY HAS ISSUED THIS AMENDMENT TO THE POLICY.

  
SECRETARY

  
PRESIDENT

THE ABOVE REFERENCED POLICY IS HEREBY AMENDED AND MODIFIED AS FOLLOWS:



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 95302  
Hurst, TX 76053-5302  
1-800-227-3740

**ENDORSEMENT**

ATTACHED TO AND MADE A PART OF POLICY NO. \_\_\_\_\_

ANYTHING IN SAID POLICY TO THE CONTRARY NOTWITHSTANDING, THIS ENDORSEMENT SHALL EXPIRE CONCURRENTLY WITH SAID POLICY UNLESS OTHERWISE TERMINATED.

IN WITNESS THEREOF, TRANSAMERICA LIFE INSURANCE COMPANY HAS ISSUED THIS AMENDMENT TO THE POLICY.

  
SECRETARY

  
PRESIDENT

Accepted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By \_\_\_\_\_  
Policyholder

THE ABOVE REFERENCED POLICY IS HEREBY AMENDED AND MODIFIED AS FOLLOWS:



SERFF Tracking Number: AEGJ-125933510 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41067  
Company Tracking Number: TLC END 908  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: TLC END 908  
Project Name/Number: /

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 12/05/2008  
**Comments:**  
**Attachment:**  
Certification of Compliance.pdf

**Review Status:**  
**Satisfied -Name:** Application 12/05/2008  
**Comments:**  
TLC 1-ABCAPP (AR) 303  
TLC 1-CAPP (AR) 303  
TLC 1-JABCAPP (AR) 303  
TLC 1-JCAPP (AR) 303  
were approved on May 30, 2006

**Review Status:**  
**Bypassed -Name:** Health - Actuarial Justification 12/05/2008  
**Bypass Reason:** Form Filing only  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Outline of Coverage 12/05/2008  
**Comments:**  
TLC 1 (AR) 708 O/C was approved on September 24, 2008.

**Review Status:**  
**Satisfied -Name:** Sample Variables Used on 12/05/2008  
Endorsements  
**Comments:**  
**Attachments:**  
Endorsements.pdf  
UNI ENDORSEMENT CODE.pdf



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 95302  
Hurst, TX 76053-5302  
1-800-227-3740

## CERTIFICATION OF COMPLIANCE

<u>New Form Numbers</u>	<u>Form Titles</u>	<u>Flesch Scores</u>
TLC END 908	Endorsement	40
TLC END-S 908	Endorsement	40

I hereby certify that to the best of my knowledge and belief the above form submission complies with the laws, rules and regulations of the State of Arkansas.

I also certify that the above form submission complies with all pertinent sections of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996.

I also certify that to the best of my knowledge and belief that this plan meets the requirements for and is eligible to be called a tax qualified plan.

I also certify that the above form submission complies with Rule and Regulation 19 regarding unfair sex discrimination. This submission meets the provisions of this rule.

I also certify that we provide the notices described in Rule and Regulation 49, ACA 23-79-139 and Bulletin 11-88.

I also certify compliance that the Flesch scores(s) for the form(s) indicated above are accurate and correct. Therefore, this filing meets the minimum reading ease score on the test used.

A handwritten signature in cursive script that reads "Suzanne M. Schaake".

Signature of Officer or Counsel

Suzanne M. Schaake

Name (Typed or Printed)

Assistant Vice President & Director of Product Compliance

Title

12/05/08

Date

ENDORSEMENT CODES

Endorsement Code	Description
H0292	THE MONTHLY HOME CARE BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE).
H0293	THE MONTHLY HOME CARE BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE).
H0313	THE JOINT WAIVER OF PREMIUM BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE).
H0314	THE JOINT WAIVER OF PREMIUM BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE).
H0315	SPOUSE SURVIVORSHIP WAIVER OF PREMIUM BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE).
H0316	SPOUSE SURVIVORSHIP WAIVER OF PREMIUM BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE).
H0317	FULL SPOUSE SURVIVORSHIP WAIVER OF PREMIUM BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE).
H0318	FULL SPOUSE SURVIVORSHIP WAIVER OF PREMIUM BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE).
H0319	NONFORFEITURE BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE).
H0320	NONFORFEITURE BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE).
H0321	PRESCRIPTION DRUG BENEFIT IN A NURSING HOME HAS BEEN ADDED, EFFECTIVE (DATE)
H0322	PRESCRIPTION DRUG BENEFIT IN A NURSING HOME HAS BEEN REMOVED, EFFECTIVE (DATE).
H0323	RETURN OF PREMIUM BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE)
H0324	FULL RETURN OF PREMIUM BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE)
H0294	THE RATE GUARANTEE IS (#YEARS) YEARS, EFFECTIVE (DATE).
H0295	THE RATE GUARANTEE HAS BEEN AMENDED TO (#YEARS) YEARS, EFFECTIVE (DATE).
H0296	THE STEP-RATED COMPOUND BENEFIT INCREASE OPTION HAS BEEN ADDED, EFFECTIVE (DATE).
H0297	THE STEP-RATED COMPOUND BENEFIT INCREASE OPTION HAS BEEN REMOVED, EFFECTIVE (DATE).
H0325	THE ASSISTED LIVING FACILITY DAILY BENEFIT HAS BEEN AMENDED TO \$(AMOUNT), EFFECTIVE (DATE).
H0326	THE EFFECTIVE DATE OF THE COVERAGE HAS BEEN AMENDED TO (DATE).
H0327	THE AMENDED (MODE) PREMIUM IS \$(AMOUNT)
H0328	THE GUARANTEED PURCHASE OPTION BENEFIT HAS BEEN ADDED, EFFECTIVE (DATE)
H0329	THE GUARANTEED PURCHASE OPTION BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE)
H0330	THE BIRTHDATE HAS BEEN AMENDED TO (DATE).
H0331	THE POLICYHOLDERS AGE HAS BEEN AMENDED TO (AGE).
H0332	THE SOCIAL SECURITY NUMBER HAS BEEN AMENDED (NUMBER).
H0333	THE BENEFIT INCREASE OPTION HAS BEEN AMENDED TO (3 OR 5)% (SIMPLE/COMPOUND), EFFECTIVE (DATE).
H0334	THE (3 OR 5)% (BIO-TYPE) BENEFIT INCREASE OPTION HAS BEEN ADDED, EFFECTIVE (DATE).
H0335	THE NURSING HOME DAILY BENEFIT HAS BEEN AMENDED TO \$(AMOUNT), EFFECTIVE (DATE).
H0336	THE HOME HEALTH CARE DAILY BENEFIT HAS BEEN AMENDED TO \$(AMOUNT), EFFECTIVE (DATE).
H0337	THE ELIMINATION PERIOD HAS BEEN AMENDED TO (NUMBER) DAYS, EFFECTIVE (DATE).
H0338	THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(AMOUNT), EFFECTIVE (DATE).
H0339	THE (3 OR 5)% COMPOUND BENEFIT INCREASE OPTION HAS BEEN ADDED, EFFECTIVE (DATE). THE INCREASES IN DOLLAR BENEFIT AMOUNTS WILL STOP ONCE THE DOLLAR BENEFITS AMOUNTS REACH TWO TIMES THE ORIGINAL BENEFIT AMOUNTS.
H0081	POLICY NUMBER (POLICY NUMBER), WHICH HAS BEEN IN EFFECT SINCE (EFF DATE), HAS BEEN CONVERTED TO THE (PLAN), EFFECTIVE (DATE). ALREADY EXIST H0081
H0340	THE PREMIUM PAYING PERIOD HAS BEEN AMENDED TO (YEARS,LIFETIME, PAID TO 65), EFFECTIVE (DATE).
H0342	THE MAXIMUM BENEFIT HAS BEEN AMENDED TO UNLIMITED, EFFECTIVE (DATE).
H0348	FULL RETURN OF PREMIUM BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE)
H0349	RETURN OF PREMIUM BENEFIT HAS BEEN REMOVED, EFFECTIVE (DATE)
H0350	FULL RESTORATION BENEFITS HAS BEEN ADDED, EFFECTIVE (DATE).
H0352	FULL RESTORATION BENEFITS HAS BEEN REMOVED, EFFECTIVE (DATE).
H0353	THE (3 OR 5)% (BIO-TYPE) BENEFIT INCREASE OPTION HAS BEEN REMOVED, EFFECTIVE (DATE).
H0354	DEFERRED BENEFIT INCREASE OPTION BENEFIT HAS BEEN REMOVED, EFFECTIVE (I).
H0355	PROFESSIONAL SERVICES BENEFIT HAS BEEN ADDED, EFFECTIVE (I).
H0356	PROFESSIONAL SERVICES BENEFIT HAS BEEN REMOVED, EFFECTIVE (I).
H0358	THE AMENDED <MODE> PREMIUM IS \$<MODE-PRM>, EFFECTIVE (I).
H0359	THE ALTERNATE CARE FACILITY DAILY BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
H0360	THE RESIDENTIAL CARE FACILITY DAILY BENEFIT HAS BEEN AMENDED TO \$(I) EFFECTIVE (I).

