

SERFF Tracking Number: ELCC-125919772 State: Arkansas  
Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 40961  
Company Tracking Number: B820 (08)  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Advocate Alternative  
Project Name/Number: B820 (08)/B820 (08)

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: Advocate Alternative SERFF Tr Num: ELCC-125919772 State: ArkansasLH  
TOI: LTC06 Long Term Care - Other SERFF Status: Closed State Tr Num: 40961  
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: B820 (08) State Status: Filed-Closed  
Filing Type: Advertisement Co Status: Submitted Reviewer(s): Marie Bennett  
Authors: Mark Banks, Jana Peterson, Kathy Foster Disposition Date: 01/14/2009  
Date Submitted: 11/25/2008 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: B820 (08) Status of Filing in Domicile: Authorized  
Project Number: B820 (08) Date Approved in Domicile: 11/25/2008  
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: 01/14/2009  
State Status Changed: 01/14/2009 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
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## Company and Contact

### Filing Contact Information

Jana Peterson, Compliance Specialist  
3 Triad Center

Jana.Peterson@Equilife.com  
(877) 579-3782 [Phone]

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Salt Lake City, UT 84180 (801) 579-3781[FAX]

**Filing Company Information**

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah  
3 Triad Center Group Code: -99 Company Type: Life and Health  
Suite 200  
Salt Lake City, UT 84180 Group Name: State ID Number:  
(801) 579-3400 ext. [Phone] FEIN Number: 87-0129771  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: State Filing Fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$25.00	11/25/2008	24157576

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	01/14/2009	01/14/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Marie Bennett	12/19/2008	12/19/2008	Jana Peterson	12/19/2008	12/19/2008
Pending Industry Response	Marie Bennett	12/05/2008	12/05/2008	Jana Peterson	12/19/2008	12/19/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Approved policy	Supporting Document	Jana Peterson	01/08/2009	01/08/2009

*SERFF Tracking Number:* ELCC-125919772      *State:* Arkansas  
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## **Disposition**

Disposition Date: 01/14/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ELCC-125919772 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover letter		Yes
<b>Supporting Document</b>	Approved policy		Yes
<b>Form (revised)</b>	Product Brochure		Yes
<b>Form</b>	Product Brochure		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/19/2008  
Submitted Date 12/19/2008  
Respond By Date 01/15/2009

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

No Objections

Comment: Please provide transmittal letter giving form number of policy being advertised and date of approval of policy form in Arkansas.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/19/2008  
Submitted Date 12/19/2008

Dear Marie Bennett,

### Comments:

### Response 1

Comments: I'm sorry I forgot to attach it.

### Related Objection 1

Comment:

Please provide transmittal letter giving form number of policy being advertised and date of approval of policy form in Arkansas.

### Changed Items:

SERFF Tracking Number: ELCC-125919772 State: Arkansas  
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Project Name/Number: B820 (08)/B820 (08)

**Supporting Document Schedule Item Changes**

Satisfied -Name: Cover letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Jana Peterson, Kathy Foster, Mark Banks

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Project Name/Number: B820 (08)/B820 (08)

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/05/2008  
Submitted Date 12/05/2008  
Respond By Date 01/06/2009

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Product Brochure (Form)

Comment: The brochure does not disclose the form number or numbers of the policy being advertised as required by AR Rule 11, Section 15. Also, the filing does not have the required cover letter attached.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/19/2008  
Submitted Date 12/19/2008

Dear Marie Bennett,

### Comments:

### Response 1

Comments: We have added the policy form number being advertised. We have also revised the brochure form number to B 820 (08) AR.

### Related Objection 1

Applies To:

- Product Brochure (Form)

Comment:

The brochure does not disclose the form number or numbers of the policy being advertised as required by AR Rule 11, Section 15. Also, the filing does not have the required cover letter attached.

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**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Product Brochure	B820 (08) AR		Advertising	Initial		0	B820 (08) AR.pdf
<b>Previous Version</b>							
Product Brochure	B820 (08)		Advertising	Initial		0	b820-08.pdf

No Rate/Rule Schedule items changed.

Sincerely,  
 Jana Peterson, Kathy Foster, Mark Banks

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**Amendment Letter**

Amendment Date:

Submitted Date: 01/08/2009

**Comments:**

Per your phone call of 1/7/09, I am attaching a copy of the Advocate Alternative policy, which was approved in 1994. Please let me know if there is anything else you need.

Thanks,

Jana Peterson

Compliance Specialist

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Approved policy**

Comment:

Form 820 approved policy.pdf

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 Product Name: Advocate Alternative  
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## Form Schedule

**Lead Form Number:** B820

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B820 (08) AR	Advertising	Product Brochure	Initial		0	B820 (08) AR.pdf

**E**quitable is proud to be the title sponsor of *Profiles In Caring*, a TV program that brings the world of caring into America's living rooms.

Thanks to the tireless efforts of good people doing good things as featured on *Profiles In Caring*, the world is a better place.



*Profiles In Caring* is a national television program that highlights

the works of outstanding individuals and nonprofit organizations based in the United States.

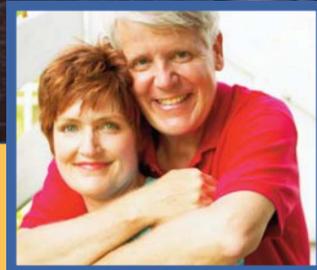
Working with *Profiles In Caring*, Equitable Life & Casualty is able to tell the stories of caring, everyday heroes to television viewers across the country.

*Profiles In Caring* and Equitable know that the spirit of caring is alive and well around the world . . . from your home city to the most remote villages. Equitable celebrates the remarkable projects showcased on *Profiles In Caring* and the compassionate people who make them all happen.

For more information, please go to [www.profilesincaring.org](http://www.profilesincaring.org) or call toll-free 1-866-937-5820.

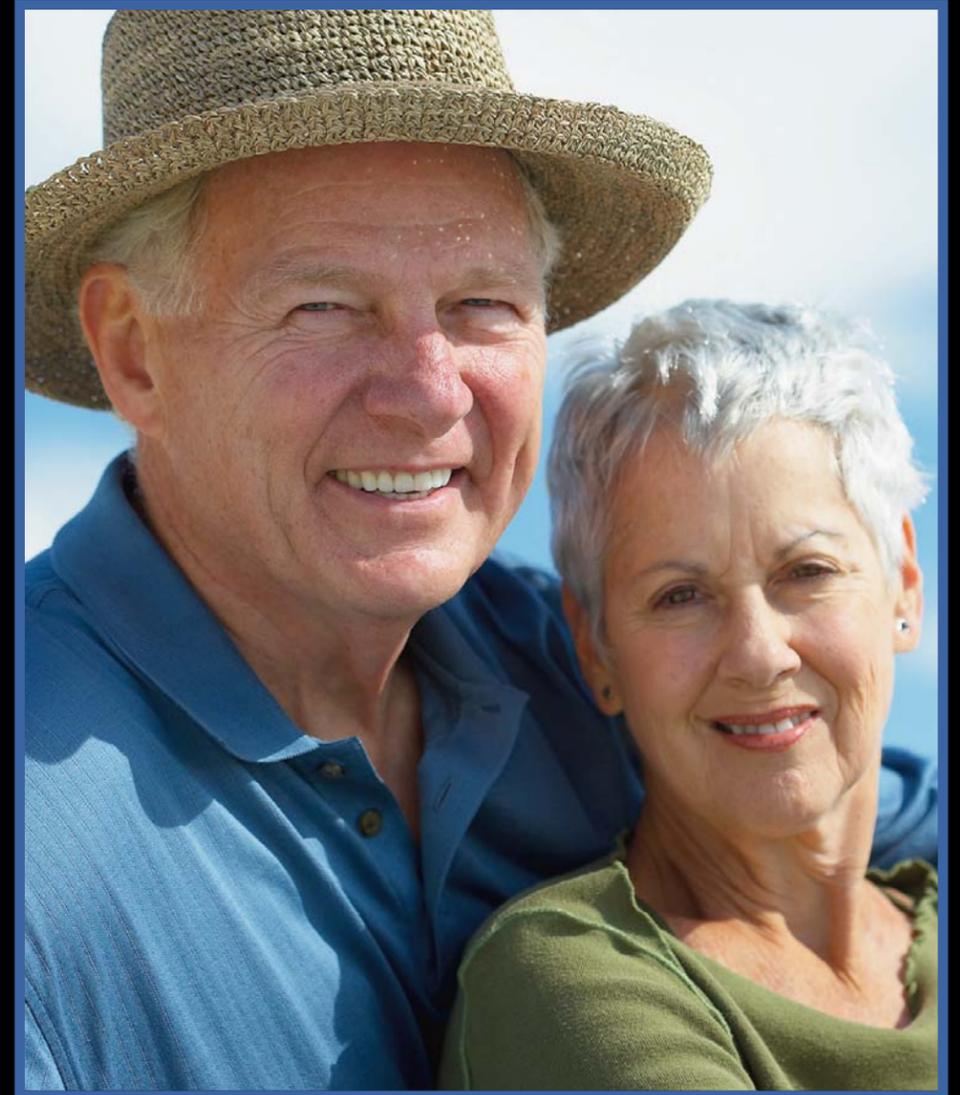


**E. Rod Ross**  
Chairman, President & CEO  
Equitable Life & Casualty



# The Advocate

— ALTERNATIVE



**Affordable Protection Designed  
To Keep You At Home**

 **Equitable & You**  
... Committed To Caring

Equitable Life & Casualty Insurance Company  
3 Triad Center • Salt Lake City • Utah 84180-1200 • 800-352-5170 • [www.EquiLife.com](http://www.EquiLife.com)

 **Equitable & You**  
... Committed To Caring

Policy Form 820  
B820 (08) AR

The prospect of dealing with long term health care can be complex and frightening for you and your family, with the potential of financial ruin.

