Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: GR-N620 Series
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form/Rate

SERFF Tr Num: BNLA-126074267
SERFF Status: Closed
Co Tr Num: GR-N620
Co Status:

Authors: Thomas Kimble, Dan Murphy, Dave Dennie
Date Submitted: 04/03/2009

State: ArkansasLH
State Tr Num: 42047
State Status: Approved-Closed
Reviewer(s): Marie Bennett, Stephanie Fowler
Disposition Date: 07/14/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name: GR-N620 Series
Project Number: GR-N620 Series
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/14/2009

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 07/14/2009
Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Re: NAIC 233-61263 FEIN 36-0770740

Individual A&H – New Forms

Policy Forms

GR-N620 Tax-Qualified Long-Term Care Policy (Comprehensive)

GR-N640 Tax-Qualified Long-Term Care Policy (Facility Care)

GR-N650 Tax-Qualified Long-Term Care Policy (Comprehensive)

GR-N630 Non-Qualified Long-Term Care Policy (Comprehensive)

GR-N670 Non-Qualified Long-Term Care Policy (Facility Care)

GR-N680 Non-Qualified Long-Term Care Policy (Comprehensive)

Related Outlines of Coverage

17630 Outline of Coverage (for Policy Form GR-N620)

17631 Outline of Coverage (for Policy Form GR-N640)

17632 Outline of Coverage (for Policy Form GR-N650)

17633 Outline of Coverage (for Policy Form GR-N630)

17634 Outline of Coverage (for Policy Form GR-N670)

17635 Outline of Coverage (for Policy Form GR-N680)

Application

17636 Application for Long Term Care Insurance

Benefit Riders

309A – Additional Services Benefit Rider

321L – Enhanced Services Benefit Rider

310A and 310L – Comprehensive Services Benefit Riders

304R and 304X – Restoration of Benefits Riders

312A and 313A – Cash Benefit Riders

314A and 315A – Cash Benefit Disability Trigger Riders

311A – Dual Waiver of Premium Benefit Rider

303A – Survivor Maximum Benefit Increase Rider

308A – Shared Maximum Benefit Rider

228R - Return of Premium Rider

Actuarial Rate Memorandum and Rates

Partnership Certification for Tax Qualified Long Term Care Insurance Policies

Previously Approved Forms To Be Used Approved On

206A Nonforfeiture Benefit Rider 6/4/1997

226G Paid-up Survivorship Rider 5/5/2000

242A(07) Limtied Pay Rider 7/25/2008

16163 Administrative Remedies Rider 8/23/2000

Dear :

Enclosed for filing are the above captioned new forms. The enclosed forms are for use in the individual marketplace for person-to-person solicitation by our licensed agents.

The enclosed policies are guaranteed renewable long-term care policies. Policies GR-N620, GR-N640 and GR-N650 are intended to be tax qualified as provided under the Health Insurance Portability and Accountability Act of 1996. Policies GR-N630, GR-N670 and GR-N680 are not intended to be tax qualified.

Policies GR-N620 & GR-N630

Coverage under GR-N620 & GR-N630 consists of Facility Care and Home and Community-Based Care benefits. Facility Care includes benefits for expenses incurred in a Nursing Home, as well as benefits for confinement in an Assisted Living Facility. Home and Community-Based Care includes Home Health Care and Adult Day Care benefits.

Benefits for Facility Care are payable for the charges incurred, up to a chosen maximum daily benefit (available from $40 to $400 in $10 increments). Benefits paid for expenses incurred in an Assisted Living Facility will equal 50% of the Nursing Home Daily Benefit. Benefits for Home and Community-Based Care are payable for the charges incurred, up to a chosen maximum weekly benefit. The maximum weekly benefit is an amount equal to 50% of the maximum daily amount for a Nursing Home times seven. The lifetime maximum benefit amount for Home Health Care benefits will pay up to half of the Lifetime Maximum benefit. This will be shown on the schedule page and reflected in the premium rates.

Policies GR-N640 & GR-N670

Coverage under policies GR-N640 and GR-N670 consists of Facility Care benefits. These policies do not cover home and community-based care. Benefits are payable for the charges incurred, up to a chosen maximum daily benefit (available from $40 to $400 in $10 increments). Benefits paid for expenses incurred in an Assisted Living Facility will equal 50% or 100% of the Nursing Home Daily Benefit.

Policies GR-N650 & GR-N680

Coverage under policies GR-N650 and GR-N680 consists of Facility Care and Home and Community-Based Care benefits. Included in the Home and Community-Based Care benefits is home health care and adult day care. Benefits for Facility Care are payable for the charges incurred, up to a chosen maximum daily benefit (available from $40 to $400 in $10 increments). Benefits for Home and Community-Based Care are payable for the charges incurred, up to a chosen maximum monthly benefit. The maximum monthly benefit is an amount equal to 50% or 100% the maximum daily amount times thirty-one.

Benefits for all policies are subject to an elimination period (available at : 0, 15, 30, 60, 90, 180, 365, 730, 1095, 1460 days). Available multipliers are 365, 500, 730, 1000, 1095, 1460, 1500, 1825, 2000, 2190, 2500 & 2920 times the Nursing Home daily maximum amount or unlimited maximum benefit.

In addition to the mandatory inflation offer, a mix of inflation protection options are offered within the policies. The Compound Increases Option is based on compound interest whereby each anniversary increase will be equal to a chosen percentage of the policy's current benefit levels for the full policy duration. Compound benefit percentages are available at 2%, 3% 4% or 5% annually. The Equal Increases Option is based on simple interest whereby each anniversary increase will be equal to 5% of the policy’s original benefit amounts for the full policy duration.

Additional decreasing options will also be available. The first decreasing compound inflation will provide inflation protection as follows: Compound Benefit Increases at 5% up to and including attained age 60, 3% from age 61 to age 75, and no increases from age 76 onwards. The second decreasing inflation will provide inflation protection as follows: Compound Benefit Increases at 5% up to and including age 60, 5% Simple Benefit Increases based on the original amount from age 61 to age 75, and no increases from age 76 onwards.

If the applicant did not choose either the Compound or Equal Increases options, and the policy has been in force for 3 years, we will offer to increase the benefit amounts without providing evidence of insurability under the Guaranteed Purchase Option provisions of the policies.

Application 17636

Application 17636 will be a fully underwritten application to be used with these policies. Even though application 17636 is being filed with these policies, we ask for general approval so they can be used with all current and future Long Term Care and Home Health Care policies. As such, we ask that you allow us to file the Section 8 and 9 as variable. Section

8 has been created to allow the company to package certain policies and riders. The packaging concept will allow the consumer and agent to pick a pre-defined benefit package which is appropriately suited for the consumer. The packages will contain bundled base and rider plan codes with the option to include miscellaneous benefit rider codes. This will allow Bankers to customize products for certain segments of our target market.

Benefit Riders

309A – Additional Services Benefit Rider - This rider provides a basic additional benefit available to all policies and provides Bed Reservation, Ambulance and Hospice Care benefits.

321L – Enhanced Services Benefit Rider - This rider provide additional benefits on top of those of rider 309A. This rider will be offered with policies providing Home and Community-Based Care benefits. This rider provides an enhanced benefit and provides Bed Reservation, Ambulance and Hospice Care benefits plus Home Modification and Alternate Plan of Care benefits.

310A and 310L – Comprehensive Services Benefit Riders - These riders provide additional benefits on top of those of rider 321L. These rider will be offered with policies providing Home and Community-Based Care benefits. Rider 310A will be offered with policies GR-N650 and GR-N680. Rider 310L will be offered with policies GR-N620 and GR-N630. This rider provides a comprehensive benefit and provides Bed Reservation, Ambulance and Hospice Care, Home Modification, Alternate Plan of Care benefits plus Caregiver Training, Respite Care and Home Monitoring Benefits. .

304R and 304X – Restoration of Benefits Riders - These riders will restore the policy's Lifetime Maximum Benefit Amount to the amount that would have applied if no benefits had been paid under the policy. The Lifetime Maximum Benefit Amount will restore ONCE after a period of 180 consecutive days elapses during which the policyholder does not require or receive covered services. Rider 304R will be offered with tax qualified policies and 304X will be offered with non-tax qualified policies.

312A and 313A – Cash Benefit Riders - These riders will allow the policyholder to receive up to 25% of the daily Nursing Home Benefit as a cash benefit. The policyholder must meet be the Activities of Daily Living or cognitive impairment benefit trigger and receive a Nursing Home or Home and Community-Based Care service for which benefits are payable under the policy on a day to qualify. This is NOT an additional daily or lifetime benefit; the total benefits paid in any day including the cash rider payment are limited to the facility daily benefit amount, and cash rider payments count against the policy lifetime maximum. These riders will be offered with policy forms GR-N620, GR-630, GR-N650 and

GR-N680.

314A and 315A – Cash Benefit Rider Disability Trigger Riders - These riders will allow the policyholder to receive up to 25% of the daily Nursing Home Benefit as a cash benefit. The policyholder must meet the Activities of Daily Living or cognitive impairment benefit trigger to qualify. This is NOT an additional daily or lifetime benefit; the total benefits paid in any day including the cash rider payment are limited to the facility daily benefit amount, and cash rider payments count against the policy lifetime maximum. Benefits will not be payable until an elimination period equal to the base policy elimination period has been satisfied. These riders will be offered with policy forms GR-N620, GR-630, GR-N650 and GR-N680.

311A – Dual Waiver of Premium Benefit Rider - This rider will waive premium of the spouse policy's premium after the elimination period is met for as long as the insured continues to be on claim. This will be available to all policies.

303A – Survivor Maximum Benefit Increase Rider - This rider provides a benefit when one spouse dies, the other spouse will receive an increase in his/her Maximum Benefit Amount Per Claim Episode (MPE) equal to one half of the deceased spouse's MPE. This will be available to all policies.

308A – Shared Maximum Benefit Rider - This rider provides for an additional amount of benefits that can be shared by both the insured and the spouse. This additional benefit is equal to the insured's maximum benefit. This will be available to all policies.

228R- Return of Premium Benefit Rider - This rider provides for a nonforfeiture benefit in the form of a Return of Premium. This will be available with all policies.

All forms were submitted to our state of domicile, Illinois April 3, 2009. .

The Flesch scores for the enclosed forms are:

Form Number	Score
GR-N620	51.64
GR-N640	51.40
GR-N650	51.03
GR-N630	51.78

GR-N670 51.63

GR-N680 51.34

Long Term Care Partnership Certification.

We respectfully request that our tax qualified long term care policies submitted under this filing be offered under your state's Partnership Program. Please be assured that any Bankers policy that is issued with the intent of qualifying under the Long Term Care Partnership Program will contain the necessary inflation protection.

Specifically, (i) if the policy is sold to an individual who has not attained age 61 as of the date of purchase, the policy will provide compound annual inflation protection ; (ii) if the policy is sold to an individual who has attained the age of 61 but has not attained age 76 as of the date of purchase, the policy will provide some level of inflation protection; and (iii) if the policy is sold to an individual who has attained age 76 as of the date of purchase, no inflation protection is required. We understand that in all cases a 5% compound inflation will be offered.

We reserve the right to change the format of the enclosed forms to account for different issuance systems. The order and the content, however, will not be changed.

This filing contains no unusual or controversial items from normal Company or industry standards. We respectfully request your favorable consideration and approval of this filing. If you have questions on any aspect of this filing, please call me.

Company and Contact

Filing Contact Information

Dan Murphy, Compliance Administrator
600 West Chicago Ave
Chicago, IL 60654-2800

d.murphy@banklife.com
(312) 396-6134 [Phone]
(312) 396-5907[FAX]

Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	

SERFF Tracking Number:	*BNLA-126074267*	*State:*	*Arkansas*
Filing Company:	*Bankers Life and Casualty Company*	*State Tracking Number:*	*42047*
Company Tracking Number:	*GR-N620*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*GR-N620 Series*		
Project Name/Number:	*GR-N620 Series/GR-N620 Series*		

Filing Fees

Fee Required?	Yes
Fee Amount:	$600.00
Retaliatory?	No
Fee Explanation:	$50 for each policy form (6) and rate(6).
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	$600.00	04/03/2009	26943620

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/14/2009	07/14/2009

Disposition

Disposition Date: 07/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Partnership Certification	Approved	Yes
Form	Long Term Care Policy	Approved	Yes
Form	Long Term Care Policy	Approved	Yes
Form	Long Term Care Policy	Approved	Yes
Form	Long Term Care Policy	Approved	Yes
Form	Long Term Care Policy	Approved	Yes
Form	Long Term Care Policy	Approved	Yes
Form	Long Term Care Application	Approved	Yes
Form	Additional Services Benefit Rider	Approved	Yes
Form	Enhanced Services Benefit Rider	Approved	Yes
Form	Comprehensive Services Benefit Rider	Approved	Yes
Form	Comprehensive Services Benefit Rider	Approved	Yes
Form	Restoration of Benefits Rider	Approved	Yes
Form	Restoration of Benefits Rider	Approved	Yes
Form	Cash Benefit Rider	Approved	Yes
Form	Cash Benefit Rider	Approved	Yes
Form	Cash Benefit Disability Trigger Rider	Approved	Yes
Form	Cash Benefit Disability Trigger Rider	Approved	Yes
Form	Dual Waiver of Premium Benefit Rider	Approved	Yes
Form	Survivor Maximum Benefit Increase Rider	Approved	Yes
Form	Shared Maximum Benefit Rider	Approved	Yes
Form	Return of Premium Rider	Approved	Yes
Rate	GR-N620-Rate	Approved	Yes
Rate	GR-N630-Rate	Approved	Yes
Rate	GR-N640-Rate	Approved	Yes
Rate	GR-N650-Rate	Approved	Yes

Rate	GR-N670-Rate	Approved	Yes
Rate	GR-N680-Rate	Approved	Yes

Form Schedule

Lead Form Number: GR-N620

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	GR-N620	Policy/Contract/Fraternal Certificate	Long Term Care Policy	Initial		52	GR-N620-AR.pdf
Approved	GR-N630	Policy/Contract/Fraternal Certificate	Long Term Care Policy	Initial		52	GR-N630-AR.pdf
Approved	GR-N640	Policy/Contract/Fraternal Certificate	Long Term Care Policy	Initial		51	GR-N640-AR.pdf
Approved	GR-N650	Policy/Contract/Fraternal Certificate	Long Term Care Policy	Initial		51	GR-N650-AR.pdf
Approved	GR-N670	Policy/Contract/Fraternal Certificate	Long Term Care Policy	Initial		52	GR-N670-AR.pdf
Approved	GR-N680	Policy/Contract/Fraternal Certificate	Long Term Care Policy	Initial		51	GR-N680-AR.pdf
Approved	17636-AR	Application/Enrollment Form	Long Term Care Application	Initial		50	17636-AR.pdf
Approved	309A	Policy/Contract/Fraternal Certificate: Amendmen	Additional Services Benefit Rider	Initial		51	r309A.pdf

		t, Insert Page, Endorsement or Rider				
Approved	321L	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Enhanced Services Benefit Rider	Initial	60	r321L.pdf
Approved	310A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Comprehensive Services Benefit Rider	Initial	56	r310A.pdf
Approved	310L	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Comprehensive Services Benefit Rider	Initial	56	r310L.pdf
Approved	304R	Policy/Contract/Fraternal Certificate: Amendment, Insert Page,	Restoration of Benefits Rider	Initial	67	r304R.pdf

		Endorsement or Rider				
Approved	304X	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Restoration of Benefits Rider	Initial	66	r304X.pdf
Approved	312A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cash Benefit Rider	Initial	64	r312A.pdf
Approved	313A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cash Benefit Rider	Initial	64	r313A.pdf
Approved	314A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cash Benefit Disability Trigger Rider	Initial	66	r314A.pdf

Approved	315A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cash Benefit Disability Trigger Rider	Initial	63	r315A.pdf
Approved	311A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Dual Waiver of Premium Benefit Rider	Initial	52	r311A.pdf
Approved	303A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Survivor Maximum Benefit Increase Rider	Initial	52	r303A.pdf
Approved	308A	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Shared Maximum Benefit Rider	Initial	69	r308A.pdf
Approved	228R	Policy/Contract/Fratern	Return of Premium Rider	Initial	55	R228R.pdf

SERFF Tracking Number:	*BNLA-126074267*	*State:*	*Arkansas*
Filing Company:	*Bankers Life and Casualty Company*	*State Tracking Number:*	*42047*
Company Tracking Number:	*GR-N620*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*GR-N620 Series*		
Project Name/Number:	*GR-N620 Series/GR-N620 Series*		

al Certificate: Amendment, Insert Page, Endorsement or Rider

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Caution: The issuance of this insurance policy is based upon Your responses to the questions on Your application. A copy of Your application will be attached to the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is upon delivery of Your policy. If, for any reason, any of Your answers are incorrect, contact Us at the above address.

NAME OF INSURED		**POLICY NUMBER**
FIRST PREMIUM		**ISSUE DATE**
FIRST RENEWAL DATE	**GR-N620**	**POLICY FORM**

Thank You for choosing Us for Your Long Term Care Insurance Coverage.

In this policy, **We, Our** and **Us** refer to Bankers Life and Casualty Company. **You, Family Member, Your** and **Yours** refer to the Insured named in the Schedule.

We promise to pay You the benefits provided by this policy. Benefits are subject to this policy's definitions, limitations and exclusions.

RENEWAL CONDITIONS - GUARANTEED RENEWABLE

This policy is guaranteed renewable and may be renewed on each renewal date for as long as You live. To renew, You must pay the renewal premium at the intervals available to You at the time of renewal, by its due date or during the 31 days that follow. We can't refuse to renew this policy or place any restrictions on it if You pay the renewal premium on time.

RENEWAL PREMIUM

We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis. We'll provide You with written notice of any change in the premium within the time required by Your state.

A change may also be due to addition or removal of any premium discount as provided in any attached rider.

YOUR THIRTY DAY RIGHT TO RETURN THIS POLICY

If You're not satisfied with this policy, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. We'll then void this policy and refund any premium paid.

EFFECTIVE DATE

This policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

NOTICE TO BUYER

This policy is a legal contract between You and Us. The insurance it provides may NOT cover all of the costs associated with long term care incurred by You during the period of coverage. You are, therefore, advised to **READ THIS POLICY CAREFULLY AND REVIEW ALL POLICY LIMITATIONS!**

This policy has been signed by Our President and Secretary on its Issue Date.

Secretary **President**

Countersigned by _____
Licensed Resident Agent

TAX QUALIFIED LONG TERM CARE POLICY
Facility Care and Home and Community-Based Care Benefits

This policy is intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code as enacted by "The Health Insurance Portability and Accountability Act of 1996."

POLICY GUIDE

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SCHEDULE

NAME OF INSURED	[JOHN J. DOE]	[999,999,999]	POLICY NUMBER
FIRST PREMIUM	$[X,XXX.XX]	[JANUARY 1, 2009]	ISSUE DATE
FIRST RENEWAL DATE	[JANUARY 1, 2010]	[GR-N620]	POLICY FORM
[LIMITED PREMIUM PAYMENT PERIOD RIDER 242A]		[10]	[POLICY YEARS]

ELIMINATION PERIOD: [30] Days of Services Received

LIFETIME MAXIMUM BENEFIT: $[73,000.00]
Based upon a Maximum Benefit Multiplier Of [730]

Of this Lifetime Maximum Benefit, Home and Community-Based Care is covered up to: $[36,500.00]

BENEFITS:

Nursing Home Care: Expenses incurred per day
up to the Maximum Daily Benefit $[100.00]

Assisted Living Facility: Expense incurred per day $[50.00]
up to the Maximum Daily Benefit of

Home and Community-Based Care: Expenses incurred per week
up to the Maximum Weekly Benefit $[350.00]

OPTIONAL BENEFITS:

[Compound Increases Option -- [5%] Covered for Life]
[Shared Maximum Benefit Rider XXX]

INSURED PREMIUM:

SEX	BIRTHDATE	AGE	PLAN NO.	OPTIONAL BENEFITS	ANNUAL PREMIUM	TOTAL PREMIUM
[Female]	[10/15/51]	[53]	N620		$[X,XXX.XX]	
				[226G]	$[XXX.XX]	$[X,XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM					$[X,XXX.XX]

[THE PREMIUM AMOUNT SHOWN ABOVE REFLECTS A [MARRIED/SPOUSAL/COMPANION DISCOUNT]

CONSIDERATION

We issued this policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep the policy in force until the First Renewal Date. The First Premium and First Renewal Date are shown on the Schedule.

PREMIUM REFUND AT DEATH

We'll refund that part of any premium paid covering the period beyond Your date of death.

GENERAL DEFINITIONS

Note: Additional definitions are found in specific benefit provisions.

Calendar Year is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Covered Expenses are defined and limited below in the provisions titled FACILITY CARE and HOME AND COMMUNITY BASED CARE. Covered Expenses do not include charges for personal, comfort or convenience items such as television, radio or telephone.

Home means Your primary place of residence. Home does not mean a Nursing Home, Assisted Living Facility, Hospital or other institutional setting.

Hospital means a place defined, and approved for payment, as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

“Hospital” doesn't mean a convalescent, nursing, rest or skilled nursing facility, nor a place that primarily treats the aged, drug addiction or alcoholism, including units in a hospital used for such care.

Immediate Family means You, Your spouse, and the children, brothers, sisters, parents, grandparents and grandchildren of either You or Your spouse.

Licensed Health Care Practitioner means any licensed Physician, registered professional nurse or licensed social worker. It doesn't include a member of the Immediate Family.

Medicaid means the Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965, as Then Constituted or Later Amended.

Medicare means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating any injury or sickness. It doesn't include a member of the Immediate Family.

GENERAL DEFINITIONS (Continued)

Plan of Care means a written individualized program of care prescribed for You. This Plan of Care must be developed, supervised and approved in writing by a Licensed Health Care Practitioner. We may require a copy of the initial Plan of Care and any changes later made to it.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which are:

1. needed by You; and
2. provided under a Plan of Care prescribed by a Licensed Health Care Practitioner.

Week means a period of seven (7) days beginning on Sunday and ending on the following Saturday.

BENEFIT PROVISIONS

Important terms used within the following Benefit Provisions are shown in bold print and quotation marks and defined therein.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits will be paid for Your Covered Expenses: (1) a Licensed Health Care Practitioner must certify that such expenses for Qualified Long Term Care Services are needed because You are Chronically Ill; and (2) the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review may include: (1) diagnosis, symptoms, complaints, and complications of a condition; (2) the reason for the services being rendered; (3) a Licensed Health Care Practitioner's orders; (4) schedule of treatment; (5) the patient's physical limitations and impairments; (6) the objectives of the Licensed Health Care Practitioner's Plan of Care; and (7) whether the expenses are for Qualified Long Term Care Services.

Chronically Ill means You have been certified by a Licensed Health Care Practitioner within the preceding 12 month period as:

1. being Functionally Incapacitated for a period expected to last at least 90 days; or
2. having a Severe Cognitive Impairment.

Severe Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's:

1. short or long term memory;
2. orientation as to people, place, and time;
3. deductive or abstract reasoning; or
4. judgement as it relates to safety awareness.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Elimination Period means the number of days You must receive covered Facility Care or Home and Community Based Care services before benefits are payable. If You are receiving covered Home and Community Based Care services, then three (3) days will be counted toward the Elimination Period for each day covered Home and Community Based Care services are received. The Elimination Period has to be satisfied only once for You under this policy. The Elimination Period is shown in the Schedule.

Functional Incapacity means the inability to perform two (2) or more of the Activities of Daily Living defined below without the Hands-on Assistance or Standby Assistance of another person. Such Functional Incapacity must be expected to last at least 90 days.

Activities of Daily Living are:

Bathing - washing oneself by sponge bath; or in either a tub or shower, including getting into or out of the tub or shower.

Continence - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously.

Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - moving into or out of a bed, chair or wheelchair.

Hands-on Assistance means physical assistance without which the individual would be unable to perform an Activity of Daily Living.

Standby Assistance means another person must be within arm's reach of an individual to prevent, by physical intervention if necessary, injury while performing an activity of daily living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect a Severely Cognitively Impaired person from threats to his or her own health or safety.

BENEFIT PAYMENTS

Subject to the Eligibility For The Payment Of Benefits and Limitations or Conditions On Eligibility For Benefits provisions, We'll pay (1) for the charges incurred for Nursing Home or Assisted Living Facility Care up to the Maximum Daily Benefit amounts shown on the Schedule per day, for the total of all Facility Care Covered Expenses and (2) for the charges incurred for Home and Community-Based Care up to the Maximum Weekly Benefit amount shown on the Schedule per week, for the total of all Home and Community-Based Care Covered Expenses, up to the Lifetime Maximum Benefit amount shown on the Schedule.

An expense is incurred on the date the service or treatment is given or the supply is bought. To be covered, the expense must be incurred while this policy is in force for You.

Maximum Daily Benefit means the maximum amount We will pay per day for You, after any applicable Elimination Period is satisfied. The Maximum Daily Benefit amounts for Nursing Home and Assisted Living Facility Care are shown on the Schedule.

Maximum Weekly Benefit means the maximum amount We will pay per calendar week for You , after any applicable Elimination Period is satisfied. The Maximum Weekly Benefit amount for Home and Community-Based Care is shown on the Schedule.

LIMITATION OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We won't pay more per day than the Maximum Daily Benefit amount shown in the Schedule for the total of all Facility Care Covered Expenses. We won’t pay more per week than the Maximum Weekly Benefit amount shown in the Schedule for the total of all Home and Community Based Care Covered Expenses.

We won't pay more than the Lifetime Maximum Benefit for the total of all Covered Expenses. If both Facility Care and Home and Community Based Care expenses are incurred on the same day, only the earliest type of incurred expense for that day will be covered.

Lifetime Maximum Benefit means the maximum amount We’ll pay You for the combined total of all Covered Expenses. This amount is equal to the Maximum Daily Benefit amount times the Maximum Benefit Multiplier. The Lifetime Maximum Benefit is shown in the Schedule.

Maximum Benefit Multiplier is the number used to multiply the Maximum Daily Benefit by in order to equal the Lifetime Maximum Benefit. The Maximum Benefit Multiplier is shown in the Schedule.

COVERED EXPENSES:
The following are Covered Expenses, but only to the extent that they are Qualified Long Term Care Services.

I. FACILITY CARE COVERED EXPENSES

FACILITY CARE:
The charges incurred for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meets ALL of the following requirements:

1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day;
2. has beds for patients who need care; and
3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care.

Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements:

1. provide 24 hour a day care and services to at least 10 inpatients in one location;
2. have a trained and ready-to-respond employee on duty at all times to provide care;
3. provide 3 meals a day and accommodate special dietary needs;
4. have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and;
5. have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities.

Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

II. HOME AND COMMUNITY-BASED CARE COVERED EXPENSES

A. HOME HEALTH CARE:

The charges incurred for the following services and supplies provided by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care:

1. Visits by: licensed nurse; licensed nutritional specialist; medical social worker; Home Health Aide; legally qualified physical, occupational, speech or inhalation therapist;
2. Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable medical equipment used for therapeutic treatment;
3. Personal Care Services; and
4. Homemaker Services Incidental to Personal Care Services.

Home Health Aide means a licensed or certified home health care worker, other than a Physician, nurse or professional therapist, who performs Personal Care Services.

Home Health Care Agency means an agency or organization that:

1. Specializes in giving nursing care or therapeutic services in the Home;
2. Is licensed to provide such care or services by the appropriate licensing agency where performed or is certified as a Home Health Care Agency under Title XVIII of the Social Security Act of 1965, as amended;
3. Is operating within the scope of its license or certification; and
4. Maintains a complete medical record and Plan of Care for each patient.

Homemaker Services Incidental to Personal Care Services means only the following services when received in conjunction with formal Personal Care Services provided by a Home Health Care Agency or a Qualified Home Health Care Provider:

1. domestic or cleaning services;
2. laundry services;
3. food shopping and errands;
4. meal preparation and cleanup;
5. transportation assistance to and from medical appointments;
6. heavy cleaning which involves thorough cleaning of the Home to remove hazardous debris or dirt; and
7. meals from formal Home delivered meals programs.

Personal Care Services means assistance with performing Activities of Daily Living (as used to measure Functional Incapacity) because You require such assistance due to Functional Incapacity or Severe Cognitive Impairment.

Qualified Home Health Care Provider means an individual or organization licensed or certified to provide home health care services. The Qualified Home Health Care Provider must be included in the Plan of Care as the provider of home health care services.

B. ADULT DAY CARE:

The charges incurred for the following services provided at an Adult Day Care Facility:

1. Visits by a licensed nurse;
2. Occupational, physical or speech therapy;
3. Social, recreational and educational events designed to improve the patient's self-awareness and level of functioning;
4. Training and help with the regular and customary activities of adult daily living;
5. Transportation to and from the Adult Day Care Facility; and
6. Meals provided by the Adult Day Care Facility.

Adult Day Care Facility means a facility that (a) is operated and licensed or certified as an Adult Day Care Facility under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meets ALL of the following requirements:

1. Operates at least 5 days a week for a minimum of 6 hours a day and is not an overnight facility;
2. Maintains a written record for each client that includes a Plan of Care and a record of all services provided;
3. Has established procedures for obtaining appropriate aid in the event of a medical emergency;
4. Has formal arrangements for providing the services of: a dietician; a licensed physical therapist; a licensed speech therapist and a licensed occupational therapist;
5. Its staff includes a full-time director and one or more nurses in attendance during operating hours for at least 4 hours a day; and
6. Is not owned or operated by a member of the Immediate Family.

OPTIONAL BENEFIT INCREASE

The Schedule shows which, if any, of the following options apply to this policy's coverage. The Schedule also shows the effective period of the increase and the percentage increase.

A. ANNUAL COMPOUND INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is then in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Weekly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the then current amounts for each maximum benefit amount shown in the Schedule.

B. ANNUAL EQUAL INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Weekly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the original amounts for each maximum benefit amount shown in the Schedule.

For both, if the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

Only that portion of the Lifetime Maximum Benefit which has not yet been paid toward expenses incurred before the anniversary date will increase. The increased amount that will be added to the Lifetime Maximum Benefit is equal to the percentage increases in the Maximum Daily Benefit for Nursing Home Care from the previous anniversary TIMES the unused portion of the Lifetime Maximum Benefit.

GUARANTEED PURCHASE OPTION

If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase Your Maximum Daily Benefits (Your Maximum Weekly Benefit and Lifetime Maximum Benefit will also increase proportionally) by the amount shown on the Schedule without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

If the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

PATIENT CARE COORDINATION

A Patient Care Coordination program is available at no extra cost to You. Under this program, We can assign a Patient Care Coordinator who is a specialist pre-approved by Us. This Coordinator is qualified by license, training or experience to help You select providers of care and services best suited for the type of care or treatment needed.

You, a member of Your Immediate Family or a Licensed Health Care Practitioner can contact Us at or before the time You begin to incur Covered Expenses under this policy, even before an Elimination Period has been met. We will then direct You to a Patient Care Coordinator.

INTERNATIONAL COVERAGE

If You require Qualified Long Term Care Services otherwise covered by this policy while You are traveling or living outside of the United States, including its territories and possessions, and Canada, benefits will be payable according to the terms of this policy, subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. Providers of care must meet the certification or licensing requirements, if any, of the jurisdiction in which the care is received.

EXCLUSIONS

We won't pay for expenses incurred:

1. Due to war or act of war;
2. To the extent they are paid under Medicare or any other government insurance plan (except Medicaid). This includes expenses that would be reimbursable by Medicare but for the application of a deductible or coinsurance amount;
3. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home;
4. For services and supplies not included in the Plan of Care;
5. For which no charge is customarily made in the absence of insurance;
6. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

WAIVER OF PREMIUM

After the Elimination Period has been satisfied, We'll waive the payment of any premium coming due thereafter for You as long as You are receiving benefits for Covered Expenses. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived as long as You continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

EXTENSION OF POLICY BENEFITS

Termination of this policy will not affect any claim for loss that begins while this policy is in force and continues beyond the date of termination. Benefits payable under the Extension of Policy Benefits provision are limited to this policy's Lifetime Maximum Benefit.

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available:

You may choose to:

1. reduce the Lifetime Maximum Benefit but keep the same Maximum Daily/Weekly Benefits;
2. reduce the Maximum Daily/Weekly Benefits along with the Lifetime Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten ($10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information (including the applicable premium rates for the option(s) You are interested in) needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

EFFECT OF LEGISLATION CHANGES

The risk We assumed on this policy's Issue Date is based on the laws and regulations governing the system for the delivery and financing of health insurance then in effect. It's possible that the federal government or state legislation may change the system and therefore change the nature of the risk We assumed. If this occurs, We'll make any necessary change to policy benefits. We'll make such a change by adding: (a) an amendment to the policy; (b) a new schedule page; or (c), both (a) and (b).

BENEFIT AND PREMIUM CHANGE

We may change the premium only after We give You the appropriate advance notice required by Your state in which the Your policy was issued.

Before making any such change, We'll get the necessary approval from the agency in Your state that regulates insurance. We'll tell You if such coverage change needs a premium change. Until the effective date of any coverage change, benefits will be based upon the risk We assumed on this policy's Issue Date.

In the event We increase premium, We will offer You the following options, as they apply to this policy, at least 30 days before a premium increase becomes effective:

1. Pay the increased premium and continue the policy in force as is;
2. Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
3. Exercise the Nonforfeiture Benefit Rider or Return of Premium Rider (if any such rider is attached to this policy); or
4. Exercise the Contingent Benefit at Lapse, if applicable.

CONTINGENT BENEFIT AT LAPSE

This Contingent Benefit at Lapse provision may only be exercised if this policy lapses due to non-payment of premium within 120 days after the effective date of a premium increase that meets or exceeds Your original premium by the percentage shown in the table below. (*Note: additional premium applied to increases in benefit amounts is not considered a premium increase*.) This Contingent Benefit at Lapse provision may *not* be exercised if this policy contains any Non-Forfeiture Benefit Rider or Return of Premium Benefit Rider.

Under this provision, We will convert Your current coverage to paid-up insurance with no further premiums being payable. The new Lifetime Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums You paid for the coverage or 30 times Your Maximum Daily Benefit Amount. All other benefit amounts will remain at the level attained at the time the policy lapses/converts to paid-up coverage. The Annual Benefit Increases, if any, provision will not apply to the paid-up insurance.

Benefits paid while Your coverage is in paid-up status combined with benefits paid while this policy was in force will not exceed the amount of benefits that would have been payable had the policy remained in force.

CONTINGENT BENEFIT AT LAPSE (Continued)

Cumulative Premium Increase over Original Premium that will Allow the Contingent Benefit at Lapse to be exercised.

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with any attached papers is the entire contract between You and Us. No change in this policy will be effective until 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 application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES: (a) We may void this policy or deny any claim for loss which starts within six months of this policy's Issue Date. We may do so only if We determine there was material misrepresentation which would have caused the application for this coverage to be declined; (b) After six months, but less than two years from this policy's Issue Date, We may void this policy or deny any claim for loss if We determine there was material misrepresentation which would have caused the application for this coverage to be declined, and which relates to the condition for which benefits are sought; (c) After two years from the Issue Date only fraudulent misstatements in the application relating to Your health may be used to void this policy or deny any claim for loss which starts after the two year period.

GRACE PERIOD: This policy has a 31 day grace period. This means that if a premium isn't paid on or before the date it's due, it may be paid during the following 31 days. During the grace period this policy will stay in force.

We won't end the policy for nonpayment of premium unless We have sent written notice to You and, if applicable, Your Authorized Designee (the person You designate to receive such notice) at least 30 days before the policy will end. Notice will not be given until 30 days after a premium is due and unpaid. You may change Your Authorized Designee at any time by sending Us written notice. We will notify You of Your right to change Your Authorized Designee no less often than once every two years.

REINSTATEMENT: If the premium isn't paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We or Our agent require an application You'll get 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 after the date of the conditional receipt unless We previously notified You in writing of Our disapproval.

In the event of lapse due to Severe Cognitive Impairment or Functional Incapacity, You, or any person authorized to act on Your behalf, may request reinstatement of this policy. Such request must be made within six (6) months after this policy lapsed.

If proof of Severe Cognitive Impairment or Functional Incapacity is provided and medically verified and We receive past due premium, We'll reinstate the policy. The reinstated policy will cover loss occurring from the date of lapse. Payment of premium must be made within 15 days following Our request.

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.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as possible. The notice can be given to Us at the address shown on page 1 of this policy or to any one of Our agents. Notice should include Your name and the policy number.

CLAIM FORMS: When We get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proof of Loss section.

PROOF OF LOSS: For periodic payment of a continuing loss, You must give Us written proof of loss within 90 days after the end of each period for which We are liable. For any other loss, You must give Us written proof within 90 days after the end of such loss.

If it wasn't reasonably possible for You to give Us proof in the time required, We won't reduce nor 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 year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this policy will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits due and unpaid at Your death may be paid to Your estate.

If benefits are payable to Your estate, We can pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

INFORMATION ON DENIAL OF CLAIM: In the event We deny benefits under this policy, You have the right to: (a) receive a written explanation of the reason(s) a claim was denied; and (b) all information directly relating to the claim denial. Write to Our Claim Review Department at the address shown on page one of this policy. We will respond within 60 days after receiving Your request.

PHYSICAL EXAMINATION: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

LEGAL ACTION: 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 such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

TAX QUALIFIED LONG TERM CARE POLICY

Facility Care and Home and Community-Based Care Benefits

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Caution: The issuance of this insurance policy is based upon Your responses to the questions on Your application. A copy of Your application will be attached to the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is upon delivery of Your policy. If, for any reason, any of Your answers are incorrect, contact Us at the above address.

NAME OF INSURED		**POLICY NUMBER**
FIRST PREMIUM		**ISSUE DATE**
FIRST RENEWAL DATE	**GR-N630**	**POLICY FORM**

Thank You for choosing Us for Your Long Term Care Insurance Coverage.

In this policy, **We, Our** and **Us** refer to Bankers Life and Casualty Company. **You, Family Member, Your** and **Yours** refer to the Insured named in the Schedule.

We promise to pay You the benefits provided by this policy. Benefits are subject to this policy's definitions, limitations and exclusions.

RENEWAL CONDITIONS - GUARANTEED RENEWABLE

This policy is guaranteed renewable and may be renewed on each renewal date for as long as You live. To renew, You must pay the renewal premium at the intervals available to You at the time of renewal, by its due date or during the 31 days that follow. We can't refuse to renew this policy or place any restrictions on it if You pay the renewal premium on time.

RENEWAL PREMIUM

We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis. We'll provide You with written notice of any change in the premium within the time required by Your state.

A change may also be due to addition or removal of any premium discount as provided in any attached rider.

YOUR THIRTY DAY RIGHT TO RETURN THIS POLICY

If You're not satisfied with this policy, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. We'll then void this policy and refund any premium paid.

EFFECTIVE DATE

This policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

NOTICE TO BUYER

This policy is a legal contract between You and Us. The insurance it provides may NOT cover all of the costs associated with long term care incurred by You during the period of coverage. You are, therefore, advised to **READ THIS POLICY CAREFULLY AND REVIEW ALL POLICY LIMITATIONS!**

This policy has been signed by Our President and Secretary on its Issue Date.

Secretary **President**

Countersigned by _____
Licensed Resident Agent

LONG TERM CARE POLICY
Facility Care and Home and Community-Based Care Benefits

This policy is <u>not</u> intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code as enacted by "The Health Insurance Portability and Accountability Act of 1996." It does not qualify for favorable tax treatment considerations.

POLICY GUIDE

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SCHEDULE

NAME OF INSURED	[JOHN J. DOE]	[999,999,999]	POLICY NUMBER
FIRST PREMIUM	$[X,XXX.XX]	[JANUARY 1, 2009]	ISSUE DATE
FIRST RENEWAL DATE	[JANUARY 1, 2010]	[GR-N630]	POLICY FORM
[LIMITED PREMIUM PAYMENT PERIOD RIDER 242A]		[10]	[POLICY YEARS]

ELIMINATION PERIOD: [30] Days of Services Received

LIFETIME MAXIMUM BENEFIT: $[73,000.00]
Based upon a Maximum Benefit Multiplier Of [730]

Of this Lifetime Maximum Benefit, Home and Community-Based Care is covered up to: $[36,500.00]

BENEFITS:

Nursing Home Care: Expenses incurred per day
up to the Maximum Daily Benefit $[100.00]

Assisted Living Facility: Expense incurred per day $[50.00]
up to the Maximum Daily Benefit of

Home and Community-Based Care: Expenses incurred per week
up to the Maximum Weekly Benefit $[350.00]

OPTIONAL BENEFITS:

[Compound Increases Option -- [5%] Covered for Life]
[Shared Maximum Benefit Rider XXX]

INSURED PREMIUM:

SEX	BIRTHDATE	AGE	PLAN NO.	OPTIONAL BENEFITS	ANNUAL PREMIUM	TOTAL PREMIUM
[Female]	[10/15/51]	[53]	N630		$[X,XXX.XX]	
				[226G]	$[XXX.XX]	$[X,XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM					$[X,XXX.XX]

[THE PREMIUM AMOUNT SHOWN ABOVE REFLECTS A [MARRIED/SPOUSAL/COMPANION DISCOUNT]

CONSIDERATION

We issued this policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep the policy in force until the First Renewal Date. The First Premium and First Renewal Date are shown on the Schedule.

PREMIUM REFUND AT DEATH

We'll refund that part of any premium paid covering the period beyond Your date of death.

GENERAL DEFINITIONS

Note: Additional definitions are found in specific benefit provisions.

Calendar Year is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Covered Expenses are defined and limited below in the provisions titled FACILITY CARE and HOME AND COMMUNITY BASED CARE. Covered Expenses do not include charges for personal, comfort or convenience items such as television, radio or telephone.

Home means Your primary place of residence. Home does not mean a Nursing Home, Assisted Living Facility, Hospital or other institutional setting.

Hospital means a place defined, and approved for payment, as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

"Hospital" doesn't mean a convalescent, nursing, rest or skilled nursing facility, nor a place that primarily treats the aged, drug addiction or alcoholism, including units in a hospital used for such care.

Immediate Family means You, Your spouse, and the children, brothers, sisters, parents, grandparents and grandchildren of either You or Your spouse.

Licensed Health Care Practitioner means any licensed Physician, registered professional nurse or licensed social worker. It doesn't include a member of the Immediate Family.

Medicaid means the Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965, as Then Constituted or Later Amended.

Medicare means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating any injury or sickness. It doesn't include a member of the Immediate Family.

Plan of Care means a written individualized program of care prescribed for You. This Plan of Care must be developed, supervised and approved in writing by a Licensed Health Care Practitioner. We may require a copy of the initial Plan of Care and any changes later made to it.

Prescribed Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative, services and maintenance or personal care services provided under a Plan of Care prescribed by a Licensed Health Care Practitioner.

Week means a period of seven (7) days beginning on Sunday and ending on the following Saturday.

BENEFIT PROVISIONS

Important terms used within the following Benefit Provisions are shown in bold print and quotation marks and defined therein.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits will be paid for Your Covered Expenses:

1. a Licensed Health Care Practitioner must certify that such expenses for Prescribed Long Term Care Services are needed because You:
   (a) have a Functional Incapacity; or
   (b) are Cognitively Impaired; AND
2. the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review may include: (1) diagnosis, symptoms, complaints, and complications of a condition; (2) the reason for the services being rendered; (3) a Licensed Health Care Practitioner's orders; (4) schedule of treatment; (5) the patient's physical limitations and impairments; and (6) the objectives of the Licensed Health Care Practitioner's Plan of Care.

Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's:

1. short or long term memory;
2. orientation as to people, place, and time; and
3. deductive or abstract reasoning.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Elimination Period means the number of days You must receive covered Facility Care or Home and Community Based Care services before benefits are payable. If You are receiving covered Home and Community Based Care services, then three (3) days will be counted toward the Elimination Period for each day covered Home and Community Based Care services are received. The Elimination Period has to be satisfied only once for You under this policy. The Elimination Period is shown in the Schedule.

Functional Incapacity means the inability to perform two (2) or more of the Activities of Daily Living defined below without the Hands-on Assistance or Standby Assistance of another person.

Activities of Daily Living are:

Bathing - washing oneself by sponge bath; or in either a tub or shower, including getting into or out of the tub or shower.

Continence - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously.

Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - moving into or out of a bed, chair or wheelchair.

Hands-on Assistance means physical assistance without which the individual would be unable to perform an Activity of Daily Living.

Standby Assistance means another person must be within arm's reach of an individual to prevent, by physical intervention if necessary, injury while performing an activity of daily living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect a Cognitively Impaired person from threats to his or her own health or safety.

BENEFIT PAYMENTS

Subject to the Eligibility For The Payment Of Benefits and Limitation or Conditions On Eligibility For Benefits provisions, We'll pay (1) for the charges incurred for Nursing Home or Assisted Living Facility Care up to the Maximum Daily Benefit amounts shown on the Schedule per day, for the total of all Facility Care Covered Expenses and (2) for the charges incurred for Home and Community-Based Care up to the Maximum Weekly Benefit amount shown on the Schedule per week, for the total of all Home and Community-Based Care Covered Expenses, up to the Lifetime Maximum Benefit amount shown on the Schedule.

An expense is incurred on the date the service or treatment is given or the supply is bought. To be covered, the expense must be incurred while this policy is in force for You.

Maximum Daily Benefit means the maximum amount We will pay per day for You, after any applicable Elimination Period is satisfied. The Maximum Daily Benefit amounts for Nursing Home and Assisted Living Facility Care are shown on the Schedule.

Maximum Weekly Benefit means the maximum amount We will pay per calendar week for You , after any applicable Elimination Period is satisfied. The Maximum Weekly Benefit amount for Home and Community-Based Care is shown on the Schedule.

LIMITATION OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We won't pay more per day than the Maximum Daily Benefit amount shown in the Schedule for the total of all Facility Care Covered Expenses. We won't pay more per week than the Maximum Weekly Benefit amount shown in the Schedule for the total of all Home and Community Based Care Covered Expenses.

We won't pay more than the Lifetime Maximum Benefit for the total of all Covered Expenses. If both Facility Care and Home and Community Based Care expenses are incurred on the same day, only the earliest type of incurred expense for that day will be covered.

Lifetime Maximum Benefit means the maximum amount We'll pay You for the combined total of all Covered Expenses. This amount is equal to the Maximum Daily Benefit amount times the Maximum Benefit Multiplier. The Lifetime Maximum Benefit is shown in the Schedule.

Maximum Benefit Multiplier is the number used to multiply the Maximum Daily Benefit by in order to equal the Lifetime Maximum Benefit. The Maximum Benefit Multiplier is shown in the Schedule.

COVERED EXPENSES:

The following are Covered Expenses, but only to the extent that they are Prescribed Long Term Care Services.

I. FACILITY CARE COVERED EXPENSES

FACILITY CARE:

The charges incurred for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meets ALL of the following requirements:

1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day;
2. has beds for patients who need care; and
3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care.

Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements:

1. provide 24 hour a day care and services to at least 10 inpatients in one location;
2. have a trained and ready-to-respond employee on duty at all times to provide care;
3. provide 3 meals a day and accommodate special dietary needs;
4. have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and;
5. have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities.

Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

II. HOME AND COMMUNITY-BASED CARE COVERED EXPENSES

A. HOME HEALTH CARE:

The charges incurred for the following services and supplies provided by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care:

1. Visits by: licensed nurse; licensed nutritional specialist; medical social worker; Home Health Aide; legally qualified physical, occupational, speech or inhalation therapist;
2. Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable medical equipment used for therapeutic treatment;
3. Personal Care Services; and
4. Homemaker Services Incidental to Personal Care Services.

Home Health Aide means a licensed or certified home health care worker, other than a Physician, nurse or professional therapist, who performs Personal Care Services.

Home Health Care Agency means an agency or organization that:

1. Specializes in giving nursing care or therapeutic services in the Home;
2. Is licensed to provide such care or services by the appropriate licensing agency where performed or is certified as a Home Health Care Agency under Title XVIII of the Social Security Act of 1965, as amended;
3. Is operating within the scope of its license or certification; and
4. Maintains a complete medical record and Plan of Care for each patient.

Homemaker Services Incidental to Personal Care Services means only the following services when received in conjunction with formal Personal Care Services provided by a Home Health Care Agency or a Qualified Home Health Care Provider:

1. domestic or cleaning services;
2. laundry services;
3. food shopping and errands;
4. meal preparation and cleanup;
5. transportation assistance to and from medical appointments;
6. heavy cleaning which involves thorough cleaning of the Home to remove hazardous debris or dirt; and
7. meals from formal Home delivered meals programs.

Personal Care Services means assistance with performing Activities of Daily Living (as used to measure Functional Incapacity) because You require such assistance due to Functional Incapacity or Cognitive Impairment.

Qualified Home Health Care Provider means an individual or organization licensed or certified to provide home health care services. The Qualified Home Health Care Provider must be included in the Plan of Care as the provider of home health care services.

B. ADULT DAY CARE:

The charges incurred for the following services provided at an Adult Day Care Facility:

1. Visits by a licensed nurse;
2. Occupational, physical or speech therapy;
3. Social, recreational and educational events designed to improve the patient's self-awareness and level of functioning;
4. Training and help with the regular and customary activities of adult daily living;
5. Transportation to and from the Adult Day Care Facility; and
6. Meals provided by the Adult Day Care Facility.

Adult Day Care Facility means a facility that (a) is operated and licensed or certified as an Adult Day Care Facility under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meets ALL of the following requirements:

1. Operates at least 5 days a week for a minimum of 6 hours a day and is not an overnight facility;
2. Maintains a written record for each client that includes a Plan of Care and a record of all services provided;
3. Has established procedures for obtaining appropriate aid in the event of a medical emergency;
4. Has formal arrangements for providing the services of: a dietician; a licensed physical therapist; a licensed speech therapist and a licensed occupational therapist;
5. Its staff includes a full-time director and one or more nurses in attendance during operating hours for at least 4 hours a day; and
6. Is not owned or operated by a member of the Immediate Family.

OPTIONAL BENEFIT INCREASE

The Schedule shows which, if any, of the following options apply to this policy's coverage. The Schedule also shows the effective period of the increase and the percentage increase.

A. ANNUAL COMPOUND INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is then in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Weekly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the then current amounts for each maximum benefit amount shown in the Schedule.

B. ANNUAL EQUAL INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Weekly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the original amounts for each maximum benefit amount shown in the Schedule.

For both, if the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

Only that portion of the Lifetime Maximum Benefit which has not yet been paid toward expenses incurred before the anniversary date will increase. The increased amount that will be added to the Lifetime Maximum Benefit is equal to the percentage increases in the Maximum Daily Benefit for Nursing Home Care from the previous anniversary TIMES the unused portion of the Lifetime Maximum Benefit.

GUARANTEED PURCHASE OPTION

If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase Your Maximum Daily Benefits (Your Maximum Weekly Benefit and Lifetime Maximum Benefit will also increase proportionally) by the amount shown on the Schedule without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

If the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

PATIENT CARE COORDINATION

A Patient Care Coordination program is available at no extra cost to You. Under this program, We can assign a Patient Care Coordinator who is a specialist pre-approved by Us. This Coordinator is qualified by license, training or experience to help You select providers of care and services best suited for the type of care or treatment needed.

You, a member of Your Immediate Family or a Licensed Health Care Practitioner can contact Us at or before the time You begin to incur Covered Expenses under this policy, even before an Elimination Period has been met. We will then direct you to a Patient Care Coordinator.

INTERNATIONAL COVERAGE

If You require Prescribed Long Term Care Services otherwise covered by this policy while You are traveling or living outside of the United States, including its territories and possessions, and Canada, benefits will be payable according to the terms of this policy, subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. Providers of care must meet the certification or licensing requirements, if any, of the jurisdiction in which the care is received.

EXCLUSIONS

We won't pay for expenses incurred:

1. Due to war or act of war;
2. To the extent they are paid under Medicare or any other government insurance plan (except Medicaid);
3. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home;
4. For services and supplies not included in the Plan of Care;
5. For which no charge is customarily made in the absence of insurance;
6. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

WAIVER OF PREMIUM

After the Elimination Period has been satisfied, We'll waive the payment of any premium coming due thereafter for You as long as You are receiving benefits for Covered Expenses. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived as long as You continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

EXTENSION OF POLICY BENEFITS

Termination of this policy will not affect any claim for loss that begins while this policy is in force and continues beyond the date of termination. Benefits payable under the Extension of Policy Benefits provision are limited to this policy's Lifetime Maximum Benefit.

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available:

You may choose to:

1. reduce the Maximum Benefit but keep the same Maximum Daily/Weekly Benefits;
2. reduce the Maximum Daily/Weekly Benefits along with the Lifetime Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten ($10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information (including the applicable premium rates for the option(s) You are interested in) needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

EFFECT OF LEGISLATION CHANGES

The risk We assumed on this policy's Issue Date is based on the laws and regulations governing the system for the delivery and financing of health insurance then in effect. It's possible that the federal government or state legislation may change the system and therefore change the nature of the risk We assumed. If this occurs, We'll make any necessary change to policy benefits. We'll make such a change by adding: (a) an amendment to the policy; (b) a new schedule page; or (c), both (a) and (b).

BENEFIT AND PREMIUM CHANGE

We may change the premium only after We give You the appropriate advance notice required by Your state in which Your policy was issued.

Before making any such change, We'll get the necessary approval from the agency in Your state that regulates insurance. We'll tell You if such coverage change needs a premium change. Until the effective date of any coverage change, benefits will be based upon the risk We assumed on this policy's Issue Date.

In the event We increase premium, We will offer You the following options, as they apply to this policy, at least 30 days before a premium increase becomes effective:

1. Pay the increased premium and continue the policy in force as is;
2. Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
3. Exercise the Nonforfeiture Benefit Rider or Return of Premium Rider (if any such rider is attached to this policy); or
4. Exercise the Contingent Benefit at Lapse, if applicable.

CONTINGENT BENEFIT AT LAPSE

This Contingent Benefit at Lapse provision may only be exercised if this policy lapses due to non-payment of premium within 120 days after the effective date of a premium increase that meets or exceeds Your original premium by the percentage shown in the table below. (*Note: additional premium applied to increases in benefit amounts is not considered a premium increase*.) This Contingent Benefit at Lapse provision may *not* be exercised if this policy contains any Non-Forfeiture Benefit Rider or Return of Premium Benefit Rider.

Under this provision, We will convert Your current coverage to paid-up insurance with no further premiums being payable. The new Lifetime Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums You paid for the coverage or 30 times Your Maximum Daily Benefit Amount. All other benefit amounts will remain at the level attained at the time the policy lapses/converts to paid-up coverage. The Annual Benefit Increases, if any, provision will not apply to the paid-up insurance.

Benefits paid while Your coverage is in paid-up status combined with benefits paid while this policy was in force will not exceed the amount of benefits that would have been payable had the policy remained in force.

CONTINGENT BENEFIT AT LAPSE (Continued)

Cumulative Premium Increase over Original Premium that will Allow the Contingent Benefit at Lapse to be exercised.

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with any attached papers is the entire contract between You and Us. No change in this policy will be effective until 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 application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES: (a) We may void this policy or deny any claim for loss which starts within six months of this policy's Issue Date. We may do so only if We determine there was material misrepresentation which would have caused the application for this coverage to be declined; (b) After six months, but less than two years from this policy's Issue Date, We may void this policy or deny any claim for loss if We determine there was material misrepresentation which would have caused the application for this coverage to be declined, and which relates to the condition for which benefits are sought; (c) After two years from the Issue Date only fraudulent misstatements in the application relating to Your health may be used to void this policy or deny any claim for loss which starts after the two year period.

GRACE PERIOD: This policy has a 31 day grace period. This means that if a premium isn't paid on or before the date it's due, it may be paid during the following 31 days. During the grace period this policy will stay in force.

We won't end the policy for nonpayment of premium unless We have sent written notice to You and, if applicable, Your Authorized Designee (the person You designate to receive such notice) at least 30 days before the policy will end. Notice will not be given until 30 days after a premium is due and unpaid. You may change Your Authorized Designee at any time by sending Us written notice. We will notify You of Your right to change Your Authorized Designee no less often than once every two years.

REINSTATEMENT: If the premium isn't paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We or Our agent require an application You'll get 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 after the date of the conditional receipt unless We previously notified You in writing of Our disapproval.

In the event of lapse due to Cognitive Impairment or Functional Incapacity, You, or any person authorized to act on Your behalf, may request reinstatement of this policy. Such request must be made within six (6) months after this policy lapsed.

If proof of Cognitive Impairment or Functional Incapacity is provided and medically verified and We receive past due premium, We'll reinstate the policy. The reinstated policy will cover loss occurring from the date of lapse. Payment of premium must be made within 15 days following Our request.

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.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as possible. The notice can be given to Us at the address shown on page 1 of this policy or to any one of Our agents. Notice should include Your name and the policy number.

CLAIM FORMS: When We get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proof of Loss section.

PROOF OF LOSS: For periodic payment of a continuing loss, You must give Us written proof of loss within 90 days after the end of each period for which We are liable. For any other loss, You must give Us written proof within 90 days after the end of such loss.

If it wasn't reasonably possible for You to give Us proof in the time required, We won't reduce nor 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 year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this policy will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits due and unpaid at Your death may be paid to Your estate.

If benefits are payable to Your estate, We can pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

INFORMATION ON DENIAL OF CLAIM: In the event We deny benefits under this policy, You have the right to: (a) receive a written explanation of the reason(s) a claim was denied; and (b) all information directly relating to the claim denial. Write to Our Claim Review Department at the address shown on page one of this policy. We will respond within 60 days after receiving Your request.

PHYSICAL EXAMINATION: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

LEGAL ACTION: 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 such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

LONG TERM CARE POLICY

Facility Care and Home and Community-Based Care Benefits

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Caution: The issuance of this insurance policy is based upon Your responses to the questions on Your application. A copy of Your application will be attached to the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is upon delivery of Your policy. If, for any reason, any of Your answers are incorrect, contact Us at the above address.

NAME OF INSURED		**POLICY NUMBER**
FIRST PREMIUM		**ISSUE DATE**
FIRST RENEWAL DATE	**GR-N640**	**POLICY FORM**

Thank You for choosing Us for Your Long Term Care Insurance Coverage.

In this policy, **We, Our** and **Us** refer to Bankers Life and Casualty Company. **You, Family Member, Your** and **Yours** refer to the Insured named in the Schedule.

We promise to pay You the benefits provided by this policy. Benefits are subject to this policy's definitions, limitations and exclusions.

RENEWAL CONDITIONS - GUARANTEED RENEWABLE

This policy is guaranteed renewable and may be renewed on each renewal date for as long as You live. To renew, You must pay the renewal premium at the intervals available to You at the time of renewal, by its due date or during the 31 days that follow. We can't refuse to renew this policy or place any restrictions on it if You pay the renewal premium on time.

RENEWAL PREMIUM

We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis. We'll provide You with written notice of any change in the premium within the time required by Your state.

A change may also be due to addition or removal of any premium discount as provided in any attached rider.

YOUR THIRTY DAY RIGHT TO RETURN THIS POLICY

If You're not satisfied with this policy, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. We'll then void this policy and refund any premium paid.

EFFECTIVE DATE

This policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

NOTICE TO BUYER

This policy is a legal contract between You and Us. The insurance it provides may NOT cover all of the costs associated with long term care incurred by You during the period of coverage. You are, therefore, advised to **READ THIS POLICY CAREFULLY AND REVIEW ALL POLICY LIMITATIONS!**

This policy has been signed by Our President and Secretary on its Issue Date.

Secretary **President**

Countersigned by _____
Licensed Resident Agent

TAX QUALIFIED LONG TERM CARE POLICY
Facility Care Benefits

This policy is intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code as enacted by "The Health Insurance Portability and Accountability Act of 1996".

POLICY GUIDE

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SCHEDULE

NAME OF INSURED	[JOHN J. DOE]	[999,999,999]	POLICY NUMBER
FIRST PREMIUM	$[X,XXX.XX]	[JANUARY 1, 2009]	ISSUE DATE
FIRST RENEWAL DATE	[JANUARY 1, 2010]	[GR-N640]	POLICY FORM
[LIMITED PREMIUM PAYMENT PERIOD RIDER 242A]		[10]	[POLICY YEARS]

ELIMINATION PERIOD: [30] Days of Services Received

LIFETIME MAXIMUM BENEFIT: $[73,000.00]
Based upon a Maximum Benefit Multiplier Of [730]

BENEFITS:
Nursing Home Care: Expenses incurred per day
up to the Maximum Daily Benefit $[100.00]

Assisted Living Facility: Expense incurred per day $[50.00]
up to the Maximum Daily Benefit of

OPTIONAL BENEFITS:
[Compound Increases Option -- [5%] Covered For Life]
[Shared Maximum Benefit Rider XXX]

INSURED PREMIUM:

SEX	BIRTHDATE	AGE	PLAN NO.	OPTIONAL BENEFITS	ANNUAL PREMIUM	TOTAL PREMIUM
[Female]	[10/15/51]	[53]	N640		$[X,XXX.XX]	
				[226G]	$[XXX.XX]	$[X,XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM					$[X,XXX.XX]

[THE PREMIUM AMOUNT SHOWN ABOVE REFLECTS A [MARRIED/SPOUSAL/COMPANION DISCOUNT]

CONSIDERATION

We issued this policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep the policy in force until the First Renewal Date. The First Premium and First Renewal Date are shown on the Schedule.

PREMIUM REFUND AT DEATH

We'll refund that part of any premium paid covering the period beyond Your date of death.

GENERAL DEFINITIONS

Note: Additional definitions are found in specific benefit provisions.

Calendar Year is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Covered Expenses are defined and limited below in the provisions titled FACILITY CARE. Covered Expenses do not include charges for personal, comfort or convenience items such as television, radio or telephone.

Home means the Covered Person's primary place of residence. Home does not mean a Nursing Home, Assisted Living Facility, Hospital or other institutional setting.

Hospital means a place defined, and approved for payment, as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

Hospital doesn't mean a convalescent, nursing, rest or skilled nursing facility, nor a place that primarily treats the aged, drug addiction or alcoholism, including units in a hospital used for such care.

Immediate Family means You, Your spouse, and the children, brothers, sisters, parents, grandparents and grandchildren of either You or Your spouse.

Licensed Health Care Practitioner means any licensed Physician, registered professional nurse or licensed social worker. It doesn't include a member of the Immediate Family.

Medicaid means the "Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965, as Then Constituted or Later Amended."

Medicare means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended."

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating any injury or sickness. It doesn't include a member of the Immediate Family.

Plan of Care means a written individualized program of care prescribed for You if You become Chronically Ill. This Plan of Care must be developed, supervised and approved in writing by a Licensed Health Care Practitioner. We may require a copy of the initial Plan of Care and any changes later made to it.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which are:

1. needed by You; and
2. provided under a Plan of Care prescribed by a Licensed Health Care Practitioner.

BENEFIT PROVISIONS

Important terms used within the following Benefit Provisions are shown in bold print and quotation marks and defined therein.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits will be paid for Your Covered Expenses: (1) a Licensed Health Care Practitioner must certify that such expenses for Qualified Long Term Care Services are needed because You are Chronically Ill; and (2) the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review may include:(1) diagnosis, symptoms, complaints, and complications of a condition; (2) the reason for the services being rendered; (3) a Licensed Health Care Practitioner's orders; (4) schedule of treatment; (5) the patient's physical limitations and impairments; (6) the objectives of the Licensed Health Care Practitioner's Plan of Care; and (7) whether the expenses are for Qualified Long Term Care Services.

Chronically Ill means You have been certified by a Licensed Health Care Practitioner within the preceding 12 month period as:

1. being Functionally Incapacitated for a period expected to last at least 90 days; or
2. having a Severe Cognitive Impairment.

Severe Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Severe Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's:

1. short or long term memory;
2. orientation as to people, place, and time;
3. deductive or abstract reasoning; or
4. judgement as it relates to safety awareness.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Elimination Period means the number of days You must receive covered Facility Care services before benefits are payable. The Elimination Period has to be satisfied only once for You under this policy. The Elimination Period is shown in the Schedule.

Functional Incapacity means the inability to perform two (2) or more of the Activities of Daily Living defined below without the Hands-on Assistance or Standby Assistance of another person. Such Functional Incapacity must be expected to last at least 90 days.

Activities of Daily Living are:

Bathing - washing oneself by sponge bath; or in either a tub or shower, including getting into or out of the tub or shower.

Continence - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously.

Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - moving into or out of a bed, chair or wheelchair.

Hands-on Assistance means physical assistance without which the individual would be unable to perform an Activity of Daily Living.

Standby Assistance means another person must be within arm's reach of an individual to prevent, by physical intervention if necessary, injury while performing an activity of daily living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect a Severely Cognitively Impaired person from threats to his or her own health or safety.

BENEFIT PAYMENTS

Subject to the Eligibility For The Payment of Benefits and Limitation or Conditions On Eligibility For Benefits provisions, We'll pay for the charges incurred, up to the Maximum Daily Benefit amount, per day, for the total of all Facility Care Covered Expenses.

Maximum Daily Benefit means the maximum amount We'll pay per day for You, after any applicable Elimination Period is satisfied. The Maximum Daily Benefit amounts for Nursing Home and Assisted Living Facility Care are shown on the Schedule.

An expense is incurred on the date the service or treatment is given or the supply is bought. To be covered, the expense must be incurred while this policy is in force for You.

LIMITATION OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We won't pay more per day than the Maximum Daily Benefit amount shown in the Schedule for the total of all Facility Care Covered Expenses.

We won't pay more than the Lifetime Maximum Benefit for the total of all Covered Expenses.

Lifetime Maximum Benefit means the maximum amount We'll pay You for the combined total of all Covered Expenses. This amount is equal to the Maximum Daily Benefit amount times the Maximum Benefit Multiplier. The Lifetime Maximum Benefit is shown in the Schedule.

Maximum Benefit Multiplier is the number used to multiply the Maximum Daily Benefit by in order to equal the Lifetime Maximum Benefit. The Maximum Benefit Multiplier is shown in the Schedule.

COVERED EXPENSES:

The following are Covered Expenses, but only to the extent that they are Qualified Long Term Care Services.

FACILITY CARE COVERED EXPENSE

FACILITY CARE:

The charges incurred for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meets ALL of the following requirements:

1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day;
2. has beds for patients who need care; and
3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care.

Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements:

1. provide 24 hour a day care and services to at least 10 inpatients in one location;
2. have a trained and ready-to-respond employee on duty at all times to provide care;
3. provide 3 meals a day and accommodate special dietary needs;
4. have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and;
5. have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities.

Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

OPTIONAL BENEFIT INCREASE

The Schedule shows which, if any, of the following options apply to this policy's coverage. The Schedule also shows the effective period of the increase and the percentage increase.

A. ANNUAL COMPOUND INCREASES BENEFIT OPTION
If this option is shown in the Schedule and the policy is then in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the then current amounts for each maximum benefit amount shown in the Schedule.

B. ANNUAL EQUAL INCREASES BENEFIT OPTION
If this option is shown in the Schedule and the policy is in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the original amounts for each maximum benefit amount shown in the Schedule.

For both, if the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount as of the next policy anniversary.

Only that portion of the Lifetime Maximum Benefit which has not yet been paid toward expenses incurred before the anniversary date will increase. The increased amount that will be added to the Lifetime Maximum Benefit is equal to the percentage increases in the Maximum Daily Benefit for Nursing Home Care from the previous anniversary TIMES the unused portion of the Lifetime Maximum Benefit.

GUARANTEED PURCHASE OPTION

If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase Your Maximum Daily Benefits (Your Lifetime Maximum Benefit will also increase proportionally) by the amount shown on the Schedule without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

If the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount as of the next policy anniversary.

PATIENT CARE COORDINATION

A Patient Care Coordination program is available at no extra cost to You. Under this program, We can assign a Patient Care Coordinator who is a specialist pre-approved by Us. This Coordinator is qualified by license, training or experience to help the Family Member select providers of care and services best suited for the type of care or treatment needed.

You, a member of the Immediate Family, or a Licensed Health Care Practitioner can contact Us at or before the time a Family Member begins to incur Covered Expenses under this policy, even before an Elimination Period has been met. We will then direct You to a Patient Care Coordinator.

INTERNATIONAL COVERAGE

If You require Qualified Long Term Care Services otherwise covered by this policy while You are traveling or living outside of the United States, including its territories and possessions, and Canada, benefits will be payable according to the terms of this policy, subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. Providers of care must meet the certification or licensing requirements, if any, of the jurisdiction in which the care is received.

EXCLUSIONS

We won't pay for expenses incurred:

1. Due to war or act of war;
2. To the extent they are paid under Medicare or any other government insurance plan (except Medicaid). This includes expenses that would be reimbursable by Medicare but for the application of a deductible or coinsurance amount;
3. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home;
4. For services and supplies not included in the Plan of Care;
5. For which no charge is customarily made in the absence of insurance;
6. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

WAIVER OF PREMIUM

After the Elimination Period has been satisfied, We'll waive the payment of any premium coming due thereafter for You as long as You are receiving benefits for Covered Expenses. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived as long as You continue to incur Covered Expenses and has not exhausted the Lifetime Maximum Benefit.

EXTENSION OF POLICY BENEFITS

Termination of this policy will not affect any claim for loss that begins while this policy is in force and continues beyond the date of termination. Benefits payable under the Extension of Policy Benefits provision are limited to this policy's Lifetime Maximum Benefit.

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available:

You may choose to:

1. reduce the Maximum Benefit but keep the same Maximum Daily Benefits;
2. reduce the Maximum Daily Benefits along with the Lifetime Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten ($10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information (including the applicable premium rates for the option(s) You are interested in) needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

EFFECT OF LEGISLATION CHANGES

The risk We assumed on this policy's Issue Date is based on the laws and regulations governing the system for the delivery and financing of health insurance then in effect. It's possible that the federal government or state legislation may change the system and therefore change the nature of the risk We assumed. If this occurs, We'll make any necessary change to policy benefits. We'll make such a change by adding: (a) an amendment to the policy; (b) a new schedule page; or (c), both (a) and (b).

BENEFIT AND PREMIUM CHANGE

We may change the premium only after We give You the appropriate advance notice required by Your state in which the Your policy was issued.

Before making any such change, We'll get the necessary approval from the agency in Your state that regulates insurance. We'll tell You if such coverage change needs a premium change. Until the effective date of any coverage change, benefits will be based upon the risk We assumed on this policy's Issue Date.

In the event We increase premium, We will offer You the following options, as they apply to this policy, at least 30 days before a premium increase becomes effective:

1. Pay the increased premium and continue the policy in force as is;
2. Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
3. Exercise the Nonforfeiture Benefit Rider or Return of Premium Rider (if any such rider is attached to this policy); or
4. Exercise the Contingent Benefit at Lapse, if applicable.

CONTINGENT BENEFIT AT LAPSE

This Contingent Benefit at Lapse provision may only be exercised if this policy lapses due to non-payment of premium within 120 days after the effective date of a premium increase that meets or exceeds Your original premium by the percentage shown in the table below. (*Note: additional premium applied to increases in benefit amounts is not considered a premium increase*.) This Contingent Benefit at Lapse provision may *not* be exercised if this policy contains any Non-Forfeiture Benefit Rider or Return of Premium Benefit Rider.

Under this provision, We will convert Your current coverage to paid-up insurance with no further premiums being payable. The new Lifetime Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums You paid for the coverage or 30 times Your Maximum Daily Benefit Amount. All other benefit amounts will remain at the level attained at the time the policy lapses/converts to paid-up coverage. The Annual Benefit Increases, if any, provision will not apply to the paid-up insurance.

Benefits paid while Your coverage is in paid-up status combined with benefits paid while this policy was in force will not exceed the amount of benefits that would have been payable had the policy remained in force.

CONTINGENT BENEFIT AT LAPSE (Continued)

Cumulative Premium Increase over Original Premium that will Allow the Contingent Benefit at Lapse to be exercised.

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with any attached papers is the entire contract between You and Us. No change in this policy will be effective until 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 application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES: (a) We may void this policy or deny any claim for loss which starts within six months of this policy's Issue Date. We may do so only if We determine there was material misrepresentation which would have caused the application for this coverage to be declined; (b) After six months, but less than two years from this policy's Issue Date, We may void this policy or deny any claim for loss if We determine there was material misrepresentation which would have caused the application for this coverage to be declined, and which relates to the condition for which benefits are sought; (c) After two years from the Issue Date only fraudulent misstatements in the application relating to Your health may be used to void this policy or deny any claim for loss which starts after the two year period.

GRACE PERIOD: This policy has a 31 day grace period. This means that if a premium isn't paid on or before the date it's due, it may be paid during the following 31 days. During the grace period this policy will stay in force.

We won't end the policy for nonpayment of premium unless We have sent written notice to You and, if applicable, Your Authorized Designee (the person You designate to receive such notice) at least 30 days before the policy will end. Notice will not be given until 30 days after a premium is due and unpaid. You may change Your Authorized Designee at any time by sending Us written notice. We will notify You of Your right to change Your Authorized Designee no less often than once every two years.

REINSTATEMENT: If the premium isn't paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We or Our agent require an application You'll get 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 after the date of the conditional receipt unless We previously notified You in writing of Our disapproval.

In the event of lapse due to Severe Cognitive Impairment or Functional Incapacity, You, or any person authorized to act on Your behalf, may request reinstatement of this policy. Such request must be made within six (6) months after this policy lapsed.

If proof of Severe Cognitive Impairment or Functional Incapacity is provided and medically verified and We receive past due premium, We'll reinstate the policy. The reinstated policy will cover loss occurring from the date of lapse. Payment of premium must be made within 15 days following Our request.

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.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as possible. The notice can be given to Us at the address shown on page 1 of this policy or to any one of Our agents. Notice should include Your name and the policy number.

CLAIM FORMS: When We get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proof of Loss section.

PROOF OF LOSS: For periodic payment of a continuing loss, You must give Us written proof of loss within 90 days after the end of each period for which We are liable. For any other loss, You must give Us written proof within 90 days after the end of such loss.

If it wasn't reasonably possible for You to give Us proof in the time required, We won't reduce nor 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 year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this policy will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits due and unpaid at Your death may be paid to Your estate.

If benefits are payable to Your estate, We can pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

INFORMATION ON DENIAL OF CLAIM: In the event We deny benefits under this policy, a Family Member has the right to: (a) receive a written explanation of the reason(s) a claim was denied; and (b) all information directly relating to the claim denial. Write to Our Claim Review Department at the address shown on page one of this policy. We will respond within 60 days after receiving Your request.

PHYSICAL EXAMINATION: We, at Our expense, have the right to have a Family Member examined as often as reasonably necessary while a claim is pending.

LEGAL ACTION: 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 such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

TAX QUALIFIED LONG TERM CARE POLICY

Facility Care Benefits

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Caution: The issuance of this insurance policy is based upon Your responses to the questions on Your application. A copy of Your application will be attached to the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is upon delivery of Your policy. If, for any reason, any of Your answers are incorrect, contact Us at the above address.

NAME OF INSURED		**POLICY NUMBER**
FIRST PREMIUM		**ISSUE DATE**
FIRST RENEWAL DATE	**GR-N650**	**POLICY FORM**

Thank You for choosing Us for Your Long Term Care Insurance Coverage.

In this policy, **We, Our** and **Us** refer to Bankers Life and Casualty Company. **You, Family Member, Your** and **Yours** refer to the Insured named in the Schedule.

We promise to pay You the benefits provided by this policy. Benefits are subject to this policy's definitions, limitations and exclusions.

RENEWAL CONDITIONS - GUARANTEED RENEWABLE

This policy is guaranteed renewable and may be renewed on each renewal date for as long as You live. To renew, You must pay the renewal premium at the intervals available to You at the time of renewal, by its due date or during the 31 days that follow. We can't refuse to renew this policy or place any restrictions on it if You pay the renewal premium on time.

RENEWAL PREMIUM

We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis. We'll provide You with written notice of any change in the premium within the time required by Your state.

A change may also be due to addition or removal of any premium discount as provided in any attached rider.

YOUR THIRTY DAY RIGHT TO RETURN THIS POLICY

If You're not satisfied with this policy, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. We'll then void this policy and refund any premium paid.

EFFECTIVE DATE

This policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

NOTICE TO BUYER

This policy is a legal contract between You and Us. The insurance it provides may NOT cover all of the costs associated with long term care incurred by You during the period of coverage. You are, therefore, advised to **READ THIS POLICY CAREFULLY AND REVIEW ALL POLICY LIMITATIONS!**

This policy has been signed by Our President and Secretary on its Issue Date.

Secretary **President**

Countersigned by _____
Licensed Resident Agent

TAX QUALIFIED LONG TERM CARE POLICY
Facility Care and Home and Community-Based Care Benefits

This policy is intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code as enacted by "The Health Insurance Portability and Accountability Act of 1996."

POLICY GUIDE

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SCHEDULE

NAME OF INSURED	[JOHN J. DOE]	[999,999,999]	POLICY NUMBER
FIRST PREMIUM	$[X,XXX.XX]	[JANUARY 1, 2009]	ISSUE DATE
FIRST RENEWAL DATE	[JANUARY 1, 2010]	[GR-N650]	POLICY FORM
[LIMITED PREMIUM PAYMENT PERIOD RIDER 242A]		[10]	[POLICY YEARS]

ELIMINATION PERIOD: [30] Days of Services Received

LIFETIME MAXIMUM BENEFIT: $[73,000.00]
Based upon a Maximum Benefit Multiplier Of [730]

Of this Lifetime Maximum Benefit, Home and Community-Based Care is covered up to: $[36,500.00]

BENEFITS:

Nursing Home Care: Expenses incurred per day
up to the Maximum Daily Benefit $[100.00]

Assisted Living Facility: Expense incurred per day $[50.00]
up to the Maximum Daily Benefit of

Home and Community-Based Care: Expenses incurred per month
up to the Maximum Monthly Benefit $[1,550.00]

OPTIONAL BENEFITS:

[Compound Increases Option --	[5%]	Covered through age 60
Compound Increases Option -	[3%]	Covered through 61 to age 75
	[0%]	Age 76 onwards]

[Shared Maximum Benefit Rider XXX]

INSURED PREMIUM:

SEX	BIRTHDATE	AGE	PLAN NO.	OPTIONAL BENEFITS	ANNUAL PREMIUM	TOTAL PREMIUM
[Female]	[10/15/51]	[53]	N650		$[X,XXX.XX]	
				[226G]	$[XXX.XX]	$[X,XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM					$[X,XXX.XX]

[THE PREMIUM AMOUNT SHOWN ABOVE REFLECTS A [MARRIED/SPOUSAL/COMPANION DISCOUNT]

CONSIDERATION

We issued this policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep the policy in force until the First Renewal Date. The First Premium and First Renewal Date are shown on the Schedule.

PREMIUM REFUND AT DEATH

We'll refund that part of any premium paid covering the period beyond Your date of death.