ENDORSEMENT CODES

<b>H0361</b>	THE RESIDENTIAL CARE FACILITY HAS BEEN AMENDED TO (I) % OF THE NURSING HOME DAILY BENEFIT, EFFECTIVE (I).
<b>H0362</b>	THE DISCOUNT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0363</b>	THE (I) DISCOUNT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0364</b>	THE NURSING HOME INDEMNITY PAYMENT OPTION HAS BEEN ADDED, EFFECTIVE (I).
<b>H0365</b>	THE NURSING HOME INDEMNITY PAYMENT OPTION HAS BEEN REMOVED, EFFECTIVE (I).
<b>H0368</b>	THE (I) RATE GUARANTEE EXPIRED, EFFECTIVE (I). THE AMENDED <MODE> PREMIUM IS \$<MODE-PRM>.
<b>H0369</b>	DEFERRED BENEFIT INCREASE OPTION BENEFIT HAS BEEN ADDED, EFFECTIVE (I).
<b>H0357</b>	THE RATE GUARANTEE ON COVERAGE ISSUED (I) HAS EXPIRED EFFECTIVE (I).
<b>HV001</b>	THE AMENDED <MODE> PREMIUM IS \$<MODE-PRM>.
<b>HV003</b>	THE NURSING HOME ELIMINATION PERIOD HAS BEEN AMENDED TO <ELIM-PERIOD> DAYS, EFFECTIVE (I).
<b>HV043</b>	THE HOME HEALTH CARE ELIMINATION PERIOD HAS BEEN AMENDED TO <HHC-ELIM-PERD> DAYS, EFFECTIVE (I).
<b>HV059</b>	THE HOME AND COMMUNITY CARE ELIMINATION PERIOD HAS BEEN AMENDED TO <HHC-ELIM-PERD> DAYS, EFFECTIVE (I).
<b>HV078</b>	THE ELIMINATION PERIOD HAS BEEN AMENDED TO (I) DAYS, EFFECTIVE (I).
<b>HV089</b>	THE HOME HEALTH AND COMMUNITY CARE ELIMINATION PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>HV101</b>	THE HOME HEALTH CARE AND ADULT DAY CARE ELIMINATION PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0001</b>	THE EFFECTIVE DATE OF THE COVERAGE HAS BEEN AMENDED TO <EFF-DATE> .
<b>H0002</b>	THE AMENDED <MODE> PREMIUM IS \$<MODE-PRM>.
<b>H0003</b>	THE NURSING HOME ELIMINATION PERIOD HAS BEEN AMENDED TO <ELIM-PERIOD> DAYS, EFFECTIVE (I).
<b>H0004</b>	THE NURSING HOME DAILY BENEFIT HAS BEEN AMENDED TO \$<NH-DAILY-BEN>, EFFECTIVE (I).
<b>H0005</b>	THE HOME HEALTH CARE DAILY BENEFIT HAS BEEN AMENDED TO \$<HHC-DAILY-BEN>, EFFECTIVE (I).
<b>H0006</b>	THE NURSING HOME BENEFIT PERIOD HAS BEEN AMENDED TO <NH-BEN-PERIOD>, EFFECTIVE (I).
<b>H0007</b>	THE HOME HEALTH CARE BENEFIT PERIOD HAS BEEN AMENDED TO <HHC-BEN-PERD>, EFFECTIVE (I).
<b>H0008</b>	THE BENEFIT INCREASE OPTION HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0009</b>	THE BENEFIT INCREASE OPTION HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0010</b>	THE RETURN OF PREMIUM OPTION HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0011</b>	THE RETURN OF PREMIUM OPTION HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0012</b>	THE HOME HEALTH CARE BENEFIT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0013</b>	THE HOME HEALTH CARE BENEFIT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0014</b>	THE COVERAGE HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0015</b>	THE GUARANTEED PURCHASE OPTION HAS BEEN EXERCISED, EFFECTIVE (I).
<b>H0016</b>	THE DAILY BENEFIT HAS BEEN AMENDED TO \$<NH-DAILY-BEN>, EFFECTIVE (I).
<b>H0017</b>	THE RISK CLASSIFICATION HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0018</b>	THE COVERAGE HAS BEEN CONVERTED TO (I), EFFECTIVE (I).
<b>H0019</b>	(I) HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0020</b>	THE BIRTHDATE SHOULD READ (I).
<b>H0021</b>	THE BIRTHDATE OF (I) SHOULD READ (I).
<b>H0022</b>	THE AGE SHOULD READ (I).
<b>H0023</b>	THE AGE OF (I) SHOULD READ (I).
<b>H0024</b>	THE SOCIAL SECURITY NUMBER SHOULD READ (I).
<b>H0025</b>	(I) SOCIAL SECURITY NUMBER SHOULD READ (I).
<b>H0028</b>	THE BENEFIT INCREASE OPTION HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0029</b>	THE (I) DISCOUNT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0030</b>	THE (I) DISCOUNT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0031</b>	THE COVERAGE HAS BEEN REINSTATED WITH A GAP IN COVERAGE FROM (I) TO (I).
<b>H0033</b>	(I) HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0034</b>	THE BENEFICIARY(S) OF THE COVERAGE IS (I).
<b>H0035</b>	THE <BIO-TYPE> BENEFIT INCREASE OPTION HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0036</b>	THE HOME HEALTH CARE BENEFIT HAS BEEN AMENDED TO PLAN (I), EFFECTIVE (I).
<b>H0038</b>	ALTHOUGH THE SPOUSE IS COVERED UNDER A SEPARATE POLICY (I), THE WAIVER OF PREMIUM AND PAID UP INSURANCE BENEFITS WILL BE APPLIED AS THOUGH BOTH WERE COVERED UNDER ONE POLICY.
<b>H0039</b>	ALTHOUGH THE SPOUSE IS COVERED UNDER A SEPARATE CERTIFICATE (I), THE WAIVER OF PREMIUM AND PAID UP INSURANCE BENEFITS WILL BE APPLIED AS THOUGH BOTH WERE COVERED UNDER ONE CERTIFICATE.
<b>H0040</b>	EFFECTIVE (I) THE MAXIMUM DAILY BENEFIT FOR HOME HEALTH AND ADULT DAY CARE IS INCREASED TO \$(I), AND THE MAXIMUM BENEFIT PERIOD FOR HOME HEALTH AND ADULT DAY CARE IS INCREASED TO (I).
<b>H0041</b>	THERE WILL BE NO INCREASE IN PREMIUM AS A RESULT OF THESE CHANGES.
<b>H0042</b>	EFFECTIVE (I), THE MAXIMUM DAILY BENEFIT FOR HOME HEALTH AND ADULT DAY CARE IS INCREASED TO (I).
<b>H0043</b>	THE HOME HEALTH CARE ELIMINATION PERIOD HAS BEEN AMENDED TO <HHC-ELIM-PERD> DAYS, EFFECTIVE (I).
<b>H0044</b>	THE NURSING HOME MAXIMUM BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0045</b>	THE HOME HEALTH CARE MAXIMUM BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0046</b>	THE HOME HEALTH CARE AND ADULT DAY CARE RIDER ARE NOT SUBJECT TO THE PAID-UP BENEFIT.