Equitable is pleased to present to you The Alternative:

# The Advocate

ALTERNATIVE

## GIVEN A CHOICE, MOST PEOPLE WANT TO BE CARED FOR AT HOME

The Advocate Alternative provides you the coverage you need to receive effective long term care right in your own home, among family and friends.

You can stay at home and be treated for chronic, debilitating conditions such as arthritis, mental impairments like Alzheimer's, or shorter-term acute conditions like a hip fracture, stroke, or heart attack.

The Advocate Alternative allows you to place your worries in the hands of a professional, an Advocate. Your Advocate knows what services you need and how to get them for you.

With your Advocate you have security and peace of mind, knowing that someone is always there for you and your family with one thought in mind – to keep you at home.

A nursing home is not the place most people prefer to be cared for. Medicare provides only limited recovery benefits and Medicaid requires you to spend down your assets in order to qualify. Today, no government program exists for comprehensive long term care at home. And you cannot rely on a promise of one in the future.

For all these reasons, you need to protect yourself, your family, and all that you have worked for.



**NOW YOU HAVE A REAL CHOICE – THE ADVOCATE ALTERNATIVE!**



Since 1935, Equitable Life & Casualty has been committed to offering only the highest quality health insurance products and customer services to our policyowners. We constantly strive to enhance our recognized position of leadership in health care protection for older Americans.

From the early 1970s Equitable has been an industry leader in responding to the increasing consumer demand for better, more comprehensive long term care insurance coverage. In keeping with our tradition of leadership and our reputation of caring for our customers, Equitable is proud to present a sensible response to America's long term care dilemma.

The Advocate Alternative represents what people like you have told us they want most: affordable protection for quality, comprehensive long term care – at home.

### The Advocate Alternative ... Because We Care!

*This brochure contains a summary of The Advocate Alternative policy. It is a general overview. Policy features, benefits and provisions may vary from state to state. Review your policy carefully. Neither Equitable Life & Casualty nor its agents are connected with Medicare.*

#### RECEIPT

**Please Note:** All premium checks must be made payable to **Equitable Life & Casualty Insurance Company**. Do not make checks payable to the insurance Agent or leave the payee line blank.

Received from \_\_\_\_\_  
the sum of \$ \_\_\_\_\_ for \_\_\_\_\_  
months premium, with application for **The Advocate Alternative**.

It is understood that we medically underwrite and that the insurance you applied for will not be in force until the policy is issued. No liability is created or assumed by us until the policy has been issued. If your application is not approved, Equitable will refund your money.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# The Advocate

ALTERNATIVE



## YOUR ADVOCATE – AN INNOVATIVE, UNIQUE BENEFIT AT NO ADDITIONAL COST

**Equitable provides you an objective, independent third party to effectively represent your best interest: your ADVOCATE.**

Your Advocate is specially trained and qualified to identify your home care needs, coordinate your services with care providers, and adjust the care you need when your circumstances change. Your Advocate is there for you, to handle all the details, to ease the burden on you, your family and loved ones, when facing these emotionally crucial times.

**Your Advocate performs these vital functions for you:**

- ▼ Informs you and your family about public and private service alternatives available right in your own community.
- ▼ Assesses your health care needs and defines your care requirements.
- ▼ Develops a plan of care with you using services appropriate and available for you.
- ▼ Presents the plan of care to you for approval and your selection of service providers.
- ▼ Implements your plan and coordinates all your home care services.
- ▼ Monitors your care for quality and effectiveness.

**Periodic reviews of your plan of care by your Advocate assure you are getting the care you need.** Should changes occur in your health or in your living arrangements, your Advocate will review your plan with you and make appropriate changes.

**YOUR ADVOCATE WORKS FOR YOU!**



## SERVICES COVERED

**The Advocate Alternative covers the broadest array of home care services from advanced medical technology to routine personal care in a wide variety of settings.**

Benefits are paid on services identified in a plan of care prepared by your Advocate, including but not limited to: nursing care, therapy (physical, occupational, respiratory, and speech), companions, housekeeping, nutrition, social services, and respite care (a temporary caregiver relieving other care providers).

Services can be provided by any licensed or accredited home health care agency, in your home, or in community settings such as adult foster homes, adult day care centers, or assisted living facilities.

## QUALIFYING FOR BENEFITS

You qualify for benefits if you are unable to perform more than one activity of daily living, such as eating, bathing, toileting, mobility, or dressing. You can also qualify due to cognitive impairment, the need for assistance due to loss of mental capacity (Alzheimer's). Your condition will be assessed by your Advocate in a needs assessment.

- ▼ **NO requirement of medical necessity.**
- ▼ **NO prior hospitalization required.**
- ▼ **NO waiting period for pre-existing conditions – even those you have now are covered immediately.**



## YOUR PLAN AND HOW BENEFITS ARE PAID

You have the flexibility to choose a plan that best fits your needs.

- ▼ First day coverage or a 30, 60, or 90 day elimination period.
- ▼ Weekly maximum benefits of \$200, \$400, \$600, \$800, or \$1,000.
- ▼ Maximum benefit periods of 1 year, 2 years, 3 years, 5 years or unlimited lifetime coverage.

**Benefits are payable up to the weekly maximum amount you select.** Payment of benefits is based on the actual charges for services provided to you each week. Only those weeks in which you receive benefits are counted toward the maximum benefit period you select.

**Benefits are capped weekly rather than daily.** In this way, on those days when you need more extensive and expensive care, there is no daily restriction on the benefit payment.

**You are paid 100% of the eligible charges, up to your weekly maximum, after the elimination period is satisfied.** If you have first day coverage, you are paid 80% of the eligible charges from the very first day for the first 5 weeks, and 100% of eligible charges for the remainder of a period of care.

**A period of care starts when your Advocate begins the needs assessment and ends when you no longer need care.** Benefits are fully restored with each new period of care.



## ADDITIONAL BENEFIT OPTIONS

**Nursing Home Benefits:** The Advocate Alternative is there for you even if your condition deteriorates to the point where a nursing home is necessary. This option allows you to receive nursing home care in addition to or in place of home care. Benefits are paid for the remainder of your maximum benefit period up to 2 years (52 weeks on a 1 year plan).

**Inflation Protection:** You have two ways to keep pace with rising health care costs.

- ▼ **Automatic Inflation Option** – On each policy anniversary your weekly maximum benefit automatically increases by 5%, compounded annually, with no premium changes. Your benefits will increase each year over the life of your policy.
- ▼ **Flexible Inflation Option** – On each policy anniversary you can increase your weekly maximum benefit by 5%, compounded annually, with a 5% increase in your premium. You can turn it on or turn it off and control the increase of your benefits.

## IMPORTANT FEATURES

**Look Back Period:** There may be instances when services are provided before your Advocate begins the needs assessment. Benefits may be paid for care received up to 21 days prior to the needs assessment, subject to your elimination period.

**Alternate Care:** Benefits may be paid for services or equipment not specifically covered in your policy with recommendation of your Advocate and our prior approval.

**After Care:** Upon your recovery, or if you are no longer eligible to receive benefits, your Advocate will develop a plan with recommendations for continued care.

**Guaranteed Renewable:** You have the right to keep your coverage as long as your premiums are paid, even if your health should change.