GENERAL DEFINITIONS

Note: Additional definitions are found in specific benefit provisions.

Calendar Year is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Covered Expenses are defined and limited below in the provisions titled FACILITY CARE and HOME AND COMMUNITY BASED CARE. Covered Expenses do not include charges for personal, comfort or convenience items such as television, radio or telephone.

Home means Your primary place of residence. Home does not mean a Nursing Home, Assisted Living Facility, Hospital or other institutional setting.

Hospital means a place defined, and approved for payment, as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

"Hospital" doesn't mean a convalescent, nursing, rest or skilled nursing facility, nor a place that primarily treats the aged, drug addiction or alcoholism, including units in a hospital used for such care.

Immediate Family means You, Your spouse, and the children, brothers, sisters, parents, grandparents and grandchildren of either You or Your spouse.

Licensed Health Care Practitioner means any licensed Physician, registered professional nurse or licensed social worker. It doesn't include a member of the Immediate Family.

Medicaid means the Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965, as Then Constituted or Later Amended.

Medicare means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating any injury or sickness. It doesn't include a member of the Immediate Family.

Plan of Care means a written individualized program of care prescribed for You. This Plan of Care must be developed, supervised and approved in writing by a Licensed Health Care Practitioner. We may require a copy of the initial Plan of Care and any changes later made to it.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which are:

1. needed by You; and
2. provided under a Plan of Care prescribed by a Licensed Health Care Practitioner.

Week means a period of seven (7) days beginning on Sunday and ending on the following Saturday.

BENEFIT PROVISIONS

Important terms used within the following Benefit Provisions are shown in bold print and quotation marks and defined therein.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits will be paid for Your Covered Expenses: (1) a Licensed Health Care Practitioner must certify that such expenses for Qualified Long Term Care Services are needed because You are Chronically Ill; and (2) the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review may include: (1) diagnosis, symptoms, complaints, and complications of a condition; (2) the reason for the services being rendered; (3) a Licensed Health Care Practitioner's orders; (4) schedule of treatment; (5) the patient's physical limitations and impairments; (6) the objectives of the Licensed Health Care Practitioner's Plan of Care; and (7) whether the expenses are for Qualified Long Term Care Services.

Chronically Ill means You have been certified by a Licensed Health Care Practitioner within the preceding 12 month period as:

1. being Functionally Incapacitated for a period expected to last at least 90 days; or
2. having a Severe Cognitive Impairment.

Severe Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's:

1. short or long term memory;
2. orientation as to people, place, and time;
3. deductive or abstract reasoning; or
4. judgement as it relates to safety awareness.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Elimination Period means the number of days You must receive covered Facility Care or Home and Community Based Care services before benefits are payable. If You are receiving covered Home and Community Based Care services, then three (3) days will be counted toward the Elimination Period for each day covered Home and Community Based Care services are received. The Elimination Period has to be satisfied only once for You under this policy. The Elimination Period is shown in the Schedule.

Functional Incapacity means the inability to perform two (2) or more of the Activities of Daily Living defined below without the Hands-on Assistance or Standby Assistance of another person. Such Functional Incapacity must be expected to last at least 90 days.

Activities of Daily Living are:

Bathing - washing oneself by sponge bath; or in either a tub or shower, including getting into or out of the tub or shower.

Continence - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously.

Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - moving into or out of a bed, chair or wheelchair.

Hands-on Assistance means physical assistance without which the individual would be unable to perform an Activity of Daily Living.

Standby Assistance means another person must be within arm's reach of an individual to prevent, by physical intervention if necessary, injury while performing an activity of daily living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect a Severely Cognitively Impaired person from threats to his or her own health or safety.

BENEFIT PAYMENTS

Subject to the Eligibility For The Payment Of Benefits and Limitation or Conditions On Eligibility For Benefits provisions, We'll pay (1) for the charges incurred for Nursing Home or Assisted Living Facility Care up to the Maximum Daily Benefit amounts shown on the Schedule per day, for the total of all Facility Care Covered Expenses and (2) for the charges incurred for Home and Community-Based Care up to the Maximum Monthly Benefit amount shown on the Schedule per month, for the total of all Home and Community-Based Care Covered Expenses, up to the Lifetime Maximum Benefit amount shown on the Schedule.

An expense is incurred on the date the service or treatment is given or the supply is bought. To be covered, the expense must be incurred while this policy is in force for You.

Maximum Daily Benefit means the maximum amount We will pay per day for You, after any applicable Elimination Period is satisfied. The Maximum Daily Benefit amounts for Nursing Home and Assisted Living Facility Care are shown on the Schedule.

Maximum Monthly Benefit means the maximum amount We will pay per calendar month for You , after any applicable Elimination Period is satisfied. The Maximum Monthly Benefit amount for Home and Community-Based Care is shown on the Schedule.

LIMITATION OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We won't pay more per day than the Maximum Daily Benefit amount shown in the Schedule for the total of all Facility Care Covered Expenses. We won't pay more per month than the Maximum Monthly Benefit amount shown in the Schedule for the total of all Home and Community Based Care Covered Expenses.

We won't pay more than the Lifetime Maximum Benefit for the total of all Covered Expenses. If both Facility Care and Home and Community Based Care expenses are incurred on the same day, only the earliest type of incurred expense for that day will be covered.

Lifetime Maximum Benefit means the maximum amount We'll pay You for the combined total of all Covered Expenses. This amount is equal to the Maximum Daily Benefit amount times the Maximum Benefit Multiplier. The Lifetime Maximum Benefit is shown in the Schedule.

Maximum Benefit Multiplier is the number used to multiply the Maximum Daily Benefit by in order to equal the Lifetime Maximum Benefit. The Maximum Benefit Multiplier is shown in the Schedule.

COVERED EXPENSES:
The following are Covered Expenses, but only to the extent that they are Qualified Long Term Care Services.

I. FACILITY CARE COVERED EXPENSES

FACILITY CARE:
The charges incurred for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meets ALL of the following requirements:

1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day;
2. has beds for patients who need care; and
3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care.

Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements:

1. provide 24 hour a day care and services to at least 10 inpatients in one location;
2. have a trained and ready-to-respond employee on duty at all times to provide care;
3. provide 3 meals a day and accommodate special dietary needs;
4. have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and;
5. have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities.

Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

II. HOME AND COMMUNITY-BASED CARE COVERED EXPENSES

A. HOME HEALTH CARE:

The charges incurred for the following services and supplies provided by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care:

1. Visits by: licensed nurse; licensed nutritional specialist; medical social worker; Home Health Aide; legally qualified physical, occupational, speech or inhalation therapist;
2. Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable medical equipment used for therapeutic treatment;
3. Personal Care Services; and
4. Homemaker Services Incidental to Personal Care Services.

Home Health Aide means a licensed or certified home health care worker, other than a Physician, nurse or professional therapist, who performs Personal Care Services.

Home Health Care Agency means an agency or organization that:

1. Specializes in giving nursing care or therapeutic services in the Home;
2. Is licensed to provide such care or services by the appropriate licensing agency where performed or is certified as a Home Health Care Agency under Title XVIII of the Social Security Act of 1965, as amended;
3. Is operating within the scope of its license or certification; and
4. Maintains a complete medical record and Plan of Care for each patient.

Homemaker Services Incidental to Personal Care Services means only the following services when received in conjunction with formal Personal Care Services provided by a Home Health Care Agency or a Qualified Home Health Care Provider:

1. domestic or cleaning services;
2. laundry services;
3. food shopping and errands;
4. meal preparation and cleanup;
5. transportation assistance to and from medical appointments;
6. heavy cleaning which involves thorough cleaning of the Home to remove hazardous debris or dirt; and
7. meals from formal Home delivered meals programs.

Personal Care Services means assistance with performing Activities of Daily Living (as used to measure Functional Incapacity) because You require such assistance due to Functional Incapacity or Severe Cognitive Impairment.

Qualified Home Health Care Provider means an individual or organization licensed or certified to provide home health care services. The Qualified Home Health Care Provider must be included in the Plan of Care as the provider of home health care services.

B. ADULT DAY CARE:
The charges incurred for the following services provided at an Adult Day Care Facility:
1. Visits by a licensed nurse;
2. Occupational, physical or speech therapy;
3. Social, recreational and educational events designed to improve the patient's self-awareness and level of functioning;
4. Training and help with the regular and customary activities of adult daily living;
5. Transportation to and from the Adult Day Care Facility; and
6. Meals provided by the Adult Day Care Facility.

Adult Day Care Facility means a facility that (a) is operated and licensed or certified as an Adult Day Care Facility under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meets ALL of the following requirements:
1. Operates at least 5 days a week for a minimum of 6 hours a day and is not an overnight facility;
2. Maintains a written record for each client that includes a Plan of Care and a record of all services provided;
3. Has established procedures for obtaining appropriate aid in the event of a medical emergency;
4. Has formal arrangements for providing the services of: a dietician; a licensed physical therapist; a licensed speech therapist and a licensed occupational therapist;
5. Its staff includes a full-time director and one or more nurses in attendance during operating hours for at least 4 hours a day; and
6. Is not owned or operated by a member of the Immediate Family.

OPTIONAL BENEFIT INCREASE

The Schedule shows which, if any, of the following options apply to this policy's coverage. The Schedule also shows the effective period of the increase and the percentage increase.

A. ANNUAL COMPOUND INCREASES BENEFIT OPTION
If this option is shown in the Schedule and the policy is then in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Monthly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the then current amounts for each maximum benefit amount shown in the Schedule.

B. ANNUAL EQUAL INCREASES BENEFIT OPTION
If this option is shown in the Schedule and the policy is in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Monthly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage amount and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the original amounts for each maximum benefit amount shown in the Schedule.

For both, if the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

Only that portion of the Lifetime Maximum Benefit which has not yet been paid toward expenses incurred before the anniversary date will increase. The increased amount that will be added to the Lifetime Maximum Benefit is equal to the percentage increases in the Maximum Daily Benefit for Nursing Home Care from the previous anniversary TIMES the unused portion of the Lifetime Maximum Benefit.

GUARANTEED PURCHASE OPTION

If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase Your Maximum Daily Benefits (Your Lifetime Maximum Benefit will also increase proportionally) by the amount shown on the Schedule without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

If the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

PATIENT CARE COORDINATION

A Patient Care Coordination program is available at no extra cost to You. Under this program, We can assign a Patient Care Coordinator who is a specialist pre-approved by Us. This Coordinator is qualified by license, training or experience to help You select providers of care and services best suited for the type of care or treatment needed.

You, a member of Your Immediate Family or a Licensed Health Care Practitioner can contact Us at or before the time You begin to incur Covered Expenses under this policy, even before an Elimination Period has been met. We will then direct you to a Patient Care Coordinator.

INTERNATIONAL COVERAGE

If You require Qualified Long Term Care Services otherwise covered by this policy while You are traveling or living outside of the United States, including its territories and possessions, and Canada, benefits will be payable according to the terms of this policy, subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. Providers of care must meet the certification or licensing requirements, if any, of the jurisdiction in which the care is received.

EXCLUSIONS

We won't pay for expenses incurred:

1. Due to war or act of war;
2. To the extent they are paid under Medicare or any other government insurance plan (except Medicaid). This includes expenses that would be reimbursable by Medicare but for the application of a deductible or coinsurance amount;
3. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home;
4. For services and supplies not included in the Plan of Care;
5. For which no charge is customarily made in the absence of insurance.
6. Outside the United States, its territories and possessions or Canada except as specifically coverer under the International Coverage provision.

WAIVER OF PREMIUM

After the Elimination Period has been satisfied, We'll waive the payment of any premium coming due thereafter for You as long as You are receiving benefits for Covered Expenses. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived as long as You continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

EXTENSION OF POLICY BENEFITS

Termination of this policy will not affect any claim for loss that begins while this policy is in force and continues beyond the date of termination. Benefits payable under the Extension of Policy Benefits provision are limited to this policy's Lifetime Maximum Benefit.

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available:

You may choose to:

1. reduce the Maximum Benefit but keep the same Maximum Daily/Monthly Benefits;
2. reduce the Maximum Daily Benefits along with the Lifetime Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten ($10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information (including the applicable premium rates for the option(s) You are interested in) needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases reflects as shown in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

EFFECT OF LEGISLATION CHANGES

The risk We assumed on this policy's Issue Date is based on the laws and regulations governing the system for the delivery and financing of health insurance then in effect. It's possible that the federal government or state legislation may change the system and therefore change the nature of the risk We assumed. If this occurs, We'll make any necessary change to policy benefits. We'll make such a change by adding: (a) an amendment to the policy; (b) a new schedule page; or (c), both (a) and (b).

BENEFIT AND PREMIUM CHANGE

We may change the premium only after We give You the appropriate advance notice required by Your state in which the Your policy was issued.

Before making any such change, We'll get the necessary approval from the agency in Your state that regulates insurance. We'll tell You if such coverage change needs a premium change. Until the effective date of any coverage change, benefits will be based upon the risk We assumed on this policy's Issue Date.

In the event We increase premium, We will offer You the following options, as they apply to this policy, at least 30 days before a premium increase becomes effective:

1. Pay the increased premium and continue the policy in force as is;
2. Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
3. Exercise the Nonforfeiture Benefit Rider or Return of Premium Rider (if any such rider is attached to this policy); or
4. Exercise the Contingent Benefit at Lapse, if applicable.

CONTINGENT BENEFIT AT LAPSE

This Contingent Benefit at Lapse provision may only be exercised if this policy lapses due to non-payment of premium within 120 days after the effective date of a premium increase that meets or exceeds Your original premium by the percentage shown in the table below. (*Note: additional premium applied to increases in benefit amounts is not considered a premium increase*.) This Contingent Benefit at Lapse provision may *not* be exercised if this policy contains any Non-Forfeiture Benefit Rider or Return of Premium Benefit Rider.

Under this provision, We will convert Your current coverage to paid-up insurance with no further premiums being payable. The new Lifetime Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums You paid for the coverage or 30 times Your Maximum Daily Benefit Amount. All other benefit amounts will remain at the level attained at the time the policy lapses/converts to paid-up coverage. The Annual Benefit Increases, if any, provision will not apply to the paid-up insurance.

Benefits paid while Your coverage is in paid-up status combined with benefits paid while this policy was in force will not exceed the amount of benefits that would have been payable had the policy remained in force.

CONTINGENT BENEFIT AT LAPSE (Continued)

Cumulative Premium Increase over Original Premium that will Allow the Contingent Benefit at Lapse to be exercised.

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with any attached papers is the entire contract between You and Us. No change in this policy will be effective until 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 application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES: (a) We may void this policy or deny any claim for loss which starts within six months of this policy's Issue Date. We may do so only if We determine there was material misrepresentation which would have caused the application for this coverage to be declined; (b) After six months, but less than two years from this policy's Issue Date, We may void this policy or deny any claim for loss if We determine there was material misrepresentation which would have caused the application for this coverage to be declined, and which relates to the condition for which benefits are sought; (c) After two years from the Issue Date only fraudulent misstatements in the application relating to Your health may be used to void this policy or deny any claim for loss which starts after the two year period.

GRACE PERIOD: This policy has a 31 day grace period. This means that if a premium isn't paid on or before the date it's due, it may be paid during the following 31 days. During the grace period this policy will stay in force.

We won't end the policy for nonpayment of premium unless We have sent written notice to You and, if applicable, Your Authorized Designee (the person You designate to receive such notice) at least 30 days before the policy will end. Notice will not be given until 30 days after a premium is due and unpaid. You may change Your Authorized Designee at any time by sending Us written notice. We will notify You of Your right to change Your Authorized Designee no less often than once every two years.

REINSTATEMENT: If the premium isn't paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We or Our agent require an application You'll get 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 after the date of the conditional receipt unless We previously notified You in writing of Our disapproval.

In the event of lapse due to Severe Cognitive Impairment or Functional Incapacity, You, or any person authorized to act on Your behalf, may request reinstatement of this policy. Such request must be made within six (6) months after this policy lapsed.

If proof of Severe Cognitive Impairment or Functional Incapacity is provided and medically verified and We receive past due premium, We'll reinstate the policy. The reinstated policy will cover loss occurring from the date of lapse. Payment of premium must be made within 15 days following Our request.

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.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as possible. The notice can be given to Us at the address shown on page 1 of this policy or to any one of Our agents. Notice should include Your name and the policy number.

CLAIM FORMS: When We get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proof of Loss section.

PROOF OF LOSS: For periodic payment of a continuing loss, You must give Us written proof of loss within 90 days after the end of each period for which We are liable. For any other loss, You must give Us written proof within 90 days after the end of such loss.

If it wasn't reasonably possible for You to give Us proof in the time required, We won't reduce nor 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 year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this policy will be paid as soon as We receive properwritten proof of loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits due and unpaid at Your death may be paid to Your estate.

If benefits are payable to Your estate, We can pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

INFORMATION ON DENIAL OF CLAIM: In the event We deny benefits under this policy, You have the right to: (a) receive a written explanation of the reason(s) a claim was denied; and (b) all information directly relating to the claim denial. Write to Our Claim Review Department at the address shown on page one of this policy. We will respond within 60 days after receiving Your request.

PHYSICAL EXAMINATION: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

LEGAL ACTION: 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 such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

TAX QUALIFIED LONG TERM CARE POLICY

Facility Care and Home and Community-Based Care Benefits

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Caution: The issuance of this insurance policy is based upon Your responses to the questions on Your application. A copy of Your application will be attached to the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is upon delivery of Your policy. If, for any reason, any of Your answers are incorrect, contact Us at the above address.

NAME OF INSURED		**POLICY NUMBER**
FIRST PREMIUM		**ISSUE DATE**
FIRST RENEWAL DATE	**GR-N670**	**POLICY FORM**

Thank You for choosing Us for Your Long Term Care Insurance Coverage.

In this policy, **We, Our** and **Us** refer to Bankers Life and Casualty Company. **You, Family Member, Your** and **Yours** refer to the Insured named in the Schedule.

We promise to pay You the benefits provided by this policy. Benefits are subject to this policy's definitions, limitations and exclusions.

RENEWAL CONDITIONS - GUARANTEED RENEWABLE

This policy is guaranteed renewable and may be renewed on each renewal date for as long as You live. To renew, You must pay the renewal premium at the intervals available to You at the time of renewal, by its due date or during the 31 days that follow. We can't refuse to renew this policy or place any restrictions on it if You pay the renewal premium on time.

RENEWAL PREMIUM

We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis. We'll provide You with written notice of any change in the premium within the time required by Your state.

A change may also be due to addition or removal of any premium discount as provided in any attached rider.

YOUR THIRTY DAY RIGHT TO RETURN THIS POLICY

If You're not satisfied with this policy, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. We'll then void this policy and refund any premium paid.

EFFECTIVE DATE

This policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

NOTICE TO BUYER

This policy is a legal contract between You and Us. The insurance it provides may NOT cover all of the costs associated with long term care incurred by You during the period of coverage. You are, therefore, advised to **READ THIS POLICY CAREFULLY AND REVIEW ALL POLICY LIMITATIONS!**

This policy has been signed by Our President and Secretary on its Issue Date.

Secretary **President**

Countersigned by _____
Licensed Resident Agent

LONG TERM CARE POLICY
Facility Care Benefits

This policy is <u>not</u> intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code as enacted by "The Health Insurance Portability and Accountability Act of 1996." It does not qualify for favorable tax treatment considerations.

POLICY GUIDE

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SCHEDULE

NAME OF INSURED	[JOHN J. DOE]	[999,999,999]	POLICY NUMBER
FIRST PREMIUM	$[X,XXX.XX]	[JANUARY 1, 2009]	ISSUE DATE
FIRST RENEWAL DATE	[JANUARY 1, 2010]	[GR-N670]	POLICY FORM
[LIMITED PREMIUM PAYMENT PERIOD RIDER 242A]		[10]	[POLICY YEARS]

ELIMINATION PERIOD: [30] Days of Services Received

LIFETIME MAXIMUM BENEFIT: $[73,000.00]
Based upon a Maximum Benefit Multiplier Of [730]

BENEFITS:
Nursing Home Care: Expenses incurred per day
up to the Maximum Daily Benefit $[100.00]

Assisted Living Facility: Expense incurred per day $[50.00]
up to the Maximum Daily Benefit of

OPTIONAL BENEFITS:

[Compound Increases Option --	[5%]	Covered through age 60
Equal Increases Option -	[5%]	Covered through 61 to age 75
	[0%]	Age 76 onwards]

[Shared Maximum Benefit Rider XXX]

INSURED PREMIUM:

SEX	BIRTHDATE	AGE	PLAN NO.	OPTIONAL BENEFITS	ANNUAL PREMIUM	TOTAL PREMIUM
[Female]	[10/15/51]	[53]	N670		$[X,XXX.XX]	
				[226G]	$[XXX.XX]	$[X,XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM					$[X,XXX.XX]

[THE PREMIUM AMOUNT SHOWN ABOVE REFLECTS A [MARRIED/SPOUSAL/COMPANION DISCOUNT]

CONSIDERATION

We issued this policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep the policy in force until the First Renewal Date. The First Premium and First Renewal Date are shown on the Schedule.

PREMIUM REFUND AT DEATH

We'll refund that part of any premium paid covering the period beyond Your date of death.

GENERAL DEFINITIONS

Note: Additional definitions are found in specific benefit provisions.

Calendar Year is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Covered Expenses are defined and limited below in the provisions titled FACILITY CARE. Covered Expenses do not include charges for personal, comfort or convenience items such as television, radio or telephone.

Home means the Covered Person's primary place of residence. Home does not mean a Nursing Home, Assisted Living Facility, Hospital or other institutional setting.

Hospital means a place defined, and approved for payment, as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

Hospital doesn't mean a convalescent, nursing, rest or skilled nursing facility, nor a place that primarily treats the aged, drug addiction or alcoholism, including units in a hospital used for such care.

Immediate Family means You, Your spouse, and the children, brothers, sisters, parents, grandparents and grandchildren of either You or Your spouse.

Licensed Health Care Practitioner means any licensed Physician, registered professional nurse or licensed social worker. It doesn't include a member of the Immediate Family.

Medicaid means the "Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965, as Then Constituted or Later Amended."

Medicare means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended."

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating any injury or sickness. It doesn't include a member of the Immediate Family.

Plan of Care means a written individualized program of care prescribed for You if You become Chronically Ill. This Plan of Care must be developed, supervised and approved in writing by a Licensed Health Care Practitioner. We may require a copy of the initial Plan of Care and any changes later made to it.

Prescribed Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative, services and maintenance or personal care services provided under a Plan of Care prescribed by a Licensed Health Care Practitioner.

BENEFIT PROVISIONS

Important terms used within the following Benefit Provisions are shown in bold print and quotation marks and defined therein.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits will be paid for Your Covered Expenses:

1. a Licensed Health Care Practitioner must certify that such expenses for Prescribed Long Term Care Services are needed because You:
   (a) have a Functional Incapacity; or
   (b) are Cognitively Impaired; AND
2. the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review may include: (1) diagnosis, symptoms, complaints, and complications of a condition; (2) the reason for the services being rendered; (3) a Licensed Health Care Practitioner's orders; (4) schedule of treatment; (5) the patient's physical limitations and impairments; and (6) the objectives of the Licensed Health Care Practitioner's Plan of Care.

Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's:

1. short or long term memory;
2. orientation as to people, place, and time; and
3. deductive or abstract reasoning.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Elimination Period means the number of days You must receive covered Facility Care services before benefits are payable. The Elimination Period has to be satisfied only once for You under this policy. The Elimination Period is shown in the Schedule.

Functional Incapacity means the inability to perform two (2) or more of the Activities of Daily Living defined below without the Hands-on Assistance or Standby Assistance of another person.

Activities of Daily Living are:

Bathing - washing oneself by sponge bath; or in either a tub or shower, including getting into or out of the tub or shower.

Continence - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously.

Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - moving into or out of a bed, chair or wheelchair.

Hands-on Assistance means physical assistance without which the individual would be unable to perform an Activity of Daily Living.

Standby Assistance means another person must be within arm's reach of an individual to prevent, by physical intervention if necessary, injury while performing an activity of daily living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect a Cognitively Impaired person from threats to his or her own health or safety.

BENEFIT PAYMENTS

Subject to the Eligibility For The Payment of Benefits and Limitation or Conditions On Eligibility For Benefits provisions, We'll pay for the charges incurred, up to the Maximum Daily Benefit amount, per day, for the total of all Facility Care Covered Expenses.

Maximum Daily Benefit means the maximum amount We'll pay per day for You, after any applicable Elimination Period is satisfied. The Maximum Daily Benefit amounts for Nursing Home and Assisted Living Facility Care are shown on the Schedule.

An expense is incurred on the date the service or treatment is given or the supply is bought. To be covered, the expense must be incurred while this policy is in force for You.

LIMITATION OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We won't pay more per day than the Maximum Daily Benefit amount shown in the Schedule for the total of all Facility Care Covered Expenses.

We won't pay more than the Lifetime Maximum Benefit for the total of all Covered Expenses.

Lifetime Maximum Benefit means the maximum amount We'll pay You for the combined total of all Covered Expenses. This amount is equal to the Maximum Daily Benefit amount times the Maximum Benefit Multiplier. The Lifetime Maximum Benefit is shown in the Schedule.

Maximum Benefit Multiplier is the number used to multiply the Maximum Daily Benefit by in order to equal the Lifetime Maximum Benefit. The Maximum Benefit Multiplier is shown in the Schedule.

COVERED EXPENSES:

The following are Covered Expenses, but only to the extent that they are Qualified Long Term Care Services.

FACILITY CARE COVERED EXPENSE

FACILITY CARE:

The charges incurred for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meets ALL of the following requirements:

1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day;
2. has beds for patients who need care; and
3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care.

Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements:

1. provide 24 hour a day care and services to at least 10 inpatients in one location;
2. have a trained and ready-to-respond employee on duty at all times to provide care;
3. provide 3 meals a day and accommodate special dietary needs;
4. have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and;
5. have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities.

Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

OPTIONAL BENEFIT INCREASE

The Schedule shows which, if any, of the following options apply to this policy's coverage. The Schedule also shows the effective period of the increase and the percentage increase.

A. ANNUAL COMPOUND INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is then in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the then current amounts for each maximum benefit amount shown in the Schedule.

B. ANNUAL EQUAL INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the original amounts for each maximum benefit amount shown in the Schedule.

For both, if the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount as of the next policy anniversary.

Only that portion of the Lifetime Maximum Benefit which has not yet been paid toward expenses incurred before the anniversary date will increase. The increased amount that will be added to the Lifetime Maximum Benefit is equal to the percentage increases in the Maximum Daily Benefit for Nursing Home Care from the previous anniversary TIMES the unused portion of the Lifetime Maximum Benefit.

GUARANTEED PURCHASE OPTION

If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase Your Maximum Daily Benefits (Your Lifetime Maximum Benefit will also increase proportionally) by the amount shown on the Schedule without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

If the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount as of the next policy anniversary.

PATIENT CARE COORDINATION

A Patient Care Coordination program is available at no extra cost to You. Under this program, We can assign a Patient Care Coordinator who is a specialist pre-approved by Us. This Coordinator is qualified by license, training or experience to help the Family Member select providers of care and services best suited for the type of care or treatment needed.

You, a member of the Immediate Family, or a Licensed Health Care Practitioner can contact Us at or before the time a Family Member begins to incur Covered Expenses under this policy, even before an Elimination Period has been met. We will then direct you to a Patient Care Coordinator.

INTERNATIONAL COVERAGE

If You require Prescribed Long Term Care Services otherwise covered by this policy while You are traveling or living outside of the United States, including its territories and possessions, and Canada, benefits will be payable according to the terms of this policy, subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. Providers of care must meet the certification or licensing requirements, if any, of the jurisdiction in which the care is received.

EXCLUSIONS

We won't pay for expenses incurred:

1. Due to war or act of war;
2. To the extent they are paid under Medicare or any other government insurance plan (except Medicaid);
3. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home;
4. For services and supplies not included in the Plan of Care;
5. For which no charge is customarily made in the absence of insurance;
6. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

WAIVER OF PREMIUM

After the Elimination Period has been satisfied, We'll waive the payment of any premium coming due thereafter for You as long as You are receiving benefits for Covered Expenses. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived as long as You continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

EXTENSION OF POLICY BENEFITS

Termination of this policy will not affect any claim for loss that begins while this policy is in force and continues beyond the date of termination. Benefits payable under the Extension of Policy Benefits provision are limited to this policy's Lifetime Maximum Benefit.

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available:

You may choose to:

1. reduce the Maximum Benefit but keep the same Maximum Daily Benefits;
2. Reduce the Maximum Daily Benefits along with the Lifetime Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten ($10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information (including the applicable premium rates for the option(s) You are interested in) needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

EFFECT OF LEGISLATION CHANGES

The risk We assumed on this policy's Issue Date is based on the laws and regulations governing the system for the delivery and financing of health insurance then in effect. It's possible that the federal government or state legislation may change the system and therefore change the nature of the risk We assumed. If this occurs, We'll make any necessary change to policy benefits. We'll make such a change by adding: (a) an amendment to the policy; (b) a new schedule page; or (c), both (a) and (b).

BENEFIT AND PREMIUM CHANGE

We may change the premium only after We give You the appropriate advance notice required by Your state in which the Your policy was issued.

Before making any such change, We'll get the necessary approval from the agency in Your state that regulates insurance. We'll tell You if such coverage change needs a premium change. Until the effective date of any coverage change, benefits will be based upon the risk We assumed on this policy's Issue Date.

In the event We increase premium, We will offer You the following options, as they apply to this policy, at least 30 days before a premium increase becomes effective:

1. Pay the increased premium and continue the policy in force as is;
2. Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
3. Exercise the Nonforfeiture Benefit Rider or Return of Premium Rider (if any such rider is attached to this policy); or
4. Exercise the Contingent Benefit at Lapse, if applicable.

CONTINGENT BENEFIT AT LAPSE

This Contingent Benefit at Lapse provision may only be exercised if this policy lapses due to non-payment of premium within 120 days after the effective date of a premium increase that meets or exceeds Your original premium by the percentage shown in the table below. (*Note: additional premium applied to increases in benefit amounts is not considered a premium increase*.) This Contingent Benefit at Lapse provision may *not* be exercised if this policy contains any Non-Forfeiture Benefit Rider or Return of Premium Benefit Rider.

Under this provision, We will convert Your current coverage to paid-up insurance with no further premiums being payable. The new Lifetime Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums You paid for the coverage or 30 times Your Maximum Daily Benefit Amount. All other benefit amounts will remain at the level attained at the time the policy lapses/converts to paid-up coverage. The Annual Benefit Increases, if any, provision will not apply to the paid-up insurance.

Benefits paid while Your coverage is in paid-up status combined with benefits paid while this policy was in force will not exceed the amount of benefits that would have been payable had the policy remained in force.

CONTINGENT BENEFIT AT LAPSE (Continued)

Cumulative Premium Increase over Original Premium that will Allow the Contingent Benefit at Lapse to be exercised.

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with any attached papers is the entire contract between You and Us. No change in this policy will be effective until 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 application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES: (a) We may void this policy or deny any claim for loss which starts within six months of this policy's Issue Date. We may do so only if We determine there was material misrepresentation which would have caused the application for this coverage to be declined; (b) After six months, but less than two years from this policy's Issue Date, We may void this policy or deny any claim for loss if We determine there was material misrepresentation which would have caused the application for this coverage to be declined, and which relates to the condition for which benefits are sought; (c) After two years from the Issue Date only fraudulent misstatements in the application relating to Your health may be used to void this policy or deny any claim for loss which starts after the two year period.

GRACE PERIOD: This policy has a 31 day grace period. This means that if a premium isn't paid on or before the date it's due, it may be paid during the following 31 days. During the grace period this policy will stay in force.

We won't end the policy for nonpayment of premium unless We have sent written notice to You and, if applicable, Your Authorized Designee (the person You designate to receive such notice) at least 30 days before the policy will end. Notice will not be given until 30 days after a premium is due and unpaid. You may change Your Authorized Designee at any time by sending Us written notice. We will notify You of Your right to change Your Authorized Designee no less often than once every two years.

REINSTATEMENT: If the premium isn't paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We or Our agent require an application You'll get 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 after the date of the conditional receipt unless We previously notified You in writing of Our disapproval.

In the event of lapse due to Cognitive Impairment or Functional Incapacity, You, or any person authorized to act on Your behalf, may request reinstatement of this policy. Such request must be made within six (6) months after this policy lapsed.

If proof of Cognitive Impairment or Functional Incapacity is provided and medically verified and We receive past due premium, We'll reinstate the policy. The reinstated policy will cover loss occurring from the date of lapse. Payment of premium must be made within 15 days following Our request.

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.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as possible. The notice can be given to Us at the address shown on page 1 of this policy or to any one of Our agents. Notice should include Your name and the policy number.

CLAIM FORMS: When We get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proof of Loss section.

PROOF OF LOSS: For periodic payment of a continuing loss, You must give Us written proof of loss within 90 days after the end of each period for which We are liable. For any other loss, You must give Us written proof within 90 days after the end of such loss.

If it wasn't reasonably possible for You to give Us proof in the time required, We won't reduce nor 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 year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this policy will be paid as soon as We receive proper written proof of loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits due and unpaid at Your death may be paid to Your estate.

If benefits are payable to Your estate, We can pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

INFORMATION ON DENIAL OF CLAIM: In the event We deny benefits under this policy, You have the right to: (a) receive a written explanation of the reason(s) a claim was denied; and (b) all information directly relating to the claim denial. Write to Our Claim Review Department at the address shown on page one of this policy. We will respond within 60 days after receiving Your request.

PHYSICAL EXAMINATION: We, at Our expense, have the right to have you examined as often as reasonably necessary while a claim is pending.

LEGAL ACTION: 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 such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

LONG TERM CARE POLICY

Facility Care Benefits

BANKERS LIFE AND CASUALTY COMPANY

A Legal Reserve Stock Company • Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800
(312) 396-6000

IMPORTANT NOTICE ABOUT STATEMENTS IN THE APPLICATION

Caution: The issuance of this insurance policy is based upon Your responses to the questions on Your application. A copy of Your application will be attached to the policy. If Your answers are incorrect or untrue, We may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is upon delivery of Your policy. If, for any reason, any of Your answers are incorrect, contact Us at the above address.

NAME OF INSURED		**POLICY NUMBER**
FIRST PREMIUM		**ISSUE DATE**
FIRST RENEWAL DATE	**GR-N680**	**POLICY FORM**

Thank You for choosing Us for Your Long Term Care Insurance Coverage.

In this policy, **We, Our** and **Us** refer to Bankers Life and Casualty Company. **You, Family Member, Your** and **Yours** refer to the Insured named in the Schedule.

We promise to pay You the benefits provided by this policy. Benefits are subject to this policy's definitions, limitations and exclusions.

RENEWAL CONDITIONS - GUARANTEED RENEWABLE

This policy is guaranteed renewable and may be renewed on each renewal date for as long as You live. To renew, You must pay the renewal premium at the intervals available to You at the time of renewal, by its due date or during the 31 days that follow. We can't refuse to renew this policy or place any restrictions on it if You pay the renewal premium on time.

RENEWAL PREMIUM

We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis. We'll provide You with written notice of any change in the premium within the time required by Your state.

A change may also be due to addition or removal of any premium discount as provided in any attached rider.

YOUR THIRTY DAY RIGHT TO RETURN THIS POLICY

If You're not satisfied with this policy, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. We'll then void this policy and refund any premium paid.

EFFECTIVE DATE

This policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

NOTICE TO BUYER

This policy is a legal contract between You and Us. The insurance it provides may NOT cover all of the costs associated with long term care incurred by You during the period of coverage. You are, therefore, advised to **READ THIS POLICY CAREFULLY AND REVIEW ALL POLICY LIMITATIONS!**

This policy has been signed by Our President and Secretary on its Issue Date.

Secretary **President**

Countersigned by _____
Licensed Resident Agent

LONG TERM CARE POLICY
Facility Care and Home and Community-Based Care Benefits

This policy is <u>not</u> intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code as enacted by "The Health Insurance Portability and Accountability Act of 1996." It does not qualify for favorable tax treatment considerations.

POLICY GUIDE

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SCHEDULE

NAME OF INSURED	[JOHN J. DOE]	[999,999,999]	POLICY NUMBER
FIRST PREMIUM	$[X,XXX.XX]	[JANUARY 1, 2009]	ISSUE DATE
FIRST RENEWAL DATE	[JANUARY 1, 2010]	[GR-N680]	POLICY FORM
[LIMITED PREMIUM PAYMENT PERIOD RIDER 242A]		[10]	[POLICY YEARS]

ELIMINATION PERIOD: [30] Days of Services Received

LIFETIME MAXIMUM BENEFIT: $[73,000.00]
Based upon a Maximum Benefit Multiplier Of [730]

Of this Lifetime Maximum Benefit, Home and Community-Based Care is covered up to: $[36,500.00]

BENEFITS:

Nursing Home Care: Expenses incurred per day
up to the Maximum Daily Benefit $[100.00]

Assisted Living Facility: Expense incurred per day $[50.00]
up to the Maximum Daily Benefit of

Home and Community-Based Care: Expenses incurred per month
up to the Maximum Monthly Benefit $[1,550.00]

OPTIONAL BENEFITS:

[Compound Increases Option -- [5%] Covered for Life]
[Shared Maximum Benefit Rider XXX]

INSURED PREMIUM:

SEX	BIRTHDATE	AGE	PLAN NO.	OPTIONAL BENEFITS	ANNUAL PREMIUM	TOTAL PREMIUM
[Female]	[10/15/51]	[53]	N680		$[X,XXX.XX]	
				[226G]	$[XXX.XX]	$[X,XXX.XX]
	TOTAL POLICY ANNUAL PREMIUM					$[X,XXX.XX]

[THE PREMIUM AMOUNT SHOWN ABOVE REFLECTS A [MARRIED/SPOUSAL/COMPANION DISCOUNT]

CONSIDERATION

We issued this policy in consideration of the application (a copy is attached) and payment of the First Premium. This payment will keep the policy in force until the First Renewal Date. The First Premium and First Renewal Date are shown on the Schedule.

PREMIUM REFUND AT DEATH

We'll refund that part of any premium paid covering the period beyond Your date of death.

GENERAL DEFINITIONS

Note: Additional definitions are found in specific benefit provisions.

Calendar Year is the period beginning on the Issue Date and ending December 31 of that year. Then it's the period from January 1 through December 31 of each following year.

Covered Expenses are defined and limited below in the provisions titled FACILITY CARE and HOME AND COMMUNITY BASED CARE. Covered Expenses do not include charges for personal, comfort or convenience items such as television, radio or telephone.

Home means Your primary place of residence. Home does not mean a Nursing Home, Assisted Living Facility, Hospital or other institutional setting.

Hospital means a place defined, and approved for payment, as a Hospital by Medicare, or accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, the American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities.

"Hospital" doesn't mean a convalescent, nursing, rest or skilled nursing facility, nor a place that primarily treats the aged, drug addiction or alcoholism, including units in a hospital used for such care.

Immediate Family means You, Your spouse, and the children, brothers, sisters, parents, grandparents and grandchildren of either You or Your spouse.

Licensed Health Care Practitioner means any licensed Physician, registered professional nurse or licensed social worker. It doesn't include a member of the Immediate Family.

Medicaid means the Health Insurance for the Aged Act, Title XIX of the Social Security Amendments of 1965, as Then Constituted or Later Amended.

Medicare means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended.

Physician means any licensed practitioner of the healing arts acting within the scope of his or her license in treating any injury or sickness. It doesn't include a member of the Immediate Family.

Plan of Care means a written individualized program of care prescribed for You. This Plan of Care must be developed, supervised and approved in writing by a Licensed Health Care Practitioner. We may require a copy of the initial Plan of Care and any changes later made to it.

Prescribed Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative, services and maintenance or personal care services provided under a Plan of Care prescribed by a Licensed Health Care Practitioner.

Week means a period of seven (7) days beginning on Sunday and ending on the following Saturday.

BENEFIT PROVISIONS

Important terms used within the following Benefit Provisions are shown in bold print and quotation marks and defined therein.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits will be paid for Your Covered Expenses:

1. a Licensed Health Care Practitioner must certify that such expenses for Prescribed Long Term Care Services are needed because You:
   (a) have a Functional Incapacity; or
   (b) are Cognitively Impaired; AND
2. the Elimination Period, if any, must be satisfied.

We may periodically review the necessity of care and treatment. Our review may include: (1) diagnosis, symptoms, complaints, and complications of a condition; (2) the reason for the services being rendered; (3) a Licensed Health Care Practitioner's orders; (4) schedule of treatment; (5) the patient's physical limitations and impairments; and (6) the objectives of the Licensed Health Care Practitioner's Plan of Care.

Cognitive Impairment means there is a deterioration or loss in intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's:

1. short or long term memory;
2. orientation as to people, place, and time; and
3. deductive or abstract reasoning.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Elimination Period means the number of days You must receive covered Facility Care or Home and Community Based Care services before benefits are payable. If You are receiving covered Home and Community Based Care services, then three (3) days will be counted toward the Elimination Period for each day covered Home and Community Based Care services are received. The Elimination Period has to be satisfied only once for You under this policy. The Elimination Period is shown in the Schedule.

Functional Incapacity means the inability to perform two (2) or more of the Activities of Daily Living defined below without the Hands-on Assistance or Standby Assistance of another person.

Activities of Daily Living are:

Bathing - washing oneself by sponge bath; or in either a tub or shower, including getting into or out of the tub or shower.

Continence - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).

Dressing - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously.

Toileting - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring - moving into or out of a bed, chair or wheelchair.

Hands-on Assistance means physical assistance without which the individual would be unable to perform an Activity of Daily Living.

Standby Assistance means another person must be within arm's reach of an individual to prevent, by physical intervention if necessary, injury while performing an activity of daily living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect a Cognitively Impaired person from threats to his or her own health or safety.

BENEFIT PAYMENTS

Subject to the Eligibility For The Payment Of Benefits and Limitation or Conditions On Eligibility For Benefits provisions, We'll pay (1) for the charges incurred for Nursing Home or Assisted Living Facility Care up to the Maximum Daily Benefit amounts shown on the Schedule per day, for the total of all Facility Care Covered Expenses and (2) for the charges incurred for Home and Community-Based Care up to the Maximum Monthly Benefit amount shown on the Schedule per month, for the total of all Home and Community-Based Care Covered Expenses, up to the Lifetime Maximum Benefit amount shown on the Schedule.

An expense is incurred on the date the service or treatment is given or the supply is bought. To be covered, the expense must be incurred while this policy is in force for You.

Maximum Daily Benefit means the maximum amount We will pay per day for You, after any applicable Elimination Period is satisfied. The Maximum Daily Benefit amounts for Nursing Home and Assisted Living Facility Care are shown on the Schedule.

Maximum Monthly Benefit means the maximum amount We will pay per calendar month for You , after any applicable Elimination Period is satisfied. The Maximum Monthly Benefit amount for Home and Community-Based Care is shown on the Schedule.

LIMITATION OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

We won't pay more per day than the Maximum Daily Benefit amount shown in the Schedule for the total of all Facility Care Covered Expenses. We won't pay more per month than the Maximum Monthly Benefit amount shown in the Schedule for the total of all Home and Community Based Care Covered Expenses.

We won't pay more than the Lifetime Maximum Benefit for the total of all Covered Expenses. If both Facility Care and Home and Community Based Care expenses are incurred on the same day, only the earliest type of incurred expense for that day will be covered.

Lifetime Maximum Benefit means the maximum amount We'll pay You for the combined total of all Covered Expenses. This amount is equal to the Maximum Daily Benefit amount times the Maximum Benefit Multiplier. The Lifetime Maximum Benefit is shown in the Schedule.

Maximum Benefit Multiplier is the number used to multiply the Maximum Daily Benefit by in order to equal the Lifetime Maximum Benefit. The Maximum Benefit Multiplier is shown in the Schedule.

COVERED EXPENSES:

The following are Covered Expenses, but only to the extent that they are Prescribed Long Term Care Services.

I. FACILITY CARE COVERED EXPENSES

FACILITY CARE:

The charges incurred for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meets ALL of the following requirements:

1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day;
2. has beds for patients who need care; and
3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care.

Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements:

1. provide 24 hour a day care and services to at least 10 inpatients in one location;
2. have a trained and ready-to-respond employee on duty at all times to provide care;
3. provide 3 meals a day and accommodate special dietary needs;
4. have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and;
5. have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities.

Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

II. HOME AND COMMUNITY-BASED CARE COVERED EXPENSES

A. HOME HEALTH CARE:

The charges incurred for the following services and supplies provided by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care:

1. Visits by: licensed nurse; licensed nutritional specialist; medical social worker; Home Health Aide; legally qualified physical, occupational, speech or inhalation therapist;
2. Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable medical equipment used for therapeutic treatment;
3. Personal Care Services; and
4. Homemaker Services Incidental to Personal Care Services.

Home Health Aide means a licensed or certified home health care worker, other than a Physician, nurse or professional therapist, who performs Personal Care Services.

Home Health Care Agency means an agency or organization that:

1. Specializes in giving nursing care or therapeutic services in the Home;
2. Is licensed to provide such care or services by the appropriate licensing agency where performed or is certified as a Home Health Care Agency under Title XVIII of the Social Security Act of 1965, as amended;
3. Is operating within the scope of its license or certification; and
4. Maintains a complete medical record and Plan of Care for each patient.

Homemaker Services Incidental to Personal Care Services means only the following services when received in conjunction with formal Personal Care Services provided by a Home Health Care Agency or a Qualified Home Health Care Provider:

1. domestic or cleaning services;
2. laundry services;
3. food shopping and errands;
4. meal preparation and cleanup;
5. transportation assistance to and from medical appointments;
6. heavy cleaning which involves thorough cleaning of the Home to remove hazardous debris or dirt; and
7. meals from formal Home delivered meals programs.

Personal Care Services means assistance with performing Activities of Daily Living (as used to measure Functional Incapacity) because You require such assistance due to Functional Incapacity or Cognitive Impairment.

Qualified Home Health Care Provider means an individual or organization licensed or certified to provide home health care services. The Qualified Home Health Care Provider must be included in the Plan of Care as the provider of home health care services.

B. ADULT DAY CARE:

The charges incurred for the following services provided at an Adult Day Care Facility:

1. Visits by a licensed nurse;
2. Occupational, physical or speech therapy;
3. Social, recreational and educational events designed to improve the patient's self-awareness and level of functioning;
4. Training and help with the regular and customary activities of adult daily living;
5. Transportation to and from the Adult Day Care Facility; and
6. Meals provided by the Adult Day Care Facility.

Adult Day Care Facility means a facility that (a) is operated and licensed or certified as an Adult Day Care Facility under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meets ALL of the following requirements:

1. Operates at least 5 days a week for a minimum of 6 hours a day and is not an overnight facility;
2. Maintains a written record for each client that includes a Plan of Care and a record of all services provided;
3. Has established procedures for obtaining appropriate aid in the event of a medical emergency;
4. Has formal arrangements for providing the services of: a dietician; a licensed physical therapist; a licensed speech therapist and a licensed occupational therapist;
5. Its staff includes a full-time director and one or more nurses in attendance during operating hours for at least 4 hours a day; and
6. Is not owned or operated by a member of the Immediate Family.

OPTIONAL BENEFIT INCREASE

The Schedule shows which, if any, of the following options apply to this policy's coverage. The Schedule also shows the effective period of the increase and the percentage increase.

A. ANNUAL COMPOUND INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is then in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Monthly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the then current amounts for each maximum benefit amount shown in the Schedule.

B. ANNUAL EQUAL INCREASES BENEFIT OPTION

If this option is shown in the Schedule and the policy is in force, We will increase all policy maximum benefit amounts (Maximum Daily Benefit, Maximum Monthly Benefit and the Lifetime Maximum Benefit) on each policy anniversary by the percentage amount and effective until the policy anniversary date following attained ages shown in the Schedule. We'll apply the policy's percentage increase to the original amounts for each maximum benefit amount shown in the Schedule.

For both, if the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

Only that portion of the Lifetime Maximum Benefit which has not yet been paid toward expenses incurred before the anniversary date will increase. The increased amount that will be added to the Lifetime Maximum Benefit is equal to the percentage increases in the Maximum Daily Benefit for Nursing Home Care from the previous anniversary TIMES the unused portion of the Lifetime Maximum Benefit.

GUARANTEED PURCHASE OPTION

If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase Your Maximum Daily Benefits (Your Maximum Monthly Benefit and Lifetime Maximum Benefit will also increase proportionally) by the amount shown on the Schedule without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

If the resulting benefit amount is not a multiple of $0.25, We will round the amount to the next highest multiple of $0.25.

We'll pay any increased benefit amount that becomes effective as of the next policy anniversary.

PATIENT CARE COORDINATION

A Patient Care Coordination program is available at no extra cost to You. Under this program, We can assign a Patient Care Coordinator who is a specialist pre-approved by Us. This Coordinator is qualified by license, training or experience to help You select providers of care and services best suited for the type of care or treatment needed.

You, a member of Your Immediate Family or a Licensed Health Care Practitioner can contact Us at or before the time You begin to incur Covered Expenses under this policy, even before an Elimination Period has been met. We will then direct you to a Patient Care Coordinator.

INTERNATIONAL COVERAGE

If You require Prescribed Long Term Care Services otherwise covered by this policy while You are traveling or living outside of the United States, including its territories and possessions, and Canada, benefits will be payable according to the terms of this policy, subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. Providers of care must meet the certification or licensing requirements, if any, of the jurisdiction in which the care is received.

EXCLUSIONS

We won't pay for expenses incurred:

1. Due to war or act of war;
2. To the extent they are paid under Medicare or any other government insurance plan (except Medicaid);
3. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home;
4. For services and supplies not included in the Plan of Care;
5. For which no charge is customarily made in the absence of insurance
6. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

WAIVER OF PREMIUM

After the Elimination Period has been satisfied, We'll waive the payment of any premium coming due thereafter for You as long as You are receiving benefits for Covered Expenses. This includes the waiving of premium for any attached benefit riders. Premiums will continue to be waived as long as You continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

EXTENSION OF POLICY BENEFITS

Termination of this policy will not affect any claim for loss that begins while this policy is in force and continues beyond the date of termination. Benefits payable under the Extension of Policy Benefits provision are limited to this policy's Lifetime Maximum Benefit.

RIGHT TO REDUCE COVERAGE

Any time after the first policy year, You have the right to lower the premium for this policy by reducing policy benefit amounts. Any request is limited to the options available under this policy and your state's minimum requirements. Below is a listing of the possible options that are available:

You may choose to:

1. reduce the Maximum Benefit but keep the same Maximum Daily/Monthly Benefits;
2. reduce the Maximum Daily/Monthly Benefits along with the Lifetime Maximum Benefit; or
3. increase the Elimination Period.

Premium will be based on the reduced amount of coverage chosen and Your age at the time the policy was issued. No underwriting will be required. Any benefit decrease must be in a multiple of ten ($10) dollars. Any benefit decrease chosen will be made by attachment of a rider to this policy.

If You choose to exercise this right, You may contact Us at the Home Office or Your agent to discuss reduction options You are interested in. We will then send You the necessary information (including the applicable premium rates for the option(s) You are interested in) needed to complete this change.

We will also notify You of Your right to reduce coverage in the event this policy is about to lapse or experience an increase in premium. Our notice to You in such case will include information on the minimum policy benefit amount(s) You may choose to reduce coverage for the 3 options mentioned above and their applicable premiums.

If this policy includes either of the Optional Benefit Increases (Compound Increases or Equal Increases reflects as shown in the Schedule on page 2), the reduced coverage maximum amounts will continue to be adjusted in the same manner as prior to the reduction taking place.

EFFECT OF LEGISLATION CHANGES

The risk We assumed on this policy's Issue Date is based on the laws and regulations governing the system for the delivery and financing of health insurance then in effect. It's possible that the federal government or state legislation may change the system and therefore change the nature of the risk We assumed. If this occurs, We'll make any necessary change to policy benefits. We'll make such a change by adding: (a) an amendment to the policy; (b) a new schedule page; or (c), both (a) and (b).

BENEFIT AND PREMIUM CHANGE

We may change the premium only after We give You the appropriate advance notice required by Your state in which the Your policy was issued.

Before making any such change, We'll get the necessary approval from the agency in Your state that regulates insurance. We'll tell You if such coverage change needs a premium change. Until the effective date of any coverage change, benefits will be based upon the risk We assumed on this policy's Issue Date.

In the event We increase premium, We will offer You the following options, as they apply to this policy, at least 30 days before a premium increase becomes effective:

1. Pay the increased premium and continue the policy in force as is;
2. Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
3. Exercise the Nonforfeiture Benefit Rider or Return of Premium Rider (if any such rider is attached to this policy); or
4. Exercise the Contingent Benefit at Lapse, if applicable.

CONTINGENT BENEFIT AT LAPSE

This Contingent Benefit at Lapse provision may only be exercised if this policy lapses due to non-payment of premium within 120 days after the effective date of a premium increase that meets or exceeds Your original premium by the percentage shown in the table below. (*Note: additional premium applied to increases in benefit amounts is not considered a premium increase*.) This Contingent Benefit at Lapse provision may *not* be exercised if this policy contains any Non-Forfeiture Benefit Rider or Return of Premium Benefit Rider.

Under this provision, We will convert Your current coverage to paid-up insurance with no further premiums being payable. The new Lifetime Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums You paid for the coverage or 30 times Your Maximum Daily Benefit Amount. All other benefit amounts will remain at the level attained at the time the policy lapses/converts to paid-up coverage. The Annual Benefit Increases, if any, provision will not apply to the paid-up insurance.

Benefits paid while Your coverage is in paid-up status combined with benefits paid while this policy was in force will not exceed the amount of benefits that would have been payable had the policy remained in force.

CONTINGENT BENEFIT AT LAPSE (Continued)

Cumulative Premium Increase over Original Premium that will Allow the Contingent Benefit at Lapse to be exercised.

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium	Issue Age	% Increase over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy with any attached papers is the entire contract between You and Us. No change in this policy will be effective until 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 application is a part of this policy.

TIME LIMIT ON CERTAIN DEFENSES: (a) We may void this policy or deny any claim for loss which starts within six months of this policy's Issue Date. We may do so only if We determine there was material misrepresentation which would have caused the application for this coverage to be declined; (b) After six months, but less than two years from this policy's Issue Date, We may void this policy or deny any claim for loss if We determine there was material misrepresentation which would have caused the application for this coverage to be declined, and which relates to the condition for which benefits are sought; (c) After two years from the Issue Date only fraudulent misstatements in the application relating to Your health may be used to void this policy or deny any claim for loss which starts after the two year period.

GRACE PERIOD: This policy has a 31 day grace period. This means that if a premium isn't paid on or before the date it's due, it may be paid during the following 31 days. During the grace period this policy will stay in force.

We won't end the policy for nonpayment of premium unless We have sent written notice to You and, if applicable, Your Authorized Designee (the person You designate to receive such notice) at least 30 days before the policy will end. Notice will not be given until 30 days after a premium is due and unpaid. You may change Your Authorized Designee at any time by sending Us written notice. We will notify You of Your right to change Your Authorized Designee no less often than once every two years.

REINSTATEMENT: If the premium isn't paid before the grace period ends, this policy will lapse. Later acceptance of premium by Us (or by any agent authorized to accept payment) without requiring an application for reinstatement, will reinstate this policy.

If We or Our agent require an application You'll get 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 after the date of the conditional receipt unless We previously notified You in writing of Our disapproval.

In the event of lapse due to Cognitive Impairment or Functional Incapacity, You, or any person authorized to act on Your behalf, may request reinstatement of this policy. Such request must be made within six (6) months after this policy lapsed.

If proof of Cognitive Impairment or Functional Incapacity is provided and medically verified and We receive past due premium, We'll reinstate the policy. The reinstated policy will cover loss occurring from the date of lapse. Payment of premium must be made within 15 days following Our request.

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.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as possible. The notice can be given to Us at the address shown on page 1 of this policy or to any one of Our agents. Notice should include Your name and the policy number.

CLAIM FORMS: When We get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proof of Loss section.

PROOF OF LOSS: For periodic payment of a continuing loss, You must give Us written proof of loss within 90 days after the end of each period for which We are liable. For any other loss, You must give Us written proof within 90 days after the end of such loss.

If it wasn't reasonably possible for You to give Us proof in the time required, We won't reduce nor 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 year from the time specified unless You were legally unable to act.

TIME OF PAYMENT OF CLAIMS: Benefits payable under this policy will be paid as soon as We receive properwritten proof of loss.

PAYMENT OF CLAIMS: Benefits will be paid to You. Any benefits due and unpaid at Your death may be paid to Your estate.

If benefits are payable to Your estate, We can pay up to $1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

INFORMATION ON DENIAL OF CLAIM: In the event We deny benefits under this policy, You have the right to: (a) receive a written explanation of the reason(s) a claim was denied; and (b) all information directly relating to the claim denial. Write to Our Claim Review Department at the address shown on page one of this policy. We will respond within 60 days after receiving Your request.

PHYSICAL EXAMINATION: We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

LEGAL ACTION: 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 such action may be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy which, on its effective date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

LONG TERM CARE POLICY

Facility Care and Home and Community-Based Care Benefits

APPLICATION FOR INSURANCE TO

BANKERS LIFE AND CASUALTY COMPANY("The Company")
600 West Chicago Ave, Chicago, IL 60654-2800

1. _____
Print Applicant's Full Name (Last, First, & Middle Initial)

I am applying for ☐NEW COVERAGE ☐EXCHANGE ☐REINSTATEMENT ☐INCREASE OF BENEFITS - "UPGRADE"
(List all benefits desired including existing benefits for upgrade.)
Policy No(s) of Bankers Policy(ies) or Certificate(s) to be changed_____

2. Personal Information of Person to be Insured

Applicant's First Name M.I. Last Name Suffix

Gender: ☐ M ☐ F Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Other (Please Explain Below)

Date of Birth (mm-dd-yyyy) Age Height (Feet and Inches) Weight (Pounds)

3. Contact Information

A. Home Address

City/Town State Zip Code

Daytime Phone Evening Phone

E-mail Address (Optional)

B. Billing Address (if different from home address)

City/Town State Zip Code

4. Spouse or Companion Information:

Is your Spouse or Companion also applying for a Bankers Life and Casualty Company Long Term Care insurance policy? ☐ Yes ☐ No

If no, does he or she currently have a Bankers Life and Casualty Company Long Term Care insurance? ☐ Yes ☐ No

If yes, give policy number:

If Companion, how long have you lived together? Years

☐ Spouse or ☐ Companion Name:

First Middle Last

Spouse or Companion's Social Security Number / /

5. Benefit Levels

Premium Class ☐ Standard ☐ Preferred

Maximum Benefit Amount Multiplier _____

Elimination Period _____days

Nursing Home Care

Maximum Daily Benefit Amount $_____

6. Inflation Protection - Optional Annual Benefit Increases

A. ☐ None *{Written rejection is required. See Below}*

B. ☐ Compound Increases Option_____%

C. ☐ Equal (Simple) Increases Option_____%

D ☐ Decreasing Option 1 (Compound Increases at 5% up to and including attained age 60, Compound 3% Increases from age 61 to age 75, and No increases from age 76 onwards)

E. ☐ Decreasing Option 2 (Compound Increases at 5% up to and including attained age 60, Equal 5% Increases from age 61 to age 75, and No increases from age 76 onwards)

Rejection of Inflation Protection Benefits

To be signed in the event you choose not to include inflation protection benefits in the policy.

I have reviewed the outline of coverage and the graphs that compare the benefits and premiums for the policy with and without inflation protection. Specifically, I have reviewed the options in 6.B through 6.E and I reject this inflation protection.

Signature of Applicant _____

7. Nonforfeiture Rider 206A ☐ Yes ☐ No **(Must check Yes or No for this rider election)**

8. Policy Packages

☐ I would like to select a policy package. Special Issue Date_____ ☐ No
(Please elect package and options within package.)

☐ **A. Basic Package: (One Package Must Be Chosen)**

☐ GR-N640 with Maximum Daily Benefit Amount for Assisted Living Facility Based Services equal to 100% of the Nursing Home Care Maximum Daily Benefit Amount and Additional Services Rider 309A

☐ GR-N670 with Maximum Daily Benefit Amount for Assisted Living Facility Based Services equal to 100% of the Nursing Home Care Maximum Daily Benefit Amount and Additional Services Rider 309A

Available Optional Riders

☐ Dual Waiver of Premium 311A
☐ Restoration of Policy Benefits 304R/304X
☐ Survivor Maximum Benefit Increase 303A
☐ Paid-Up Survivorship Benefit 226G
☐ Return of Premium Benefit 228R
☐ Shared Maximum Benefit 308A
☐ Limited Premium Payment Period 242A - (Choose one) ☐ 10 year or ☐ 20 year

☐ **B. Standard Package:** Includes Additional Services Benefit Rider 309A attached to choice of:
☐ GR-N620 or ☐ GR-N630 **(One Form Must Be Chosen)**

Available Optional Riders

☐ Dual Waiver of Premium 311A
☐ Restoration of Benefit 304R/304X
☐ Survivor Maximum Benefit Increase 303A
☐ Paid-Up Survivorship Benefit 226G
☐ Shared Maximum Benefit 308A

☐ **C. Essential Package:** Includes Home Health Care Maximum Monthly Benefit Amount equal to 100% of the Nursing Home Care Maximum Daily Benefit Amount times 31 with Comprehensive Services Benefit Rider 310A, Restoration of Benefit Rider 304R/304X and

- With Dual Waiver of Premium Rider 311A if you qualify for a spousal discount; or
- Without Dual Waiver of Premium Rider 311A if you do not qualify for a spousal discount

Attached to a choice of:
☐ GR-N650 or ☐ GR-N680 **(One Form Must Be Chosen)**

Available Optional Riders

☐ Survivor Maximum Benefit Increase 303A
☐ Paid-Up Survivorship Benefit 226G
☐ Shared Maximum Benefit 308A

☐ **D. Elite Package:** Includes Home Health Care Maximum Monthly Benefit Amount equal to 100% of the Nursing Home Care Maximum Daily Benefit Amount times 31 with Comprehensive Services Benefit Rider 310A, Restoration of Benefit Rider - 304R/304X and Cash Benefit Rider 312A/313A

- With Dual Waiver of Premium Rider 311A if you qualify for a spousal discount; or
- Without Dual Waiver of Premium Rider 311A if you do not qualify for a spousal discount

☐ Upgrade to Cash Benefit Rider Disability Trigger 314A/315A in place of Cash Benefit Rider 312A/313A

Attached to a choice of:
☐ GR-N650 or ☐ GR-N680 (**One Form Must Be Chosen)**

Available Optional Riders

☐ Survivor Maximum Benefit Increase 303A
☐ Paid-Up Survivorship Benefit 226G
☐ Return of Premium Benefit 228R
☐ Shared Maximum Benefit 308A
☐ Limited Premium Payment Period 242A - (Choose one): ☐ 10 year or ☐ 20 year

9. Build your own package:

Form# ☐GR-N620 ☐GR-N630 ☐GR-N640 ☐GR-N650 ☐GR-N670 ☐GR-N680 Special Issue Date_____ ☐ No

Assisted Living Facility - Based Services

(The following options are only available with policies GR-N640 and GR-N670)

☐ Maximum Daily Benefit Amount equal to 50% of the Nursing Home Care Maximum Daily Benefit Amount

☐ Maximum Daily Benefit Amount equal to 100% of the Nursing Home Care Maximum Daily Benefit Amount

Home and Community - Based Care Services

(The following options are only available with policies GR-N650 and GR-N680)

☐ Maximum Monthly Benefit Amount equal to 50% of the Nursing Home Care Maximum Daily Benefit Amount times 31

☐ Maximum Monthly Benefit Amount equal to 100% of the Nursing Home Care Maximum Daily Benefit Amount times 31

Rider Options

	Benefit Description	Form Nos.
Available with all policies	Dual Waiver of Premium	☐ 311A
	Restoration of Benefit	☐ 304R/304X
	Additional Services Benefit	☐ 309A
	Survivor Maximum Benefit Increase	☐ 303A
	Paid-Up Survivorship Benefit	☐ 226G
	Return of Premium Benefit	☐ 228R
	Shared Maximum Benefit	☐ 308A
	Limited Premium Payment Period	☐ 242A ☐ 10 year ☐ 20 year
	_____	_____
	_____	_____
Available only with the GR-N620, GR-N630, GR-N650 and GR-N680	Cash Benefit Rider	☐ 312A/313A
	Cash Benefit Rider Disability Trigger	☐ 314A/315A
	Enhanced Services Benefits	☐ 321L
Available only with the GR-N620 and GR-N630	Comprehensive Services Benefits	☐ 310L
Available only with the GR-N650 and GR-N680	Comprehensive Services Benefits	☐ 310A

10. Qualifying Information

NOTE: If your answer is "Yes" to any part of questions 10 d., 10 e.1. through 7., or 10 f.1.(a) through (f), you are not eligible for this coverage.

Do you or have you:	YES	NO
a. Use any device to help him or her sit, stand, walk or move from place to place inside or outside of his or her residence?	☐	☐
b. Used tobacco products within the past two years?	☐	☐
c. Within the past two years, received home care; used an adult day care facility; been medically advised to enter or been confined to a nursing home, assisted care facility or other long-term care facility?	☐	☐
d. Due to mental or physical reasons, authorized any person or institution to legally act in his or her behalf and take over his or her personal financial transactions?	☐	☐
e. In the past three years, seen a doctor, or any licensed health care practitioner, professionally or had medical treatment for:		
1. Stroke or Transient Ischemic Attack (TIA)?	☐	☐
2. Alzheimer's Disease, Organic Brain Syndrome, Dementia, or Mental Illness?	☐	☐
3. Alcohol, prescription drug or illegal drug abuse?	☐	☐
4. Multiple Sclerosis, Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrigs Disease), Parkinson's Disease or Post-Polio Paralytic Syndrome?	☐	☐
5. Kidney or bladder disorder requiring dialysis or a permanent indwelling urinary catheter?	☐	☐
6. Emphysema, COPD (Chronic Obstructive Pulmonary Disease) or any obstructive lung disease requiring the use of oxygen?	☐	☐
7. An immune deficiency disorder, AIDS, AIDS related complex (ARC) or AIDS related conditions?	☐	☐

NOTE: Please provide details to any "Yes" answers for questions 10 e.8. through 12. In section 10 g. below.

8. Any form of arthritis causing crippling, limitation of motion, or requiring joint replacement; or any degenerative bone disease, osteoporosis, fractured hip or spine?	☐	☐
9. Leukemia, cancer (other than skin), lymphoma or melanoma?	☐	☐
10. Colostomy, ileostomy or ureterostomy, chronic liver or pancreatic disease?	☐	☐
11. Diabetes (with or without insulin)?	☐	☐
12. Peripheral neuropathy, peripheral vascular disease, heart disorder, hypertension or recurrent cardioversion?	☐	☐

10. Qualifying Information (Continued)

f. 1. Need hands-on or stand-by assistance to perform any of the following daily activities?

	YES	NO		YES	NO
(a) bathing	☐	☐	(d) eating	☐	☐
(b) bladder or bowel control	☐	☐	(e) moving in or out of bed or chair	☐	☐
(c) dressing	☐	☐	(f) toileting	☐	☐

2. Need assistance with any of the following activities?

	YES	NO		YES	NO
(a) managing your medication	☐	☐	(e) transportation	☐	☐
(b) using the telephone	☐	☐	(f) shopping	☐	☐
(c) managing your daily finances	☐	☐	(g) preparing meals	☐	☐
(d) routine housework	☐	☐	(h) laundry	☐	☐

Please give details to any "Yes" answers_____

_____

_____

g. Please give details to any "Yes" answers for questions 10 e.8. through 12. Also, if within the past three years, you have seen a doctor, or any licensed health care practitioner professionally or had medical treatment for any conditions(s) not listed above, please provide details below.

				Days confined			Name/Address/Telephone# of Doctor, Hospital, or Nursing Home
Condition	Onset Mo/Yr	Operation Mo/Yr	Recovery Mo/Yr	In Hospital	In Nursing Home	At Home	

h. Do you currently take prescription drugs? If "Yes", please list.

Medications	Medical Conditions

11. Family History

	YES	NO
Do any of your immediate family members (father, mother, brother, sister) have a history of: Heart Disease, Stroke, Parkinson's Disease, Alzheimer's Disease or Dementia?	☐	☐

If "Yes" to above, list age at onset and details.

_____

_____

_____

12.

	YES	NO
Now, or within the last three years: (a) do you receive or have you received federal, state or local government assistance in any form, such as Supplemental Security Income, Social Security Disability Income , having Medicare premiums paid for by the state; or (b) are you are have you been eligible for Medicare due to a disability or Medicaid?	☐	☐

13.

If you are eligible for Medicare, are you:	YES	NO
a. Insured under Part A and Part B of Medicare?	☐	☐
b. Enrolled in a Health Maintenance Organization, Medicare Advantage or a similar program?	☐	☐

14. In Force and Applied for Coverage - (Excluding this application)

A. Do you have another Long-Term Care, Nursing Home, or Home Health Care insurance policy or certificate in force (including health care service contract or health maintenance organization contract providing similar coverage)? If "Yes", and such coverage will remain in force, indicate type of coverage, daily benefit amount, and benefit period.

☐ Yes ☐ No

Type of Coverage_____
Daily Benefit Amount $_____
Benefit Period_____

Type of Coverage_____
Daily Benefit Amount $_____
Benefit Period_____

B. Do you intend to replace any existing Life, Health, Accident and Sickness, Disability Income, Annuity, Long-Term Care, Nursing Home, or Home Health Care insurance policy or certificate with this coverage? If "Yes", show Company, address, policy number and ending date.

☐ Yes ☐ No

Company_____
Address_____
_____
Policy Number_____
Ending Date_____

C. In addition to those listed in questions A. and B. above, do you have another Long-Term Care, Nursing Home, or Home Health Care insurance policy or certificate in force during the last twelve (12) months? If "Yes", show Company and date of lapse, if applicable.

☐ Yes ☐ No

Company_____

If lapsed, when did it lapse_____

D. Has the agent selling this insurance sold any other medical or health insurance to you that is not now in force, but was sold to him or her within the past five (5) years? Do not include policies which have already been listed in questions A. B. and C., above.

☐ Yes ☐ No

The Agent shall list below details of any "Yes" answer to question D. including name of company, policy number being replaced, type of coverage, date sold and whether the coverage is now in force.

_____
_____
_____

15. Protection Against Unintended Lapse

In the event the policy is issued and later is about to lapse:

I understand that I have the right to designate at least one Authorized Designee other than myself to receive Notice of Lapse or Termination of the long term care insurance policy for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

☐ I designate the following person as an Authorized Designee to be notified of the lapse of the policy:

Name of Designee

Street Address

City, State, Zip Code

( )

Telephone Number

☐ I elect NOT to designate any person to receive the notice.

16. Association/Organization Verification (complete this section only if applicable)

The Applicant is an employee/member in good standing of:

Association/Organization

Account Number

17. Third Party Countersignature

Note: If the applicant is age 85 or older, a third party presence is required and the following statement completed: A trusted relative, friend or financial advisor was present at the time of this sale.

Third Party First Name M.I. Last Name Suffix

Home Address

City/Town State Zip Code -

- -

Home Phone

Signature of Third Party X

Remarks:

Applicant's Acknowledgment of Notices

The applicant has received and acknowledges receipt of the following forms:

- Outline of Coverage
- Notice to Applicants for Insurance (regarding the Applicant's rights under the Fair Credit Reporting Act)
- Notice About Insurance Information Practices and the Privacy Protection Act (if applicable)
- "The Guide to Health Insurance for People with Medicare" (if eligible for Medicare)
- Conditional Receipt (if applicable)
- Notice Regarding Replacement Form (if applicable)

ACKNOWLEDGMENTS The Applicant represents and agrees as follows: **1.** That the statements contained in the application concerning past and present health are complete, true and correct and that those statements may be verified during a telephone interview. **2.** Any coverage issued as a result of this application shall, together with the application, constitute a single and entire contract of insurance. **3.** No agent or any other person is authorized to accept risks, pass upon insurability, make or modify contracts or waive any of the Company's rights or requirements. **4.** Any insurance issued as a result of the application will either: **a.** Not take effect unless and until the full first premium is paid and the policy is delivered during such person's lifetime and while such person is in the condition of health set forth in the application; or: **b.** Take effect only as specified in the Receipt, if any, attached to this application. **5.** For any exchange, the new coverage will be treated as a renewal of any current coverage. **6.** For upgrades, all waiting periods in the coverage will apply to any increase in benefits. The waiting periods will start on the effective date of the increase. **7.** Provisions concerning exceptions, exclusions, limitations and renewal which have been applied for have been explained and are understood. **8.** The applicant shall be the owner of any insurance applied for. **9.** I understand that the Company may offer both federally tax-qualified and non-qualified contracts having similar benefits. If I have applied for a federally tax-qualified contract, I understand that its benefit provisions may be more restrictive than a non-qualified contract. If I have applied for a non-qualified contract, I understand that it does not provide the same federal income tax advantages as a tax qualified contract.

REPRESENTATION THE UNDERSIGNED APPLICANT AND AGENT ACKNOWLEDGE THAT THE APPLICANT HAS READ OR HAD READ TO HIM/HER THE COMPLETED APPLICATION AND THAT HE/SHE REALIZES THAT ANY FALSE STATEMENTS OR MISREPRESENTATION THEREIN MAY RESULT IN LOSS OF COVERAGE UNDER THE POLICY.

PAYMENT OF PREMIUM READ THE RECEIPT BEFORE SIGNING. This is to represent that I have read the receipt and fully understand its conditions and limitations. I understand that no agent can waive or change the conditions and limitations of this receipt.

AUTHORIZATION In connection with an application for insurance currently made to Bankers Life and Casualty Company, I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organization, institution or person, that has any records or knowledge of me or any of the members of my family named in said application or of our health, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. This authorization will be valid for a period of 2 years and 6 months from the date signed.

Caution: **If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your coverage.**

SIGNATURES Date at City_____State_____Zip_____

this_____Day of_____ _____
(Day) *(Month)* *(Year)*

Signature of Applicant X_____

Social Security Number

Applicant _____ - _____ - _____

I have witnessed the signature of the Applicant. I certify that I asked all the questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, except as may be stated by the Applicant's response to Question 13.B, the insurance applied for is not or is not likely to replace or change any existing policy(ies) or certificate(s).

Signature *(of Licensed Resident Agent) X*_____*No.*_____Office_____

Signature *(of Licensed Resident Agent) X*_____*No.*_____

MAKE ALL CHECKS PAYABLE ONLY TO BANKERS LIFE AND CASUALTY COMPANY

WARNING: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

ADDITIONAL SERVICES BENEFIT RIDER

EFFECTIVE DATE_____ POLICY NUMBER_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefits are added to Your policy:

Any benefits payable under the terms of this rider will count towards the Lifetime Maximum Benefit as defined in the policy to which this rider is attached.

FACILITY CARE COVERED EXPENSES

BED RESERVATION:

The charges incurred to reserve Your bed while You are temporarily absent from a Nursing Home or Assisted Living Facility. The Bed Reservation benefit will be paid if:

1. We are paying benefits for Facility Care; and
2. The Nursing Home or Assisted Living Facility continues to charge You to reserve the bed.

We'll pay up to the Maximum Daily Benefit, not to exceed 60 days each Calendar Year. Any unused days cannot be carried forward into the next year.

ADDITIONAL COVERED EXPENSES

AMBULANCE SERVICES:

The charges incurred, up to $75 per trip, for ambulance service to or from a Nursing Home or Assisted Living Facility. We won't pay for more than four trips each Calendar Year. The Annual Benefit Increases option, if selected do not apply to this benefit. Benefits payable for Ambulance Services are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

HOSPICE CARE:

The charges incurred , if you are Terminally Ill, for services and supplies given by a Hospice. We'll cover Hospice Care charges up to the Maximum Daily Benefit not to exceed 30 days.

Terminally Ill means that a Physician certifies that You: (a) have no reasonable prospect of cure; (b) have a life expectancy of less than 6 months; (c) need Hospice services for palliation or management of the terminal illness and related conditions; and (d) would have to be confined in a Hospital or Nursing Home if Hospice care services weren't available.

Benefits payable for Hospice Care are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Hospice means an agency meeting the regulatory requirements for a hospice in the state where the services are given. If such state has no regulatory requirements, the agency must: (a) be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families; and (b) provide nursing care under the supervision of a registered nurse.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

BANKERS LIFE AND CASUALTY COMPANY
Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

ENHANCED SERVICES BENEFIT RIDER

EFFECTIVE DATE_____ **POLICY NUMBER**_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefits are added to Your policy:

Any benefits payable under the terms of this rider will count towards the Lifetime Maximum Benefit as defined in the policy to which this rider is attached.

FACILITY CARE COVERED EXPENSES

BED RESERVATION:

The charges incurred to reserve Your bed while You are temporarily absent from a Nursing Home or Assisted Living Facility. The Bed Reservation benefit will be paid if:

1. We are paying benefits for Facility Care; and
2. The Nursing Home or Assisted Living Facility continues to charge You to reserve the bed.

We'll pay up to the Maximum Daily Benefit, not to exceed 60 days each Calendar Year. Any unused days cannot be carried forward into the next year.

ADDITIONAL COVERED EXPENSES

AMBULANCE SERVICES:

The charges incurred, up to $75 per trip, for ambulance service to or from a Nursing Home or Assisted Living Facility. We won't pay for more than four trips each Calendar Year. The Annual Benefit Increases option, if selected do not apply to this benefit. Benefits payable for Ambulance Services are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

HOSPICE CARE:

The charges incurred , if you are Terminally Ill, for services and supplies given by a Hospice. We'll cover Hospice Care charges up to the Maximum Daily Benefit not to exceed 30 days.

Terminally Ill means that a Physician certifies that You: (a) have no reasonable prospect of cure; (b) have a life expectancy of less than 6 months; (c) need Hospice services for palliation or management of the terminal illness and related conditions; and (d) would have to be confined in a Hospital or Nursing Home if Hospice care services weren't available.

Benefits payable for Hospice Care are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Hospice means an agency meeting the regulatory requirements for a hospice in the state where the services are given. If such state has no regulatory requirements, the agency must: (a) be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families; and (b) provide nursing care under the supervision of a registered nurse.

HOME MODIFICATIONS:
The charges incurred for Home Modifications which allow You to remain at Home. The benefit for Home Modifications is subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Home Modifications are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Home Modifications must:
1. Be recommended as a part of the Plan of Care;
2. Be agreed to by You , a Licensed Health Care Practitioner and Us; and
3. Consist of Qualified or Prescribed Long Term Care Services.

We are not obligated to cover Home Modifications prior to such agreement. Agreement to participate in Home Modifications won't waive any of Your or Our rights under this policy.