ENDORSEMENT CODES

<b>H0047</b>	THE NURSING HOME WILL REQUIRE NO FURTHER PREMIUM PAYMENTS UNDER THE PAID UP BENEFIT AS OF (I).
<b>H0048</b>	THE SPOUSAL DISCOUNT IS INCLUDED ON THE COVERAGE.
<b>H0049</b>	THE NURSING HOME RATES FOR THIS COVERAGE HAVE BEEN REDUCED BY 15%, EFFECTIVE (I).
<b>H0050</b>	I HAVE RECEIVED THE OUTLINE OF COVERAGE AND THE GRAPHS THAT COMPARE THE BENEFITS AND PREMIUM OF THIS POLICY WITH AND WITHOUT INFLATION PROTECTION.
<b>H0051</b>	SPECIFICALLY, I HAVE REVIEWED THE COMPOUND BENEFIT INCREASE PROVISION, AND I REJECT COMPOUND INFLATION PROTECTION.
<b>H0052</b>	THE (I) WILL NOT BECOME PAID UP UNDER THE SURVIVORSHIP BENEFIT PROVISION
<b>H0053</b>	THE PAID UP INSURANCE BENEFIT DOES NOT COVER THE ADDITION OF (I).
<b>H0054</b>	THE HOME AND COMMUNITY CARE BENEFIT HAS BEEN ADDED TO THE COVERAGE AT (I)% OF THE NURSING HOME DAILY BENEFIT, EFFECTIVE (I).
<b>H0055</b>	THE EFFECTIVE DATE OF THE SPOUSAL BENEFITS ENDORSEMENT SHOULD READ (I).
<b>H0056</b>	THE HOME AND COMMUNITY CARE DAILY BENEFIT HAS BEEN AMENDED TO \$<HHC-DAILY-BEN>, EFFECTIVE (I).
<b>H0057</b>	THE HOME AND COMMUNITY CARE BENEFIT PERIOD HAS BEEN AMENDED TO <HHC-BEN-PERD>, EFFECTIVE (I).
<b>H0058</b>	THE HOME AND COMMUNITY CARE MAXIMUM BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0059</b>	THE HOME AND COMMUNITY CARE ELIMINATION PERIOD HAS BEEN AMENDED TO <HHC-ELIM-PERD> DAYS, EFFECTIVE (I).
<b>H0060</b>	THE HOME AND COMMUNITY CARE BENEFIT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0061</b>	THE HOME AND COMMUNITY CARE BENEFIT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0062</b>	THE HOME HEALTH CARE HAS BEEN AMENDED TO HOME AND COMMUNITY CARE, EFFECTIVE (I).
<b>H0063</b>	BY SIGNING BELOW, I UNDERSTAND THAT THIS CHANGE COULD AFFECT THE FAVORABLE TAX STATUS OF MY POLICY.
<b>H0064</b>	EFFECTIVE (I), THE PROFESSIONAL SERVICES BENEFIT HAS BEEN AMENDED TO (I) AND THE BASIC SERVICES BENEFIT HAS BEEN AMENDED TO (I).
<b>H0065</b>	THE HOME AND COMMUNITY CARE HAS BEEN AMENDED TO (I)% OF THE NURSING HOME DAILY BENEFIT, EFFECTIVE (I).
<b>H0066</b>	THE ALTERNATIVE CARE FACILITY HAS BEEN ADDED TO THE COVERAGE AT (I)% OF THE NURSING HOME DAILY BENEFIT, EFFECTIVE (I).
<b>H0067</b>	THE HOME HEALTH AND COMMUNITY CARE HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0068</b>	THE HOME HEALTH AND COMMUNITY CARE HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0069</b>	THE ADL'S HAVE BEEN AMENDED TO (I).
<b>H0070</b>	THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0071</b>	THE PLUS BENEFITS HAVE BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0072</b>	THE OFF-SETTING ELIMINATION IS INCLUDED ON THE COVERAGE, EFFECTIVE (I).
<b>H0073</b>	THE OFF-SETTING ELIMINATION HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0074</b>	THE POOLED BENEFIT OPTION IS INCLUDED ON THE COVERAGE, EFFECTIVE (I).
<b>H0075</b>	THE POOLED BENEFIT OPTION HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0076</b>	THE ASSISTED LIVING BENEFIT IS COVERED UNDER THE (I) PORTION OF THE COVERAGE, EFFECTIVE (I).
<b>H0077</b>	THE PLUS BENEFITS HAVE BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0078</b>	THE ELIMINATION PERIOD HAS BEEN AMENDED TO (I) DAYS, EFFECTIVE (I).
<b>H0079</b>	THE MAXIMUM BENEFIT PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0080</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS BEEN CONVERTED TO THE TAX QUALIFIED PLAN, EFFECTIVE (I).
<b>H0082</b>	TIME PERIODS APPLICABLE TO ANY BENEFITS OR PROVISIONS IN EFFECT AT THE TIME OF CONVERSION WILL CONTINUE TO BE CALCULATED FROM THE DATE SUCH BENEFITS OR PROVISIONS WERE ORIGINALLY EFFECTIVE.
<b>H0083</b>	THE ASSISTED LIVING BENEFIT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0084</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS BEEN CONVERTED TO THE CONNECTICUT PARTNERSHIP PLAN, EFFECTIVE (I).
<b>H0085</b>	THE ALTERNATIVE CARE FACILITY HAS BEEN AMENDED TO (I) % OF THE NURSING HOME DAILY BENEFIT, EFFECTIVE (I).
<b>H0086</b>	POLICY NUMBER <POL-NBR> WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>
<b>H0087</b>	THE HOME HEALTH CARE AND ADULT DAY CARE HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0088</b>	THE HOME HEALTH CARE AND ADULT DAY CARE HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0089</b>	THE HOME HEALTH AND COMMUNITY CARE ELIMINATION PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0090</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS BEEN CONVERTED TO THE TAX QUALIFIED PLAN, EFFECTIVE (I).
<b>H0091</b>	THE HOME HEALTH AND COMMUNITY CARE MAXIMUM BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0092</b>	THE GUARANTEED PURCHASE OPTION THAT WAS EXERCISED ON (I) INCREASED YOUR CONVALESCENT CARE BENEFIT AMOUNT BY \$(I) FOR A TOTAL CONVALESCENT CARE BENEFIT AMOUNT OF \$(I).
<b>H0093</b>	PREMIUMS FOR THE INCREASED AMOUNT(S) WILL CONTINUE TO BE DUE ON THE PREMIUM DUE DATE UNTIL THE INCREASED AMOUNT(S) HAVE BEEN IN EFFECT FOR 10 YEARS. ONCE THE INCREASED AMOUNT(S) HAVE BEEN IN EFFECT FOR 10 YEARS, NO FURTHER PREMIUM PAYMENTS WILL BE REQUIRED.