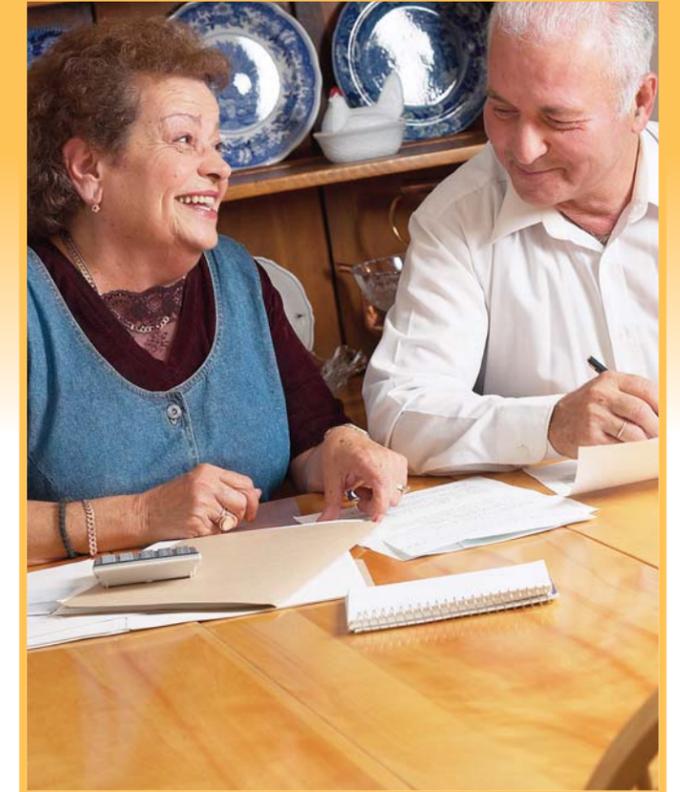
**No Premium Increase With Age:** Your premiums do not change because of your age or health. Premiums can change only if all policies like yours are changed in your state on a class basis.

**Alternate Payor:** You can select a person to receive a reminder notice in case you forget to pay your premium.

**15 Day Extension To Pay:** You are allowed an additional 15 days to pay your renewal premium after the 31 day grace period.

**Extended Reinstatement:** If your coverage expires because of cognitive impairment, your policy can be reinstated up to 6 months later with no evidence of insurability.

**30 Day Free Look:** You are entitled to a 30 day examination of your policy and a full refund, if you are not completely satisfied for any reason.



## LIMITATIONS AND EXCLUSIONS

This policy does not cover services or charges: which are not included in your plan of care; payable under Medicare or any Federal or state law or regulation (except Medicaid) unless an eligible charge is made which you must pay; outside the territorial limits of the United States or its possessions; due to alcohol or drug abuse; for prescription or nonprescription drugs; for room and board charges (unless you select nursing home benefits); and due to mental disease or disorders without demonstrable organic disease. *However, coverage is provided for organic brain disorders such as Alzheimer's disease or senile dementia.*

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Cover letter **12/19/2008**  
**Comments:**  
**Attachment:**  
Cover letter.pdf

**Review Status:**

**Satisfied -Name:** Approved policy **01/08/2009**  
**Comments:**  
**Attachment:**  
Form 820 approved policy.pdf



*Ambassadors Of Caring™*

November 25, 2008

Ms. Marie Bennett  
Arkansas Department of Insurance  
Life & Health Division  
1200 West 3<sup>rd</sup> Street  
Little Rock AR 72201-1904

RE: Equitable Life & Casualty Insurance Company  
NAIC #62952  
Form B 820 (08)

Dear Ms. Bennett;

We are submitting the above form as an invitation to inquire. This will be used at point of contact by the agent, will be left with the applicant, and has been designed to be mailed to consumers who request further information through the mail.

If you have any questions, please feel free to contact me at the email address or phone number listed below.

Sincerely,

Jana Peterson, FLMI, ACS, PCS, AIAA, AIRC  
Senior Compliance Specialist  
1-877-579-3782  
[Jana.Peterson@Equilife.com](mailto:Jana.Peterson@Equilife.com)

**Equitable**  
**Life & Casualty**  
INSURANCE COMPANY

**THIS POLICY PROVIDES BENEFITS FOR HOME CARE OR PERSONAL CARE SERVICES PROVIDED IN YOUR HOME OR COMMUNITY. THIS IS NOT A MEDICARE SUPPLEMENT POLICY. IF YOU ARE ELIGIBLE FOR MEDICARE, PLEASE REVIEW THE BUYERS GUIDE AVAILABLE FROM US.**

**The Advocate Alternative®** This policy is designed to provide benefits for medical or personal care services received by You in Your Home or in certain settings in the community. These services will be provided under a Plan of Care, a program designed by You and Your Advocate to provide for Your Home Care needs.

**Consideration** We insure You, named as the Insured on the Policy Schedule, and Your Spouse (if covered). We will pay benefits provided in this policy for losses described herein which begin while this policy is in force. All benefits are subject to the definitions, limitations and exclusions and all other provisions of this policy, including any endorsement which may be attached.

This policy is issued in consideration of the statements on Your application for coverage, a copy of which is attached and made a part of this policy, and the payment of the initial premium. This payment will keep this policy in force until the first renewal date. The initial premium and first renewal date are shown on the Policy Schedule. **Caution:** The issuance of this policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, We may have 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 Us at: 3 Triad Center, P.O. Box 2460, Salt Lake City, Utah 84110.

**Your Right to Examine This Policy** If for any reason You are not satisfied with this policy, You may return it to Us or the agent who sold it to You within 30 days after You receive it. We will refund any premium You paid and then You and We will be in the same position as if this policy was never issued.

**Alternate Payor** You have the right to select a person to receive a reminder of the renewal premium due if You have not paid it during the Grace Period. Your policy contains an additional 15 day Conservation Period, during which Your policy can be automatically renewed with Your premium payment. Your Alternate Payor, if selected, is shown on the Policy Schedule.

**Coverage for Pre-Existing Conditions** Benefits will be paid for all covered losses under this policy, even those caused by a sickness, injury or physical condition that existed before the Effective Date of this policy.

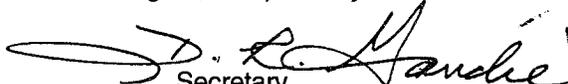
**Renewal Conditions** **THIS POLICY IS GUARANTEED RENEWABLE.** This means You have the right to continue this policy as long as You pay Your premium on time. We cannot change any of the terms of Your policy on Our own, except that in the future We may increase premiums.

We will not change the premium for this policy during Your first year of coverage. Thereafter, We may change the renewal premium for this policy only if We change them for all policies like Yours in Your state on a class basis. A class is determined by age, benefits and the year this policy is issued. You will be notified at least 31 days before any premium change.

**Notice to Buyer** This policy may not cover all of the costs associated with home health care incurred by You during the period of coverage. You are advised to review carefully all policy limitations.

**Effective Date** This policy begins at 12:01 a.m. at Your residence on the Effective Date shown on the Policy Schedule. It ends, subject to the Grace Period, at 12:01 a.m. on the date any renewal premium is due and not paid.

IN WITNESS WHEREOF, We have caused this policy to be signed by Our President and Secretary and countersigned by a duly Licensed Resident Agent, if required by law.

  
Secretary

**APPROVED**  
FEB 04 1994

  
Insurance Commissioner  
State of Arkansas Resident

Countersigned

Policy Clerk

**THE ADVOCATE ALTERNATIVE®**

*The Advocate Alternative®* is designed to help You receive a broad array of Home Care Services in Your own Home or other community settings. Your Advocate will design a comprehensive Plan of Care to provide You with services to help You maintain Your independence and dignity and avoid unnecessary stays in a Nursing Home.

**Your Advocate**

Your Advocate is a specially trained professional who will work with You and Your family to arrange Home Care Services should You need them. Your Advocate will coordinate the care You need from all the sources available to You, including family members, Medicare, state and local organizations and professional home health care providers.

***When You feel You need Home Care Services, call Us, toll free at 1-800-352-5130.***

We will arrange a personal interview between You and Your Advocate. Your Advocate will meet with You and, if You desire, Your doctor or family members to perform a Needs Assessment.

**Your Plan of Care**

To qualify for benefits, You must be unable to perform, without the assistance of another person, more than one of the five Activities of Daily Living defined in this policy or be Cognitively Impaired. Once this has been determined by Your Advocate, a personal Plan of Care will be designed for You to meet Your specific needs. The Plan of Care will describe Your medical and/or physical condition, including any functional or cognitive limitations. The Plan of Care will detail the types of services to be provided. With the help of Your Advocate, You will select the providers of Your Home Care Services.

**Your Benefits**

We will pay You the benefits shown on Your Policy Schedule for Home Care Services You receive under Your Plan of Care. During a Period of Care, We will pay You the percentage of Eligible Charges shown on Your Policy Schedule for the first 5 Weeks following the Elimination Period, if any. After benefits have been paid for 5 consecutive Weeks, We will pay You the percentage of Eligible Charges shown on Your Policy Schedule for the remainder of the Period of Care.

A Period of Care begins the day You receive Your Needs Assessment, or the first day You receive services during Your Look Back Period, whichever is earlier. It ends with the last day a Home Care Service is provided to You. There is no limit to the number of Periods of Care for which benefits are payable under Your Policy.

Eligible Charges are subject to the Weekly Maximum shown on Your Policy Schedule. Benefits are payable only for Home Care Services included in Your Plan of Care.

Benefits are subject to the Maximum Benefit Period shown on Your Policy Schedule. Only those Weeks in which You receive Home Care Services under Your Plan of Care and during Your Look Back Period will count toward Your Maximum Benefit Period.