Home Modifications means installation of certain equipment in, or physical modification to Your Home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow You to stay at Home.

ALTERNATE PLAN OF CARE:
The charges incurred for alternate services, devices, or types of care under a written Alternate Plan of Care. This Alternate Plan of Care must:
1. Be developed by or with health care professionals;
2. Be agreed to by You, a Licensed Health Care Practitioner and Us; and
3. Consist of Qualified or Prescribed Long Term Care Services.

We are not obligated to cover services prior to such agreement. Agreement to participate in an Alternate Plan of Care won't waive any of Your or Our rights under this policy.

We won't pay benefits under this Alternate Plan of Care provision and under any other policy provision for the same expenses. No payment will be made for any day for which a Facility Care benefit is payable. No benefits will be paid under this Alternate Plan of Care provision for services, devices, or types of care that are covered by another benefit provision in the policy or any attached riders. This restriction includes services, devices, or types of care that are covered by another provision in the policy or any attached riders, but which are not eligible for payment because of the application of an Elimination Period, maximum benefit limit, or other policy limit.

Alternate Plan of Care means a Plan of Care which may specify special treatments or different sites or levels of care. Some of the services received may differ from those otherwise covered by this policy. In such case, benefits will be paid as agreed in the Alternate Plan of Care. Examples of Alternate Plans of Care include care provided in a facility other than a facility covered under this policy, or other similar arrangements.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

COMPREHENSIVE SERVICES BENEFIT RIDER

EFFECTIVE DATE_____ **POLICY NUMBER**_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefits are added to Your policy:

Any benefits payable under the terms of this rider will count towards the Lifetime Maximum Benefit as defined in the policy to which this rider is attached.

FACILITY CARE COVERED EXPENSES

BED RESERVATION:

The charges incurred to reserve Your bed while You are temporarily absent from a Nursing Home or Assisted Living Facility. The Bed Reservation benefit will be paid if:

1. We are paying benefits for Facility Care; and
2. The Nursing Home or Assisted Living Facility continues to charge You to reserve the bed.

We'll pay up to the Maximum Daily Benefit, not to exceed 60 days each Calendar Year. Any unused days cannot be carried forward into the next year.

HOME AND COMMUNITY-BASED CARE COVERED EXPENSES

CAREGIVER TRAINING:

The charges incurred for Caregiver Training if You require Home and Community-Based Care. This benefit is subject to a lifetime maximum benefit equal to 25% of the Maximum Monthly Benefit amount payable for Home and Community-Based Care Covered Expenses. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Caregiver Training are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.. The exclusion in the Policy for services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home does not pertain to this Benefit.

Caregiver Training is a formal instructional program designed to train an Informal Caregiver on the care needed to allow You to remain at Home. Such training may include, but is not limited to, instruction in Personal Care Services, Homemaker Services Incidental to Personal Care Services, and the administration of medications. Caregiver Training can be provided by a Home Health Care Agency, Nursing Home, Hospital, or other agency or health care professional qualified by license, training or experience to provide such instruction.

Informal Caregiver is a member of the Immediate Family or friend who will provide care to You on a regular unpaid basis. A member of the Immediate Family or a friend who is a health care professional and already providing care on an unpaid basis is not eligible for this training.

RESPITE CARE:
The charges incurred for the same services and supplies as shown for Home Health Care for Respite Care received in:

1. Your Home;
2. A private Home;
3. A home for the retired or aged;
4. A place that provides residential care; or
5. A Nursing Home or Assisted Living Facility.

We'll cover Respite Care charges for up to 21 days during each Calendar Year. Any unused days of Respite Care cannot be carried forward into the next year.

Benefits payable for Respite Care are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Respite Care means professional care given to You when you qualify to receive Covered Expenses in order to temporarily relieve unpaid caregivers.

HOSPICE CARE:
The charges incurred , if you are Terminally Ill, for services and supplies given by a Hospice. We'll cover Hospice Care charges up to the Maximum Daily Benefit not to exceed 30 days.

Terminally Ill means that a Physician certifies that You: (a) have no reasonable prospect of cure; (b) have a life expectancy of less than 6 months; (c) need Hospice services for palliation or management of the terminal illness and related conditions; and (d) would have to be confined in a Hospital or Nursing Home if Hospice care services weren't available.

Benefits payable for Hospice Care are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Hospice means an agency meeting the regulatory requirements for a hospice in the state where the services are given. If such state has no regulatory requirements, the agency must: (a) be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families; and (b) provide nursing care under the supervision of a registered nurse.

MONITORING EQUIPMENT:
The charges incurred per month, not to exceed 5% of the Maximum Monthly Benefit amount payable for Home and Community-Based Care Covered Expenses, for the rental or lease of:

1. An emergency medical response system. An emergency medical response system does not include a home security system; or
2. Medication monitoring or dispensing equipment.

Monitoring Equipment must be recommended as a part of the Plan of Care and be installed in Your Home while this policy is in force. We will require: (a) proof of installation; and (b) a copy of the lease or rental agreement.

This benefit is subject to a lifetime maximum of 12 months. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Monitoring Equipment are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period. If more than one piece of monitoring equipment is installed in Your Home, this will not increase the maximum payable for this benefit per month.

ADDITIONAL COVERED EXPENSES

AMBULANCE SERVICES:

The charges incurred, up to $75 per trip, for ambulance service to or from a Nursing Home or Assisted Living Facility. We won't pay for more than four trips each Calendar Year. The Annual Benefit Increases option, if selected do not apply to this benefit. Benefits payable for Ambulance Services are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

HOME MODIFICATIONS:

The charges incurred for Home Modifications which allow You to remain at Home. The benefit for Home Modifications is subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Home Modifications are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Home Modifications must:

1. Be recommended as a part of the Plan of Care;
2. Be agreed to by You , a Licensed Health Care Practitioner and Us; and
3. Consist of Qualified or Prescribed Long Term Care Services.

We are not obligated to cover Home Modifications prior to such agreement. Agreement to participate in Home Modifications won't waive any of Your or Our rights under this policy.

Home Modifications means installation of certain equipment in, or physical modification to Your Home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow You to stay at Home.

ALTERNATE PLAN OF CARE:

The charges incurred for alternate services, devices, or types of care under a written Alternate Plan of Care. This Alternate Plan of Care must:

1. Be developed by or with health care professionals;
2. Be agreed to by You, a Licensed Health Care Practitioner and Us; and
3. Consist of Qualified or Prescribed Long Term Care Services.

We are not obligated to cover services prior to such agreement. Agreement to participate in an Alternate Plan of Care won't waive any of Your or Our rights under this policy.

We won't pay benefits under this Alternate Plan of Care provision and under any other policy provision for the same expenses. No payment will be made for any day for which a Facility Care benefit is payable. No benefits will be paid under this Alternate Plan of Care provision for services, devices, or types of care that are covered by another benefit provision in the policy or any attached riders. This restriction includes services, devices, or types of care that are covered by another provision in the policy or any attached riders, but which are not eligible for payment because of the application of an Elimination Period, maximum benefit limit, or other policy limit.

Alternate Plan of Care means a Plan of Care which may specify special treatments or different sites or levels of care. Some of the services received may differ from those otherwise covered by this policy. In such case, benefits will be paid as agreed in the Alternate Plan of Care. Examples of Alternate Plans of Care include, but are not limited to care provided in a facility other than a facility covered under this policy, or other similar arrangements.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

BANKERS LIFE AND CASUALTY COMPANY
Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

COMPREHENSIVE SERVICES BENEFIT RIDER

EFFECTIVE DATE_____ POLICY NUMBER_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefits are added to Your policy:

Any benefits payable under the terms of this rider will count towards the Lifetime Maximum Benefit as defined in the policy to which this rider is attached.

FACILITY CARE COVERED EXPENSES

BED RESERVATION:

The charges incurred to reserve Your bed while You are temporarily absent from a Nursing Home or Assisted Living Facility. The Bed Reservation benefit will be paid if:

1. We are paying benefits for Facility Care; and
2. The Nursing Home or Assisted Living Facility continues to charge You to reserve the bed.

We'll pay up to the Maximum Daily Benefit, not to exceed 60 days each Calendar Year. Any unused days cannot be carried forward into the next year.

HOME AND COMMUNITY-BASED CARE COVERED EXPENSES

CAREGIVER TRAINING:

The charges incurred for Caregiver Training if You require Home and Community-Based Care. This benefit is subject to a lifetime maximum benefit equal to 100% of the Maximum Weekly Benefit amount payable for Home and Community-Based Care Covered Expenses. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Caregiver Training are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period. The exclusion in the Policy for services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in Your Home does not pertain to this Benefit.

Caregiver Training is a formal instructional program designed to train an Informal Caregiver on the care needed to allow You to remain at Home. Such training may include, but is not limited to, instruction in Personal Care Services, Homemaker Services Incidental to Personal Care Services, and the administration of medications. Caregiver Training can be provided by a Home Health Care Agency, Nursing Home, Hospital, or other agency or health care professional qualified by license, training or experience to provide such instruction.

Informal Caregiver is a member of the Immediate Family or friend who will provide care to You on a regular unpaid basis. A member of the Immediate Family or a friend who is a health care professional and already providing care on an unpaid basis is not eligible for this training.

RESPITE CARE:
The charges incurred for the same services and supplies as shown for Home Health Care for Respite Care received in:

1. Your Home;
2. A private Home;
3. A home for the retired or aged;
4. A place that provides residential care; or
5. A Nursing Home or Assisted Living Facility.

We'll cover Respite Care charges for up to 21 days during each Calendar Year. Any unused days of Respite Care cannot be carried forward into the next year.

Benefits payable for Respite Care are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Respite Care means professional care given to You when you qualify to receive Covered Expenses in order to temporarily relieve unpaid caregivers.

HOSPICE CARE:
The charges incurred , if you are Terminally Ill, for services and supplies given by a Hospice. We'll cover Hospice Care charges up to the Maximum Daily Benefit not to exceed 30 days.

Terminally Ill means that a Physician certifies that You: (a) have no reasonable prospect of cure; (b) have a life expectancy of less than 6 months; (c) need Hospice services for palliation or management of the terminal illness and related conditions; and (d) would have to be confined in a Hospital or Nursing Home if Hospice care services weren't available.

Benefits payable for Hospice Care are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Hospice means an agency meeting the regulatory requirements for a hospice in the state where the services are given. If such state has no regulatory requirements, the agency must: (a) be primarily engaged in providing pain relief, symptom management and support service to dying persons and their families; and (b) provide nursing care under the supervision of a registered nurse.

MONITORING EQUIPMENT:
The charges incurred per month, not to exceed 20% of the Maximum Weekly Benefit amount payable for Home and Community-Based Care Covered Expenses, for the rental or lease of:

1. An emergency medical response system. An emergency medical response system does not include a home security system; or
2. Medication monitoring or dispensing equipment.

Monitoring Equipment must be recommended as a part of the Plan of Care and be installed in Your Home while this policy is in force. We will require: (a) proof of installation; and (b) a copy of the lease or rental agreement.

This benefit is subject to a lifetime maximum of 12 months. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Monitoring Equipment are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period. If more than one piece of monitoring equipment is installed in Your Home, this will not increase the maximum payable for this benefit per week.

ADDITIONAL COVERED EXPENSES

AMBULANCE SERVICES:

The charges incurred, up to $75 per trip, for ambulance service to or from a Nursing Home or Assisted Living Facility. We won't pay for more than four trips each Calendar Year. The Annual Benefit Increases option, if selected do not apply to this benefit. Benefits payable for Ambulance Services are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

HOME MODIFICATIONS:

The charges incurred for Home Modifications which allow You to remain at Home. The benefit for Home Modifications is subject to a lifetime maximum equal to 30 times the Maximum Daily Benefit payable for Facility Care. The Restoration of Benefits provision, if any, does not apply to this benefit. Benefits payable for Home Modifications are not subject to the Elimination Period nor will they count toward satisfying the Elimination Period.

Home Modifications must:

1. Be recommended as a part of the Plan of Care;
2. Be agreed to by You , a Licensed Health Care Practitioner and Us; and
3. Consist of Qualified or Prescribed Long Term Care Services.

We are not obligated to cover Home Modifications prior to such agreement. Agreement to participate in Home Modifications won't waive any of Your or Our rights under this policy.

Home Modifications means installation of certain equipment in, or physical modification to Your Home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow You to stay at Home.

ALTERNATE PLAN OF CARE:

The charges incurred for alternate services, devices, or types of care under a written Alternate Plan of Care. This Alternate Plan of Care must:

1. Be developed by or with health care professionals;
2. Be agreed to by You, a Licensed Health Care Practitioner and Us; and
3. Consist of Qualified or Prescribed Long Term Care Services.

We are not obligated to cover services prior to such agreement. Agreement to participate in an Alternate Plan of Care won't waive any of Your or Our rights under this policy.

We won't pay benefits under this Alternate Plan of Care provision and under any other policy provision for the same expenses. No payment will be made for any day for which a Facility Care benefit is payable. No benefits will be paid under this Alternate Plan of Care provision for services, devices, or types of care that are covered by another benefit provision in the policy or any attached riders. This restriction includes services, devices, or types of care that are covered by another provision in the policy or any attached riders, but which are not eligible for payment because of the application of an Elimination Period, maximum benefit limit, or other policy limit.

Alternate Plan of Care means a Plan of Care which may specify special treatments or different sites or levels of care. Some of the services received may differ from those otherwise covered by this policy. In such case, benefits will be paid as agreed in the Alternate Plan of Care. Examples of Alternate Plans of Care include, but are not limited to care provided in a facility other than a facility covered under this policy, or other similar arrangements.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

RESTORATION OF POLICY BENEFITS RIDER

EFFECTIVE DATE_____ POLICY NUMBER_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefits are added to Your policy:

RESTORATION OF POLICY BENEFITS

This rider provides a one time benefit that restores the policy's Lifetime Maximum Benefit when You have not been Functionally Incapacitated, and have not had a Severe Cognitive Impairment, and have not required or received Qualified Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy.

After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends or when the policy's Lifetime Maximum Benefit is restored.

PREMIUM

While this rider is in force, this rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Karl W Kirby

Secretary

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

RESTORATION OF POLICY BENEFITS RIDER

EFFECTIVE DATE_____ POLICY NUMBER_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefits are added to Your policy:

RESTORATION OF POLICY BENEFITS

This rider provides a one time benefit that restores the policy's Lifetime Maximum Benefit when You have not been Functionally Incapacitated, and have not had a Cognitive Impairment, and have not required or received Prescribed Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy.

After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends or when the policy's Lifetime Maximum Benefit is restored.

PREMIUM

While this rider is in force, this rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Karl W Kirby

Secretary

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

CASH BENEFIT RIDER

EFFECTIVE DATE_____ **POLICY NUMBER**_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

CASH BENEFIT

For each day You are receiving benefit payments for Covered Expenses that are less than the Maximum Daily Benefit amount for Qualified Long Term Care Services under the Policy to which this rider is attached, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit amount shown on the Schedule. The total benefits paid per day under the policy and this rider will not exceed the Maximum Daily Benefit amount shown on the Schedule.

In order for benefits to be payable under the terms of this Rider, You must be receiving benefits under the Facility Care and/or Home and Community-Based Care benefit provisions of the policy and any benefits payable under the terms of this Rider count against the Lifetime Maximum Benefit as defined in the policy.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

Tax Note: Since Benefits under the policy with this rider will be paid without regard to actual charges you incur, part of the Benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended.

The Company does not provide tax or legal advice. Based on your particular circumstances and objectives, you should seek advice from a qualified and duly-licensed independent tax or legal adviser. You cannot rely upon or use the language in this Rider for the purposes of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

BANKERS LIFE AND CASUALTY COMPANY

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CASH BENEFIT RIDER

EFFECTIVE DATE_____ **POLICY NUMBER**_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

CASH BENEFIT

For each day You are receiving benefit payments for Covered Expenses that are less than the Maximum Daily Benefit amount for Prescribed Long Term Care Services under the Policy to which this rider is attached, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit amount shown on the Schedule. The total benefits paid per day under the policy and this rider will not exceed the Maximum Daily Benefit amount shown on the Schedule.

In order for benefits to be payable under the terms of this Rider, You must be receiving benefits under the Facility Care and/or Home and Community-Based Care benefit provisions of the policy and any benefits payable under the terms of this Rider count against the Lifetime Maximum Benefit as defined in the policy.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

Tax Note: Since Benefits under the policy with this rider will be paid without regard to actual charges you incur, part of the Benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended.

The Company does not provide tax or legal advice. Based on your particular circumstances and objectives, you should seek advice from a qualified and duly-licensed independent tax or legal adviser. You cannot rely upon or use the language in this Rider for the purposes of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

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CASH BENEFIT RIDER DISABILITY TRIGGER

EFFECTIVE DATE_____ **POLICY NUMBER**_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

Rider Elimination Period means the number of days that You must be Chronically Ill as certified by Licensed Health Care Practitioner before rider benefits are paid. The Rider Elimination Period is equal to the Policy's Elimination Period shown on the Schedule.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

CASH BENEFIT

You qualify for benefits under this rider after the Rider Elimination Period has been satisfied and if You continue to be Chronically Ill as certified by Licensed Health Care Practitioner. For each day You qualify for benefits under this rider, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit for Nursing Home care amount shown on the Schedule. The total benefits paid for any day under the policy and this rider will not exceed the Maximum Daily Benefit for Nursing Home care amount shown on the Schedule.

Any benefits payable under the terms of this Rider count against the Lifetime Maximum Benefit as defined in the policy. Any benefits paid under the terms of this Rider do not count toward satisfying the Elimination Period of the Policy.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

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Tax Note: Since Benefits under the policy with this rider will be paid without regard to actual charges you incur, part of the Benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended.

The Company does not provide tax or legal advice. Based on your particular circumstances and objectives, you should seek advice from a qualified and duly-licensed independent tax or legal adviser. You cannot rely upon or use the language in this Rider for the purposes of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

CASH BENEFIT RIDER DISABILITY TRIGGER

EFFECTIVE DATE_____ **POLICY NUMBER**_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

Rider Elimination Period means the number of days that You must be Functionally Incapacitated or Cognitively Impaired as certified by Licensed Health Care Practitioner before rider benefits are paid. The Rider Elimination Period is equal to the Policy's Elimination Period shown on the Schedule.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

CASH BENEFIT

You qualify for benefits under this rider after the Rider Elimination Period has been satisfied and if You continue to be Functionally Incapacitated or Cognitively Impaired as certified by Licensed Health Care Practitioner. For each day You qualify for benefits under this rider, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit for Nursing Home care amount shown on the Schedule. The total benefits paid for any day under the policy and this rider will not exceed the Maximum Daily Benefit for Nursing Home care amount shown on the Schedule.

Any benefits payable under the terms of this Rider count against the Lifetime Maximum Benefit as defined in the policy. Any benefits paid under the terms of this Rider do not count towards satisfying the Elimination Period of the Policy.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

Tax Note: Since Benefits under the policy with this rider will be paid without regard to actual charges you incur, part of the Benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended.

The Company does not provide tax or legal advice. Based on your particular circumstances and objectives, you should seek advice from a qualified and duly-licensed independent tax or legal adviser. You cannot rely upon or use the language in this Rider for the purposes of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

DUAL WAIVER OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE_____ **YOUR POLICY NUMBER _____**

SPOUSE'S POLICY NUMBER _____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on this policy's Issue Date.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

It is hereby agreed that the following benefit is added to Your policy:

DUAL WAIVER OF PREMIUM BENEFIT

When the premium under Your spouse's policy with Us is waived due to receiving benefits for Covered Expenses, We will also waive any premium that becomes due for Your policy if both You and Your spouse have a Dual Waiver of Premium Rider in force with Us, other than under a Nonforfeiture Benefit, on the date Your spouse's premium is waived.

You must pay any premium that becomes due after Your spouse's premium is no longer waived.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

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BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER

EFFECTIVE DATE_____ **YOUR POLICY NUMBER** _____

SPOUSE'S POLICY NUMBER _____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on the policy's Issue Date.

Your Spouse's Policy means Your spouse's insurance under the policy number shown above.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

SURVIVOR MAXIMUM BENEFIT INCREASE

In the event of the death of Your spouse, We will increase the Your Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for Spouse's Policy as of the last anniversary before his or her death. This increase is subject to this rider, this policy, and Your Spouse's Policy being in force on the date of death.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when this policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy. Premium for this rider is required for the life of the policy, even after Your benefits increase by reason of Your spouse's death.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

When benefits have been increased under the terms of this rider, there will not be any additional premium charged for the increased benefit amount.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Karl W Kirlin

Secretary

BANKERS LIFE AND CASUALTY COMPANY

Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

SHARED MAXIMUM BENEFIT RIDER

EFFECTIVE DATE_____ **YOUR POLICY NUMBER** _____

SPOUSE'S POLICY NUMBER _____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on the policy's Issue Date.

Shared Maximum Benefit means an additional amount of benefits, equal to Your Lifetime Maximum Benefit amount, that is available to both You and Your spouse. This Shared Maximum Benefit is a single amount which may be shared by both You and Your spouse.

Your Spouse's Policy means Your spouse's insurance under the policy number shown above.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

SHARED MAXIMUM BENEFIT

In the event You or Your spouse exhaust the policy's Lifetime Maximum Benefit , We will continue to pay benefits until the Shared Maximum Benefit is exhausted. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Weekly/Monthly Benefit limits, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision, if any, does not apply to the Shared Maximum Benefit.

If both You and Your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, We will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this Rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

In the event that Your Spouse terminates either his/her policy or the Shared Maximum Benefit Rider, the Shared Maximum Benefit will be reduced by fifty percent of the amount in effect at the time of such termination.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when this policy ends or when the Shared Maximum Benefit is exhausted.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy.

We may change the premium rates for this rider in the same way that premium rates may change for the policy to which it is attached.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exclusions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Secretary

BANKERS LIFE AND CASUALTY COMPANY
Home Office: 600 West Chicago Ave • Chicago, IL 60654-2800

RETURN OF PREMIUM BENEFIT RIDER

EFFECTIVE DATE_____

This rider is a part of the policy to which it is attached. It begins on the Effective Date shown above at 12:01 A.M. Standard Time where You live. If no date is shown above, it begins on the policy's Issue Date.

This rider provides a Return of Premium benefit for each Family Member insured under the policy.

YOUR THIRTY DAY RIGHT TO RETURN THE RIDER

If You are not satisfied with this rider, You may return it to Us within 30 days after You receive it. You may return it to Us by mail or to the agent who sold it. Then We'll refund any premium paid for this rider and it will be void.

RETURN OF PREMIUM BENEFIT

If a Family Member's coverage under the policy ends after such coverage has been in force for more than three years with this rider, a Return of Premium benefit may be payable. The actual amount of premium that will be returned, if any, is equal to:

1. The sum of all premiums paid for the Family Member's coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy, (except any benefit riders which specifically state that the premiums are not subject to this rider) while this rider is in force; TIMES
2. A Return of Premium percentage as shown in the table below; LESS
3. The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to the Family Member while this rider is in force.

TABLE OF RETURN OF PREMIUM PERCENTAGES

To determine the Return of Premium percentage, We'll consider: (1) when a Family Member's coverage under the policy (with this rider) ends; (2) the number of years the policy and other benefit riders have been in force (with this rider); and (3) the applicable Return of Premium percentage for this number of years. The number of years the policy (with this rider) has been in force and the Return of Premium percentages are shown below.

During Rider Year	Return of Premium Percentage	During Rider Year	Return of Premium Percentage
1	0%	11	45%
2	0	12	50
3	0	13	55
4	10	14	60
5	15	15	65
6	20	16	70
7	25	17	75
8	30	18	80
9	35	19	90
10	40	20+	100

PAYMENT OF CLAIMS

The Payment of Claims provision of Your policy is deleted and replaced with the following:

Benefits will be paid to You. Any benefits due and unpaid at Your death will be paid according to any beneficiary designation in effect at time of payment. If none is then in effect, We'll pay benefits as follows: (a) to Your spouse if living, otherwise (b) equally to Your then living lawful children, including stepchildren and adopted children, if any, otherwise (c) to Your estate.

If benefits are payable to Your estate or a beneficiary who can't give a valid release, We can pay up to $1,000 ($3,000 in Florida) to anyone related to You or Your beneficiary by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

RENEWAL CONDITIONS

You may renew this rider in the same way You renew the policy to which it is attached. This rider ends when the policy ends.

PREMIUM

This rider requires the payment of premium in addition to the premium due for the policy. We may change the premium for this rider, but only if We do so for all riders like Yours in Your state on a class basis. We'll provide You with written notice of any change in the premium in the time required by Your state.

CONDITIONS

This rider is subject to all terms, conditions, limitations and exceptions of the policy except where changed by this rider.

BANKERS LIFE AND CASUALTY COMPANY

Karl W Kirby

Secretary

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved	GR-N620-Rate	GR-N620	New		N620.pdf
Approved	GR-N630-Rate	GR-N630	New		N630.pdf
Approved	GR-N640-Rate	GR-N640	New		N640.pdf
Approved	GR-N650-Rate	GR-N650	New		N650.pdf
Approved	GR-N670-Rate	GR-N670	New		N670.pdf
Approved	GR-N680-Rate	GR-N680	New		N680.pdf

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 14.40	$ 16.80	$ 18.60	$ 24.00	$ 27.00	$ 29.40	$ 31.20	$ 32.40	$ 33.60	$ 40.20
35-39	16.80	19.20	21.60	27.60	31.80	35.40	36.60	39.00	40.20	48.00
40	17.40	19.80	22.80	29.40	34.20	37.20	39.00	40.80	42.60	51.00
41	18.00	21.00	24.00	31.20	36.00	39.60	41.40	43.80	45.00	54.00
42	18.60	21.60	25.20	32.40	37.80	42.00	43.80	46.20	48.00	57.60
43	19.20	22.80	25.80	34.20	39.60	43.80	46.20	48.60	50.40	60.00
44	20.40	23.40	27.00	36.00	41.40	45.60	48.00	50.40	52.80	63.00
45	21.00	24.60	28.20	37.20	43.80	48.00	50.40	53.40	55.20	66.00
46	21.60	25.20	29.40	39.00	45.60	50.40	52.80	55.80	58.20	69.60
47	22.20	26.40	30.60	40.80	48.00	52.80	55.20	58.20	60.60	72.60
48	23.40	27.60	32.40	42.60	49.80	55.20	58.20	61.20	63.60	76.20
49	24.00	28.80	33.60	44.40	52.20	57.60	60.60	63.60	66.60	79.80
50	25.20	29.40	34.80	46.20	54.60	60.00	63.00	66.60	69.60	83.40
51	25.80	30.60	36.00	48.60	57.00	63.00	66.00	69.60	72.60	87.00
52	27.00	31.80	37.80	50.40	59.40	66.00	69.00	73.20	75.60	91.20
53	28.20	33.60	39.60	53.40	63.00	69.60	73.20	77.40	80.40	96.60
54	30.00	35.40	42.00	56.40	66.60	73.80	78.00	82.20	85.20	102.60
55	31.20	37.80	44.40	60.00	70.80	78.60	82.20	87.00	90.60	108.60
56	33.00	39.60	46.80	63.60	75.00	83.40	87.60	92.40	96.00	115.20
57	34.80	42.00	49.80	67.20	79.20	88.20	92.40	97.80	102.00	122.40
58	36.60	44.40	52.80	72.00	84.60	94.20	99.00	105.00	109.20	130.80
59	39.00	47.40	56.40	76.80	90.60	100.80	106.20	112.20	116.40	139.80
60	41.40	50.40	60.00	82.20	97.20	108.00	113.40	120.00	124.80	150.00
61	44.40	54.00	64.20	87.60	103.80	115.80	121.20	128.40	133.80	160.20
62	46.80	57.00	68.40	93.60	111.00	123.60	130.20	137.40	142.80	171.60
63	51.00	61.80	73.80	101.40	120.00	133.80	140.40	148.20	154.80	185.40
64	54.60	66.60	79.80	109.80	129.60	145.20	151.80	160.80	167.40	200.40
65	59.40	72.00	86.40	118.20	140.40	156.60	164.40	173.40	181.20	216.60
66	63.60	78.00	93.60	127.80	151.80	169.80	178.20	187.80	195.60	234.00
67	69.00	84.00	100.80	138.60	164.40	183.60	192.60	202.80	211.80	253.20
68	75.60	92.40	111.00	152.40	181.20	202.20	211.80	223.80	233.40	278.40
69	83.40	102.00	122.40	168.00	199.80	222.60	233.40	246.00	256.80	306.60
70	91.80	112.20	135.00	185.40	219.60	245.40	257.40	271.20	283.20	337.80
71	100.80	123.60	148.80	204.00	242.40	270.60	283.80	298.80	312.00	372.00
72	111.00	136.20	163.80	225.00	267.00	298.20	312.60	328.80	343.20	409.20
73	120.60	147.60	178.20	244.20	289.80	324.00	339.60	357.00	372.60	444.00
74	130.20	160.20	193.80	265.20	315.00	352.20	369.00	387.60	405.00	481.20
75	141.00	173.40	210.60	288.00	342.60	382.20	400.80	420.60	439.20	522.00
76	152.40	188.40	228.60	313.20	372.00	415.80	435.60	456.60	477.00	565.80
77	165.00	204.00	248.40	340.20	404.40	451.80	472.80	495.60	517.80	613.19
78	181.80	225.00	274.80	376.20	447.00	498.60	522.00	546.60	570.60	674.99
79	200.40	249.00	304.20	417.00	493.80	550.80	576.00	602.39	629.39	743.39
80	220.80	274.80	336.60	461.40	546.00	608.39	635.39	664.19	693.59	818.39
81	243.60	303.00	372.00	511.20	603.59	671.99	701.39	731.99	764.39	901.19
82	268.20	334.80	411.60	566.40	667.19	742.79	773.99	806.99	842.39	992.39
83	287.40	359.40	442.80	610.19	721.19	802.19	835.19	869.99	907.79	1068.59
84	307.80	385.80	476.40	657.59	778.79	866.99	901.19	937.19	978.59	1150.79
85	329.40	414.00	511.80	708.59	841.79	936.59	972.59	1010.39	1054.19	1239.59
86	352.80	444.00	550.80	763.19	909.59	1012.19	1049.39	1088.99	1136.39	1335.59
87	378.00	476.40	592.20	822.59	982.79	1093.79	1132.19	1173.59	1224.59	1438.19
88	404.40	511.20	636.59	886.19	1061.99	1181.99	1221.59	1264.79	1319.39	1549.19
89	433.20	548.40	684.59	954.59	1147.19	1277.39	1318.19	1363.19	1421.99	1668.59

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 27.00	$ 31.80	$ 37.80	$ 51.60	$ 61.20	$ 68.40	$ 72.60	$ 77.40	$ 80.40	$ 97.20
35-39	31.20	37.20	44.40	60.60	72.60	81.60	86.40	91.80	95.40	115.80
40	33.00	39.60	47.40	64.80	77.40	87.00	91.80	97.80	102.00	123.60
41	34.80	42.00	50.40	69.00	82.80	93.00	98.40	104.40	108.60	131.40
42	37.20	45.00	53.40	73.80	88.20	99.00	104.40	111.60	115.80	140.40
43	38.40	46.20	55.20	76.80	91.80	103.20	109.20	116.40	120.60	145.80
44	39.60	48.00	57.60	79.80	95.40	107.40	113.40	120.60	125.40	151.80
45	41.40	49.80	60.00	82.80	99.60	111.60	118.20	126.00	130.80	157.80
46	42.60	51.60	62.40	86.40	103.80	116.40	123.00	130.80	136.20	164.40
47	44.40	54.00	64.80	90.00	108.00	121.20	127.80	136.20	141.60	171.00
48	46.20	56.40	67.80	93.60	112.80	126.60	133.80	142.20	148.20	178.80
49	48.00	58.80	70.20	97.80	117.60	132.60	139.80	148.80	154.80	186.60
50	49.80	61.20	73.80	102.00	123.00	138.60	145.80	155.40	162.00	195.00
51	52.20	63.60	76.80	106.80	128.40	144.60	152.40	162.60	169.20	204.00
52	54.60	66.60	80.40	111.60	134.40	151.20	159.60	169.80	176.40	213.00
53	57.00	69.60	84.00	117.00	140.40	158.40	166.80	178.20	184.80	223.20
54	59.40	72.60	87.60	122.40	147.00	166.20	175.20	186.60	193.80	233.40
55	61.80	75.60	91.80	128.40	154.20	174.00	183.00	195.00	202.80	244.20
56	64.80	79.20	96.00	134.40	161.40	182.40	192.00	204.60	212.40	256.20
57	67.20	82.80	100.20	140.40	169.20	190.80	201.00	214.20	222.60	268.20
58	70.80	87.00	105.60	148.20	178.20	201.00	211.80	225.60	234.60	282.00
59	74.40	91.80	111.00	156.00	187.80	211.80	223.20	237.60	247.20	297.00
60	78.00	96.00	117.00	163.80	198.00	223.20	235.20	250.20	260.40	312.60
61	82.20	101.40	123.00	172.80	208.20	235.20	247.80	263.40	274.20	329.40
62	85.80	106.20	129.60	181.80	219.60	247.20	261.00	277.20	288.60	346.80
63	91.80	113.40	138.00	193.80	234.00	264.00	277.80	295.20	307.20	369.00
64	97.80	120.60	147.00	207.00	249.00	280.80	295.80	314.40	327.60	393.00
65	103.80	128.40	156.60	220.20	265.20	299.40	315.60	334.80	348.60	418.20
66	110.40	136.80	167.40	234.60	282.60	319.20	336.00	356.40	371.40	445.20
67	117.60	145.80	178.20	250.20	301.20	340.20	358.20	379.80	396.00	474.00
68	126.60	156.60	191.40	269.40	324.60	366.00	385.20	408.60	426.00	509.40
69	136.20	168.60	206.40	289.80	349.20	393.60	414.60	439.20	457.80	547.80
70	146.40	181.20	222.00	312.00	375.60	423.60	445.80	472.20	492.60	588.60
71	157.80	195.00	238.80	336.00	404.40	456.00	480.00	508.20	529.80	632.39
72	169.20	210.00	256.80	361.20	435.00	490.80	516.00	546.60	570.00	679.79
73	181.20	224.40	275.40	387.60	466.80	526.20	553.20	585.00	610.19	726.59
74	193.20	240.00	295.20	415.80	500.40	564.00	592.80	626.39	653.39	776.99
75	206.40	256.80	316.20	445.80	536.40	604.19	635.39	670.19	699.59	830.99
76	220.20	274.20	338.40	477.60	575.40	647.99	680.99	717.59	749.39	887.99
77	235.20	293.40	362.40	512.40	616.79	694.19	729.59	768.59	802.19	949.79
78	254.40	318.00	394.20	556.20	669.59	753.59	791.39	832.19	868.79	1026.59
79	276.00	345.00	428.40	603.59	727.19	817.79	857.99	901.19	940.79	1110.59
80	298.80	374.40	465.60	655.19	789.59	887.99	929.99	975.59	1018.79	1200.59
81	323.40	405.60	506.40	710.99	857.39	963.59	1008.59	1056.59	1102.79	1298.39
82	350.40	439.80	550.20	772.19	930.59	1045.79	1093.79	1144.19	1193.99	1403.99
83	370.80	466.20	584.40	821.99	991.19	1113.59	1162.79	1214.99	1267.79	1490.39
84	391.80	493.80	620.39	875.39	1055.99	1185.59	1236.59	1290.59	1346.39	1581.59
85	414.00	523.20	658.79	932.39	1124.99	1261.79	1314.59	1370.39	1429.19	1678.79
86	438.00	553.80	699.59	992.99	1198.79	1343.39	1397.39	1454.99	1517.99	1781.39
87	463.20	586.80	742.79	1057.19	1276.79	1430.39	1485.59	1544.99	1611.59	1890.58
88	489.60	621.59	788.99	1126.19	1360.19	1522.79	1579.19	1640.39	1711.19	2006.98
89	517.80	658.19	837.59	1198.79	1449.59	1621.19	1678.79	1741.79	1816.78	2129.98

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.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 68.40	$ 84.00	$ 100.80	$ 141.00	$ 169.20	$ 190.80	$ 200.40	$ 213.00	$ 221.40	$ 266.40
35-39	72.00	88.20	106.80	149.40	179.40	202.20	213.00	226.20	235.20	282.60
40	73.80	90.60	109.20	153.00	184.20	207.60	218.40	232.20	241.20	289.80
41	75.60	93.00	112.20	156.60	189.00	212.40	223.80	238.20	247.20	297.60
42	77.40	94.80	114.60	160.80	193.20	217.80	229.20	244.20	253.80	304.80
43	78.00	96.00	116.40	162.60	196.20	221.40	232.80	247.80	257.40	309.60
44	79.20	97.80	117.60	165.00	199.20	224.40	236.40	251.40	261.00	313.80
45	80.40	99.00	119.40	167.40	202.20	228.00	239.40	255.00	264.60	318.00
46	81.60	100.20	121.20	169.80	204.60	231.00	243.00	258.60	268.80	322.80
47	82.20	101.40	123.00	172.20	207.60	234.60	246.60	262.20	272.40	327.60
48	84.00	103.80	125.40	175.80	212.40	239.40	252.00	268.20	278.40	334.80
49	85.80	105.60	127.80	180.00	216.60	244.80	257.40	273.60	284.40	341.40
50	87.60	108.00	130.80	183.60	221.40	249.60	262.80	279.60	290.40	349.20
51	89.40	110.40	133.80	187.80	226.20	255.00	268.20	285.60	297.00	356.40
52	91.20	112.20	136.20	191.40	231.00	261.00	274.20	291.60	303.00	364.20
53	93.00	115.20	139.80	196.20	236.40	267.00	280.80	298.80	310.20	372.60
54	95.40	117.60	142.80	201.00	242.40	273.60	287.40	305.40	318.00	381.60
55	97.20	120.60	146.40	205.20	247.80	279.60	294.00	313.20	325.20	390.60
56	99.60	123.00	149.40	210.60	253.80	286.80	301.20	320.40	333.00	399.60
57	102.00	126.00	153.00	215.40	259.80	293.40	308.40	328.20	340.80	409.20
58	105.00	129.60	157.80	222.00	268.20	302.40	318.00	338.40	351.60	421.80
59	108.00	133.20	162.60	228.60	276.00	312.00	328.20	348.60	362.40	435.00
60	111.00	137.40	167.40	235.80	285.00	321.60	338.40	359.40	373.80	448.80
61	114.00	141.60	172.80	243.00	293.40	331.80	348.60	370.80	385.80	462.60
62	117.60	145.80	178.20	250.80	302.40	342.00	359.40	382.20	397.80	477.00
63	123.00	152.40	186.00	262.20	316.20	357.00	375.60	399.00	415.20	498.00
64	128.40	159.00	194.40	274.20	330.60	373.20	393.00	417.00	434.40	520.20
65	133.80	166.20	203.40	286.80	345.60	390.60	410.40	435.60	453.60	543.60
66	139.80	174.00	212.40	299.40	361.20	408.00	429.00	455.40	474.00	567.60
67	146.40	181.80	222.00	313.20	378.00	426.60	448.20	475.80	495.60	593.40
68	155.40	192.60	235.80	332.40	400.80	452.40	475.80	504.60	526.20	629.39
69	165.00	204.60	250.80	353.40	426.00	480.60	505.20	535.80	558.00	667.19
70	174.60	217.20	265.80	375.00	451.80	510.00	536.40	568.20	592.20	707.99
71	185.40	230.40	282.60	398.40	480.00	541.20	569.40	602.99	628.79	750.59
72	196.80	244.80	300.00	423.00	509.40	574.80	604.19	640.19	667.19	796.19
73	208.20	258.60	318.00	448.20	540.00	608.99	640.79	677.39	706.79	841.79
74	219.60	273.60	337.20	475.20	573.00	645.59	678.59	716.99	748.19	890.39
75	232.20	289.20	357.00	504.00	607.19	684.59	719.39	759.59	792.59	941.39
76	244.80	306.00	378.60	534.00	643.79	725.39	761.99	803.99	838.79	995.39
77	258.60	323.40	400.80	566.40	682.19	768.59	807.59	850.79	888.59	1052.39
78	278.40	348.00	432.60	609.59	734.99	827.39	868.79	914.39	954.59	1129.19
79	298.80	374.40	466.20	656.39	791.39	890.99	934.19	982.19	1025.39	1211.39
80	321.00	402.60	502.20	706.19	851.99	958.79	1004.99	1054.79	1100.99	1298.99
81	345.00	433.20	541.80	760.79	917.39	1031.99	1081.19	1133.39	1182.59	1393.79
82	370.80	466.20	583.80	818.39	987.59	1111.19	1162.79	1217.39	1270.19	1495.19
83	390.00	490.80	616.19	867.59	1046.99	1176.59	1229.99	1285.79	1342.19	1578.59
84	410.40	517.20	650.99	919.19	1109.99	1246.79	1300.79	1358.99	1417.79	1667.39
85	431.40	544.80	686.99	973.79	1175.99	1320.59	1376.39	1435.79	1498.19	1760.99
86	453.60	574.20	725.39	1031.39	1246.79	1398.59	1455.59	1516.79	1582.79	1859.38
87	477.00	604.79	766.19	1092.59	1321.19	1481.39	1539.59	1602.59	1672.19	1963.78
88	501.60	637.19	808.79	1157.99	1400.39	1568.99	1628.99	1693.19	1766.39	2073.58
89	527.40	670.79	854.39	1226.99	1484.39	1661.99	1723.19	1789.19	1865.98	2189.98

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 45.00	$ 54.60	$ 64.80	$ 90.00	$ 107.40	$ 120.60	$ 127.20	$ 135.00	$ 139.80	$ 168.60
35-39	49.20	59.40	71.40	99.00	118.20	133.20	139.80	148.20	154.20	185.40
40	51.00	61.80	73.80	102.60	123.00	138.00	145.20	154.20	160.20	192.60
41	52.80	64.20	76.80	106.20	127.80	143.40	150.60	160.20	166.20	199.80
42	54.60	66.60	79.80	110.40	132.60	148.80	156.60	166.20	172.80	207.60
43	55.80	67.80	81.60	113.40	135.60	152.40	160.20	170.40	177.00	213.00
44	57.00	69.60	83.40	115.80	139.20	156.60	164.40	174.60	181.20	217.80
45	58.20	70.80	85.20	118.80	142.20	160.20	168.60	178.80	186.00	223.20
46	59.40	72.60	87.60	121.80	145.80	163.80	172.20	183.00	190.20	228.60
47	60.60	74.40	89.40	124.20	149.40	168.00	176.40	187.80	195.00	234.00
48	62.40	76.20	91.80	128.40	153.60	172.80	181.80	193.20	201.00	241.20
49	64.20	78.60	94.80	132.00	158.40	178.20	187.20	199.20	206.40	248.40
50	66.00	81.00	97.20	135.60	163.20	183.60	192.60	204.60	213.00	255.60
51	67.80	82.80	100.20	139.80	168.00	189.00	198.60	210.60	219.00	262.80
52	69.60	85.20	103.20	143.40	172.80	194.40	204.00	217.20	225.60	270.60
53	71.40	88.20	106.20	148.20	178.20	200.40	210.60	223.80	232.80	279.00
54	73.80	90.60	109.80	153.00	183.60	207.00	217.80	231.00	240.00	288.00
55	76.20	93.60	112.80	157.80	189.60	213.60	224.40	238.80	247.80	297.60
56	78.60	96.60	116.40	163.20	196.20	220.80	231.60	246.00	256.20	307.20
57	80.40	99.60	120.60	168.00	202.20	228.00	239.40	254.40	264.00	316.80
58	83.40	103.20	124.80	174.60	210.00	237.00	249.00	264.00	274.80	329.40
59	87.00	106.80	129.60	181.80	218.40	246.00	258.60	274.80	285.60	342.60
60	90.00	111.00	135.00	189.00	227.40	255.60	268.80	285.60	297.00	355.80
61	93.60	115.20	140.40	196.20	236.40	265.80	279.60	297.00	308.40	370.20
62	96.60	120.00	145.80	204.00	245.40	276.60	290.40	308.40	321.00	384.60
63	102.00	126.00	153.60	215.40	258.60	291.60	306.60	325.20	338.40	405.00
64	107.40	133.20	162.00	226.80	273.00	307.20	322.80	342.60	356.40	426.60
65	113.40	139.80	170.40	239.40	287.40	324.00	340.20	360.60	375.60	449.40
66	119.40	147.60	180.00	252.00	303.00	341.40	358.80	379.80	396.00	473.40
67	125.40	155.40	189.60	265.80	319.20	359.40	378.00	400.20	417.00	498.60
68	133.80	165.60	202.20	283.80	340.80	384.00	403.20	427.20	445.20	531.60
69	142.80	177.00	216.00	303.00	364.20	409.80	430.80	456.00	475.20	567.00
70	152.40	189.00	230.40	323.40	388.20	437.40	459.60	486.00	507.00	604.79
71	162.60	201.60	246.00	345.00	414.60	466.80	490.20	519.00	540.60	644.99
72	173.40	214.80	262.80	368.40	442.80	498.00	523.20	553.20	577.20	687.59
73	184.20	228.60	279.60	393.00	472.20	531.60	558.00	589.80	614.99	731.99
74	196.20	243.00	298.20	419.40	503.40	567.00	595.20	628.19	655.19	778.79
75	208.20	258.60	318.00	447.00	537.00	604.19	634.79	668.99	698.39	828.59
76	221.40	275.40	339.00	477.00	573.00	644.39	676.79	712.79	743.99	881.39
77	235.20	292.80	361.20	508.80	611.39	687.59	721.79	759.59	792.59	937.79
78	253.80	316.80	391.20	550.80	661.79	743.99	780.59	820.19	856.19	1011.59
79	274.20	342.60	424.20	596.40	716.99	805.19	844.19	886.19	924.59	1091.39
80	296.40	370.80	460.20	644.99	775.79	871.79	912.59	956.99	998.39	1177.19
81	319.80	400.80	499.20	698.39	839.99	943.19	986.99	1033.19	1078.79	1269.59
82	345.60	433.80	541.20	755.99	909.59	1021.19	1067.39	1115.99	1164.59	1369.19
83	365.40	459.00	573.60	803.99	968.39	1085.99	1133.99	1184.39	1235.99	1451.99
84	385.80	485.40	608.99	855.59	1030.19	1154.99	1204.19	1256.39	1310.99	1539.59
85	407.40	513.60	645.59	910.19	1096.79	1228.79	1279.19	1333.19	1390.79	1632.59
86	430.20	543.60	685.19	968.39	1166.99	1307.39	1358.99	1414.19	1475.39	1731.59
87	454.80	575.40	726.59	1030.19	1242.59	1390.19	1442.99	1500.59	1565.39	1835.98
88	480.00	608.99	770.99	1096.19	1322.39	1478.99	1532.99	1591.79	1660.19	1946.98
89	507.00	644.39	817.79	1165.79	1407.59	1573.19	1628.39	1688.99	1761.59	2064.58

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 30.60	$ 36.60	$ 43.20	$ 58.80	$ 70.20	$ 78.60	$ 82.20	$ 87.60	$ 90.60	$ 109.20
35-39	34.20	41.40	49.20	66.60	79.80	89.40	93.60	99.60	103.20	123.60
40	36.00	43.20	51.60	70.20	83.40	93.60	98.40	104.40	108.00	130.20
41	37.80	45.00	54.00	73.80	87.60	98.40	103.20	109.80	114.00	136.80
42	39.00	47.40	56.40	77.40	92.40	103.20	108.60	115.20	119.40	143.40
43	40.20	48.60	58.20	79.80	95.40	106.80	112.20	118.80	123.60	148.20
44	41.40	50.40	60.00	82.20	98.40	110.40	115.80	123.00	127.80	153.00
45	42.60	51.60	61.80	85.20	101.40	114.00	119.40	126.60	132.00	158.40
46	43.80	53.40	63.60	87.60	105.00	117.60	123.60	130.80	136.20	163.20
47	45.60	55.20	66.00	90.60	108.00	121.20	127.80	135.00	140.40	168.60
48	46.80	57.00	68.40	94.20	112.20	126.00	132.60	140.40	145.80	175.20
49	48.60	58.80	70.80	97.80	116.40	130.80	137.40	145.80	151.20	181.80
50	50.40	61.20	73.20	101.40	121.20	135.60	142.80	151.20	157.20	188.40
51	52.20	63.60	76.20	105.00	125.40	141.00	147.60	157.20	163.20	195.60
52	54.00	65.40	78.60	109.20	130.20	146.40	153.60	162.60	169.20	202.80
53	55.80	68.40	81.60	113.40	135.60	151.80	159.60	169.20	175.80	211.20
54	58.20	70.80	85.20	117.60	141.00	158.40	166.20	176.40	183.00	219.60
55	60.00	73.20	88.20	122.40	146.40	164.40	172.80	183.00	190.20	228.00
56	62.40	76.20	91.80	127.20	152.40	171.00	180.00	190.80	198.00	237.60
57	64.80	79.20	95.40	132.60	158.40	178.20	187.20	198.00	206.40	247.20
58	67.20	82.80	99.60	138.60	166.20	186.60	196.20	207.60	216.00	258.60
59	70.20	86.40	104.40	145.20	174.00	195.60	205.20	217.80	226.20	271.20
60	73.80	90.60	109.20	152.40	182.40	205.20	215.40	228.00	237.60	284.40
61	76.80	94.80	114.60	159.60	191.40	214.80	225.60	238.80	249.00	297.60
62	80.40	99.00	120.00	167.40	200.40	225.00	236.40	250.20	260.40	312.00
63	85.20	105.00	127.20	177.60	212.40	238.80	250.80	265.80	276.60	330.60
64	90.60	111.60	135.00	188.40	225.60	253.20	266.40	282.00	293.40	351.00
65	96.00	118.20	143.40	199.80	239.40	268.80	282.60	298.80	311.40	372.00
66	101.40	125.40	152.40	212.40	254.40	285.60	300.00	317.40	330.60	394.80
67	107.40	132.60	161.40	225.00	269.40	303.00	318.00	336.60	350.40	418.80
68	115.80	142.80	173.40	241.80	289.80	325.20	342.00	361.20	376.20	449.40
69	124.20	153.00	186.00	259.80	311.40	349.80	367.20	388.20	404.40	481.80
70	133.20	164.40	199.80	279.00	334.20	375.60	394.20	416.40	433.80	517.20
71	142.80	176.40	214.80	300.00	358.80	403.20	423.60	447.00	466.20	555.00
72	153.60	189.60	231.00	322.20	385.80	433.20	454.80	480.00	500.40	595.80
73	164.40	202.80	247.20	345.60	414.00	465.00	487.80	514.80	536.40	637.79
74	175.20	217.20	265.20	370.80	444.00	498.60	523.20	551.40	575.40	682.79
75	187.20	232.20	284.40	397.80	477.00	535.20	561.60	591.00	616.79	730.79
76	199.80	248.40	304.80	427.20	511.80	574.20	602.39	633.59	661.19	782.39
77	213.60	265.80	326.40	458.40	549.00	616.19	646.19	679.19	708.59	837.59
78	232.20	289.20	355.80	498.60	597.60	670.19	702.59	737.39	769.79	908.39
79	252.00	314.40	387.60	542.40	650.39	729.59	763.79	800.99	835.79	985.19
80	273.60	341.40	423.00	590.40	707.99	793.79	830.39	869.39	907.19	1067.99
81	297.60	371.40	460.80	641.99	770.39	863.99	902.39	944.39	985.19	1158.59
82	322.80	403.80	502.20	698.99	838.79	939.59	981.59	1025.39	1069.79	1256.39
83	342.60	429.00	535.20	746.39	896.39	1003.79	1046.39	1091.99	1139.39	1337.39
84	363.60	456.60	570.00	797.39	958.19	1072.19	1115.99	1163.39	1213.79	1423.79
85	385.80	484.80	607.79	851.99	1023.59	1145.39	1190.39	1239.59	1292.99	1516.19
86	409.20	515.40	647.39	909.59	1093.79	1222.79	1269.59	1320.59	1376.99	1614.59
87	433.80	547.80	689.99	971.99	1169.39	1306.19	1354.19	1406.39	1466.99	1718.99
88	460.20	582.60	735.59	1037.99	1249.19	1394.99	1444.19	1498.19	1562.39	1829.98
89	488.40	619.19	783.59	1108.79	1334.99	1489.79	1540.19	1595.99	1664.39	1948.18

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BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 20.40	$ 24.00	$ 28.20	$ 37.20	$ 43.80	$ 49.20	$ 51.60	$ 54.60	$ 56.40	$ 68.40
35-39	23.40	27.60	32.40	43.80	51.60	57.60	60.00	64.20	66.00	80.40
40	24.60	29.40	34.80	46.20	54.60	61.20	64.20	67.80	70.20	85.20
41	26.40	31.20	36.60	49.20	58.20	64.80	67.80	72.00	75.00	90.60
42	27.60	33.00	38.40	52.20	61.80	69.00	72.00	76.80	79.20	96.00
43	28.20	34.20	40.20	54.00	63.60	71.40	75.00	79.80	82.20	99.60
44	29.40	34.80	41.40	55.80	66.00	74.40	78.00	82.20	85.80	103.80
45	30.60	36.00	42.60	58.20	69.00	76.80	80.40	85.80	88.80	107.40
46	31.20	37.20	44.40	60.00	71.40	79.80	83.40	88.80	92.40	111.60
47	32.40	39.00	46.20	62.40	73.80	82.80	87.00	92.40	95.40	115.80
48	33.60	40.20	48.00	65.40	77.40	87.00	90.60	96.60	100.20	121.20
49	34.80	42.00	49.80	68.40	81.00	90.60	94.80	100.80	104.40	126.60
50	36.60	43.80	52.20	71.40	84.60	94.80	99.60	105.60	109.20	132.00
51	37.80	45.60	54.60	74.40	88.20	99.00	103.80	110.40	114.60	138.00
52	39.60	48.00	57.00	78.00	92.40	103.80	108.60	115.20	119.40	144.60
53	41.40	49.80	59.40	81.60	97.20	108.60	114.00	120.60	125.40	151.80
54	43.20	52.20	62.40	85.20	101.40	114.00	119.40	126.60	131.40	159.00
55	45.00	54.60	65.40	89.40	106.80	119.40	125.40	132.60	138.00	166.80
56	46.80	57.00	68.40	93.60	111.60	125.40	131.40	139.20	144.60	174.60
57	49.20	60.00	71.40	98.40	117.00	131.40	138.00	146.40	151.80	183.00
58	51.60	63.00	75.60	103.80	123.60	139.20	145.80	154.20	160.20	193.80
59	54.60	66.60	79.80	109.80	130.80	147.00	153.60	163.20	169.80	204.60
60	57.60	70.20	84.00	115.80	138.00	155.40	162.60	172.20	179.40	216.00
61	60.60	73.80	88.80	122.40	145.80	164.40	171.60	181.80	189.60	228.00
62	63.60	77.40	93.60	129.60	154.20	173.40	181.20	192.60	199.80	241.20
63	67.80	83.40	100.20	138.60	165.00	185.40	194.40	205.80	214.20	258.00
64	72.60	88.80	107.40	148.20	176.40	198.60	207.60	220.20	229.20	275.40
65	78.00	95.40	115.20	159.00	189.00	212.40	222.60	235.20	244.80	294.60
66	83.40	102.00	123.00	170.40	202.20	227.40	238.20	252.00	262.20	315.00
67	89.40	109.20	132.00	182.40	216.60	243.60	255.00	269.40	280.20	336.60
68	97.20	118.80	143.40	198.00	235.20	264.60	276.60	292.20	304.20	365.40
69	105.60	129.00	156.00	215.40	255.60	287.40	300.60	317.40	330.60	396.00
70	114.60	140.40	169.80	234.00	277.80	312.00	326.40	344.40	358.80	429.60
71	124.80	152.40	184.80	254.40	301.80	339.00	354.00	373.80	389.40	465.60
72	135.60	165.60	201.00	276.60	328.20	367.80	384.60	405.60	423.00	505.20
73	145.80	178.20	216.60	298.20	354.00	397.20	414.60	436.80	455.40	543.60
74	156.60	192.00	234.00	322.20	382.20	428.40	447.60	470.40	490.80	584.40
75	168.60	207.00	252.60	348.00	412.20	462.00	482.40	507.00	528.60	628.79
76	181.20	222.60	272.40	375.60	445.20	498.60	520.20	546.00	569.40	676.19
77	194.40	239.40	294.00	405.60	480.00	537.60	561.00	588.00	613.79	727.19
78	212.40	262.20	322.20	445.20	526.80	589.20	613.19	641.99	669.59	791.99
79	232.20	287.40	354.00	488.40	577.80	645.59	670.19	700.79	730.19	862.19
80	253.20	314.40	388.20	536.40	634.19	707.99	732.59	764.99	796.79	938.99
81	276.60	344.40	426.00	588.60	695.39	775.79	800.99	834.59	868.79	1022.39
82	302.40	376.80	467.40	646.19	763.19	850.19	875.39	911.39	947.99	1112.99
83	322.20	402.60	500.40	692.39	817.79	910.79	937.19	974.39	1013.99	1187.99
84	343.20	429.60	535.20	742.19	877.19	975.59	1003.19	1042.19	1084.19	1268.39
85	365.40	458.40	573.00	795.59	940.19	1045.19	1073.99	1114.79	1159.19	1353.59
86	389.40	489.60	613.19	853.19	1008.59	1119.59	1148.99	1192.19	1239.59	1445.39
87	414.60	522.60	656.39	914.39	1081.19	1199.39	1229.99	1274.99	1325.39	1542.59
88	441.60	558.00	702.59	980.39	1159.19	1285.19	1316.39	1363.19	1417.19	1646.39
89	470.40	595.20	751.79	1050.59	1242.59	1376.39	1408.79	1457.99	1515.59	1757.99

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 36.60	$ 43.80	$ 52.20	$ 70.80	$ 84.00	$ 94.80	$ 99.00	$ 105.60	$ 109.80	$ 134.40
35-39	38.40	45.60	54.60	73.80	88.20	99.00	103.80	111.00	115.20	140.40
40	39.00	46.80	55.20	75.60	90.00	100.80	106.20	112.80	117.60	143.40
41	39.60	48.00	56.40	77.40	91.80	103.20	108.60	115.20	120.00	146.40
42	40.20	48.60	57.60	78.60	93.60	105.60	110.40	117.60	122.40	149.40
43	40.80	49.20	58.20	79.80	94.80	106.80	112.20	119.40	123.60	151.20
44	41.40	49.80	59.40	81.00	96.00	108.00	113.40	120.60	125.40	153.00
45	42.00	50.40	60.00	81.60	97.20	109.20	114.60	122.40	127.20	154.80
46	42.00	51.00	60.60	82.80	98.40	111.00	116.40	123.60	128.40	156.60
47	42.60	51.60	61.20	84.00	99.60	112.20	117.60	125.40	130.20	159.00
48	43.20	52.20	62.40	85.20	101.40	114.00	120.00	127.80	132.60	161.40
49	44.40	53.40	63.60	87.00	103.80	116.40	121.80	130.20	135.00	164.40
50	45.00	54.60	64.80	88.80	105.60	118.80	124.20	132.60	137.40	167.40
51	45.60	55.20	66.00	90.60	107.40	121.20	126.60	135.00	140.40	171.00
52	46.80	56.40	67.20	91.80	109.80	123.00	129.00	137.40	142.80	174.00
53	47.40	57.60	68.40	94.20	111.60	126.00	132.00	140.40	145.80	177.60
54	48.60	58.80	70.20	96.00	114.00	128.40	134.40	142.80	148.80	181.20
55	49.20	60.00	71.40	97.80	116.40	130.80	137.40	145.80	151.80	184.80
56	50.40	61.20	72.60	100.20	118.80	133.80	140.40	148.80	154.80	188.40
57	51.00	62.40	74.40	102.00	121.20	136.80	142.80	151.80	157.80	192.00
58	52.80	64.20	76.80	105.60	125.40	141.60	148.20	157.20	163.80	198.60
59	54.60	66.60	79.20	109.20	130.20	146.40	153.00	162.60	169.20	205.80
60	56.40	68.40	82.20	112.80	134.40	151.20	158.40	168.60	175.20	213.00
61	58.20	70.80	85.20	117.00	139.20	156.60	164.40	174.00	181.20	220.20
62	60.00	73.20	88.20	121.20	144.00	162.00	169.80	180.60	187.80	227.40
63	63.60	77.40	93.00	128.40	153.00	171.60	180.00	190.80	198.60	240.60
64	67.80	82.20	99.00	136.20	162.00	181.80	190.20	201.60	210.00	254.40
65	71.40	87.00	105.00	144.00	171.00	192.60	201.60	213.60	222.00	268.80
66	75.60	92.40	111.00	152.40	181.20	204.00	213.00	225.60	235.20	284.40
67	81.00	99.00	118.80	163.20	193.80	216.60	226.80	239.40	249.60	300.60
68	87.60	107.40	129.00	177.00	210.00	234.60	246.00	259.20	270.60	323.40
69	94.80	115.80	139.80	192.00	227.40	253.80	266.40	280.80	292.80	349.80
70	102.60	125.40	151.20	207.60	246.00	274.80	288.60	303.60	316.80	378.00
71	111.00	135.60	163.20	224.40	266.40	297.60	312.00	328.80	343.20	409.20
72	120.00	147.00	177.00	243.00	288.60	322.20	337.80	355.20	370.80	442.20
73	127.80	156.00	188.40	259.20	307.20	343.20	360.00	378.60	395.40	470.40
74	134.40	165.00	199.20	273.60	324.60	362.40	379.80	399.60	417.00	495.60

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 32.40	$ 39.00	$ 46.20	$ 62.40	$ 74.40	$ 83.40	$ 87.60	$ 93.60	$ 97.20	$ 119.40
35-39	34.80	41.40	49.20	66.60	79.20	89.40	93.60	100.20	103.80	127.20
40	35.40	42.60	50.40	68.40	81.60	91.80	96.60	103.20	106.80	130.80
41	36.60	43.80	51.60	70.80	84.00	94.20	99.00	106.20	109.80	135.00
42	37.20	45.00	53.40	72.60	86.40	97.20	102.00	109.20	113.40	138.60
43	37.80	45.60	54.00	73.80	88.20	99.00	104.40	111.00	115.20	141.00
44	38.40	46.80	55.20	75.60	90.00	100.80	106.20	113.40	117.60	144.00
45	39.60	47.40	56.40	76.80	91.80	103.20	108.00	115.20	120.00	146.40
46	40.20	48.00	57.00	78.00	93.00	105.00	110.40	117.60	121.80	149.40
47	40.80	49.20	58.20	79.80	94.80	106.80	112.20	119.40	124.20	151.80
48	42.00	50.40	60.00	82.20	97.80	109.80	115.20	123.00	127.80	156.00
49	42.60	51.60	61.80	84.60	100.20	112.80	118.80	126.60	131.40	160.80
50	43.80	52.80	63.00	86.40	103.20	116.40	121.80	130.20	135.00	165.00
51	45.00	54.60	64.80	89.40	106.20	119.40	125.40	133.80	138.60	169.80
52	46.20	55.80	66.60	91.80	109.20	123.00	129.00	137.40	142.80	174.00
53	48.00	57.60	69.00	94.80	112.80	127.20	133.20	142.20	147.60	180.00
54	49.20	59.40	71.40	97.80	117.00	131.40	138.00	147.00	152.40	186.00
55	51.00	61.80	73.80	101.40	120.60	136.20	142.80	151.80	157.80	192.60
56	52.20	63.60	76.20	104.40	124.80	140.40	147.60	157.20	163.20	198.60
57	54.00	65.40	78.60	108.00	129.00	145.20	152.40	162.00	168.60	205.20
58	56.40	68.40	82.20	113.40	135.00	151.80	159.60	169.80	176.40	214.80
59	58.80	71.40	85.80	118.20	141.00	159.00	166.80	177.60	184.20	224.40
60	61.20	75.00	90.00	123.60	147.60	166.20	174.60	185.40	193.20	234.60
61	64.20	78.00	93.60	129.60	154.80	174.00	182.40	193.80	201.60	245.40
62	66.60	81.60	97.80	135.60	161.40	181.80	190.80	202.80	211.20	256.20
63	70.80	86.40	103.80	142.80	170.40	192.00	201.00	213.60	222.60	270.00
64	74.40	91.20	109.20	151.20	180.00	202.80	212.40	225.00	234.60	284.40
65	78.60	96.00	115.80	159.60	190.20	213.60	223.80	237.60	247.20	299.40
66	82.80	101.40	122.40	168.60	200.40	225.60	235.80	250.20	260.40	315.60
67	89.40	109.20	131.40	180.00	213.60	238.20	250.20	264.00	275.40	332.40
68	96.00	117.60	141.00	193.80	229.80	256.80	269.40	283.80	296.40	354.00
69	100.80	123.00	148.20	203.40	241.20	269.40	282.60	298.20	310.80	373.20
70	111.00	135.60	163.20	224.40	265.80	297.00	311.40	328.20	342.60	408.60
71	118.20	144.60	174.00	238.80	283.20	316.80	331.80	349.80	364.80	435.00
72	126.00	153.60	184.80	254.40	301.80	337.20	353.40	372.00	388.20	462.60
73	131.40	160.80	193.80	266.40	316.20	353.40	370.20	389.40	406.20	483.60
74	136.80	168.00	203.40	278.40	331.20	369.60	387.60	407.40	424.80	505.20

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Available Discounts

SPOUSAL DISCOUNTS

A 35% spousal discount will apply to both spouses' premiums when they both purchase coverage.

A 15% married discount will apply when only one married applicant purchases coverage.

A 10% companion discount will apply to two non-married insureds who have lived together for at least five years when they both purchase coverage.

RISK CLASSES

Policies that qualify as a preferred risk under our current underwriting guidelines will be issued with a 10% premium discount.

Policies providing coverage for applicants who would not qualify for coverage under our current issue standards may be issued with premium loads of 25%, 50%, or 100%.

OTHER DISCOUNTS

For associations that meet certain criteria, there will be a 5% premium discount.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N620

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N620 for Elimination Periods other than 90 day, multiply the appropriate Elimination Period factor from below times the corresponding 90 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period								
	0 Day	15 Day	30 Day	60 Day	180 Day	365 Day	730 Day	1095 Day	1460 Day
365	1.43	1.31	1.18	1.12	0.89	0.77	0.67	0.55	0.42
500	1.43	1.31	1.18	1.12	0.89	0.79	0.70	0.55	0.44
730	1.43	1.31	1.18	1.12	0.89	0.79	0.75	0.56	0.44
1,095	1.39	1.29	1.17	1.10	0.86	0.80	0.70	0.54	0.44
1,460	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
1,825	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,190	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,920	1.33	1.25	1.15	1.08	0.89	0.81	0.65	0.53	0.44
Unlimited	1.33	1.25	1.15	1.08	0.89	0.81	0.64	0.52	0.43

To determine the annual premium rates for Policy Form GR-N620 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.98.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,555 multiplier option times 0.98.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 309A
Additional Services Benefit Rider
(When attached to Base Policy GR-N620)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N620 for the Additional Services Benefit Rider, multiply the Additional Services Benefit factor from below times the annual premium.

Additional Services Benefit Rider 309A Factor

0.0125

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 321L
Enhanced Services Benefit Rider
(When attached to Base Policy GR-N620)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N620 for the Enhanced Services Benefit Rider, multiply the factor from below times the annual premium.

Enhanced Services Rider 321L Factor
0.0535

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 310L
Comprehensive Services Benefit Rider
(When attached to Base Policy GR-N620)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N620 for the Comprehensive Services Benefit Rider, multiply the factor from below times the annual premium.

Comprehensive Services Rider 310L Factor
0.062

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 228R
Return of Premium
(When attached to Base Policy GR-N620)

Premium Rate Factors

To calculate the annual premium for Rider Form 228R, multiply the annual premium times the appropriate age's premium rate factor from below.

Issue Age	Factor	Issue Age	Factor
18-34	0.671	68	0.506
35-39	0.708	69	0.498
40-44	0.746	70	0.490
45-49	0.756	71	0.482
50	0.705	72	0.474
51	0.688	73	0.457
52	0.672	74	0.441
53	0.658	75	0.425
54	0.645	76	0.409
55	0.631	77	0.393
56	0.618	78	0.381
57	0.605	79	0.368
58	0.598	80	0.356
59	0.590	81	0.344
60	0.583	82	0.332
61	0.575	83	0.321
62	0.568	84	0.311
63	0.557	85	0.301
64	0.546	86	0.290
65	0.535	87	0.280
66	0.525	88	0.270
67	0.514	89	0.260

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A
Shortened Benefit Period
(When attached to Base Policy GR-N620)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-2,000	2,001-Unlimited
18-52	0.224	0.176	0.156	0.141	0.124
53	0.215	0.170	0.151	0.137	0.121
54	0.206	0.164	0.147	0.133	0.119
55	0.198	0.158	0.142	0.129	0.116
56	0.190	0.152	0.138	0.126	0.113
57	0.182	0.147	0.134	0.122	0.111
58	0.177	0.144	0.131	0.120	0.109
59	0.172	0.140	0.129	0.118	0.108
60	0.167	0.137	0.126	0.117	0.106
61	0.162	0.134	0.123	0.115	0.105
62	0.157	0.131	0.121	0.113	0.103
63	0.153	0.129	0.119	0.112	0.102
64	0.150	0.127	0.118	0.110	0.101
65	0.147	0.126	0.116	0.109	0.100
66	0.143	0.124	0.115	0.107	0.099
67	0.140	0.122	0.113	0.106	0.098
68	0.137	0.120	0.111	0.105	0.097
69	0.135	0.117	0.109	0.103	0.096
70	0.132	0.115	0.108	0.102	0.095
71	0.129	0.113	0.106	0.100	0.094
72	0.127	0.111	0.104	0.099	0.093
73	0.121	0.106	0.100	0.095	0.090
74	0.115	0.102	0.096	0.091	0.087
75	0.109	0.098	0.092	0.088	0.084
76	0.104	0.094	0.088	0.084	0.081
77	0.099	0.090	0.085	0.081	0.078
78	0.096	0.088	0.083	0.080	0.077
79	0.094	0.085	0.081	0.078	0.076
80	0.091	0.083	0.079	0.077	0.074
81	0.088	0.081	0.078	0.075	0.073
82	0.086	0.079	0.076	0.074	0.072
83	0.083	0.076	0.074	0.072	0.070
84	0.080	0.074	0.072	0.070	0.069
85	0.077	0.072	0.070	0.068	0.067
86	0.075	0.069	0.068	0.067	0.066
87	0.072	0.067	0.066	0.065	0.064
88	0.069	0.065	0.064	0.063	0.063
89	0.067	0.063	0.062	0.062	0.061

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 10-Pay
(When attached to Base Policy GR-N620)

Premium Rate Factors for the 10-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	2.160	2.940	3.710	3.450	3.170	2.833	3.274	3.196
35-39	2.130	2.780	3.330	3.140	2.930	2.663	2.978	2.915
40-44	2.050	2.580	2.960	2.820	2.670	2.463	2.677	2.601
45-49	1.920	2.390	2.780	2.560	2.400	2.240	2.337	2.296
50	1.896	2.305	2.640	2.444	2.272	2.147	2.188	2.173
51	1.888	2.277	2.594	2.407	2.230	2.116	2.140	2.132
52	1.880	2.250	2.550	2.370	2.190	2.087	2.103	2.099
53	1.818	2.173	2.453	2.282	2.110	2.013	2.015	2.019
54	1.758	2.098	2.359	2.197	2.034	1.942	1.935	1.944
55	1.700	2.027	2.270	2.115	1.960	1.873	1.858	1.873
56	1.644	1.957	2.183	2.036	1.889	1.807	1.784	1.804
57	1.590	1.890	2.100	1.960	1.820	1.743	1.713	1.735
58	1.530	1.817	2.015	1.882	1.746	1.674	1.639	1.665
59	1.471	1.746	1.934	1.807	1.676	1.608	1.567	1.595
60	1.416	1.678	1.856	1.735	1.608	1.544	1.501	1.530
61	1.362	1.613	1.782	1.666	1.542	1.482	1.434	1.466
62	1.310	1.550	1.710	1.600	1.480	1.423	1.373	1.408
63	1.248	1.455	1.606	1.498	1.395	1.346	1.301	1.328
64	1.190	1.366	1.509	1.402	1.314	1.273	1.232	1.256
65	1.134	1.282	1.417	1.312	1.239	1.204	1.167	1.187
66	1.081	1.204	1.331	1.229	1.167	1.138	1.107	1.123
67	1.030	1.130	1.250	1.150	1.100	1.077	1.051	1.065
68	0.948	1.057	1.154	1.075	1.035	1.006	0.973	0.990
69	0.872	0.989	1.066	1.004	0.973	0.939	0.900	0.913
70	0.803	0.925	0.985	0.939	0.915	0.878	0.831	0.852
71	0.739	0.866	0.910	0.877	0.861	0.820	0.766	0.786
72	0.680	0.810	0.840	0.820	0.810	0.767	0.705	0.721
73	0.623	0.726	0.751	0.734	0.726	0.692	0.639	0.647
74	0.571	0.652	0.672	0.656	0.652	0.625	0.577	0.582
75	0.524	0.584	0.600	0.587	0.584	0.564	n/a	n/a
76	0.480	0.524	0.537	0.525	0.524	0.509	n/a	n/a
77	0.440	0.470	0.480	0.470	0.470	0.460	n/a	n/a
78	0.396	0.424	0.434	0.424	0.424	0.415	n/a	n/a
79	0.357	0.382	0.392	0.382	0.382	0.374	n/a	n/a
80	0.321	0.344	0.355	0.344	0.344	0.336	n/a	n/a
81	0.289	0.311	0.321	0.311	0.311	0.304	n/a	n/a
82	0.260	0.280	0.290	0.280	0.280	0.273	n/a	n/a
83	0.223	0.244	0.251	0.244	0.240	0.234	n/a	n/a
84	0.191	0.212	0.217	0.212	0.206	0.201	n/a	n/a
85	0.163	0.185	0.187	0.185	0.177	0.172	n/a	n/a
86	0.140	0.161	0.162	0.161	0.152	0.148	n/a	n/a
87	0.120	0.140	0.140	0.140	0.130	0.127	n/a	n/a
88	0.103	0.122	0.121	0.122	0.112	0.109	n/a	n/a
89	0.088	0.106	0.105	0.106	0.096	0.093	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 20-Pay
(When attached to Base Policy GR-N620)

Premium Rate Factors for the 20-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.850	1.280	1.700	1.560	1.400	1.217	1.460	1.415
35-39	0.840	1.190	1.490	1.380	1.270	1.127	1.295	1.262
40-44	0.790	1.070	1.280	1.210	1.130	1.017	1.133	1.092
45-49	0.720	0.970	1.190	1.070	0.980	0.893	0.946	0.923
50	0.714	0.940	1.123	1.015	0.919	0.851	0.873	0.865
51	0.712	0.930	1.101	0.997	0.899	0.837	0.850	0.845
52	0.710	0.920	1.080	0.980	0.880	0.823	0.832	0.830
53	0.684	0.886	1.037	0.941	0.845	0.791	0.793	0.795
54	0.659	0.852	0.995	0.904	0.812	0.761	0.757	0.762
55	0.635	0.820	0.955	0.868	0.780	0.732	0.723	0.732
56	0.612	0.790	0.917	0.833	0.749	0.703	0.691	0.701
57	0.590	0.760	0.880	0.800	0.720	0.677	0.659	0.672
58	0.551	0.715	0.831	0.753	0.675	0.634	0.614	0.628
59	0.515	0.673	0.784	0.708	0.632	0.593	0.570	0.586
60	0.481	0.633	0.740	0.666	0.592	0.555	0.530	0.547
61	0.450	0.595	0.699	0.627	0.555	0.520	0.492	0.511
62	0.420	0.560	0.660	0.590	0.520	0.487	0.457	0.478
63	0.395	0.515	0.609	0.543	0.480	0.452	0.425	0.442
64	0.372	0.474	0.561	0.500	0.444	0.420	0.396	0.410
65	0.350	0.437	0.517	0.460	0.410	0.390	0.369	0.380
66	0.329	0.402	0.477	0.424	0.379	0.362	0.344	0.353
67	0.310	0.370	0.440	0.390	0.350	0.337	0.322	0.330
68	0.272	0.342	0.396	0.357	0.325	0.307	0.287	0.298
69	0.238	0.316	0.357	0.326	0.301	0.280	0.255	0.264
70	0.208	0.292	0.321	0.299	0.279	0.255	0.226	0.239
71	0.183	0.270	0.289	0.273	0.259	0.234	0.200	0.212
72	0.160	0.250	0.260	0.250	0.240	0.213	0.176	0.185
73	0.146	0.216	0.226	0.216	0.209	0.188	0.156	0.161
74	0.133	0.186	0.197	0.186	0.182	0.166	0.137	0.140
75	0.121	0.161	0.172	0.161	0.158	0.146	n/a	n/a
76	0.110	0.139	0.149	0.139	0.138	0.129	n/a	n/a
77	0.100	0.120	0.130	0.120	0.120	0.113	n/a	n/a
78	0.090	0.108	0.118	0.111	0.108	0.102	n/a	n/a
79	0.082	0.097	0.107	0.102	0.097	0.092	n/a	n/a
80	0.074	0.087	0.097	0.094	0.087	0.083	n/a	n/a
81	0.066	0.078	0.088	0.087	0.078	0.074	n/a	n/a
82	0.060	0.070	0.080	0.080	0.070	0.067	n/a	n/a
83	0.055	0.065	0.076	0.073	0.065	0.062	n/a	n/a
84	0.051	0.061	0.071	0.066	0.061	0.058	n/a	n/a
85	0.047	0.057	0.067	0.060	0.057	0.054	n/a	n/a
86	0.043	0.053	0.064	0.055	0.053	0.050	n/a	n/a
87	0.040	0.050	0.060	0.050	0.050	0.047	n/a	n/a
88	0.037	0.047	0.057	0.046	0.047	0.044	n/a	n/a
89	0.034	0.044	0.053	0.041	0.044	0.041	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 303A
Surviving Spouse Benefit Increase
(When attached to Base Policy GR-N620)

Premium Rate Factors

To calculate the annual premium for Rider Form 303A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,800	1,801-1,825
18-34	0.115	0.108	0.087	0.065	0.050
35-39	0.122	0.114	0.091	0.069	0.053
40-44	0.130	0.120	0.096	0.073	0.056
45-49	0.138	0.126	0.100	0.076	0.058
50	0.144	0.130	0.104	0.078	0.060
51	0.146	0.132	0.105	0.079	0.060
52	0.148	0.133	0.106	0.080	0.061
53	0.150	0.134	0.107	0.080	0.061
54	0.151	0.135	0.108	0.081	0.062
55	0.153	0.137	0.108	0.081	0.062
56	0.154	0.138	0.109	0.082	0.063
57	0.156	0.139	0.110	0.082	0.063
58	0.157	0.140	0.110	0.082	0.063
59	0.158	0.141	0.111	0.082	0.063
60	0.160	0.141	0.111	0.083	0.063
61	0.161	0.142	0.112	0.083	0.063
62	0.162	0.143	0.112	0.083	0.063
63	0.163	0.143	0.112	0.083	0.063
64	0.163	0.144	0.112	0.083	0.062
65	0.164	0.144	0.112	0.082	0.062
66	0.164	0.145	0.112	0.082	0.061
67	0.165	0.145	0.112	0.082	0.061
68	0.164	0.144	0.111	0.081	0.060
69	0.164	0.143	0.110	0.080	0.058
70	0.163	0.143	0.109	0.078	0.057
71	0.163	0.142	0.108	0.077	0.055
72	0.162	0.141	0.107	0.076	0.054
73	0.163	0.141	0.106	0.075	0.052
74	0.164	0.141	0.106	0.073	0.051
75	0.164	0.142	0.105	0.072	0.049
76	0.165	0.142	0.105	0.070	0.047
77	0.166	0.142	0.104	0.069	0.046
78	0.166	0.141	0.102	0.066	0.043
79	0.165	0.140	0.099	0.063	0.040
80	0.165	0.138	0.097	0.060	0.038
81	0.164	0.137	0.095	0.058	0.035
82	0.164	0.136	0.093	0.055	0.033
83	0.163	0.134	0.089	0.051	0.029
84	0.161	0.132	0.086	0.046	0.025
85	0.160	0.130	0.082	0.043	0.022
86	0.158	0.128	0.079	0.039	0.019
87	0.157	0.126	0.076	0.036	0.017
88	0.156	0.124	0.073	0.033	0.015
89	0.154	0.122	0.070	0.030	0.013

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 226G
Paid Up Survivorship
(When attached to Base Policy GR-N620)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.053	0.074	0.110	0.098	0.086	0.075	0.090	0.087
35-39	0.064	0.084	0.116	0.106	0.095	0.085	0.098	0.094
40-44	0.077	0.095	0.123	0.113	0.104	0.095	0.104	0.101
45-49	0.089	0.106	0.130	0.122	0.113	0.105	0.110	0.108
50	0.097	0.113	0.134	0.126	0.119	0.112	0.114	0.113
51	0.100	0.115	0.135	0.128	0.120	0.113	0.115	0.114
52	0.102	0.117	0.137	0.129	0.122	0.115	0.116	0.116
53	0.103	0.118	0.136	0.130	0.123	0.116	0.116	0.117
54	0.105	0.119	0.136	0.130	0.123	0.117	0.117	0.117
55	0.106	0.119	0.136	0.130	0.124	0.118	0.117	0.118
56	0.107	0.120	0.136	0.130	0.124	0.118	0.117	0.118
57	0.108	0.121	0.136	0.130	0.125	0.119	0.117	0.119
58	0.108	0.120	0.134	0.129	0.123	0.118	0.116	0.117
59	0.107	0.119	0.132	0.127	0.122	0.117	0.114	0.116
60	0.107	0.118	0.130	0.125	0.120	0.116	0.113	0.115
61	0.106	0.117	0.128	0.124	0.119	0.115	0.111	0.114
62	0.105	0.115	0.127	0.122	0.118	0.114	0.110	0.113
63	0.103	0.113	0.123	0.119	0.115	0.111	0.107	0.110
64	0.101	0.110	0.120	0.116	0.112	0.108	0.105	0.107
65	0.099	0.108	0.117	0.113	0.109	0.106	0.102	0.104
66	0.097	0.105	0.113	0.110	0.107	0.104	0.100	0.102
67	0.095	0.103	0.110	0.107	0.104	0.101	0.098	0.100
68	0.091	0.098	0.105	0.102	0.099	0.096	0.093	0.095
69	0.088	0.094	0.100	0.097	0.095	0.093	0.090	0.091
70	0.084	0.090	0.095	0.092	0.090	0.088	0.085	0.087
71	0.080	0.086	0.090	0.088	0.086	0.084	0.081	0.082
72	0.077	0.082	0.086	0.084	0.082	0.080	0.078	0.079
73	0.071	0.075	0.079	0.077	0.075	0.074	0.072	0.072
74	0.065	0.069	0.072	0.071	0.069	0.068	0.065	0.066
75	0.060	0.064	0.066	0.065	0.064	0.063	n/a	n/a
76	0.056	0.058	0.061	0.059	0.058	0.057	n/a	n/a
77	0.051	0.054	0.056	0.055	0.054	0.053	n/a	n/a
78	0.045	0.047	0.048	0.047	0.047	0.046	n/a	n/a
79	0.039	0.040	0.042	0.041	0.040	0.040	n/a	n/a
80	0.034	0.035	0.036	0.035	0.035	0.035	n/a	n/a
81	0.029	0.030	0.031	0.031	0.030	0.030	n/a	n/a
82	0.025	0.026	0.027	0.027	0.026	0.026	n/a	n/a
83	0.020	0.021	0.021	0.021	0.021	0.021	n/a	n/a
84	0.016	0.016	0.017	0.017	0.016	0.016	n/a	n/a
85	0.013	0.013	0.013	0.013	0.013	0.013	n/a	n/a
86	0.010	0.010	0.010	0.010	0.010	0.010	n/a	n/a
87	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
88	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
89	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 308A
Shared Maximum Benefit
(When attached to Base Policy GR-N620)

To calculate the annual premium for Rider Form 308A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Premium Rate Factors for Policies Without an Increasing Benefit Option

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.340	0.325	0.280	0.215	0.220
35-39	0.375	0.350	0.290	0.225	0.230
40-44	0.405	0.360	0.310	0.230	0.240
45-49	0.410	0.370	0.320	0.235	0.250
50-54	0.400	0.360	0.315	0.235	0.250
55-59	0.390	0.360	0.310	0.235	0.240
60-64	0.390	0.360	0.300	0.230	0.220
65-69	0.390	0.350	0.290	0.225	0.200
70-74	0.390	0.340	0.280	0.210	0.180
75-79	0.390	0.330	0.260	0.190	0.150
80-84	0.390	0.320	0.240	0.160	0.150
85-89	0.390	0.320	0.240	0.160	0.150

Premium Rate Factors for Policies With Inflation Options

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.380	0.360	0.330	0.260	0.260
35-39	0.380	0.360	0.330	0.265	0.260
40-44	0.380	0.360	0.330	0.265	0.260
45-49	0.380	0.360	0.330	0.265	0.260
50-54	0.380	0.360	0.330	0.265	0.250
55-59	0.380	0.360	0.325	0.260	0.240
60-64	0.380	0.360	0.320	0.255	0.225
65-69	0.380	0.360	0.310	0.245	0.205
70-74	0.380	0.360	0.300	0.230	0.185
75-79	0.380	0.350	0.280	0.200	0.150
80-84	0.380	0.340	0.250	0.170	0.150
85-89	0.400	0.330	0.250	0.170	0.150

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 311A
Dual Waiver
(When attached to Base Policy GR-N620)

Premium Rate Factors

To calculate the annual premium for Rider Form 311A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options					
Issue Age	365	500	730	1,000-1,095	1,460-1,500	1,825-Unlimited
18-34	0.010	0.010	0.010	0.010	0.010	0.010
35-39	0.010	0.010	0.010	0.010	0.010	0.010
40	0.010	0.010	0.010	0.010	0.010	0.010
41	0.010	0.010	0.010	0.010	0.010	0.010
42	0.010	0.010	0.010	0.010	0.010	0.010
43	0.010	0.010	0.010	0.010	0.010	0.010
44	0.010	0.010	0.010	0.010	0.010	0.010
45	0.010	0.010	0.010	0.010	0.010	0.010
46	0.010	0.010	0.010	0.010	0.010	0.010
47	0.010	0.010	0.010	0.010	0.010	0.010
48	0.010	0.010	0.010	0.010	0.011	0.011
49	0.010	0.010	0.010	0.010	0.013	0.013
50	0.010	0.010	0.010	0.010	0.015	0.015
51	0.010	0.010	0.010	0.010	0.017	0.017
52	0.010	0.010	0.010	0.010	0.020	0.020
53	0.010	0.010	0.010	0.011	0.020	0.022
54	0.010	0.010	0.010	0.013	0.020	0.024
55	0.010	0.010	0.010	0.015	0.020	0.026
56	0.010	0.010	0.010	0.017	0.020	0.028
57	0.010	0.010	0.010	0.020	0.020	0.030
58	0.010	0.010	0.011	0.022	0.022	0.032
59	0.010	0.010	0.013	0.024	0.024	0.034
60	0.010	0.010	0.015	0.026	0.026	0.036
61	0.010	0.010	0.017	0.028	0.028	0.038
62	0.010	0.010	0.020	0.030	0.030	0.040
63	0.011	0.011	0.022	0.032	0.033	0.043
64	0.013	0.013	0.024	0.034	0.037	0.047
65	0.015	0.015	0.026	0.036	0.041	0.051
66	0.017	0.017	0.028	0.038	0.045	0.055
67	0.020	0.020	0.030	0.040	0.050	0.060
68	0.022	0.022	0.032	0.043	0.055	0.066
69	0.024	0.024	0.034	0.047	0.060	0.074
70	0.026	0.026	0.036	0.051	0.066	0.082
71	0.028	0.028	0.038	0.055	0.073	0.090
72	0.030	0.030	0.040	0.060	0.080	0.100
73	0.032	0.033	0.043	0.066	0.087	0.108
74	0.034	0.037	0.047	0.074	0.094	0.118
75	0.036	0.041	0.051	0.082	0.102	0.128
76	0.038	0.045	0.055	0.090	0.111	0.138
77	0.040	0.050	0.060	0.100	0.120	0.150
78	0.045	0.055	0.066	0.110	0.134	0.167
79	0.050	0.060	0.074	0.121	0.150	0.187
80	0.056	0.066	0.082	0.133	0.168	0.209
81	0.063	0.073	0.090	0.146	0.188	0.233
82	0.070	0.080	0.100	0.160	0.210	0.260
83	0.075	0.087	0.110	0.176	0.234	0.291
84	0.081	0.094	0.121	0.194	0.261	0.327
85	0.087	0.102	0.133	0.214	0.290	0.366
86	0.093	0.111	0.146	0.236	0.323	0.410
87	0.100	0.120	0.160	0.260	0.360	0.460
88	0.107	0.130	0.176	0.287	0.401	0.516
89	0.115	0.141	0.193	0.316	0.447	0.578

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 304R
Restoration of Benefits Rider
(When attached to Base Policy GR-N620)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N620 for the Restoration of Benefits Rider, multiply the appropriate Restoration of Benefits factor from below times the annual premium.