ENDORSEMENT CODES

<b>H0094</b>	ANY ADDITIONAL INCREASES IN BENEFITS DUE TO THE GUARANTEED PURCHASE OPTION MUST BE IN EFFECT FOR AT LEAST 10 YEARS FROM THE DATE OF SUCH INCREASE.
<b>H0095</b>	THE AMENDED <MODE> PREMIUM AS OF (I) IS \$<MODE-PRM>.
<b>H0096</b>	THE POLICY MAXIMUM LIFETIME BENEFIT IS \$(I), EFFECTIVE (I).
<b>H0097</b>	THE HOME AND COMMUNITY CARE BENEFITS, WHICH WERE PREVIOUSLY UNDER POLICY NUMBER (I), HAVE NOW BEEN COMBINED WITH THE NURSING HOME POLICY NUMBER (I), TO FORM LONG TERM CARE POLICY NUMBER (I), EFFECTIVE (I).
<b>H0098</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, WILL REMAIN IN FORCE WITHOUT FURTHER PREMIUM PAYMENT, EFFECTIVE (I).
<b>H0099</b>	WE WILL CONTINUE TO REQUIRE PREMIUMS FOR ANY BENEFITS ADDED AFTER THE DEATH OF YOUR SPOUSE.
<b>H0100</b>	THE BENEFITS FOR POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, WILL REMAIN IN FORCE WITHOUT ANY FURTHER PREMIUM PAYMENT EFFECTIVE (I).
<b>H0101</b>	THE HOME HEALTH CARE AND ADULT DAY CARE ELIMINATION PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0102</b>	THE HOME HEALTH CARE AND ADULT DAY CARE MAXIMUM BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0103</b>	WE WILL CONTINUE TO REQUIRE PREMIUMS FOR ANY BENEFIT ADDED AFTER THE ORIGINAL EFFECTIVE DATE OF THE POLICY. PREMIUMS WILL BE REQUIRED FOR AT LEAST 10 YEARS FROM THE DATE ANY SUCH BENEFIT WAS ADDED.
<b>H0104</b>	THE HOME HEALTH CARE ELIMINATION WAIVER RIDER HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0105</b>	POLICY NUMBER (I), WHICH HAS BEEN IN EFFECT SINCE (I) HAS BEEN CANCELED EFFECTIVE (I). THE CONTINGENT NONFORFEITURE BENEFIT IS EFFECTIVE (I). THE DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0106</b>	POLICY NUMBER (I) WHICH HAS BEEN IN EFFECT SINCE (I), HAS BEEN CANCELED EFFECTIVE (I). THE LIMITED NONFOREITURE BENEFIT IS EFFECTIVE (I). THE DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0107</b>	YOUR POLICY NUMBER HAS NOW BEEN CHANGED FROM (I) TO <POL-NBR>, EFFECTIVE (I), DUE TO DIVORCE.
<b>H0108</b>	THE PAID-UP INSURANCE BENEFIT NO LONGER APPLIES TO THIS COVERAGE DUE TO DIVORCE.
<b>H0109</b>	THE PAID-UP INSURANCE BENEFIT NO LONGER APPLIES TO THIS COVERAGE DUE TO DIVORCE.
<b>H0110</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS LAPSED DUE TO NON-PAYMENT OF PREMIUM. THE CONTINGENT NONFORFEITURE BENEFIT IS EFFECTIVE (I). THE DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0111</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS LAPSED DUE TO NON-PAYMENT OF PREMIUM. THE LIMITED NONFORFEITURE BENEFIT IS EFFECTIVE (I). THE DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0112</b>	THE ADDITIONAL (I) BENEFITS ADDED EFFECTIVE (I) WILL REQUIRE PREMIUMS TO BE PAID ON EACH PREMIUM DUE DATE UNTIL THE TENTH ANNIVERSARY FOLLOWING THE EFFECTIVE DATE OF THEIR ADDITION.
<b>H0113</b>	THE ALTERNATE CARE FACILITY DAILY BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0114</b>	THE RISK CLASSIFICATION HAS BEEN AMENDED TO CLASS 1-25%, EFFECTIVE <EFF-DATE>.
<b>H0115</b>	THE RISK CLASSIFICATION HAS BEEN AMENDED TO CLASS 2-75%, EFFECTIVE <EFF-DATE>.
<b>H0116</b>	THE HOME HEALTH CARE AND ADULT DAY CARE DAILY BENEFIT HAS BEEN AMDED TO \$<HHC-DAILY-BENE> EFFECTIVE (I).
<b>H0180</b>	THE JOINT WAIVER OF PREMIUM IS NOT INCLUDED, EFFECTIVE (I).
<b>H0181</b>	THE SURVIVORSHIP WAIVER OF PREMIUM IS NOT INCLUDED, EFFECTIVE (I).
<b>H0184</b>	THE SURVIVORSHIP WAIVER OF PREMIUM 10/10 OPTION HAS BEEN ADDED, EFFECTIVE (I).
<b>H0185</b>	THE MONTHLY HOME CARE BENEFIT HAS BEEN ADDED, EFFECTIVE (I).
<b>H0186</b>	THE MONTHLY HOME CARE BENEFIT HAS BEEN DELETED, EFFECTIVE (I).
<b>H0201</b>	THE APPLICATION WAS WRITTEN AND DATED ON (I).
<b>H0202</b>	THE AMENDED <MODE> PREMIUM IS \$<MODE-PRM>, EFFECTIVE (I).
<b>H0205</b>	THE HOME AND COMMUNITY CARE BENEFITS MAXIMUM DAILY BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0206</b>	THE APPLICATION WAS SIGNED AND DATED AT (I).
<b>H0207</b>	THE TOBACCO PRODUCT USE QUESTION SHOULD BE ANSWERED (I).
<b>H0208</b>	THE PAYMENT MODE HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0209</b>	THE PAYMENT MODE HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0210</b>	THE INSURED'S TELEPHONE NUMBER SHOULD READ (I), EFFECTIVE (I).
<b>H0211</b>	THE POLICY EFFECTIVE DATE HAS BEEN AMENDED TO (I).
<b>H0212</b>	(I) HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0213</b>	(I) HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0214</b>	THE SPOUSE WAIVER BENEFIT HAS BEEN EXERCISED, EFFECTIVE (I).
<b>H0215</b>	THE GUARANTEED PURCHASE OPTION BENEFIT HAS BEEN EXERCISED, EFFECTIVE (I).
<b>H0216</b>	THE GUARANTEED PURCHASE OPTION BENEFIT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0217</b>	THE NONFORFEITURE BENEFIT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).

ENDORSEMENT CODES

<b>H0218</b>	THE (I) BENEFIT INCREASE OPTION HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0219</b>	THE (I) BENEFIT INCREASE OPTION HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0220</b>	THE BENEFIT INCREASE OPTION HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0221</b>	THE DATE OF BIRTH OF (I) SHOULD READ (I).
<b>H0222</b>	THE COVERAGE HAS BEEN REINSTATED WITH A GAP IN COVERAGE FROM (I) TO (I).
<b>H0223</b>	THE AGE OF (I) SHOULD READ (I).
<b>H0224</b>	THERE WILL BE NO CHANGE IN PREMIUM AS A RESULT OF THESE CHANGES, EFFECTIVE (I).
<b>H0225</b>	THE SOCIAL SECURITY NUMBER OF (I) SHOULD READ (I).
<b>H0226</b>	THE 2-YEAR CONTESTABILITY PERIOD WILL START ANEW, EFFECTIVE (I).
<b>H0227</b>	ALTHOUGH THE SPOUSE/DOMESTIC PARTNER IS COVERED UNDER THE SEPARATE POLICY/CERTIFICATE NUMBER (I), THE SPOUSE WAIVER BENEFIT WILL BE APPLIED AS THOUGH BOTH WERE COVERED UNDER ON POLICY/CERTIFICATE.
<b>H0228</b>	TIME PERIODS APPLICABLE TO ANY BENEFIT(S) OR PROVISION(S) IN EFFECT AT THE TIME OF CONVERSION WILL CONTINUE TO BE CALCULATED FROM THE DATE SUCH BENEFIT(S) OR PROVISION(S) WERE ORIGINALLY EFFECTIVE.
<b>H0229</b>	THE RATE CLASSIFICATION HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0230</b>	THE SPOUSE WAIVER AMOUNT IS WAIVED AS OF (I). PREMIUMS WILL NOT BE WAIVED FOR ANY BENEFIT(S) IN EFFECT FOR LESS THAN 10 YEARS.
<b>H0231</b>	THE POLICY/CERTIFICATE NUMBER (I), WHICH HAS BEEN IN EFFECT SINCE (I), HAS BEEN CONVERTED TO THE (I), EFFECTIVE (I).
<b>H0232</b>	THE COVERAGE HAS BEEN REINSTATED WITH NO GAP IN COVERAGE.
<b>H0233</b>	THE MAXIMUM DAILY BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0234</b>	THE DEDUCTIBLE HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0235</b>	THE LIFETIME MAXIMUM BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0236</b>	THE NONFORFEITURE BENEFIT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0243</b>	THE HOME AND COMMUNITY CARE BENEFITS ELIMINATION PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0244</b>	THE CONFINEMENT MAXIMUM LIFETIME BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0245</b>	THE HOME AND COMMUNITY CARE BENEFITS MAXIMUM LIFETIME BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0250</b>	THE POLICY EFFECTIVE DATE HAS BEEN AMENDED TO <EFF-DATE>.
<b>H0251</b>	THE RATE CLASSIFICATION HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0252</b>	THE NURSING FACILITY MAXIMUM DAILY BENEFIT HAS BEEN AMENDED TO \$<NH-DAILY-BEN>, EFFECTIVE (I).
<b>H0253</b>	THE ELIMINATION PERIOD HAS BEEN AMENDED TO <ELIM-PERIOD> DAYS, EFFECTIVE (I).
<b>H0254</b>	THE POLICY MAXIMUM LIFETIME BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0255</b>	THE HOME AND COMMUNITY BASED SERVICES MAXIMUM DAILY BENEFIT HAS BEEN AMENDED TO \$<HHC-DAILY-BEN>, EFFECTIVE (I).
<b>H0256</b>	THE RESPITE CARE MAXIMUM DAILY BENEFIT HAS BEEN AMENDED TO \$<NH-DAILY-BEN>, EFFECTIVE (I).
<b>H0257</b>	THE ASSISTED LIVING FACILITY AND HOSPICE FACILITY MAXIMUM DAILY BENEFITS HAVE BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0258</b>	THE AGE OF (I) SHOULD READ (I).
<b>H0259</b>	THE DATE OF BIRTH OF (I) SHOULD READ (I).
<b>H0260</b>	THE SOCIAL SECURITY NUMBER OF (I) SHOULD READ (I).
<b>H0261</b>	THE AMENDED <MODE> PREMIUM IS \$<MODE-PRM>, EFFECTIVE (I).
<b>H0262</b>	THE PREMIUM PAYABLE PERIOD HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0263</b>	THE PREMIUM MODE HAS BEEN AMENDED TO <MODE>, EFFECTIVE (I).
<b>H0264</b>	THE (I) DISCOUNT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0265</b>	THE (I) DISCOUNT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE ( I).
<b>H0266</b>	THE (I) BENEFIT INCREASE OPTION HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0267</b>	THE (I) BENEFIT INCREASE OPTION HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0268</b>	THE BENEFIT INCREASE OPTION HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0269</b>	THE GUARANTEED PURCHASE OPTION BENEFIT HAS BEEN EXERCISED, EFFECTIVE (I).
<b>H0270</b>	THE GUARANTEED PURCHASE OPTION BENEFIT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0271</b>	THE SHORTENED BENEFIT PERIOD NONFORFEITURE RIDER HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0272</b>	THE SHORTENED BENEFIT PERIOD NONFORFEITURE RIDER HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0273</b>	THE PRESCRIPTION DRUG BENEFIT RIDER HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0274</b>	THE PRESCRIPTION DRUG BENEFIT RIDER HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0275</b>	THE RETURN OF PREMIUM UPON DEATH BENEFIT HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0276</b>	THE RETURN OF PREMIUM UPON DEATH BENEFIT HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0277</b>	(I) HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).