**Look Back Period**

If You receive Home Care Services before a Plan of Care is developed, and You qualify for benefits upon a Needs Assessment, We will pay benefits for Home Care Services provided to You during the 21 days prior to Your Needs Assessment, subject to Your Elimination Period, if any.

**Respite Care**

We will pay benefits to You for Home Care Services provided under Your Plan of Care while an unpaid, informal caregiver is temporarily relieved from providing services to You.

**POLICY SCHEDULE**

Plan: 820.00  
Insured: John Doe Policy Number: 0000001  
Spouse: (not covered) Effective Date: 12/01/93  
Initial Premium: \$XXX.XX First Renewal Date: 01/01/94  
Endorsements: NONE Premium: \$XXX.XX  
Alternate Payor: Johnny Doe  
1234 Anywhere St.  
St Francis, MO 65001

**Renewal Premiums**

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

**Benefits**

Elimination Period ..... 0 Days  
Maximum Eligible Charges ..... \$1,000 Per Week  
Benefits Payable:  
    For the First 5 Weeks ..... 80% of Eligible Charges  
    After the First 5 Weeks ..... 100% of Eligible Charges  
Maximum Benefit Period ..... Unlimited  
Inflation Protection ..... None Selected

## POLICY SCHEDULE

Plan: 820.00

Insured: John Doe Policy Number: 0000001

Spouse: (not covered) Effective Date: 12/01/93

Initial Premium: \$XXX.XX First Renewal Date: 01/01/94

Endorsements: NONE Premium: \$XXX.XX

Alternate Payor: Johnny Doe  
1234 Anywhere St.  
St Francis, MO 65001

### Renewal Premiums

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

### Benefits

Elimination Period ..... 0 Days

Maximum Eligible Charges ..... \$1,000 Per Week

Benefits Payable:

For the First 5 Weeks ..... 80% of Eligible Charges

After the First 5 Weeks ..... 100% of Eligible Charges

Maximum Benefit Period ..... Unlimited

Inflation Protection ..... Automatic Option

#### Automatic Inflation Option

Your Weekly Maximum, as shown on above, will automatically increase each year on Your policy anniversary by 5% of the previous year's Maximum, compounded annually. Your premium does not increase with the automatic increase of Your benefits.

## POLICY SCHEDULE

Plan:	820.00		
Insured:	John Doe	Policy Number:	0000001
Spouse:	(not covered)	Effective Date:	12/01/93
Initial Premium:	\$XXX.XX	First Renewal Date:	01/01/94
Endorsements:	NONE	Premium:	\$XXX.XX
Alternate Payor:	Johnny Doe 1234 Anywhere St. St Francis, MO 65001		

### Renewal Premiums

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

### Benefits

Elimination Period ..... 0 Days

Maximum Eligible Charges ..... \$1,000 Per Week

Benefits Payable:

For the First 5 Weeks ..... 80% of Eligible Charges

After the First 5 Weeks ..... 100% of Eligible Charges

Maximum Benefit Period ..... Unlimited

Inflation Protection ..... Flexible Option

#### **Flexible Inflation Option**

You have the right to increase Your Weekly Maximum each year on the anniversary of Your policy in an amount equal to 5% of the previous year's maximum, compounded annually. Each time You increase Your Weekly Maximum, Your premium will increase by 5% of Your previous premium. In any year You wish to stop this option, notify Us at the time Your additional premium is due.

## POLICY SCHEDULE

Plan:	820.00		
Insured:	John Doe	Policy Number:	0000001
Spouse:	(not covered)	Effective Date:	12/01/93
Initial Premium:	\$XXX.XX	First Renewal Date:	01/01/94
Endorsements:	NONE	Premium:	\$XXX.XX
Alternate Payor:	Johnny Doe 1234 Anywhere St. St Francis, MO 65001		

### Renewal Premiums

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

### Benefits

Elimination Period ..... 30 Days

Maximum Eligible Charges ..... \$1,000 Per Week

Benefits Payable:

For the First 5 Weeks ..... 100% of Eligible Charges

After the First 5 Weeks ..... 100% of Eligible Charges

Maximum Benefit Period ..... Unlimited

Inflation Protection ..... Automatic Option

**Automatic  
Inflation  
Option**

Your Weekly Maximum, as shown on above, will automatically increase each year on Your policy anniversary by 5% of the previous year's Maximum, compounded annually. Your premium does not increase with the automatic increase of Your benefits.

## POLICY SCHEDULE

Plan:	820.00		
Insured:	John Doe	Policy Number:	0000001
Spouse:	(not covered)	Effective Date:	12/01/93
Initial Premium:	\$XXX.XX	First Renewal Date:	01/01/94
Endorsements:	NONE	Premium:	\$XXX.XX
Alternate Payor:	Johnny Doe 1234 Anywhere St. St Francis, MO 65001		

### Renewal Premiums

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

### Benefits

Elimination Period ..... 60 Days

Maximum Eligible Charges ..... \$1,000 Per Week

Benefits Payable:

For the First 5 Weeks ..... 100% of Eligible Charges

After the First 5 Weeks ..... 100% of Eligible Charges

Maximum Benefit Period ..... Unlimited

Inflation Protection ..... Flexible Option

**Flexible  
Inflation  
Option**

You have the right to increase Your Weekly Maximum each year on the anniversary of Your policy in an amount equal to 5% of the previous year's maximum, compounded annually. Each time You increase Your Weekly Maximum, Your premium will increase by 5% of Your previous premium. In any year You wish to stop this option, notify Us at the time Your additional premium is due.

**POLICY SCHEDULE**

Plan: 820.00  
Insured: John Doe Policy Number: 0000001  
Spouse: (not covered) Effective Date: 12/01/93  
Initial Premium: \$XXX.XX First Renewal Date: 01/01/94  
Endorsements: NONE Premium: \$XXX.XX  
Alternate Payor: Johnny Doe  
1234 Anywhere St.  
St Francis, MO 65001

**Renewal Premiums**

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

**Benefits**

Elimination Period ..... 90 Days  
Maximum Eligible Charges ..... \$1,000 Per Week  
Benefits Payable:  
For the First 5 Weeks ..... 100% of Eligible Charges  
After the First 5 Weeks ..... 100% of Eligible Charges  
Maximum Benefit Period ..... Unlimited  
Inflation Protection ..... None Selected

## POLICY SCHEDULE



Plan:	820.00	Policy Number:	0000001
Insured:	John Doe	Effective Date:	12/01/93
Spouse:	(not covered)	First Renewal Date:	01/01/94
Initial Premium:	\$XXX.XX	Premium:	\$XXX.XX
Endorsements:	NONE		
Alternate Payor:	Johnny Doe 1234 Anywhere St. St Francis, MO 65001		

### Renewal Premiums

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

### Benefits

Elimination Period ..... 90 Days

Maximum Eligible Charges ..... \$1,000 Per Week

Benefits Payable:

For the First 5 Weeks ..... 100% of Eligible Charges

After the First 5 Weeks ..... 100% of Eligible Charges

Maximum Benefit Period ..... Unlimited

Inflation Protection ..... Automatic Option

SPECIMEN

**Automatic  
Inflation  
Option**

Your Weekly Maximum, as shown on above, will automatically increase each year on Your policy anniversary by 5% of the previous year's Maximum, compounded annually. Your premium does not increase with the automatic increase of Your benefits.



## POLICY SCHEDULE



Plan:	820.00		
Insured:	John Doe	Policy Number:	0000001
Spouse:	(not covered)	Effective Date:	12/01/93
Initial Premium:	\$XXX.XX	First Renewal Date:	01/01/94
Endorsements:	NONE	Premium:	\$XXX.XX
Alternate Payor:	Johnny Doe 1234 Anywhere St. St Francis, MO 65001		

### Renewal Premiums

Annual	Semi-Annual	Quarterly	Monthly Bank Draft
\$X,XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

### Benefits

Elimination Period ..... 90 Days

Maximum Eligible Charges ..... \$1,000 Per Week

Benefits Payable:

For the First 5 Weeks ..... 100% of Eligible Charges

After the First 5 Weeks ..... 100% of Eligible Charges

Maximum Benefit Period ..... Unlimited

Inflation Protection ..... Flexible Option

SPECIMEN

#### **Flexible Inflation Option**

You have the right to increase Your Weekly Maximum each year on the anniversary of Your policy in an amount equal to 5% of the previous year's maximum, compounded annually. Each time You increase Your Weekly Maximum, Your premium will increase by 5% of Your previous premium. In any year You wish to stop this option, notify Us at the time Your additional premium is due.



## HOW THE ADVOCATE ALTERNATIVE® WORKS

### Needs Assessment

Upon Your request for an assessment of Home Care needs, Your Advocate will perform a Needs Assessment. Through a personal interview with You, Your Advocate will conduct a detailed assessment of Your medical condition, functional abilities and deficiencies and cognitive status. Your Advocate will work with You and, upon your request, Your doctor, to make this determination.