Restoration of Benefits

Benefit Multiplier	Rider 304R Factor
365	0.06
500	0.06
730	0.06
1,000	0.04
1,095	0.04
1,460	0.04
1,500	0.04
1,825	0.04
2,000	0.04
2,190	0.04
2,500	0.04
2,555	0.04
2,920	0.04

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 312A
Cash Benefit Rider
(When attached to Base Policy GR-N620)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N620 for the Cash Benefit Rider, multiply the factor from below times the annual premium.

Cash Benefit Rider 312A Factor
0.200

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 314A
Cash Benefit Disability Trigger Rider
(When attached to Base Policy GR-N620)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N620 for the Cash Benefit Disability Trigger Rider, multiply the factor from below times the annual premium.

Cash Benefit Disability Trigger Rider 314A Factor
0.450

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 15.26	$ 17.80	$ 19.71	$ 25.44	$ 28.63	$ 31.17	$ 33.08	$ 34.34	$ 35.62	$ 42.61
35-39	17.80	20.36	22.90	29.26	33.71	37.53	38.79	41.35	42.61	50.88
40	18.45	20.99	24.16	31.17	36.25	39.44	41.35	43.24	45.15	54.07
41	19.08	22.27	25.44	33.08	38.16	41.98	43.89	46.43	47.71	57.24
42	19.71	22.90	26.72	34.34	40.07	44.52	46.43	48.97	50.88	61.06
43	20.36	24.16	27.35	36.25	41.98	46.43	48.97	51.51	53.42	63.60
44	21.62	24.81	28.63	38.16	43.89	48.34	50.88	53.42	55.96	66.78
45	22.27	26.07	29.89	39.44	46.43	50.88	53.42	56.61	58.52	69.96
46	22.90	26.72	31.17	41.35	48.34	53.42	55.96	59.15	61.69	73.78
47	23.53	27.98	32.43	43.24	50.88	55.96	58.52	61.69	64.23	76.95
48	24.81	29.26	34.34	45.15	52.79	58.52	61.69	64.88	67.42	80.77
49	25.44	30.52	35.62	47.06	55.33	61.06	64.23	67.42	70.59	84.59
50	26.72	31.17	36.88	48.97	57.87	63.60	66.78	70.59	73.78	88.41
51	27.35	32.43	38.16	51.51	60.42	66.78	69.96	73.78	76.95	92.22
52	28.63	33.71	40.07	53.42	62.97	69.96	73.14	77.60	80.14	96.68
53	29.89	35.62	41.98	56.61	66.78	73.78	77.60	82.05	85.22	102.39
54	31.80	37.53	44.52	59.78	70.59	78.23	82.68	87.13	90.32	108.75
55	33.08	40.07	47.06	63.60	75.04	83.31	87.13	92.22	96.03	115.11
56	34.99	41.98	49.60	67.42	79.50	88.41	92.86	97.94	101.76	122.12
57	36.88	44.52	52.79	71.24	83.96	93.49	97.94	103.67	108.12	129.74
58	38.79	47.06	55.96	76.32	89.67	99.85	104.94	111.30	115.76	138.64
59	41.35	50.25	59.78	81.40	96.03	106.84	112.57	118.93	123.38	148.19
60	43.89	53.42	63.60	87.13	103.04	114.48	120.21	127.20	132.28	159.00
61	47.06	57.24	68.05	92.86	110.03	122.75	128.48	136.10	141.83	169.81
62	49.60	60.42	72.50	99.22	117.66	131.02	138.01	145.65	151.36	181.90
63	54.07	65.51	78.23	107.49	127.20	141.83	148.82	157.09	164.08	196.53
64	57.87	70.59	84.59	116.39	137.38	153.92	160.91	170.44	177.45	212.42
65	62.97	76.32	91.58	125.29	148.82	165.99	174.26	183.81	192.07	229.59
66	67.42	82.68	99.22	135.47	160.91	179.99	188.89	199.07	207.34	248.04
67	73.14	89.04	106.84	146.91	174.26	194.62	204.15	214.96	224.51	268.39
68	80.14	97.94	117.66	161.54	192.07	214.33	224.51	237.23	247.41	295.10
69	88.41	108.12	129.74	178.08	211.79	235.95	247.41	260.76	272.20	324.99
70	97.31	118.93	143.10	196.53	232.78	260.13	272.84	287.47	300.19	358.07
71	106.84	131.02	157.72	216.24	256.94	286.83	300.83	316.72	330.72	394.32
72	117.66	144.37	173.63	238.50	283.02	316.09	331.35	348.52	363.79	433.75
73	127.83	156.46	188.89	258.85	307.19	343.44	359.98	378.42	394.95	470.64
74	138.01	169.81	205.43	281.11	333.90	373.33	391.14	410.85	429.30	510.07
75	149.46	183.81	223.23	305.28	363.15	405.13	424.84	445.83	465.55	553.32
76	161.54	199.70	242.31	331.99	394.32	440.75	461.73	483.99	505.62	599.74
77	174.90	216.24	263.30	360.61	428.66	478.91	501.16	525.33	548.86	649.99
78	192.71	238.50	291.28	398.77	473.82	528.51	553.32	579.39	604.83	715.50
79	212.42	263.94	322.45	442.02	523.42	583.84	610.55	638.54	667.16	788.00
80	234.04	291.28	356.79	489.08	578.76	644.90	673.52	704.05	735.21	867.49
81	258.22	321.18	394.32	541.87	639.81	712.31	743.48	775.91	810.26	955.27
82	284.29	354.88	436.29	600.38	707.23	787.36	820.43	855.42	892.93	1051.93
83	304.64	380.96	469.36	646.81	764.47	850.32	885.31	922.19	962.26	1132.70
84	326.27	408.95	504.98	697.05	825.52	919.02	955.27	993.43	1037.30	1219.83
85	349.16	438.84	542.50	751.11	892.30	992.78	1030.94	1071.01	1117.44	1313.97
86	373.96	470.64	583.84	808.99	964.17	1072.92	1112.36	1154.34	1204.57	1415.73
87	400.68	504.98	627.73	871.95	1041.75	1159.42	1200.12	1244.01	1298.06	1524.48
88	428.66	541.87	674.79	939.36	1125.71	1252.91	1294.89	1340.67	1398.56	1642.14
89	459.19	581.30	725.67	1011.86	1216.03	1354.04	1397.28	1444.98	1507.31	1768.70

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 28.63	$ 33.71	$ 40.07	$ 54.70	$ 64.88	$ 72.50	$ 76.95	$ 82.05	$ 85.22	$ 103.04
35-39	33.08	39.44	47.06	64.23	76.95	86.50	91.58	97.31	101.13	122.75
40	34.99	41.98	50.25	68.68	82.05	92.22	97.31	103.67	108.12	131.02
41	36.88	44.52	53.42	73.14	87.76	98.58	104.30	110.66	115.11	139.29
42	39.44	47.71	56.61	78.23	93.49	104.94	110.66	118.30	122.75	148.82
43	40.70	48.97	58.52	81.40	97.31	109.40	115.76	123.38	127.83	154.55
44	41.98	50.88	61.06	84.59	101.13	113.85	120.21	127.83	132.93	160.91
45	43.89	52.79	63.60	87.76	105.58	118.30	125.29	133.56	138.64	167.27
46	45.15	54.70	66.14	91.58	110.03	123.38	130.38	138.64	144.37	174.26
47	47.06	57.24	68.68	95.40	114.48	128.48	135.47	144.37	150.10	181.26
48	48.97	59.78	71.87	99.22	119.56	134.19	141.83	150.73	157.09	189.52
49	50.88	62.32	74.41	103.67	124.66	140.55	148.19	157.72	164.08	197.79
50	52.79	64.88	78.23	108.12	130.38	146.91	154.55	164.73	171.72	206.70
51	55.33	67.42	81.40	113.20	136.10	153.27	161.54	172.35	179.35	216.24
52	57.87	70.59	85.22	118.30	142.46	160.28	169.18	179.99	186.98	225.78
53	60.42	73.78	89.04	124.02	148.82	167.90	176.80	188.89	195.88	236.59
54	62.97	76.95	92.86	129.74	155.82	176.17	185.71	197.79	205.43	247.41
55	65.51	80.14	97.31	136.10	163.45	184.44	193.98	206.70	214.96	258.85
56	68.68	83.96	101.76	142.46	171.09	193.34	203.52	216.87	225.14	271.57
57	71.24	87.76	106.21	148.82	179.35	202.24	213.06	227.05	235.95	284.29
58	75.04	92.22	111.94	157.09	188.89	213.06	224.51	239.14	248.67	298.92
59	78.86	97.31	117.66	165.36	199.07	224.51	236.59	251.86	262.03	314.82
60	82.68	101.76	124.02	173.63	209.88	236.59	249.31	265.21	276.02	331.35
61	87.13	107.49	130.38	183.16	220.69	249.31	262.67	279.20	290.65	349.16
62	90.95	112.57	137.38	192.71	232.78	262.03	276.66	293.83	305.91	367.60
63	97.31	120.21	146.28	205.43	248.04	279.84	294.47	312.91	325.63	391.14
64	103.67	127.83	155.82	219.42	263.94	297.64	313.55	333.26	347.26	416.58
65	110.03	136.10	165.99	233.41	281.11	317.36	334.54	354.88	369.51	443.29
66	117.02	145.00	177.45	248.67	299.55	338.35	356.16	377.78	393.68	471.91
67	124.66	154.55	188.89	265.21	319.27	360.61	379.69	402.59	419.76	502.44
68	134.19	165.99	202.89	285.56	344.07	387.96	408.31	433.11	451.56	539.96
69	144.37	178.71	218.78	307.19	370.15	417.21	439.47	465.55	485.27	580.66
70	155.18	192.07	235.32	330.72	398.13	449.01	472.55	500.53	522.15	623.91
71	167.27	206.70	253.12	356.16	428.66	483.36	508.80	538.69	561.58	670.34
72	179.35	222.60	272.20	382.87	461.10	520.24	546.96	579.39	604.19	720.58
73	192.07	237.86	291.92	410.85	494.80	557.77	586.39	620.10	646.81	770.19
74	204.79	254.40	312.91	440.75	530.42	597.84	628.36	663.98	692.60	823.62
75	218.78	272.20	335.17	472.55	568.58	640.45	673.52	710.40	741.57	880.86
76	233.41	290.65	358.70	506.25	609.92	686.87	721.86	760.65	794.36	941.27
77	249.31	311.00	384.14	543.14	653.80	735.84	773.37	814.71	850.32	1006.78
78	269.66	337.08	417.85	589.57	709.77	798.81	838.88	882.12	920.92	1088.18
79	292.56	365.70	454.10	639.81	770.83	866.86	909.47	955.27	997.24	1177.22
80	316.72	396.86	493.53	694.51	836.97	941.27	985.79	1034.13	1079.91	1272.62
81	342.80	429.93	536.78	753.66	908.84	1021.41	1069.10	1119.98	1168.95	1376.29
82	371.42	466.19	583.21	818.52	986.42	1108.54	1159.42	1212.84	1265.63	1488.23
83	393.04	494.17	619.46	871.31	1050.67	1180.41	1232.55	1287.89	1343.86	1579.81
84	415.31	523.42	657.62	927.92	1119.35	1256.73	1310.78	1368.02	1427.17	1676.48
85	438.84	554.59	698.32	988.33	1192.50	1337.50	1393.46	1452.61	1514.94	1779.51
86	464.28	587.02	741.57	1052.58	1270.71	1424.00	1481.23	1542.29	1609.07	1888.27
87	490.99	622.00	787.36	1120.63	1353.39	1516.21	1574.73	1637.69	1708.28	2004.02
88	518.97	658.89	836.34	1193.76	1441.80	1614.15	1673.94	1738.81	1813.86	2127.41
89	548.86	697.69	887.85	1270.71	1536.57	1718.46	1779.51	1846.29	1925.79	2257.78

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 72.50	$ 89.04	$ 106.84	$ 149.46	$ 179.35	$ 202.24	$ 212.42	$ 225.78	$ 234.69	$ 282.38
35-39	76.32	93.49	113.20	158.37	190.17	214.33	225.78	239.77	249.31	299.55
40	78.23	96.03	115.76	162.18	195.25	220.06	231.50	246.13	255.67	307.19
41	80.14	98.58	118.93	165.99	200.34	225.14	237.23	252.49	262.03	315.46
42	82.05	100.48	121.47	170.44	204.79	230.87	242.95	258.85	269.03	323.08
43	82.68	101.76	123.38	172.35	207.97	234.69	246.76	262.67	272.84	328.18
44	83.96	103.67	124.66	174.90	211.15	237.86	250.58	266.49	276.66	332.63
45	85.22	104.94	126.57	177.45	214.33	241.68	253.77	270.30	280.47	337.08
46	86.50	106.21	128.48	179.99	216.87	244.86	257.58	274.11	284.92	342.16
47	87.13	107.49	130.38	182.53	220.06	248.67	261.39	277.93	288.74	347.26
48	89.04	110.03	132.93	186.35	225.14	253.77	267.12	284.29	295.10	354.88
49	90.95	111.94	135.47	190.80	229.59	259.48	272.84	290.02	301.46	361.88
50	92.86	114.48	138.64	194.62	234.69	264.58	278.56	296.38	307.82	370.15
51	94.77	117.02	141.83	199.07	239.77	270.30	284.29	302.74	314.82	377.78
52	96.68	118.93	144.37	202.89	244.86	276.66	290.65	309.10	321.18	386.05
53	98.58	122.12	148.19	207.97	250.58	283.02	297.64	316.72	328.81	394.95
54	101.13	124.66	151.36	213.06	256.94	290.02	304.64	323.72	337.08	404.49
55	103.04	127.83	155.18	217.51	262.67	296.38	311.64	331.99	344.71	414.03
56	105.58	130.38	158.37	223.23	269.03	304.00	319.27	339.62	352.98	423.57
57	108.12	133.56	162.18	228.33	275.39	311.00	326.90	347.89	361.24	433.75
58	111.30	137.38	167.27	235.32	284.29	320.54	337.08	358.70	372.70	447.11
59	114.48	141.20	172.35	242.31	292.56	330.72	347.89	369.51	384.14	461.10
60	117.66	145.65	177.45	249.95	302.10	340.90	358.70	380.96	396.23	475.72
61	120.84	150.10	183.16	257.58	311.00	351.71	369.51	393.04	408.95	490.35
62	124.66	154.55	188.89	265.84	320.54	362.52	380.96	405.13	421.67	505.62
63	130.38	161.54	197.16	277.93	335.17	378.42	398.13	422.94	440.11	527.88
64	136.10	168.54	206.06	290.65	350.43	395.59	416.58	442.02	460.46	551.41
65	141.83	176.17	215.61	304.00	366.34	414.03	435.02	461.73	480.81	576.21
66	148.19	184.44	225.14	317.36	382.87	432.48	454.74	482.72	502.44	601.65
67	155.18	192.71	235.32	331.99	400.68	452.19	475.09	504.34	525.33	629.00
68	164.73	204.15	249.95	352.34	424.84	479.54	504.34	534.87	557.77	667.16
69	174.90	216.87	265.84	374.60	451.56	509.43	535.51	567.94	591.48	707.23
70	185.07	230.23	281.75	397.50	478.91	540.60	568.58	602.29	627.73	750.47
71	196.53	244.22	299.55	422.30	508.80	573.67	603.56	639.18	666.52	795.63
72	208.60	259.48	318.00	448.38	539.96	609.28	640.45	678.61	707.23	843.96
73	220.69	274.11	337.08	475.09	572.40	645.54	679.24	718.04	749.20	892.30
74	232.78	290.02	357.43	503.71	607.38	684.33	719.31	760.02	793.08	943.81
75	246.13	306.55	378.42	534.24	643.63	725.67	762.56	805.17	840.15	997.88
76	259.48	324.36	401.31	566.04	682.42	768.92	807.71	852.23	889.12	1055.12
77	274.11	342.80	424.84	600.38	723.12	814.71	856.05	901.84	941.90	1115.53
78	295.10	368.88	458.55	646.17	779.10	877.04	920.92	969.25	1011.86	1196.95
79	316.72	396.86	494.17	695.78	838.88	944.46	990.24	1041.12	1086.92	1284.08
80	340.26	426.75	532.33	748.56	903.11	1016.32	1065.30	1118.07	1167.06	1376.93
81	365.70	459.19	574.30	806.44	972.44	1093.91	1146.07	1201.40	1253.54	1477.42
82	393.04	494.17	618.82	867.49	1046.85	1177.87	1232.55	1290.44	1346.40	1584.90
83	413.40	520.24	653.17	919.65	1109.82	1247.18	1303.79	1362.94	1422.72	1673.30
84	435.02	548.23	690.06	974.35	1176.59	1321.59	1378.83	1440.53	1502.86	1767.43
85	457.28	577.48	728.22	1032.22	1246.55	1399.82	1458.97	1521.94	1588.08	1866.65
86	480.81	608.65	768.92	1093.28	1321.59	1482.50	1542.93	1607.79	1677.75	1970.95
87	505.62	641.08	812.16	1158.14	1400.46	1570.27	1631.96	1698.74	1772.52	2081.61
88	531.69	675.43	857.32	1227.47	1484.41	1663.13	1726.73	1794.78	1872.37	2198.00
89	559.04	711.04	905.65	1300.61	1573.45	1761.71	1826.58	1896.54	1977.94	2321.38

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 47.71	$ 57.87	$ 68.68	$ 95.40	$ 113.85	$ 127.83	$ 134.84	$ 143.10	$ 148.19	$ 178.71
35-39	52.16	62.97	75.69	104.94	125.29	141.20	148.19	157.09	163.45	196.53
40	54.07	65.51	78.23	108.75	130.38	146.28	153.92	163.45	169.81	204.15
41	55.96	68.05	81.40	112.57	135.47	152.01	159.63	169.81	176.17	211.79
42	57.87	70.59	84.59	117.02	140.55	157.72	165.99	176.17	183.16	220.06
43	59.15	71.87	86.50	120.21	143.74	161.54	169.81	180.62	187.62	225.78
44	60.42	73.78	88.41	122.75	147.56	165.99	174.26	185.07	192.07	230.87
45	61.69	75.04	90.32	125.92	150.73	169.81	178.71	189.52	197.16	236.59
46	62.97	76.95	92.86	129.11	154.55	173.63	182.53	193.98	201.61	242.31
47	64.23	78.86	94.77	131.65	158.37	178.08	186.98	199.07	206.70	248.04
48	66.14	80.77	97.31	136.10	162.82	183.16	192.71	204.79	213.06	255.67
49	68.05	83.31	100.48	139.92	167.90	188.89	198.43	211.15	218.78	263.30
50	69.96	85.86	103.04	143.74	172.99	194.62	204.15	216.87	225.78	270.94
51	71.87	87.76	106.21	148.19	178.08	200.34	210.51	223.23	232.14	278.56
52	73.78	90.32	109.40	152.01	183.16	206.06	216.24	230.23	239.14	286.83
53	75.69	93.49	112.57	157.09	188.89	212.42	223.23	237.23	246.76	295.74
54	78.23	96.03	116.39	162.18	194.62	219.42	230.87	244.86	254.40	305.28
55	80.77	99.22	119.56	167.27	200.98	226.42	237.86	253.12	262.67	315.46
56	83.31	102.39	123.38	172.99	207.97	234.04	245.50	260.76	271.57	325.63
57	85.22	105.58	127.83	178.08	214.33	241.68	253.77	269.66	279.84	335.80
58	88.41	109.40	132.28	185.07	222.60	251.22	263.94	279.84	291.28	349.16
59	92.22	113.20	137.38	192.71	231.50	260.76	274.11	291.28	302.74	363.15
60	95.40	117.66	143.10	200.34	241.05	270.94	284.92	302.74	314.82	377.15
61	99.22	122.12	148.82	207.97	250.58	281.75	296.38	314.82	326.90	392.41
62	102.39	127.20	154.55	216.24	260.13	293.19	307.82	326.90	340.26	407.67
63	108.12	133.56	162.82	228.33	274.11	309.10	324.99	344.71	358.70	429.30
64	113.85	141.20	171.72	240.40	289.38	325.63	342.16	363.15	377.78	452.19
65	120.21	148.19	180.62	253.77	304.64	343.44	360.61	382.23	398.13	476.36
66	126.57	156.46	190.80	267.12	321.18	361.88	380.32	402.59	419.76	501.80
67	132.93	164.73	200.98	281.75	338.35	380.96	400.68	424.21	442.02	528.51
68	141.83	175.54	214.33	300.83	361.24	407.04	427.39	452.83	471.91	563.49
69	151.36	187.62	228.96	321.18	386.05	434.39	456.64	483.36	503.71	601.02
70	161.54	200.34	244.22	342.80	411.49	463.64	487.17	515.16	537.42	641.08
71	172.35	213.70	260.76	365.70	439.47	494.80	519.61	550.14	573.03	683.70
72	183.81	227.68	278.56	390.50	469.36	527.88	554.59	586.39	611.83	728.85
73	195.25	242.31	296.38	416.58	500.53	563.49	591.48	625.18	651.90	775.91
74	207.97	257.58	316.09	444.56	533.60	601.02	630.91	665.89	694.51	825.52
75	220.69	274.11	337.08	473.82	569.22	640.45	672.88	709.14	740.30	878.31
76	234.69	291.92	359.34	505.62	607.38	683.06	717.40	755.56	788.63	934.28
77	249.31	310.36	382.87	539.32	648.08	728.85	765.10	805.17	840.15	994.06
78	269.03	335.80	414.67	583.84	701.50	788.63	827.43	869.40	907.56	1072.29
79	290.65	363.15	449.65	632.18	760.02	853.51	894.84	939.36	980.06	1156.88
80	314.18	393.04	487.81	683.70	822.34	924.10	967.34	1014.42	1058.29	1247.83
81	338.99	424.84	529.15	740.30	890.39	999.79	1046.22	1095.19	1143.51	1345.77
82	366.34	459.83	573.67	801.35	964.17	1082.47	1131.44	1182.95	1234.46	1451.34
83	387.32	486.54	608.01	852.23	1026.49	1151.15	1202.03	1255.45	1310.15	1539.11
84	408.95	514.52	645.54	906.93	1092.00	1224.30	1276.44	1331.77	1389.65	1631.96
85	431.84	544.41	684.33	964.80	1162.59	1302.51	1355.95	1413.18	1474.23	1730.54
86	456.01	576.21	726.31	1026.49	1237.02	1385.84	1440.53	1499.04	1563.91	1835.48
87	482.08	609.92	770.19	1092.00	1317.14	1473.60	1529.57	1590.62	1659.31	1946.14
88	508.80	645.54	817.26	1161.96	1401.73	1567.73	1624.97	1687.30	1759.80	2063.81
89	537.42	683.06	866.86	1235.74	1492.05	1667.58	1726.09	1790.33	1867.28	2188.45

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 32.43	$ 38.79	$ 45.80	$ 62.32	$ 74.41	$ 83.31	$ 87.13	$ 92.86	$ 96.03	$ 115.76
35-39	36.25	43.89	52.16	70.59	84.59	94.77	99.22	105.58	109.40	131.02
40	38.16	45.80	54.70	74.41	88.41	99.22	104.30	110.66	114.48	138.01
41	40.07	47.71	57.24	78.23	92.86	104.30	109.40	116.39	120.84	145.00
42	41.35	50.25	59.78	82.05	97.94	109.40	115.11	122.12	126.57	152.01
43	42.61	51.51	61.69	84.59	101.13	113.20	118.93	125.92	131.02	157.09
44	43.89	53.42	63.60	87.13	104.30	117.02	122.75	130.38	135.47	162.18
45	45.15	54.70	65.51	90.32	107.49	120.84	126.57	134.19	139.92	167.90
46	46.43	56.61	67.42	92.86	111.30	124.66	131.02	138.64	144.37	172.99
47	48.34	58.52	69.96	96.03	114.48	128.48	135.47	143.10	148.82	178.71
48	49.60	60.42	72.50	99.85	118.93	133.56	140.55	148.82	154.55	185.71
49	51.51	62.32	75.04	103.67	123.38	138.64	145.65	154.55	160.28	192.71
50	53.42	64.88	77.60	107.49	128.48	143.74	151.36	160.28	166.63	199.70
51	55.33	67.42	80.77	111.30	132.93	149.46	156.46	166.63	172.99	207.34
52	57.24	69.33	83.31	115.76	138.01	155.18	162.82	172.35	179.35	214.96
53	59.15	72.50	86.50	120.21	143.74	160.91	169.18	179.35	186.35	223.87
54	61.69	75.04	90.32	124.66	149.46	167.90	176.17	186.98	193.98	232.78
55	63.60	77.60	93.49	129.74	155.18	174.26	183.16	193.98	201.61	241.68
56	66.14	80.77	97.31	134.84	161.54	181.26	190.80	202.24	209.88	251.86
57	68.68	83.96	101.13	140.55	167.90	188.89	198.43	209.88	218.78	262.03
58	71.24	87.76	105.58	146.91	176.17	197.79	207.97	220.06	228.96	274.11
59	74.41	91.58	110.66	153.92	184.44	207.34	217.51	230.87	239.77	287.47
60	78.23	96.03	115.76	161.54	193.34	217.51	228.33	241.68	251.86	301.46
61	81.40	100.48	121.47	169.18	202.89	227.68	239.14	253.12	263.94	315.46
62	85.22	104.94	127.20	177.45	212.42	238.50	250.58	265.21	276.02	330.72
63	90.32	111.30	134.84	188.26	225.14	253.12	265.84	281.75	293.19	350.43
64	96.03	118.30	143.10	199.70	239.14	268.39	282.38	298.92	311.00	372.06
65	101.76	125.29	152.01	211.79	253.77	284.92	299.55	316.72	330.08	394.32
66	107.49	132.93	161.54	225.14	269.66	302.74	318.00	336.44	350.43	418.48
67	113.85	140.55	171.09	238.50	285.56	321.18	337.08	356.79	371.42	443.92
68	122.75	151.36	183.81	256.31	307.19	344.71	362.52	382.87	398.77	476.36
69	131.65	162.18	197.16	275.39	330.08	370.79	389.23	411.49	428.66	510.70
70	141.20	174.26	211.79	295.74	354.25	398.13	417.85	441.38	459.83	548.23
71	151.36	186.98	227.68	318.00	380.32	427.39	449.01	473.82	494.17	588.30
72	162.82	200.98	244.86	341.53	408.95	459.19	482.08	508.80	530.42	631.54
73	174.26	214.96	262.03	366.34	438.84	492.90	517.06	545.68	568.58	676.06
74	185.71	230.23	281.11	393.04	470.64	528.51	554.59	584.48	609.92	723.76
75	198.43	246.13	301.46	421.67	505.62	567.31	595.29	626.46	653.80	774.64
76	211.79	263.30	323.08	452.83	542.50	608.65	638.54	671.61	700.87	829.33
77	226.42	281.75	345.98	485.90	581.94	653.17	684.97	719.95	751.11	887.85
78	246.13	306.55	377.15	528.51	633.45	710.40	744.75	781.64	815.98	962.89
79	267.12	333.26	410.85	574.94	689.42	773.37	809.62	849.06	885.94	1044.31
80	290.02	361.88	448.38	625.82	750.47	841.42	880.21	921.56	961.63	1132.07
81	315.46	393.68	488.44	680.51	816.62	915.83	956.53	1001.05	1044.31	1228.10
82	342.16	428.03	532.33	740.94	889.12	995.97	1040.49	1086.92	1133.98	1331.77
83	363.15	454.74	567.31	791.18	950.17	1064.02	1109.17	1157.51	1207.76	1417.64
84	385.41	483.99	604.19	845.24	1015.68	1136.52	1182.95	1233.20	1286.62	1509.22
85	408.95	513.88	644.26	903.11	1085.01	1214.12	1261.81	1313.97	1370.57	1607.16
86	433.75	546.32	686.24	964.17	1159.42	1296.15	1345.77	1399.82	1459.61	1711.46
87	459.83	580.66	731.39	1030.31	1239.56	1384.56	1435.44	1490.77	1555.01	1822.13
88	487.81	617.55	779.73	1100.27	1324.15	1478.69	1530.84	1588.08	1656.13	1939.78
89	517.70	656.35	830.61	1175.31	1415.09	1579.18	1632.60	1691.75	1764.25	2065.07

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 21.62	$ 25.44	$ 29.89	$ 39.44	$ 46.43	$ 52.16	$ 54.70	$ 57.87	$ 59.78	$ 72.50
35-39	24.81	29.26	34.34	46.43	54.70	61.06	63.60	68.05	69.96	85.22
40	26.07	31.17	36.88	48.97	57.87	64.88	68.05	71.87	74.41	90.32
41	27.98	33.08	38.79	52.16	61.69	68.68	71.87	76.32	79.50	96.03
42	29.26	34.99	40.70	55.33	65.51	73.14	76.32	81.40	83.96	101.76
43	29.89	36.25	42.61	57.24	67.42	75.69	79.50	84.59	87.13	105.58
44	31.17	36.88	43.89	59.15	69.96	78.86	82.68	87.13	90.95	110.03
45	32.43	38.16	45.15	61.69	73.14	81.40	85.22	90.95	94.12	113.85
46	33.08	39.44	47.06	63.60	75.69	84.59	88.41	94.12	97.94	118.30
47	34.34	41.35	48.97	66.14	78.23	87.76	92.22	97.94	101.13	122.75
48	35.62	42.61	50.88	69.33	82.05	92.22	96.03	102.39	106.21	128.48
49	36.88	44.52	52.79	72.50	85.86	96.03	100.48	106.84	110.66	134.19
50	38.79	46.43	55.33	75.69	89.67	100.48	105.58	111.94	115.76	139.92
51	40.07	48.34	57.87	78.86	93.49	104.94	110.03	117.02	121.47	146.28
52	41.98	50.88	60.42	82.68	97.94	110.03	115.11	122.12	126.57	153.27
53	43.89	52.79	62.97	86.50	103.04	115.11	120.84	127.83	132.93	160.91
54	45.80	55.33	66.14	90.32	107.49	120.84	126.57	134.19	139.29	168.54
55	47.71	57.87	69.33	94.77	113.20	126.57	132.93	140.55	146.28	176.80
56	49.60	60.42	72.50	99.22	118.30	132.93	139.29	147.56	153.27	185.07
57	52.16	63.60	75.69	104.30	124.02	139.29	146.28	155.18	160.91	193.98
58	54.70	66.78	80.14	110.03	131.02	147.56	154.55	163.45	169.81	205.43
59	57.87	70.59	84.59	116.39	138.64	155.82	162.82	172.99	179.99	216.87
60	61.06	74.41	89.04	122.75	146.28	164.73	172.35	182.53	190.17	228.96
61	64.23	78.23	94.12	129.74	154.55	174.26	181.90	192.71	200.98	241.68
62	67.42	82.05	99.22	137.38	163.45	183.81	192.07	204.15	211.79	255.67
63	71.87	88.41	106.21	146.91	174.90	196.53	206.06	218.15	227.05	273.48
64	76.95	94.12	113.85	157.09	186.98	210.51	220.06	233.41	242.95	291.92
65	82.68	101.13	122.12	168.54	200.34	225.14	235.95	249.31	259.48	312.27
66	88.41	108.12	130.38	180.62	214.33	241.05	252.49	267.12	277.93	333.90
67	94.77	115.76	139.92	193.34	229.59	258.22	270.30	285.56	297.01	356.79
68	103.04	125.92	152.01	209.88	249.31	280.47	293.19	309.73	322.45	387.32
69	111.94	136.74	165.36	228.33	270.94	304.64	318.63	336.44	350.43	419.76
70	121.47	148.82	179.99	248.04	294.47	330.72	345.98	365.06	380.32	455.37
71	132.28	161.54	195.88	269.66	319.91	359.34	375.24	396.23	412.76	493.53
72	143.74	175.54	213.06	293.19	347.89	389.87	407.67	429.93	448.38	535.51
73	154.55	188.89	229.59	316.09	375.24	421.03	439.47	463.00	482.72	576.21
74	165.99	203.52	248.04	341.53	405.13	454.10	474.45	498.62	520.24	619.46
75	178.71	219.42	267.75	368.88	436.93	489.72	511.34	537.42	560.31	666.52
76	192.07	235.95	288.74	398.13	471.91	528.51	551.41	578.76	603.56	716.76
77	206.06	253.77	311.64	429.93	508.80	569.85	594.66	623.27	650.62	770.83
78	225.14	277.93	341.53	471.91	558.40	624.55	649.99	680.51	709.77	839.51
79	246.13	304.64	375.24	517.70	612.46	684.33	710.40	742.84	774.00	913.92
80	268.39	333.26	411.49	568.58	672.25	750.47	776.55	810.90	844.60	995.34
81	293.19	365.06	451.56	623.91	737.12	822.34	849.06	884.67	920.92	1083.73
82	320.54	399.40	495.44	684.97	808.99	901.20	927.92	966.08	1004.87	1179.78
83	341.53	426.75	530.42	733.94	866.86	965.44	993.43	1032.85	1074.83	1259.27
84	363.79	455.37	567.31	786.72	929.83	1034.13	1063.39	1104.72	1149.24	1344.49
85	387.32	485.90	607.38	843.33	996.60	1107.91	1138.43	1181.67	1228.75	1434.81
86	412.76	518.97	649.99	904.39	1069.10	1186.77	1217.94	1263.72	1313.97	1532.11
87	439.47	553.95	695.78	969.25	1146.07	1271.36	1303.79	1351.49	1404.92	1635.14
88	468.09	591.48	744.75	1039.21	1228.75	1362.31	1395.37	1444.98	1502.22	1745.17
89	498.62	630.91	796.90	1113.62	1317.14	1458.97	1493.31	1545.47	1606.52	1863.46

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 38.79	$ 46.43	$ 55.33	$ 75.04	$ 89.04	$ 100.48	$ 104.94	$ 111.94	$ 116.39	$ 142.46
35-39	40.70	48.34	57.87	78.23	93.49	104.94	110.03	117.66	122.12	148.82
40	41.35	49.60	58.52	80.14	95.40	106.84	112.57	119.56	124.66	152.01
41	41.98	50.88	59.78	82.05	97.31	109.40	115.11	122.12	127.20	155.18
42	42.61	51.51	61.06	83.31	99.22	111.94	117.02	124.66	129.74	158.37
43	43.24	52.16	61.69	84.59	100.48	113.20	118.93	126.57	131.02	160.28
44	43.89	52.79	62.97	85.86	101.76	114.48	120.21	127.83	132.93	162.18
45	44.52	53.42	63.60	86.50	103.04	115.76	121.47	129.74	134.84	164.08
46	44.52	54.07	64.23	87.76	104.30	117.66	123.38	131.02	136.10	165.99
47	45.15	54.70	64.88	89.04	105.58	118.93	124.66	132.93	138.01	168.54
48	45.80	55.33	66.14	90.32	107.49	120.84	127.20	135.47	140.55	171.09
49	47.06	56.61	67.42	92.22	110.03	123.38	129.11	138.01	143.10	174.26
50	47.71	57.87	68.68	94.12	111.94	125.92	131.65	140.55	145.65	177.45
51	48.34	58.52	69.96	96.03	113.85	128.48	134.19	143.10	148.82	181.26
52	49.60	59.78	71.24	97.31	116.39	130.38	136.74	145.65	151.36	184.44
53	50.25	61.06	72.50	99.85	118.30	133.56	139.92	148.82	154.55	188.26
54	51.51	62.32	74.41	101.76	120.84	136.10	142.46	151.36	157.72	192.07
55	52.16	63.60	75.69	103.67	123.38	138.64	145.65	154.55	160.91	195.88
56	53.42	64.88	76.95	106.21	125.92	141.83	148.82	157.72	164.08	199.70
57	54.07	66.14	78.86	108.12	128.48	145.00	151.36	160.91	167.27	203.52
58	55.96	68.05	81.40	111.94	132.93	150.10	157.09	166.63	173.63	210.51
59	57.87	70.59	83.96	115.76	138.01	155.18	162.18	172.35	179.35	218.15
60	59.78	72.50	87.13	119.56	142.46	160.28	167.90	178.71	185.71	225.78
61	61.69	75.04	90.32	124.02	147.56	165.99	174.26	184.44	192.07	233.41
62	63.60	77.60	93.49	128.48	152.64	171.72	179.99	191.43	199.07	241.05
63	67.42	82.05	98.58	136.10	162.18	181.90	190.80	202.24	210.51	255.03
64	71.87	87.13	104.94	144.37	171.72	192.71	201.61	213.70	222.60	269.66
65	75.69	92.22	111.30	152.64	181.26	204.15	213.70	226.42	235.32	284.92
66	80.14	97.94	117.66	161.54	192.07	216.24	225.78	239.14	249.31	301.46
67	85.86	104.94	125.92	172.99	205.43	229.59	240.40	253.77	264.58	318.63
68	92.86	113.85	136.74	187.62	222.60	248.67	260.76	274.75	286.83	342.80
69	100.48	122.75	148.19	203.52	241.05	269.03	282.38	297.64	310.36	370.79
70	108.75	132.93	160.28	220.06	260.76	291.28	305.91	321.82	335.80	400.68
71	117.66	143.74	172.99	237.86	282.38	315.46	330.72	348.52	363.79	433.75
72	127.20	155.82	187.62	257.58	305.91	341.53	358.07	376.51	393.04	468.73
73	135.47	165.36	199.70	274.75	325.63	363.79	381.60	401.31	419.12	498.62
74	142.46	174.90	211.15	290.02	344.07	384.14	402.59	423.57	442.02	525.33

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 34.34	$ 41.35	$ 48.97	$ 66.14	$ 78.86	$ 88.41	$ 92.86	$ 99.22	$ 103.04	$ 126.57
35-39	36.88	43.89	52.16	70.59	83.96	94.77	99.22	106.21	110.03	134.84
40	37.53	45.15	53.42	72.50	86.50	97.31	102.39	109.40	113.20	138.64
41	38.79	46.43	54.70	75.04	89.04	99.85	104.94	112.57	116.39	143.10
42	39.44	47.71	56.61	76.95	91.58	103.04	108.12	115.76	120.21	146.91
43	40.07	48.34	57.24	78.23	93.49	104.94	110.66	117.66	122.12	149.46
44	40.70	49.60	58.52	80.14	95.40	106.84	112.57	120.21	124.66	152.64
45	41.98	50.25	59.78	81.40	97.31	109.40	114.48	122.12	127.20	155.18
46	42.61	50.88	60.42	82.68	98.58	111.30	117.02	124.66	129.11	158.37
47	43.24	52.16	61.69	84.59	100.48	113.20	118.93	126.57	131.65	160.91
48	44.52	53.42	63.60	87.13	103.67	116.39	122.12	130.38	135.47	165.36
49	45.15	54.70	65.51	89.67	106.21	119.56	125.92	134.19	139.29	170.44
50	46.43	55.96	66.78	91.58	109.40	123.38	129.11	138.01	143.10	174.90
51	47.71	57.87	68.68	94.77	112.57	126.57	132.93	141.83	146.91	179.99
52	48.97	59.15	70.59	97.31	115.76	130.38	136.74	145.65	151.36	184.44
53	50.88	61.06	73.14	100.48	119.56	134.84	141.20	150.73	156.46	190.80
54	52.16	62.97	75.69	103.67	124.02	139.29	146.28	155.82	161.54	197.16
55	54.07	65.51	78.23	107.49	127.83	144.37	151.36	160.91	167.27	204.15
56	55.33	67.42	80.77	110.66	132.28	148.82	156.46	166.63	172.99	210.51
57	57.24	69.33	83.31	114.48	136.74	153.92	161.54	171.72	178.71	217.51
58	59.78	72.50	87.13	120.21	143.10	160.91	169.18	179.99	186.98	227.68
59	62.32	75.69	90.95	125.29	149.46	168.54	176.80	188.26	195.25	237.86
60	64.88	79.50	95.40	131.02	156.46	176.17	185.07	196.53	204.79	248.67
61	68.05	82.68	99.22	137.38	164.08	184.44	193.34	205.43	213.70	260.13
62	70.59	86.50	103.67	143.74	171.09	192.71	202.24	214.96	223.87	271.57
63	75.04	91.58	110.03	151.36	180.62	203.52	213.06	226.42	235.95	286.20
64	78.86	96.68	115.76	160.28	190.80	214.96	225.14	238.50	248.67	301.46
65	83.31	101.76	122.75	169.18	201.61	226.42	237.23	251.86	262.03	317.36
66	87.76	107.49	129.74	178.71	212.42	239.14	249.95	265.21	276.02	334.54
67	94.77	115.76	139.29	190.80	226.42	252.49	265.21	279.84	291.92	352.34
68	101.76	124.66	149.46	205.43	243.59	272.20	285.56	300.83	314.18	375.24
69	106.84	130.38	157.09	215.61	255.67	285.56	299.55	316.09	329.44	395.59
70	117.66	143.74	172.99	237.86	281.75	314.82	330.08	347.89	363.15	433.11
71	125.29	153.27	184.44	253.12	300.19	335.80	351.71	370.79	386.68	461.10
72	133.56	162.82	195.88	269.66	319.91	357.43	374.60	394.32	411.49	490.35
73	139.29	170.44	205.43	282.38	335.17	374.60	392.41	412.76	430.57	512.61
74	145.00	178.08	215.61	295.10	351.07	391.77	410.85	431.84	450.28	535.51

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Available Discounts

SPOUSAL DISCOUNTS

A 35% spousal discount will apply to both spouses' premiums when they both purchase coverage.

A 15% married discount will apply when only one married applicant purchases coverage.

A 10% companion discount will apply to two non-married insureds who have lived together for at least five years when they both purchase coverage.

RISK CLASSES

Policies that qualify as a preferred risk under our current underwriting guidelines will be issued with a 10% premium discount.

Policies providing coverage for applicants who would not qualify for coverage under our current issue standards may be issued with premium loads of 25%, 50%, or 100%.

OTHER DISCOUNTS

For associations that meet certain criteria, there will be a 5% premium discount.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N630

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N630 for Elimination Periods other than 90 day, multiply the appropriate Elimination Period factor from below times the corresponding 90 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period								
	0 Day	15 Day	30 Day	60 Day	180 Day	365 Day	730 Day	1095 Day	1460 Day
365	1.43	1.31	1.18	1.12	0.89	0.77	0.67	0.55	0.42
500	1.43	1.31	1.18	1.12	0.89	0.79	0.70	0.55	0.44
730	1.43	1.31	1.18	1.12	0.89	0.79	0.75	0.56	0.44
1,095	1.39	1.29	1.17	1.10	0.86	0.80	0.70	0.54	0.44
1,460	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
1,825	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,190	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,920	1.33	1.25	1.15	1.08	0.89	0.81	0.65	0.53	0.44
Unlimited	1.33	1.25	1.15	1.08	0.89	0.81	0.64	0.52	0.43

To determine the annual premium rates for Policy Form GR-N630 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.98.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,555 multiplier option times 0.98.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 309A
Additional Services Benefit Rider
(When attached to Base Policy GR-N630)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N630 for the Additional Services Benefit Rider, multiply the Additional Services Benefit factor from below times the annual premium.

Additional Services Benefit Rider 309A Factor

0.0125

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 321L
Enhanced Services Benefit Rider
(When attached to Base Policy GR-N630)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N630 for the Enhanced Services Benefit Rider, multiply the factor from below times the annual premium.

Enhanced Services Rider 321L Factor

0.0535

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 310L
Comprehensive Services Benefit Rider
(When attached to Base Policy GR-N630)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N630 for the Comprehensive Services Benefit Rider, multiply the factor from below times the annual premium.

Comprehensive Services Rider 310L Factor
0.062

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 228R
Return of Premium
(When attached to Base Policy GR-N630)

Premium Rate Factors

To calculate the annual premium for Rider Form 228R, multiply the annual premium times the appropriate age's premium rate factor from below.

Issue Age	Factor	Issue Age	Factor
18-34	0.671	68	0.506
35-39	0.708	69	0.498
40-44	0.746	70	0.490
45-49	0.756	71	0.482
50	0.705	72	0.474
51	0.688	73	0.457
52	0.672	74	0.441
53	0.658	75	0.425
54	0.645	76	0.409
55	0.631	77	0.393
56	0.618	78	0.381
57	0.605	79	0.368
58	0.598	80	0.356
59	0.590	81	0.344
60	0.583	82	0.332
61	0.575	83	0.321
62	0.568	84	0.311
63	0.557	85	0.301
64	0.546	86	0.290
65	0.535	87	0.280
66	0.525	88	0.270
67	0.514	89	0.260

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A
Shortened Benefit Period
(When attached to Base Policy GR-N630)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-2,000	2,001-Unlimited
18-52	0.224	0.176	0.156	0.141	0.124
53	0.215	0.170	0.151	0.137	0.121
54	0.206	0.164	0.147	0.133	0.119
55	0.198	0.158	0.142	0.129	0.116
56	0.190	0.152	0.138	0.126	0.113
57	0.182	0.147	0.134	0.122	0.111
58	0.177	0.144	0.131	0.120	0.109
59	0.172	0.140	0.129	0.118	0.108
60	0.167	0.137	0.126	0.117	0.106
61	0.162	0.134	0.123	0.115	0.105
62	0.157	0.131	0.121	0.113	0.103
63	0.153	0.129	0.119	0.112	0.102
64	0.150	0.127	0.118	0.110	0.101
65	0.147	0.126	0.116	0.109	0.100
66	0.143	0.124	0.115	0.107	0.099
67	0.140	0.122	0.113	0.106	0.098
68	0.137	0.120	0.111	0.105	0.097
69	0.135	0.117	0.109	0.103	0.096
70	0.132	0.115	0.108	0.102	0.095
71	0.129	0.113	0.106	0.100	0.094
72	0.127	0.111	0.104	0.099	0.093
73	0.121	0.106	0.100	0.095	0.090
74	0.115	0.102	0.096	0.091	0.087
75	0.109	0.098	0.092	0.088	0.084
76	0.104	0.094	0.088	0.084	0.081
77	0.099	0.090	0.085	0.081	0.078
78	0.096	0.088	0.083	0.080	0.077
79	0.094	0.085	0.081	0.078	0.076
80	0.091	0.083	0.079	0.077	0.074
81	0.088	0.081	0.078	0.075	0.073
82	0.086	0.079	0.076	0.074	0.072
83	0.083	0.076	0.074	0.072	0.070
84	0.080	0.074	0.072	0.070	0.069
85	0.077	0.072	0.070	0.068	0.067
86	0.075	0.069	0.068	0.067	0.066
87	0.072	0.067	0.066	0.065	0.064
88	0.069	0.065	0.064	0.063	0.063
89	0.067	0.063	0.062	0.062	0.061

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 10-Pay
(When attached to Base Policy GR-N630)

Premium Rate Factors for the 10-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	2.160	2.940	3.710	3.450	3.170	2.833	3.274	3.196
35-39	2.130	2.780	3.330	3.140	2.930	2.663	2.978	2.915
40-44	2.050	2.580	2.960	2.820	2.670	2.463	2.677	2.601
45-49	1.920	2.390	2.780	2.560	2.400	2.240	2.337	2.296
50	1.896	2.305	2.640	2.444	2.272	2.147	2.188	2.173
51	1.888	2.277	2.594	2.407	2.230	2.116	2.140	2.132
52	1.880	2.250	2.550	2.370	2.190	2.087	2.103	2.099
53	1.818	2.173	2.453	2.282	2.110	2.013	2.015	2.019
54	1.758	2.098	2.359	2.197	2.034	1.942	1.935	1.944
55	1.700	2.027	2.270	2.115	1.960	1.873	1.858	1.873
56	1.644	1.957	2.183	2.036	1.889	1.807	1.784	1.804
57	1.590	1.890	2.100	1.960	1.820	1.743	1.713	1.735
58	1.530	1.817	2.015	1.882	1.746	1.674	1.639	1.665
59	1.471	1.746	1.934	1.807	1.676	1.608	1.567	1.595
60	1.416	1.678	1.856	1.735	1.608	1.544	1.501	1.530
61	1.362	1.613	1.782	1.666	1.542	1.482	1.434	1.466
62	1.310	1.550	1.710	1.600	1.480	1.423	1.373	1.408
63	1.248	1.455	1.606	1.498	1.395	1.346	1.301	1.328
64	1.190	1.366	1.509	1.402	1.314	1.273	1.232	1.256
65	1.134	1.282	1.417	1.312	1.239	1.204	1.167	1.187
66	1.081	1.204	1.331	1.229	1.167	1.138	1.107	1.123
67	1.030	1.130	1.250	1.150	1.100	1.077	1.051	1.065
68	0.948	1.057	1.154	1.075	1.035	1.006	0.973	0.990
69	0.872	0.989	1.066	1.004	0.973	0.939	0.900	0.913
70	0.803	0.925	0.985	0.939	0.915	0.878	0.831	0.852
71	0.739	0.866	0.910	0.877	0.861	0.820	0.766	0.786
72	0.680	0.810	0.840	0.820	0.810	0.767	0.705	0.721
73	0.623	0.726	0.751	0.734	0.726	0.692	0.639	0.647
74	0.571	0.652	0.672	0.656	0.652	0.625	0.577	0.582
75	0.524	0.584	0.600	0.587	0.584	0.564	n/a	n/a
76	0.480	0.524	0.537	0.525	0.524	0.509	n/a	n/a
77	0.440	0.470	0.480	0.470	0.470	0.460	n/a	n/a
78	0.396	0.424	0.434	0.424	0.424	0.415	n/a	n/a
79	0.357	0.382	0.392	0.382	0.382	0.374	n/a	n/a
80	0.321	0.344	0.355	0.344	0.344	0.336	n/a	n/a
81	0.289	0.311	0.321	0.311	0.311	0.304	n/a	n/a
82	0.260	0.280	0.290	0.280	0.280	0.273	n/a	n/a
83	0.223	0.244	0.251	0.244	0.240	0.234	n/a	n/a
84	0.191	0.212	0.217	0.212	0.206	0.201	n/a	n/a
85	0.163	0.185	0.187	0.185	0.177	0.172	n/a	n/a
86	0.140	0.161	0.162	0.161	0.152	0.148	n/a	n/a
87	0.120	0.140	0.140	0.140	0.130	0.127	n/a	n/a
88	0.103	0.122	0.121	0.122	0.112	0.109	n/a	n/a
89	0.088	0.106	0.105	0.106	0.096	0.093	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 20-Pay
(When attached to Base Policy GR-N630)

Premium Rate Factors for the 20-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.850	1.280	1.700	1.560	1.400	1.217	1.460	1.415
35-39	0.840	1.190	1.490	1.380	1.270	1.127	1.295	1.262
40-44	0.790	1.070	1.280	1.210	1.130	1.017	1.133	1.092
45-49	0.720	0.970	1.190	1.070	0.980	0.893	0.946	0.923
50	0.714	0.940	1.123	1.015	0.919	0.851	0.873	0.865
51	0.712	0.930	1.101	0.997	0.899	0.837	0.850	0.845
52	0.710	0.920	1.080	0.980	0.880	0.823	0.832	0.830
53	0.684	0.886	1.037	0.941	0.845	0.791	0.793	0.795
54	0.659	0.852	0.995	0.904	0.812	0.761	0.757	0.762
55	0.635	0.820	0.955	0.868	0.780	0.732	0.723	0.732
56	0.612	0.790	0.917	0.833	0.749	0.703	0.691	0.701
57	0.590	0.760	0.880	0.800	0.720	0.677	0.659	0.672
58	0.551	0.715	0.831	0.753	0.675	0.634	0.614	0.628
59	0.515	0.673	0.784	0.708	0.632	0.593	0.570	0.586
60	0.481	0.633	0.740	0.666	0.592	0.555	0.530	0.547
61	0.450	0.595	0.699	0.627	0.555	0.520	0.492	0.511
62	0.420	0.560	0.660	0.590	0.520	0.487	0.457	0.478
63	0.395	0.515	0.609	0.543	0.480	0.452	0.425	0.442
64	0.372	0.474	0.561	0.500	0.444	0.420	0.396	0.410
65	0.350	0.437	0.517	0.460	0.410	0.390	0.369	0.380
66	0.329	0.402	0.477	0.424	0.379	0.362	0.344	0.353
67	0.310	0.370	0.440	0.390	0.350	0.337	0.322	0.330
68	0.272	0.342	0.396	0.357	0.325	0.307	0.287	0.298
69	0.238	0.316	0.357	0.326	0.301	0.280	0.255	0.264
70	0.208	0.292	0.321	0.299	0.279	0.255	0.226	0.239
71	0.183	0.270	0.289	0.273	0.259	0.234	0.200	0.212
72	0.160	0.250	0.260	0.250	0.240	0.213	0.176	0.185
73	0.146	0.216	0.226	0.216	0.209	0.188	0.156	0.161
74	0.133	0.186	0.197	0.186	0.182	0.166	0.137	0.140
75	0.121	0.161	0.172	0.161	0.158	0.146	n/a	n/a
76	0.110	0.139	0.149	0.139	0.138	0.129	n/a	n/a
77	0.100	0.120	0.130	0.120	0.120	0.113	n/a	n/a
78	0.090	0.108	0.118	0.111	0.108	0.102	n/a	n/a
79	0.082	0.097	0.107	0.102	0.097	0.092	n/a	n/a
80	0.074	0.087	0.097	0.094	0.087	0.083	n/a	n/a
81	0.066	0.078	0.088	0.087	0.078	0.074	n/a	n/a
82	0.060	0.070	0.080	0.080	0.070	0.067	n/a	n/a
83	0.055	0.065	0.076	0.073	0.065	0.062	n/a	n/a
84	0.051	0.061	0.071	0.066	0.061	0.058	n/a	n/a
85	0.047	0.057	0.067	0.060	0.057	0.054	n/a	n/a
86	0.043	0.053	0.064	0.055	0.053	0.050	n/a	n/a
87	0.040	0.050	0.060	0.050	0.050	0.047	n/a	n/a
88	0.037	0.047	0.057	0.046	0.047	0.044	n/a	n/a
89	0.034	0.044	0.053	0.041	0.044	0.041	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 303A
Surviving Spouse Benefit Increase
(When attached to Base Policy GR-N630)

Premium Rate Factors

To calculate the annual premium for Rider Form 303A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-1,800	1,801-1,825
18-34	0.115	0.108	0.087	0.065	0.050
35-39	0.122	0.114	0.091	0.069	0.053
40-44	0.130	0.120	0.096	0.073	0.056
45-49	0.138	0.126	0.100	0.076	0.058
50	0.144	0.130	0.104	0.078	0.060
51	0.146	0.132	0.105	0.079	0.060
52	0.148	0.133	0.106	0.080	0.061
53	0.150	0.134	0.107	0.080	0.061
54	0.151	0.135	0.108	0.081	0.062
55	0.153	0.137	0.108	0.081	0.062
56	0.154	0.138	0.109	0.082	0.063
57	0.156	0.139	0.110	0.082	0.063
58	0.157	0.140	0.110	0.082	0.063
59	0.158	0.141	0.111	0.082	0.063
60	0.160	0.141	0.111	0.083	0.063
61	0.161	0.142	0.112	0.083	0.063
62	0.162	0.143	0.112	0.083	0.063
63	0.163	0.143	0.112	0.083	0.063
64	0.163	0.144	0.112	0.083	0.062
65	0.164	0.144	0.112	0.082	0.062
66	0.164	0.145	0.112	0.082	0.061
67	0.165	0.145	0.112	0.082	0.061
68	0.164	0.144	0.111	0.081	0.060
69	0.164	0.143	0.110	0.080	0.058
70	0.163	0.143	0.109	0.078	0.057
71	0.163	0.142	0.108	0.077	0.055
72	0.162	0.141	0.107	0.076	0.054
73	0.163	0.141	0.106	0.075	0.052
74	0.164	0.141	0.106	0.073	0.051
75	0.164	0.142	0.105	0.072	0.049
76	0.165	0.142	0.105	0.070	0.047
77	0.166	0.142	0.104	0.069	0.046
78	0.166	0.141	0.102	0.066	0.043
79	0.165	0.140	0.099	0.063	0.040
80	0.165	0.138	0.097	0.060	0.038
81	0.164	0.137	0.095	0.058	0.035
82	0.164	0.136	0.093	0.055	0.033
83	0.163	0.134	0.089	0.051	0.029
84	0.161	0.132	0.086	0.046	0.025
85	0.160	0.130	0.082	0.043	0.022
86	0.158	0.128	0.079	0.039	0.019
87	0.157	0.126	0.076	0.036	0.017
88	0.156	0.124	0.073	0.033	0.015
89	0.154	0.122	0.070	0.030	0.013

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 226G
Paid Up Survivorship
(When attached to Base Policy GR-N630)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply the annual premium times the appropriate Inflation Option factor from below.

Issue Age	Inflation Options							
	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.053	0.074	0.110	0.098	0.086	0.075	0.090	0.087
35-39	0.064	0.084	0.116	0.106	0.095	0.085	0.098	0.094
40-44	0.077	0.095	0.123	0.113	0.104	0.095	0.104	0.101
45-49	0.089	0.106	0.130	0.122	0.113	0.105	0.110	0.108
50	0.097	0.113	0.134	0.126	0.119	0.112	0.114	0.113
51	0.100	0.115	0.135	0.128	0.120	0.113	0.115	0.114
52	0.102	0.117	0.137	0.129	0.122	0.115	0.116	0.116
53	0.103	0.118	0.136	0.130	0.123	0.116	0.116	0.117
54	0.105	0.119	0.136	0.130	0.123	0.117	0.117	0.117
55	0.106	0.119	0.136	0.130	0.124	0.118	0.117	0.118
56	0.107	0.120	0.136	0.130	0.124	0.118	0.117	0.118
57	0.108	0.121	0.136	0.130	0.125	0.119	0.117	0.119
58	0.108	0.120	0.134	0.129	0.123	0.118	0.116	0.117
59	0.107	0.119	0.132	0.127	0.122	0.117	0.114	0.116
60	0.107	0.118	0.130	0.125	0.120	0.116	0.113	0.115
61	0.106	0.117	0.128	0.124	0.119	0.115	0.111	0.114
62	0.105	0.115	0.127	0.122	0.118	0.114	0.110	0.113
63	0.103	0.113	0.123	0.119	0.115	0.111	0.107	0.110
64	0.101	0.110	0.120	0.116	0.112	0.108	0.105	0.107
65	0.099	0.108	0.117	0.113	0.109	0.106	0.102	0.104
66	0.097	0.105	0.113	0.110	0.107	0.104	0.100	0.102
67	0.095	0.103	0.110	0.107	0.104	0.101	0.098	0.100
68	0.091	0.098	0.105	0.102	0.099	0.096	0.093	0.095
69	0.088	0.094	0.100	0.097	0.095	0.093	0.090	0.091
70	0.084	0.090	0.095	0.092	0.090	0.088	0.085	0.087
71	0.080	0.086	0.090	0.088	0.086	0.084	0.081	0.082
72	0.077	0.082	0.086	0.084	0.082	0.080	0.078	0.079
73	0.071	0.075	0.079	0.077	0.075	0.074	0.072	0.072
74	0.065	0.069	0.072	0.071	0.069	0.068	0.065	0.066
75	0.060	0.064	0.066	0.065	0.064	0.063	n/a	n/a
76	0.056	0.058	0.061	0.059	0.058	0.057	n/a	n/a
77	0.051	0.054	0.056	0.055	0.054	0.053	n/a	n/a
78	0.045	0.047	0.048	0.047	0.047	0.046	n/a	n/a
79	0.039	0.040	0.042	0.041	0.040	0.040	n/a	n/a
80	0.034	0.035	0.036	0.035	0.035	0.035	n/a	n/a
81	0.029	0.030	0.031	0.031	0.030	0.030	n/a	n/a
82	0.025	0.026	0.027	0.027	0.026	0.026	n/a	n/a
83	0.020	0.021	0.021	0.021	0.021	0.021	n/a	n/a
84	0.016	0.016	0.017	0.017	0.016	0.016	n/a	n/a
85	0.013	0.013	0.013	0.013	0.013	0.013	n/a	n/a
86	0.010	0.010	0.010	0.010	0.010	0.010	n/a	n/a
87	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
88	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
89	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 308A
Shared Maximum Benefit
(When attached to Base Policy GR-N630)

To calculate the annual premium for Rider Form 308A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Premium Rate Factors for Policies Without an Increasing Benefit Option

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.340	0.325	0.280	0.215	0.220
35-39	0.375	0.350	0.290	0.225	0.230
40-44	0.405	0.360	0.310	0.230	0.240
45-49	0.410	0.370	0.320	0.235	0.250
50-54	0.400	0.360	0.315	0.235	0.250
55-59	0.390	0.360	0.310	0.235	0.240
60-64	0.390	0.360	0.300	0.230	0.220
65-69	0.390	0.350	0.290	0.225	0.200
70-74	0.390	0.340	0.280	0.210	0.180
75-79	0.390	0.330	0.260	0.190	0.150
80-84	0.390	0.320	0.240	0.160	0.150
85-89	0.390	0.320	0.240	0.160	0.150

Premium Rate Factors for Policies With Inflation Options

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.380	0.360	0.330	0.260	0.260
35-39	0.380	0.360	0.330	0.265	0.260
40-44	0.380	0.360	0.330	0.265	0.260
45-49	0.380	0.360	0.330	0.265	0.260
50-54	0.380	0.360	0.330	0.265	0.250
55-59	0.380	0.360	0.325	0.260	0.240
60-64	0.380	0.360	0.320	0.255	0.225
65-69	0.380	0.360	0.310	0.245	0.205
70-74	0.380	0.360	0.300	0.230	0.185
75-79	0.380	0.350	0.280	0.200	0.150
80-84	0.380	0.340	0.250	0.170	0.150
85-89	0.400	0.330	0.250	0.170	0.150

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 311A
Dual Waiver
(When attached to Base Policy GR-N630)

Premium Rate Factors

To calculate the annual premium for Rider Form 311A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Issue Age	Maximum Benefit Multiplier Options					
	365	500	730	1,000-1,095	1,460-1,500	1,825-Unlimited
18-34	0.010	0.010	0.010	0.010	0.010	0.010
35-39	0.010	0.010	0.010	0.010	0.010	0.010
40	0.010	0.010	0.010	0.010	0.010	0.010
41	0.010	0.010	0.010	0.010	0.010	0.010
42	0.010	0.010	0.010	0.010	0.010	0.010
43	0.010	0.010	0.010	0.010	0.010	0.010
44	0.010	0.010	0.010	0.010	0.010	0.010
45	0.010	0.010	0.010	0.010	0.010	0.010
46	0.010	0.010	0.010	0.010	0.010	0.010
47	0.010	0.010	0.010	0.010	0.010	0.010
48	0.010	0.010	0.010	0.010	0.011	0.011
49	0.010	0.010	0.010	0.010	0.013	0.013
50	0.010	0.010	0.010	0.010	0.015	0.015
51	0.010	0.010	0.010	0.010	0.017	0.017
52	0.010	0.010	0.010	0.010	0.020	0.020
53	0.010	0.010	0.010	0.011	0.020	0.022
54	0.010	0.010	0.010	0.013	0.020	0.024
55	0.010	0.010	0.010	0.015	0.020	0.026
56	0.010	0.010	0.010	0.017	0.020	0.028
57	0.010	0.010	0.010	0.020	0.020	0.030
58	0.010	0.010	0.011	0.022	0.022	0.032
59	0.010	0.010	0.013	0.024	0.024	0.034
60	0.010	0.010	0.015	0.026	0.026	0.036
61	0.010	0.010	0.017	0.028	0.028	0.038
62	0.010	0.010	0.020	0.030	0.030	0.040
63	0.011	0.011	0.022	0.032	0.033	0.043
64	0.013	0.013	0.024	0.034	0.037	0.047
65	0.015	0.015	0.026	0.036	0.041	0.051
66	0.017	0.017	0.028	0.038	0.045	0.055
67	0.020	0.020	0.030	0.040	0.050	0.060
68	0.022	0.022	0.032	0.043	0.055	0.066
69	0.024	0.024	0.034	0.047	0.060	0.074
70	0.026	0.026	0.036	0.051	0.066	0.082
71	0.028	0.028	0.038	0.055	0.073	0.090
72	0.030	0.030	0.040	0.060	0.080	0.100
73	0.032	0.033	0.043	0.066	0.087	0.108
74	0.034	0.037	0.047	0.074	0.094	0.118
75	0.036	0.041	0.051	0.082	0.102	0.128
76	0.038	0.045	0.055	0.090	0.111	0.138
77	0.040	0.050	0.060	0.100	0.120	0.150
78	0.045	0.055	0.066	0.110	0.134	0.167
79	0.050	0.060	0.074	0.121	0.150	0.187
80	0.056	0.066	0.082	0.133	0.168	0.209
81	0.063	0.073	0.090	0.146	0.188	0.233
82	0.070	0.080	0.100	0.160	0.210	0.260
83	0.075	0.087	0.110	0.176	0.234	0.291
84	0.081	0.094	0.121	0.194	0.261	0.327
85	0.087	0.102	0.133	0.214	0.290	0.366
86	0.093	0.111	0.146	0.236	0.323	0.410
87	0.100	0.120	0.160	0.260	0.360	0.460
88	0.107	0.130	0.176	0.287	0.401	0.516
89	0.115	0.141	0.193	0.316	0.447	0.578

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 304X
Restoration of Benefits Rider
(When attached to Base Policy GR-N630)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N630 for the Restoration of Benefits Rider, multiply the appropriate Restoration of Benefits factor from below times the annual premium.

Restoration of Benefits

Benefit Multiplier	Rider 304X Factor
365	0.06
500	0.06
730	0.06
1,000	0.04
1,095	0.04
1,460	0.04
1,500	0.04
1,825	0.04
2,000	0.04
2,190	0.04
2,500	0.04
2,555	0.04
2,920	0.04

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 313A
Cash Benefit Rider
(When attached to Base Policy GR-N630)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N630 for the Cash Benefit Rider, multiply the factor from below times the annual premium.

Cash Benefit Rider 313A Factor
0.200

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 315A
Cash Benefit Disability Trigger Rider
(When attached to Base Policy GR-N630)

Premium Rate Factors

To determine the annual premium rates for Policy FormGR-N630 for theCash Benefit Disability Trigger Rider, multiply the factor from below times the annual premium.