ENDORSEMENT CODES

<b>H0278</b>	(I) HAS BEEN REMOVED FROM THE COVERAGE, EFFECTIVE (I).
<b>H0279</b>	THE 2-YEAR CONTESTABILITY PERIOD WILL START ANEW FOR THE BENEFIT(S) ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0280</b>	THE POLICY/CERTIFICATE NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS BEEN CONVERTED TO THE (I), EFFECTIVE (I).
<b>H0281</b>	TIME PERIODS APPLICABLE TO ANY BENEFIT(S) OR PROVISION(S) IN EFFECT AT THE TIME OF CONVERSION WILL CONTINUE TO BE CALCULATED FROM THE DATE SUCH BENEFIT(S) OR PROVISION(S) WERE ORIGINALLY EFFECTIVE.
<b>H0282</b>	THERE WILL BE NO CHANGE IN PREMIUM AS A RESULT OF THESE CHANGES, EFFECTIVE (I).
<b>H0283</b>	THE COVERAGE HAS BEEN REINSTATED WITH NO GAP IN COVERAGE FROM (I) TO (I).
<b>H0284</b>	THE COVERAGE HAS BEEN REINSTATED WITH NO GAP IN COVERAGE.
<b>H0285</b>	THE APPLICATION WAS WRITTEN AND DATED ON (I).
<b>H0286</b>	THE APPLICATION WAS SIGNED AND DATED ON (I).
<b>H0287</b>	THE INSURED'S TELEPHONE NUMBER SHOULD READ (I), EFFECTIVE (I).
<b>H0288</b>	THE (I)% COMPOUND - DOUBLE MAXIMUM BENEFIT INCREASE OPTION HAS BEEN ADDED, EFFECTIVE (I).
<b>H0289</b>	THE (I)% COMPOUND - DOUBLE MAXIMUM BENEFIT INCREASE OPTION HAS BEEN REMOVED, EFFECTIVE (I).
<b>H0290</b>	THE PROFESSIONAL SERVICES IS NOT INCLUDED ON THE COVERAGE, EFFECTIVE (I).
<b>H0291</b>	THE PROFESSIONAL SERVICES HAS BEEN ADDED TO THE COVERAGE, EFFECTIVE (I).
<b>H0298</b>	THE ASSISTED LIVING FACILITY HAS BEEN AMENDED TO (I)%, EFFECTIVE (I).
<b>H0299</b>	THE HOME HEALTH AND COMMUNITY CARE DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0305</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0306</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I); THE HOME HEALTH CARE DAILY BENEFIT IS \$(I), AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0307</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I); THE HOME HEALTH AND COMMUNITY CARE DAILY BENEFIT IS \$(I), AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0308</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS BEEN CANCELED EFFECTIVE (I). THE CONTINGENT NONFORFEITURE BENEFIT IS EFFECTIVE (I).
<b>H0309</b>	POLICY NUMBER <POL-NBR> WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS BEEN CANCELLED EFFECTIVE (I). THE LIMITED NONFORFEITURE BENEFIT IS EFFECTIVE (I).
<b>H0310</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS LAPSED DUE TO NON-PAYMENT OF PREMIUM. THE CONTINGENT NONFORFEITURE BENEFIT IS EFFECTIVE (I).
<b>H0311</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS LAPSED DUE TO NON-PAYMENT OF PREMIUM. THE LIMITED NONFORFEITURE BENEFIT IS EFFECTIVE (I).
<b>H0312</b>	THE HOME HEALTH CARE DAILY BENEFIT AMOUNT IS \$(I) AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO (I).
<b>H0341</b>	THE CONTINGENT NONFORFEITURE BENEFIT HAS BEEN REMOVED, EFFECTIVE (I).
<b>H0343</b>	POLICY NUMBER <POL-NBR>, WHICH HAS BEEN IN EFFECT SINCE <EFF-DATE>, HAS LAPSED DUE TO NON-PAYMENT OF PREMIUM. THE NONFORFEITURE E>, HAS LAPSED DUE TO NON-PAYMENT OF PREMIUM. THE NONFORFEITURE SHORTEN BENEFIT IS EFFECTIVE (I).
<b>H0344</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$<NH-DAILY-BEN>.
<b>H0345</b>	THE HOME HEALTH CARE DAILY BENEFIT IS \$<HHC-DAILY-BEN>.
<b>H0346</b>	THE FACILITY BASIC DAILY BENEFIT AMOUNT IS \$<NH-DAILY-BEN>.
<b>H0347</b>	THE ASSISTED LIVING DAILY BENEFIT AMOUNT IS (I).
<b>H0401</b>	THE MAXIMUM DAILY BENEFIT FOR THE NURSING HOME AND ASSISTED LIVING FACILITY HAS BEEN AMENDED TO \$(i), EFFECTIVE (I).
<b>H0402</b>	THE MAXIMUM MONTHLY BENEFIT FOR HOME AND COMMUNITY-BASED SERVICES HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0403</b>	THE ASSISTED LIVING FACILITY DAILY BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0404</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I); THE HOME HEALTH CARE AND THE ADULT DAY CARE DAILY BENEFIT IS \$(I), AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0405</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I); THE HOME HEALTH CARE DAILY BENEFIT AMOUNT IS \$(I); THE ADULT DAY CARE DAILY BENEFIT IS \$(I), AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0406</b>	THE NURSING HOME AND ASSISTED LIVING FACILITY ELIMINATION PERIOD HAS BEEN AMENDED TO <ELIM-PERIOD> DAYS, EFFECTIVE (I).
<b>H0407</b>	THE HOME AND COMMUNITY CARE AND ASSISTED LIVING FACILITY ELIMINATION PERIOD HAS BEEN AMENDED TO <HHC-ELIM-PERIOD> DAYS, EFFECTIVE (I).
<b>H0408</b>	ASSISTED LIVING FACILITY ELIMINATION PERIOD HAS BEEN AMENDED TO <l> DAYS, EFFECTIVE (I).