### Development of Your Plan of Care

Once it has been determined that You are eligible for benefits, You and Your Advocate will develop a Plan of Care. Your Plan of Care will be a comprehensive program designed to provide Home Care Services from providers You select. Your Advocate will work with You, Your family and doctor, if you desire, to determine the services You need. Your Plan of Care may also involve family members and loved ones who may provide informal voluntary care to You. After You and Your Advocate agree the Plan of Care is appropriate for You, Your Advocate will arrange for the services You need.

Your Plan of Care may include any combination of Home Care Services or Personal Care Services provided within the following facilities or by the following providers:

#### Facilities

- Your Home
- Adult Day Care Centers
- Adult Foster Homes
- Assisted Living Facilities

#### Providers

- Home Health Aides and Homemakers
- Nutritionists and Social Workers
- Home Health Care Agencies
- Nurses (RN & LPN)
- Therapists (Occupational, Speech, Physical)
- Companion Services
- Home Hospice Services

Your Advocate may also coordinate care with specialized services offered to You in Your community for which benefits are not payable under this policy, such as Meals on Wheels or Senior Center Programs.

### Implementation of Your Plan of Care

Upon Your agreement with the Plan of Care, Your Advocate will make arrangements for services to be provided to You from providers You select. Your Advocate can intervene on Your behalf should You have any questions about services under Your Plan of Care or the providers of those services.

### Periodic Review of Your Plan of Care

Your Advocate will periodically review Your Plan of Care as necessary to reevaluate Your needs and the services being provided to You. Your Advocate may perform additional assessments and revise Your Plan of Care with recommended changes in Home Care Services or providers. Upon Your agreement to any changes in the Plan of Care, Your Advocate will arrange for services to be provided to You.

### Alternate Care Services

We may agree to pay benefits for services or equipment not specifically covered by this policy. Your Advocate may recommend services or equipment which are either in lieu of services covered in this policy which are not available to You or are a cost effective alternative appropriate for Your needs. Our approval of Alternate Care Services is required before benefits are payable.

**APPROVED**  
FEB 04 1994

Insurance Commissioner  
State of Arkansas

### ADDITIONAL BENEFITS

<b>After Care Plan</b>	If You are no longer receiving benefits, Your Advocate will develop an After Care Plan for You at Your request. You must make this request within 45 days after either Your Plan of Care ends or maximum benefits have been paid. Your Advocate will prepare one After Care Plan for You each Period of Care. Your After Care Plan is a Plan of Care for which no benefits are payable.
<b>Coverage for Organic Brain Disorders</b>	This policy provides coverage for organic brain disorders, including Alzheimer's disease and senile dementia.
<b>Restoration of Benefits</b>	When You qualify for a new Period of Care Your Maximum Benefit Period will be fully restored. This policy contains unlimited lifetime benefits.
<b>Refund of Premium at Death</b>	We will refund that part of any premium paid for an insured person which covers a period beyond the end of the policy month of that person's death.

### ELIGIBILITY FOR COVERAGE

<b>Addition of Spouse</b>	Your Spouse may be added to this policy. You must make written application for Your Spouse and furnish evidence of eligibility and insurability to Us. You must also pay any required additional premium for Your Spouse. We will replace Your existing policy with a new policy containing the coverage issued to You and Your Spouse. Your policy will show the acceptance of Your Spouse and the Effective Date of coverage for Your Spouse.
<b>Coverage for Divorced Spouse</b>	If Your Spouse is covered under this policy, upon divorce, dissolution of marriage, annulment or legal separation such Spouse will be entitled to have a new policy issued to her/him without evidence of insurability, and upon notification to Us. The new policy will provide the coverage currently being issued by Us which is most nearly similar to the coverage under this policy. Any and all probationary or waiting periods in the new Policy shall be considered as being met to the extent coverage was in force under this Policy.

### LIMITATIONS AND EXCLUSIONS

This policy does not cover:

- a) Services not included in Your Plan of Care;
- b) Prescription or nonprescription drugs and room and board charges;
- c) Services payable under Medicare and any Federal or State law or regulation (except Medicaid) unless an Eligible Charge is made which You must pay;
- d) Services incurred outside the territorial limits of the United States or its possessions;
- e) Services incurred due to alcohol or drug abuse; or
- f) Services incurred due to mental disease or disorder without demonstrable organic disease such as: neurosis, psychoneurosis, psychopathy or psychosis. However, coverage is provided for organic brain disorders such as senile dementia and Alzheimer's disease.

## DEFINITIONS

In this policy the words "You and Your" refer to the insured named on the Policy Schedule (page 3) and Your Spouse, if covered. The words "We, Us and Our" refer to Equitable Life & Casualty Insurance Company. The following alphabetical list of definitions tell You the meaning of specific words or phrases used in Your policy. For Your convenience We have capitalized those words or phrases in Your policy.

### **Activities of Daily Living**

For the purpose of benefit determination the 5 Activities of Daily Living are:

- 1) Eating - - - to maintain an adequate intake of food or fluids for Your dietary needs or to take prescription medicines;
- 2) Dressing - - - to be able to dress, select appropriate clothing, tie shoes, fasten buttons or attach a prosthetic device;
- 3) Personal Hygiene - - - to be able to bathe or wash, including care for wounds or sores;
- 4) Mobility - - - to be able to get in or out of, or change positions in, a chair, bed, wheelchair or other stationary position, or the ability to walk or transfer from place to place; and
- 5) Bowel or Bladder Control - - - the ability to control bowel or bladder functions, or both, or the ability to clean up or perform external care of a catheter or appliance.

### **Adult Day Care**

Means a program for 6 or more individuals conducted in a place licensed by the state as an Adult Day Care facility to provide social and health care services to disabled or elderly persons in a community setting.

### **Adult Foster Home**

Means a place licensed by the state as an Adult Foster Home in which health or personal care services are provided for adults who are not related to the provider by blood or marriage.

### **Assisted Living Facility**

Means a place licensed in Your state as an Assisted Living Facility to provide assisted living services, and operates under that license according to law.

### **Cognitive Impairment**

Means the deterioration or loss of Your intellectual or mental capacity resulting in Your need for continual assistance or supervision by another person to properly care for Yourself, as determined by clinical tests and evidence.

### **Companion Services**

Means those services which may include, but are not limited to, supervision and limited physical assistance. Providers of Companion Services must be individuals trained to work with physically or cognitively impaired persons and not related to You by blood or marriage.

### **Eligible Charges**

Means those expenses which You incur and are obligated to pay as a recipient of Home Care Services included in Your Plan of Care. Eligible Charges are limited to the Weekly Maximum shown on Your Policy Schedule and must be consistent with charges for identical or similar services provided to all persons served.

### **Elimination Period**

Means the number of days required in each Period of Care before benefits are payable. The Elimination Period You select is shown on Your Policy Schedule. You must receive a Home Care Service once each Week during Your Elimination Period in order for it to be satisfied.

### **Home**

Means Your principal place of residence or permanent living quarters. A Home is not a hospital or a Nursing Home.

### **Home Care Provider**

Means a person, organization or agency licensed by Your state to provide Home Care Services and operates under that license according to law and is not related to You by blood or marriage.

### **Home Care Services**

Means any medical or personal care service You receive from a Home Care Provider, including but not limited to nursing care; physical therapy; occupational therapy; speech therapy; medical-social services; homemaker services; nutritionist services; and hospice care.

### **Maximum Benefit Period**

Means the maximum number of Weeks for which We will pay benefits for services received during a Period of Care as shown on Your Policy Schedule. Only those Weeks in which You receive Home Care Services under Your Plan of Care will count toward Your Maximum Benefit Period.

**DEFINITIONS (continued)**

<b>Nursing Home</b>	Means a place which is a separate facility or distinct part of another health care facility which is licensed as a nursing home (if licensing is required), is operated pursuant to law and provides continuous accommodations to persons who may require either daily nursing care or are unable to properly care for themselves by reason of age, sickness, injury, disease or physical or mental infirmity. A Nursing Home does not include the following facilities; a) a hospital; b) a place that primarily treats persons for mental illness or substance abuse; and c) a home for the aged, rest home, community living center, or place that primarily provides domiciliary, resident, retirement or educational care.
<b>Personal Care</b>	Means the provision of hands-on services to assist You with Activities of Daily Living.
<b>Period of Care</b>	A Period of Care begins the day You receive Your Needs Assessment, or the first day You receive services during Your Look Back Period, whichever is earlier. It ends with the last day a Home Care Service is provided to You (or upon Your discharge from a Nursing Home, if Nursing Home benefits are included in Your policy by endorsement). Each Period of Care not separated by 180 days during which You do not need Home Care Services, are not Physically Impaired or Cognitively Impaired and are not confined to a Nursing Home will be considered the same Period of Care. There is no limit to the number of Periods of Care for which benefits are payable under Your policy.
<b>Physically Impaired</b>	Means the deterioration or loss of Your functional ability resulting in Your need for assistance or supervision by another person with Activities of Daily Living.
<b>Plan of Care</b>	Means a written document prepared by Your Advocate that includes those Home Care Services to be provided for You.
<b>Week</b>	Means that period of time beginning on Sunday and ending the following Saturday.