Cash Benefit Disability Trigger Rider 315A Factor

0.450

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 13.20	$ 15.00	$ 16.80	$ 21.60	$ 24.00	$ 26.40	$ 27.00	$ 28.20	$ 29.40	$ 27.60
35-39	15.00	17.40	19.80	25.20	28.20	31.20	32.40	33.60	34.80	33.00
40	15.60	18.00	20.40	26.40	30.00	33.00	34.20	35.40	37.20	36.00
41	16.20	18.60	21.60	28.20	31.80	34.80	36.00	37.80	39.00	39.00
42	16.80	19.80	22.80	29.40	33.60	37.20	38.40	40.20	41.40	42.00
43	17.40	20.40	24.00	30.60	35.40	39.00	40.20	42.00	43.80	43.80
44	18.00	21.00	24.60	32.40	37.20	40.80	42.00	43.80	45.60	46.20
45	19.20	22.20	25.80	33.60	39.00	42.60	44.40	46.20	48.00	48.60
46	19.80	22.80	27.00	35.40	40.80	45.00	46.20	48.60	50.40	51.00
47	20.40	24.00	28.20	37.20	42.60	46.80	48.60	50.40	52.80	53.40
48	21.00	25.20	29.40	38.40	44.40	49.20	51.00	53.40	55.20	57.00
49	22.20	25.80	30.60	40.20	46.80	51.60	53.40	55.80	58.20	60.00
50	22.80	27.00	31.80	42.00	48.60	54.00	55.80	58.20	61.20	63.60
51	24.00	28.20	33.00	43.80	51.00	56.40	58.80	61.20	63.60	67.80
52	24.60	29.40	34.80	46.20	53.40	59.40	61.20	64.20	67.20	72.00
53	25.80	31.20	36.60	48.60	57.00	63.00	65.40	68.40	71.40	76.80
54	27.60	32.40	39.00	51.60	60.60	67.20	69.00	72.60	75.60	81.60
55	28.80	34.80	40.80	55.20	64.20	71.40	73.80	77.40	80.40	87.00
56	30.00	36.60	43.20	58.20	68.40	75.60	78.00	82.20	85.80	92.40
57	31.80	38.40	46.20	61.80	72.60	80.40	83.40	87.00	91.20	99.00
58	34.20	41.40	49.20	66.60	77.40	86.40	89.40	93.60	97.80	106.20
59	36.00	43.80	52.80	70.80	83.40	92.40	96.00	100.20	105.00	114.00
60	38.40	46.80	56.40	76.20	89.40	99.00	102.60	107.40	112.20	122.40
61	40.80	49.80	60.00	81.60	96.00	106.20	110.40	115.20	120.60	131.40
62	43.80	53.40	64.20	87.60	102.60	114.00	118.20	124.20	129.60	141.60
63	47.40	58.20	69.60	94.80	111.00	123.60	128.40	134.40	140.40	153.60
64	51.00	63.00	75.60	102.60	120.60	134.40	139.20	145.80	151.80	166.80
65	55.20	67.80	81.60	111.60	130.80	145.80	150.60	157.80	165.00	181.20
66	60.00	73.80	88.80	120.60	141.60	157.80	163.20	171.00	178.80	196.80
67	64.80	79.80	96.00	130.80	153.60	171.00	177.00	185.40	193.80	213.60
68	72.00	88.20	106.20	144.60	169.80	189.00	195.60	204.60	213.60	235.20
69	79.20	97.20	117.60	159.60	187.80	208.80	216.00	226.20	236.40	259.20
70	87.60	107.40	130.20	177.00	207.60	230.40	238.80	249.60	261.00	286.20
71	97.20	118.80	144.00	195.60	229.20	255.00	264.00	276.00	288.00	315.00
72	107.40	131.40	159.00	216.00	253.80	281.40	291.60	304.80	318.60	347.40
73	116.40	143.40	173.40	235.80	276.60	307.20	318.00	332.40	346.80	379.80
74	126.60	155.40	188.40	256.80	301.80	334.80	346.80	362.40	378.00	415.20
75	137.40	169.20	205.20	280.20	329.40	365.40	378.00	394.80	411.60	453.60
76	148.80	184.20	223.80	305.40	359.40	398.40	412.20	430.20	448.80	495.60
77	161.40	199.80	243.60	333.00	391.80	435.00	450.00	468.60	489.00	541.80
78	178.20	220.80	269.40	369.00	434.40	481.20	497.40	518.40	540.60	600.00
79	196.20	243.60	298.20	408.60	481.20	532.80	550.80	573.00	597.00	664.19
80	216.60	269.40	330.00	452.40	532.80	590.40	608.99	632.99	659.99	734.99
81	238.80	297.60	364.80	501.00	590.40	653.39	674.39	700.19	728.99	813.59
82	262.80	328.20	403.80	555.00	653.99	723.59	745.79	773.99	805.79	900.59
83	281.40	352.20	433.80	597.60	704.99	779.39	802.79	832.19	866.39	971.99
84	301.80	378.00	466.80	643.79	759.59	839.39	863.39	894.59	931.19	1048.19
85	322.80	405.60	502.20	693.59	818.39	904.19	929.39	961.79	1001.39	1130.39
86	345.60	435.00	540.00	746.99	881.99	973.79	999.59	1034.39	1076.39	1219.79
87	370.20	466.80	580.80	805.19	950.39	1048.79	1075.79	1112.39	1157.39	1315.79
88	396.60	501.00	624.59	866.99	1024.19	1129.19	1157.39	1195.79	1244.39	1418.99
89	424.80	537.60	671.39	934.19	1103.99	1216.19	1245.59	1285.79	1337.99	1530.59

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 22.80	$ 27.00	$ 32.40	$ 43.80	$ 51.60	$ 58.20	$ 60.00	$ 64.20	$ 66.60	$ 77.40
35-39	27.00	32.40	38.40	52.20	62.40	70.20	72.60	77.40	80.40	93.60
40	28.80	34.20	41.40	56.40	66.60	75.00	78.00	82.80	86.40	100.20
41	30.60	36.60	43.80	60.00	71.40	80.40	83.40	88.80	92.40	107.40
42	32.40	39.00	46.80	64.20	76.80	86.40	90.00	95.40	99.00	115.20
43	33.60	40.80	49.20	67.20	79.80	90.00	93.60	99.00	103.20	120.00
44	34.80	42.00	51.00	69.60	82.80	93.60	97.20	103.20	107.40	125.40
45	36.00	43.80	52.80	72.60	86.40	97.80	101.40	108.00	112.20	130.20
46	37.20	45.60	55.20	75.60	90.00	102.00	105.60	112.20	117.00	135.60
47	39.00	47.40	57.00	78.60	94.20	106.20	110.40	117.00	121.80	141.60
48	40.80	49.80	60.00	82.80	98.40	111.60	115.80	123.00	127.80	148.20
49	42.60	51.60	63.00	87.00	103.20	117.00	121.20	129.00	133.80	156.00
50	44.40	54.00	66.00	91.20	108.60	122.40	127.20	135.00	140.40	163.20
51	46.20	57.00	69.00	95.40	114.00	128.40	133.80	141.60	147.60	171.00
52	48.60	59.40	72.00	100.20	119.40	135.00	140.40	148.80	154.80	179.40
53	51.00	62.40	75.60	105.00	125.40	141.60	147.00	156.00	162.60	188.40
54	53.40	65.40	79.20	110.40	131.40	148.80	154.80	163.80	170.40	198.00
55	55.80	68.40	83.40	115.80	138.00	156.00	162.00	172.20	179.40	207.60
56	58.20	71.40	87.60	121.20	145.20	163.80	170.40	180.60	188.40	218.40
57	60.60	75.00	91.80	127.20	152.40	172.20	178.80	189.60	197.40	229.20
58	64.20	79.20	96.60	134.40	160.80	181.80	189.00	200.40	208.80	241.80
59	67.20	83.40	102.00	142.20	169.80	192.00	199.20	211.20	220.20	255.00
60	70.80	87.60	107.40	150.00	179.40	202.80	210.60	223.20	232.20	268.80
61	75.00	92.40	113.40	158.40	189.00	213.60	222.00	235.20	245.40	283.80
62	78.60	97.80	119.40	166.80	199.80	225.60	234.60	248.40	258.60	299.40
63	84.00	103.80	127.80	178.20	213.00	240.60	250.20	264.60	276.00	319.20
64	89.40	111.00	136.20	190.20	227.40	256.80	267.00	282.60	294.00	340.20
65	95.40	118.20	145.20	202.80	242.40	273.60	284.40	301.20	313.80	361.80
66	102.00	126.60	155.40	216.60	258.60	292.20	303.60	321.00	334.20	385.80
67	108.60	135.00	165.60	231.00	276.00	311.40	323.40	342.00	356.40	411.00
68	117.60	145.80	179.40	250.20	298.20	336.60	349.80	369.60	385.20	443.40
69	127.20	157.80	194.40	270.00	322.20	363.60	377.40	399.00	415.80	478.20
70	138.00	171.00	210.00	292.20	348.60	393.00	408.00	430.80	448.80	515.40
71	148.80	184.80	227.40	316.20	376.80	424.20	440.40	465.00	484.80	556.20
72	161.40	199.80	246.00	342.00	406.80	458.40	475.80	502.20	523.20	600.00
73	172.80	214.80	264.60	367.80	438.00	493.20	511.80	539.40	561.60	643.19
74	185.40	230.40	284.40	395.40	471.00	529.80	550.20	579.00	602.99	689.39
75	198.60	247.20	306.00	426.00	507.00	570.00	591.00	621.59	647.39	739.19
76	213.00	265.80	328.80	458.40	545.40	612.59	635.39	667.79	695.39	791.99
77	228.60	285.00	354.00	493.20	586.80	658.79	682.79	716.99	746.39	849.59
78	248.40	309.60	385.20	537.00	638.99	716.99	742.79	778.79	810.59	921.59
79	269.40	336.60	418.80	584.40	695.99	780.59	807.59	846.59	880.79	999.59
80	292.20	365.40	456.00	636.59	757.79	849.59	878.39	919.79	956.39	1084.19
81	316.80	397.20	496.20	693.59	825.59	924.59	955.79	998.99	1039.19	1176.59
82	343.80	431.40	539.40	755.39	898.79	1006.79	1039.19	1085.39	1128.59	1276.19
83	363.60	457.20	573.00	802.79	956.39	1069.79	1103.39	1151.39	1196.99	1353.59
84	384.00	484.20	608.39	853.79	1016.99	1136.99	1171.79	1221.59	1269.59	1435.19
85	406.20	512.40	646.19	907.79	1081.19	1207.79	1243.79	1295.99	1346.39	1522.19
86	429.60	543.00	685.79	965.39	1150.19	1283.39	1320.59	1374.59	1428.59	1614.59
87	454.20	575.40	728.39	1026.59	1222.79	1363.79	1401.59	1457.99	1514.99	1711.79
88	480.00	608.99	773.39	1091.39	1300.79	1449.59	1487.99	1546.79	1606.79	1815.58
89	507.60	645.59	821.39	1160.39	1382.99	1540.19	1579.79	1640.99	1704.59	1925.38

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 64.20	$ 79.20	$ 96.00	$ 133.20	$ 159.00	$ 180.00	$ 186.60	$ 198.00	$ 205.80	$ 238.80
35-39	67.80	83.40	101.40	141.00	168.60	190.80	198.00	209.40	217.80	253.20
40	69.60	85.80	104.40	144.60	172.80	195.60	202.80	214.80	223.80	259.20
41	71.40	87.60	106.80	148.20	177.00	200.40	207.60	220.20	229.20	265.80
42	73.20	90.00	109.20	152.40	181.80	205.20	213.00	225.60	234.60	272.40
43	73.80	91.20	111.00	154.20	184.20	208.20	216.00	228.60	238.20	276.00
44	75.00	92.40	112.80	156.60	187.20	211.20	219.00	232.20	241.80	280.20
45	75.60	93.60	114.00	159.00	189.60	214.20	222.60	235.80	245.40	284.40
46	76.80	94.80	115.80	160.80	192.60	217.20	225.60	238.80	249.00	288.60
47	78.00	96.00	117.60	163.20	195.00	220.20	228.60	242.40	252.60	292.80
48	79.20	98.40	120.00	166.80	199.20	225.00	234.00	247.80	258.00	298.80
49	81.00	100.20	122.40	170.40	204.00	230.40	238.80	253.20	263.40	305.40
50	82.80	102.60	124.80	174.00	208.20	235.20	244.20	258.60	269.40	312.00
51	84.60	104.40	127.80	178.20	212.40	240.00	249.60	264.00	274.80	318.60
52	86.40	106.80	130.20	181.80	217.20	245.40	255.00	270.00	280.80	325.20
53	88.20	109.20	133.80	186.00	222.60	251.40	261.00	276.60	288.00	333.00
54	90.00	111.60	136.80	190.80	228.00	257.40	267.00	283.20	294.60	340.80
55	92.40	114.60	139.80	195.00	233.40	263.40	273.60	289.80	301.80	349.20
56	94.20	117.00	143.40	199.80	238.80	270.00	280.20	296.40	309.00	357.60
57	96.60	120.00	147.00	204.60	244.80	276.60	286.80	303.60	316.20	366.00
58	99.60	123.60	151.20	211.20	252.60	285.00	295.80	313.20	326.40	377.40
59	102.60	127.20	156.00	217.80	260.40	294.00	305.40	322.80	336.60	388.80
60	105.60	130.80	160.80	224.40	268.20	303.00	314.40	333.00	346.80	401.40
61	108.60	135.00	165.60	231.60	276.60	312.60	324.60	343.20	357.60	413.40
62	111.60	139.20	171.00	238.80	285.60	322.20	334.80	354.00	369.00	426.60
63	117.00	145.20	178.80	249.60	298.20	336.60	349.80	370.20	385.80	445.20
64	122.40	151.80	187.20	261.00	312.00	352.20	365.40	386.40	403.20	465.00
65	127.80	159.00	195.60	273.00	326.40	367.80	382.20	403.80	421.20	486.00
66	133.20	166.20	204.60	285.60	340.80	384.60	399.60	422.40	440.40	507.60
67	139.80	174.00	214.20	298.80	356.40	402.00	417.60	441.00	460.20	529.80
68	148.20	184.80	227.40	317.40	378.60	427.20	443.40	468.60	488.40	562.20
69	157.80	196.20	241.80	337.20	402.60	453.60	471.00	497.40	519.00	596.40
70	168.00	208.80	257.40	358.80	427.80	481.80	500.40	528.00	550.80	632.99
71	178.20	222.00	273.60	381.00	454.20	511.80	531.60	561.00	585.00	671.39
72	189.60	235.80	291.00	405.00	482.40	543.60	564.60	595.80	620.99	712.19
73	201.00	250.20	309.00	430.20	513.00	577.20	599.40	631.79	658.79	754.19
74	213.00	265.20	328.20	457.20	544.80	613.19	636.59	670.19	698.39	798.59
75	225.60	281.40	348.60	486.00	579.00	650.99	675.59	710.99	740.99	845.99
76	238.80	298.20	370.20	516.60	614.99	691.19	717.59	754.79	785.99	896.39
77	253.20	316.20	393.00	549.00	653.39	734.39	761.39	800.39	833.99	949.19
78	272.40	340.80	423.60	592.20	704.99	791.99	820.79	862.19	897.59	1020.59
79	292.80	366.60	456.60	638.99	760.79	854.39	884.99	928.19	965.99	1097.39
80	314.40	394.80	492.60	689.39	821.39	921.59	953.39	998.99	1039.79	1179.59
81	338.40	424.80	531.00	743.39	886.19	993.59	1027.79	1075.79	1118.99	1268.39
82	363.60	457.20	572.40	802.19	956.39	1072.19	1107.59	1158.59	1204.79	1363.19
83	382.20	481.20	604.19	848.39	1011.59	1132.79	1169.39	1222.19	1270.79	1437.59
84	402.00	507.00	637.79	896.99	1069.79	1196.99	1234.79	1289.39	1340.39	1516.19
85	423.00	534.00	673.79	948.59	1130.99	1264.79	1303.19	1360.19	1413.59	1598.99
86	444.60	562.80	711.59	1002.59	1195.79	1336.79	1375.79	1434.59	1490.99	1685.99
87	467.40	592.80	751.19	1060.19	1264.79	1412.39	1452.59	1513.79	1572.59	1778.39
88	492.00	624.59	793.19	1120.79	1337.39	1492.19	1533.59	1596.59	1658.99	1874.98
89	517.20	657.59	837.59	1184.99	1414.79	1577.39	1619.39	1684.19	1749.59	1977.58

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 41.40	$ 49.80	$ 60.00	$ 82.80	$ 97.80	$ 110.40	$ 114.60	$ 121.20	$ 126.00	$ 145.80
35-39	45.00	55.20	66.00	91.20	108.00	121.80	126.60	133.80	139.20	160.80
40	46.80	57.00	69.00	94.80	112.20	126.60	131.40	139.20	144.60	167.40
41	48.60	59.40	71.40	98.40	117.00	131.40	136.20	144.60	150.00	174.00
42	50.40	61.20	74.40	102.00	121.80	136.80	141.60	150.00	156.00	180.60
43	51.00	63.00	75.60	104.40	124.20	139.80	145.20	153.60	159.60	184.80
44	52.20	64.20	77.40	106.80	127.20	143.40	148.80	157.20	163.20	189.00
45	53.40	65.40	79.20	109.20	130.20	146.40	151.80	160.80	167.40	193.80
46	54.60	66.60	81.00	112.20	133.20	150.00	155.40	164.40	171.00	198.00
47	55.80	68.40	82.80	114.60	136.20	153.60	159.00	168.00	175.20	202.80
48	57.00	70.20	85.20	118.20	140.40	158.40	163.80	173.40	180.60	208.80
49	58.80	72.60	87.60	121.80	144.60	163.20	169.20	178.80	186.00	215.40
50	60.60	74.40	90.60	125.40	148.80	168.00	174.00	184.20	192.00	222.00
51	62.40	76.80	93.00	129.00	153.60	173.40	179.40	189.60	197.40	228.60
52	64.20	79.20	96.00	133.20	158.40	178.20	184.80	195.60	203.40	235.20
53	66.00	81.60	99.00	137.40	163.80	184.20	191.40	202.20	210.60	243.00
54	68.40	84.00	102.00	141.60	169.20	190.20	197.40	208.80	217.20	251.40
55	70.20	87.00	105.60	146.40	174.60	196.80	204.00	215.40	224.40	259.20
56	72.60	89.40	109.20	151.20	180.00	203.40	210.60	222.60	232.20	268.20
57	74.40	92.40	112.80	156.00	186.00	210.00	217.80	229.80	239.40	276.60
58	77.40	96.00	117.00	162.60	193.80	218.40	226.20	239.40	249.00	288.00
59	80.40	99.60	121.80	169.20	201.60	227.40	235.80	249.00	259.20	299.40
60	83.40	103.20	126.60	175.80	209.40	236.40	244.80	259.20	270.00	311.40
61	87.00	107.40	131.40	183.00	217.80	246.00	255.00	269.40	280.80	324.00
62	90.00	111.60	136.80	190.20	226.80	255.60	265.20	280.20	292.20	337.20
63	94.80	117.60	144.00	200.40	239.40	269.40	279.60	295.20	307.80	354.60
64	100.20	124.20	152.40	211.80	252.00	283.80	294.60	311.40	324.00	373.80
65	105.60	130.80	160.80	223.20	265.80	299.40	310.80	327.60	341.40	393.60
66	111.60	138.00	169.20	235.20	280.20	315.60	327.60	345.60	360.00	414.60
67	117.60	145.80	178.80	248.40	295.20	332.40	345.00	364.20	379.20	436.80
68	126.00	156.00	191.40	265.80	316.20	356.40	369.60	389.40	406.20	466.80
69	135.00	167.40	205.20	285.00	339.00	381.60	395.40	417.00	434.40	499.20
70	144.60	179.40	220.20	305.40	363.00	408.60	423.60	446.40	465.00	534.00
71	154.80	192.00	235.80	327.00	388.80	437.40	453.60	477.60	498.00	570.60
72	166.20	205.80	253.20	350.40	416.40	468.00	485.40	511.20	532.80	610.19
73	177.60	219.60	270.60	375.00	445.20	500.40	519.00	546.00	568.80	650.99
74	189.00	234.60	289.20	401.40	476.40	535.20	554.40	583.20	607.79	693.59
75	201.60	250.80	309.00	429.00	509.40	571.80	592.80	622.79	648.59	739.79
76	214.80	267.60	330.60	459.00	544.80	611.39	633.59	664.79	692.99	788.99
77	229.20	285.60	353.40	490.80	583.20	653.39	676.79	710.39	739.79	841.19
78	247.80	309.60	383.40	532.80	632.99	709.19	734.39	769.19	800.99	909.59
79	268.20	334.80	415.80	578.40	686.99	769.79	796.19	833.39	867.59	983.99
80	289.80	362.40	451.20	628.19	745.79	835.19	863.39	902.39	938.99	1064.39
81	313.80	392.40	489.00	681.59	809.99	905.99	935.99	977.99	1016.99	1151.39
82	339.00	424.80	530.40	739.79	878.99	983.39	1014.59	1058.99	1100.99	1244.99
83	358.20	450.00	562.80	785.99	934.19	1043.99	1076.39	1122.59	1166.99	1319.39
84	378.00	475.80	597.00	835.19	992.39	1108.19	1141.79	1189.79	1236.59	1397.99
85	399.60	503.40	632.99	886.79	1054.79	1176.59	1210.79	1260.59	1310.39	1480.79
86	421.80	532.80	671.39	942.59	1120.19	1249.19	1284.59	1336.19	1388.39	1568.99
87	445.80	564.00	712.19	1000.79	1190.39	1325.99	1361.99	1415.99	1471.19	1662.59
88	471.00	597.00	755.99	1063.19	1264.79	1408.19	1444.79	1501.19	1559.39	1761.59
89	497.40	631.79	801.59	1129.79	1343.99	1494.59	1532.39	1590.59	1652.39	1865.98

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 27.00	$ 32.40	$ 39.00	$ 52.20	$ 61.80	$ 69.00	$ 71.40	$ 75.60	$ 78.60	$ 90.60
35-39	30.60	37.20	43.80	60.00	70.80	79.20	82.20	86.40	90.00	103.80
40	32.40	39.00	46.20	63.00	74.40	83.40	86.40	91.20	94.80	109.80
41	33.60	40.80	48.60	66.00	78.00	87.60	90.60	96.00	99.60	115.20
42	35.40	42.60	51.00	69.60	82.20	92.40	95.40	100.80	105.00	121.20
43	36.00	43.80	52.80	72.00	84.60	95.40	98.40	104.40	108.60	125.40
44	37.20	45.00	54.00	73.80	87.60	98.40	102.00	107.40	111.60	129.00
45	38.40	46.80	55.80	76.20	90.00	101.40	105.00	111.00	115.20	133.20
46	39.60	48.00	57.60	78.60	93.00	104.40	108.00	114.00	118.80	137.40
47	40.20	49.20	59.40	81.00	96.00	108.00	111.60	117.60	122.40	141.60
48	42.00	51.00	61.20	84.00	99.60	112.20	115.80	122.40	127.20	147.00
49	43.20	52.80	63.60	87.60	103.80	116.40	120.60	127.20	132.60	153.00
50	45.00	55.20	66.00	90.60	107.40	121.20	125.40	132.00	137.40	159.00
51	46.80	57.00	69.00	94.20	111.60	126.00	130.20	137.40	142.80	165.00
52	48.60	58.80	71.40	97.80	116.40	130.80	135.60	142.80	148.80	171.60
53	50.40	61.20	74.40	102.00	121.20	136.20	141.00	148.80	154.80	178.80
54	52.20	63.60	77.40	106.20	126.00	141.60	147.00	154.80	161.40	186.00
55	54.00	66.60	80.40	110.40	131.40	147.60	153.00	161.40	168.00	193.80
56	56.40	69.00	83.40	115.20	136.80	154.20	159.60	168.00	175.20	202.20
57	58.20	71.40	87.00	120.00	142.80	160.20	166.20	175.20	182.40	210.60
58	61.20	75.00	91.20	126.00	149.40	168.00	174.00	183.60	191.40	220.80
59	63.60	78.60	95.40	132.00	156.60	176.40	183.00	192.60	201.00	231.60
60	66.60	82.20	100.20	138.60	164.40	185.40	192.00	202.20	210.60	243.00
61	69.60	86.40	105.00	145.20	172.80	194.40	201.00	212.40	221.40	255.00
62	73.20	90.00	109.80	152.40	181.20	204.00	211.20	222.60	232.20	267.60
63	77.40	96.00	117.00	162.00	192.60	216.60	224.40	236.40	246.60	283.80
64	82.80	102.00	124.20	172.20	204.60	230.40	238.20	251.40	261.60	301.20
65	87.60	108.60	132.60	183.00	217.20	244.80	253.20	267.00	278.40	319.80
66	93.00	115.20	141.00	195.00	231.00	259.80	269.40	283.80	295.80	339.60
67	99.00	122.40	150.00	207.00	246.00	276.00	286.20	301.20	313.80	360.60
68	107.40	132.60	162.00	223.80	265.20	298.20	308.40	325.20	339.00	388.80
69	115.80	143.40	175.20	241.80	286.20	321.60	333.00	350.40	365.40	418.80
70	125.40	154.80	189.00	261.00	309.00	347.40	359.40	378.00	394.20	451.80
71	135.60	167.40	204.60	282.00	333.60	374.40	388.20	408.00	425.40	486.60
72	146.40	180.60	220.80	304.20	360.60	404.40	418.80	440.40	458.40	524.40
73	157.20	193.80	237.60	327.60	388.20	435.00	450.60	472.80	492.60	562.80
74	168.60	208.20	255.60	352.80	417.60	468.00	484.20	508.20	529.80	604.19
75	180.60	223.80	275.40	379.80	449.40	503.40	521.40	546.60	568.80	648.59
76	193.80	240.60	296.40	409.20	484.20	541.80	560.40	587.40	611.39	695.99
77	208.20	258.60	318.60	440.40	520.80	583.20	602.99	631.19	656.99	746.39
78	226.20	281.40	347.40	480.60	568.80	636.59	657.59	688.19	715.79	812.39
79	246.00	306.60	379.20	525.00	621.59	694.79	717.59	749.39	779.99	883.79
80	267.60	333.60	414.00	573.60	678.59	758.39	782.39	816.59	849.59	961.79
81	291.00	363.60	451.20	625.79	740.99	827.39	853.19	889.79	925.19	1046.39
82	316.80	396.00	492.60	683.39	809.39	903.59	931.19	969.59	1007.99	1138.79
83	336.00	420.60	524.40	729.59	863.99	963.59	991.79	1032.59	1073.39	1211.99
84	356.40	447.60	559.20	778.79	922.19	1027.79	1057.19	1099.19	1142.39	1289.99
85	378.00	475.20	595.80	830.99	984.59	1095.59	1126.19	1170.59	1216.19	1373.39
86	400.80	505.20	634.79	886.79	1050.59	1168.79	1199.99	1246.19	1294.79	1461.59
87	425.40	537.00	676.79	946.19	1121.39	1246.19	1278.59	1326.59	1378.19	1555.79
88	451.20	571.20	721.19	1009.79	1196.99	1329.59	1362.59	1412.39	1466.99	1655.99
89	478.80	607.19	767.99	1077.59	1277.99	1417.79	1451.99	1503.59	1561.79	1762.79

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 19.20	$ 22.20	$ 25.80	$ 34.20	$ 40.20	$ 45.00	$ 46.20	$ 48.60	$ 50.40	$ 58.80
35-39	21.60	25.80	30.00	40.20	47.40	52.80	54.60	57.60	60.00	69.00
40	22.80	27.00	31.80	42.60	50.40	56.40	58.20	61.20	63.60	73.80
41	24.00	28.80	34.20	45.60	53.40	60.00	61.80	65.40	67.80	78.60
42	25.20	30.60	36.00	48.60	57.00	63.60	66.00	69.60	72.00	83.40
43	26.40	31.20	37.20	50.40	58.80	66.00	68.40	72.00	75.00	86.40
44	27.00	32.40	38.40	52.20	61.20	68.40	70.80	75.00	78.00	90.00
45	28.20	33.60	40.20	54.00	63.60	71.40	73.80	78.00	81.00	93.60
46	28.80	34.80	41.40	56.40	66.00	73.80	76.80	81.00	84.00	97.20
47	30.00	36.00	43.20	58.20	68.40	76.80	79.80	84.00	87.60	100.80
48	31.20	37.80	45.00	61.20	72.00	80.40	83.40	87.60	91.20	105.60
49	32.40	39.60	46.80	63.60	75.00	84.60	87.00	91.80	96.00	111.00
50	34.20	40.80	49.20	66.60	78.60	88.20	91.20	96.60	100.20	115.80
51	35.40	42.60	51.60	69.60	82.20	92.40	96.00	100.80	105.00	121.20
52	36.60	45.00	53.40	73.20	86.40	96.60	100.20	105.60	109.80	127.20
53	38.40	46.80	56.40	76.80	90.60	102.00	105.00	111.00	115.80	133.80
54	40.20	49.20	58.80	80.40	95.40	106.80	110.40	116.40	121.20	140.40
55	42.00	51.00	61.80	84.60	99.60	112.20	115.80	122.40	127.20	147.60
56	43.80	53.40	64.80	88.80	105.00	117.60	121.80	128.40	133.80	154.80
57	46.20	56.40	67.80	93.00	109.80	123.60	127.80	135.00	140.40	162.60
58	48.60	59.40	71.40	98.40	116.40	130.80	135.60	142.80	148.80	171.60
59	51.00	62.40	75.60	103.80	123.00	138.60	143.40	151.20	157.20	181.80
60	54.00	66.00	79.80	109.80	130.20	146.40	151.80	159.60	166.20	192.60
61	56.40	69.60	84.60	116.40	138.00	154.80	160.20	169.20	176.40	203.40
62	59.40	73.20	88.80	123.00	145.80	163.80	169.80	178.80	186.60	215.40
63	64.20	78.60	95.40	131.40	156.00	175.20	181.80	191.40	199.80	230.40
64	68.40	84.00	102.60	141.00	167.40	187.80	194.40	205.20	213.60	246.60
65	73.20	90.60	109.80	151.20	179.40	201.00	208.20	219.60	228.60	263.40
66	78.60	96.60	117.60	162.00	192.00	215.40	223.20	235.20	244.80	282.00
67	84.00	103.80	126.00	173.40	205.80	231.00	238.80	251.40	262.20	301.80
68	91.80	112.80	137.40	189.00	223.80	250.80	259.80	273.60	285.00	327.60
69	100.20	123.00	150.00	205.80	243.60	273.00	282.60	297.00	310.20	355.80
70	109.20	133.80	163.20	223.80	264.60	297.00	307.20	323.40	337.20	386.40
71	118.80	145.80	177.60	244.20	288.00	322.80	334.20	351.00	366.00	420.00
72	129.60	159.00	193.80	265.80	313.80	351.00	363.60	381.60	398.40	456.00
73	139.80	171.60	210.00	287.40	339.60	380.40	393.60	412.80	430.80	492.60
74	150.60	186.00	226.80	311.40	367.80	411.60	426.00	446.40	465.60	531.60
75	162.60	201.00	246.00	337.80	398.40	445.80	460.80	483.00	503.40	574.20
76	175.20	217.20	266.40	366.00	431.40	482.40	499.20	522.60	544.80	620.39
77	189.60	234.60	288.00	396.00	467.40	522.60	540.00	565.20	588.60	670.19
78	207.00	256.80	316.20	435.00	513.60	573.60	592.80	619.19	644.99	733.19
79	226.20	281.40	346.80	478.20	564.00	629.99	650.39	678.59	706.79	802.19
80	247.80	307.80	380.40	525.00	619.79	691.19	713.39	743.99	774.59	878.39
81	271.20	337.20	417.60	576.60	680.99	758.99	782.39	815.39	848.39	961.19
82	296.40	369.60	458.40	633.59	748.19	833.39	858.59	893.39	929.39	1051.79
83	315.60	394.20	490.20	679.19	802.19	892.79	918.59	955.19	993.59	1124.99
84	336.00	421.20	525.00	727.79	859.79	956.39	983.39	1021.79	1062.59	1202.39
85	358.20	449.40	561.60	779.99	922.19	1024.79	1052.39	1092.59	1136.39	1285.79
86	381.60	480.00	601.19	836.39	988.79	1097.39	1126.79	1168.79	1214.99	1375.19
87	406.20	512.40	643.19	896.39	1059.59	1175.99	1205.99	1249.79	1299.59	1469.99
88	433.20	546.60	688.79	961.19	1136.39	1259.99	1290.59	1336.79	1389.59	1571.99
89	461.40	583.80	737.39	1030.19	1218.59	1349.39	1381.19	1429.19	1485.59	1680.59

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 33.60	$ 40.20	$ 47.40	$ 64.80	$ 76.20	$ 85.80	$ 88.80	$ 94.20	$ 97.80	$ 114.60
35-39	34.80	42.00	50.40	67.80	80.40	90.60	93.60	99.00	103.20	120.60
40	35.40	43.20	51.00	69.60	82.20	92.40	95.40	100.80	105.60	123.00
41	36.60	43.80	52.20	71.40	84.00	94.20	97.80	103.20	108.00	126.00
42	37.20	45.00	53.40	72.60	85.80	96.60	100.20	105.60	110.40	128.40
43	37.20	45.60	54.00	73.80	87.00	97.80	101.40	106.80	111.60	130.20
44	37.80	46.20	54.60	75.00	88.20	99.00	102.60	108.60	112.80	132.00
45	38.40	46.20	55.80	75.60	89.40	100.20	103.80	109.80	114.60	133.80
46	39.00	46.80	56.40	76.80	90.60	102.00	105.60	111.60	115.80	135.60
47	39.00	47.40	57.00	77.40	91.80	103.20	106.80	112.80	117.60	137.40
48	40.20	48.60	58.20	79.20	93.60	105.00	109.20	115.20	120.00	139.80
49	40.80	49.20	59.40	81.00	95.40	107.40	111.00	117.60	122.40	142.80
50	41.40	50.40	60.60	82.20	97.80	109.80	113.40	120.00	124.80	145.20
51	42.00	51.60	61.80	84.00	99.60	111.60	115.80	122.40	127.20	148.20
52	43.20	52.20	63.00	85.80	101.40	114.00	118.20	124.80	130.20	151.20
53	43.80	53.40	64.20	87.60	103.80	116.40	120.60	127.20	132.60	154.80
54	45.00	54.60	65.40	89.40	106.20	119.40	123.60	130.20	135.60	157.80
55	45.60	55.80	67.20	91.80	108.60	121.80	126.00	133.20	138.60	161.40
56	46.80	57.00	68.40	93.60	111.00	124.80	129.00	136.20	141.60	165.00
57	47.40	58.20	69.60	96.00	113.40	127.20	132.00	139.20	145.20	168.60
58	49.20	60.00	72.60	99.00	117.60	132.00	136.80	144.00	150.60	174.60
59	51.00	62.40	75.00	102.60	121.80	136.80	141.60	149.40	156.00	181.20
60	52.20	64.20	77.40	106.20	126.00	141.60	147.00	154.80	161.40	187.80
61	54.00	66.60	80.40	110.40	130.80	147.00	151.80	160.20	167.40	194.40
62	56.40	69.00	83.40	114.60	135.60	152.40	157.80	166.20	173.40	201.60
63	59.40	73.20	88.20	121.20	143.40	161.40	166.80	175.80	183.60	213.00
64	63.00	77.40	93.60	128.40	152.40	171.00	177.00	186.60	194.40	225.60
65	67.20	82.20	99.60	136.20	161.40	181.20	187.20	197.40	205.80	238.80
66	70.80	87.00	105.60	144.60	171.00	192.00	198.60	208.80	218.40	252.60
67	76.80	94.20	113.40	154.20	181.20	203.40	210.60	221.40	231.00	267.00
68	83.40	102.00	123.60	168.00	197.40	219.00	226.80	237.60	247.80	286.80
69	90.60	111.00	133.80	182.40	214.20	238.20	246.60	258.00	269.40	307.20
70	98.40	120.60	145.80	198.00	232.80	258.60	267.60	279.60	292.20	329.40
71	106.80	130.80	158.40	214.80	252.60	280.20	290.40	303.60	316.80	352.80
72	115.80	142.20	171.60	233.40	274.20	304.20	315.00	329.40	343.80	378.60
73	123.60	151.80	183.60	249.60	293.40	325.80	337.20	352.20	367.80	406.80
74	130.20	160.20	194.40	264.60	310.80	345.00	357.00	373.20	389.40	436.80

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 29.40	$ 35.40	$ 42.00	$ 57.00	$ 67.20	$ 75.60	$ 78.00	$ 82.80	$ 86.40	$ 100.80
35-39	31.20	37.80	45.00	61.20	72.00	81.00	84.00	88.80	92.40	108.60
40	32.40	39.00	46.20	63.00	74.40	83.40	86.40	91.80	95.40	111.60
41	33.00	40.20	48.00	64.80	76.80	85.80	89.40	94.20	98.40	115.20
42	34.20	41.40	49.20	67.20	79.20	88.80	91.80	97.20	101.40	118.80
43	34.80	42.00	50.40	68.40	80.40	90.60	94.20	99.60	103.80	121.20
44	35.40	42.60	51.00	69.60	82.20	92.40	96.00	101.40	105.60	123.60
45	36.00	43.80	52.20	70.80	84.00	94.20	97.80	103.20	108.00	126.00
46	36.60	44.40	52.80	72.60	85.80	96.00	99.60	105.60	109.80	128.40
47	37.20	45.00	54.00	73.80	87.00	98.40	101.40	107.40	112.20	130.80
48	38.40	46.20	55.80	76.20	90.00	100.80	105.00	111.00	115.20	135.00
49	39.60	48.00	57.00	78.00	92.40	103.80	108.00	114.00	118.80	138.60
50	40.20	49.20	58.80	80.40	95.40	107.40	111.00	117.60	122.40	142.80
51	41.40	50.40	60.60	82.80	98.40	110.40	114.60	120.60	126.00	147.00
52	42.60	52.20	62.40	85.20	100.80	113.40	117.60	124.20	129.60	151.20
53	44.40	54.00	64.80	88.20	104.40	117.60	121.80	129.00	134.40	156.60
54	45.60	55.80	66.60	91.20	108.60	121.80	126.00	133.20	139.20	162.00
55	46.80	57.60	69.00	94.80	112.20	126.00	130.80	138.00	144.00	168.00
56	48.60	59.40	71.40	97.80	116.40	130.80	135.60	142.80	149.40	174.00
57	49.80	61.20	73.80	101.40	120.00	135.60	140.40	148.20	154.80	180.00
58	52.20	64.20	77.40	106.20	126.00	141.60	147.00	155.40	162.00	188.40
59	54.60	67.20	81.00	111.00	132.00	148.80	153.60	162.60	169.80	197.40
60	57.00	70.20	84.60	116.40	138.00	155.40	161.40	170.40	177.60	207.00
61	59.40	73.20	88.80	121.80	144.60	163.20	168.60	178.20	186.00	216.60
62	62.40	76.80	92.40	127.80	151.80	170.40	177.00	186.60	195.00	226.80
63	66.00	81.00	97.80	135.00	160.20	180.00	186.60	196.80	205.80	238.80
64	69.60	85.80	103.80	142.80	169.20	190.20	196.80	207.60	217.20	252.00
65	73.80	90.60	109.80	150.60	178.80	201.00	208.20	219.60	228.60	265.80
66	78.00	96.00	115.80	159.60	189.00	211.80	219.60	231.60	241.80	280.20
67	84.60	103.80	124.80	169.80	199.80	223.80	231.60	244.20	255.00	295.20
68	91.20	111.60	135.00	183.60	216.00	240.00	248.40	259.80	271.80	313.20
69	96.00	117.60	142.20	193.20	227.40	253.20	262.20	276.00	288.00	332.40
70	106.20	130.20	157.20	213.60	251.40	279.00	289.20	302.40	315.60	352.80
71	113.40	139.20	168.00	228.60	268.20	298.20	309.00	322.80	337.20	375.00
72	121.20	148.80	179.40	244.20	286.80	318.00	329.40	344.40	360.00	397.80
73	126.60	156.00	189.00	256.80	301.80	334.80	346.80	362.40	378.00	423.00
74	132.60	163.20	198.00	270.00	316.80	351.60	364.20	380.40	397.20	450.00

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 13.80	$ 15.60	$ 18.00	$ 22.80	$ 26.40	$ 29.40	$ 30.60	$ 32.40	$ 33.60	$ 38.40
35-39	15.60	18.00	21.00	27.00	31.80	35.40	36.60	38.40	40.20	46.20
40	16.20	18.60	22.20	28.80	33.60	37.20	39.00	40.80	42.60	49.20
41	16.80	19.80	22.80	30.60	35.40	39.60	41.40	43.80	45.60	52.80
42	18.00	21.00	24.00	32.40	37.80	42.00	43.80	46.20	48.60	55.80
43	18.60	21.60	25.20	33.60	39.60	44.40	46.20	48.60	51.00	58.80
44	19.20	22.20	26.40	35.40	41.40	46.80	48.60	51.00	53.40	61.80
45	19.80	23.40	27.60	37.20	43.80	48.60	51.00	54.00	56.40	64.80
46	20.40	24.60	28.80	39.00	45.60	51.00	53.40	56.40	58.80	68.40
47	21.60	25.20	30.00	40.80	48.00	54.00	55.80	59.40	61.80	72.00
48	22.20	26.40	31.20	42.60	50.40	56.40	58.80	62.40	64.80	75.60
49	23.40	27.60	33.00	44.40	52.80	59.40	61.80	65.40	68.40	79.20
50	24.00	28.80	34.20	46.80	55.20	62.40	64.80	68.40	71.40	83.40
51	25.20	30.00	36.00	48.60	57.60	65.40	67.80	72.00	75.00	87.00
52	25.80	31.20	37.20	51.00	60.60	68.40	71.40	75.60	79.20	91.80
53	27.60	33.00	39.60	54.00	64.20	72.60	75.60	80.40	84.00	97.80
54	28.80	34.80	42.00	57.60	68.40	77.40	80.40	85.80	89.40	103.80
55	30.60	36.60	44.40	61.20	72.60	82.20	85.80	91.20	95.40	110.40
56	31.80	39.00	46.80	64.80	77.40	87.60	91.20	97.20	101.40	117.60
57	33.60	41.40	49.80	69.00	82.20	93.00	97.20	103.20	108.00	125.40
58	36.00	43.80	53.40	73.80	88.20	100.20	104.40	111.00	115.80	134.40
59	38.40	46.80	57.00	79.20	94.80	107.40	112.20	119.40	124.80	144.60
60	40.80	50.40	61.20	85.20	102.00	115.20	120.60	128.40	133.80	155.40
61	43.80	53.40	65.40	91.20	109.20	124.20	129.60	137.40	144.00	166.80
62	46.80	57.60	70.20	97.80	117.00	133.20	138.60	147.60	154.20	179.40
63	50.40	62.40	75.60	106.20	127.20	144.60	150.60	160.20	167.40	194.40
64	54.60	67.20	82.20	115.20	138.00	156.60	163.80	174.00	181.80	210.60
65	58.80	72.60	89.40	124.80	150.00	170.40	177.60	189.00	197.40	228.60
66	63.60	79.20	96.60	135.60	162.60	184.80	192.60	204.60	214.20	247.80
67	69.00	85.80	105.00	147.00	176.40	200.40	208.80	222.00	232.20	268.80
68	76.20	94.80	115.80	162.60	195.00	221.40	231.00	245.40	256.80	297.00
69	84.60	104.40	128.40	180.00	216.00	244.80	255.60	271.80	283.80	328.20
70	93.00	115.80	141.60	199.20	238.80	271.20	282.60	300.60	313.80	362.40
71	103.20	127.80	156.60	220.20	264.00	300.00	312.60	331.80	347.40	400.80
72	114.00	141.00	173.40	243.60	292.20	331.80	346.20	367.20	384.00	442.80
73	123.60	153.60	189.00	265.80	319.20	362.40	378.00	400.80	419.40	482.40
74	134.40	167.40	206.40	290.40	349.20	396.00	413.40	438.00	457.80	526.20
75	145.80	181.80	225.00	317.40	381.60	433.20	451.80	478.20	500.40	574.20
76	158.40	198.00	244.80	346.20	417.00	473.40	493.80	522.00	546.60	625.79
77	172.20	215.40	267.00	378.60	456.00	517.80	539.40	570.00	596.40	682.79
78	189.60	238.20	295.80	420.00	506.40	575.40	598.80	632.39	661.79	755.99
79	209.40	262.80	327.60	466.20	562.80	638.99	664.79	700.79	733.19	836.99
80	231.00	290.40	363.00	517.80	625.19	709.79	737.99	776.99	812.99	926.99
81	254.40	321.00	402.00	574.80	694.79	788.99	819.59	861.59	901.79	1026.59
82	280.80	355.20	445.20	638.39	771.59	876.59	909.59	955.19	999.59	1136.99
83	301.20	381.60	480.00	690.59	835.79	948.59	983.39	1031.39	1078.79	1227.59
84	322.80	409.80	517.20	746.39	904.19	1026.59	1063.19	1113.59	1165.19	1325.39
85	346.20	440.40	557.40	807.59	979.19	1110.59	1148.99	1201.79	1257.59	1431.59
86	370.80	473.40	601.19	873.59	1060.19	1201.79	1241.99	1297.79	1357.79	1545.59
87	397.80	508.80	647.99	944.99	1147.79	1300.79	1342.79	1400.99	1465.79	1668.59
88	426.00	546.60	698.39	1022.39	1241.99	1407.59	1451.39	1512.59	1582.19	1801.18
89	457.20	587.40	752.99	1105.79	1344.59	1523.39	1568.99	1633.19	1708.19	1945.18

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 24.00	$ 28.80	$ 34.80	$ 48.60	$ 58.20	$ 66.60	$ 69.60	$ 75.00	$ 78.00	$ 92.40
35-39	28.20	34.20	41.40	58.20	70.80	81.00	84.60	91.20	94.80	111.60
40	30.00	36.60	44.40	62.40	75.60	87.00	91.20	97.80	102.00	120.00
41	32.40	39.00	47.40	67.20	81.00	93.60	97.80	105.00	109.20	129.00
42	34.20	42.00	51.00	72.00	87.00	100.20	105.00	112.80	117.60	138.00
43	35.40	43.80	52.80	75.00	90.60	104.40	109.20	117.60	122.40	144.00
44	37.20	45.00	55.20	78.00	94.80	108.60	114.00	122.40	127.80	150.00
45	38.40	46.80	57.60	81.60	98.40	113.40	118.80	127.80	133.20	156.60
46	39.60	48.60	60.00	84.60	102.60	118.20	124.20	133.20	138.60	163.20
47	41.40	51.00	62.40	88.20	107.40	123.60	129.00	139.20	144.60	170.40
48	43.20	53.40	65.40	92.40	112.80	129.60	135.60	145.80	151.80	178.80
49	45.00	55.80	68.40	97.20	118.20	136.20	142.20	153.00	159.60	187.20
50	47.40	58.20	71.40	102.00	124.20	142.80	149.40	160.80	167.40	196.80
51	49.20	61.20	75.00	106.80	130.20	150.00	156.60	168.60	175.80	206.40
52	51.60	63.60	78.60	112.20	136.20	157.20	164.40	177.00	184.20	216.60
53	54.00	67.20	82.80	117.60	143.40	165.00	172.80	186.00	193.80	227.40
54	56.40	70.20	86.40	123.60	150.60	173.40	181.80	195.60	203.40	238.80
55	59.40	73.80	90.60	130.20	158.40	182.40	190.80	205.20	214.20	250.80
56	61.80	76.80	95.40	136.80	166.20	192.00	200.40	216.00	225.00	263.40
57	64.80	81.00	100.20	143.40	174.60	201.60	210.60	226.80	236.40	277.20
58	68.40	85.20	105.60	151.20	184.80	213.00	222.60	239.40	249.60	292.20
59	72.00	90.00	111.60	159.60	195.00	225.00	235.20	253.20	263.40	309.00
60	75.60	94.80	117.60	168.60	205.80	237.60	248.40	267.00	278.40	325.80
61	79.80	99.60	124.20	178.20	217.20	250.80	262.20	282.00	294.00	344.40
62	84.00	105.00	130.80	188.40	229.80	265.20	277.20	298.20	310.80	363.60
63	89.40	112.20	139.80	201.00	245.40	282.60	295.80	318.00	331.20	387.60
64	95.40	120.00	149.40	214.80	261.60	301.80	315.60	339.00	353.40	413.40
65	102.00	127.80	159.60	229.20	279.60	322.20	337.20	361.80	377.40	440.40
66	108.60	136.20	170.40	244.80	298.20	343.80	360.00	385.80	402.60	469.80
67	116.40	145.80	181.80	261.60	318.60	367.20	384.00	411.60	429.60	501.00
68	125.40	157.20	196.80	282.60	344.40	397.20	415.20	445.20	464.40	540.60
69	135.60	170.40	213.00	306.00	372.60	429.00	448.80	481.20	502.20	583.80
70	147.00	184.20	230.40	331.20	403.20	464.40	485.40	520.20	543.00	630.59
71	159.00	199.20	249.00	358.20	436.20	502.20	525.00	562.20	586.80	680.39
72	172.20	215.40	270.00	387.60	471.60	543.00	567.60	607.19	634.19	734.99
73	184.80	231.60	290.40	417.60	508.20	585.00	611.39	653.39	682.19	788.99
74	198.00	249.00	312.60	450.00	547.80	629.99	658.79	702.59	733.79	847.79
75	212.40	267.00	336.60	484.80	590.40	678.59	709.19	755.99	789.59	910.19
76	228.00	286.80	361.80	522.60	635.99	731.39	763.79	812.99	849.59	977.39
77	244.20	308.40	389.40	562.80	685.19	787.79	822.59	874.79	913.79	1049.99
78	265.20	335.40	424.20	614.39	748.79	860.39	897.59	953.39	995.99	1142.39
79	288.00	364.20	462.60	670.79	817.79	939.59	979.19	1038.59	1084.79	1243.19
80	312.60	396.00	503.40	732.59	892.79	1025.99	1068.59	1131.59	1181.99	1352.39
81	339.00	430.20	548.40	799.19	975.59	1120.19	1165.79	1232.99	1287.59	1471.79
82	367.80	468.00	597.60	872.39	1064.99	1223.39	1271.99	1343.39	1403.39	1601.39
83	389.40	496.20	635.99	931.19	1137.59	1306.19	1356.59	1430.39	1493.99	1705.19
84	412.20	526.20	676.19	994.19	1214.99	1394.39	1445.99	1523.39	1591.19	1815.58
85	436.20	558.00	719.99	1061.39	1297.79	1488.59	1541.99	1622.39	1694.39	1932.58
86	461.40	592.20	765.59	1132.79	1385.99	1588.79	1644.59	1727.99	1804.18	2057.98
87	488.40	627.59	814.79	1209.59	1480.79	1696.19	1753.19	1840.18	1921.78	2191.18
88	516.60	665.99	866.99	1290.59	1581.59	1810.78	1869.58	1959.58	2045.98	2332.78
89	546.60	706.19	922.79	1378.19	1688.99	1933.18	1993.78	2086.78	2179.18	2483.38

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

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.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 67.80	$ 84.60	$ 103.80	$ 148.80	$ 181.20	$ 208.80	$ 217.80	$ 234.00	$ 243.00	$ 283.80
35-39	71.40	89.40	109.80	157.20	192.00	220.80	230.40	247.80	257.40	300.00
40	73.20	91.20	112.20	161.40	196.80	226.20	236.40	253.80	264.00	307.80
41	75.00	93.60	115.20	165.60	201.60	232.20	242.40	260.40	270.60	315.60
42	76.80	96.00	118.20	169.80	207.00	237.60	248.40	266.40	277.20	323.40
43	78.00	97.20	120.00	172.20	210.00	241.20	252.00	270.60	281.40	328.20
44	78.60	98.40	121.80	174.60	213.00	244.80	255.60	274.80	285.60	333.00
45	79.80	99.60	123.00	177.00	216.00	248.40	259.80	278.40	289.80	337.80
46	81.00	101.40	124.80	179.40	219.00	252.00	263.40	282.60	294.00	342.60
47	82.20	102.60	126.60	182.40	222.60	255.60	267.60	286.80	298.80	348.00
48	84.00	105.00	129.60	186.60	227.40	261.60	273.60	293.40	305.40	355.80
49	85.80	107.40	132.60	190.80	232.80	267.60	279.60	300.00	312.00	363.60
50	87.60	109.20	135.60	195.00	237.60	273.60	285.60	306.60	319.20	371.40
51	89.40	111.60	138.60	199.20	243.00	279.60	292.20	313.20	326.40	379.80
52	91.20	114.00	141.60	203.40	248.40	285.60	298.80	320.40	333.60	388.20
53	93.60	117.00	144.60	208.80	254.40	292.80	306.00	328.20	342.00	397.80
54	95.40	120.00	148.20	213.60	261.00	300.00	313.80	336.60	350.40	408.00
55	97.80	122.40	151.80	219.00	267.60	307.80	321.60	345.00	359.40	418.20
56	100.20	125.40	156.00	224.40	274.20	315.00	329.40	353.40	368.40	428.40
57	102.60	128.40	159.60	229.80	280.80	322.80	337.80	362.40	377.40	439.20
58	105.60	132.60	165.00	237.60	289.80	333.60	348.60	373.80	389.40	453.60
59	108.60	136.80	169.80	245.40	299.40	344.40	360.00	386.40	402.60	468.00
60	112.20	141.00	175.20	253.20	309.00	355.20	372.00	398.40	415.80	483.60
61	115.80	145.20	181.20	261.00	319.20	366.60	384.00	411.60	429.00	499.20
62	119.40	150.00	187.20	269.40	329.40	378.60	396.60	424.80	442.80	515.40
63	124.80	157.20	195.60	282.60	345.00	396.60	414.60	444.60	463.80	538.80
64	130.20	164.40	205.20	295.80	361.20	414.60	434.40	465.60	485.40	564.00
65	136.20	172.20	214.80	309.60	378.00	434.40	454.80	487.20	508.20	589.80
66	142.80	180.00	225.00	324.00	396.00	454.80	475.80	509.40	532.20	617.39
67	149.40	188.40	235.20	339.60	414.00	475.80	498.00	533.40	556.80	645.59
68	159.00	200.40	250.20	361.20	441.00	506.40	530.40	567.60	592.80	686.39
69	169.20	213.00	266.40	384.60	469.20	538.80	564.60	603.59	630.59	730.19
70	180.00	226.80	283.80	409.20	499.20	573.60	600.59	641.99	670.79	775.79
71	191.40	241.20	301.80	435.60	531.60	610.19	638.99	683.39	713.99	824.99
72	204.00	256.80	321.60	463.20	565.80	649.19	680.39	726.59	759.59	877.19
73	216.00	273.00	342.00	493.80	602.39	691.19	724.19	772.79	808.19	931.19
74	229.20	289.80	363.60	525.60	641.39	736.19	770.99	821.99	859.79	988.79
75	243.00	307.80	387.00	559.80	683.39	783.59	820.79	874.19	914.39	1049.99
76	258.00	326.40	411.60	595.80	727.79	834.59	873.59	929.39	972.59	1114.79
77	273.60	346.80	438.00	634.19	774.59	887.99	929.99	988.19	1034.39	1183.79
78	294.00	373.20	472.20	685.79	838.19	960.59	1004.99	1066.79	1116.59	1275.59
79	316.20	402.00	509.40	740.99	906.59	1038.59	1085.99	1151.39	1204.79	1375.19
80	339.60	432.60	549.60	800.99	980.39	1123.79	1173.59	1242.59	1300.19	1481.99
81	365.40	465.60	592.80	865.79	1060.19	1214.99	1268.39	1340.99	1403.39	1596.59
82	392.40	501.60	639.59	935.99	1147.19	1313.99	1370.39	1447.19	1514.39	1720.79
83	412.80	528.60	675.59	992.39	1216.79	1393.79	1451.99	1531.19	1602.59	1820.38
84	434.40	556.80	713.99	1051.79	1291.19	1477.79	1538.39	1620.59	1695.59	1925.98
85	456.60	586.80	754.79	1115.39	1369.79	1567.19	1629.59	1714.19	1793.99	2037.58
86	480.00	618.59	797.99	1182.59	1453.19	1662.59	1726.19	1813.78	1898.38	2155.18
87	505.20	652.19	842.99	1253.39	1541.99	1762.79	1828.78	1919.38	2008.78	2279.98
88	531.00	686.99	890.99	1328.99	1635.59	1869.58	1937.38	2030.98	2125.18	2411.98
89	558.60	724.19	941.99	1409.39	1735.19	1982.98	2051.98	2148.58	2248.78	2551.78

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 43.80	$ 54.00	$ 65.40	$ 93.00	$ 112.20	$ 129.00	$ 134.40	$ 144.60	$ 150.00	$ 175.80
35-39	48.00	58.80	72.00	102.60	124.20	142.20	148.80	159.60	165.60	193.80
40	49.80	61.20	75.00	106.20	129.00	148.20	154.20	165.60	172.20	201.60
41	51.60	63.60	78.00	110.40	133.80	154.20	160.80	172.20	179.40	209.40
42	53.40	66.00	81.00	115.20	139.20	160.20	166.80	178.80	186.00	217.80
43	54.60	67.20	82.80	117.60	142.80	163.80	171.00	183.00	190.80	223.20
44	55.80	69.00	84.60	120.60	145.80	167.40	174.60	187.20	195.00	228.00
45	57.00	70.20	86.40	123.00	149.40	171.60	178.80	192.00	199.80	233.40
46	58.20	72.00	88.20	126.00	153.00	175.20	183.00	196.20	204.60	238.80
47	59.40	73.80	90.60	129.00	156.60	179.40	187.20	201.00	209.40	244.80
48	61.20	75.60	93.00	132.60	161.40	185.40	193.20	207.00	215.40	252.00
49	63.00	78.00	96.00	136.80	166.20	190.80	199.20	213.60	222.00	259.80
50	64.80	80.40	99.00	141.00	171.00	196.80	205.20	220.20	229.20	267.60
51	66.60	82.80	102.00	145.20	176.40	202.80	211.80	226.80	236.40	276.00
52	68.40	85.20	105.00	150.00	181.80	208.80	218.40	234.00	243.60	284.40
53	70.80	87.60	108.60	154.80	187.80	216.00	225.60	241.80	251.40	294.00
54	72.60	90.60	112.20	160.20	194.40	223.20	232.80	249.60	260.40	303.60
55	75.00	93.60	115.80	165.00	200.40	230.40	240.60	258.00	268.80	313.80
56	77.40	96.60	119.40	171.00	207.60	238.20	249.00	266.40	277.80	324.60
57	79.80	99.60	123.00	176.40	214.20	246.60	257.40	275.40	287.40	335.40
58	82.80	103.20	128.40	183.60	223.20	256.20	267.60	286.80	298.80	348.60
59	85.80	107.40	133.20	190.80	232.20	267.00	278.40	298.20	311.40	363.00
60	89.40	111.60	138.60	198.60	241.80	277.80	289.80	310.80	324.00	378.00
61	93.00	115.80	144.00	207.00	251.40	289.20	301.80	323.40	337.20	393.00
62	96.00	120.60	150.00	215.40	261.60	300.60	314.40	336.60	351.00	409.20
63	101.40	127.20	158.40	226.80	276.00	317.40	331.20	354.60	370.20	431.40
64	106.80	133.80	166.80	239.40	291.00	334.80	349.20	373.80	390.00	454.80
65	112.80	141.60	176.40	252.60	307.20	352.80	368.40	394.20	411.60	479.40
66	118.80	148.80	186.00	266.40	324.00	372.00	388.80	415.80	433.80	505.20
67	125.40	157.20	196.20	281.40	341.40	392.40	409.80	438.60	457.80	532.20
68	134.40	168.60	210.00	301.80	366.00	420.60	439.20	469.80	490.20	569.40
69	144.00	180.60	225.60	323.40	392.40	450.60	471.00	503.40	525.60	609.59
70	154.20	193.80	241.80	346.20	420.60	483.00	504.60	538.80	562.80	652.79
71	165.60	207.60	259.20	371.40	450.60	517.80	540.60	577.20	602.99	698.39
72	177.60	222.00	277.80	397.80	483.00	555.00	579.60	618.59	646.19	747.59
73	189.60	237.60	297.00	426.60	517.20	594.00	620.39	661.79	691.19	798.59
74	202.20	253.80	318.00	456.60	554.40	636.59	664.19	707.99	739.19	853.19
75	215.40	270.60	340.20	489.00	594.00	681.59	711.59	757.19	790.79	911.39
76	229.80	289.20	364.20	523.80	635.99	730.19	761.99	809.99	846.59	973.19
77	245.40	309.00	389.40	561.00	681.59	781.79	815.99	866.39	905.39	1039.79
78	265.20	334.80	423.00	610.19	742.19	851.39	887.39	941.39	983.39	1127.99
79	286.80	362.40	459.00	664.19	807.59	926.39	965.39	1022.39	1067.99	1223.39
80	310.20	393.00	498.60	722.39	878.99	1008.59	1049.39	1110.59	1160.39	1327.19
81	335.40	425.40	541.20	785.99	956.99	1097.99	1141.79	1206.59	1259.99	1439.99
82	363.00	460.80	587.40	854.99	1041.59	1194.59	1241.39	1310.39	1368.59	1561.79
83	384.00	488.40	624.59	911.99	1111.79	1274.39	1322.99	1394.39	1456.19	1661.39
84	405.60	517.20	663.59	972.59	1186.19	1358.99	1409.39	1483.79	1549.19	1767.59
85	429.00	548.40	705.59	1036.79	1265.39	1449.59	1501.19	1578.59	1648.79	1880.38
86	453.60	580.80	749.99	1105.79	1350.59	1546.19	1598.99	1679.39	1753.79	1999.78
87	479.40	615.59	796.79	1178.99	1441.19	1648.79	1703.39	1786.79	1865.98	2127.58
88	507.00	652.19	847.19	1257.59	1537.79	1758.59	1814.98	1901.38	1985.38	2263.18
89	535.80	691.19	900.59	1340.99	1640.39	1875.58	1933.18	2023.18	2111.98	2407.18

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 28.80	$ 34.80	$ 42.00	$ 58.20	$ 70.20	$ 80.40	$ 83.40	$ 89.40	$ 93.00	$ 108.60
35-39	32.40	39.60	48.00	66.60	80.40	91.80	96.00	102.60	106.80	124.80
40	34.20	41.40	50.40	70.20	84.60	97.20	100.80	108.00	112.20	131.40
41	36.00	43.80	52.80	73.80	89.40	102.00	106.20	114.00	118.20	138.60
42	37.20	45.60	55.80	78.00	94.20	107.40	112.20	120.00	124.80	145.80
43	38.40	46.80	57.00	80.40	97.20	111.00	115.80	123.60	129.00	150.60
44	39.60	48.60	58.80	82.80	100.20	114.60	119.40	127.80	132.60	155.40
45	40.80	49.80	60.60	85.20	103.20	118.20	123.00	131.40	136.80	160.20
46	42.00	51.60	62.40	88.20	106.20	121.80	127.20	135.60	141.60	165.00
47	43.20	52.80	64.20	91.20	109.80	126.00	130.80	140.40	145.80	170.40
48	44.40	54.60	67.20	94.20	114.00	130.80	136.20	145.80	151.80	177.00
49	46.20	57.00	69.60	98.40	118.80	135.60	141.60	151.80	157.80	184.20
50	48.00	58.80	72.00	102.00	123.00	141.00	147.00	157.80	163.80	191.40
51	49.80	61.20	75.00	106.20	127.80	147.00	153.00	163.80	170.40	199.20
52	51.60	63.60	78.00	109.80	133.20	152.40	159.00	170.40	177.00	207.00
53	53.40	66.00	81.00	114.60	138.60	159.00	165.60	177.60	184.80	215.40
54	55.20	68.40	84.00	119.40	144.60	165.60	172.80	184.80	192.60	225.00
55	57.60	71.40	87.60	124.20	150.60	172.80	180.00	192.60	201.00	234.00
56	60.00	74.40	91.20	129.60	157.20	180.00	187.80	201.00	209.40	244.20
57	62.40	77.40	94.80	135.00	163.80	187.80	195.60	209.40	218.40	254.40
58	64.80	81.00	99.60	141.60	171.60	196.80	205.20	219.60	229.20	267.00
59	67.80	84.60	104.40	148.80	180.00	207.00	216.00	231.00	240.60	280.80
60	71.40	88.80	109.80	156.00	189.00	217.20	226.20	242.40	252.60	294.60
61	74.40	93.00	114.60	163.80	198.60	228.00	237.60	254.40	265.20	309.00
62	78.00	97.20	120.60	172.20	208.20	239.40	249.60	267.00	278.40	324.60
63	82.80	103.20	128.40	183.00	221.40	254.40	265.20	283.80	295.80	345.00
64	88.20	109.80	136.20	194.40	235.80	270.60	282.00	301.80	315.00	366.60
65	93.60	117.00	145.20	207.00	250.80	288.00	300.00	321.00	334.80	389.40
66	99.60	124.20	154.20	220.20	266.40	306.00	319.20	340.80	355.80	413.40
67	105.60	132.00	164.40	234.00	283.80	325.20	339.60	362.40	378.60	439.80
68	114.60	142.80	177.60	253.20	306.60	351.60	366.60	391.20	408.60	474.00
69	123.60	154.20	192.00	273.60	331.20	379.80	396.00	422.40	441.00	511.80
70	133.80	166.80	207.00	295.20	357.60	409.80	427.80	456.60	476.40	552.00
71	144.60	180.00	223.80	319.20	386.40	442.80	462.00	492.60	514.20	595.20
72	156.00	194.40	242.40	345.00	417.60	478.20	499.20	532.20	555.60	641.99
73	167.40	209.40	261.00	372.00	450.00	516.00	538.20	573.00	598.20	690.59
74	180.00	225.00	280.80	400.80	485.40	556.20	579.60	616.79	643.79	742.19
75	193.20	241.80	302.40	432.60	523.20	599.40	625.19	664.19	693.59	797.99
76	207.00	259.80	325.80	466.20	564.00	646.19	673.79	714.59	746.99	857.99
77	222.00	279.00	350.40	502.20	608.39	696.59	725.99	769.79	803.99	922.19
78	241.80	304.20	382.80	550.20	665.99	762.59	794.39	841.19	878.99	1006.79
79	263.40	331.80	418.20	601.79	729.59	835.19	868.79	919.19	959.99	1098.59
80	286.20	361.20	456.60	658.79	799.19	914.39	950.99	1004.39	1048.79	1198.79
81	311.40	393.60	498.60	721.19	874.79	1001.39	1040.39	1097.39	1145.99	1308.59
82	339.00	429.00	544.80	788.99	958.19	1096.79	1138.19	1199.39	1252.19	1427.99
83	360.00	456.60	582.00	845.39	1027.19	1174.79	1217.99	1281.59	1338.59	1526.39
84	382.20	486.00	620.99	905.99	1100.99	1258.79	1303.79	1369.79	1430.99	1630.79
85	405.60	517.20	663.59	970.19	1180.79	1348.79	1395.59	1464.59	1529.39	1742.99
86	430.80	550.80	708.59	1039.79	1265.39	1445.39	1493.39	1565.39	1634.99	1862.38
87	457.20	586.20	756.59	1113.59	1356.59	1548.59	1598.39	1673.39	1747.19	1990.78
88	485.40	623.99	807.59	1193.39	1454.39	1659.59	1710.59	1788.59	1867.78	2126.98
89	515.40	664.19	862.19	1278.59	1559.39	1778.39	1830.58	1911.58	1996.18	2273.38

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.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 19.80	$ 23.40	$ 28.20	$ 37.80	$ 45.00	$ 51.60	$ 53.40	$ 57.00	$ 59.40	$ 69.60
35-39	22.80	27.60	32.40	45.00	53.40	60.60	63.60	67.80	70.20	82.20
40	24.00	28.80	34.80	47.40	57.00	64.80	67.20	72.00	75.00	87.60
41	25.20	30.60	36.60	50.40	60.60	69.00	72.00	76.80	79.80	93.60
42	27.00	32.40	39.00	54.00	64.80	73.80	76.80	81.60	85.20	99.60
43	27.60	33.60	40.20	55.80	67.20	76.20	79.80	85.20	88.80	103.80
44	28.80	34.80	42.00	58.20	69.60	79.20	82.80	88.80	92.40	108.00
45	29.40	36.00	43.20	60.60	72.60	82.80	85.80	91.80	96.00	112.20
46	30.60	37.20	45.00	62.40	75.00	85.80	89.40	95.40	99.60	116.40
47	31.80	38.40	46.80	64.80	78.00	89.40	93.00	99.60	103.80	121.20
48	33.00	40.20	48.60	67.80	81.60	93.60	97.20	104.40	108.60	127.20
49	34.20	42.00	51.00	71.40	85.80	97.80	102.00	109.20	113.40	133.20
50	36.00	43.80	53.40	74.40	90.00	102.60	106.80	114.60	119.40	139.20
51	37.80	45.60	55.80	78.00	94.20	107.40	112.20	120.00	124.80	145.80
52	39.00	48.00	58.20	81.60	98.40	112.80	117.60	125.40	130.80	153.00
53	40.80	50.40	61.20	85.80	103.20	118.20	123.60	132.00	137.40	160.80
54	42.60	52.80	64.20	90.00	108.60	124.20	129.60	138.60	144.60	169.20
55	45.00	55.20	67.20	94.80	114.00	130.80	136.20	145.80	151.80	177.60
56	46.80	57.60	70.20	99.60	120.00	137.40	143.40	153.00	159.60	186.60
57	48.60	60.00	73.80	104.40	126.00	144.60	150.60	160.80	168.00	196.20
58	51.60	63.60	78.00	110.40	133.20	153.00	159.00	170.40	177.60	207.60
59	54.60	67.20	82.20	117.00	141.00	162.00	168.60	180.60	187.80	219.60
60	57.00	70.80	87.00	123.60	149.40	171.00	178.80	190.80	199.20	232.80
61	60.60	75.00	92.40	130.80	157.80	181.20	189.00	202.20	210.60	246.60
62	63.60	79.20	97.20	138.00	167.40	192.00	200.40	214.20	223.20	261.00
63	68.40	84.60	104.40	148.20	179.40	205.80	214.20	229.20	239.40	279.60
64	73.20	90.60	112.20	159.00	192.00	220.20	229.80	246.00	256.20	299.40
65	78.00	97.20	120.00	170.40	205.80	236.40	246.60	263.40	274.80	320.40
66	84.00	104.40	129.00	183.00	220.80	253.20	264.00	282.00	294.60	343.20
67	90.00	111.60	138.00	196.20	237.00	271.20	283.20	302.40	315.60	367.80
68	97.80	121.80	150.60	213.60	258.00	295.80	308.40	328.80	343.20	399.60
69	106.80	132.60	163.80	232.80	280.80	321.60	335.40	358.20	373.80	434.40
70	115.80	144.60	178.80	253.20	306.00	350.40	365.40	389.40	406.80	472.20
71	126.60	157.20	194.40	276.00	333.00	381.00	397.80	423.60	442.80	513.60
72	138.00	171.00	211.80	300.60	362.40	415.20	432.60	460.80	481.80	558.00
73	148.80	184.80	229.80	325.80	393.60	450.00	469.20	499.80	522.00	603.59
74	160.80	200.40	249.00	353.40	426.60	488.40	509.40	541.20	565.80	653.39
75	173.40	216.60	270.00	383.40	463.20	529.80	552.00	586.20	612.59	706.79
76	187.20	234.00	292.20	416.40	502.80	574.80	598.80	635.39	664.19	764.39
77	202.20	253.20	316.80	451.80	545.40	623.39	649.79	688.19	719.39	827.39
78	221.40	277.20	348.00	496.80	600.59	686.99	714.59	756.59	790.79	907.79
79	241.80	304.20	382.20	547.20	661.79	756.59	786.59	831.59	869.39	996.59
80	264.60	333.00	420.00	602.39	728.99	833.39	865.79	913.79	955.19	1094.39
81	289.80	364.80	460.80	662.99	802.79	917.99	952.79	1004.39	1049.99	1201.19
82	316.80	400.20	506.40	730.19	884.39	1010.99	1048.79	1103.99	1153.79	1318.79
83	337.80	427.80	543.00	785.99	952.19	1087.79	1127.39	1185.59	1238.99	1415.39
84	360.00	457.20	582.60	845.39	1025.39	1171.19	1211.99	1272.59	1330.19	1519.19
85	384.00	489.00	624.59	910.19	1104.59	1260.59	1303.19	1366.19	1427.99	1630.79
86	409.20	522.60	670.19	979.19	1189.19	1356.59	1400.99	1466.99	1533.59	1750.79
87	436.80	558.60	718.79	1054.19	1280.39	1459.79	1505.99	1574.99	1646.39	1879.18
88	465.60	597.00	770.99	1133.99	1379.39	1571.39	1618.79	1691.39	1767.59	2017.18
89	496.20	637.79	826.79	1220.39	1484.99	1691.39	1740.59	1815.58	1897.78	2165.38

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 35.40	$ 43.20	$ 51.60	$ 72.00	$ 87.00	$ 99.60	$ 103.80	$ 111.00	$ 115.80	$ 136.80
35-39	37.20	45.00	54.60	76.20	91.20	104.40	109.20	117.00	121.80	144.00
40	37.80	46.20	55.80	77.40	93.60	106.80	111.60	119.40	124.80	147.60
41	38.40	46.80	57.00	79.20	95.40	109.20	114.00	122.40	127.80	150.60
42	39.60	48.00	58.20	81.00	97.80	112.20	117.00	125.40	130.80	154.20
43	39.60	48.60	58.80	82.20	99.00	113.40	118.20	127.20	132.00	156.60
44	40.20	49.20	59.40	83.40	100.20	115.20	120.00	128.40	133.80	158.40
45	40.80	49.80	60.60	84.60	102.00	116.40	121.80	130.20	135.60	160.80
46	41.40	50.40	61.20	85.80	103.20	118.20	123.00	132.00	138.00	162.60
47	41.40	51.00	61.80	87.00	104.40	120.00	124.80	133.80	139.80	165.00
48	42.60	52.20	63.00	88.80	106.80	122.40	127.20	136.80	142.20	168.00
49	43.20	52.80	64.20	90.60	108.60	124.80	130.20	139.20	145.20	171.60
50	43.80	54.00	65.40	92.40	111.00	127.20	132.60	142.20	148.20	175.20
51	45.00	55.20	67.20	94.20	113.40	130.20	135.60	145.20	151.20	178.80
52	45.60	56.40	68.40	96.00	115.80	132.60	138.00	148.20	154.20	182.40
53	46.80	57.60	69.60	98.40	118.20	135.60	141.60	151.80	157.80	186.00
54	47.40	58.80	71.40	100.20	121.20	138.60	144.60	154.80	161.40	190.20
55	48.60	60.00	72.60	102.60	123.60	141.60	147.60	158.40	165.00	195.00
56	49.80	61.20	74.40	105.00	126.60	145.20	151.20	162.00	169.20	199.20
57	50.40	62.40	76.20	107.40	129.60	148.20	154.80	165.60	172.80	203.40
58	52.20	64.20	78.60	111.00	134.40	153.60	160.20	171.60	179.40	211.20
59	54.00	66.60	81.60	115.20	139.20	159.60	166.20	178.20	186.00	219.00
60	55.80	69.00	84.60	119.40	144.00	165.60	172.80	184.80	192.60	226.80
61	57.60	71.40	87.60	123.60	149.40	171.60	178.80	191.40	199.80	235.20
62	60.00	73.80	90.60	128.40	155.40	178.20	185.40	198.60	207.60	244.20
63	63.60	78.60	96.60	136.20	164.40	189.00	196.80	210.60	219.60	258.60
64	67.20	83.40	102.00	144.60	174.60	199.80	208.80	223.20	232.80	273.60
65	71.40	88.20	108.60	153.60	185.40	212.40	221.40	236.40	247.20	289.80
66	75.60	93.60	115.20	162.60	196.20	225.00	234.60	250.80	261.60	307.20
67	81.60	100.80	123.60	173.40	208.20	238.80	248.40	265.80	277.80	325.20
68	88.20	109.80	134.40	188.40	226.20	256.80	268.20	285.60	298.20	349.20
69	96.00	119.40	146.40	205.20	246.00	279.60	291.60	309.60	324.00	374.40
70	104.40	129.60	159.00	222.60	267.60	303.60	316.80	336.60	351.60	406.20
71	113.40	140.40	172.20	241.80	290.40	330.00	344.40	365.40	382.20	440.40
72	123.00	152.40	187.20	262.80	315.60	358.20	373.80	396.60	414.60	478.20
73	131.40	162.60	200.40	282.00	338.40	384.00	400.80	424.80	444.60	511.80
74	138.60	172.20	212.40	298.80	359.40	408.00	426.00	451.20	471.60	541.80

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 31.20	$ 37.80	$ 45.60	$ 63.00	$ 76.20	$ 87.00	$ 90.60	$ 97.80	$ 102.00	$ 120.60
35-39	33.00	40.20	48.60	67.80	81.60	93.60	97.80	105.00	109.20	129.60
40	34.20	41.40	50.40	70.20	84.00	96.60	100.80	108.00	112.80	133.80
41	35.40	42.60	51.60	72.00	87.00	99.60	103.80	111.60	116.40	138.00
42	36.00	44.40	53.40	74.40	90.00	102.60	107.40	115.20	120.00	142.20
43	36.60	45.00	54.60	76.20	91.80	105.00	109.80	117.60	122.40	145.20
44	37.80	45.60	55.20	77.40	93.60	106.80	111.60	120.00	124.80	148.20
45	38.40	46.80	56.40	79.20	95.40	109.20	114.00	122.40	127.80	151.20
46	39.00	47.40	57.60	81.00	97.20	111.60	116.40	124.80	130.20	154.20
47	39.60	48.60	58.80	82.20	99.00	114.00	118.80	127.80	133.20	157.20
48	40.80	49.80	60.60	84.60	102.00	117.00	122.40	131.40	136.80	162.00
49	42.00	51.00	62.40	87.60	105.60	120.60	126.00	135.00	141.00	166.80
50	43.20	52.80	64.20	90.00	108.60	124.20	129.60	139.20	145.20	171.60
51	44.40	54.00	66.00	92.40	111.60	128.40	133.80	143.40	149.40	177.00
52	45.60	55.80	67.80	95.40	115.20	132.00	138.00	147.60	154.20	182.40
53	46.80	57.60	70.20	99.00	119.40	136.80	142.80	153.00	159.60	189.00
54	48.60	59.40	72.60	102.60	123.60	141.60	148.20	159.00	165.60	195.60
55	49.80	61.80	75.00	106.20	127.80	147.00	153.60	164.40	171.60	202.80
56	51.60	63.60	78.00	109.80	132.60	152.40	159.00	170.40	177.60	210.00
57	53.40	66.00	80.40	114.00	137.40	157.80	164.40	176.40	184.20	217.20
58	55.80	69.00	84.00	119.40	144.00	165.60	172.80	185.40	193.20	228.00
59	58.20	72.00	88.20	124.80	151.20	173.40	180.60	193.80	202.20	238.80
60	60.60	75.00	92.40	130.80	158.40	181.80	189.60	203.40	212.40	250.20
61	63.60	78.60	96.60	136.80	165.60	190.20	198.60	213.00	222.60	262.20
62	66.60	82.20	101.40	143.40	174.00	199.80	208.20	223.20	232.80	274.80
63	70.20	87.00	106.80	151.80	183.60	210.60	220.20	235.80	246.00	289.80
64	74.40	91.80	113.40	160.80	193.80	222.60	232.20	249.00	259.80	306.00
65	78.60	97.20	120.00	169.80	205.20	235.20	245.40	262.80	274.80	322.80
66	82.80	103.20	126.60	179.40	216.60	248.40	259.20	277.80	289.80	340.80
67	90.00	111.00	136.20	190.80	229.20	262.80	274.20	293.40	306.60	359.40
68	96.60	120.00	147.00	206.40	247.80	281.40	293.40	312.00	326.40	381.60
69	104.40	129.60	159.00	223.20	267.60	303.60	316.80	336.60	352.20	406.80
70	112.80	139.80	171.60	240.60	288.60	328.20	342.00	363.60	379.80	438.60
71	120.60	149.40	183.60	257.40	309.00	351.00	366.00	388.80	406.20	468.60
72	129.00	159.60	196.20	274.80	330.00	374.40	391.20	415.20	433.80	499.80
73	135.00	167.40	205.80	289.80	348.00	394.80	412.20	436.80	457.20	526.20
74	141.00	175.80	216.60	304.80	366.60	415.80	433.80	459.60	481.20	552.60

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Available Discounts

SPOUSAL DISCOUNTS

A 35% spousal discount will apply to both spouses' premiums when they both purchase coverage.

A 15% married discount will apply when only one married applicant purchases coverage.