ENDORSEMENT CODES

<b>H0409</b>	THE HOME HEALTH CARE, ADULT DAY CARE AND ADULT FOSTER CARE DAILY BENEFIT HAS BEEN AMENDED TO \$<HHC-DAILY-BEN>, EFFECTIVE (I).
<b>H0410</b>	THE HOME HEALTH CARE, ADULT DAY CARE AND ADULT FOSTER CARE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0411</b>	THE HOME HEALTH CARE, ADULT DAY CARE AND ADULT FOSTER CARE ELIMINATION PERIOD HAS BEEN AMENDED TO (I) DAYS, EFFECTIVE (I).
<b>H0412</b>	THE HOME HEALTH CARE, ADULT DAY CARE AND ALTERNATIVE CARE FACILITY MAXIMUM DAILY BENEFIT HAS BEEN AMENDED TO \$<HHC-DAILY-BEN>, EFFECTIVE (I).
<b>H0413</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I); THE HOME HEALTH AND COMMUNITY CARE DAILY BENEFIT IS \$(I);THE ASSISTED LIVING FACILITY DAILY BENEFIT IS \$(I), AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0414</b>	THE NURSING HOME DAILY BENEFIT AMOUNT IS \$(I); THE HOME HEALTH CARE AND ADULT DAY CARE DAILY BENEFIT IS \$(I);THE ASSISTED LIVING FACILITY DAILY BENEFIT IS \$(I), AND THE MAXIMUM BENEFIT HAS BEEN AMENDED TO \$(I).
<b>H0415</b>	THE LONG TERM CARE BENEFIT HAS BEEN AMENDED TO \$<NH-DAILY-BEN>, EFFECTIVE (I).
<b>H0416</b>	THE MAXIMUM BENEFIT PERIOD FOR LONG TERM CARE HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0417</b>	THE LONG TERM CARE FACILITY PLUS DAILY BENEFIT HAS BEEN AMENDED TO \$<NH-DAILY-BEN>, EFFECTIVE (I).
<b>H0418</b>	THE MAXIMUM DAILY PROFESSIONAL SERVICES (LEVEL I) BENEFIT AS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0419</b>	THE MAXIMUM DAILY BASIC SERVICES (LEVEL II) BENEFIT AS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0420</b>	THE MAXIMUM DAILY ADULT DAY CARE BENEFIT AS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0421</b>	THE CONVALESCENT CARE BENEFIT HAS BEEN AMENDED TO (I), EFFECTIVE (I).
<b>H0422</b>	THE LONG TERM CARE FACILITY PLUS ELIMINATION PERIOD HAS BEEN AMENDED TO <ELIM-PERIOD> DAYS, EFFECTIVE (I).
<b>H0423</b>	THE HOME HEALTH CARE DAILY BENEFIT AMOUNT HAS BEEN AMENDED TO \$(I) AND THE ADULT DAY CARE DAILY BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0424</b>	THE LONG TERM CARE FACILITY BASIC ELIMINATION PERIOD HAS BEEN AMENDED TO (I) DAYS, EFFECTIVE (I).
<b>H0425</b>	THE LONG TERM CARE FACILITY BASIC DAILY BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0426</b>	THE HOME HEALTH CARE DAILY BENEFIT HAS BEEN AMENDED TO \$(I), THE ADULT DAY CARE DAILY BENEFIT HAS BEEN AMENDED TO \$(I), AND THE ADULT FOSTER CARE DAILY BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H0427</b>	THE NURSING HOME PLUS ELIMINATION PERIOD HAS BEEN AMENDED TO (I) DAYS, EFFECTIVE (I).
<b>H0428</b>	THE NURSING HOME PLUS DAILY BENEFIT HAS BEEN AMENDED TO \$(I), EFFECTIVE (I).
<b>H037B</b>	THE INITIAL TRUSTEE IS (I), THE SUCCESSOR TRUSTEE IS (I). THE SECOND SUCCESSOR TRUSTEE IS (I). THE THIRD SUCCESSOR TRUSTEE IS (I). THE ADDRESS OF THE TRUSTEE IS (I). THE LONG TERM CARE POLICY (I) IS ON RECORD AS BEING PART OF THE (I).
<b>H1000</b>	THE POLICY IS REINSTATED EFFECTIVE [DATE]
<b>H1001</b>	ALL OF THE ELIGIBILITY REQUIREMENTS, INCLUDING ELIMINATION PERIODS, CONTINUE TO APPLY.
<b>H1002</b>	THE SCHEDULE IS AMENDED, EFFECTIVE [DATE], AS FOLLOWS :
<b>H1003</b>	MAXIMUM DAILY NURSING HOME BENEFIT \$(I).
<b>H1004</b>	MAXIMUM LIFETIME BENEFIT UNLIMITED.
<b>H1005</b>	ELIMINATION PERIOD APPLICABLE TO NURSING HOME BENEFIT 20 DAYS.
<b>H1006</b>	MAXIMUM BENEFIT FOR EACH AMBULANCE TRIP (I), MAXIMUM NUMBER OF TRIPS PER CALENDAR YEAR 4 TRIPS.
<b>H1007</b>	BENEFIT INCREASE OPTION ELECTED. THE BENEFIT INCREASE OPTION IS NOT APPLICABLE UNLESS ELECTED.
<b>H1008</b>	MAXIMUM DAILY POST CONFINEMENT INDEMNITY BENEFIT \$(I).
<b>H1010</b>	MAXIMUM DAILY ADULT DAY CARE BENEFIT \$(I).
<b>H1011</b>	MAXIMUM DAILY PROFESSIONAL SERVICES BENEFIT \$(I).
<b>H1012</b>	MAXIMUM DAILY BASIC SERVICES BENEFIT \$(I).
<b>H1013</b>	MAXIMUM LIFETIME THERAPEUTIC DEVICE BENEFIT \$(I).
<b>H1015</b>	THE QUARTERLY RENEWAL PREMIUM FOR EACH RENEWAL DATE ON AND AFTER [DATE] IS \$(I).
<b>H1016</b>	MAXIMUM LIFETIME ADULT DAY CARE BENEFIT 365 DAYS.
<b>H1020</b>	(I) HAS BEEN REMOVED FROM THE COVERAGE DUE TO DIVORCE, EFFECTIVE (I).
<b>H1021</b>	PAID UP AND DUAL WAIVER BENEFITS NO LONGER APPLY DUE TO DIVORCE EFFECTIVE, (I).