**IMPORTANT CONTRACT PROVISIONS**

<b>Control of Policy</b>	In the event of Your death Your Spouse, if covered, shall have the right to continue this policy.
<b>Grace Period</b>	This Policy has a 31-day Grace Period. This means if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period this Policy will stay in force.
<b>Conservation Period</b>	You have an additional 15 days beyond the Grace Period to pay Your premium. During this 15 day extension, this policy is not in force unless Your premium is paid within this period. This policy will then be renewed with no lapse in coverage.
<b>Reinstatement</b>	<p>If the renewal premium is not paid before the Grace Period ends, this policy will lapse. Later acceptance of premium by Us (or by an agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy. If We or Our agent require an application You will be given a conditional receipt for the premium. If the application is approved, this policy will be reinstated as of the approval date. Lacking such approval, this policy will be reinstated on the 45th day (30th day in New Mexico) after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.</p> <p>The reinstated policy will only cover a loss that results from an injury sustained after the date of reinstatement, or sickness that begins more than 10 days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated policy. Any premium accepted with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.</p> <p>If this policy has lapsed due to the Cognitive Impairment of the Insured, We will reinstate this policy upon receiving proof of such impairment within 6 months of the date of lapse. All past due premium must be paid in order to reinstate this policy.</p>

## IMPORTANT CONTRACT PROVISIONS (continued)

<b>Extension of Benefits</b>	Termination of coverage shall be without prejudice to any benefits payable for losses covered by this policy while this policy is in force and continue without interruption after termination. Benefits are payable for no longer than the Maximum Benefit Period and are subject to all other applicable provisions of this policy.
<b>Notice of Claim</b>	Written notice of claim must be given to Us within 6 months after a covered loss begins or as soon as possible. The notice can be given to Us at Our Home Office, at the address shown in this policy or to Our agents. The notice should include Your name and the number of this policy.
<b>Claim Forms</b>	When We receive notice of claim, We will send You forms for filing Proof of Loss. If these forms are not given to You within 15 days, You can meet this requirement by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proofs of Loss provision.
<b>Proofs of Loss</b>	Written Proof of Loss must be given to Us within 90 days (6 months in Montana) after We send You the claim forms. If it was not reasonably possible for You to give us proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally incapacitated.
<b>Timely Payment of Claims</b>	Benefits payable under this policy will be paid promptly after We receive written Proof of Loss.
<b>Payment of Claims</b>	All benefits will be paid to You, or Your assignee. Any benefits unpaid at Your death may be paid to Your estate.
<b>Physical Examination</b>	We, at Our own expense, have the right to have You examined when and as often as reasonably necessary while a claim is pending.
<b>Unpaid Premium</b>	When a claim is paid, We may deduct any premium due and unpaid from the claim payment.
<b>Misstatement of Age</b>	If Your age (or Your Spouse's age) at the time Your policy was issued was misstated, We will pay only such amounts as the premium paid would have purchased at the correct age. In the event an age is overstated, We will refund any premium that may be due when We have been notified of this fact. Our liability will be limited to the refund of the premium paid if according to the correct age this policy would not have become effective for any reason.
<b>Other Insurance With Us</b>	You can be insured under only one policy in the policy Form 820 series with Us. If, through error, You are insured under any other policy in the policy Form 820 series, only the policy You choose will remain effective. We will refund the premium on the policy You choose to cancel for the period of duplicate coverage.
<b>Legal Action</b>	No legal action may be brought to recover on this policy within 60 days after written Proof of Loss has been given as required by this policy. No action may be brought after 3 years (5 years in Mississippi, 6 years in South Carolina) after the time written Proof of Loss is required to be given.
<b>Time Limit on Certain Defenses</b>	No statements, except those fraudulently made on Your application for this policy, if attached hereto shall be used to void this policy after 2 years (6 months in North Dakota) from the Effective Date.
<b>Conformity With State Laws</b>	Any provision of this policy which, on its Effective Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of those laws.
<b>Entire Contract; Changes</b>	This policy, with its endorsements and any attached papers, is the entire contract between You and Us. No change in this policy will be effective until it is approved by one of Our officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

## THE ADVOCATE ALTERNATIVE®

### YOUR POLICY IS VALUABLE --- KEEP IT IN A SAFE PLACE

**Your Policy is valuable.** Please keep it in a safe place. If You are asked to replace it with a new policy, You should discuss the reasons for such a change with Your Equitable agent; or call one of our Policyowner Specialists at 1-800-352-5170.

**Remember, with *The Advocate Alternative*®, help is just a phone call away. When You feel You may need Home Care Services, contact our Specialty Unit, toll free, at 1-800-352-5130.**

If You have any questions about Your policy please write to us and we will be happy to help You; or call us, at 1-800-352-5150.

**Equitable Life & Casualty Insurance Company  
3 Triad Center, Suite 200  
P.O. Box 2460  
Salt Lake City, Utah 84110**

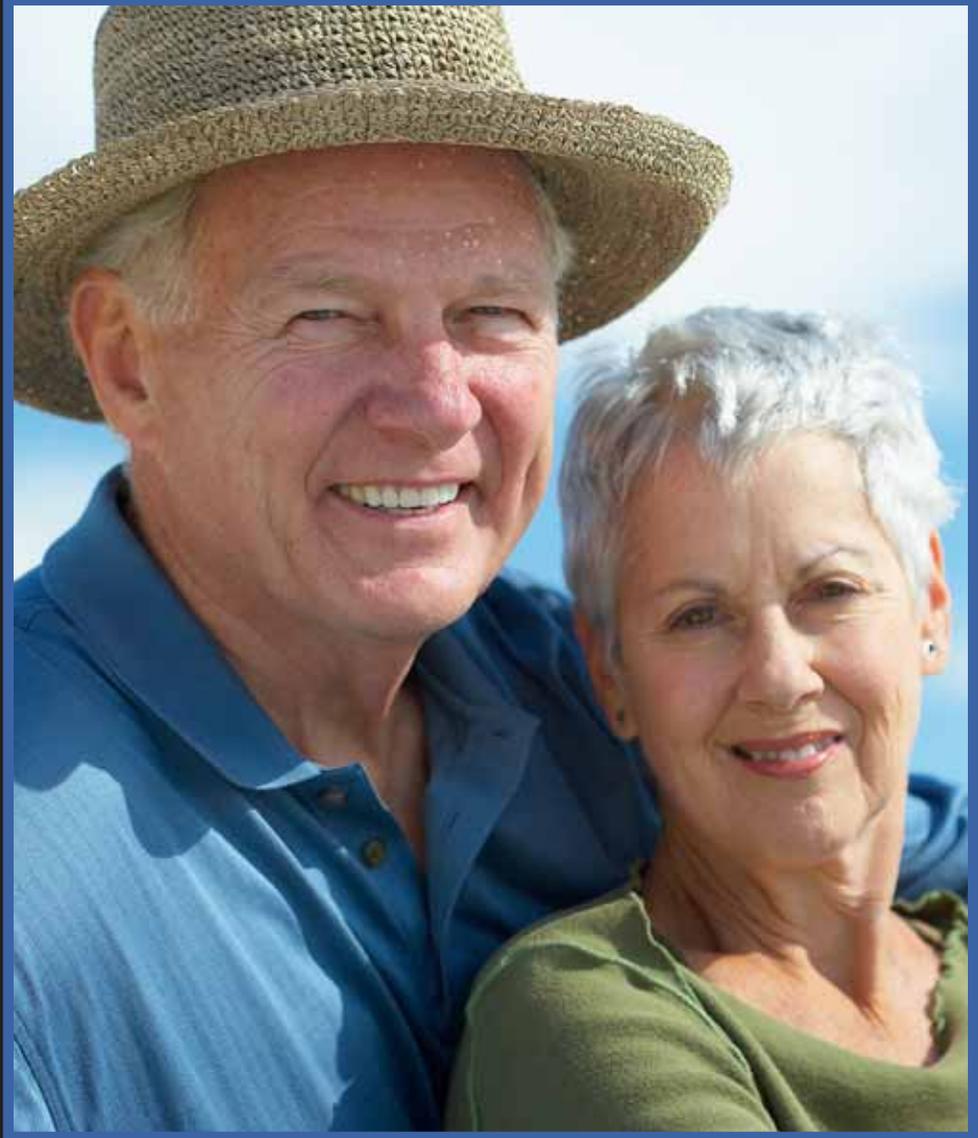
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# The Advocate

— ALTERNATIVE



**Affordable Protection Designed  
To Keep You At Home**



**Equitable & You**

*... Committed To Caring*

**T**he prospect of dealing with long term health care can be complex and frightening for you and your family, with the potential of financial ruin.