A 10% companion discount will apply to two non-married insureds who have lived together for at least five years when they both purchase coverage.

RISK CLASSES

Policies that qualify as a preferred risk under our current underwriting guidelines will be issued with a 10% premium discount.

Policies providing coverage for applicants who would not qualify for coverage under our current issue standards may be issued with premium loads of 25%, 50%, or 100%.

OTHER DISCOUNTS

For associations that meet certain criteria, there will be a 5% premium discount.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N640

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N640 for Elimination Periods other than 90 day, multiply the appropriate Elimination Period factor from below times the corresponding 90 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period								
	0 Day	15 Day	30 Day	60 Day	180 Day	365 Day	730 Day	1095 Day	1460 Day
365	1.41	1.31	1.17	1.12	0.91	0.77	0.70	0.55	0.42
500	1.41	1.31	1.17	1.12	0.91	0.79	0.76	0.55	0.44
730	1.41	1.31	1.17	1.12	0.91	0.79	0.76	0.58	0.44
1,095	1.39	1.30	1.17	1.11	0.87	0.80	0.70	0.54	0.44
1,460	1.39	1.30	1.17	1.11	0.87	0.81	0.64	0.53	0.44
1,825	1.39	1.30	1.17	1.11	0.87	0.81	0.65	0.53	0.44
2,190	1.39	1.30	1.17	1.11	0.87	0.81	0.65	0.53	0.44
2,920	1.33	1.26	1.15	1.09	0.90	0.81	0.65	0.53	0.44
Unlimited	1.33	1.26	1.15	1.09	0.90	0.81	0.64	0.52	0.43

To determine the annual premium rates for Policy Form GR-N640 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.98.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,555 multiplier option times 0.98.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 309A
Additional Services Benefit Rider
(When attached to Base Policy GR-N640)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N640 for the Additional Services Benefit Rider, multiply the factor from below times the annual premium.

Additional Services Benefit Rider 309A Factor

0.0125

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 228R
Return of Premium
(When attached to Base Policy GR-N640)

Premium Rate Factors

To calculate the annual premium for Rider Form 228R, multiply the annual premium times the appropriate age's premium rate factor from below.

Issue Age	Factor	Issue Age	Factor
18-34	0.671	68	0.506
35-39	0.708	69	0.498
40-44	0.746	70	0.490
45-49	0.756	71	0.482
50	0.705	72	0.474
51	0.688	73	0.457
52	0.672	74	0.441
53	0.658	75	0.425
54	0.645	76	0.409
55	0.631	77	0.393
56	0.618	78	0.381
57	0.605	79	0.368
58	0.598	80	0.356
59	0.590	81	0.344
60	0.583	82	0.332
61	0.575	83	0.321
62	0.568	84	0.311
63	0.557	85	0.301
64	0.546	86	0.290
65	0.535	87	0.280
66	0.525	88	0.270
67	0.514	89	0.260

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A
Shortened Benefit Period
(When attached to Base Policy GR-N640)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-2,000	2,001-Unlimited
18-52	0.226	0.170	0.148	0.131	0.118
53	0.214	0.162	0.142	0.126	0.114
54	0.203	0.155	0.136	0.122	0.110
55	0.193	0.148	0.131	0.117	0.107
56	0.182	0.141	0.125	0.113	0.103
57	0.173	0.135	0.120	0.109	0.100
58	0.167	0.131	0.117	0.107	0.098
59	0.161	0.127	0.115	0.104	0.097
60	0.155	0.123	0.112	0.102	0.095
61	0.149	0.120	0.109	0.100	0.094
62	0.144	0.116	0.107	0.098	0.092
63	0.140	0.114	0.105	0.097	0.091
64	0.136	0.112	0.103	0.095	0.090
65	0.132	0.110	0.102	0.094	0.088
66	0.128	0.108	0.100	0.092	0.087
67	0.124	0.106	0.098	0.091	0.086
68	0.121	0.104	0.096	0.090	0.085
69	0.118	0.102	0.095	0.089	0.084
70	0.115	0.100	0.093	0.087	0.084
71	0.112	0.098	0.092	0.086	0.083
72	0.109	0.096	0.090	0.085	0.082
73	0.104	0.092	0.087	0.082	0.079
74	0.099	0.088	0.083	0.079	0.076
75	0.095	0.085	0.080	0.076	0.073
76	0.090	0.081	0.077	0.074	0.071
77	0.086	0.078	0.074	0.071	0.068
78	0.083	0.076	0.072	0.070	0.067
79	0.081	0.074	0.071	0.068	0.066
80	0.079	0.072	0.069	0.067	0.065
81	0.076	0.071	0.068	0.065	0.064
82	0.074	0.069	0.066	0.064	0.063
83	0.071	0.067	0.064	0.063	0.062
84	0.069	0.064	0.062	0.061	0.060
85	0.067	0.062	0.060	0.060	0.059
86	0.064	0.060	0.059	0.058	0.057
87	0.062	0.058	0.057	0.057	0.056
88	0.060	0.056	0.055	0.056	0.055
89	0.058	0.054	0.054	0.054	0.053

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 10-Pay
(When attached to Base Policy GR-N640)

Premium Rate Factors for the 10-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	2.160	2.940	3.710	3.450	3.170	2.833	3.274	3.196
35-39	2.130	2.780	3.330	3.140	2.930	2.663	2.978	2.915
40-44	2.050	2.580	2.960	2.820	2.670	2.463	2.677	2.601
45-49	1.920	2.390	2.780	2.560	2.400	2.240	2.337	2.296
50	1.896	2.305	2.640	2.444	2.272	2.147	2.188	2.173
51	1.888	2.277	2.594	2.407	2.230	2.116	2.140	2.132
52	1.880	2.250	2.550	2.370	2.190	2.087	2.103	2.099
53	1.818	2.173	2.453	2.282	2.110	2.013	2.015	2.019
54	1.758	2.098	2.359	2.197	2.034	1.942	1.935	1.944
55	1.700	2.027	2.270	2.115	1.960	1.873	1.858	1.873
56	1.644	1.957	2.183	2.036	1.889	1.807	1.784	1.804
57	1.590	1.890	2.100	1.960	1.820	1.743	1.713	1.735
58	1.530	1.817	2.015	1.882	1.746	1.674	1.639	1.665
59	1.471	1.746	1.934	1.807	1.676	1.608	1.567	1.595
60	1.416	1.678	1.856	1.735	1.608	1.544	1.501	1.530
61	1.362	1.613	1.782	1.666	1.542	1.482	1.434	1.466
62	1.310	1.550	1.710	1.600	1.480	1.423	1.373	1.408
63	1.248	1.455	1.606	1.498	1.395	1.346	1.301	1.328
64	1.190	1.366	1.509	1.402	1.314	1.273	1.232	1.256
65	1.134	1.282	1.417	1.312	1.239	1.204	1.167	1.187
66	1.081	1.204	1.331	1.229	1.167	1.138	1.107	1.123
67	1.030	1.130	1.250	1.150	1.100	1.077	1.051	1.065
68	0.948	1.057	1.154	1.075	1.035	1.006	0.973	0.990
69	0.872	0.989	1.066	1.004	0.973	0.939	0.900	0.913
70	0.803	0.925	0.985	0.939	0.915	0.878	0.831	0.852
71	0.739	0.866	0.910	0.877	0.861	0.820	0.766	0.786
72	0.680	0.810	0.840	0.820	0.810	0.767	0.705	0.721
73	0.623	0.726	0.751	0.734	0.726	0.692	0.639	0.647
74	0.571	0.652	0.672	0.656	0.652	0.625	0.577	0.582
75	0.524	0.584	0.600	0.587	0.584	0.564	n/a	n/a
76	0.480	0.524	0.537	0.525	0.524	0.509	n/a	n/a
77	0.440	0.470	0.480	0.470	0.470	0.460	n/a	n/a
78	0.396	0.424	0.434	0.424	0.424	0.415	n/a	n/a
79	0.357	0.382	0.392	0.382	0.382	0.374	n/a	n/a
80	0.321	0.344	0.355	0.344	0.344	0.336	n/a	n/a
81	0.289	0.311	0.321	0.311	0.311	0.304	n/a	n/a
82	0.260	0.280	0.290	0.280	0.280	0.273	n/a	n/a
83	0.223	0.244	0.251	0.244	0.240	0.234	n/a	n/a
84	0.191	0.212	0.217	0.212	0.206	0.201	n/a	n/a
85	0.163	0.185	0.187	0.185	0.177	0.172	n/a	n/a
86	0.140	0.161	0.162	0.161	0.152	0.148	n/a	n/a
87	0.120	0.140	0.140	0.140	0.130	0.127	n/a	n/a
88	0.103	0.122	0.121	0.122	0.112	0.109	n/a	n/a
89	0.088	0.106	0.105	0.106	0.096	0.093	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 20-Pay
(When attached to Base Policy GR-N640)

Premium Rate Factors for the 20-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.850	1.280	1.700	1.560	1.400	1.217	1.460	1.415
35-39	0.840	1.190	1.490	1.380	1.270	1.127	1.295	1.262
40-44	0.790	1.070	1.280	1.210	1.130	1.017	1.133	1.092
45-49	0.720	0.970	1.190	1.070	0.980	0.893	0.946	0.923
50	0.714	0.940	1.123	1.015	0.919	0.851	0.873	0.865
51	0.712	0.930	1.101	0.997	0.899	0.837	0.850	0.845
52	0.710	0.920	1.080	0.980	0.880	0.823	0.832	0.830
53	0.684	0.886	1.037	0.941	0.845	0.791	0.793	0.795
54	0.659	0.852	0.995	0.904	0.812	0.761	0.757	0.762
55	0.635	0.820	0.955	0.868	0.780	0.732	0.723	0.732
56	0.612	0.790	0.917	0.833	0.749	0.703	0.691	0.701
57	0.590	0.760	0.880	0.800	0.720	0.677	0.659	0.672
58	0.551	0.715	0.831	0.753	0.675	0.634	0.614	0.628
59	0.515	0.673	0.784	0.708	0.632	0.593	0.570	0.586
60	0.481	0.633	0.740	0.666	0.592	0.555	0.530	0.547
61	0.450	0.595	0.699	0.627	0.555	0.520	0.492	0.511
62	0.420	0.560	0.660	0.590	0.520	0.487	0.457	0.478
63	0.395	0.515	0.609	0.543	0.480	0.452	0.425	0.442
64	0.372	0.474	0.561	0.500	0.444	0.420	0.396	0.410
65	0.350	0.437	0.517	0.460	0.410	0.390	0.369	0.380
66	0.329	0.402	0.477	0.424	0.379	0.362	0.344	0.353
67	0.310	0.370	0.440	0.390	0.350	0.337	0.322	0.330
68	0.272	0.342	0.396	0.357	0.325	0.307	0.287	0.298
69	0.238	0.316	0.357	0.326	0.301	0.280	0.255	0.264
70	0.208	0.292	0.321	0.299	0.279	0.255	0.226	0.239
71	0.183	0.270	0.289	0.273	0.259	0.234	0.200	0.212
72	0.160	0.250	0.260	0.250	0.240	0.213	0.176	0.185
73	0.146	0.216	0.226	0.216	0.209	0.188	0.156	0.161
74	0.133	0.186	0.197	0.186	0.182	0.166	0.137	0.140
75	0.121	0.161	0.172	0.161	0.158	0.146	n/a	n/a
76	0.110	0.139	0.149	0.139	0.138	0.129	n/a	n/a
77	0.100	0.120	0.130	0.120	0.120	0.113	n/a	n/a
78	0.090	0.108	0.118	0.111	0.108	0.102	n/a	n/a
79	0.082	0.097	0.107	0.102	0.097	0.092	n/a	n/a
80	0.074	0.087	0.097	0.094	0.087	0.083	n/a	n/a
81	0.066	0.078	0.088	0.087	0.078	0.074	n/a	n/a
82	0.060	0.070	0.080	0.080	0.070	0.067	n/a	n/a
83	0.055	0.065	0.076	0.073	0.065	0.062	n/a	n/a
84	0.051	0.061	0.071	0.066	0.061	0.058	n/a	n/a
85	0.047	0.057	0.067	0.060	0.057	0.054	n/a	n/a
86	0.043	0.053	0.064	0.055	0.053	0.050	n/a	n/a
87	0.040	0.050	0.060	0.050	0.050	0.047	n/a	n/a
88	0.037	0.047	0.057	0.046	0.047	0.044	n/a	n/a
89	0.034	0.044	0.053	0.041	0.044	0.041	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 303A
Surviving Spouse Benefit Increase
(When attached to Base Policy GR-N640)

Premium Rate Factors

To calculate the annual premium for Rider Form 303A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-1,800	1,801-1,825
18-34	0.058	0.053	0.042	0.030	0.022
35-39	0.062	0.057	0.045	0.033	0.024
40-44	0.068	0.062	0.049	0.036	0.026
45-49	0.076	0.069	0.054	0.039	0.029
50	0.080	0.073	0.057	0.041	0.030
51	0.082	0.074	0.058	0.042	0.031
52	0.083	0.075	0.059	0.043	0.031
53	0.085	0.076	0.060	0.044	0.032
54	0.086	0.078	0.061	0.044	0.032
55	0.088	0.079	0.062	0.045	0.033
56	0.090	0.081	0.063	0.045	0.033
57	0.092	0.082	0.064	0.046	0.034
58	0.094	0.083	0.065	0.047	0.034
59	0.095	0.085	0.066	0.048	0.035
60	0.097	0.086	0.067	0.048	0.035
61	0.099	0.088	0.068	0.049	0.036
62	0.101	0.089	0.069	0.050	0.036
63	0.102	0.090	0.070	0.050	0.036
64	0.103	0.091	0.070	0.050	0.036
65	0.105	0.092	0.071	0.051	0.037
66	0.106	0.093	0.071	0.051	0.037
67	0.107	0.094	0.072	0.051	0.037
68	0.108	0.095	0.072	0.051	0.037
69	0.109	0.096	0.073	0.051	0.037
70	0.110	0.096	0.073	0.052	0.036
71	0.111	0.097	0.074	0.052	0.036
72	0.112	0.098	0.074	0.052	0.036
73	0.113	0.099	0.074	0.051	0.035
74	0.114	0.099	0.074	0.051	0.034
75	0.116	0.100	0.074	0.050	0.034
76	0.117	0.100	0.074	0.050	0.033
77	0.118	0.101	0.074	0.049	0.032
78	0.119	0.101	0.073	0.047	0.030
79	0.119	0.101	0.072	0.046	0.029
80	0.120	0.102	0.072	0.044	0.027
81	0.120	0.102	0.071	0.042	0.025
82	0.121	0.102	0.070	0.041	0.024
83	0.121	0.101	0.068	0.038	0.021
84	0.120	0.100	0.065	0.035	0.019
85	0.120	0.099	0.063	0.033	0.017
86	0.119	0.098	0.061	0.030	0.015
87	0.119	0.097	0.059	0.028	0.013
88	0.119	0.096	0.057	0.026	0.011
89	0.118	0.095	0.055	0.024	0.010

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 226G
Paid Up Survivorship
(When attached to Base Policy GR-N640)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.063	0.087	0.124	0.112	0.100	0.088	0.104	0.101
35-39	0.076	0.097	0.129	0.119	0.109	0.098	0.111	0.108
40-44	0.089	0.108	0.135	0.127	0.117	0.108	0.117	0.114
45-49	0.102	0.119	0.142	0.134	0.126	0.118	0.123	0.121
50	0.108	0.124	0.145	0.137	0.130	0.123	0.125	0.124
51	0.111	0.126	0.146	0.139	0.132	0.125	0.126	0.126
52	0.113	0.128	0.147	0.140	0.133	0.126	0.127	0.127
53	0.114	0.128	0.146	0.140	0.133	0.127	0.127	0.127
54	0.115	0.128	0.146	0.139	0.133	0.127	0.127	0.127
55	0.115	0.129	0.145	0.139	0.133	0.127	0.126	0.127
56	0.116	0.129	0.145	0.139	0.133	0.127	0.126	0.127
57	0.117	0.129	0.144	0.138	0.133	0.128	0.126	0.127
58	0.116	0.127	0.142	0.136	0.131	0.126	0.124	0.125
59	0.114	0.126	0.139	0.134	0.129	0.124	0.121	0.123
60	0.113	0.124	0.137	0.132	0.127	0.122	0.119	0.121
61	0.112	0.122	0.134	0.130	0.125	0.121	0.117	0.120
62	0.111	0.121	0.132	0.127	0.123	0.119	0.115	0.118
63	0.108	0.118	0.128	0.124	0.120	0.116	0.112	0.115
64	0.106	0.115	0.124	0.120	0.116	0.113	0.109	0.111
65	0.103	0.112	0.120	0.117	0.113	0.110	0.106	0.108
66	0.101	0.109	0.117	0.113	0.110	0.107	0.104	0.105
67	0.098	0.106	0.113	0.110	0.107	0.104	0.101	0.103
68	0.094	0.101	0.108	0.105	0.102	0.099	0.096	0.098
69	0.090	0.096	0.102	0.099	0.097	0.095	0.092	0.093
70	0.086	0.091	0.097	0.094	0.092	0.090	0.087	0.089
71	0.082	0.087	0.092	0.090	0.087	0.085	0.083	0.084
72	0.078	0.083	0.087	0.085	0.083	0.081	0.079	0.080
73	0.072	0.076	0.080	0.078	0.076	0.075	0.073	0.073
74	0.066	0.070	0.073	0.071	0.070	0.069	0.066	0.067
75	0.061	0.064	0.067	0.065	0.064	0.063	n/a	n/a
76	0.056	0.059	0.061	0.060	0.059	0.058	n/a	n/a
77	0.052	0.054	0.056	0.055	0.054	0.053	n/a	n/a
78	0.045	0.047	0.048	0.047	0.047	0.046	n/a	n/a
79	0.039	0.040	0.042	0.041	0.040	0.040	n/a	n/a
80	0.034	0.035	0.036	0.035	0.035	0.035	n/a	n/a
81	0.029	0.030	0.031	0.031	0.030	0.030	n/a	n/a
82	0.025	0.026	0.027	0.027	0.026	0.026	n/a	n/a
83	0.020	0.021	0.021	0.021	0.021	0.021	n/a	n/a
84	0.016	0.016	0.017	0.017	0.016	0.016	n/a	n/a
85	0.013	0.013	0.013	0.013	0.013	0.013	n/a	n/a
86	0.010	0.010	0.010	0.010	0.010	0.010	n/a	n/a
87	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
88	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
89	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 308A
Shared Maximum Benefit
(When attached to Base Policy GR-N640)

To calculate the annual premium for Rider Form 308A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Premium Rate Factors for Policies Without an Increasing Benefit Option

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.335	0.320	0.250	0.185	0.190
35-39	0.370	0.350	0.265	0.195	0.175
40-44	0.410	0.375	0.280	0.200	0.175
45-49	0.450	0.400	0.290	0.210	0.170
50-54	0.450	0.400	0.300	0.210	0.165
55-59	0.450	0.400	0.300	0.215	0.160
60-64	0.450	0.400	0.300	0.215	0.155
65-69	0.450	0.390	0.290	0.210	0.150
70-74	0.450	0.380	0.280	0.200	0.140
75-79	0.450	0.380	0.255	0.170	0.110
80-84	0.450	0.380	0.225	0.140	0.110
85-89	0.450	0.380	0.225	0.140	0.110

Premium Rate Factors for Policies With Inflation Options

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.430	0.420	0.330	0.250	0.200
35-39	0.430	0.410	0.330	0.250	0.200
40-44	0.430	0.410	0.330	0.250	0.200
45-49	0.430	0.400	0.330	0.250	0.190
50-54	0.430	0.400	0.320	0.245	0.185
55-59	0.430	0.400	0.320	0.240	0.180
60-64	0.430	0.400	0.320	0.235	0.175
65-69	0.430	0.400	0.310	0.230	0.170
70-74	0.430	0.390	0.300	0.220	0.160
75-79	0.430	0.380	0.280	0.190	0.135
80-84	0.430	0.370	0.260	0.160	0.135
85-89	0.430	0.360	0.260	0.160	0.135

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 311A
Dual Waiver
(When attached to Base Policy GR-N640)

Premium Rate Factors

To calculate the annual premium for Rider Form 311A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Issue Age	Maximum Benefit Multiplier Options					
	365	500	730	1,000-1,095	1,460-1,500	1,825-Unlimited
18-34	0.010	0.010	0.010	0.010	0.010	0.010
35-39	0.010	0.010	0.010	0.010	0.010	0.010
40	0.010	0.010	0.010	0.010	0.010	0.010
41	0.010	0.010	0.010	0.010	0.010	0.010
42	0.010	0.010	0.010	0.010	0.010	0.010
43	0.010	0.010	0.010	0.010	0.010	0.010
44	0.010	0.010	0.010	0.010	0.010	0.010
45	0.010	0.010	0.010	0.010	0.010	0.010
46	0.010	0.010	0.010	0.010	0.010	0.010
47	0.010	0.010	0.010	0.010	0.010	0.010
48	0.010	0.010	0.010	0.010	0.011	0.011
49	0.010	0.010	0.010	0.010	0.013	0.013
50	0.010	0.010	0.010	0.010	0.015	0.015
51	0.010	0.010	0.010	0.010	0.017	0.017
52	0.010	0.010	0.010	0.010	0.020	0.020
53	0.010	0.010	0.010	0.011	0.020	0.022
54	0.010	0.010	0.010	0.013	0.020	0.024
55	0.010	0.010	0.010	0.015	0.020	0.026
56	0.010	0.010	0.010	0.017	0.020	0.028
57	0.010	0.010	0.010	0.020	0.020	0.030
58	0.010	0.010	0.011	0.022	0.022	0.032
59	0.010	0.010	0.013	0.024	0.024	0.034
60	0.010	0.010	0.015	0.026	0.026	0.036
61	0.010	0.010	0.017	0.028	0.028	0.038
62	0.010	0.010	0.020	0.030	0.030	0.040
63	0.011	0.011	0.022	0.032	0.033	0.043
64	0.013	0.013	0.024	0.034	0.037	0.047
65	0.015	0.015	0.026	0.036	0.041	0.051
66	0.017	0.017	0.028	0.038	0.045	0.055
67	0.020	0.020	0.030	0.040	0.050	0.060
68	0.022	0.022	0.032	0.043	0.055	0.066
69	0.024	0.024	0.034	0.047	0.060	0.074
70	0.026	0.026	0.036	0.051	0.066	0.082
71	0.028	0.028	0.038	0.055	0.073	0.090
72	0.030	0.030	0.040	0.060	0.080	0.100
73	0.032	0.033	0.043	0.066	0.087	0.108
74	0.034	0.037	0.047	0.074	0.094	0.118
75	0.036	0.041	0.051	0.082	0.102	0.128
76	0.038	0.045	0.055	0.090	0.111	0.138
77	0.040	0.050	0.060	0.100	0.120	0.150
78	0.045	0.055	0.066	0.110	0.134	0.167
79	0.050	0.060	0.074	0.121	0.150	0.187
80	0.056	0.066	0.082	0.133	0.168	0.209
81	0.063	0.073	0.090	0.146	0.188	0.233
82	0.070	0.080	0.100	0.160	0.210	0.260
83	0.075	0.087	0.110	0.176	0.234	0.291
84	0.081	0.094	0.121	0.194	0.261	0.327
85	0.087	0.102	0.133	0.214	0.290	0.366
86	0.093	0.111	0.146	0.236	0.323	0.410
87	0.100	0.120	0.160	0.260	0.360	0.460
88	0.107	0.130	0.176	0.287	0.401	0.516
89	0.115	0.141	0.193	0.316	0.447	0.578

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 304R
Restoration of Benefits Rider
(When attached to Base Policy GR-N640)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N640 for the Restoration of Benefits Rider, multiply the appropriate Restoration of Benefits factor from below times the annual premium.

Restoration of Benefits

Benefit Multiplier	Rider 304R Factor
365	0.06
500	0.06
730	0.06
1,000	0.04
1,095	0.04
1,460	0.04
1,500	0.04
1,825	0.04
2,000	0.04
2,190	0.04
2,500	0.04
2,555	0.04
2,920	0.04

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 16.20	$ 18.00	$ 20.40	$ 26.40	$ 30.60	$ 33.60	$ 34.80	$ 36.60	$ 38.40	$ 46.20
35-39	18.00	21.00	24.00	31.20	36.00	39.60	42.00	43.80	45.60	54.60
40	19.20	21.60	25.20	33.00	38.40	42.00	44.40	46.80	48.60	58.20
41	19.80	22.80	26.40	34.80	40.20	45.00	46.80	49.20	51.60	61.80
42	20.40	24.00	27.60	36.60	42.60	47.40	49.80	52.20	54.60	65.40
43	21.60	25.20	28.80	38.40	45.00	49.80	52.20	55.20	57.60	69.00
44	22.20	25.80	30.00	40.20	46.80	52.20	54.60	57.60	60.00	72.00
45	23.40	27.00	31.80	42.00	49.20	54.60	57.60	60.60	63.00	75.60
46	24.00	28.20	33.00	43.80	51.60	57.60	60.00	63.60	66.00	79.80
47	25.20	29.40	34.20	46.20	54.00	60.00	63.00	66.60	69.60	83.40
48	25.80	30.60	36.00	48.00	56.40	63.00	66.00	69.60	72.60	87.60
49	27.00	31.80	37.20	50.40	58.80	66.00	69.00	73.20	76.20	91.20
50	27.60	33.00	39.00	52.20	61.80	69.00	72.00	76.20	79.80	95.40
51	28.80	34.20	40.20	54.60	64.20	72.00	75.60	79.80	83.40	100.20
52	30.00	35.40	42.00	57.00	67.20	75.60	79.20	83.40	87.00	105.00
53	31.80	37.80	44.40	60.60	71.40	79.80	84.00	88.80	92.40	111.00
54	33.00	39.60	46.80	64.20	75.60	84.60	88.80	94.20	97.80	118.20
55	34.80	42.00	49.80	67.80	80.40	90.00	94.20	99.60	103.80	125.40
56	36.60	44.40	52.80	72.00	85.20	95.40	100.20	106.20	110.40	132.60
57	39.00	46.80	55.80	76.20	90.00	101.40	106.20	112.20	117.00	141.00
58	41.40	49.80	59.40	81.60	96.60	108.60	114.00	120.60	125.40	151.20
59	43.80	52.80	63.00	87.00	103.20	116.40	121.80	129.00	134.40	162.00
60	46.80	56.40	67.80	93.00	110.40	124.20	130.20	138.00	144.00	173.40
61	49.80	60.00	72.00	99.60	118.20	133.20	139.80	147.60	154.20	185.40
62	52.80	64.20	76.80	106.20	126.60	142.20	149.40	158.40	165.00	198.60
63	57.00	69.00	83.40	115.20	136.80	154.20	161.40	171.00	178.80	214.80
64	61.20	74.40	90.00	124.20	148.20	166.80	174.60	185.40	193.20	232.20
65	66.00	80.40	97.20	134.40	160.20	180.60	189.00	200.40	208.80	251.40
66	71.40	87.00	105.00	145.20	173.40	195.00	204.60	216.60	226.20	271.80
67	76.80	94.20	113.40	157.20	187.20	211.20	221.40	234.60	244.80	294.00
68	84.60	103.20	124.80	173.40	206.40	232.80	244.20	258.00	269.40	324.00
69	93.00	114.00	137.40	190.80	227.40	256.80	268.80	284.40	297.00	357.00
70	102.60	125.40	151.80	210.60	250.80	283.20	296.40	313.20	327.60	393.00
71	112.80	138.00	166.80	231.60	276.60	312.00	327.00	345.60	360.60	432.60
72	124.20	151.80	184.20	255.60	304.80	343.80	360.00	380.40	397.20	477.00
73	134.40	164.40	199.80	277.80	331.20	374.40	391.80	414.00	432.60	517.20
74	145.20	178.20	216.60	301.80	360.60	408.00	426.60	450.60	471.60	561.60
75	156.60	192.60	234.60	327.60	392.40	444.60	464.40	490.80	513.00	608.99
76	169.20	208.20	254.40	356.40	427.20	484.80	505.80	534.00	558.60	661.19
77	183.00	225.60	276.00	387.00	465.00	528.00	550.20	581.40	608.39	716.99
78	201.00	248.40	304.80	429.60	516.60	586.80	610.79	644.99	674.99	790.79
79	220.80	273.00	337.20	476.40	574.20	651.59	677.99	714.59	748.19	871.79
80	242.40	300.60	372.00	528.60	637.79	724.19	752.99	792.59	829.19	960.59
81	266.40	330.60	411.00	586.80	708.59	804.59	835.79	878.99	919.79	1058.99
82	292.20	363.60	454.20	650.99	787.19	893.99	928.19	974.39	1019.39	1167.59
83	313.20	391.20	489.60	704.39	851.99	967.19	1003.19	1051.79	1100.39	1259.99
84	336.00	420.60	527.40	761.39	922.79	1046.99	1084.19	1135.79	1187.99	1358.99
85	360.60	452.40	568.80	823.79	998.99	1132.79	1171.79	1226.39	1282.79	1466.39
86	387.00	486.00	613.19	890.99	1081.19	1225.79	1267.19	1323.59	1384.79	1582.19
87	414.60	522.60	660.59	964.19	1170.59	1326.59	1369.19	1429.19	1495.19	1706.99
88	445.20	562.20	712.19	1042.79	1267.19	1435.79	1480.19	1543.19	1613.99	1841.98
89	477.00	604.79	767.99	1127.99	1371.59	1553.99	1600.19	1665.59	1742.39	1987.18

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 27.60	$ 33.00	$ 39.00	$ 54.00	$ 64.80	$ 73.80	$ 78.00	$ 83.40	$ 86.40	$ 105.60
35-39	32.40	39.00	46.80	64.80	78.00	88.80	93.60	100.20	103.80	126.60
40	34.80	41.40	49.80	69.00	83.40	94.80	100.20	106.80	111.00	135.60
41	36.60	44.40	52.80	73.80	89.40	101.40	106.80	114.60	118.80	144.60
42	39.00	47.40	56.40	79.20	95.40	108.60	114.60	122.40	127.20	154.80
43	40.80	49.20	58.80	82.20	99.60	113.40	119.40	127.80	132.60	161.40
44	42.00	51.00	61.20	85.20	103.20	117.60	124.20	132.60	138.00	168.00
45	43.80	52.80	63.60	88.80	107.40	122.40	129.00	138.00	144.00	174.60
46	45.00	55.20	66.00	92.40	112.20	127.80	134.40	144.00	150.00	181.80
47	46.80	57.00	68.40	96.60	116.40	133.20	140.40	150.00	156.00	189.60
48	49.20	59.40	72.00	100.80	122.40	139.20	147.00	157.20	163.20	198.60
49	51.00	62.40	75.00	105.60	127.80	145.80	153.60	164.40	171.00	207.60
50	53.40	65.40	78.60	111.00	134.40	153.00	161.40	172.20	179.40	217.80
51	55.80	68.40	82.20	115.80	140.40	160.20	168.60	180.60	187.80	228.00
52	58.20	71.40	86.40	121.20	147.00	168.00	177.00	189.00	196.80	238.80
53	61.20	74.40	90.00	127.20	154.20	176.40	185.40	198.60	206.40	250.20
54	63.60	78.00	94.80	133.80	162.00	184.80	195.00	208.20	216.60	262.80
55	66.60	81.60	99.00	140.40	169.80	193.80	204.00	218.40	227.40	275.40
56	69.60	85.80	103.80	147.00	178.20	203.40	214.20	229.20	238.20	288.60
57	72.60	89.40	108.60	154.20	187.20	213.60	225.00	240.00	250.20	303.00
58	76.80	94.20	114.60	162.60	197.40	225.00	237.00	253.20	264.00	319.20
59	80.40	99.00	120.60	171.60	208.20	237.60	250.20	267.00	278.40	336.60
60	84.60	104.40	127.20	180.60	219.60	250.80	264.00	281.40	293.40	355.20
61	89.40	109.80	134.40	190.80	231.60	264.00	278.40	297.00	309.60	374.40
62	93.60	115.80	141.60	201.00	244.20	279.00	293.40	313.20	326.40	394.80
63	100.20	123.60	150.60	214.20	260.40	297.00	312.60	333.60	348.00	420.60
64	106.20	131.40	160.80	228.60	277.20	316.80	333.60	355.80	370.80	447.60
65	113.40	140.40	171.60	243.60	295.80	337.80	355.20	378.60	394.80	477.00
66	120.60	149.40	183.00	259.80	315.00	360.00	378.60	403.80	421.20	507.60
67	128.40	159.00	195.00	277.20	336.00	383.40	403.80	430.20	448.80	541.20
68	138.60	171.60	210.60	299.40	363.00	414.00	435.60	463.80	484.20	583.20
69	150.00	185.40	227.40	323.40	391.80	447.00	469.80	500.40	522.00	628.79
70	161.40	199.80	245.40	349.20	423.00	482.40	507.00	539.40	563.40	677.39
71	174.60	216.00	265.20	376.80	456.00	520.20	547.20	582.00	607.79	730.19
72	188.40	232.80	286.20	406.80	492.60	561.60	590.40	627.59	655.79	787.19
73	201.00	249.00	307.20	436.80	528.60	603.59	633.59	673.79	703.19	842.39
74	214.80	266.40	328.80	468.60	567.00	647.99	679.79	722.39	754.79	900.59
75	229.20	285.00	352.80	502.80	608.39	696.59	728.99	775.19	809.99	963.59
76	245.40	305.40	378.00	539.40	652.79	748.19	782.39	831.59	868.79	1030.19
77	262.20	326.40	405.60	578.40	700.19	803.39	839.39	892.19	932.39	1102.19
78	283.20	353.40	439.80	630.59	764.39	877.79	915.59	971.99	1015.79	1192.79
79	306.00	382.20	477.00	687.59	834.59	958.19	998.99	1058.99	1106.39	1291.19
80	330.60	414.00	517.80	749.39	911.39	1046.39	1089.59	1154.39	1205.99	1397.99
81	357.00	447.60	561.60	816.59	994.79	1142.39	1189.19	1257.59	1313.39	1513.79
82	385.80	484.80	609.59	889.79	1086.59	1247.99	1297.19	1370.39	1430.99	1638.59
83	408.00	513.60	648.59	949.79	1160.39	1331.99	1383.59	1459.19	1523.99	1743.59
84	432.00	544.80	689.99	1013.99	1239.59	1421.99	1475.39	1553.99	1622.99	1855.18
85	456.60	577.20	734.39	1082.39	1323.59	1517.99	1573.19	1654.79	1728.59	1973.98
86	483.00	611.99	781.19	1155.59	1414.19	1620.59	1676.99	1762.79	1840.78	2100.58
87	511.20	648.59	830.99	1233.59	1510.19	1730.39	1788.59	1876.78	1960.18	2234.98
88	540.60	687.59	884.39	1316.39	1612.79	1846.78	1906.78	1999.18	2087.38	2377.78
89	571.80	728.99	940.79	1405.79	1722.59	1971.58	2033.38	2128.78	2222.38	2530.18

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.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 76.80	$ 94.20	$ 113.40	$ 160.80	$ 195.00	$ 222.00	$ 233.40	$ 249.60	$ 259.20	$ 312.60
35-39	81.00	99.00	120.00	169.80	206.40	235.20	247.20	263.40	274.20	330.60
40	82.80	101.40	123.00	174.00	211.20	240.60	253.20	270.00	280.80	338.40
41	84.60	103.80	126.00	178.80	216.60	246.60	259.20	276.60	287.40	346.80
42	87.00	106.20	129.00	183.00	222.00	252.60	265.20	283.20	294.60	355.20
43	87.60	108.00	130.80	185.40	225.00	256.20	269.40	287.40	298.80	360.00
44	88.80	109.20	132.60	188.40	228.00	259.80	273.00	291.60	303.00	365.40
45	90.00	111.00	134.40	190.80	231.60	263.40	277.20	295.80	307.20	370.80
46	91.20	112.20	136.20	193.80	234.60	267.60	280.80	300.00	312.00	375.60
47	92.40	114.00	138.60	196.20	238.20	271.20	285.00	304.20	316.20	381.00
48	94.20	116.40	141.60	200.40	243.00	277.20	291.00	310.80	322.80	389.40
49	96.60	118.80	144.00	204.60	248.40	283.20	297.60	317.40	330.00	397.80
50	98.40	121.20	147.60	209.40	253.80	289.20	303.60	324.00	337.20	406.20
51	100.20	123.60	150.60	213.60	259.20	295.20	310.20	331.20	344.40	414.60
52	102.00	126.00	153.60	218.40	264.60	301.80	316.80	338.40	351.60	423.60
53	104.40	129.00	157.20	223.20	270.60	309.00	324.60	346.20	360.00	433.80
54	106.80	132.00	160.80	228.60	277.20	316.20	332.40	354.60	368.40	444.00
55	109.20	135.00	164.40	234.00	283.80	323.40	340.20	363.00	377.40	454.80
56	111.60	138.00	168.60	239.40	290.40	331.20	348.00	371.40	386.40	465.60
57	114.00	141.00	172.80	245.40	297.60	339.00	356.40	380.40	395.40	476.40
58	117.60	145.20	177.60	253.20	306.60	349.80	367.80	391.80	408.00	491.40
59	121.20	150.00	183.00	261.00	316.20	360.60	379.20	403.80	420.60	506.40
60	124.80	154.20	189.00	268.80	326.40	372.00	390.60	416.40	433.80	522.60
61	128.40	159.00	194.40	277.20	336.00	383.40	403.20	429.60	447.00	538.80
62	132.00	163.80	200.40	285.60	346.80	395.40	415.20	442.80	461.40	555.60
63	138.00	171.00	210.00	298.80	362.40	413.40	434.40	462.60	481.80	580.20
64	144.00	178.80	219.60	312.60	378.60	432.00	453.60	483.60	504.00	606.59
65	150.60	186.60	229.20	326.40	396.00	451.20	474.60	505.20	526.80	633.59
66	157.20	195.00	240.00	341.40	414.00	471.60	495.60	528.00	550.20	661.79
67	164.40	204.00	250.80	357.00	432.60	493.20	518.40	552.00	575.40	691.79
68	174.00	216.00	265.80	379.20	459.60	523.80	550.20	585.60	610.79	733.79
69	184.80	229.20	282.60	402.60	487.80	555.60	584.40	621.59	647.99	778.79
70	196.20	243.60	300.00	427.20	517.80	590.40	620.39	659.39	688.19	826.79
71	208.20	258.60	318.60	453.60	549.60	626.39	658.79	700.19	730.19	877.19
72	220.80	274.20	338.40	481.80	583.80	665.39	698.99	742.79	775.19	930.59
73	233.40	289.80	358.20	511.20	620.39	707.39	743.39	789.59	824.99	984.59
74	246.60	306.60	379.80	542.40	658.79	752.99	789.59	839.39	877.19	1041.59
75	260.40	324.60	402.00	574.80	700.19	800.99	839.39	892.19	932.99	1101.59
76	274.80	343.20	426.00	610.19	743.99	851.99	892.19	948.59	992.39	1165.19
77	290.40	363.00	451.80	646.79	790.19	905.99	948.59	1007.99	1055.39	1232.99
78	311.40	389.40	486.00	699.59	854.99	979.79	1024.79	1088.39	1138.79	1324.19
79	333.60	417.60	523.20	755.99	924.59	1059.59	1107.59	1174.19	1228.79	1421.99
80	357.60	448.20	562.80	817.19	1000.19	1145.99	1196.99	1267.19	1326.59	1526.99
81	382.80	481.20	605.99	883.19	1081.79	1239.59	1293.59	1367.99	1431.59	1639.79
82	410.40	516.00	652.19	954.59	1169.99	1340.39	1397.99	1476.59	1544.99	1761.59
83	432.00	544.20	689.39	1012.19	1241.39	1421.39	1480.79	1561.79	1634.39	1862.98
84	454.20	574.20	728.39	1072.79	1316.99	1507.19	1568.99	1652.99	1729.79	1970.38
85	478.20	605.39	769.79	1137.59	1396.79	1598.99	1661.99	1748.99	1829.98	2083.78
86	503.40	638.39	813.59	1205.99	1481.99	1695.59	1760.99	1850.38	1936.18	2203.78
87	529.80	673.79	860.39	1278.59	1572.59	1798.19	1865.38	1957.78	2048.98	2330.98
88	557.40	710.39	908.99	1355.99	1668.59	1907.38	1975.78	2071.18	2167.78	2465.38
89	586.80	749.39	960.59	1437.59	1769.99	2022.58	2093.38	2191.78	2293.78	2606.98

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 49.20	$ 60.00	$ 72.00	$ 100.20	$ 121.20	$ 138.00	$ 144.60	$ 154.80	$ 160.80	$ 194.40
35-39	54.00	65.40	78.60	110.40	133.20	151.80	159.60	169.80	177.00	213.60
40	55.80	67.80	81.60	114.60	138.60	157.80	165.60	176.40	183.60	222.00
41	58.20	70.80	85.20	119.40	144.00	163.80	171.60	183.00	190.80	230.40
42	60.00	73.20	88.20	123.60	149.40	169.80	178.20	190.20	198.00	239.40
43	61.20	75.00	90.00	126.60	153.00	174.00	182.40	194.40	202.20	244.80
44	62.40	76.20	91.80	129.60	156.00	177.60	186.60	198.60	207.00	250.20
45	63.60	78.00	94.20	132.00	159.60	181.80	190.80	203.40	211.80	255.60
46	65.40	79.80	96.00	135.00	163.20	186.00	195.00	208.20	216.60	261.60
47	66.60	81.60	98.40	138.60	166.80	190.20	199.80	213.00	221.40	267.60
48	68.40	83.40	101.40	142.20	172.20	195.60	205.80	219.00	228.00	275.40
49	70.20	86.40	104.40	146.40	177.00	201.60	211.80	225.60	235.20	283.80
50	72.60	88.80	107.40	151.20	182.40	207.60	218.40	232.20	241.80	292.20
51	74.40	91.20	110.40	155.40	187.80	214.20	225.00	239.40	249.60	300.60
52	76.20	93.60	113.40	160.20	193.80	220.20	231.60	246.60	256.80	309.60
53	78.60	96.60	117.00	165.60	199.80	227.40	238.80	254.40	265.20	319.80
54	81.00	99.60	120.60	171.00	206.40	235.20	246.60	262.80	273.60	330.00
55	83.40	102.60	124.80	176.40	213.00	242.40	255.00	271.20	282.60	340.80
56	86.40	106.20	129.00	181.80	220.20	250.20	262.80	280.20	291.60	351.60
57	88.80	109.20	132.60	187.80	227.40	258.60	271.80	289.20	301.20	363.00
58	92.40	113.40	138.00	195.00	236.40	268.80	282.60	300.60	313.20	378.00
59	95.40	117.60	143.40	202.80	245.40	279.60	293.40	312.60	325.80	393.00
60	99.00	122.40	148.80	211.20	255.60	291.00	305.40	325.20	339.00	408.60
61	103.20	127.20	154.80	219.60	265.20	302.40	317.40	337.80	352.20	424.80
62	106.80	132.00	160.80	228.00	276.00	314.40	330.00	351.60	366.60	441.60
63	112.20	139.20	169.80	240.60	291.00	331.20	348.00	370.20	386.40	465.00
64	118.20	146.40	178.80	253.20	306.60	349.20	366.60	390.00	406.80	489.60
65	124.80	154.20	188.40	267.00	322.80	367.80	386.40	411.00	428.40	516.00
66	131.40	162.60	198.60	281.40	340.20	387.60	407.40	432.60	451.80	543.60
67	138.00	171.00	209.40	297.00	358.80	408.60	429.00	456.00	475.80	572.40
68	148.20	183.00	224.40	317.40	384.00	436.80	459.00	487.80	508.80	611.99
69	158.40	195.60	240.00	340.20	410.40	467.40	490.80	521.40	544.80	653.99
70	169.20	209.40	256.80	363.60	439.20	500.40	525.60	558.00	582.60	699.59
71	181.20	223.80	274.80	389.40	470.40	535.20	562.20	596.40	622.79	747.59
72	193.80	239.40	294.00	416.40	502.80	572.40	601.19	638.39	666.59	799.19
73	205.80	255.00	313.20	444.60	537.00	611.99	641.99	680.99	711.59	850.79
74	218.40	271.20	334.20	474.60	573.00	653.99	684.59	727.19	759.59	905.39
75	232.20	288.60	356.40	506.40	610.79	698.39	730.79	775.79	810.59	962.99
76	246.60	307.20	379.80	540.00	652.19	746.39	779.99	827.99	865.19	1024.79
77	262.20	326.40	405.00	576.00	695.39	797.39	832.19	883.79	923.39	1090.79
78	282.60	352.20	438.00	625.79	757.19	868.19	905.39	959.99	1003.19	1177.19
79	304.20	380.40	473.40	680.39	824.39	944.99	984.59	1042.79	1089.59	1270.79
80	328.20	410.40	512.40	739.19	896.99	1028.99	1070.39	1132.79	1183.19	1372.19
81	353.40	442.80	553.80	802.79	976.19	1119.59	1164.59	1230.59	1285.19	1480.79
82	380.40	477.60	598.80	872.39	1062.59	1218.59	1266.59	1336.79	1396.19	1598.99
83	402.00	505.80	636.59	929.99	1133.99	1299.59	1349.39	1421.99	1485.59	1699.79
84	424.80	535.20	676.79	991.79	1209.59	1386.59	1437.59	1513.19	1580.39	1806.58
85	448.80	567.00	719.39	1057.79	1291.19	1478.39	1531.19	1609.79	1681.19	1920.58
86	474.60	600.59	764.99	1127.99	1377.59	1576.79	1631.39	1712.99	1789.19	2041.18
87	501.60	635.99	812.99	1202.99	1469.99	1681.79	1737.59	1822.78	1903.18	2170.18
88	529.80	673.19	863.99	1282.79	1568.39	1793.99	1850.98	1939.18	2024.98	2306.38
89	559.80	712.79	918.59	1367.39	1673.39	1912.78	1972.18	2063.38	2154.58	2452.18

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 34.20	$ 40.80	$ 48.60	$ 66.60	$ 79.80	$ 90.00	$ 94.80	$ 100.80	$ 104.40	$ 121.80
35-39	38.40	46.20	54.60	75.60	90.60	102.60	107.40	114.60	118.80	139.20
40	40.20	48.00	57.60	79.80	95.40	107.40	112.80	120.00	124.80	146.40
41	42.00	50.40	60.00	83.40	100.20	113.40	118.80	126.00	131.40	153.60
42	43.80	52.80	63.00	87.60	105.00	118.80	124.80	132.60	138.00	161.40
43	45.00	54.60	65.40	90.60	108.60	123.00	129.00	136.80	142.20	166.80
44	46.20	56.40	67.20	93.60	112.20	126.60	133.20	141.60	147.00	171.60
45	48.00	58.20	69.60	96.60	115.80	130.80	137.40	146.40	151.80	177.00
46	49.20	60.00	71.40	99.60	119.40	135.00	142.20	151.20	157.20	182.40
47	51.00	61.80	73.80	103.20	123.60	139.80	146.40	156.00	162.00	187.80
48	52.80	63.60	76.80	106.80	128.40	145.20	152.40	162.00	168.60	195.00
49	54.60	66.00	79.20	111.00	133.20	150.60	157.80	168.00	174.60	202.80
50	56.40	68.40	82.20	115.20	138.00	156.00	163.80	174.60	181.20	210.60
51	58.20	70.80	85.20	119.40	143.40	162.00	170.40	181.20	188.40	218.40
52	60.60	73.80	88.80	123.60	148.80	168.60	176.40	187.80	195.60	226.80
53	62.40	76.20	91.80	129.00	154.80	175.20	183.60	195.60	203.40	235.80
54	64.80	79.20	95.40	133.80	160.80	182.40	191.40	203.40	211.80	246.00
55	67.20	82.20	99.60	139.20	167.40	189.60	199.20	211.80	220.20	255.60
56	69.60	85.20	103.20	144.60	174.00	197.40	207.00	220.20	229.20	266.40
57	72.60	88.80	107.40	150.60	181.20	205.20	215.40	229.20	238.20	277.20
58	75.60	93.00	112.20	157.80	189.60	215.40	225.60	240.00	249.60	291.00
59	79.20	97.20	117.60	165.60	199.20	225.60	236.40	251.40	262.20	304.80
60	82.80	101.40	123.00	173.40	208.20	236.40	247.80	263.40	274.80	319.80
61	86.40	106.20	129.00	181.80	218.40	247.80	259.80	276.00	288.00	335.40
62	90.00	111.00	135.00	190.20	229.20	259.80	272.40	289.80	301.80	351.60
63	95.40	117.60	143.40	202.20	243.00	275.40	289.20	307.20	320.40	373.20
64	101.40	124.80	152.40	214.20	258.00	292.80	307.20	325.80	339.60	396.00
65	107.40	132.60	161.40	227.40	273.60	310.20	325.80	346.20	360.60	420.60
66	114.00	140.40	171.60	241.20	290.40	329.40	345.60	367.20	382.80	447.00
67	120.60	148.80	181.80	256.20	308.40	349.80	367.20	389.40	406.20	474.00
68	129.60	159.60	195.60	275.40	331.20	375.60	394.20	418.20	436.20	511.20
69	139.20	171.60	210.00	295.80	355.80	403.80	423.60	449.40	468.60	550.80
70	149.40	184.20	225.00	317.40	382.20	433.80	454.80	482.40	503.40	593.40
71	160.20	198.00	241.80	341.40	410.40	466.20	489.00	518.40	540.60	638.99
72	172.20	212.40	259.80	366.60	441.00	501.00	525.00	556.80	580.80	688.79
73	183.60	227.40	278.40	393.60	473.40	537.60	563.40	597.00	622.79	737.39
74	196.20	243.00	298.80	422.40	508.20	577.20	604.79	640.19	667.79	789.59
75	210.00	260.40	320.40	453.60	546.00	619.19	649.19	686.39	716.39	845.39
76	224.40	278.40	343.20	486.60	586.20	664.79	696.59	735.59	768.59	905.39
77	239.40	298.20	368.40	522.60	628.79	713.39	747.59	788.99	823.79	969.59
78	259.80	322.80	400.20	569.40	686.99	780.59	815.99	860.99	899.39	1052.99
79	280.80	350.40	435.00	620.99	749.99	854.39	891.59	940.19	982.19	1142.99
80	304.20	379.80	472.80	677.39	819.59	934.79	973.19	1026.59	1072.19	1240.79
81	329.40	412.20	513.60	737.99	895.19	1022.39	1063.19	1120.19	1169.99	1346.99
82	356.40	447.00	558.00	804.59	977.39	1118.39	1160.99	1223.39	1277.39	1462.79
83	378.00	475.20	595.80	862.19	1047.59	1198.79	1242.59	1307.39	1365.59	1561.79
84	401.40	505.20	635.39	923.99	1123.19	1283.99	1329.59	1397.39	1459.19	1667.39
85	425.40	537.00	677.99	989.99	1204.19	1375.79	1423.19	1493.99	1559.99	1780.79
86	451.20	570.60	722.99	1060.19	1291.19	1474.19	1523.39	1596.59	1667.39	1901.38
87	478.80	607.19	771.59	1135.79	1383.59	1579.79	1630.19	1706.99	1781.99	2030.38
88	508.20	645.59	823.19	1217.39	1483.79	1692.59	1744.79	1824.58	1904.98	2167.78
89	538.80	685.79	877.79	1303.79	1590.59	1813.78	1867.18	1949.98	2035.78	2314.78

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 22.80	$ 26.40	$ 31.20	$ 42.00	$ 49.80	$ 56.40	$ 59.40	$ 63.00	$ 65.40	$ 79.20
35-39	25.80	30.60	36.00	49.20	58.80	66.00	69.60	73.80	76.80	93.00
40	27.60	32.40	38.40	52.20	62.40	70.20	73.80	78.60	81.60	99.00
41	28.80	34.20	40.80	55.80	66.00	75.00	78.60	83.40	87.00	105.00
42	30.60	36.60	43.20	58.80	70.20	79.80	83.40	88.80	92.40	111.60
43	31.20	37.80	44.40	61.20	73.20	82.80	86.40	92.40	96.00	115.80
44	32.40	39.00	46.20	63.60	75.60	85.80	90.00	95.40	99.60	120.60
45	33.60	40.20	48.00	66.00	78.60	88.80	93.60	99.60	103.20	124.80
46	34.80	41.40	49.20	68.40	81.60	92.40	97.20	103.20	107.40	129.60
47	36.00	43.20	51.00	70.80	84.60	96.00	100.80	106.80	111.60	135.00
48	37.20	45.00	53.40	73.80	88.80	100.20	105.60	112.20	116.40	141.00
49	39.00	46.80	55.80	77.40	93.00	105.00	110.40	117.00	121.80	147.60
50	40.80	49.20	58.20	81.00	97.20	109.80	115.20	122.40	127.80	154.20
51	42.00	51.00	61.20	84.60	101.40	115.20	120.60	128.40	133.80	161.40
52	43.80	53.40	63.60	88.20	106.20	120.00	126.00	134.40	139.80	168.60
53	46.20	55.80	66.60	92.40	111.00	126.00	132.60	141.00	146.40	177.00
54	48.00	58.20	69.60	97.20	117.00	132.60	139.20	147.60	153.60	186.00
55	50.40	61.20	73.20	102.00	122.40	139.20	145.80	154.80	161.40	195.00
56	52.20	63.60	76.80	106.80	128.40	145.80	153.00	162.60	169.20	204.60
57	54.60	66.60	80.40	112.20	135.00	153.00	160.20	170.40	177.60	214.80
58	57.60	70.20	84.60	118.20	142.20	161.40	169.80	180.60	187.80	226.80
59	60.60	74.40	89.40	124.80	150.60	171.00	179.40	190.80	198.60	240.00
60	64.20	78.00	94.20	132.00	159.00	180.60	189.60	201.60	210.00	253.80
61	67.20	82.20	99.60	139.80	168.00	190.80	200.40	213.00	222.00	268.20
62	70.80	87.00	105.00	147.60	177.60	202.20	211.80	225.60	235.20	283.80
63	76.20	93.00	112.80	157.80	190.20	216.00	226.80	241.20	251.40	303.60
64	81.00	99.60	120.60	169.20	204.00	231.60	243.00	258.00	269.40	324.60
65	87.00	106.80	129.00	181.20	218.40	247.80	259.80	276.00	288.00	347.40
66	93.00	114.00	138.00	194.40	233.40	265.20	278.40	295.80	308.40	372.00
67	99.60	121.80	148.20	207.60	250.20	284.40	298.20	316.20	330.60	397.80
68	108.00	132.60	160.80	226.20	271.80	309.00	324.00	343.80	358.80	432.00
69	117.60	144.00	175.20	245.40	295.20	335.40	351.60	373.20	390.00	469.20
70	127.80	156.60	190.20	267.00	321.00	364.20	382.20	405.60	423.60	508.80
71	138.60	170.40	207.00	290.40	348.60	396.00	415.20	440.40	460.20	552.60
72	150.60	184.80	225.00	315.60	379.20	430.20	451.20	478.20	499.80	600.00
73	162.00	199.20	243.00	340.80	409.20	465.00	487.20	516.60	539.40	646.19
74	174.00	214.20	262.20	368.40	442.20	503.40	526.20	557.40	582.60	696.59
75	187.20	231.00	282.60	397.80	477.60	544.20	568.20	602.39	629.39	749.99
76	201.00	248.40	305.40	429.60	516.00	588.00	613.79	650.39	679.79	808.19
77	216.60	267.60	329.40	464.40	557.40	635.99	662.39	701.99	733.79	871.19
78	235.80	292.20	360.60	510.60	613.79	700.79	728.99	771.59	806.99	950.99
79	256.80	318.60	394.20	561.00	676.19	771.59	802.79	848.39	886.79	1037.99
80	279.60	347.40	431.40	616.19	743.99	850.19	883.19	932.39	974.39	1132.79
81	304.20	379.20	472.20	677.39	819.59	935.99	971.99	1024.79	1070.99	1237.19
82	331.20	413.40	516.60	744.59	902.39	1030.79	1069.79	1126.19	1177.19	1350.59
83	353.40	441.60	553.80	801.59	971.39	1109.99	1150.19	1208.99	1263.59	1448.39
84	376.20	471.60	594.00	862.79	1046.39	1194.59	1236.59	1297.79	1356.59	1553.39
85	400.80	504.00	637.19	928.19	1126.79	1285.79	1328.99	1393.79	1456.79	1666.19
86	427.20	538.20	683.39	998.99	1213.19	1383.59	1428.59	1496.39	1564.19	1786.79
87	455.40	574.80	733.19	1075.19	1306.19	1489.19	1535.99	1606.79	1679.39	1916.98
88	485.40	614.39	785.99	1156.79	1406.39	1602.59	1651.19	1724.99	1802.98	2055.58
89	517.20	655.79	842.99	1244.99	1514.99	1724.99	1775.39	1852.18	1935.58	2204.98

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 40.80	$ 49.20	$ 58.20	$ 80.40	$ 96.00	$ 109.20	$ 115.20	$ 123.00	$ 127.80	$ 156.60
35-39	42.60	51.00	60.60	84.00	100.80	114.60	120.60	128.40	133.80	163.80
40	43.20	52.20	61.80	85.80	103.20	117.00	123.00	131.40	136.80	167.40
41	44.40	53.40	63.00	87.60	105.00	119.40	125.40	133.80	139.80	170.40
42	45.00	54.60	64.80	89.40	107.40	121.80	128.40	136.80	142.80	174.00
43	45.60	55.20	65.40	90.60	108.60	123.60	130.20	138.60	144.60	176.40
44	46.20	55.80	66.00	91.80	110.40	124.80	131.40	140.40	146.40	178.20
45	46.80	56.40	67.20	93.00	111.60	126.60	133.20	142.20	148.20	180.60
46	46.80	57.00	67.80	94.20	112.80	128.40	135.00	144.00	150.00	183.00
47	47.40	57.60	68.40	95.40	114.60	129.60	136.80	145.80	151.80	185.40
48	48.60	58.80	69.60	97.20	116.40	132.60	139.20	148.20	154.80	188.40
49	49.20	59.40	71.40	99.00	118.80	135.00	141.60	151.20	157.80	192.00
50	50.40	60.60	72.60	100.80	121.20	137.40	144.60	154.20	160.80	195.60
51	51.00	61.80	73.80	102.60	123.60	140.40	147.60	157.20	163.80	199.20
52	52.20	63.00	75.00	104.40	126.00	142.80	150.00	160.20	166.80	203.40
53	52.80	64.20	76.80	106.80	128.40	145.80	153.60	163.20	170.40	207.60
54	54.00	65.40	78.60	109.20	131.40	148.80	156.60	166.80	174.00	211.80
55	55.20	66.60	79.80	111.60	133.80	152.40	159.60	170.40	177.60	216.00
56	55.80	68.40	81.60	114.00	136.80	155.40	163.20	174.00	181.20	220.80
57	57.00	69.60	83.40	115.80	139.80	158.40	166.80	177.60	184.80	225.00
58	58.80	72.00	86.40	120.00	144.60	164.40	172.80	183.60	191.40	232.80
59	61.20	74.40	89.40	124.20	150.00	169.80	178.80	190.20	198.60	241.20
60	63.00	76.80	92.40	129.00	154.80	176.40	184.80	196.80	205.20	249.60
61	64.80	79.20	95.40	133.20	160.20	182.40	191.40	204.00	213.00	258.60
62	67.20	82.20	99.00	138.00	166.20	189.00	198.60	211.20	220.20	267.60
63	71.40	87.00	104.40	146.40	175.80	199.80	210.00	223.20	233.40	283.20
64	75.60	91.80	111.00	154.80	186.60	211.80	222.60	236.40	246.60	299.40
65	79.80	97.20	117.60	164.40	197.40	224.40	235.20	250.20	261.60	316.80
66	84.60	103.20	124.80	174.00	208.80	237.60	249.00	264.60	276.60	335.40
67	90.60	111.00	133.80	185.40	221.40	251.40	264.00	280.20	292.80	354.60
68	98.40	120.00	145.20	201.00	239.40	270.00	283.20	300.60	313.80	380.40
69	106.20	129.60	156.60	217.80	259.20	292.80	306.60	324.60	338.40	407.40
70	115.20	140.40	169.80	235.80	280.80	316.80	331.80	351.00	366.60	440.40
71	124.20	151.80	183.60	255.00	304.20	343.20	359.40	379.80	396.60	476.40
72	134.40	163.80	198.60	276.00	328.80	371.40	388.80	411.00	429.00	514.80
73	142.20	174.00	211.80	294.60	351.60	397.20	415.80	439.20	459.00	548.40
74	149.40	183.00	223.20	310.80	371.40	420.60	439.20	464.40	485.40	578.40

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 36.00	$ 43.20	$ 51.00	$ 70.80	$ 85.20	$ 96.60	$ 101.40	$ 108.60	$ 113.40	$ 138.60
35-39	38.40	46.20	54.60	75.60	90.60	103.20	108.60	115.80	120.60	148.20
40	39.60	47.40	56.40	78.00	93.60	106.20	111.60	119.40	124.20	152.40
41	40.80	48.60	57.60	79.80	96.00	109.20	115.20	123.00	127.80	156.60
42	41.40	50.40	59.40	82.20	99.00	112.80	118.20	126.60	132.00	161.40
43	42.60	51.00	60.60	84.00	100.80	114.60	120.60	129.00	134.40	164.40
44	43.20	52.20	61.80	85.80	103.20	117.00	123.00	131.40	136.80	167.40
45	43.80	52.80	63.00	87.00	105.00	119.40	125.40	133.80	139.80	171.00
46	44.40	54.00	64.20	88.80	106.80	121.20	127.80	136.80	142.20	174.00
47	45.00	54.60	65.40	90.60	109.20	123.60	130.20	139.20	145.20	177.00
48	46.20	56.40	67.20	93.00	112.20	127.20	133.80	143.40	149.40	182.40
49	48.00	57.60	69.00	96.00	115.20	130.80	138.00	147.00	153.60	187.20
50	49.20	59.40	70.80	98.40	118.80	135.00	141.60	151.20	157.80	192.60
51	50.40	61.20	72.60	101.40	121.80	138.60	145.80	155.40	162.00	198.00
52	51.60	62.40	75.00	104.40	125.40	142.80	150.00	160.20	166.80	203.40
53	53.40	64.80	77.40	108.00	129.60	147.60	155.40	165.60	172.80	210.60
54	55.20	66.60	79.80	111.60	134.40	152.40	160.20	171.00	178.20	217.80
55	56.40	69.00	82.80	115.20	138.60	157.80	166.20	177.00	184.80	225.00
56	58.20	71.40	85.20	119.40	143.40	163.20	171.60	183.00	190.80	232.80
57	60.00	73.20	88.20	123.00	148.80	169.20	177.60	189.60	197.40	240.60
58	63.00	76.80	92.40	129.00	155.40	177.00	186.00	198.00	206.40	252.00
59	65.40	80.40	96.60	135.00	162.60	184.80	194.40	207.60	216.00	263.40
60	68.40	84.00	100.80	141.00	170.40	193.80	203.40	217.20	226.20	275.40
61	71.40	87.60	105.60	147.60	178.20	202.80	213.00	226.80	237.00	288.00
62	74.40	91.20	110.40	154.80	186.60	211.80	222.60	237.60	247.80	301.80
63	78.60	96.60	116.40	163.20	196.80	223.80	235.20	250.20	261.60	318.00
64	83.40	102.00	123.00	172.20	207.60	235.80	247.80	264.00	275.40	334.80
65	87.60	107.40	129.60	181.80	219.00	249.00	261.60	278.40	291.00	353.40
66	93.00	113.40	137.40	192.00	231.00	262.80	276.00	293.40	306.60	372.60
67	100.20	122.40	147.60	204.60	244.20	277.20	291.00	309.60	323.40	392.40
68	107.40	131.40	158.40	220.20	262.20	295.80	310.20	328.80	343.20	416.40
69	112.80	138.00	166.80	231.00	275.40	312.60	328.20	348.60	364.80	441.60
70	124.20	151.80	183.60	254.40	303.60	342.60	358.80	379.20	396.00	475.20
71	132.00	161.40	195.60	271.20	323.40	364.80	382.20	403.80	421.80	506.40
72	140.40	171.60	208.20	288.60	344.40	388.20	406.80	430.20	449.40	538.80
73	146.40	179.40	217.80	302.40	361.20	408.00	427.20	451.20	471.60	564.00
74	152.40	186.60	227.40	316.80	378.60	428.40	448.20	473.40	495.00	592.20

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 16.80	$ 19.20	$ 22.20	$ 28.80	$ 33.00	$ 36.60	$ 39.00	$ 41.40	$ 43.20	$ 52.80
35-39	19.20	22.20	25.80	33.60	39.60	43.80	46.20	49.20	51.60	63.00
40	19.80	23.40	27.00	36.00	41.40	46.20	49.20	52.20	54.60	66.60
41	21.00	24.60	28.20	37.80	43.80	49.20	52.20	55.20	57.60	70.80
42	21.60	25.80	30.00	39.60	46.80	52.20	55.20	58.80	61.20	75.00
43	22.80	26.40	31.20	41.40	48.60	54.60	57.60	61.20	64.20	78.60
44	23.40	27.60	32.40	43.80	51.00	57.60	60.60	64.20	67.20	82.20
45	24.60	28.80	34.20	45.60	53.40	60.00	63.60	67.20	70.80	86.40
46	25.20	30.00	35.40	48.00	56.40	63.00	66.60	70.80	73.80	90.60
47	26.40	31.20	37.20	49.80	58.80	66.00	69.60	74.40	77.40	95.40
48	27.60	32.40	38.40	52.20	61.20	69.00	73.20	77.40	81.00	99.60
49	28.20	33.60	40.20	54.60	64.20	72.00	76.20	81.00	84.60	103.80
50	29.40	35.40	42.00	56.40	67.20	75.60	79.80	84.60	88.80	108.60
51	30.60	36.60	43.20	59.40	70.20	79.20	83.40	88.80	93.00	113.40
52	31.80	37.80	45.00	61.80	73.20	82.80	87.00	93.00	97.20	118.80
53	33.00	40.20	48.00	65.40	77.40	87.60	92.40	98.40	102.60	125.40
54	34.80	42.00	50.40	69.00	82.20	93.00	97.80	104.40	109.20	133.20
55	36.60	44.40	53.40	73.20	87.00	98.40	103.80	110.40	115.80	141.00
56	39.00	46.80	56.40	77.40	92.40	104.40	109.80	117.00	122.40	150.00
57	40.80	49.80	59.40	82.20	97.80	110.40	117.00	124.20	130.20	159.00
58	43.20	52.80	63.60	87.60	104.40	118.20	124.80	133.20	139.20	169.80
59	46.20	56.40	67.80	93.60	111.60	126.60	133.80	142.20	148.80	181.80
60	49.20	60.00	72.00	100.20	119.40	135.60	142.80	152.40	159.00	194.40
61	52.20	63.60	77.40	106.80	127.80	145.20	153.00	162.60	170.40	207.60
62	55.80	67.80	82.20	114.60	136.80	155.40	163.80	174.00	182.40	222.00
63	60.00	73.20	88.80	123.60	147.60	167.40	177.00	188.40	196.80	239.40
64	64.80	79.20	96.00	133.80	159.60	181.20	190.80	203.40	212.40	258.60
65	69.60	85.20	103.80	144.60	172.80	195.60	206.40	219.60	229.80	279.00
66	75.00	91.80	111.60	156.00	186.60	211.80	223.20	237.00	248.40	301.20
67	81.00	99.00	120.60	168.60	201.60	228.60	241.20	256.20	268.20	325.20
68	88.80	109.20	132.60	185.40	222.00	252.00	265.20	282.00	294.60	357.60
69	97.80	120.00	145.80	204.00	244.20	277.20	292.20	310.20	324.60	393.00
70	107.40	132.00	160.80	224.40	268.80	305.40	321.60	341.40	357.00	432.00
71	118.20	145.20	177.00	247.20	296.40	336.00	354.00	375.60	392.40	474.60
72	129.60	159.60	194.40	272.40	325.80	370.20	389.40	412.80	432.00	522.00
73	140.40	172.80	210.60	295.20	354.00	401.40	422.40	447.60	468.00	565.20
74	151.20	186.60	228.60	320.40	384.60	436.20	458.40	485.40	507.60	611.39
75	163.20	201.60	247.20	348.00	417.60	473.40	497.40	526.20	550.20	662.39
76	176.40	218.40	268.20	377.40	453.60	514.20	540.00	570.60	597.00	716.99
77	190.20	235.80	290.40	409.80	492.00	558.60	586.20	618.59	646.79	776.39
78	208.80	259.20	320.40	452.40	543.60	616.79	646.79	681.59	712.79	854.39
79	229.20	285.00	352.80	499.80	601.19	681.59	713.39	751.19	785.39	940.79
80	251.40	313.80	388.80	552.00	664.19	752.99	787.79	827.39	865.79	1035.59
81	276.00	344.40	428.40	609.59	733.79	831.59	868.79	911.99	953.99	1139.99
82	302.40	379.20	471.60	673.19	810.59	918.59	958.79	1004.99	1051.19	1255.19
83	324.60	407.40	508.80	728.39	877.79	994.19	1036.19	1084.19	1133.99	1354.19
84	348.00	438.00	548.40	787.79	949.79	1075.79	1118.99	1169.99	1223.39	1460.39
85	373.20	470.40	591.00	851.99	1028.39	1163.99	1208.99	1262.39	1319.99	1575.59
86	400.20	505.80	637.19	921.59	1113.59	1259.99	1306.19	1361.99	1423.79	1699.79
87	429.00	543.60	686.99	997.19	1205.39	1363.19	1411.19	1469.39	1535.99	1833.58
88	459.60	584.40	740.99	1078.79	1304.99	1475.39	1523.99	1585.19	1657.19	1978.18
89	493.20	627.59	798.59	1166.99	1412.39	1596.59	1646.39	1710.59	1787.99	2134.18

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.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 31.80	$ 37.80	$ 45.00	$ 62.40	$ 75.60	$ 85.80	$ 91.20	$ 98.40	$ 102.60	$ 127.80
35-39	36.60	44.40	53.40	74.40	89.40	102.00	108.60	117.00	122.40	151.20
40	39.00	47.40	56.40	79.20	95.40	109.20	115.80	124.80	130.20	161.40
41	41.40	49.80	60.00	84.00	102.00	116.40	123.60	133.20	139.20	171.60
42	43.80	53.40	64.20	90.00	108.60	124.20	132.00	142.20	148.20	183.00
43	45.00	55.20	66.60	93.60	113.40	129.00	137.40	147.60	154.20	190.20
44	46.80	57.00	69.00	97.20	117.60	134.40	142.80	153.60	160.80	198.00
45	48.60	59.40	72.00	100.80	122.40	139.80	148.80	160.20	167.40	205.80
46	50.40	61.80	74.40	105.00	127.80	145.80	154.80	166.80	174.00	214.20
47	52.20	64.20	77.40	109.20	132.60	151.80	161.40	173.40	181.20	223.20
48	54.60	66.60	81.00	114.00	138.60	158.40	168.60	181.20	189.00	232.80
49	56.40	69.60	84.60	119.40	144.60	165.60	175.80	189.00	197.40	243.00
50	58.80	72.60	88.20	124.80	151.20	172.80	183.60	197.40	206.40	253.80
51	61.20	75.60	91.80	130.20	158.40	180.60	192.00	206.40	215.40	264.60
52	64.20	78.60	96.00	136.20	165.00	189.00	201.00	216.00	225.00	276.60
53	66.60	82.20	100.20	142.20	172.80	198.00	210.00	225.60	235.80	289.20
54	69.60	86.40	105.00	148.80	181.20	207.00	220.20	236.40	247.20	302.40
55	72.60	90.00	109.80	156.00	189.60	217.20	230.40	247.80	258.60	316.80
56	76.20	94.20	115.20	163.20	198.60	227.40	241.20	259.20	270.60	331.20
57	79.20	98.40	120.00	171.00	208.20	238.20	252.60	271.20	283.20	346.80
58	83.40	103.20	126.60	180.00	219.00	250.80	266.40	285.60	298.20	364.80
59	87.60	108.60	133.20	189.60	231.00	264.00	280.20	300.60	314.40	384.00
60	91.80	114.00	139.80	199.80	243.00	277.80	295.20	316.80	330.60	403.80
61	96.60	120.00	147.60	210.00	256.20	292.80	310.80	333.60	348.00	424.80
62	101.40	126.00	154.80	221.40	269.40	308.40	327.60	351.00	366.60	447.00
63	108.00	134.40	165.00	235.80	287.40	328.20	348.60	373.80	390.00	475.20
64	114.60	142.80	175.80	250.80	306.00	349.80	371.40	397.80	415.20	505.20
65	121.80	152.40	187.20	267.60	325.80	372.60	395.40	423.00	442.20	537.00
66	129.60	162.00	199.20	285.00	346.80	396.60	420.60	450.00	470.40	571.20
67	138.00	172.20	212.40	303.60	369.60	422.40	448.20	479.40	501.00	607.19
68	148.20	185.40	228.60	326.40	397.80	454.20	481.80	514.80	538.20	651.59
69	159.60	199.20	245.40	351.00	427.80	488.40	517.80	553.20	578.40	699.59
70	171.00	214.20	264.00	377.40	460.20	525.60	556.80	594.60	621.59	751.19
71	184.20	229.80	283.80	406.20	495.00	565.20	598.80	638.99	667.79	806.39
72	198.00	247.20	304.80	436.80	532.20	607.79	643.79	686.39	717.59	865.19
73	211.20	264.00	326.40	468.00	570.60	650.99	689.39	734.39	767.39	923.99
74	225.00	282.00	349.80	501.60	611.39	697.79	737.99	785.39	820.79	986.39
75	240.60	301.80	374.40	537.60	655.19	747.59	790.19	839.99	877.79	1052.99
76	256.20	322.20	400.80	576.00	702.59	800.99	846.59	898.19	938.99	1124.39
77	273.60	344.40	429.00	617.39	752.99	857.99	906.59	960.59	1004.39	1200.59
78	295.20	372.60	465.00	670.19	817.79	931.79	982.79	1039.79	1087.19	1298.39
79	319.20	402.60	504.00	727.79	887.99	1011.59	1066.19	1126.19	1177.19	1403.99
80	344.40	435.00	546.00	790.19	964.79	1097.99	1156.19	1219.19	1274.99	1517.99
81	371.40	470.40	591.60	857.39	1047.59	1192.19	1253.39	1320.59	1379.99	1641.59
82	401.40	508.80	640.79	931.19	1137.59	1294.19	1359.59	1429.79	1494.59	1775.39
83	424.20	539.40	680.99	992.39	1213.79	1379.99	1447.19	1519.79	1588.19	1887.58
84	448.20	571.20	723.59	1058.39	1294.79	1471.19	1540.19	1615.79	1688.39	2006.38
85	474.00	605.39	769.19	1127.99	1381.19	1568.39	1639.79	1717.19	1794.59	2132.38
86	501.00	641.39	817.19	1202.99	1473.59	1672.19	1745.39	1825.78	1907.98	2266.78
87	529.80	679.79	868.79	1282.19	1571.99	1783.19	1858.18	1940.98	2027.98	2409.58
88	560.40	720.59	923.39	1366.79	1676.39	1901.38	1977.58	2063.38	2155.18	2560.78
89	592.20	763.19	980.99	1457.39	1788.59	2026.78	2105.38	2192.98	2291.38	2722.18

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 81.00	$ 99.60	$ 120.60	$ 172.20	$ 209.40	$ 240.00	$ 253.20	$ 272.40	$ 283.20	$ 348.00
35-39	85.20	105.00	127.80	181.80	221.40	253.80	268.20	288.00	299.40	367.20
40	87.00	107.40	130.80	186.00	226.80	259.80	274.20	294.60	306.60	376.20
41	88.80	109.80	133.80	190.80	232.20	266.40	280.80	301.80	314.40	385.20
42	91.20	112.20	137.40	195.60	237.60	272.40	288.00	309.00	322.20	394.20
43	92.40	114.00	139.20	198.00	241.20	276.60	292.20	313.20	326.40	400.20
44	93.60	115.80	141.00	201.00	244.80	280.20	296.40	318.00	331.20	405.60
45	94.80	117.00	142.80	204.00	247.80	284.40	300.60	322.20	336.00	411.00
46	96.00	118.80	145.20	207.00	251.40	288.60	304.80	327.00	340.80	417.00
47	97.20	120.00	147.00	209.40	255.00	292.80	309.00	331.80	345.60	423.00
48	99.00	122.40	150.00	214.20	260.40	298.80	315.60	338.40	352.80	432.00
49	100.80	125.40	153.00	218.40	265.80	304.80	322.20	345.60	360.60	441.00
50	103.20	127.80	156.60	223.20	271.80	311.40	328.80	352.80	367.80	450.00
51	105.00	130.20	159.60	228.00	277.20	318.00	336.00	360.60	375.60	459.00
52	107.40	133.20	162.60	232.80	283.20	325.20	343.20	368.40	383.40	468.60
53	109.80	136.20	166.80	238.20	289.80	332.40	351.00	376.80	393.00	480.00
54	112.20	139.20	170.40	243.60	297.00	340.20	359.40	385.80	402.00	490.80
55	114.60	142.20	174.60	249.60	303.60	348.60	367.80	394.80	411.60	502.20
56	117.00	145.80	178.80	255.60	310.80	357.00	376.80	403.80	421.20	514.20
57	120.00	148.80	183.00	261.60	318.60	365.40	385.80	413.40	431.40	526.20
58	123.00	153.00	188.40	269.40	328.20	376.20	397.80	426.00	444.60	542.40
59	126.60	157.80	194.40	277.80	338.40	388.20	409.80	439.20	458.40	558.60
60	130.80	162.60	200.40	286.80	348.60	400.20	422.40	453.00	472.20	576.00
61	134.40	167.40	206.40	295.20	359.40	412.20	435.60	466.80	486.60	593.40
62	138.60	172.20	212.40	304.20	370.80	425.40	448.80	481.20	501.60	611.39
63	144.60	180.00	222.00	318.00	387.00	444.00	469.20	502.20	524.40	638.39
64	150.60	187.80	232.20	332.40	404.40	463.80	490.20	524.40	547.80	665.99
65	157.20	196.20	242.40	347.40	423.00	484.80	511.80	547.80	571.80	695.39
66	164.40	205.20	253.20	363.00	441.60	506.40	535.20	572.40	597.60	725.99
67	171.60	214.20	264.60	379.20	462.00	529.20	558.60	597.60	623.99	757.79
68	181.80	226.80	280.80	402.60	490.20	561.60	592.80	633.59	661.79	802.79
69	192.60	240.60	298.20	427.20	520.20	595.80	629.39	671.99	701.99	850.79
70	204.60	255.00	316.20	453.60	552.00	632.39	667.19	712.79	744.59	901.79
71	216.60	270.60	335.40	481.20	585.60	670.79	707.99	755.99	789.59	955.79
72	229.80	286.80	355.80	510.60	621.59	712.19	751.19	801.59	837.59	1012.79
73	243.00	303.60	376.80	541.20	658.79	754.19	795.59	847.79	885.59	1069.19
74	256.20	320.40	399.00	573.60	697.79	799.19	842.39	896.39	937.19	1129.19
75	270.60	339.00	422.40	607.79	739.79	846.59	892.19	947.99	991.19	1192.79
76	285.60	358.20	447.60	644.39	783.59	896.99	944.99	1002.59	1048.79	1259.39
77	301.20	378.60	473.40	682.79	830.39	949.79	1000.19	1060.79	1109.39	1330.19
78	322.80	406.20	508.80	734.99	894.59	1022.99	1076.39	1139.39	1190.99	1427.39
79	345.60	435.00	547.20	791.39	963.59	1101.59	1157.39	1223.99	1279.19	1531.19
80	370.20	466.80	588.00	851.99	1037.99	1186.19	1244.99	1314.59	1373.99	1642.79
81	396.00	500.40	631.79	917.39	1117.79	1277.39	1339.79	1411.79	1475.99	1762.79
82	424.20	537.00	678.59	987.59	1204.19	1375.19	1441.19	1516.79	1585.19	1891.18
83	446.40	565.80	717.59	1047.59	1277.99	1459.19	1526.39	1603.79	1676.39	2000.38
84	469.20	596.40	758.99	1111.19	1355.99	1547.39	1616.39	1696.79	1772.99	2115.58
85	493.80	628.79	802.19	1178.39	1439.39	1641.59	1711.79	1794.59	1875.58	2237.38
86	519.60	662.99	848.39	1249.79	1527.59	1741.19	1812.58	1897.78	1983.58	2366.38
87	546.60	698.99	896.99	1325.39	1621.19	1847.38	1919.98	2006.98	2097.58	2502.58
88	574.80	736.79	948.59	1405.79	1720.79	1959.58	2033.38	2122.78	2218.18	2646.58
89	604.79	776.99	1002.59	1490.99	1825.78	2078.38	2153.38	2245.18	2345.98	2798.98