## UNI ENDORSEMENT CODE.xls

Category	Pending Code	Description
<b>APPLICANT'S PERSONAL</b>	R0008	THE (I) AGE SHOULD READ (I).
	R0009	THE (I) SOCIAL SECURITY NUMBER SHOULD READ (I).
	R0011	THE (I) DATE OF BIRTH SHOULD READ (I).
	R0035	THE APPLICANT'S TELEPHONE NUMBER SHOULD READ (I).
	R0094	THE CITY SHOULD READ (I).
	R0095	THE ZIP CODE SHOULD READ (I).
	R0097	THE APPLICANT'S HEIGHT SHOULD READ (I).
	R0098	THE APPLICANT'S WEIGHT SHOULD READ (I) LBS.
	R0352	THE APPLICANT'S AGE SHOULD READ (I).
	R0353	THE APPLICANT'S SOCIAL SECURITY NUMBER SHOULD READ (I).
	R0354	THE APPLICANT'S DATE OF BIRTH SHOULD READ (I).
	R0382	THE (I) ADDRESS SHOULD READ (I).
	R0372	THE (I) TELEPHONE NUMBER SHOULD READ (I).
	R0373	THE (I) HEIGHT SHOULD READ (I).
	R0374	THE (I) WEIGHT SHOULD READ (I).
	R0375	THE (I) NAME SHOULD READ (I).
	R0391	THE SERVICE GROUP NUMBER SHOULD READ (I).
	R0376	THE EMPLOYER/ASSOCIATION NUMBER SHOULD READ (I).
	R0377	THE (I) BEST TIME TO CALL SHOULD READ (I).
	R0378	THE APPLICANT STATUS SHOULD READ (I).
	R0379	THE (I) BENEFICIARY NAME SHOULD READ (I).
	R0380	THE (I) BENEFICIARY RELATIONSHIP SHOULD READ (I).
	R0381	THE (I) BENEFICIARY ADDRESS SHOULD READ (I).
<b>SPOUSE'S PERSONAL</b>	R0099	THE SPOUSE'S HEIGHT SHOULD READ (I).
	R0100	THE SPOUSE'S WEIGHT SHOULD READ (I) LBS.
		<b>THE (I) HEIGHT SHOULD READ (I).</b>
		<b>THE (I) WEIGHT SHOULD READ (I) LBS.</b>
	R0301	THE (I) STATE OF BIRTH SHOULD READ (I).
<b>BASE PLAN</b>	R0117	THE NURSING HOME MAXIMUM DAILY BENEFIT AMOUNT IS TO READ \$(I).
	R0302	THE ASSISTED LIVING FACILITY DAILY BENEFIT AMOUNT SHOULD READ \$(I).
	R0303	THE ASSISTED LIVING FACILITY POOLED PERCENTAGE SHOULD READ (I)%.
	R0105	THE HOME HEALTH CARE BENEFIT AMOUNT SHOULD READ \$(I).
	R0304	THE HOME HEALTH CARE POOLED PERCENTAGE SHOULD READ (I)%.
	R0392	THE HOME HEALTHCARE/ADULT DAY CARE PERCENTAGE SHOULD READ (I).
	R0069	THE MAXIMUM BENEFIT PERIOD IS (I).
	R0244	THE MAXIMUM BENEFIT AMOUNT IS \$(I).

## UNI ENDORSEMENT CODE.xls

	R0184	THE LIFETIME MAXIMUM BENEFIT IS CHANGED FROM (I) TO (I).
	R0305	THE ELIMINATION PERIOD SHOULD READ (I) DAYS.
	R0349	The Adult Foster Care Benefit Should Read (I).
	R0348	THE COVERAGE APPLIED FOR IS NURSING FACILITY WITH 70% RESIDENTIAL CARE FACILITY AND 100% HOME CARE.
	R0400	THE COVERAGE APPLIED FOR IS NURSING FACILITY WITH (I)% RESIDENTIAL CARE FACILITY AND (I)% HOME CARE.
	R0355	THE HOME HEALTH CARE BOOST PACKAGE IS INCLUDED
	R0356	THE HOME HEALTH CARE BOOST PACKAGE IS NOT INCLUDED
	R0357	THE BASIC CARE FACILITY BENEFIT SHOULD READ (I).
	R0358	THE DOUBLE FOR PROFESSIONAL SERVICES BENEFIT IS NOT INCLUDED
	R0359	THE DOUBLE FOR PROFESSIONAL SERVICES BENEFIT IS INCLUDED
	R0360	THE MONTHLY HOME HEALTH CARE BENEFIT IS INCLUDED
	R0361	THE MONTHLY HOME HEALTH CARE BENEFIT IS NOT INCLUDED
	R0362	The Nursing Home (NH) & Home Health Care (HHC) Basic benefit amount should read \$(I).
	R0363	THE ASSISTING LIVING FACILITY POOLED PERCENTAGE SHOULD READ 100%
<b>BASE CHANGE OR MODIFIED</b>	R0082	THE NURSING HOME BENEFIT AMOUNT HAS BEEN CHANGED FROM (I) TO (I).
	R0306	THE ASSISTED LIVING FACILITY DAILY BENEFIT AMOUNT HAS BEEN CHANGED FROM \$(I) TO \$(I).
	R0307	THE ASSISTED LIVING FACILITY POOLED PERCENTAGE HAS BEEN CHANGED FROM (I)% TO (I)%.
	R0308	THE HOME HEALTH CARE DAILY BENEFIT AMOUNT HAS BEEN CHANGED FROM \$(I) TO \$(I).
	R0309	THE HOME HEALTH CARE POOLED PERCENTAGE HAS BEEN CHANGED FROM (I)% TO (I)%.
	R0393	THE HOME HEALTH CARE/ADULT DAY CARE PERCENTAGE HAS BEEN CHANGED FROM (I)% TO (I)%.
	R0210	THE MAXIMUM BENEFIT PERIOD HAS BEEN CHANGED FROM (I) TO (I).
	R0005	THE MAXIMUM DAILY BENEFIT AMOUNT HAS BEEN CHANGED FROM \$(I) TO \$(I).
	R0401	THE MAXIMUM BENEFIT AMOUNT HAS BEEN CHANGED FROM (I) TO (I).
	R0403	THE NURSING HOME MAXIMUM DAILY BENEFIT HAS BEEN CHANGED FROM \$(I) TO \$(I).
	R0409	THE RATE CLASSIFICATION HAS BEEN INCREASED FROM STANDARD TO A HIGHER RISK RATE CLASSIFICATION. THE (I) PREMIUM IS \$(I) AS OF (I).
	R0004	THE ELIMINATION PERIOD HAS BEEN CHANGED FROM (I) TO (I).
<b>BIO</b>	R0057	THE BENEFIT INCREASE OPTION SHOULD READ (I).
	R0107	THE BENEFIT INCREASE RIDER IS NOT INCLUDED.
	R0108	THE BENEFIT INCREASE RIDER IS INCLUDED.

UNI ENDORSEMENT CODE.xls

	R0310	THE STEP RATED BENEFIT INCREASE OPTION IS INCLUDED.
	R0311	THE STEP RATED BENEFIT INCREASE OPTION IS NOT INCLUDED.
	R0404	THE DEFERRED BENEFIT INCREASE OPTION IS INCLUDED.
	R0405	THE DEFERRED BENEFIT INCREASE OPTION IS NOT INCLUDED.
	R0365	THE PREMIUM INCREASE FREQUENCY FOR STEP RATED BENEFIT INCREASE OPTION SHOULD READ (I) YEARS"
	R0036	THE GUARANTEED PURCHASE OPTION IS INCLUDED.
	R0037	THE GUARANTEED PURCHASE OPTION IS NOT INCLUDED.
	R0223	THE BENEFIT INCREASE OPTION HAS BEEN CHANGED FROM (I) TO (I).
	R0345	The Simple Benefit Increase Option should read (I)%.
	R0346	The Compound Benefit Increase Option should read (I)%.
	R0347	The Spouse Survivorship Waiver of Premium should read (I).
	R0383	THE 5% SIMPLE BENEFIT INCREASE OPTION IS INCLUDED
	R0384	THE 5% SIMPLE BENEFIT INCREASE OPTION IS NOT INCLUDED
	R0385	THE 5% COMPOUND BENEFIT INCREASE OPTION IS INCLUDED
	R0386	THE 5% COMPOUND BENEFIT INCREASE OPTION IS NOT INCLUDED
	R0397	THE 5% COMPOUND (I) BENEFIT INCREASE OPTION IS INCLUDED
	R0398	THE 5% COMPOUND (I) BENEFIT INCREASE OPTION IS NOT INCLUDED
	R0396	THE BENEFIT INCREASE OPTION SHOULD READ NONE.
<b>BIO REJECTION</b>	R0394	I HAVE REVIEWED THE OUTLINE OF COVERAGE AND THE GRAPHS THAT COMPARE THE BENEFITS AND PREMIUM OF THIS POLICY WITH AND WITHOUT INFLATION PROTECTION. SPECIFICALLY, I HAVE REVIEWED THE FEATURES OF THE 5% COMPOUND BENEFIT INCREASE OPTION AND I REJECT THIS OPTION.
	R0351	I have reviewed the features of Traditional Compound Benefit Increase Option and I reject that option.
<b>NFR</b>	R0019	THE NONFORFEITURE BENEFIT IS INCLUDED.
	R0020	THE NONFORFEITURE BENEFIT IS NOT INCLUDED.
	R0078	I HAVE REVIEWED THE OUTLINE OF COVERAGE AND THE EXPLANATION OF NONFORFEITURE BENEFITS, AND I REJECT THE NONFORFEITURE BENEFIT
<b>NFR REJECTION</b>	R0389	I UNDERSTAND THAT IF I FAIL TO PAY MY PREMIUM DUE OR PRIOR TO THE END OF THE GRACE PERIOD, MY POLICY WILL LAPSE AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE BENEFITS BECAUSE I HAVE CHOSEN NOT TO PURCHASE THE NONFORFEITURE BENEFIT. NEVERTHELESS, I REJECT THE OPTION.
<b>NFR REJECTION</b>	R0399	I UNDERSTAND THAT IF I FAIL TO PAY MY PREMIUM DUE OR PRIOR TO THE END OF THE GRACE PERIOD, MY POLICY WILL LAPSE AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE BENEFITS BECAUSE I HAVE CHOSEN NOT TO PURCHASE THE NONFORFEITURE SHORTENED BENEFIT. NEVERTHELESS, I REJECT THE OPTION.
<b>OTHER BENEFITS</b>	R0220	THE PRESCRIPTION DRUG RIDER IS INCLUDED.
	R0221	THE PRESCRIPTION DRUG RIDER IS NOT INCLUDED.
	R0312	NURSING HOME INDEMNITY PAYMENT IS INCLUDED.
	R0313	NURSING HOME INDEMNITY PAYMENT IS NOT INCLUDED.