Equitable is pleased to present to you The Alternative:

# The Advocate

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## ALTERNATIVE

### **GIVEN A CHOICE, MOST PEOPLE WANT TO BE CARED FOR AT HOME**

**The Advocate Alternative provides you the coverage you need to receive effective long term care right in your own home, among family and friends.**

You can stay at home and be treated for chronic, debilitating conditions such as arthritis, mental impairments like Alzheimer's, or shorter-term acute conditions like a hip fracture, stroke, or heart attack.

The Advocate Alternative allows you to place your worries in the hands of a professional, an Advocate. Your Advocate knows what services you need and how to get them for you.

With your Advocate you have security and peace of mind, knowing that someone is always there for you and your family with one thought in mind – to keep you at home.

A nursing home is not the place most people prefer to be cared for. Medicare provides only limited recovery benefits and Medicaid requires you to spend down your assets in order to qualify. Today, no government program exists for comprehensive long term care at home. And you cannot rely on a promise of one in the future.

**For all these reasons, you need to protect yourself, your family, and all that you have worked for.**



**NOW YOU HAVE A REAL CHOICE – THE ADVOCATE ALTERNATIVE!**



## SERVICES COVERED

**The Advocate Alternative covers the broadest array of home care services from advanced medical technology to routine personal care in a wide variety of settings.**

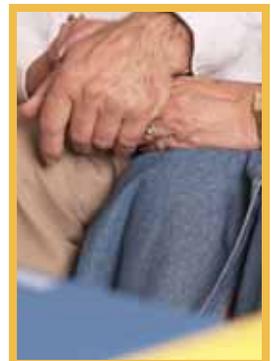
Benefits are paid on services identified in a plan of care prepared by your Advocate, including but not limited to: nursing care, therapy (physical, occupational, respiratory, and speech), companions, housekeeping, nutrition, social services, and respite care (a temporary caregiver relieving other care providers).

Services can be provided by any licensed or accredited home health care agency, in your home, or in community settings such as adult foster homes, adult day care centers, or assisted living facilities.

## QUALIFYING FOR BENEFITS

You qualify for benefits if you are unable to perform more than one activity of daily living, such as eating, bathing, toileting, mobility, or dressing. You can also qualify due to cognitive impairment, the need for assistance due to loss of mental capacity (Alzheimer's). Your condition will be assessed by your Advocate in a needs assessment.

- ▼ **NO requirement of medical necessity.**
- ▼ **NO prior hospitalization required.**
- ▼ **NO waiting period for pre-existing conditions – even those you have now are covered immediately.**



## YOUR PLAN AND HOW BENEFITS ARE PAID

You have the flexibility to choose a plan that best fits your needs.

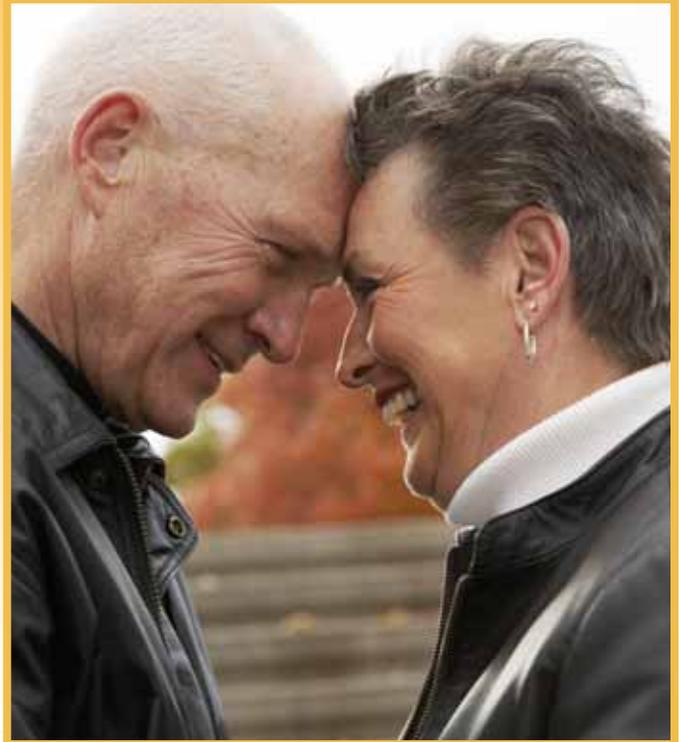
- ▼ First day coverage or a 30, 60, or 90 day elimination period.
- ▼ Weekly maximum benefits of \$200, \$400, \$600, \$800, or \$1,000.
- ▼ Maximum benefit periods of 1 year, 2 years, 3 years, 5 years or unlimited lifetime coverage.

**Benefits are payable up to the weekly maximum amount you select.** Payment of benefits is based on the actual charges for services provided to you each week. Only those weeks in which you receive benefits are counted toward the maximum benefit period you select.

**Benefits are capped weekly rather than daily.** In this way, on those days when you need more extensive and expensive care, there is no daily restriction on the benefit payment.

**You are paid 100% of the eligible charges, up to your weekly maximum, after the elimination period is satisfied.** If you have first day coverage, you are paid 80% of the eligible charges from the very first day for the first 5 weeks, and 100% of eligible charges for the remainder of a period of care.

**A period of care starts when your Advocate begins the needs assessment and ends when you no longer need care.** Benefits are fully restored with each new period of care.



## ADDITIONAL BENEFIT OPTIONS

**Nursing Home Benefits:** The Advocate Alternative is there for you even if your condition deteriorates to the point where a nursing home is necessary. This option allows you to receive nursing home care in addition to or in place of home care. Benefits are paid for the remainder of your maximum benefit period up to 2 years (52 weeks on a 1 year plan).

**Inflation Protection:** You have two ways to keep pace with rising health care costs.

- ▼ **Automatic Inflation Option** – On each policy anniversary your weekly maximum benefit automatically increases by 5%, compounded annually, with no premium changes. Your benefits will increase each year over the life of your policy.
- ▼ **Flexible Inflation Option** – On each policy anniversary you can increase your weekly maximum benefit by 5%, compounded annually, with a 5% increase in your premium. You can turn it on or turn it off and control the increase of your benefits.

## IMPORTANT FEATURES

**Look Back Period:** There may be instances when services are provided before your Advocate begins the needs assessment. Benefits may be paid for care received up to 21 days prior to the needs assessment, subject to your elimination period.

**Alternate Care:** Benefits may be paid for services or equipment not specifically covered in your policy with recommendation of your Advocate and our prior approval.

**After Care:** Upon your recovery, or if you are no longer eligible to receive benefits, your Advocate will develop a plan with recommendations for continued care.

**Guaranteed Renewable:** You have the right to keep your coverage as long as your premiums are paid, even if your health should change.

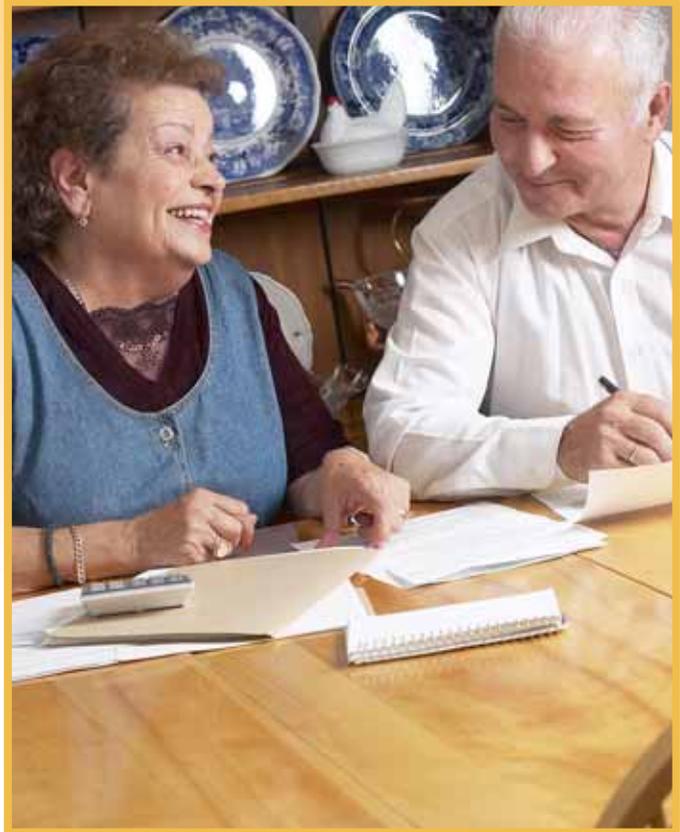
**No Premium Increase With Age:** Your premiums do not change because of your age or health. Premiums can change only if all policies like yours are changed in your state on a class basis.

**Alternate Payor:** You can select a person to receive a reminder notice in case you forget to pay your premium.

**15 Day Extension To Pay:** You are allowed an additional 15 days to pay your renewal premium after the 31 day grace period.