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 53.40	$ 64.80	$ 78.00	$ 109.80	$ 132.60	$ 151.80	$ 160.20	$ 172.20	$ 179.40	$ 219.60
35-39	57.60	70.80	85.20	120.60	145.80	166.20	176.40	189.00	196.80	241.20
40	60.00	73.20	88.80	124.80	151.20	172.80	183.00	196.20	204.00	250.20
41	61.80	76.20	91.80	129.60	157.20	179.40	189.60	203.40	211.80	259.20
42	64.20	78.60	95.40	134.40	163.20	186.00	196.80	211.20	220.20	269.40
43	65.40	80.40	97.80	138.00	167.40	190.80	201.60	216.00	225.60	275.40
44	67.20	82.20	99.60	141.00	171.00	195.00	206.40	221.40	231.00	282.00
45	68.40	84.60	102.00	144.60	175.20	199.80	211.80	226.80	236.40	289.20
46	70.20	86.40	104.40	148.20	179.40	204.60	216.60	232.20	242.40	295.80
47	71.40	88.20	107.40	151.80	183.60	210.00	222.00	237.60	247.80	303.00
48	73.80	90.60	110.40	156.00	189.00	216.00	228.60	244.80	255.00	311.40
49	75.60	93.00	113.40	160.20	195.00	222.00	235.20	252.00	262.80	320.40
50	77.40	96.00	116.40	165.00	200.40	228.60	241.80	259.20	270.60	330.00
51	79.80	98.40	120.00	169.80	206.40	235.20	249.00	267.00	278.40	339.00
52	82.20	101.40	123.00	174.60	212.40	242.40	256.20	274.80	286.20	349.20
53	84.60	104.40	127.20	180.60	219.00	250.20	264.60	283.20	295.20	360.00
54	87.00	107.40	131.40	186.00	226.20	258.00	273.00	292.20	304.80	371.40
55	89.40	111.00	135.00	192.00	233.40	266.40	282.00	301.80	315.00	383.40
56	92.40	114.60	139.80	198.00	240.60	274.80	291.00	311.40	324.60	395.40
57	94.80	117.60	144.00	204.60	248.40	283.80	300.00	321.60	335.40	408.00
58	98.40	122.40	149.40	212.40	258.60	295.20	312.00	334.20	348.60	423.60
59	102.00	127.20	155.40	220.80	268.80	306.60	324.60	346.80	362.40	440.40
60	106.20	132.00	161.40	229.80	279.00	318.60	337.20	360.60	376.20	457.80
61	109.80	136.80	167.40	238.80	290.40	331.20	350.40	375.00	391.20	475.20
62	114.00	142.20	174.00	247.80	301.80	344.40	364.20	389.40	406.80	493.80
63	120.00	149.40	183.60	261.60	318.00	362.40	384.00	410.40	428.40	519.60
64	126.60	157.20	193.20	275.40	334.80	382.20	404.40	432.00	451.20	547.20
65	133.20	165.60	203.40	290.40	352.80	402.60	426.00	454.80	475.20	576.00
66	139.80	174.60	214.20	306.00	371.40	424.20	448.80	479.40	500.40	605.99
67	147.00	183.60	226.20	322.20	391.80	446.40	472.80	504.60	526.80	637.79
68	157.20	196.20	241.20	343.80	417.60	476.40	504.00	538.20	562.20	679.19
69	167.40	208.80	256.80	366.60	445.80	508.20	537.60	573.60	599.40	723.59
70	178.20	222.60	274.20	391.20	475.80	542.40	573.60	611.39	638.99	770.99
71	190.20	237.60	292.20	417.00	507.60	578.40	611.99	652.19	680.99	821.39
72	202.80	253.20	312.00	445.20	541.20	617.39	652.79	695.39	725.99	874.79
73	215.40	268.80	331.80	474.60	577.20	658.19	695.39	739.79	772.79	929.99
74	228.60	286.20	354.00	505.80	615.59	701.39	740.99	787.19	822.59	988.19
75	242.40	304.20	376.80	539.40	656.39	747.59	789.59	838.19	875.99	1049.99
76	257.40	323.40	401.40	575.40	700.19	796.79	841.19	891.59	932.39	1115.39
77	273.60	343.80	427.20	613.19	746.39	849.59	896.39	949.19	992.39	1185.59
78	294.60	370.80	462.00	664.19	808.19	919.79	969.59	1024.79	1071.59	1278.59
79	316.80	399.60	498.60	718.79	875.39	995.99	1048.79	1106.99	1157.39	1379.39
80	341.40	430.80	538.80	778.19	947.99	1078.19	1133.99	1195.79	1249.79	1487.99
81	367.20	464.40	582.00	842.39	1026.59	1166.99	1226.39	1291.19	1349.39	1604.99
82	395.40	501.00	628.79	911.39	1111.79	1263.59	1326.59	1394.39	1457.39	1731.59
83	417.60	529.80	667.79	970.79	1184.99	1346.39	1410.59	1481.39	1547.99	1838.98
84	441.00	561.00	709.19	1033.79	1262.99	1433.99	1500.59	1573.19	1643.99	1952.98
85	465.60	594.00	752.99	1101.59	1346.39	1527.59	1595.99	1670.99	1745.99	2074.18
86	492.00	628.79	799.19	1172.99	1434.59	1627.19	1697.39	1774.79	1854.58	2203.18
87	519.60	665.99	848.39	1249.19	1528.79	1733.39	1804.78	1885.18	1969.78	2339.98
88	549.00	704.99	901.19	1330.79	1629.59	1846.18	1919.98	2002.18	2091.58	2484.58
89	579.60	746.39	956.39	1417.19	1736.99	1966.78	2041.78	2126.38	2221.78	2638.78

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 36.00	$ 43.80	$ 52.20	$ 72.00	$ 86.40	$ 98.40	$ 103.80	$ 111.00	$ 115.80	$ 142.20
35-39	40.20	49.20	58.80	81.60	97.80	111.60	117.60	126.00	131.40	161.40
40	42.00	51.00	61.20	85.80	102.60	117.00	123.60	132.60	138.00	169.20
41	44.40	53.40	64.20	90.00	108.00	123.00	129.60	139.20	144.60	177.60
42	46.20	56.40	67.80	94.20	113.40	129.00	136.20	145.80	151.80	186.60
43	47.40	57.60	69.60	97.20	117.00	133.20	141.00	150.60	157.20	192.60
44	49.20	59.40	72.00	100.20	120.60	137.40	145.20	155.40	162.00	198.60
45	50.40	61.20	74.40	103.80	124.80	142.20	150.00	160.80	167.40	205.20
46	51.60	63.60	76.20	106.80	129.00	147.00	154.80	165.60	172.80	211.80
47	53.40	65.40	78.60	110.40	133.20	151.80	160.20	171.00	178.80	218.40
48	55.20	67.80	81.60	114.60	138.00	157.20	166.20	177.60	185.40	226.80
49	57.00	70.20	84.60	118.80	143.40	163.20	172.20	184.20	192.60	235.20
50	59.40	72.60	87.60	123.60	148.80	169.20	178.80	191.40	199.80	243.60
51	61.20	75.00	91.20	127.80	154.20	175.80	185.40	198.60	207.00	253.20
52	63.60	78.00	94.20	132.60	160.20	182.40	192.60	205.80	214.80	262.20
53	66.00	81.00	97.80	138.00	166.20	189.60	200.40	214.20	223.20	273.00
54	68.40	84.00	102.00	143.40	173.40	197.40	208.20	222.60	232.20	283.80
55	70.80	87.00	105.60	149.40	180.00	205.20	216.60	231.60	241.80	294.60
56	73.20	90.60	109.80	155.40	187.20	213.60	225.60	241.20	251.40	306.60
57	76.20	93.60	114.60	161.40	195.00	222.00	234.60	250.80	261.60	318.60
58	79.20	97.80	119.40	169.20	204.00	232.80	245.40	262.80	274.20	333.60
59	82.80	102.60	125.40	177.00	213.60	243.60	257.40	274.80	286.80	349.80
60	87.00	107.40	131.40	185.40	223.80	255.60	269.40	288.00	300.60	366.00
61	90.60	112.20	137.40	194.40	234.60	267.60	282.60	301.80	315.00	383.40
62	94.80	117.60	143.40	203.40	246.00	280.80	295.80	316.20	330.00	401.40
63	100.20	124.20	152.40	216.00	261.00	297.60	313.80	335.40	349.80	425.40
64	106.20	132.00	161.40	228.60	276.60	315.60	333.00	355.20	370.80	450.60
65	112.80	139.80	171.60	243.00	293.40	334.80	353.40	376.80	393.60	477.60
66	119.40	148.20	181.80	257.40	311.40	355.20	374.40	399.60	417.00	505.80
67	126.60	156.60	192.60	273.00	330.00	376.80	397.20	423.60	442.20	535.80
68	135.60	168.00	207.00	293.40	354.60	404.40	426.60	454.20	474.60	574.20
69	145.20	180.60	222.00	315.00	380.40	433.80	457.80	487.20	509.40	615.59
70	156.00	193.20	238.20	337.80	408.60	466.20	491.40	523.20	546.00	659.99
71	167.40	207.60	255.60	362.40	438.60	500.40	527.40	561.00	586.20	707.39
72	179.40	222.60	274.20	389.40	470.40	537.00	565.80	601.79	628.79	758.39
73	191.40	238.20	293.40	417.60	504.60	576.00	606.59	644.39	673.19	810.59
74	204.60	254.40	314.40	447.60	541.80	617.39	649.79	689.99	721.19	866.99
75	218.40	272.40	337.20	480.00	580.80	662.39	696.59	738.59	772.19	926.99
76	233.40	291.00	361.20	514.80	623.39	710.39	746.99	790.79	826.79	990.59
77	249.00	311.40	386.40	552.60	668.39	761.39	800.39	846.59	884.99	1058.99
78	269.40	337.20	420.00	601.19	727.79	829.19	869.99	919.19	960.59	1148.39
79	291.60	365.40	456.00	653.99	791.99	902.39	946.19	997.79	1042.79	1245.59
80	315.00	396.00	495.00	711.59	862.19	982.19	1028.99	1083.59	1132.19	1350.59
81	340.80	429.00	537.60	774.59	938.99	1068.59	1118.39	1175.99	1229.39	1465.19
82	369.00	465.00	583.80	842.99	1022.39	1163.39	1216.19	1276.79	1334.39	1588.79
83	391.20	493.80	622.79	901.19	1093.79	1244.39	1298.39	1361.99	1423.19	1693.79
84	414.60	525.00	663.59	963.59	1170.59	1330.79	1386.59	1452.59	1517.39	1806.58
85	439.80	558.00	707.39	1030.79	1252.19	1423.19	1480.19	1548.59	1618.19	1925.98
86	466.20	593.40	754.19	1102.19	1340.39	1522.19	1580.99	1651.79	1725.59	2053.78
87	494.40	630.59	803.99	1178.99	1433.99	1628.39	1687.79	1761.59	1839.58	2189.98
88	524.40	670.19	856.79	1260.59	1534.79	1741.79	1802.38	1877.98	1961.98	2335.78
89	556.20	712.19	913.19	1348.19	1642.19	1862.98	1924.78	2002.78	2092.18	2490.58

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 24.00	$ 28.20	$ 33.00	$ 45.00	$ 54.00	$ 61.20	$ 64.80	$ 69.60	$ 72.00	$ 89.40
35-39	27.00	32.40	38.40	52.80	63.00	72.00	76.20	81.60	84.60	104.40
40	28.80	34.20	40.80	55.80	67.20	76.20	80.40	86.40	90.00	111.00
41	30.60	36.60	43.20	59.40	71.40	81.00	85.80	91.80	95.40	117.60
42	31.80	38.40	45.60	63.00	75.60	86.40	91.20	97.80	101.40	124.80
43	33.00	39.60	47.40	65.40	78.60	89.40	94.80	101.40	105.60	129.60
44	34.20	41.40	49.20	67.80	81.60	93.00	98.40	105.00	109.80	134.40
45	35.40	42.60	51.00	70.80	84.60	96.60	102.00	109.20	114.00	139.80
46	36.60	43.80	52.80	73.20	88.20	100.20	105.60	113.40	118.20	145.20
47	37.80	45.60	54.60	75.60	91.20	103.80	109.80	117.60	122.40	150.60
48	39.00	47.40	57.00	79.20	95.40	108.60	114.60	123.00	128.40	157.20
49	40.80	49.80	59.40	82.80	99.60	114.00	120.00	129.00	133.80	164.40
50	42.60	51.60	62.40	86.40	104.40	118.80	125.40	134.40	140.40	172.20
51	44.40	54.00	64.80	90.60	109.20	124.80	131.40	141.00	146.40	180.00
52	46.20	56.40	67.80	94.80	114.00	130.20	137.40	147.60	153.60	187.80
53	48.00	58.80	70.80	99.00	120.00	136.80	144.00	154.80	160.80	197.40
54	50.40	61.80	74.40	103.80	125.40	143.40	151.20	162.00	168.60	207.00
55	52.80	64.20	78.00	109.20	132.00	150.60	158.40	169.80	177.00	216.60
56	55.20	67.20	81.60	114.60	138.00	157.80	166.20	178.20	186.00	227.40
57	57.60	70.20	85.20	120.00	145.20	165.60	174.60	187.20	195.00	238.20
58	60.60	74.40	90.00	126.60	153.00	175.20	184.80	197.40	205.80	252.00
59	63.60	78.60	94.80	133.80	162.00	184.80	195.00	208.80	217.80	266.40
60	67.20	82.80	100.20	141.60	171.00	195.60	206.40	220.80	230.40	281.40
61	70.80	87.00	105.60	149.40	180.60	206.40	217.80	233.40	243.00	297.00
62	74.40	91.80	111.60	157.80	190.80	218.40	230.40	246.60	257.40	313.80
63	79.80	98.40	119.40	169.20	204.60	234.00	246.60	263.40	274.80	335.40
64	85.20	105.00	127.80	181.20	219.00	250.20	264.00	282.00	294.00	358.80
65	91.20	112.20	136.80	193.80	234.00	267.60	282.00	301.80	314.40	383.40
66	97.20	120.00	147.00	207.60	250.80	286.20	301.80	322.20	336.60	409.20
67	103.80	128.40	157.20	222.00	268.20	306.60	322.80	345.00	360.00	437.40
68	112.80	139.80	170.40	241.20	291.60	333.00	350.40	374.40	390.60	474.60
69	123.00	151.80	185.40	262.20	316.20	361.20	380.40	405.60	424.20	514.20
70	133.20	164.40	201.60	284.40	343.80	392.40	413.40	440.40	460.20	557.40
71	144.60	178.80	219.00	309.00	373.20	426.00	448.80	477.60	499.20	604.19
72	157.20	194.40	237.60	336.00	405.60	462.60	487.20	518.40	541.80	655.19
73	168.60	208.80	256.20	362.40	438.00	499.20	525.60	558.60	583.80	704.99
74	181.20	225.00	276.60	391.80	472.80	538.80	567.00	601.79	628.79	758.39
75	195.00	241.80	298.20	423.00	510.60	581.40	611.39	648.59	677.99	815.99
76	209.40	260.40	321.60	456.60	550.80	627.59	659.99	698.39	730.79	877.79
77	225.00	280.20	346.80	492.60	595.20	677.39	711.59	752.39	787.19	944.39
78	245.40	305.40	379.20	540.00	651.59	741.59	778.79	821.99	859.79	1030.79
79	267.00	333.60	414.60	591.00	713.99	812.39	851.99	898.19	939.59	1124.39
80	290.40	363.60	453.00	647.39	782.39	889.79	932.39	980.99	1025.99	1226.99
81	316.20	396.60	495.00	709.19	857.39	974.39	1019.99	1071.59	1120.79	1339.19
82	344.40	432.00	541.20	776.39	938.99	1067.39	1115.99	1170.59	1224.59	1460.99
83	366.60	462.00	580.20	835.19	1010.39	1147.79	1197.59	1255.19	1312.79	1565.99
84	391.20	493.20	621.59	898.19	1087.19	1234.19	1285.79	1345.79	1407.59	1678.79
85	416.40	526.80	665.99	965.39	1169.39	1327.19	1380.59	1442.39	1508.99	1799.39
86	444.00	562.80	713.99	1037.99	1258.19	1427.39	1481.99	1546.79	1617.59	1928.98
87	472.80	601.19	764.99	1116.59	1354.19	1534.79	1590.59	1657.79	1733.99	2067.58
88	504.00	642.59	820.19	1200.59	1456.79	1649.99	1707.59	1777.19	1858.78	2216.38
89	537.00	686.39	878.99	1290.59	1567.19	1774.19	1833.58	1905.58	1992.58	2375.38

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 43.20	$ 52.20	$ 61.80	$ 86.40	$ 103.80	$ 118.80	$ 126.00	$ 135.60	$ 141.60	$ 176.40
35-39	45.00	54.60	64.80	90.60	109.20	124.80	132.00	142.20	148.20	184.20
40	45.60	55.20	66.00	92.40	111.60	127.20	135.00	145.20	151.20	188.40
41	46.80	56.40	67.80	94.20	114.00	130.20	137.40	148.20	154.20	192.00
42	47.40	57.60	69.00	96.00	116.40	132.60	140.40	151.20	157.80	196.20
43	48.00	58.20	69.60	97.20	117.60	134.40	142.20	153.00	159.60	198.00
44	48.60	58.80	70.80	98.40	118.80	136.20	144.00	154.80	161.40	200.40
45	49.20	59.40	71.40	99.60	120.60	138.00	145.80	156.60	163.20	202.80
46	49.80	60.60	72.60	100.80	121.80	139.20	147.60	159.00	165.60	205.20
47	49.80	61.20	73.20	102.60	123.60	141.00	149.40	160.80	167.40	207.60
48	51.00	61.80	74.40	104.40	126.00	144.00	152.40	163.80	170.40	211.80
49	51.60	63.00	76.20	106.20	128.40	146.40	154.80	166.80	174.00	215.40
50	52.80	64.20	77.40	108.00	130.80	149.40	157.80	169.80	177.00	219.60
51	54.00	65.40	78.60	110.40	133.20	152.40	160.80	173.40	180.60	223.20
52	54.60	66.60	80.40	112.20	135.60	155.40	163.80	176.40	183.60	227.40
53	55.80	67.80	81.60	114.60	138.60	158.40	167.40	180.00	187.80	232.20
54	57.00	69.60	83.40	117.00	141.60	162.00	171.00	183.60	191.40	237.00
55	57.60	70.80	85.20	119.40	144.60	165.00	174.60	187.80	195.60	241.80
56	58.80	72.00	87.00	122.40	147.60	168.60	178.20	191.40	199.80	246.60
57	60.00	73.80	88.80	124.80	150.60	172.20	181.80	195.60	204.00	251.40
58	61.80	76.20	91.80	129.00	156.00	178.20	188.40	202.20	210.60	259.80
59	64.20	78.60	94.80	133.80	161.40	184.80	195.00	209.40	218.40	268.80
60	66.00	81.00	98.40	138.00	166.80	191.40	201.60	216.60	225.60	278.40
61	68.40	84.00	101.40	142.80	172.80	198.00	208.80	224.40	234.00	288.00
62	70.80	87.00	105.00	148.20	178.80	204.60	216.00	232.20	241.80	297.60
63	75.00	91.80	111.60	156.60	189.60	216.60	228.60	245.40	256.20	314.40
64	79.20	97.20	118.20	166.20	200.40	229.20	242.40	259.20	270.60	332.40
65	84.00	103.20	124.80	175.80	212.40	243.00	256.20	274.20	286.20	351.00
66	88.80	109.20	132.60	186.00	225.00	256.80	271.20	289.80	303.00	370.80
67	95.40	117.00	142.20	198.60	238.20	271.80	286.80	306.60	320.40	391.80
68	103.20	126.60	154.20	214.80	257.40	292.20	307.80	328.20	343.20	418.80
69	111.60	136.80	166.80	232.80	278.40	316.20	333.00	353.40	369.60	448.20
70	120.60	147.60	180.00	251.40	301.20	342.00	360.00	382.20	399.60	483.60
71	130.20	159.60	194.40	271.80	325.80	369.60	389.40	412.80	432.00	522.00
72	140.40	172.20	210.00	294.00	352.20	399.60	420.60	445.80	466.20	563.40
73	148.80	183.00	223.20	313.20	375.00	426.00	447.60	474.60	496.20	598.80
74	156.00	192.00	235.20	330.00	396.00	449.40	472.20	499.80	522.60	629.99

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 38.40	$ 46.20	$ 54.60	$ 76.20	$ 91.80	$ 105.00	$ 111.60	$ 120.60	$ 125.40	$ 157.20
35-39	40.20	49.20	58.20	81.00	97.80	112.20	118.80	128.40	133.80	167.40
40	41.40	50.40	60.00	83.40	100.80	115.80	122.40	132.00	137.40	172.20
41	42.60	51.60	61.80	86.40	103.80	118.80	126.00	136.20	141.60	177.00
42	43.80	53.40	63.60	88.80	106.80	122.40	129.60	139.80	145.80	181.80
43	44.40	54.00	64.80	90.60	109.20	124.80	132.00	142.80	148.80	185.40
44	45.60	55.20	66.00	91.80	111.00	127.20	135.00	145.20	151.20	189.00
45	46.20	55.80	67.20	93.60	113.40	129.60	137.40	148.20	154.20	192.00
46	46.80	57.00	68.40	95.40	115.20	132.00	139.80	150.60	157.20	195.60
47	47.40	58.20	69.60	97.20	117.60	134.40	142.80	153.60	160.20	199.20
48	49.20	59.40	71.40	100.20	121.20	138.60	146.40	157.80	164.40	204.60
49	50.40	61.20	73.80	103.20	124.20	142.20	150.60	162.60	169.20	210.60
50	51.60	63.00	75.60	105.60	127.80	146.40	154.80	166.80	174.00	216.00
51	52.80	64.80	77.40	108.60	131.40	150.60	159.60	171.60	178.80	222.00
52	54.00	66.00	79.80	111.60	135.60	154.80	163.80	176.40	184.20	228.00
53	55.80	68.40	82.20	115.80	139.80	160.20	169.20	182.40	190.20	235.80
54	57.60	70.80	85.20	119.40	144.60	165.60	175.20	188.40	196.80	243.60
55	59.40	73.20	88.20	123.60	149.40	171.60	181.20	195.00	203.40	252.00
56	61.20	75.60	91.20	127.80	154.80	177.00	187.20	201.60	210.60	260.40
57	63.60	78.00	94.20	132.60	160.20	183.60	193.80	208.80	217.20	268.80
58	66.00	81.00	98.40	138.60	167.40	192.00	202.80	217.80	227.40	281.40
59	69.00	84.60	102.60	144.60	175.20	201.00	212.40	228.00	238.20	294.00
60	72.00	88.80	107.40	151.20	183.60	210.00	222.00	238.80	249.00	307.20
61	75.00	92.40	112.20	158.40	192.00	219.60	232.20	249.60	260.40	321.00
62	78.60	96.60	117.60	165.60	201.00	229.80	243.00	261.00	272.40	335.40
63	82.80	102.00	123.60	175.20	211.80	242.40	256.20	274.80	286.80	353.40
64	87.60	107.40	130.80	184.80	223.20	255.60	270.00	289.80	302.40	372.00
65	92.40	113.40	138.00	195.00	235.80	269.40	285.00	305.40	318.60	391.20
66	97.80	120.00	145.80	205.80	248.40	284.40	300.00	321.60	336.00	412.20
67	105.00	129.00	156.60	219.00	262.20	300.00	316.20	338.40	354.00	433.80
68	112.80	138.60	168.60	235.20	282.00	319.80	337.20	358.80	375.00	459.00
69	118.20	145.20	177.00	247.20	295.80	337.80	356.40	380.40	397.80	486.00
70	130.20	159.60	194.40	271.80	325.80	369.60	388.80	412.80	432.00	522.60
71	138.00	169.80	207.00	289.20	346.80	393.00	414.00	439.20	459.60	555.60
72	147.00	180.60	219.60	307.80	368.40	418.20	439.80	466.80	487.80	589.80
73	153.00	188.40	229.80	322.20	385.80	438.00	460.80	487.80	510.60	615.59
74	159.00	196.20	240.00	336.60	403.80	457.80	481.20	510.00	533.40	646.79

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Available Discounts

SPOUSAL DISCOUNTS

A 35% spousal discount will apply to both spouses' premiums when they both purchase coverage.

A 15% married discount will apply when only one married applicant purchases coverage.

A 10% companion discount will apply to two non-married insureds who have lived together for at least five years when they both purchase coverage.

RISK CLASSES

Policies that qualify as a preferred risk under our current underwriting guidelines will be issued with a 10% premium discount.

Policies providing coverage for applicants who would not qualify for coverage under our current issue standards may be issued with premium loads of 25%, 50%, or 100%.

OTHER DISCOUNTS

For associations that meet certain criteria, there will be a 5% premium discount.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N650

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N650 for Elimination Periods other than 90 day, multiply the appropriate Elimination Period factor from below times the corresponding 90 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period								
	0 Day	15 Day	30 Day	60 Day	180 Day	365 Day	730 Day	1095 Day	1460 Day
365	1.43	1.31	1.18	1.12	0.89	0.77	0.67	0.55	0.42
500	1.43	1.31	1.18	1.12	0.89	0.79	0.70	0.55	0.44
730	1.43	1.31	1.18	1.12	0.89	0.79	0.75	0.56	0.44
1,095	1.39	1.29	1.17	1.10	0.86	0.80	0.70	0.54	0.44
1,460	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
1,825	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,190	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,920	1.33	1.25	1.15	1.08	0.89	0.81	0.65	0.53	0.44
Unlimited	1.33	1.25	1.15	1.08	0.89	0.81	0.64	0.52	0.43

To determine the annual premium rates for Policy Form GR-N650 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.98.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,555 multiplier option times 0.98.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 309A
Additional Services Benefit Rider
(When attached to Base Policy GR-N650)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N650 for the Additional Services Benefit Rider, multiply the factor from below times the annual premium.

Additional Services Benefit Rider 309A Factor

0.0125

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 321L
Enhanced Services Benefit Rider
(When attached to Base Policy GR-N650)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N650 for the Enhanced Services Benefit Rider, multiply the factor from below times the annual premium.

Enhanced Services Rider 321L Factor
0.0535

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 310A
Comprehensive Services Benefit Rider
(When attached to Base Policy GR-N650)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N650 for the Comprehensive Services Benefit Rider, multiply the factor from below times the annual premium.

Comprehensive Services Rider 310A Factor
0.062

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 228R
Return of Premium
(When attached to Base Policy GR-N650)

Premium Rate Factors

To calculate the annual premium for Rider Form 228R, multiply the annual premium times the appropriate age's premium rate factor from below.

Issue Age	Factor	Issue Age	Factor
18-34	0.671	68	0.506
35-39	0.708	69	0.498
40-44	0.746	70	0.490
45-49	0.756	71	0.482
50	0.705	72	0.474
51	0.688	73	0.457
52	0.672	74	0.441
53	0.658	75	0.425
54	0.645	76	0.409
55	0.631	77	0.393
56	0.618	78	0.381
57	0.605	79	0.368
58	0.598	80	0.356
59	0.590	81	0.344
60	0.583	82	0.332
61	0.575	83	0.321
62	0.568	84	0.311
63	0.557	85	0.301
64	0.546	86	0.290
65	0.535	87	0.280
66	0.525	88	0.270
67	0.514	89	0.260

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A
Shortened Benefit Period
(When attached to Base Policy GR-N650)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-2,000	2,001-Unlimited
18-52	0.224	0.176	0.156	0.141	0.124
53	0.215	0.170	0.151	0.137	0.121
54	0.206	0.164	0.147	0.133	0.119
55	0.198	0.158	0.142	0.129	0.116
56	0.190	0.152	0.138	0.126	0.113
57	0.182	0.147	0.134	0.122	0.111
58	0.177	0.144	0.131	0.120	0.109
59	0.172	0.140	0.129	0.118	0.108
60	0.167	0.137	0.126	0.117	0.106
61	0.162	0.134	0.123	0.115	0.105
62	0.157	0.131	0.121	0.113	0.103
63	0.153	0.129	0.119	0.112	0.102
64	0.150	0.127	0.118	0.110	0.101
65	0.147	0.126	0.116	0.109	0.100
66	0.143	0.124	0.115	0.107	0.099
67	0.140	0.122	0.113	0.106	0.098
68	0.137	0.120	0.111	0.105	0.097
69	0.135	0.117	0.109	0.103	0.096
70	0.132	0.115	0.108	0.102	0.095
71	0.129	0.113	0.106	0.100	0.094
72	0.127	0.111	0.104	0.099	0.093
73	0.121	0.106	0.100	0.095	0.090
74	0.115	0.102	0.096	0.091	0.087
75	0.109	0.098	0.092	0.088	0.084
76	0.104	0.094	0.088	0.084	0.081
77	0.099	0.090	0.085	0.081	0.078
78	0.096	0.088	0.083	0.080	0.077
79	0.094	0.085	0.081	0.078	0.076
80	0.091	0.083	0.079	0.077	0.074
81	0.088	0.081	0.078	0.075	0.073
82	0.086	0.079	0.076	0.074	0.072
83	0.083	0.076	0.074	0.072	0.070
84	0.080	0.074	0.072	0.070	0.069
85	0.077	0.072	0.070	0.068	0.067
86	0.075	0.069	0.068	0.067	0.066
87	0.072	0.067	0.066	0.065	0.064
88	0.069	0.065	0.064	0.063	0.063
89	0.067	0.063	0.062	0.062	0.061

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 10-Pay
(When attached to Base Policy GR-N650)

Premium Rate Factors for the 10-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	2.160	2.940	3.710	3.450	3.170	2.833	3.274	3.196
35-39	2.130	2.780	3.330	3.140	2.930	2.663	2.978	2.915
40-44	2.050	2.580	2.960	2.820	2.670	2.463	2.677	2.601
45-49	1.920	2.390	2.780	2.560	2.400	2.240	2.337	2.296
50	1.896	2.305	2.640	2.444	2.272	2.147	2.188	2.173
51	1.888	2.277	2.594	2.407	2.230	2.116	2.140	2.132
52	1.880	2.250	2.550	2.370	2.190	2.087	2.103	2.099
53	1.818	2.173	2.453	2.282	2.110	2.013	2.015	2.019
54	1.758	2.098	2.359	2.197	2.034	1.942	1.935	1.944
55	1.700	2.027	2.270	2.115	1.960	1.873	1.858	1.873
56	1.644	1.957	2.183	2.036	1.889	1.807	1.784	1.804
57	1.590	1.890	2.100	1.960	1.820	1.743	1.713	1.735
58	1.530	1.817	2.015	1.882	1.746	1.674	1.639	1.665
59	1.471	1.746	1.934	1.807	1.676	1.608	1.567	1.595
60	1.416	1.678	1.856	1.735	1.608	1.544	1.501	1.530
61	1.362	1.613	1.782	1.666	1.542	1.482	1.434	1.466
62	1.310	1.550	1.710	1.600	1.480	1.423	1.373	1.408
63	1.248	1.455	1.606	1.498	1.395	1.346	1.301	1.328
64	1.190	1.366	1.509	1.402	1.314	1.273	1.232	1.256
65	1.134	1.282	1.417	1.312	1.239	1.204	1.167	1.187
66	1.081	1.204	1.331	1.229	1.167	1.138	1.107	1.123
67	1.030	1.130	1.250	1.150	1.100	1.077	1.051	1.065
68	0.948	1.057	1.154	1.075	1.035	1.006	0.973	0.990
69	0.872	0.989	1.066	1.004	0.973	0.939	0.900	0.913
70	0.803	0.925	0.985	0.939	0.915	0.878	0.831	0.852
71	0.739	0.866	0.910	0.877	0.861	0.820	0.766	0.786
72	0.680	0.810	0.840	0.820	0.810	0.767	0.705	0.721
73	0.623	0.726	0.751	0.734	0.726	0.692	0.639	0.647
74	0.571	0.652	0.672	0.656	0.652	0.625	0.577	0.582
75	0.524	0.584	0.600	0.587	0.584	0.564	n/a	n/a
76	0.480	0.524	0.537	0.525	0.524	0.509	n/a	n/a
77	0.440	0.470	0.480	0.470	0.470	0.460	n/a	n/a
78	0.396	0.424	0.434	0.424	0.424	0.415	n/a	n/a
79	0.357	0.382	0.392	0.382	0.382	0.374	n/a	n/a
80	0.321	0.344	0.355	0.344	0.344	0.336	n/a	n/a
81	0.289	0.311	0.321	0.311	0.311	0.304	n/a	n/a
82	0.260	0.280	0.290	0.280	0.280	0.273	n/a	n/a
83	0.223	0.244	0.251	0.244	0.240	0.234	n/a	n/a
84	0.191	0.212	0.217	0.212	0.206	0.201	n/a	n/a
85	0.163	0.185	0.187	0.185	0.177	0.172	n/a	n/a
86	0.140	0.161	0.162	0.161	0.152	0.148	n/a	n/a
87	0.120	0.140	0.140	0.140	0.130	0.127	n/a	n/a
88	0.103	0.122	0.121	0.122	0.112	0.109	n/a	n/a
89	0.088	0.106	0.105	0.106	0.096	0.093	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 20-Pay
(When attached to Base Policy GR-N650)

Premium Rate Factors for the 20-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.850	1.280	1.700	1.560	1.400	1.217	1.460	1.415
35-39	0.840	1.190	1.490	1.380	1.270	1.127	1.295	1.262
40-44	0.790	1.070	1.280	1.210	1.130	1.017	1.133	1.092
45-49	0.720	0.970	1.190	1.070	0.980	0.893	0.946	0.923
50	0.714	0.940	1.123	1.015	0.919	0.851	0.873	0.865
51	0.712	0.930	1.101	0.997	0.899	0.837	0.850	0.845
52	0.710	0.920	1.080	0.980	0.880	0.823	0.832	0.830
53	0.684	0.886	1.037	0.941	0.845	0.791	0.793	0.795
54	0.659	0.852	0.995	0.904	0.812	0.761	0.757	0.762
55	0.635	0.820	0.955	0.868	0.780	0.732	0.723	0.732
56	0.612	0.790	0.917	0.833	0.749	0.703	0.691	0.701
57	0.590	0.760	0.880	0.800	0.720	0.677	0.659	0.672
58	0.551	0.715	0.831	0.753	0.675	0.634	0.614	0.628
59	0.515	0.673	0.784	0.708	0.632	0.593	0.570	0.586
60	0.481	0.633	0.740	0.666	0.592	0.555	0.530	0.547
61	0.450	0.595	0.699	0.627	0.555	0.520	0.492	0.511
62	0.420	0.560	0.660	0.590	0.520	0.487	0.457	0.478
63	0.395	0.515	0.609	0.543	0.480	0.452	0.425	0.442
64	0.372	0.474	0.561	0.500	0.444	0.420	0.396	0.410
65	0.350	0.437	0.517	0.460	0.410	0.390	0.369	0.380
66	0.329	0.402	0.477	0.424	0.379	0.362	0.344	0.353
67	0.310	0.370	0.440	0.390	0.350	0.337	0.322	0.330
68	0.272	0.342	0.396	0.357	0.325	0.307	0.287	0.298
69	0.238	0.316	0.357	0.326	0.301	0.280	0.255	0.264
70	0.208	0.292	0.321	0.299	0.279	0.255	0.226	0.239
71	0.183	0.270	0.289	0.273	0.259	0.234	0.200	0.212
72	0.160	0.250	0.260	0.250	0.240	0.213	0.176	0.185
73	0.146	0.216	0.226	0.216	0.209	0.188	0.156	0.161
74	0.133	0.186	0.197	0.186	0.182	0.166	0.137	0.140
75	0.121	0.161	0.172	0.161	0.158	0.146	n/a	n/a
76	0.110	0.139	0.149	0.139	0.138	0.129	n/a	n/a
77	0.100	0.120	0.130	0.120	0.120	0.113	n/a	n/a
78	0.090	0.108	0.118	0.111	0.108	0.102	n/a	n/a
79	0.082	0.097	0.107	0.102	0.097	0.092	n/a	n/a
80	0.074	0.087	0.097	0.094	0.087	0.083	n/a	n/a
81	0.066	0.078	0.088	0.087	0.078	0.074	n/a	n/a
82	0.060	0.070	0.080	0.080	0.070	0.067	n/a	n/a
83	0.055	0.065	0.076	0.073	0.065	0.062	n/a	n/a
84	0.051	0.061	0.071	0.066	0.061	0.058	n/a	n/a
85	0.047	0.057	0.067	0.060	0.057	0.054	n/a	n/a
86	0.043	0.053	0.064	0.055	0.053	0.050	n/a	n/a
87	0.040	0.050	0.060	0.050	0.050	0.047	n/a	n/a
88	0.037	0.047	0.057	0.046	0.047	0.044	n/a	n/a
89	0.034	0.044	0.053	0.041	0.044	0.041	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 303A
Surviving Spouse Benefit Increase
(When attached to Base Policy GR-N650)

Premium Rate Factors

To calculate the annual premium for Rider Form 303A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-1,800	1,801-1,825
18-34	0.115	0.108	0.087	0.065	0.050
35-39	0.122	0.114	0.091	0.069	0.053
40-44	0.130	0.120	0.096	0.073	0.056
45-49	0.138	0.126	0.100	0.076	0.058
50	0.144	0.130	0.104	0.078	0.060
51	0.146	0.132	0.105	0.079	0.060
52	0.148	0.133	0.106	0.080	0.061
53	0.150	0.134	0.107	0.080	0.061
54	0.151	0.135	0.108	0.081	0.062
55	0.153	0.137	0.108	0.081	0.062
56	0.154	0.138	0.109	0.082	0.063
57	0.156	0.139	0.110	0.082	0.063
58	0.157	0.140	0.110	0.082	0.063
59	0.158	0.141	0.111	0.082	0.063
60	0.160	0.141	0.111	0.083	0.063
61	0.161	0.142	0.112	0.083	0.063
62	0.162	0.143	0.112	0.083	0.063
63	0.163	0.143	0.112	0.083	0.063
64	0.163	0.144	0.112	0.083	0.062
65	0.164	0.144	0.112	0.082	0.062
66	0.164	0.145	0.112	0.082	0.061
67	0.165	0.145	0.112	0.082	0.061
68	0.164	0.144	0.111	0.081	0.060
69	0.164	0.143	0.110	0.080	0.058
70	0.163	0.143	0.109	0.078	0.057
71	0.163	0.142	0.108	0.077	0.055
72	0.162	0.141	0.107	0.076	0.054
73	0.163	0.141	0.106	0.075	0.052
74	0.164	0.141	0.106	0.073	0.051
75	0.164	0.142	0.105	0.072	0.049
76	0.165	0.142	0.105	0.070	0.047
77	0.166	0.142	0.104	0.069	0.046
78	0.166	0.141	0.102	0.066	0.043
79	0.165	0.140	0.099	0.063	0.040
80	0.165	0.138	0.097	0.060	0.038
81	0.164	0.137	0.095	0.058	0.035
82	0.164	0.136	0.093	0.055	0.033
83	0.163	0.134	0.089	0.051	0.029
84	0.161	0.132	0.086	0.046	0.025
85	0.160	0.130	0.082	0.043	0.022
86	0.158	0.128	0.079	0.039	0.019
87	0.157	0.126	0.076	0.036	0.017
88	0.156	0.124	0.073	0.033	0.015
89	0.154	0.122	0.070	0.030	0.013

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 226G
Paid Up Survivorship
(When attached to Base Policy GR-N650)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply theannual premium times the appropriate Inflation Option factor from below.

Issue Age	Inflation Options							
	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.053	0.074	0.110	0.098	0.086	0.075	0.090	0.087
35-39	0.064	0.084	0.116	0.106	0.095	0.085	0.098	0.094
40-44	0.077	0.095	0.123	0.113	0.104	0.095	0.104	0.101
45-49	0.089	0.106	0.130	0.122	0.113	0.105	0.110	0.108
50	0.097	0.113	0.134	0.126	0.119	0.112	0.114	0.113
51	0.100	0.115	0.135	0.128	0.120	0.113	0.115	0.114
52	0.102	0.117	0.137	0.129	0.122	0.115	0.116	0.116
53	0.103	0.118	0.136	0.130	0.123	0.116	0.116	0.117
54	0.105	0.119	0.136	0.130	0.123	0.117	0.117	0.117
55	0.106	0.119	0.136	0.130	0.124	0.118	0.117	0.118
56	0.107	0.120	0.136	0.130	0.124	0.118	0.117	0.118
57	0.108	0.121	0.136	0.130	0.125	0.119	0.117	0.119
58	0.108	0.120	0.134	0.129	0.123	0.118	0.116	0.117
59	0.107	0.119	0.132	0.127	0.122	0.117	0.114	0.116
60	0.107	0.118	0.130	0.125	0.120	0.116	0.113	0.115
61	0.106	0.117	0.128	0.124	0.119	0.115	0.111	0.114
62	0.105	0.115	0.127	0.122	0.118	0.114	0.110	0.113
63	0.103	0.113	0.123	0.119	0.115	0.111	0.107	0.110
64	0.101	0.110	0.120	0.116	0.112	0.108	0.105	0.107
65	0.099	0.108	0.117	0.113	0.109	0.106	0.102	0.104
66	0.097	0.105	0.113	0.110	0.107	0.104	0.100	0.102
67	0.095	0.103	0.110	0.107	0.104	0.101	0.098	0.100
68	0.091	0.098	0.105	0.102	0.099	0.096	0.093	0.095
69	0.088	0.094	0.100	0.097	0.095	0.093	0.090	0.091
70	0.084	0.090	0.095	0.092	0.090	0.088	0.085	0.087
71	0.080	0.086	0.090	0.088	0.086	0.084	0.081	0.082
72	0.077	0.082	0.086	0.084	0.082	0.080	0.078	0.079
73	0.071	0.075	0.079	0.077	0.075	0.074	0.072	0.072
74	0.065	0.069	0.072	0.071	0.069	0.068	0.065	0.066
75	0.060	0.064	0.066	0.065	0.064	0.063	n/a	n/a
76	0.056	0.058	0.061	0.059	0.058	0.057	n/a	n/a
77	0.051	0.054	0.056	0.055	0.054	0.053	n/a	n/a
78	0.045	0.047	0.048	0.047	0.047	0.046	n/a	n/a
79	0.039	0.040	0.042	0.041	0.040	0.040	n/a	n/a
80	0.034	0.035	0.036	0.035	0.035	0.035	n/a	n/a
81	0.029	0.030	0.031	0.031	0.030	0.030	n/a	n/a
82	0.025	0.026	0.027	0.027	0.026	0.026	n/a	n/a
83	0.020	0.021	0.021	0.021	0.021	0.021	n/a	n/a
84	0.016	0.016	0.017	0.017	0.016	0.016	n/a	n/a
85	0.013	0.013	0.013	0.013	0.013	0.013	n/a	n/a
86	0.010	0.010	0.010	0.010	0.010	0.010	n/a	n/a
87	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
88	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
89	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 308A
Shared Maximum Benefit
(When attached to Base Policy GR-N650)

To calculate the annual premium for Rider Form 308A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Premium Rate Factors for Policies Without an Increasing Benefit Option

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.340	0.325	0.280	0.215	0.220
35-39	0.375	0.350	0.290	0.225	0.230
40-44	0.405	0.360	0.310	0.230	0.240
45-49	0.410	0.370	0.320	0.235	0.250
50-54	0.400	0.360	0.315	0.235	0.250
55-59	0.390	0.360	0.310	0.235	0.240
60-64	0.390	0.360	0.300	0.230	0.220
65-69	0.390	0.350	0.290	0.225	0.200
70-74	0.390	0.340	0.280	0.210	0.180
75-79	0.390	0.330	0.260	0.190	0.150
80-84	0.390	0.320	0.240	0.160	0.150
85-89	0.390	0.320	0.240	0.160	0.150

Premium Rate Factors for Policies With Inflation Options

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.380	0.360	0.330	0.260	0.260
35-39	0.380	0.360	0.330	0.265	0.260
40-44	0.380	0.360	0.330	0.265	0.260
45-49	0.380	0.360	0.330	0.265	0.260
50-54	0.380	0.360	0.330	0.265	0.250
55-59	0.380	0.360	0.325	0.260	0.240
60-64	0.380	0.360	0.320	0.255	0.225
65-69	0.380	0.360	0.310	0.245	0.205
70-74	0.380	0.360	0.300	0.230	0.185
75-79	0.380	0.350	0.280	0.200	0.150
80-84	0.380	0.340	0.250	0.170	0.150
85-89	0.400	0.330	0.250	0.170	0.150

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 311A
Dual Waiver
(When attached to Base Policy GR-N650)

Premium Rate Factors

To calculate the annual premium for Rider Form 311A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options					
Issue Age	365	500	730	1,000-1,095	1,460-1,500	1,825-Unlimited
18-34	0.010	0.010	0.010	0.010	0.010	0.010
35-39	0.010	0.010	0.010	0.010	0.010	0.010
40	0.010	0.010	0.010	0.010	0.010	0.010
41	0.010	0.010	0.010	0.010	0.010	0.010
42	0.010	0.010	0.010	0.010	0.010	0.010
43	0.010	0.010	0.010	0.010	0.010	0.010
44	0.010	0.010	0.010	0.010	0.010	0.010
45	0.010	0.010	0.010	0.010	0.010	0.010
46	0.010	0.010	0.010	0.010	0.010	0.010
47	0.010	0.010	0.010	0.010	0.010	0.010
48	0.010	0.010	0.010	0.010	0.011	0.011
49	0.010	0.010	0.010	0.010	0.013	0.013
50	0.010	0.010	0.010	0.010	0.015	0.015
51	0.010	0.010	0.010	0.010	0.017	0.017
52	0.010	0.010	0.010	0.010	0.020	0.020
53	0.010	0.010	0.010	0.011	0.020	0.022
54	0.010	0.010	0.010	0.013	0.020	0.024
55	0.010	0.010	0.010	0.015	0.020	0.026
56	0.010	0.010	0.010	0.017	0.020	0.028
57	0.010	0.010	0.010	0.020	0.020	0.030
58	0.010	0.010	0.011	0.022	0.022	0.032
59	0.010	0.010	0.013	0.024	0.024	0.034
60	0.010	0.010	0.015	0.026	0.026	0.036
61	0.010	0.010	0.017	0.028	0.028	0.038
62	0.010	0.010	0.020	0.030	0.030	0.040
63	0.011	0.011	0.022	0.032	0.033	0.043
64	0.013	0.013	0.024	0.034	0.037	0.047
65	0.015	0.015	0.026	0.036	0.041	0.051
66	0.017	0.017	0.028	0.038	0.045	0.055
67	0.020	0.020	0.030	0.040	0.050	0.060
68	0.022	0.022	0.032	0.043	0.055	0.066
69	0.024	0.024	0.034	0.047	0.060	0.074
70	0.026	0.026	0.036	0.051	0.066	0.082
71	0.028	0.028	0.038	0.055	0.073	0.090
72	0.030	0.030	0.040	0.060	0.080	0.100
73	0.032	0.033	0.043	0.066	0.087	0.108
74	0.034	0.037	0.047	0.074	0.094	0.118
75	0.036	0.041	0.051	0.082	0.102	0.128
76	0.038	0.045	0.055	0.090	0.111	0.138
77	0.040	0.050	0.060	0.100	0.120	0.150
78	0.045	0.055	0.066	0.110	0.134	0.167
79	0.050	0.060	0.074	0.121	0.150	0.187
80	0.056	0.066	0.082	0.133	0.168	0.209
81	0.063	0.073	0.090	0.146	0.188	0.233
82	0.070	0.080	0.100	0.160	0.210	0.260
83	0.075	0.087	0.110	0.176	0.234	0.291
84	0.081	0.094	0.121	0.194	0.261	0.327
85	0.087	0.102	0.133	0.214	0.290	0.366
86	0.093	0.111	0.146	0.236	0.323	0.410
87	0.100	0.120	0.160	0.260	0.360	0.460
88	0.107	0.130	0.176	0.287	0.401	0.516
89	0.115	0.141	0.193	0.316	0.447	0.578

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 304R
Restoration of Benefits Rider
(When attached to Base Policy GR-N650)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N650 for the Restoration of Benefits Rider, multiply the appropriate Restoration of Benefits factor from below times the annual premium.

Restoration of Benefits

Benefit Multiplier	Rider 304R Factor
365	0.06
500	0.06
730	0.06
1,000	0.04
1,095	0.04
1,460	0.04
1,500	0.04
1,825	0.04
2,000	0.04
2,190	0.04
2,500	0.04
2,555	0.04
2,920	0.04

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 312A
Cash Benefit Rider
(When attached to Base Policy GR-N650)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N650 for the Cash Benefit Rider, multiply the factor from below times the annual premium.

Cash Benefit Rider 312A Factor	
$10 NH / $155 HHC	0.20
$10 NH / $310 HHC	0.12

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 314A
Cash Benefit Disability Trigger Rider
(When attached to Base Policy GR-N650)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N650 for the Cash Benefit Disability Trigger Rider, multiply the factor from below times the annual premium.

Cash Benefit Disability Trigger Rider 314A Factor

$10 NH / $155 HHC	0.45
$10 NH / $310 HHC	0.30

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 13.72	$ 15.60	$ 17.48	$ 22.46	$ 24.96	$ 27.46	$ 28.08	$ 29.32	$ 30.58	$ 28.70
35-39	15.60	18.10	20.60	26.20	29.32	32.44	33.70	34.94	36.20	34.32
40	16.22	18.72	21.22	27.46	31.20	34.32	35.56	36.82	38.68	37.44
41	16.84	19.34	22.46	29.32	33.08	36.20	37.44	39.32	40.56	40.56
42	17.48	20.60	23.72	30.58	34.94	38.68	39.94	41.80	43.06	43.68
43	18.10	21.22	24.96	31.82	36.82	40.56	41.80	43.68	45.56	45.56
44	18.72	21.84	25.58	33.70	38.68	42.44	43.68	45.56	47.42	48.04
45	19.96	23.08	26.84	34.94	40.56	44.30	46.18	48.04	49.92	50.54
46	20.60	23.72	28.08	36.82	42.44	46.80	48.04	50.54	52.42	53.04
47	21.22	24.96	29.32	38.68	44.30	48.68	50.54	52.42	54.92	55.54
48	21.84	26.20	30.58	39.94	46.18	51.16	53.04	55.54	57.40	59.28
49	23.08	26.84	31.82	41.80	48.68	53.66	55.54	58.04	60.52	62.40
50	23.72	28.08	33.08	43.68	50.54	56.16	58.04	60.52	63.64	66.14
51	24.96	29.32	34.32	45.56	53.04	58.66	61.16	63.64	66.14	70.52
52	25.58	30.58	36.20	48.04	55.54	61.78	63.64	66.76	69.88	74.88
53	26.84	32.44	38.06	50.54	59.28	65.52	68.02	71.14	74.26	79.88
54	28.70	33.70	40.56	53.66	63.02	69.88	71.76	75.50	78.62	84.86
55	29.96	36.20	42.44	57.40	66.76	74.26	76.76	80.50	83.62	90.48
56	31.20	38.06	44.92	60.52	71.14	78.62	81.12	85.48	89.24	96.10
57	33.08	39.94	48.04	64.28	75.50	83.62	86.74	90.48	94.84	102.96
58	35.56	43.06	51.16	69.26	80.50	89.86	92.98	97.34	101.72	110.44
59	37.44	45.56	54.92	73.64	86.74	96.10	99.84	104.20	109.20	118.56
60	39.94	48.68	58.66	79.24	92.98	102.96	106.70	111.70	116.68	127.30
61	42.44	51.80	62.40	84.86	99.84	110.44	114.82	119.80	125.42	136.66
62	45.56	55.54	66.76	91.10	106.70	118.56	122.92	129.16	134.78	147.26
63	49.30	60.52	72.38	98.60	115.44	128.54	133.54	139.78	146.02	159.74
64	53.04	65.52	78.62	106.70	125.42	139.78	144.76	151.64	157.88	173.47
65	57.40	70.52	84.86	116.06	136.04	151.64	156.62	164.11	171.60	188.44
66	62.40	76.76	92.36	125.42	147.26	164.11	169.72	177.84	185.95	204.67
67	67.40	83.00	99.84	136.04	159.74	177.84	184.08	192.82	201.55	222.14
68	74.88	91.72	110.44	150.38	176.59	196.56	203.42	212.78	222.14	244.60
69	82.36	101.08	122.30	165.98	195.31	217.15	224.64	235.24	245.86	269.56
70	91.10	111.70	135.40	184.08	215.90	239.62	248.35	259.58	271.44	297.64
71	101.08	123.56	149.76	203.42	238.36	265.20	274.56	287.04	299.52	327.60
72	111.70	136.66	165.36	224.64	263.95	292.66	303.26	316.99	331.34	361.30
73	121.06	149.14	180.34	245.23	287.66	319.48	330.72	345.70	360.67	394.99
74	131.66	161.62	195.94	267.07	313.87	348.19	360.67	376.90	393.12	431.80
75	142.90	175.96	213.40	291.40	342.58	380.02	393.12	410.59	428.06	471.74
76	154.76	191.56	232.75	317.62	373.78	414.33	428.68	447.40	466.75	515.42
77	167.86	207.79	253.34	346.32	407.47	452.40	468.00	487.34	508.56	563.47
78	185.32	229.63	280.18	383.76	451.77	500.44	517.29	539.13	562.22	623.99
79	204.04	253.34	310.12	424.94	500.44	554.11	572.83	595.92	620.87	690.76
80	225.26	280.18	343.20	470.49	554.11	614.01	633.35	658.31	686.39	764.39
81	248.35	309.50	379.39	521.04	614.01	679.53	701.37	728.20	758.15	846.13
82	273.31	341.32	419.95	577.20	680.15	752.54	775.63	804.95	838.03	936.61
83	292.66	366.28	451.15	621.50	733.19	810.57	834.91	865.48	901.05	1010.87
84	313.87	393.12	485.47	669.55	789.98	872.97	897.93	930.37	968.44	1090.11
85	335.71	421.82	522.28	721.34	851.13	940.36	966.57	1000.27	1041.45	1175.61
86	359.42	452.40	561.60	776.87	917.27	1012.75	1039.57	1075.77	1119.45	1268.59
87	385.00	485.47	604.03	837.40	988.41	1090.75	1118.83	1156.89	1203.69	1368.42
88	412.46	521.04	649.58	901.67	1065.15	1174.35	1203.69	1243.63	1294.17	1475.75
89	441.79	559.10	698.25	971.56	1148.15	1264.83	1295.41	1337.23	1391.51	1591.81

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 23.72	$ 28.08	$ 33.70	$ 45.56	$ 53.66	$ 60.52	$ 62.40	$ 66.76	$ 69.26	$ 80.50
35-39	28.08	33.70	39.94	54.28	64.90	73.00	75.50	80.50	83.62	97.34
40	29.96	35.56	43.06	58.66	69.26	78.00	81.12	86.12	89.86	104.20
41	31.82	38.06	45.56	62.40	74.26	83.62	86.74	92.36	96.10	111.70
42	33.70	40.56	48.68	66.76	79.88	89.86	93.60	99.22	102.96	119.80
43	34.94	42.44	51.16	69.88	83.00	93.60	97.34	102.96	107.32	124.80
44	36.20	43.68	53.04	72.38	86.12	97.34	101.08	107.32	111.70	130.42
45	37.44	45.56	54.92	75.50	89.86	101.72	105.46	112.32	116.68	135.40
46	38.68	47.42	57.40	78.62	93.60	106.08	109.82	116.68	121.68	141.02
47	40.56	49.30	59.28	81.74	97.96	110.44	114.82	121.68	126.68	147.26
48	42.44	51.80	62.40	86.12	102.34	116.06	120.44	127.92	132.92	154.12
49	44.30	53.66	65.52	90.48	107.32	121.68	126.04	134.16	139.16	162.24
50	46.18	56.16	68.64	94.84	112.94	127.30	132.28	140.40	146.02	169.72
51	48.04	59.28	71.76	99.22	118.56	133.54	139.16	147.26	153.50	177.84
52	50.54	61.78	74.88	104.20	124.18	140.40	146.02	154.76	161.00	186.58
53	53.04	64.90	78.62	109.20	130.42	147.26	152.88	162.24	169.10	195.94
54	55.54	68.02	82.36	114.82	136.66	154.76	161.00	170.35	177.22	205.92
55	58.04	71.14	86.74	120.44	143.52	162.24	168.48	179.08	186.58	215.90
56	60.52	74.26	91.10	126.04	151.00	170.35	177.22	187.82	195.94	227.14
57	63.02	78.00	95.48	132.28	158.50	179.08	185.95	197.18	205.30	238.36
58	66.76	82.36	100.46	139.78	167.23	189.07	196.56	208.42	217.15	251.47
59	69.88	86.74	106.08	147.88	176.59	199.68	207.16	219.64	229.00	265.20
60	73.64	91.10	111.70	156.00	186.58	210.91	219.02	232.12	241.48	279.55
61	78.00	96.10	117.94	164.74	196.56	222.14	230.88	244.60	255.22	295.15
62	81.74	101.72	124.18	173.47	207.79	234.62	243.98	258.34	268.94	311.38
63	87.36	107.96	132.92	185.32	221.52	250.22	260.20	275.18	287.04	331.96
64	92.98	115.44	141.64	197.80	236.50	267.07	277.68	293.90	305.76	353.80
65	99.22	122.92	151.00	210.91	252.10	284.54	295.78	313.24	326.35	376.27
66	106.08	131.66	161.62	225.26	268.94	303.88	315.74	333.84	347.56	401.23
67	112.94	140.40	172.22	240.24	287.04	323.86	336.34	355.68	370.66	427.44
68	122.30	151.64	186.58	260.20	310.12	350.06	363.79	384.38	400.60	461.13
69	132.28	164.11	202.18	280.80	335.08	378.14	392.49	414.96	432.43	497.32
70	143.52	177.84	218.40	303.88	362.54	408.72	424.32	448.03	466.75	536.01
71	154.76	192.19	236.50	328.84	391.87	441.16	458.01	483.60	504.19	578.44
72	167.86	207.79	255.84	355.68	423.07	476.73	494.83	522.28	544.12	623.99
73	179.71	223.39	275.18	382.51	455.52	512.92	532.27	560.97	584.06	668.92
74	192.82	239.62	295.78	411.21	489.84	550.99	572.20	602.15	627.11	716.97
75	206.54	257.08	318.24	443.04	527.28	592.80	614.63	646.46	673.29	768.76
76	221.52	276.43	341.95	476.73	567.21	637.10	660.81	694.51	723.21	823.67
77	237.74	296.40	368.16	512.92	610.27	685.15	710.11	745.67	776.25	883.57
78	258.34	321.98	400.60	558.48	664.55	745.67	772.51	809.95	843.01	958.45
79	280.18	350.06	435.55	607.77	723.83	811.82	839.89	880.45	916.03	1039.57
80	303.88	380.02	474.24	662.06	788.11	883.57	913.53	956.59	994.65	1127.55
81	329.47	413.08	516.04	721.34	858.61	961.57	994.03	1038.95	1080.75	1223.65
82	357.55	448.65	560.97	785.61	934.75	1047.07	1080.75	1128.81	1173.73	1327.23
83	378.14	475.48	595.92	834.91	994.65	1112.59	1147.53	1197.45	1244.87	1407.73
84	399.36	503.56	632.73	887.95	1057.67	1182.47	1218.67	1270.45	1320.37	1492.59
85	422.44	532.89	672.04	944.11	1124.43	1256.11	1293.55	1347.83	1400.25	1583.07
86	446.78	564.72	713.23	1004.01	1196.19	1334.73	1373.41	1429.57	1485.73	1679.17
87	472.36	598.41	757.53	1067.65	1271.71	1418.34	1457.65	1516.31	1575.59	1780.26
88	499.20	633.35	804.33	1135.05	1352.83	1507.57	1547.51	1608.66	1671.06	1888.21
89	527.90	671.42	854.25	1206.81	1438.31	1601.79	1642.98	1706.63	1772.77	2002.40

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 66.76	$ 82.36	$ 99.84	$ 138.52	$ 165.36	$ 187.20	$ 194.06	$ 205.92	$ 214.03	$ 248.35
35-39	70.52	86.74	105.46	146.64	175.34	198.43	205.92	217.78	226.51	263.32
40	72.38	89.24	108.58	150.38	179.71	203.42	210.91	223.39	232.75	269.56
41	74.26	91.10	111.08	154.12	184.08	208.42	215.90	229.00	238.36	276.43
42	76.12	93.60	113.56	158.50	189.07	213.40	221.52	234.62	243.98	283.30
43	76.76	94.84	115.44	160.36	191.56	216.52	224.64	237.74	247.72	287.04
44	78.00	96.10	117.32	162.86	194.68	219.64	227.76	241.48	251.47	291.40
45	78.62	97.34	118.56	165.36	197.18	222.76	231.50	245.23	255.22	295.78
46	79.88	98.60	120.44	167.23	200.30	225.88	234.62	248.35	258.96	300.14
47	81.12	99.84	122.30	169.72	202.80	229.00	237.74	252.10	262.70	304.51
48	82.36	102.34	124.80	173.47	207.16	234.00	243.36	257.71	268.32	310.75
49	84.24	104.20	127.30	177.22	212.16	239.62	248.35	263.32	273.94	317.62
50	86.12	106.70	129.80	180.96	216.52	244.60	253.96	268.94	280.18	324.48
51	87.98	108.58	132.92	185.32	220.90	249.60	259.58	274.56	285.79	331.34
52	89.86	111.08	135.40	189.07	225.88	255.22	265.20	280.80	292.03	338.20
53	91.72	113.56	139.16	193.44	231.50	261.46	271.44	287.66	299.52	346.32
54	93.60	116.06	142.28	198.43	237.12	267.70	277.68	294.52	306.38	354.43
55	96.10	119.18	145.40	202.80	242.74	273.94	284.54	301.39	313.87	363.16
56	97.96	121.68	149.14	207.79	248.35	280.80	291.40	308.26	321.36	371.90
57	100.46	124.80	152.88	212.78	254.59	287.66	298.27	315.74	328.84	380.64
58	103.58	128.54	157.24	219.64	262.70	296.40	307.63	325.72	339.46	392.49
59	106.70	132.28	162.24	226.51	270.82	305.76	317.62	335.71	350.06	404.35
60	109.82	136.04	167.23	233.38	278.92	315.12	326.98	346.32	360.67	417.45
61	112.94	140.40	172.22	240.86	287.66	325.10	337.58	356.92	371.90	429.93
62	116.06	144.76	177.84	248.35	297.02	335.08	348.19	368.16	383.76	443.66
63	121.68	151.00	185.95	259.58	310.12	350.06	363.79	385.00	401.23	463.00
64	127.30	157.88	194.68	271.44	324.48	366.28	380.02	401.85	419.32	483.60
65	132.92	165.36	203.42	283.92	339.46	382.51	397.48	419.95	438.04	505.44
66	138.52	172.84	212.78	297.02	354.43	399.98	415.58	439.29	458.01	527.90
67	145.40	180.96	222.76	310.75	370.66	418.08	434.30	458.64	478.60	550.99
68	154.12	192.19	236.50	330.10	393.74	444.28	461.13	487.34	507.93	584.68
69	164.11	204.04	251.47	350.68	418.70	471.74	489.84	517.29	539.76	620.25
70	174.72	217.15	267.70	373.15	444.91	501.07	520.41	549.12	572.83	658.31
71	185.32	230.88	284.54	396.24	472.36	532.27	552.86	583.44	608.39	698.25
72	197.18	245.23	302.64	421.20	501.69	565.34	587.18	619.63	645.83	740.68
73	209.04	260.20	321.36	447.40	533.52	600.28	623.37	657.07	685.15	784.36
74	221.52	275.80	341.32	475.48	566.59	637.72	662.06	697.00	726.33	830.53
75	234.62	292.66	362.54	505.44	602.15	677.03	702.62	739.43	770.63	879.83
76	248.35	310.12	385.00	537.26	639.59	718.84	746.30	784.99	817.43	932.25
77	263.32	328.84	408.72	570.96	679.53	763.77	791.85	832.41	867.35	987.16
78	283.30	354.43	440.54	615.88	733.19	823.67	853.63	896.68	933.49	1061.41
79	304.51	381.26	474.86	664.55	791.23	888.57	920.39	965.32	1004.63	1141.29
80	326.98	410.59	512.30	716.97	854.25	958.45	991.53	1038.95	1081.39	1226.77
81	351.94	441.79	552.24	773.13	921.64	1033.33	1068.91	1118.83	1163.75	1319.13
82	378.14	475.48	595.29	834.28	994.65	1115.07	1151.89	1204.93	1252.99	1417.71
83	397.48	500.44	628.36	882.33	1052.05	1178.11	1216.17	1271.07	1321.63	1495.09
84	418.08	527.28	663.31	932.87	1112.59	1244.87	1284.19	1340.97	1394.01	1576.83
85	439.92	555.36	700.75	986.53	1176.23	1315.39	1355.31	1414.59	1470.13	1662.95
86	462.38	585.31	740.06	1042.69	1243.63	1390.26	1430.82	1491.97	1550.63	1753.43
87	486.09	616.51	781.24	1102.59	1315.39	1468.89	1510.69	1574.34	1635.49	1849.52
88	511.68	649.58	824.92	1165.63	1390.89	1551.87	1594.93	1660.45	1725.35	1949.98
89	537.88	683.90	871.09	1232.39	1471.38	1640.48	1684.16	1751.55	1819.57	2056.68

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 43.06	$ 51.80	$ 62.40	$ 86.12	$ 101.72	$ 114.82	$ 119.18	$ 126.04	$ 131.04	$ 151.64
35-39	46.80	57.40	68.64	94.84	112.32	126.68	131.66	139.16	144.76	167.23
40	48.68	59.28	71.76	98.60	116.68	131.66	136.66	144.76	150.38	174.10
41	50.54	61.78	74.26	102.34	121.68	136.66	141.64	150.38	156.00	180.96
42	52.42	63.64	77.38	106.08	126.68	142.28	147.26	156.00	162.24	187.82
43	53.04	65.52	78.62	108.58	129.16	145.40	151.00	159.74	165.98	192.19
44	54.28	66.76	80.50	111.08	132.28	149.14	154.76	163.48	169.72	196.56
45	55.54	68.02	82.36	113.56	135.40	152.26	157.88	167.23	174.10	201.55
46	56.78	69.26	84.24	116.68	138.52	156.00	161.62	170.98	177.84	205.92
47	58.04	71.14	86.12	119.18	141.64	159.74	165.36	174.72	182.20	210.91
48	59.28	73.00	88.60	122.92	146.02	164.74	170.35	180.34	187.82	217.15
49	61.16	75.50	91.10	126.68	150.38	169.72	175.96	185.95	193.44	224.02
50	63.02	77.38	94.22	130.42	154.76	174.72	180.96	191.56	199.68	230.88
51	64.90	79.88	96.72	134.16	159.74	180.34	186.58	197.18	205.30	237.74
52	66.76	82.36	99.84	138.52	164.74	185.32	192.19	203.42	211.54	244.60
53	68.64	84.86	102.96	142.90	170.35	191.56	199.06	210.28	219.02	252.72
54	71.14	87.36	106.08	147.26	175.96	197.80	205.30	217.15	225.88	261.46
55	73.00	90.48	109.82	152.26	181.58	204.67	212.16	224.02	233.38	269.56
56	75.50	92.98	113.56	157.24	187.20	211.54	219.02	231.50	241.48	278.92
57	77.38	96.10	117.32	162.24	193.44	218.40	226.51	238.99	248.98	287.66
58	80.50	99.84	121.68	169.10	201.55	227.14	235.24	248.98	258.96	299.52
59	83.62	103.58	126.68	175.96	209.66	236.50	245.23	258.96	269.56	311.38
60	86.74	107.32	131.66	182.83	217.78	245.86	254.59	269.56	280.80	323.86
61	90.48	111.70	136.66	190.32	226.51	255.84	265.20	280.18	292.03	336.96
62	93.60	116.06	142.28	197.80	235.87	265.82	275.80	291.40	303.88	350.68
63	98.60	122.30	149.76	208.42	248.98	280.18	290.78	307.00	320.11	368.78
64	104.20	129.16	158.50	220.27	262.08	295.15	306.38	323.86	336.96	388.75
65	109.82	136.04	167.23	232.12	276.43	311.38	323.23	340.70	355.06	409.34
66	116.06	143.52	175.96	244.60	291.40	328.22	340.70	359.42	374.40	431.18
67	122.30	151.64	185.95	258.34	307.00	345.70	358.80	378.76	394.36	454.27
68	131.04	162.24	199.06	276.43	328.84	370.66	384.38	404.97	422.44	485.47
69	140.40	174.10	213.40	296.40	352.56	396.86	411.21	433.68	451.77	519.16
70	150.38	186.58	229.00	317.62	377.52	424.94	440.54	464.25	483.60	555.36
71	161.00	199.68	245.23	340.08	404.35	454.89	471.74	496.70	517.92	593.42
72	172.84	214.03	263.32	364.42	433.05	486.72	504.81	531.64	554.11	634.60
73	184.70	228.38	281.42	390.00	463.00	520.41	539.76	567.84	591.55	677.03
74	196.56	243.98	300.76	417.45	495.45	556.60	576.57	606.52	632.11	721.34
75	209.66	260.83	321.36	446.16	529.77	594.67	616.51	647.71	674.54	769.39
76	223.39	278.30	343.82	477.36	566.59	635.85	658.94	691.39	720.71	820.55
77	238.36	297.02	367.54	510.43	606.52	679.53	703.87	738.81	769.39	874.84
78	257.71	321.98	398.73	554.11	658.31	737.56	763.77	799.96	833.03	945.97
79	278.92	348.19	432.43	601.53	714.47	800.59	828.04	866.73	902.29	1023.35
80	301.39	376.90	469.24	653.32	775.63	868.60	897.93	938.49	976.55	1106.97
81	326.35	408.09	508.56	708.86	842.39	942.23	973.43	1017.11	1057.67	1197.45
82	352.56	441.79	551.61	769.39	914.15	1022.73	1055.17	1101.35	1145.03	1294.79
83	372.52	468.00	585.31	817.43	971.56	1085.75	1119.45	1167.49	1213.67	1372.17
84	393.12	494.83	620.87	868.60	1032.09	1152.51	1187.47	1237.39	1286.05	1453.91
85	415.58	523.53	658.31	922.27	1096.99	1223.65	1259.23	1311.01	1362.81	1540.02
86	438.67	554.11	698.25	980.29	1164.99	1299.15	1335.97	1389.63	1443.93	1631.75
87	463.63	586.56	740.68	1040.83	1238.01	1379.03	1416.47	1472.63	1530.03	1729.09
88	489.84	620.87	786.23	1105.71	1315.39	1464.51	1502.58	1561.23	1621.76	1832.05
89	517.29	657.07	833.65	1174.99	1397.75	1554.37	1593.68	1654.21	1718.48	1940.62

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 28.08	$ 33.70	$ 40.56	$ 54.28	$ 64.28	$ 71.76	$ 74.26	$ 78.62	$ 81.74	$ 94.22
35-39	31.82	38.68	45.56	62.40	73.64	82.36	85.48	89.86	93.60	107.96
40	33.70	40.56	48.04	65.52	77.38	86.74	89.86	94.84	98.60	114.20
41	34.94	42.44	50.54	68.64	81.12	91.10	94.22	99.84	103.58	119.80
42	36.82	44.30	53.04	72.38	85.48	96.10	99.22	104.84	109.20	126.04
43	37.44	45.56	54.92	74.88	87.98	99.22	102.34	108.58	112.94	130.42
44	38.68	46.80	56.16	76.76	91.10	102.34	106.08	111.70	116.06	134.16
45	39.94	48.68	58.04	79.24	93.60	105.46	109.20	115.44	119.80	138.52
46	41.18	49.92	59.90	81.74	96.72	108.58	112.32	118.56	123.56	142.90
47	41.80	51.16	61.78	84.24	99.84	112.32	116.06	122.30	127.30	147.26
48	43.68	53.04	63.64	87.36	103.58	116.68	120.44	127.30	132.28	152.88
49	44.92	54.92	66.14	91.10	107.96	121.06	125.42	132.28	137.90	159.12
50	46.80	57.40	68.64	94.22	111.70	126.04	130.42	137.28	142.90	165.36
51	48.68	59.28	71.76	97.96	116.06	131.04	135.40	142.90	148.52	171.60
52	50.54	61.16	74.26	101.72	121.06	136.04	141.02	148.52	154.76	178.46
53	52.42	63.64	77.38	106.08	126.04	141.64	146.64	154.76	161.00	185.95
54	54.28	66.14	80.50	110.44	131.04	147.26	152.88	161.00	167.86	193.44
55	56.16	69.26	83.62	114.82	136.66	153.50	159.12	167.86	174.72	201.55
56	58.66	71.76	86.74	119.80	142.28	160.36	165.98	174.72	182.20	210.28
57	60.52	74.26	90.48	124.80	148.52	166.60	172.84	182.20	189.70	219.02
58	63.64	78.00	94.84	131.04	155.38	174.72	180.96	190.94	199.06	229.63
59	66.14	81.74	99.22	137.28	162.86	183.46	190.32	200.30	209.04	240.86
60	69.26	85.48	104.20	144.14	170.98	192.82	199.68	210.28	219.02	252.72
61	72.38	89.86	109.20	151.00	179.71	202.18	209.04	220.90	230.26	265.20
62	76.12	93.60	114.20	158.50	188.44	212.16	219.64	231.50	241.48	278.30
63	80.50	99.84	121.68	168.48	200.30	225.26	233.38	245.86	256.46	295.15
64	86.12	106.08	129.16	179.08	212.78	239.62	247.72	261.46	272.06	313.24
65	91.10	112.94	137.90	190.32	225.88	254.59	263.32	277.68	289.54	332.59
66	96.72	119.80	146.64	202.80	240.24	270.19	280.18	295.15	307.63	353.18
67	102.96	127.30	156.00	215.28	255.84	287.04	297.64	313.24	326.35	375.02
68	111.70	137.90	168.48	232.75	275.80	310.12	320.74	338.20	352.56	404.35
69	120.44	149.14	182.20	251.47	297.64	334.46	346.32	364.42	380.02	435.55
70	130.42	161.00	196.56	271.44	321.36	361.30	373.78	393.12	409.96	469.87
71	141.02	174.10	212.78	293.28	346.94	389.37	403.72	424.32	442.41	506.06
72	152.26	187.82	229.63	316.36	375.02	420.57	435.55	458.01	476.73	545.37
73	163.48	201.55	247.10	340.70	403.72	452.40	468.62	491.71	512.30	585.31
74	175.34	216.52	265.82	366.91	434.30	486.72	503.56	528.52	550.99	628.36
75	187.82	232.75	286.42	394.99	467.37	523.53	542.25	568.46	591.55	674.54
76	201.55	250.22	308.26	425.56	503.56	563.47	582.81	610.89	635.85	723.83
77	216.52	268.94	331.34	458.01	541.63	606.52	627.11	656.44	683.27	776.25
78	235.24	292.66	361.30	499.82	591.55	662.06	683.90	715.72	744.43	844.89
79	255.84	318.86	394.36	546.00	646.46	722.59	746.30	779.37	811.19	919.15
80	278.30	346.94	430.56	596.54	705.74	788.73	813.69	849.25	883.57	1000.27
81	302.64	378.14	469.24	650.83	770.63	860.49	887.32	925.39	962.20	1088.25
82	329.47	411.84	512.30	710.73	841.77	939.73	968.44	1008.37	1048.31	1184.35
83	349.44	437.42	545.37	758.78	898.55	1002.13	1031.47	1073.89	1116.33	1260.47
84	370.66	465.50	581.56	809.95	959.08	1068.91	1099.47	1143.15	1188.09	1341.59
85	393.12	494.20	619.63	864.23	1023.97	1139.41	1171.23	1217.41	1264.83	1428.33
86	416.83	525.40	660.19	922.27	1092.61	1215.55	1247.99	1296.03	1346.59	1520.05
87	442.41	558.48	703.87	984.04	1166.25	1296.03	1329.73	1379.65	1433.31	1618.02
88	469.24	594.04	750.04	1050.19	1244.87	1382.77	1417.09	1468.89	1525.67	1722.23
89	497.95	631.48	798.71	1120.69	1329.11	1474.50	1510.07	1563.73	1624.26	1833.30