## UNI ENDORSEMENT CODE.xls

	R0088	THE PLUS BENEFITS ARE INCLUDED.
	R0314	AMBULANCE BENEFIT IS INCLUDED.
	R0315	AMBULANCE BENEFIT IS NOT INCLUDED.
	R0316	PATIENT ADVOCACY & MEDICATION MANAGEMENT IS INCLUDED.
	R0317	PATIENT ADVOCACY & MEDICATION MANAGEMENT IS NOT INCLUDED.
	R0318	RESTORATION OF NURSING HOME BENEFITS IS INCLUDED.
	R0319	RESTORATION OF NURSING HOME BENEFITS IS NOT INCLUDED.
	R0320	FULL RESTORATION OF BENEFITS IS INCLUDED.
	R0321	FULL RESTORATION OF BENEFITS IS NOT INCLUDED.
	R0344	FULL RESTORATION OF BENEFIT IS NOT ALLOWED WITH UNLIMITED LIFETIME BENEFITS
	R0322	MONTHLY HOME CARE BENEFITS IS INCLUDED.
	R0323	MONTHLY HOME CARE BENEFITS IS NOT INCLUDED.
	R0387	THE SPOUSE SURVIVORSHIP WAIVER OF PREMIUM IS INCLUDED
	R0388	THE SPOUSE SURVIVORSHIP WAIVER OF PREMIUM IS NOT INCLUDED
	R0324	SURVIVORSHIP WAIVER OF PREMIUM IS INCLUDED.
	R0325	SURVIVORSHIP WAIVER OF PREMIUM IS NOT INCLUDED.
	R0326	JOINT WAIVER OF PREMIUM IS INCLUDED.
	R0327	JOINT WAIVER OF PREMIUM IS NOT INCLUDED.
	R0328	LIFETIME WAIVER OF PREMIUM IS INCLUDED.
	R0329	LIFETIME WAIVER OF PREMIUM IS NOT INCLUDED.
	R0071	RETURN OF PREMIUM RIDER IS INCLUDED.
	R0072	RETURN OF PREMIUM RIDER IS NOT INCLUDED.
	R0331	THE RETURN OF PREMIUM MAXIMUM AMOUNT SHOULD READ \$(I).
	R0332	FULL RETURN OF PREMIUM RIDER IS INCLUDED.
	R0333	FULL RETURN OF PREMIUM RIDER IS NOT INCLUDED.
	R0334	THE FULL RETURN OF PREMIUM MAXIMUM AMOUNT SHOULD READ \$(I).
	R0335	PAID UP PROVISION IS INCLUDED.
	R0336	PAID UP PROVISION IS NOT INCLUDED.
	R0337	CANCELLATION PROVISION IS INCLUDED.
	R0338	CANCELLATION PROVISION IS NOT INCLUDED.
	R0339	THE RATE GUARANTEE RIDER IS INCLUDED AT (I) YEARS.
	R0340	THE RATE GUARANTEE RIDER IS NOT INCLUDED.
	R0364	REQUIRED NUMBER OF ADLS IS 3.
	R0366	THE LIMITED JOINT WAIVER OF PREMIUM IS INCLUDED
	R0367	THE LIMITED JOINT WAIVER OF PREMIUM IS NOT INCLUDED
	R0368	THE LIMITED MONTHLY HOME CARE BENEFIT RIDER IS INCLUDED
	R0369	THE LIMITED MONTHLY HOME CARE BENEFIT RIDER IS NOT INCLUDED

UNI ENDORSEMENT CODE.xls

	R0370	THE RETURN OF PREMIUM UPON DEATH BENEFIT RIDER IS INCLUDED
	R0371	THE RETURN OF PREMIUM UPON DEATH BENEFIT RIDER IS NOT INCLUDED
<b>RATE CLASS AND DISCOUNTS</b>	R0222	THE DISCOUNT HAS BEEN CHANGED FROM (I) TO (I).
	R0406	THE TOBACCO PRODUCT QUESTION SHOULD BE ANSWERED (I).
	R0216	THE (I) DISCOUNT IS INCLUDED.
	R0203	THE (I) DISCOUNT IS NOT INCLUDED.
	R0158	THE DRIVING STATUS QUESTION SHOULD BE ANSWERED (I).
	R0128	THE RATE CLASSIFICATION IS TO READ (I).
	R0033	THE SMOKING STATUS QUESTION SHOULD BE ANSWERED (I).
	R0001	THE RATE CLASSIFICATION HAS BEEN CHANGED FROM (I) TO (I).
	R0051	THE PREMIUM PAYING PERIOD SHOULD READ (I).
	R0215	THE PREMIUM PAYMENT PERIOD IS (I).
	R0065	THE AMENDED (I) PREMIUM IS \$(I).
	R0350	THE EQUIVALENT YEARLY PREMIUM SHOULD READ (I)
<b>MODE OF PAYMENT</b>	R0048	THE MODE OF PAYMENT HAS BEEN CHANGED FROM (I) TO (I).
	R0049	THE MODE OF PAYMENT IS TO READ (I).
	R0050	THE (I) PREMIUM SHOULD BE \$(I).
	R0013	THE (I) PREMIUM HAS BEEN CHANGED FROM \$(I) TO \$(I).
	R0228	THE PREMIUM IS BASED UPON AGE (I).
<b>OTHER</b>	R0054	THE EFFECTIVE DATE SHOULD BE (I).
	R0067	THE EFFECTIVE DATE HAS BEEN CHANGED TO (I).
	R0052	THE PLAN CHOICE SHOULD READ (I).
	R0002	THE BASE PLAN HAS BEEN CHANGED FROM (I) TO (I).
	R0007	(I) HAS BEEN ADDED TO THE POLICY.
	R0010	ON THE APPLICATION, THE ANSWER TO (I).
	R0012	ON THE APPLICATION, ANSWER TO QUESTION #(I).
	R0402	IN THE (I) SECTION, QUESTION #(I) SHOULD READ (I).
	R0407	THE (I) BOX UNDER THE RATE CLASSIFICATION SECTION SHOULD BE INCLUDED.
	R0408	THE (I) BOX UNDER THE RATE CLASSIFICATION SECTION SHOULD NOT BE INCLUDED.
	R0023	THIS APPLICATION WAS WRITTEN AND DATED ON (I).
	R0024	THIS APPLICATION WAS SIGNED AND DATED AT (I).
	R0026	THE PLAN APPLIED FOR IS THE FLEXIBLE BENEFIT PLAN.
	R0027	THE PLAN TYPE IS (I).
	R0061	THE PLAN APPLIED FOR HAS BEEN CHANGED FROM THE (I) TO THE (I).
	R0395	THE DEPOSITORY (I) SHOULD READ (I).

UNI ENDORSEMENT CODE.xls

	R0390	THE BANK (I) SHOULD READ (I).
--	-------	-------------------------------