**Extended Reinstatement:** If your coverage expires because of cognitive impairment, your policy can be reinstated up to 6 months later with no evidence of insurability.

**30 Day Free Look:** You are entitled to a 30 day examination of your policy and a full refund, if you are not completely satisfied for any reason.



## LIMITATIONS AND EXCLUSIONS

This policy does not cover services or charges which are not included in your plan of care; payable under Medicare or any Federal or state law or regulation (except Medicaid) unless an eligible charge is made which you must pay; outside the territorial limits of the United States or its possessions; due to alcohol or drug abuse; for prescription or nonprescription drugs; for room and board charges (unless you select nursing home benefits); and due to mental disease or disorders without demonstrable organic disease. *However, coverage is provided for organic brain disorders such as Alzheimer's disease or senile dementia.*

# The Advocate

— ALTERNATIVE



## **YOUR ADVOCATE – AN INNOVATIVE, UNIQUE BENEFIT AT NO ADDITIONAL COST**

**Equitable provides you an objective, independent third party to effectively represent your best interest: your ADVOCATE.**

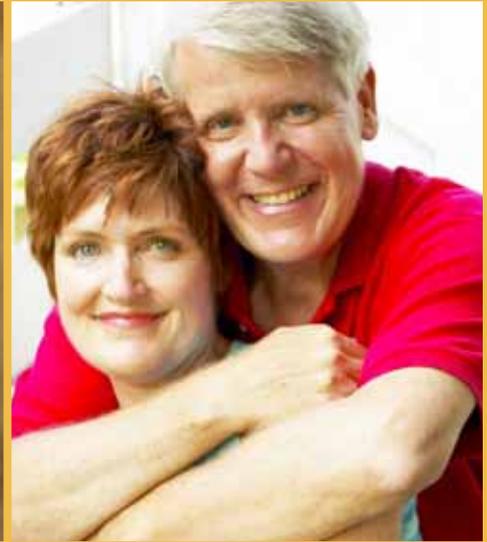
Your Advocate is specially trained and qualified to identify your home care needs, coordinate your services with care providers, and adjust the care you need when your circumstances change. Your Advocate is there for you, to handle all the details, to ease the burden on you, your family and loved ones, when facing these emotionally crucial times.

### **Your Advocate performs these vital functions for you:**

- ▼ Informs you and your family about public and private service alternatives available right in your own community.
- ▼ Assesses your health care needs and defines your care requirements.
- ▼ Develops a plan of care with you using services appropriate and available for you.
- ▼ Presents the plan of care to you for approval and your selection of service providers.
- ▼ Implements your plan and coordinates all your home care services.
- ▼ Monitors your care for quality and effectiveness.

**Periodic reviews of your plan of care by your Advocate assure you are getting the care you need.** Should changes occur in your health or in your living arrangements, your Advocate will review your plan with you and make appropriate changes.

**YOUR ADVOCATE WORKS FOR YOU!**



Since 1935, Equitable Life & Casualty has been committed to offering only the highest quality health insurance products and customer services to our policyowners. We constantly strive to enhance our recognized position of leadership in health care protection for older Americans.

From the early 1970s Equitable has been an industry leader in responding to the increasing consumer demand for better, more comprehensive long term care insurance coverage. In keeping with our tradition of leadership and our reputation of caring for our customers, Equitable is proud to present a sensible response to America's long term care dilemma.

The Advocate Alternative represents what people like you have told us they want most: affordable protection for quality, comprehensive long term care – *at home*.

### **The Advocate Alternative ... Because We Care!**

*This brochure contains a summary of The Advocate Alternative policy. It is a general overview. Policy features, benefits and provisions may vary from state to state. Review your policy carefully. Neither Equitable Life & Casualty nor its agents are connected with Medicare.*

#### RECEIPT

**Please Note:** All premium checks must be made payable to **Equitable Life & Casualty Insurance Company**. Do *not* make checks payable to the insurance Agent or leave the payee line blank.

Received from \_\_\_\_\_

the sum of \$ \_\_\_\_\_ for \_\_\_\_\_

months premium, with application for **The Advocate Alternative**.

It is understood that we medically underwrite and that the insurance you applied for will not be in force until the policy is issued. No liability is created or assumed by us until the policy has been issued.

If your application is not approved, Equitable will refund your money.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**E**quitable is proud to be the title sponsor of *Profiles In Caring*, a TV program that brings the world of caring into America's living rooms. Thanks to the tireless efforts of good people doing good things as featured on *Profiles In Caring*, the world is a better



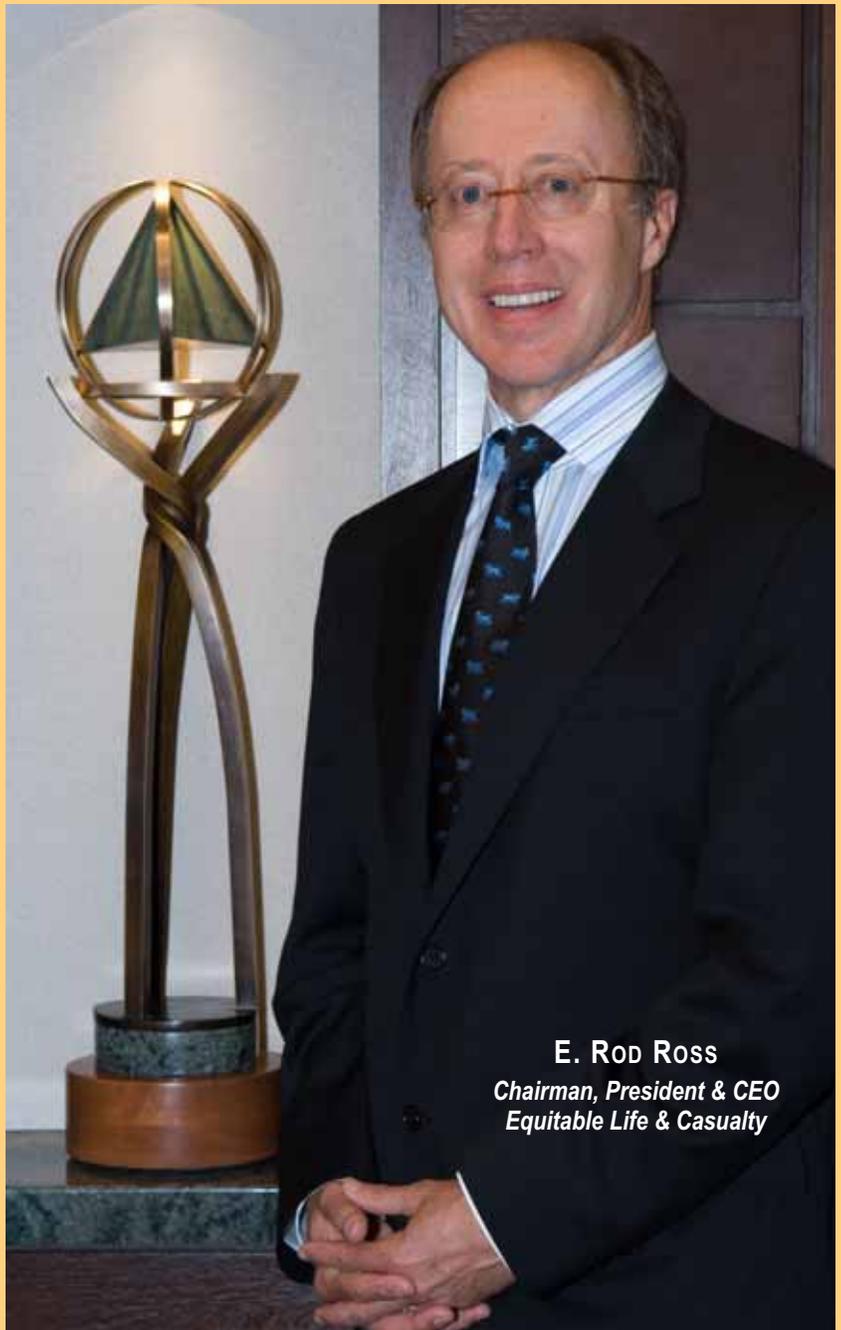
place. *Profiles In Caring* is a national television program that highlights

the works of outstanding individuals and nonprofit organizations based in the United States.

Working with *Profiles In Caring*, Equitable Life & Casualty is able to tell the stories of caring, everyday heroes to television viewers across the country.

*Profiles In Caring* and Equitable know that the spirit of caring is alive and well around the world . . . from your home city to the most remote villages. Equitable celebrates the remarkable projects showcased on *Profiles In Caring* and the compassionate people who make them all happen.

For more information, please go to [www.profilesincaring.org](http://www.profilesincaring.org) or call toll-free 1-866-937-5820.



**E. Rod Ross**  
Chairman, President & CEO  
Equitable Life & Casualty



**Equitable & You**

*... Committed To Caring*

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