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.2625 for Quarterly
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BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 19.96	$ 23.08	$ 26.84	$ 35.56	$ 41.80	$ 46.80	$ 48.04	$ 50.54	$ 52.42	$ 61.16
35-39	22.46	26.84	31.20	41.80	49.30	54.92	56.78	59.90	62.40	71.76
40	23.72	28.08	33.08	44.30	52.42	58.66	60.52	63.64	66.14	76.76
41	24.96	29.96	35.56	47.42	55.54	62.40	64.28	68.02	70.52	81.74
42	26.20	31.82	37.44	50.54	59.28	66.14	68.64	72.38	74.88	86.74
43	27.46	32.44	38.68	52.42	61.16	68.64	71.14	74.88	78.00	89.86
44	28.08	33.70	39.94	54.28	63.64	71.14	73.64	78.00	81.12	93.60
45	29.32	34.94	41.80	56.16	66.14	74.26	76.76	81.12	84.24	97.34
46	29.96	36.20	43.06	58.66	68.64	76.76	79.88	84.24	87.36	101.08
47	31.20	37.44	44.92	60.52	71.14	79.88	83.00	87.36	91.10	104.84
48	32.44	39.32	46.80	63.64	74.88	83.62	86.74	91.10	94.84	109.82
49	33.70	41.18	48.68	66.14	78.00	87.98	90.48	95.48	99.84	115.44
50	35.56	42.44	51.16	69.26	81.74	91.72	94.84	100.46	104.20	120.44
51	36.82	44.30	53.66	72.38	85.48	96.10	99.84	104.84	109.20	126.04
52	38.06	46.80	55.54	76.12	89.86	100.46	104.20	109.82	114.20	132.28
53	39.94	48.68	58.66	79.88	94.22	106.08	109.20	115.44	120.44	139.16
54	41.80	51.16	61.16	83.62	99.22	111.08	114.82	121.06	126.04	146.02
55	43.68	53.04	64.28	87.98	103.58	116.68	120.44	127.30	132.28	153.50
56	45.56	55.54	67.40	92.36	109.20	122.30	126.68	133.54	139.16	161.00
57	48.04	58.66	70.52	96.72	114.20	128.54	132.92	140.40	146.02	169.10
58	50.54	61.78	74.26	102.34	121.06	136.04	141.02	148.52	154.76	178.46
59	53.04	64.90	78.62	107.96	127.92	144.14	149.14	157.24	163.48	189.07
60	56.16	68.64	83.00	114.20	135.40	152.26	157.88	165.98	172.84	200.30
61	58.66	72.38	87.98	121.06	143.52	161.00	166.60	175.96	183.46	211.54
62	61.78	76.12	92.36	127.92	151.64	170.35	176.59	185.95	194.06	224.02
63	66.76	81.74	99.22	136.66	162.24	182.20	189.07	199.06	207.79	239.62
64	71.14	87.36	106.70	146.64	174.10	195.31	202.18	213.40	222.14	256.46
65	76.12	94.22	114.20	157.24	186.58	209.04	216.52	228.38	237.74	273.94
66	81.74	100.46	122.30	168.48	199.68	224.02	232.12	244.60	254.59	293.28
67	87.36	107.96	131.04	180.34	214.03	240.24	248.35	261.46	272.68	313.87
68	95.48	117.32	142.90	196.56	232.75	260.83	270.19	284.54	296.40	340.70
69	104.20	127.92	156.00	214.03	253.34	283.92	293.90	308.88	322.60	370.03
70	113.56	139.16	169.72	232.75	275.18	308.88	319.48	336.34	350.68	401.85
71	123.56	151.64	184.70	253.96	299.52	335.71	347.56	365.04	380.64	436.80
72	134.78	165.36	201.55	276.43	326.35	365.04	378.14	396.86	414.33	474.24
73	145.40	178.46	218.40	298.90	353.18	395.61	409.34	429.31	448.03	512.30
74	156.62	193.44	235.87	323.86	382.51	428.06	443.04	464.25	484.22	552.86
75	169.10	209.04	255.84	351.31	414.33	463.63	479.23	502.32	523.53	597.16
76	182.20	225.88	277.06	380.64	448.65	501.69	519.16	543.50	566.59	645.21
77	197.18	243.98	299.52	411.84	486.09	543.50	561.60	587.80	612.14	697.00
78	215.28	267.07	328.84	452.40	534.14	596.54	616.51	643.96	670.79	762.52
79	235.24	292.66	360.67	497.32	586.56	655.19	676.41	705.74	735.07	834.28
80	257.71	320.11	395.61	546.00	644.59	718.84	741.93	773.75	805.58	913.53
81	282.04	350.68	434.30	599.66	708.23	789.35	813.69	848.01	882.33	999.64
82	308.26	384.38	476.73	658.94	778.12	866.73	892.93	929.13	966.57	1093.87
83	328.22	409.96	509.80	706.36	834.28	928.51	955.33	993.40	1033.33	1169.99
84	349.44	438.04	546.00	756.91	894.19	994.65	1022.73	1062.67	1105.09	1250.49
85	372.52	467.37	584.06	811.19	959.08	1065.79	1094.49	1136.29	1181.85	1337.23
86	396.86	499.20	625.24	869.85	1028.35	1141.29	1171.87	1215.55	1263.59	1430.19
87	422.44	532.89	668.92	932.25	1101.97	1223.03	1254.23	1299.79	1351.57	1528.79
88	450.52	568.46	716.35	999.64	1181.85	1310.39	1342.21	1390.26	1445.17	1634.87
89	479.85	607.15	766.89	1071.39	1267.33	1403.37	1436.43	1486.35	1545.01	1747.81

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 34.94	$ 41.80	$ 49.30	$ 67.40	$ 79.24	$ 89.24	$ 92.36	$ 97.96	$ 101.72	$ 119.18
35-39	36.20	43.68	52.42	70.52	83.62	94.22	97.34	102.96	107.32	125.42
40	36.82	44.92	53.04	72.38	85.48	96.10	99.22	104.84	109.82	127.92
41	38.06	45.56	54.28	74.26	87.36	97.96	101.72	107.32	112.32	131.04
42	38.68	46.80	55.54	75.50	89.24	100.46	104.20	109.82	114.82	133.54
43	38.68	47.42	56.16	76.76	90.48	101.72	105.46	111.08	116.06	135.40
44	39.32	48.04	56.78	78.00	91.72	102.96	106.70	112.94	117.32	137.28
45	39.94	48.04	58.04	78.62	92.98	104.20	107.96	114.20	119.18	139.16
46	40.56	48.68	58.66	79.88	94.22	106.08	109.82	116.06	120.44	141.02
47	40.56	49.30	59.28	80.50	95.48	107.32	111.08	117.32	122.30	142.90
48	41.80	50.54	60.52	82.36	97.34	109.20	113.56	119.80	124.80	145.40
49	42.44	51.16	61.78	84.24	99.22	111.70	115.44	122.30	127.30	148.52
50	43.06	52.42	63.02	85.48	101.72	114.20	117.94	124.80	129.80	151.00
51	43.68	53.66	64.28	87.36	103.58	116.06	120.44	127.30	132.28	154.12
52	44.92	54.28	65.52	89.24	105.46	118.56	122.92	129.80	135.40	157.24
53	45.56	55.54	66.76	91.10	107.96	121.06	125.42	132.28	137.90	161.00
54	46.80	56.78	68.02	92.98	110.44	124.18	128.54	135.40	141.02	164.11
55	47.42	58.04	69.88	95.48	112.94	126.68	131.04	138.52	144.14	167.86
56	48.68	59.28	71.14	97.34	115.44	129.80	134.16	141.64	147.26	171.60
57	49.30	60.52	72.38	99.84	117.94	132.28	137.28	144.76	151.00	175.34
58	51.16	62.40	75.50	102.96	122.30	137.28	142.28	149.76	156.62	181.58
59	53.04	64.90	78.00	106.70	126.68	142.28	147.26	155.38	162.24	188.44
60	54.28	66.76	80.50	110.44	131.04	147.26	152.88	161.00	167.86	195.31
61	56.16	69.26	83.62	114.82	136.04	152.88	157.88	166.60	174.10	202.18
62	58.66	71.76	86.74	119.18	141.02	158.50	164.11	172.84	180.34	209.66
63	61.78	76.12	91.72	126.04	149.14	167.86	173.47	182.83	190.94	221.52
64	65.52	80.50	97.34	133.54	158.50	177.84	184.08	194.06	202.18	234.62
65	69.88	85.48	103.58	141.64	167.86	188.44	194.68	205.30	214.03	248.35
66	73.64	90.48	109.82	150.38	177.84	199.68	206.54	217.15	227.14	262.70
67	79.88	97.96	117.94	160.36	188.44	211.54	219.02	230.26	240.24	277.68
68	86.74	106.08	128.54	174.72	205.30	227.76	235.87	247.10	257.71	298.27
69	94.22	115.44	139.16	189.70	222.76	247.72	256.46	268.32	280.18	319.48
70	102.34	125.42	151.64	205.92	242.11	268.94	278.30	290.78	303.88	342.58
71	111.08	136.04	164.74	223.39	262.70	291.40	302.02	315.74	329.47	366.91
72	120.44	147.88	178.46	242.74	285.16	316.36	327.60	342.58	357.55	393.74
73	128.54	157.88	190.94	259.58	305.14	338.83	350.68	366.28	382.51	423.07
74	135.40	166.60	202.18	275.18	323.23	358.80	371.28	388.12	404.97	454.27

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $5 Average Daily Amount for Assisted Living Facility

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 30.58	$ 36.82	$ 43.68	$ 59.28	$ 69.88	$ 78.62	$ 81.12	$ 86.12	$ 89.86	$ 104.84
35-39	32.44	39.32	46.80	63.64	74.88	84.24	87.36	92.36	96.10	112.94
40	33.70	40.56	48.04	65.52	77.38	86.74	89.86	95.48	99.22	116.06
41	34.32	41.80	49.92	67.40	79.88	89.24	92.98	97.96	102.34	119.80
42	35.56	43.06	51.16	69.88	82.36	92.36	95.48	101.08	105.46	123.56
43	36.20	43.68	52.42	71.14	83.62	94.22	97.96	103.58	107.96	126.04
44	36.82	44.30	53.04	72.38	85.48	96.10	99.84	105.46	109.82	128.54
45	37.44	45.56	54.28	73.64	87.36	97.96	101.72	107.32	112.32	131.04
46	38.06	46.18	54.92	75.50	89.24	99.84	103.58	109.82	114.20	133.54
47	38.68	46.80	56.16	76.76	90.48	102.34	105.46	111.70	116.68	136.04
48	39.94	48.04	58.04	79.24	93.60	104.84	109.20	115.44	119.80	140.40
49	41.18	49.92	59.28	81.12	96.10	107.96	112.32	118.56	123.56	144.14
50	41.80	51.16	61.16	83.62	99.22	111.70	115.44	122.30	127.30	148.52
51	43.06	52.42	63.02	86.12	102.34	114.82	119.18	125.42	131.04	152.88
52	44.30	54.28	64.90	88.60	104.84	117.94	122.30	129.16	134.78	157.24
53	46.18	56.16	67.40	91.72	108.58	122.30	126.68	134.16	139.78	162.86
54	47.42	58.04	69.26	94.84	112.94	126.68	131.04	138.52	144.76	168.48
55	48.68	59.90	71.76	98.60	116.68	131.04	136.04	143.52	149.76	174.72
56	50.54	61.78	74.26	101.72	121.06	136.04	141.02	148.52	155.38	180.96
57	51.80	63.64	76.76	105.46	124.80	141.02	146.02	154.12	161.00	187.20
58	54.28	66.76	80.50	110.44	131.04	147.26	152.88	161.62	168.48	195.94
59	56.78	69.88	84.24	115.44	137.28	154.76	159.74	169.10	176.59	205.30
60	59.28	73.00	87.98	121.06	143.52	161.62	167.86	177.22	184.70	215.28
61	61.78	76.12	92.36	126.68	150.38	169.72	175.34	185.32	193.44	225.26
62	64.90	79.88	96.10	132.92	157.88	177.22	184.08	194.06	202.80	235.87
63	68.64	84.24	101.72	140.40	166.60	187.20	194.06	204.67	214.03	248.35
64	72.38	89.24	107.96	148.52	175.96	197.80	204.67	215.90	225.88	262.08
65	76.76	94.22	114.20	156.62	185.95	209.04	216.52	228.38	237.74	276.43
66	81.12	99.84	120.44	165.98	196.56	220.27	228.38	240.86	251.47	291.40
67	87.98	107.96	129.80	176.59	207.79	232.75	240.86	253.96	265.20	307.00
68	94.84	116.06	140.40	190.94	224.64	249.60	258.34	270.19	282.67	325.72
69	99.84	122.30	147.88	200.92	236.50	263.32	272.68	287.04	299.52	345.70
70	110.44	135.40	163.48	222.14	261.46	290.16	300.76	314.50	328.22	366.91
71	117.94	144.76	174.72	237.74	278.92	310.12	321.36	335.71	350.68	390.00
72	126.04	154.76	186.58	253.96	298.27	330.72	342.58	358.18	374.40	413.71
73	131.66	162.24	196.56	267.07	313.87	348.19	360.67	376.90	393.12	439.92
74	137.90	169.72	205.92	280.80	329.47	365.66	378.76	395.61	413.08	468.00

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 14.36	$ 16.22	$ 18.72	$ 23.72	$ 27.46	$ 30.58	$ 31.82	$ 33.70	$ 34.94	$ 39.94
35-39	16.22	18.72	21.84	28.08	33.08	36.82	38.06	39.94	41.80	48.04
40	16.84	19.34	23.08	29.96	34.94	38.68	40.56	42.44	44.30	51.16
41	17.48	20.60	23.72	31.82	36.82	41.18	43.06	45.56	47.42	54.92
42	18.72	21.84	24.96	33.70	39.32	43.68	45.56	48.04	50.54	58.04
43	19.34	22.46	26.20	34.94	41.18	46.18	48.04	50.54	53.04	61.16
44	19.96	23.08	27.46	36.82	43.06	48.68	50.54	53.04	55.54	64.28
45	20.60	24.34	28.70	38.68	45.56	50.54	53.04	56.16	58.66	67.40
46	21.22	25.58	29.96	40.56	47.42	53.04	55.54	58.66	61.16	71.14
47	22.46	26.20	31.20	42.44	49.92	56.16	58.04	61.78	64.28	74.88
48	23.08	27.46	32.44	44.30	52.42	58.66	61.16	64.90	67.40	78.62
49	24.34	28.70	34.32	46.18	54.92	61.78	64.28	68.02	71.14	82.36
50	24.96	29.96	35.56	48.68	57.40	64.90	67.40	71.14	74.26	86.74
51	26.20	31.20	37.44	50.54	59.90	68.02	70.52	74.88	78.00	90.48
52	26.84	32.44	38.68	53.04	63.02	71.14	74.26	78.62	82.36	95.48
53	28.70	34.32	41.18	56.16	66.76	75.50	78.62	83.62	87.36	101.72
54	29.96	36.20	43.68	59.90	71.14	80.50	83.62	89.24	92.98	107.96
55	31.82	38.06	46.18	63.64	75.50	85.48	89.24	94.84	99.22	114.82
56	33.08	40.56	48.68	67.40	80.50	91.10	94.84	101.08	105.46	122.30
57	34.94	43.06	51.80	71.76	85.48	96.72	101.08	107.32	112.32	130.42
58	37.44	45.56	55.54	76.76	91.72	104.20	108.58	115.44	120.44	139.78
59	39.94	48.68	59.28	82.36	98.60	111.70	116.68	124.18	129.80	150.38
60	42.44	52.42	63.64	88.60	106.08	119.80	125.42	133.54	139.16	161.62
61	45.56	55.54	68.02	94.84	113.56	129.16	134.78	142.90	149.76	173.47
62	48.68	59.90	73.00	101.72	121.68	138.52	144.14	153.50	160.36	186.58
63	52.42	64.90	78.62	110.44	132.28	150.38	156.62	166.60	174.10	202.18
64	56.78	69.88	85.48	119.80	143.52	162.86	170.35	180.96	189.07	219.02
65	61.16	75.50	92.98	129.80	156.00	177.22	184.70	196.56	205.30	237.74
66	66.14	82.36	100.46	141.02	169.10	192.19	200.30	212.78	222.76	257.71
67	71.76	89.24	109.20	152.88	183.46	208.42	217.15	230.88	241.48	279.55
68	79.24	98.60	120.44	169.10	202.80	230.26	240.24	255.22	267.07	308.88
69	87.98	108.58	133.54	187.20	224.64	254.59	265.82	282.67	295.15	341.32
70	96.72	120.44	147.26	207.16	248.35	282.04	293.90	312.62	326.35	376.90
71	107.32	132.92	162.86	229.00	274.56	312.00	325.10	345.07	361.30	416.83
72	118.56	146.64	180.34	253.34	303.88	345.07	360.04	381.88	399.36	460.51
73	128.54	159.74	196.56	276.43	331.96	376.90	393.12	416.83	436.17	501.69
74	139.78	174.10	214.66	302.02	363.16	411.84	429.93	455.52	476.11	547.24
75	151.64	189.07	234.00	330.10	396.86	450.52	469.87	497.32	520.41	597.16
76	164.74	205.92	254.59	360.04	433.68	492.33	513.55	542.88	568.46	650.83
77	179.08	224.02	277.68	393.74	474.24	538.51	560.97	592.80	620.25	710.11
78	197.18	247.72	307.63	436.80	526.65	598.41	622.75	657.69	688.27	786.23
79	217.78	273.31	340.70	484.84	585.31	664.55	691.39	728.83	762.52	870.47
80	240.24	302.02	377.52	538.51	650.20	738.19	767.51	808.07	845.51	964.07
81	264.58	333.84	418.08	597.79	722.59	820.55	852.37	896.05	937.87	1067.65
82	292.03	369.40	463.00	663.93	802.46	911.65	945.97	993.40	1039.57	1182.47
83	313.24	396.86	499.20	718.22	869.23	986.53	1022.73	1072.65	1121.95	1276.69
84	335.71	426.19	537.88	776.25	940.36	1067.65	1105.71	1158.13	1211.79	1378.41
85	360.04	458.01	579.69	839.89	1018.36	1155.01	1194.95	1249.87	1307.89	1488.85
86	385.63	492.33	625.24	908.53	1102.59	1249.87	1291.67	1349.71	1412.10	1607.41
87	413.71	529.15	673.91	982.79	1193.71	1352.83	1396.50	1457.03	1524.42	1735.33
88	443.04	568.46	726.33	1063.29	1291.67	1463.89	1509.45	1573.09	1645.47	1873.23
89	475.48	610.89	783.11	1150.03	1398.37	1584.32	1631.75	1698.51	1776.51	2022.99

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 24.96	$ 29.96	$ 36.20	$ 50.54	$ 60.52	$ 69.26	$ 72.38	$ 78.00	$ 81.12	$ 96.10
35-39	29.32	35.56	43.06	60.52	73.64	84.24	87.98	94.84	98.60	116.06
40	31.20	38.06	46.18	64.90	78.62	90.48	94.84	101.72	106.08	124.80
41	33.70	40.56	49.30	69.88	84.24	97.34	101.72	109.20	113.56	134.16
42	35.56	43.68	53.04	74.88	90.48	104.20	109.20	117.32	122.30	143.52
43	36.82	45.56	54.92	78.00	94.22	108.58	113.56	122.30	127.30	149.76
44	38.68	46.80	57.40	81.12	98.60	112.94	118.56	127.30	132.92	156.00
45	39.94	48.68	59.90	84.86	102.34	117.94	123.56	132.92	138.52	162.86
46	41.18	50.54	62.40	87.98	106.70	122.92	129.16	138.52	144.14	169.72
47	43.06	53.04	64.90	91.72	111.70	128.54	134.16	144.76	150.38	177.22
48	44.92	55.54	68.02	96.10	117.32	134.78	141.02	151.64	157.88	185.95
49	46.80	58.04	71.14	101.08	122.92	141.64	147.88	159.12	165.98	194.68
50	49.30	60.52	74.26	106.08	129.16	148.52	155.38	167.23	174.10	204.67
51	51.16	63.64	78.00	111.08	135.40	156.00	162.86	175.34	182.83	214.66
52	53.66	66.14	81.74	116.68	141.64	163.48	170.98	184.08	191.56	225.26
53	56.16	69.88	86.12	122.30	149.14	171.60	179.71	193.44	201.55	236.50
54	58.66	73.00	89.86	128.54	156.62	180.34	189.07	203.42	211.54	248.35
55	61.78	76.76	94.22	135.40	164.74	189.70	198.43	213.40	222.76	260.83
56	64.28	79.88	99.22	142.28	172.84	199.68	208.42	224.64	234.00	273.94
57	67.40	84.24	104.20	149.14	181.58	209.66	219.02	235.87	245.86	288.28
58	71.14	88.60	109.82	157.24	192.19	221.52	231.50	248.98	259.58	303.88
59	74.88	93.60	116.06	165.98	202.80	234.00	244.60	263.32	273.94	321.36
60	78.62	98.60	122.30	175.34	214.03	247.10	258.34	277.68	289.54	338.83
61	83.00	103.58	129.16	185.32	225.88	260.83	272.68	293.28	305.76	358.18
62	87.36	109.20	136.04	195.94	238.99	275.80	288.28	310.12	323.23	378.14
63	92.98	116.68	145.40	209.04	255.22	293.90	307.63	330.72	344.44	403.10
64	99.22	124.80	155.38	223.39	272.06	313.87	328.22	352.56	367.54	429.93
65	106.08	132.92	165.98	238.36	290.78	335.08	350.68	376.27	392.49	458.01
66	112.94	141.64	177.22	254.59	310.12	357.55	374.40	401.23	418.70	488.59
67	121.06	151.64	189.07	272.06	331.34	381.88	399.36	428.06	446.78	521.04
68	130.42	163.48	204.67	293.90	358.18	413.08	431.80	463.00	482.97	562.22
69	141.02	177.22	221.52	318.24	387.50	446.16	466.75	500.44	522.28	607.15
70	152.88	191.56	239.62	344.44	419.32	482.97	504.81	541.00	564.72	655.82
71	165.36	207.16	258.96	372.52	453.64	522.28	546.00	584.68	610.27	707.61
72	179.08	224.02	280.80	403.10	490.46	564.72	590.30	631.48	659.56	764.39
73	192.19	240.86	302.02	434.30	528.52	608.39	635.85	679.53	709.48	820.55
74	205.92	258.96	325.10	468.00	569.71	655.19	685.15	730.70	763.15	881.71
75	220.90	277.68	350.06	504.19	614.01	705.74	737.56	786.23	821.17	946.60
76	237.12	298.27	376.27	543.50	661.43	760.65	794.35	845.51	883.57	1016.49
77	253.96	320.74	404.97	585.31	712.60	819.31	855.49	909.79	950.35	1091.99
78	275.80	348.82	441.16	638.97	778.75	894.81	933.49	991.53	1035.83	1188.09
79	299.52	378.76	481.10	697.63	850.51	977.17	1018.36	1080.13	1128.19	1292.91
80	325.10	411.84	523.53	761.90	928.51	1067.03	1111.33	1176.85	1229.27	1406.49
81	352.56	447.40	570.33	831.16	1014.61	1164.99	1212.43	1282.31	1339.09	1530.66
82	382.51	486.72	621.50	907.29	1107.59	1272.33	1322.87	1397.13	1459.53	1665.44
83	404.97	516.04	661.43	968.44	1183.09	1358.43	1410.85	1487.61	1553.75	1773.39
84	428.68	547.24	703.24	1033.96	1263.59	1450.17	1503.83	1584.32	1654.83	1888.21
85	453.64	580.32	748.79	1103.85	1349.71	1548.13	1603.67	1687.28	1762.16	2009.89
86	479.85	615.88	796.22	1178.11	1441.43	1652.34	1710.37	1797.11	1876.35	2140.30
87	507.93	652.70	847.39	1257.97	1540.02	1764.03	1823.31	1913.79	1998.66	2278.82
88	537.26	692.63	901.67	1342.21	1644.85	1883.22	1944.37	2037.96	2127.82	2426.10
89	568.46	734.44	959.71	1433.31	1756.55	2010.51	2073.54	2170.26	2266.34	2582.72

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 70.52	$ 87.98	$ 107.96	$ 154.76	$ 188.44	$ 217.15	$ 226.51	$ 243.36	$ 252.72	$ 295.15
35-39	74.26	92.98	114.20	163.48	199.68	229.63	239.62	257.71	267.70	312.00
40	76.12	94.84	116.68	167.86	204.67	235.24	245.86	263.95	274.56	320.11
41	78.00	97.34	119.80	172.22	209.66	241.48	252.10	270.82	281.42	328.22
42	79.88	99.84	122.92	176.59	215.28	247.10	258.34	277.06	288.28	336.34
43	81.12	101.08	124.80	179.08	218.40	250.84	262.08	281.42	292.66	341.32
44	81.74	102.34	126.68	181.58	221.52	254.59	265.82	285.79	297.02	346.32
45	83.00	103.58	127.92	184.08	224.64	258.34	270.19	289.54	301.39	351.31
46	84.24	105.46	129.80	186.58	227.76	262.08	273.94	293.90	305.76	356.30
47	85.48	106.70	131.66	189.70	231.50	265.82	278.30	298.27	310.75	361.92
48	87.36	109.20	134.78	194.06	236.50	272.06	284.54	305.14	317.62	370.03
49	89.24	111.70	137.90	198.43	242.11	278.30	290.78	312.00	324.48	378.14
50	91.10	113.56	141.02	202.80	247.10	284.54	297.02	318.86	331.96	386.25
51	92.98	116.06	144.14	207.16	252.72	290.78	303.88	325.72	339.46	394.99
52	94.84	118.56	147.26	211.54	258.34	297.02	310.75	333.22	346.94	403.72
53	97.34	121.68	150.38	217.15	264.58	304.51	318.24	341.32	355.68	413.71
54	99.22	124.80	154.12	222.14	271.44	312.00	326.35	350.06	364.42	424.32
55	101.72	127.30	157.88	227.76	278.30	320.11	334.46	358.80	373.78	434.92
56	104.20	130.42	162.24	233.38	285.16	327.60	342.58	367.54	383.13	445.53
57	106.70	133.54	165.98	238.99	292.03	335.71	351.31	376.90	392.49	456.76
58	109.82	137.90	171.60	247.10	301.39	346.94	362.54	388.75	404.97	471.74
59	112.94	142.28	176.59	255.22	311.38	358.18	374.40	401.85	418.70	486.72
60	116.68	146.64	182.20	263.32	321.36	369.40	386.88	414.33	432.43	502.94
61	120.44	151.00	188.44	271.44	331.96	381.26	399.36	428.06	446.16	519.16
62	124.18	156.00	194.68	280.18	342.58	393.74	412.46	441.79	460.51	536.01
63	129.80	163.48	203.42	293.90	358.80	412.46	431.18	462.38	482.35	560.35
64	135.40	170.98	213.40	307.63	375.64	431.18	451.77	484.22	504.81	586.56
65	141.64	179.08	223.39	321.98	393.12	451.77	472.99	506.68	528.52	613.39
66	148.52	187.20	234.00	336.96	411.84	472.99	494.83	529.77	553.48	642.09
67	155.38	195.94	244.60	353.18	430.56	494.83	517.92	554.73	579.07	671.42
68	165.36	208.42	260.20	375.64	458.64	526.65	551.61	590.30	616.51	713.85
69	175.96	221.52	277.06	399.98	487.96	560.35	587.18	627.74	655.82	759.40
70	187.20	235.87	295.15	425.56	519.16	596.54	624.62	667.67	697.63	806.83
71	199.06	250.84	313.87	453.02	552.86	634.60	664.55	710.73	742.55	857.99
72	212.16	267.07	334.46	481.72	588.43	675.16	707.61	755.66	789.98	912.28
73	224.64	283.92	355.68	513.55	626.49	718.84	753.16	803.71	840.52	968.44
74	238.36	301.39	378.14	546.62	667.05	765.64	801.83	854.87	894.19	1028.35
75	252.72	320.11	402.48	582.19	710.73	814.94	853.63	909.16	950.97	1091.99
76	268.32	339.46	428.06	619.63	756.91	867.97	908.53	966.57	1011.49	1159.39
77	284.54	360.67	455.52	659.56	805.58	923.51	967.19	1027.72	1075.77	1231.15
78	305.76	388.12	491.08	713.23	871.72	999.01	1045.19	1109.47	1161.25	1326.61
79	328.84	418.08	529.77	770.63	942.85	1080.13	1129.43	1197.45	1252.99	1430.19
80	353.18	449.90	571.58	833.03	1019.61	1168.75	1220.53	1292.29	1352.19	1541.27
81	380.02	484.22	616.51	900.43	1102.59	1263.59	1319.13	1394.63	1459.53	1660.45
82	408.09	521.66	665.18	973.43	1193.07	1366.55	1425.21	1505.07	1574.97	1789.62
83	429.31	549.74	702.62	1032.09	1265.47	1449.54	1510.07	1592.43	1666.69	1893.20
84	451.77	579.07	742.55	1093.87	1342.83	1536.90	1599.92	1685.41	1763.41	2003.02
85	474.86	610.27	784.99	1160.01	1424.58	1629.87	1694.77	1782.75	1865.74	2119.08
86	499.20	643.34	829.91	1229.89	1511.31	1729.09	1795.23	1886.34	1974.32	2241.38
87	525.40	678.28	876.71	1303.53	1603.67	1833.30	1901.94	1996.16	2089.14	2371.18
88	552.24	714.47	926.63	1382.15	1701.01	1944.37	2014.88	2112.22	2210.19	2508.46
89	580.94	753.16	979.67	1465.77	1804.59	2062.30	2134.06	2234.52	2338.74	2653.85

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 45.56	$ 56.16	$ 68.02	$ 96.72	$ 116.68	$ 134.16	$ 139.78	$ 150.38	$ 156.00	$ 182.83
35-39	49.92	61.16	74.88	106.70	129.16	147.88	154.76	165.98	172.22	201.55
40	51.80	63.64	78.00	110.44	134.16	154.12	160.36	172.22	179.08	209.66
41	53.66	66.14	81.12	114.82	139.16	160.36	167.23	179.08	186.58	217.78
42	55.54	68.64	84.24	119.80	144.76	166.60	173.47	185.95	193.44	226.51
43	56.78	69.88	86.12	122.30	148.52	170.35	177.84	190.32	198.43	232.12
44	58.04	71.76	87.98	125.42	151.64	174.10	181.58	194.68	202.80	237.12
45	59.28	73.00	89.86	127.92	155.38	178.46	185.95	199.68	207.79	242.74
46	60.52	74.88	91.72	131.04	159.12	182.20	190.32	204.04	212.78	248.35
47	61.78	76.76	94.22	134.16	162.86	186.58	194.68	209.04	217.78	254.59
48	63.64	78.62	96.72	137.90	167.86	192.82	200.92	215.28	224.02	262.08
49	65.52	81.12	99.84	142.28	172.84	198.43	207.16	222.14	230.88	270.19
50	67.40	83.62	102.96	146.64	177.84	204.67	213.40	229.00	238.36	278.30
51	69.26	86.12	106.08	151.00	183.46	210.91	220.27	235.87	245.86	287.04
52	71.14	88.60	109.20	156.00	189.07	217.15	227.14	243.36	253.34	295.78
53	73.64	91.10	112.94	161.00	195.31	224.64	234.62	251.47	261.46	305.76
54	75.50	94.22	116.68	166.60	202.18	232.12	242.11	259.58	270.82	315.74
55	78.00	97.34	120.44	171.60	208.42	239.62	250.22	268.32	279.55	326.35
56	80.50	100.46	124.18	177.84	215.90	247.72	258.96	277.06	288.91	337.58
57	83.00	103.58	127.92	183.46	222.76	256.46	267.70	286.42	298.90	348.82
58	86.12	107.32	133.54	190.94	232.12	266.44	278.30	298.27	310.75	362.54
59	89.24	111.70	138.52	198.43	241.48	277.68	289.54	310.12	323.86	377.52
60	92.98	116.06	144.14	206.54	251.47	288.91	301.39	323.23	336.96	393.12
61	96.72	120.44	149.76	215.28	261.46	300.76	313.87	336.34	350.68	408.72
62	99.84	125.42	156.00	224.02	272.06	312.62	326.98	350.06	365.04	425.56
63	105.46	132.28	164.74	235.87	287.04	330.10	344.44	368.78	385.00	448.65
64	111.08	139.16	173.47	248.98	302.64	348.19	363.16	388.75	405.60	472.99
65	117.32	147.26	183.46	262.70	319.48	366.91	383.13	409.96	428.06	498.57
66	123.56	154.76	193.44	277.06	336.96	386.88	404.35	432.43	451.15	525.40
67	130.42	163.48	204.04	292.66	355.06	408.09	426.19	456.14	476.11	553.48
68	139.78	175.34	218.40	313.87	380.64	437.42	456.76	488.59	509.80	592.17
69	149.76	187.82	234.62	336.34	408.09	468.62	489.84	523.53	546.62	633.98
70	160.36	201.55	251.47	360.04	437.42	502.32	524.78	560.35	585.31	678.91
71	172.22	215.90	269.56	386.25	468.62	538.51	562.22	600.28	627.11	726.33
72	184.70	230.88	288.91	413.71	502.32	577.20	602.78	643.34	672.04	777.50
73	197.18	247.10	308.88	443.66	537.88	617.75	645.21	688.27	718.84	830.53
74	210.28	263.95	330.72	474.86	576.57	662.06	690.76	736.31	768.76	887.32
75	224.02	281.42	353.80	508.56	617.75	708.86	740.06	787.48	822.43	947.85
76	238.99	300.76	378.76	544.75	661.43	759.40	792.47	842.39	880.45	1012.12
77	255.22	321.36	404.97	583.44	708.86	813.07	848.63	901.05	941.61	1081.39
78	275.80	348.19	439.92	634.60	771.88	885.45	922.89	979.05	1022.73	1173.11
79	298.27	376.90	477.36	690.76	839.89	963.45	1004.01	1063.29	1110.71	1272.33
80	322.60	408.72	518.54	751.29	914.15	1048.93	1091.37	1155.01	1206.81	1380.27
81	348.82	442.41	562.84	817.43	995.27	1141.91	1187.47	1254.85	1310.39	1497.59
82	377.52	479.23	610.89	889.19	1083.25	1242.37	1291.05	1362.81	1423.33	1624.26
83	399.36	507.93	649.58	948.47	1156.27	1325.37	1375.91	1450.17	1514.43	1727.84
84	421.82	537.88	690.14	1011.49	1233.63	1413.35	1465.77	1543.14	1611.15	1838.29
85	446.16	570.33	733.82	1078.27	1316.01	1507.57	1561.23	1641.73	1714.74	1955.60
86	471.74	604.03	779.99	1150.03	1404.61	1608.03	1662.95	1746.56	1823.94	2079.78
87	498.57	640.22	828.67	1226.15	1498.83	1714.74	1771.52	1858.26	1940.62	2212.68
88	527.28	678.28	881.08	1307.89	1599.30	1828.93	1887.58	1977.44	2064.80	2353.70
89	557.23	718.84	936.61	1394.63	1706.00	1950.61	2010.51	2104.11	2196.46	2503.46

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 29.96	$ 36.20	$ 43.68	$ 60.52	$ 73.00	$ 83.62	$ 86.74	$ 92.98	$ 96.72	$ 112.94
35-39	33.70	41.18	49.92	69.26	83.62	95.48	99.84	106.70	111.08	129.80
40	35.56	43.06	52.42	73.00	87.98	101.08	104.84	112.32	116.68	136.66
41	37.44	45.56	54.92	76.76	92.98	106.08	110.44	118.56	122.92	144.14
42	38.68	47.42	58.04	81.12	97.96	111.70	116.68	124.80	129.80	151.64
43	39.94	48.68	59.28	83.62	101.08	115.44	120.44	128.54	134.16	156.62
44	41.18	50.54	61.16	86.12	104.20	119.18	124.18	132.92	137.90	161.62
45	42.44	51.80	63.02	88.60	107.32	122.92	127.92	136.66	142.28	166.60
46	43.68	53.66	64.90	91.72	110.44	126.68	132.28	141.02	147.26	171.60
47	44.92	54.92	66.76	94.84	114.20	131.04	136.04	146.02	151.64	177.22
48	46.18	56.78	69.88	97.96	118.56	136.04	141.64	151.64	157.88	184.08
49	48.04	59.28	72.38	102.34	123.56	141.02	147.26	157.88	164.11	191.56
50	49.92	61.16	74.88	106.08	127.92	146.64	152.88	164.11	170.35	199.06
51	51.80	63.64	78.00	110.44	132.92	152.88	159.12	170.35	177.22	207.16
52	53.66	66.14	81.12	114.20	138.52	158.50	165.36	177.22	184.08	215.28
53	55.54	68.64	84.24	119.18	144.14	165.36	172.22	184.70	192.19	224.02
54	57.40	71.14	87.36	124.18	150.38	172.22	179.71	192.19	200.30	234.00
55	59.90	74.26	91.10	129.16	156.62	179.71	187.20	200.30	209.04	243.36
56	62.40	77.38	94.84	134.78	163.48	187.20	195.31	209.04	217.78	253.96
57	64.90	80.50	98.60	140.40	170.35	195.31	203.42	217.78	227.14	264.58
58	67.40	84.24	103.58	147.26	178.46	204.67	213.40	228.38	238.36	277.68
59	70.52	87.98	108.58	154.76	187.20	215.28	224.64	240.24	250.22	292.03
60	74.26	92.36	114.20	162.24	196.56	225.88	235.24	252.10	262.70	306.38
61	77.38	96.72	119.18	170.35	206.54	237.12	247.10	264.58	275.80	321.36
62	81.12	101.08	125.42	179.08	216.52	248.98	259.58	277.68	289.54	337.58
63	86.12	107.32	133.54	190.32	230.26	264.58	275.80	295.15	307.63	358.80
64	91.72	114.20	141.64	202.18	245.23	281.42	293.28	313.87	327.60	381.26
65	97.34	121.68	151.00	215.28	260.83	299.52	312.00	333.84	348.19	404.97
66	103.58	129.16	160.36	229.00	277.06	318.24	331.96	354.43	370.03	429.93
67	109.82	137.28	170.98	243.36	295.15	338.20	353.18	376.90	393.74	457.39
68	119.18	148.52	184.70	263.32	318.86	365.66	381.26	406.84	424.94	492.96
69	128.54	160.36	199.68	284.54	344.44	394.99	411.84	439.29	458.64	532.27
70	139.16	173.47	215.28	307.00	371.90	426.19	444.91	474.86	495.45	574.08
71	150.38	187.20	232.75	331.96	401.85	460.51	480.48	512.30	534.76	619.00
72	162.24	202.18	252.10	358.80	434.30	497.32	519.16	553.48	577.82	667.67
73	174.10	217.78	271.44	386.88	468.00	536.64	559.72	595.92	622.12	718.22
74	187.20	234.00	292.03	416.83	504.81	578.44	602.78	641.47	669.55	771.88
75	200.92	251.47	314.50	449.90	544.12	623.37	650.20	690.76	721.34	829.91
76	215.28	270.19	338.83	484.84	586.56	672.04	700.75	743.18	776.87	892.31
77	230.88	290.16	364.42	522.28	632.73	724.46	755.03	800.59	836.15	959.08
78	251.47	316.36	398.11	572.20	692.63	793.10	826.17	874.84	914.15	1047.07
79	273.94	345.07	434.92	625.87	758.78	868.60	903.55	955.96	998.39	1142.53
80	297.64	375.64	474.86	685.15	831.16	950.97	989.03	1044.57	1090.75	1246.75
81	323.86	409.34	518.54	750.04	909.79	1041.45	1082.01	1141.29	1191.83	1360.93
82	352.56	446.16	566.59	820.55	996.52	1140.67	1183.71	1247.37	1302.27	1485.11
83	374.40	474.86	605.27	879.21	1068.27	1221.79	1266.71	1332.85	1392.13	1587.44
84	397.48	505.44	645.83	942.23	1145.03	1309.15	1355.95	1424.58	1488.23	1696.02
85	421.82	537.88	690.14	1009.00	1228.03	1402.74	1451.41	1523.17	1590.56	1812.70
86	448.03	572.83	736.94	1081.39	1316.01	1503.21	1553.13	1628.00	1700.39	1936.88
87	475.48	609.64	786.86	1158.13	1410.85	1610.53	1662.32	1740.32	1817.07	2070.42
88	504.81	648.95	839.89	1241.13	1512.57	1725.97	1779.01	1860.13	1942.50	2212.06
89	536.01	690.76	896.68	1329.73	1621.76	1849.52	1903.81	1988.05	2076.03	2364.32

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 20.60	$ 24.34	$ 29.32	$ 39.32	$ 46.80	$ 53.66	$ 55.54	$ 59.28	$ 61.78	$ 72.38
35-39	23.72	28.70	33.70	46.80	55.54	63.02	66.14	70.52	73.00	85.48
40	24.96	29.96	36.20	49.30	59.28	67.40	69.88	74.88	78.00	91.10
41	26.20	31.82	38.06	52.42	63.02	71.76	74.88	79.88	83.00	97.34
42	28.08	33.70	40.56	56.16	67.40	76.76	79.88	84.86	88.60	103.58
43	28.70	34.94	41.80	58.04	69.88	79.24	83.00	88.60	92.36	107.96
44	29.96	36.20	43.68	60.52	72.38	82.36	86.12	92.36	96.10	112.32
45	30.58	37.44	44.92	63.02	75.50	86.12	89.24	95.48	99.84	116.68
46	31.82	38.68	46.80	64.90	78.00	89.24	92.98	99.22	103.58	121.06
47	33.08	39.94	48.68	67.40	81.12	92.98	96.72	103.58	107.96	126.04
48	34.32	41.80	50.54	70.52	84.86	97.34	101.08	108.58	112.94	132.28
49	35.56	43.68	53.04	74.26	89.24	101.72	106.08	113.56	117.94	138.52
50	37.44	45.56	55.54	77.38	93.60	106.70	111.08	119.18	124.18	144.76
51	39.32	47.42	58.04	81.12	97.96	111.70	116.68	124.80	129.80	151.64
52	40.56	49.92	60.52	84.86	102.34	117.32	122.30	130.42	136.04	159.12
53	42.44	52.42	63.64	89.24	107.32	122.92	128.54	137.28	142.90	167.23
54	44.30	54.92	66.76	93.60	112.94	129.16	134.78	144.14	150.38	175.96
55	46.80	57.40	69.88	98.60	118.56	136.04	141.64	151.64	157.88	184.70
56	48.68	59.90	73.00	103.58	124.80	142.90	149.14	159.12	165.98	194.06
57	50.54	62.40	76.76	108.58	131.04	150.38	156.62	167.23	174.72	204.04
58	53.66	66.14	81.12	114.82	138.52	159.12	165.36	177.22	184.70	215.90
59	56.78	69.88	85.48	121.68	146.64	168.48	175.34	187.82	195.31	228.38
60	59.28	73.64	90.48	128.54	155.38	177.84	185.95	198.43	207.16	242.11
61	63.02	78.00	96.10	136.04	164.11	188.44	196.56	210.28	219.02	256.46
62	66.14	82.36	101.08	143.52	174.10	199.68	208.42	222.76	232.12	271.44
63	71.14	87.98	108.58	154.12	186.58	214.03	222.76	238.36	248.98	290.78
64	76.12	94.22	116.68	165.36	199.68	229.00	238.99	255.84	266.44	311.38
65	81.12	101.08	124.80	177.22	214.03	245.86	256.46	273.94	285.79	333.22
66	87.36	108.58	134.16	190.32	229.63	263.32	274.56	293.28	306.38	356.92
67	93.60	116.06	143.52	204.04	246.48	282.04	294.52	314.50	328.22	382.51
68	101.72	126.68	156.62	222.14	268.32	307.63	320.74	341.95	356.92	415.58
69	111.08	137.90	170.35	242.11	292.03	334.46	348.82	372.52	388.75	451.77
70	120.44	150.38	185.95	263.32	318.24	364.42	380.02	404.97	423.07	491.08
71	131.66	163.48	202.18	287.04	346.32	396.24	413.71	440.54	460.51	534.14
72	143.52	177.84	220.27	312.62	376.90	431.80	449.90	479.23	501.07	580.32
73	154.76	192.19	238.99	338.83	409.34	468.00	487.96	519.79	542.88	627.74
74	167.23	208.42	258.96	367.54	443.66	507.93	529.77	562.84	588.43	679.53
75	180.34	225.26	280.80	398.73	481.72	550.99	574.08	609.64	637.10	735.07
76	194.68	243.36	303.88	433.05	522.91	597.79	622.75	660.81	690.76	794.97
77	210.28	263.32	329.47	469.87	567.21	648.33	675.79	715.72	748.17	860.49
78	230.26	288.28	361.92	516.67	624.62	714.47	743.18	786.86	822.43	944.11
79	251.47	316.36	397.48	569.08	688.27	786.86	818.06	864.85	904.17	1036.45
80	275.18	346.32	436.80	626.49	758.15	866.73	900.43	950.35	993.40	1138.17
81	301.39	379.39	479.23	689.51	834.91	954.71	990.91	1044.57	1091.99	1249.23
82	329.47	416.20	526.65	759.40	919.77	1051.43	1090.75	1148.15	1199.95	1371.54
83	351.31	444.91	564.72	817.43	990.28	1131.31	1172.49	1233.01	1288.55	1472.01
84	374.40	475.48	605.90	879.21	1066.41	1218.03	1260.47	1323.49	1383.39	1579.95
85	399.36	508.56	649.58	946.60	1148.77	1311.01	1355.31	1420.83	1485.11	1696.02
86	425.56	543.50	697.00	1018.36	1236.75	1410.85	1457.03	1525.67	1594.93	1820.82
87	454.27	580.94	747.55	1096.35	1331.61	1518.18	1566.23	1637.99	1712.24	1954.35
88	484.22	620.87	801.83	1179.35	1434.57	1634.24	1683.54	1759.04	1838.29	2097.87
89	516.04	663.31	859.87	1269.21	1544.39	1759.04	1810.21	1888.21	1973.70	2252.00

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 36.82	$ 44.92	$ 53.66	$ 74.88	$ 90.48	$ 103.58	$ 107.96	$ 115.44	$ 120.44	$ 142.28
35-39	38.68	46.80	56.78	79.24	94.84	108.58	113.56	121.68	126.68	149.76
40	39.32	48.04	58.04	80.50	97.34	111.08	116.06	124.18	129.80	153.50
41	39.94	48.68	59.28	82.36	99.22	113.56	118.56	127.30	132.92	156.62
42	41.18	49.92	60.52	84.24	101.72	116.68	121.68	130.42	136.04	160.36
43	41.18	50.54	61.16	85.48	102.96	117.94	122.92	132.28	137.28	162.86
44	41.80	51.16	61.78	86.74	104.20	119.80	124.80	133.54	139.16	164.74
45	42.44	51.80	63.02	87.98	106.08	121.06	126.68	135.40	141.02	167.23
46	43.06	52.42	63.64	89.24	107.32	122.92	127.92	137.28	143.52	169.10
47	43.06	53.04	64.28	90.48	108.58	124.80	129.80	139.16	145.40	171.60
48	44.30	54.28	65.52	92.36	111.08	127.30	132.28	142.28	147.88	174.72
49	44.92	54.92	66.76	94.22	112.94	129.80	135.40	144.76	151.00	178.46
50	45.56	56.16	68.02	96.10	115.44	132.28	137.90	147.88	154.12	182.20
51	46.80	57.40	69.88	97.96	117.94	135.40	141.02	151.00	157.24	185.95
52	47.42	58.66	71.14	99.84	120.44	137.90	143.52	154.12	160.36	189.70
53	48.68	59.90	72.38	102.34	122.92	141.02	147.26	157.88	164.11	193.44
54	49.30	61.16	74.26	104.20	126.04	144.14	150.38	161.00	167.86	197.80
55	50.54	62.40	75.50	106.70	128.54	147.26	153.50	164.74	171.60	202.80
56	51.80	63.64	77.38	109.20	131.66	151.00	157.24	168.48	175.96	207.16
57	52.42	64.90	79.24	111.70	134.78	154.12	161.00	172.22	179.71	211.54
58	54.28	66.76	81.74	115.44	139.78	159.74	166.60	178.46	186.58	219.64
59	56.16	69.26	84.86	119.80	144.76	165.98	172.84	185.32	193.44	227.76
60	58.04	71.76	87.98	124.18	149.76	172.22	179.71	192.19	200.30	235.87
61	59.90	74.26	91.10	128.54	155.38	178.46	185.95	199.06	207.79	244.60
62	62.40	76.76	94.22	133.54	161.62	185.32	192.82	206.54	215.90	253.96
63	66.14	81.74	100.46	141.64	170.98	196.56	204.67	219.02	228.38	268.94
64	69.88	86.74	106.08	150.38	181.58	207.79	217.15	232.12	242.11	284.54
65	74.26	91.72	112.94	159.74	192.82	220.90	230.26	245.86	257.08	301.39
66	78.62	97.34	119.80	169.10	204.04	234.00	243.98	260.83	272.06	319.48
67	84.86	104.84	128.54	180.34	216.52	248.35	258.34	276.43	288.91	338.20
68	91.72	114.20	139.78	195.94	235.24	267.07	278.92	297.02	310.12	363.16
69	99.84	124.18	152.26	213.40	255.84	290.78	303.26	321.98	336.96	389.37
70	108.58	134.78	165.36	231.50	278.30	315.74	329.47	350.06	365.66	422.44
71	117.94	146.02	179.08	251.47	302.02	343.20	358.18	380.02	397.48	458.01
72	127.92	158.50	194.68	273.31	328.22	372.52	388.75	412.46	431.18	497.32
73	136.66	169.10	208.42	293.28	351.94	399.36	416.83	441.79	462.38	532.27
74	144.14	179.08	220.90	310.75	373.78	424.32	443.04	469.24	490.46	563.47

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $10 Average Daily Amount for Assisted Living Facility

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 32.44	$ 39.32	$ 47.42	$ 65.52	$ 79.24	$ 90.48	$ 94.22	$ 101.72	$ 106.08	$ 125.42
35-39	34.32	41.80	50.54	70.52	84.86	97.34	101.72	109.20	113.56	134.78
40	35.56	43.06	52.42	73.00	87.36	100.46	104.84	112.32	117.32	139.16
41	36.82	44.30	53.66	74.88	90.48	103.58	107.96	116.06	121.06	143.52
42	37.44	46.18	55.54	77.38	93.60	106.70	111.70	119.80	124.80	147.88
43	38.06	46.80	56.78	79.24	95.48	109.20	114.20	122.30	127.30	151.00
44	39.32	47.42	57.40	80.50	97.34	111.08	116.06	124.80	129.80	154.12
45	39.94	48.68	58.66	82.36	99.22	113.56	118.56	127.30	132.92	157.24
46	40.56	49.30	59.90	84.24	101.08	116.06	121.06	129.80	135.40	160.36
47	41.18	50.54	61.16	85.48	102.96	118.56	123.56	132.92	138.52	163.48
48	42.44	51.80	63.02	87.98	106.08	121.68	127.30	136.66	142.28	168.48
49	43.68	53.04	64.90	91.10	109.82	125.42	131.04	140.40	146.64	173.47
50	44.92	54.92	66.76	93.60	112.94	129.16	134.78	144.76	151.00	178.46
51	46.18	56.16	68.64	96.10	116.06	133.54	139.16	149.14	155.38	184.08
52	47.42	58.04	70.52	99.22	119.80	137.28	143.52	153.50	160.36	189.70
53	48.68	59.90	73.00	102.96	124.18	142.28	148.52	159.12	165.98	196.56
54	50.54	61.78	75.50	106.70	128.54	147.26	154.12	165.36	172.22	203.42
55	51.80	64.28	78.00	110.44	132.92	152.88	159.74	170.98	178.46	210.91
56	53.66	66.14	81.12	114.20	137.90	158.50	165.36	177.22	184.70	218.40
57	55.54	68.64	83.62	118.56	142.90	164.11	170.98	183.46	191.56	225.88
58	58.04	71.76	87.36	124.18	149.76	172.22	179.71	192.82	200.92	237.12
59	60.52	74.88	91.72	129.80	157.24	180.34	187.82	201.55	210.28	248.35
60	63.02	78.00	96.10	136.04	164.74	189.07	197.18	211.54	220.90	260.20
61	66.14	81.74	100.46	142.28	172.22	197.80	206.54	221.52	231.50	272.68
62	69.26	85.48	105.46	149.14	180.96	207.79	216.52	232.12	242.11	285.79
63	73.00	90.48	111.08	157.88	190.94	219.02	229.00	245.23	255.84	301.39
64	77.38	95.48	117.94	167.23	201.55	231.50	241.48	258.96	270.19	318.24
65	81.74	101.08	124.80	176.59	213.40	244.60	255.22	273.31	285.79	335.71
66	86.12	107.32	131.66	186.58	225.26	258.34	269.56	288.91	301.39	354.43
67	93.60	115.44	141.64	198.43	238.36	273.31	285.16	305.14	318.86	373.78
68	100.46	124.80	152.88	214.66	257.71	292.66	305.14	324.48	339.46	396.86
69	108.58	134.78	165.36	232.12	278.30	315.74	329.47	350.06	366.28	423.07
70	117.32	145.40	178.46	250.22	300.14	341.32	355.68	378.14	394.99	456.14
71	125.42	155.38	190.94	267.70	321.36	365.04	380.64	404.35	422.44	487.34
72	134.16	165.98	204.04	285.79	343.20	389.37	406.84	431.80	451.15	519.79
73	140.40	174.10	214.03	301.39	361.92	410.59	428.68	454.27	475.48	547.24
74	146.64	182.83	225.26	316.99	381.26	432.43	451.15	477.98	500.44	574.70

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Available Discounts

SPOUSAL DISCOUNTS

A 35% spousal discount will apply to both spouses' premiums when they both purchase coverage.

A 15% married discount will apply when only one married applicant purchases coverage.

A 10% companion discount will apply to two non-married insureds who have lived together for at least five years when they both purchase coverage.

RISK CLASSES

Policies that qualify as a preferred risk under our current underwriting guidelines will be issued with a 10% premium discount.

Policies providing coverage for applicants who would not qualify for coverage under our current issue standards may be issued with premium loads of 25%, 50%, or 100%.

OTHER DISCOUNTS

For associations that meet certain criteria, there will be a 5% premium discount.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N670

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N670 for Elimination Periods other than 90 day, multiply the appropriate Elimination Period factor from below times the corresponding 90 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period								
	0 Day	15 Day	30 Day	60 Day	180 Day	365 Day	730 Day	1095 Day	1460 Day
365	1.41	1.31	1.17	1.12	0.91	0.77	0.70	0.55	0.42
500	1.41	1.31	1.17	1.12	0.91	0.79	0.76	0.55	0.44
730	1.41	1.31	1.17	1.12	0.91	0.79	0.76	0.58	0.44
1,095	1.39	1.30	1.17	1.11	0.87	0.80	0.70	0.54	0.44
1,460	1.39	1.30	1.17	1.11	0.87	0.81	0.64	0.53	0.44
1,825	1.39	1.30	1.17	1.11	0.87	0.81	0.65	0.53	0.44
2,190	1.39	1.30	1.17	1.11	0.87	0.81	0.65	0.53	0.44
2,920	1.33	1.26	1.15	1.09	0.90	0.81	0.65	0.53	0.44
Unlimited	1.33	1.26	1.15	1.09	0.90	0.81	0.64	0.52	0.43

To determine the annual premium rates for Policy Form GR-N670 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.98.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,555 multiplier option times 0.98.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 309A
Additional Services Benefit Rider
(When attached to Base Policy GR-N670)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N670 for the Additional Services Benefit Rider, multiply the factor from below times the annual premium.

Additional Services Benefit Rider 309A Factor
0.0125

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 228R
Return of Premium
(When attached to Base Policy GR-N670)

Premium Rate Factors

To calculate the annual premium for Rider Form 228R, multiply the annual premium times the appropriate age's premium rate factor from below.

Issue Age	Factor	Issue Age	Factor
18-34	0.671	68	0.506
35-39	0.708	69	0.498
40-44	0.746	70	0.490
45-49	0.756	71	0.482
50	0.705	72	0.474
51	0.688	73	0.457
52	0.672	74	0.441
53	0.658	75	0.425
54	0.645	76	0.409
55	0.631	77	0.393
56	0.618	78	0.381
57	0.605	79	0.368
58	0.598	80	0.356
59	0.590	81	0.344
60	0.583	82	0.332
61	0.575	83	0.321
62	0.568	84	0.311
63	0.557	85	0.301
64	0.546	86	0.290
65	0.535	87	0.280
66	0.525	88	0.270
67	0.514	89	0.260

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A
Shortened Benefit Period
(When attached to Base Policy GR-N670)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-2,000	2,001-Unlimited
18-52	0.226	0.170	0.148	0.131	0.118
53	0.214	0.162	0.142	0.126	0.114
54	0.203	0.155	0.136	0.122	0.110
55	0.193	0.148	0.131	0.117	0.107
56	0.182	0.141	0.125	0.113	0.103
57	0.173	0.135	0.120	0.109	0.100
58	0.167	0.131	0.117	0.107	0.098
59	0.161	0.127	0.115	0.104	0.097
60	0.155	0.123	0.112	0.102	0.095
61	0.149	0.120	0.109	0.100	0.094
62	0.144	0.116	0.107	0.098	0.092
63	0.140	0.114	0.105	0.097	0.091
64	0.136	0.112	0.103	0.095	0.090
65	0.132	0.110	0.102	0.094	0.088
66	0.128	0.108	0.100	0.092	0.087
67	0.124	0.106	0.098	0.091	0.086
68	0.121	0.104	0.096	0.090	0.085
69	0.118	0.102	0.095	0.089	0.084
70	0.115	0.100	0.093	0.087	0.084
71	0.112	0.098	0.092	0.086	0.083
72	0.109	0.096	0.090	0.085	0.082
73	0.104	0.092	0.087	0.082	0.079
74	0.099	0.088	0.083	0.079	0.076
75	0.095	0.085	0.080	0.076	0.073
76	0.090	0.081	0.077	0.074	0.071
77	0.086	0.078	0.074	0.071	0.068
78	0.083	0.076	0.072	0.070	0.067
79	0.081	0.074	0.071	0.068	0.066
80	0.079	0.072	0.069	0.067	0.065
81	0.076	0.071	0.068	0.065	0.064
82	0.074	0.069	0.066	0.064	0.063
83	0.071	0.067	0.064	0.063	0.062
84	0.069	0.064	0.062	0.061	0.060
85	0.067	0.062	0.060	0.060	0.059
86	0.064	0.060	0.059	0.058	0.057
87	0.062	0.058	0.057	0.057	0.056
88	0.060	0.056	0.055	0.056	0.055
89	0.058	0.054	0.054	0.054	0.053

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 10-Pay
(When attached to Base Policy GR-N670)

Premium Rate Factors for the 10-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	2.160	2.940	3.710	3.450	3.170	2.833	3.274	3.196
35-39	2.130	2.780	3.330	3.140	2.930	2.663	2.978	2.915
40-44	2.050	2.580	2.960	2.820	2.670	2.463	2.677	2.601
45-49	1.920	2.390	2.780	2.560	2.400	2.240	2.337	2.296
50	1.896	2.305	2.640	2.444	2.272	2.147	2.188	2.173
51	1.888	2.277	2.594	2.407	2.230	2.116	2.140	2.132
52	1.880	2.250	2.550	2.370	2.190	2.087	2.103	2.099
53	1.818	2.173	2.453	2.282	2.110	2.013	2.015	2.019
54	1.758	2.098	2.359	2.197	2.034	1.942	1.935	1.944
55	1.700	2.027	2.270	2.115	1.960	1.873	1.858	1.873
56	1.644	1.957	2.183	2.036	1.889	1.807	1.784	1.804
57	1.590	1.890	2.100	1.960	1.820	1.743	1.713	1.735
58	1.530	1.817	2.015	1.882	1.746	1.674	1.639	1.665
59	1.471	1.746	1.934	1.807	1.676	1.608	1.567	1.595
60	1.416	1.678	1.856	1.735	1.608	1.544	1.501	1.530
61	1.362	1.613	1.782	1.666	1.542	1.482	1.434	1.466
62	1.310	1.550	1.710	1.600	1.480	1.423	1.373	1.408
63	1.248	1.455	1.606	1.498	1.395	1.346	1.301	1.328
64	1.190	1.366	1.509	1.402	1.314	1.273	1.232	1.256
65	1.134	1.282	1.417	1.312	1.239	1.204	1.167	1.187
66	1.081	1.204	1.331	1.229	1.167	1.138	1.107	1.123
67	1.030	1.130	1.250	1.150	1.100	1.077	1.051	1.065
68	0.948	1.057	1.154	1.075	1.035	1.006	0.973	0.990
69	0.872	0.989	1.066	1.004	0.973	0.939	0.900	0.913
70	0.803	0.925	0.985	0.939	0.915	0.878	0.831	0.852
71	0.739	0.866	0.910	0.877	0.861	0.820	0.766	0.786
72	0.680	0.810	0.840	0.820	0.810	0.767	0.705	0.721
73	0.623	0.726	0.751	0.734	0.726	0.692	0.639	0.647
74	0.571	0.652	0.672	0.656	0.652	0.625	0.577	0.582
75	0.524	0.584	0.600	0.587	0.584	0.564	n/a	n/a
76	0.480	0.524	0.537	0.525	0.524	0.509	n/a	n/a
77	0.440	0.470	0.480	0.470	0.470	0.460	n/a	n/a
78	0.396	0.424	0.434	0.424	0.424	0.415	n/a	n/a
79	0.357	0.382	0.392	0.382	0.382	0.374	n/a	n/a
80	0.321	0.344	0.355	0.344	0.344	0.336	n/a	n/a
81	0.289	0.311	0.321	0.311	0.311	0.304	n/a	n/a
82	0.260	0.280	0.290	0.280	0.280	0.273	n/a	n/a
83	0.223	0.244	0.251	0.244	0.240	0.234	n/a	n/a
84	0.191	0.212	0.217	0.212	0.206	0.201	n/a	n/a
85	0.163	0.185	0.187	0.185	0.177	0.172	n/a	n/a
86	0.140	0.161	0.162	0.161	0.152	0.148	n/a	n/a
87	0.120	0.140	0.140	0.140	0.130	0.127	n/a	n/a
88	0.103	0.122	0.121	0.122	0.112	0.109	n/a	n/a
89	0.088	0.106	0.105	0.106	0.096	0.093	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 20-Pay
(When attached to Base Policy GR-N670)

Premium Rate Factors for the 20-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.850	1.280	1.700	1.560	1.400	1.217	1.460	1.415
35-39	0.840	1.190	1.490	1.380	1.270	1.127	1.295	1.262
40-44	0.790	1.070	1.280	1.210	1.130	1.017	1.133	1.092
45-49	0.720	0.970	1.190	1.070	0.980	0.893	0.946	0.923
50	0.714	0.940	1.123	1.015	0.919	0.851	0.873	0.865
51	0.712	0.930	1.101	0.997	0.899	0.837	0.850	0.845
52	0.710	0.920	1.080	0.980	0.880	0.823	0.832	0.830
53	0.684	0.886	1.037	0.941	0.845	0.791	0.793	0.795
54	0.659	0.852	0.995	0.904	0.812	0.761	0.757	0.762
55	0.635	0.820	0.955	0.868	0.780	0.732	0.723	0.732
56	0.612	0.790	0.917	0.833	0.749	0.703	0.691	0.701
57	0.590	0.760	0.880	0.800	0.720	0.677	0.659	0.672
58	0.551	0.715	0.831	0.753	0.675	0.634	0.614	0.628
59	0.515	0.673	0.784	0.708	0.632	0.593	0.570	0.586
60	0.481	0.633	0.740	0.666	0.592	0.555	0.530	0.547
61	0.450	0.595	0.699	0.627	0.555	0.520	0.492	0.511
62	0.420	0.560	0.660	0.590	0.520	0.487	0.457	0.478
63	0.395	0.515	0.609	0.543	0.480	0.452	0.425	0.442
64	0.372	0.474	0.561	0.500	0.444	0.420	0.396	0.410
65	0.350	0.437	0.517	0.460	0.410	0.390	0.369	0.380
66	0.329	0.402	0.477	0.424	0.379	0.362	0.344	0.353
67	0.310	0.370	0.440	0.390	0.350	0.337	0.322	0.330
68	0.272	0.342	0.396	0.357	0.325	0.307	0.287	0.298
69	0.238	0.316	0.357	0.326	0.301	0.280	0.255	0.264
70	0.208	0.292	0.321	0.299	0.279	0.255	0.226	0.239
71	0.183	0.270	0.289	0.273	0.259	0.234	0.200	0.212
72	0.160	0.250	0.260	0.250	0.240	0.213	0.176	0.185
73	0.146	0.216	0.226	0.216	0.209	0.188	0.156	0.161
74	0.133	0.186	0.197	0.186	0.182	0.166	0.137	0.140
75	0.121	0.161	0.172	0.161	0.158	0.146	n/a	n/a
76	0.110	0.139	0.149	0.139	0.138	0.129	n/a	n/a
77	0.100	0.120	0.130	0.120	0.120	0.113	n/a	n/a
78	0.090	0.108	0.118	0.111	0.108	0.102	n/a	n/a
79	0.082	0.097	0.107	0.102	0.097	0.092	n/a	n/a
80	0.074	0.087	0.097	0.094	0.087	0.083	n/a	n/a
81	0.066	0.078	0.088	0.087	0.078	0.074	n/a	n/a
82	0.060	0.070	0.080	0.080	0.070	0.067	n/a	n/a
83	0.055	0.065	0.076	0.073	0.065	0.062	n/a	n/a
84	0.051	0.061	0.071	0.066	0.061	0.058	n/a	n/a
85	0.047	0.057	0.067	0.060	0.057	0.054	n/a	n/a
86	0.043	0.053	0.064	0.055	0.053	0.050	n/a	n/a
87	0.040	0.050	0.060	0.050	0.050	0.047	n/a	n/a
88	0.037	0.047	0.057	0.046	0.047	0.044	n/a	n/a
89	0.034	0.044	0.053	0.041	0.044	0.041	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 303A
Surviving Spouse Benefit Increase
(When attached to Base Policy GR-N670)

Premium Rate Factors

To calculate the annual premium for Rider Form 303A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-1,800	1,801-1,825
18-34	0.058	0.053	0.042	0.030	0.022
35-39	0.062	0.057	0.045	0.033	0.024
40-44	0.068	0.062	0.049	0.036	0.026
45-49	0.076	0.069	0.054	0.039	0.029
50	0.080	0.073	0.057	0.041	0.030
51	0.082	0.074	0.058	0.042	0.031
52	0.083	0.075	0.059	0.043	0.031
53	0.085	0.076	0.060	0.044	0.032
54	0.086	0.078	0.061	0.044	0.032
55	0.088	0.079	0.062	0.045	0.033
56	0.090	0.081	0.063	0.045	0.033
57	0.092	0.082	0.064	0.046	0.034
58	0.094	0.083	0.065	0.047	0.034
59	0.095	0.085	0.066	0.048	0.035
60	0.097	0.086	0.067	0.048	0.035
61	0.099	0.088	0.068	0.049	0.036
62	0.101	0.089	0.069	0.050	0.036
63	0.102	0.090	0.070	0.050	0.036
64	0.103	0.091	0.070	0.050	0.036
65	0.105	0.092	0.071	0.051	0.037
66	0.106	0.093	0.071	0.051	0.037
67	0.107	0.094	0.072	0.051	0.037
68	0.108	0.095	0.072	0.051	0.037
69	0.109	0.096	0.073	0.051	0.037
70	0.110	0.096	0.073	0.052	0.036
71	0.111	0.097	0.074	0.052	0.036
72	0.112	0.098	0.074	0.052	0.036
73	0.113	0.099	0.074	0.051	0.035
74	0.114	0.099	0.074	0.051	0.034
75	0.116	0.100	0.074	0.050	0.034
76	0.117	0.100	0.074	0.050	0.033
77	0.118	0.101	0.074	0.049	0.032
78	0.119	0.101	0.073	0.047	0.030
79	0.119	0.101	0.072	0.046	0.029
80	0.120	0.102	0.072	0.044	0.027
81	0.120	0.102	0.071	0.042	0.025
82	0.121	0.102	0.070	0.041	0.024
83	0.121	0.101	0.068	0.038	0.021
84	0.120	0.100	0.065	0.035	0.019
85	0.120	0.099	0.063	0.033	0.017
86	0.119	0.098	0.061	0.030	0.015
87	0.119	0.097	0.059	0.028	0.013
88	0.119	0.096	0.057	0.026	0.011
89	0.118	0.095	0.055	0.024	0.010

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 226G
Paid Up Survivorship
(When attached to Base Policy GR-N670)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply the annual premium times the appropriate Inflation Option factor from below.

Issue Age	Inflation Options							
	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.063	0.087	0.124	0.112	0.100	0.088	0.104	0.101
35-39	0.076	0.097	0.129	0.119	0.109	0.098	0.111	0.108
40-44	0.089	0.108	0.135	0.127	0.117	0.108	0.117	0.114
45-49	0.102	0.119	0.142	0.134	0.126	0.118	0.123	0.121
50	0.108	0.124	0.145	0.137	0.130	0.123	0.125	0.124
51	0.111	0.126	0.146	0.139	0.132	0.125	0.126	0.126
52	0.113	0.128	0.147	0.140	0.133	0.126	0.127	0.127
53	0.114	0.128	0.146	0.140	0.133	0.127	0.127	0.127
54	0.115	0.128	0.146	0.139	0.133	0.127	0.127	0.127
55	0.115	0.129	0.145	0.139	0.133	0.127	0.126	0.127
56	0.116	0.129	0.145	0.139	0.133	0.127	0.126	0.127
57	0.117	0.129	0.144	0.138	0.133	0.128	0.126	0.127
58	0.116	0.127	0.142	0.136	0.131	0.126	0.124	0.125
59	0.114	0.126	0.139	0.134	0.129	0.124	0.121	0.123
60	0.113	0.124	0.137	0.132	0.127	0.122	0.119	0.121
61	0.112	0.122	0.134	0.130	0.125	0.121	0.117	0.120
62	0.111	0.121	0.132	0.127	0.123	0.119	0.115	0.118
63	0.108	0.118	0.128	0.124	0.120	0.116	0.112	0.115
64	0.106	0.115	0.124	0.120	0.116	0.113	0.109	0.111
65	0.103	0.112	0.120	0.117	0.113	0.110	0.106	0.108
66	0.101	0.109	0.117	0.113	0.110	0.107	0.104	0.105
67	0.098	0.106	0.113	0.110	0.107	0.104	0.101	0.103
68	0.094	0.101	0.108	0.105	0.102	0.099	0.096	0.098
69	0.090	0.096	0.102	0.099	0.097	0.095	0.092	0.093
70	0.086	0.091	0.097	0.094	0.092	0.090	0.087	0.089
71	0.082	0.087	0.092	0.090	0.087	0.085	0.083	0.084
72	0.078	0.083	0.087	0.085	0.083	0.081	0.079	0.080
73	0.072	0.076	0.080	0.078	0.076	0.075	0.073	0.073
74	0.066	0.070	0.073	0.071	0.070	0.069	0.066	0.067
75	0.061	0.064	0.067	0.065	0.064	0.063	n/a	n/a
76	0.056	0.059	0.061	0.060	0.059	0.058	n/a	n/a
77	0.052	0.054	0.056	0.055	0.054	0.053	n/a	n/a
78	0.045	0.047	0.048	0.047	0.047	0.046	n/a	n/a
79	0.039	0.040	0.042	0.041	0.040	0.040	n/a	n/a
80	0.034	0.035	0.036	0.035	0.035	0.035	n/a	n/a
81	0.029	0.030	0.031	0.031	0.030	0.030	n/a	n/a
82	0.025	0.026	0.027	0.027	0.026	0.026	n/a	n/a
83	0.020	0.021	0.021	0.021	0.021	0.021	n/a	n/a
84	0.016	0.016	0.017	0.017	0.016	0.016	n/a	n/a
85	0.013	0.013	0.013	0.013	0.013	0.013	n/a	n/a
86	0.010	0.010	0.010	0.010	0.010	0.010	n/a	n/a
87	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
88	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
89	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 308A
Shared Maximum Benefit
(When attached to Base Policy GR-N670)

To calculate the annual premium for Rider Form 308A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Premium Rate Factors for Policies Without an Increasing Benefit Option

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.335	0.320	0.250	0.185	0.190
35-39	0.370	0.350	0.265	0.195	0.175
40-44	0.410	0.375	0.280	0.200	0.175
45-49	0.450	0.400	0.290	0.210	0.170
50-54	0.450	0.400	0.300	0.210	0.165
55-59	0.450	0.400	0.300	0.215	0.160
60-64	0.450	0.400	0.300	0.215	0.155
65-69	0.450	0.390	0.290	0.210	0.150
70-74	0.450	0.380	0.280	0.200	0.140
75-79	0.450	0.380	0.255	0.170	0.110
80-84	0.450	0.380	0.225	0.140	0.110
85-89	0.450	0.380	0.225	0.140	0.110

Premium Rate Factors for Policies With Inflation Options

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.430	0.420	0.330	0.250	0.200
35-39	0.430	0.410	0.330	0.250	0.200
40-44	0.430	0.410	0.330	0.250	0.200
45-49	0.430	0.400	0.330	0.250	0.190
50-54	0.430	0.400	0.320	0.245	0.185
55-59	0.430	0.400	0.320	0.240	0.180
60-64	0.430	0.400	0.320	0.235	0.175
65-69	0.430	0.400	0.310	0.230	0.170
70-74	0.430	0.390	0.300	0.220	0.160
75-79	0.430	0.380	0.280	0.190	0.135
80-84	0.430	0.370	0.260	0.160	0.135
85-89	0.430	0.360	0.260	0.160	0.135

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 311A
Dual Waiver
(When attached to Base Policy GR-N670)

Premium Rate Factors

To calculate the annual premium for Rider Form 311A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Issue Age	Maximum Benefit Multiplier Options					
	365	500	730	1,000-1,095	1,460-1,500	1,825-Unlimited
18-34	0.010	0.010	0.010	0.010	0.010	0.010
35-39	0.010	0.010	0.010	0.010	0.010	0.010
40	0.010	0.010	0.010	0.010	0.010	0.010
41	0.010	0.010	0.010	0.010	0.010	0.010
42	0.010	0.010	0.010	0.010	0.010	0.010
43	0.010	0.010	0.010	0.010	0.010	0.010
44	0.010	0.010	0.010	0.010	0.010	0.010
45	0.010	0.010	0.010	0.010	0.010	0.010
46	0.010	0.010	0.010	0.010	0.010	0.010
47	0.010	0.010	0.010	0.010	0.010	0.010
48	0.010	0.010	0.010	0.010	0.011	0.011
49	0.010	0.010	0.010	0.010	0.013	0.013
50	0.010	0.010	0.010	0.010	0.015	0.015
51	0.010	0.010	0.010	0.010	0.017	0.017
52	0.010	0.010	0.010	0.010	0.020	0.020
53	0.010	0.010	0.010	0.011	0.020	0.022
54	0.010	0.010	0.010	0.013	0.020	0.024
55	0.010	0.010	0.010	0.015	0.020	0.026
56	0.010	0.010	0.010	0.017	0.020	0.028
57	0.010	0.010	0.010	0.020	0.020	0.030
58	0.010	0.010	0.011	0.022	0.022	0.032
59	0.010	0.010	0.013	0.024	0.024	0.034
60	0.010	0.010	0.015	0.026	0.026	0.036
61	0.010	0.010	0.017	0.028	0.028	0.038
62	0.010	0.010	0.020	0.030	0.030	0.040
63	0.011	0.011	0.022	0.032	0.033	0.043
64	0.013	0.013	0.024	0.034	0.037	0.047
65	0.015	0.015	0.026	0.036	0.041	0.051
66	0.017	0.017	0.028	0.038	0.045	0.055
67	0.020	0.020	0.030	0.040	0.050	0.060
68	0.022	0.022	0.032	0.043	0.055	0.066
69	0.024	0.024	0.034	0.047	0.060	0.074
70	0.026	0.026	0.036	0.051	0.066	0.082
71	0.028	0.028	0.038	0.055	0.073	0.090
72	0.030	0.030	0.040	0.060	0.080	0.100
73	0.032	0.033	0.043	0.066	0.087	0.108
74	0.034	0.037	0.047	0.074	0.094	0.118
75	0.036	0.041	0.051	0.082	0.102	0.128
76	0.038	0.045	0.055	0.090	0.111	0.138
77	0.040	0.050	0.060	0.100	0.120	0.150
78	0.045	0.055	0.066	0.110	0.134	0.167
79	0.050	0.060	0.074	0.121	0.150	0.187
80	0.056	0.066	0.082	0.133	0.168	0.209
81	0.063	0.073	0.090	0.146	0.188	0.233
82	0.070	0.080	0.100	0.160	0.210	0.260
83	0.075	0.087	0.110	0.176	0.234	0.291
84	0.081	0.094	0.121	0.194	0.261	0.327
85	0.087	0.102	0.133	0.214	0.290	0.366
86	0.093	0.111	0.146	0.236	0.323	0.410
87	0.100	0.120	0.160	0.260	0.360	0.460
88	0.107	0.130	0.176	0.287	0.401	0.516
89	0.115	0.141	0.193	0.316	0.447	0.578

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 304X
Restoration of Benefits Rider
(When attached to Base Policy GR-N670)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N670 for the Restoration of Benefits Rider, multiply the appropriate Restoration of Benefits factor from below times the annual premium.

Restoration of Benefits

Benefit Multiplier	Rider 304X Factor
365	0.06
500	0.06
730	0.06
1,000	0.04
1,095	0.04
1,460	0.04
1,500	0.04
1,825	0.04
2,000	0.04
2,190	0.04
2,500	0.04
2,555	0.04
2,920	0.04

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 17.17	$ 19.08	$ 21.62	$ 27.98	$ 32.43	$ 35.62	$ 36.88	$ 38.79	$ 40.70	$ 48.97
35-39	19.08	22.27	25.44	33.08	38.16	41.98	44.52	46.43	48.34	57.87
40	20.36	22.90	26.72	34.99	40.70	44.52	47.06	49.60	51.51	61.69
41	20.99	24.16	27.98	36.88	42.61	47.71	49.60	52.16	54.70	65.51
42	21.62	25.44	29.26	38.79	45.15	50.25	52.79	55.33	57.87	69.33
43	22.90	26.72	30.52	40.70	47.71	52.79	55.33	58.52	61.06	73.14
44	23.53	27.35	31.80	42.61	49.60	55.33	57.87	61.06	63.60	76.32
45	24.81	28.63	33.71	44.52	52.16	57.87	61.06	64.23	66.78	80.14
46	25.44	29.89	34.99	46.43	54.70	61.06	63.60	67.42	69.96	84.59
47	26.72	31.17	36.25	48.97	57.24	63.60	66.78	70.59	73.78	88.41
48	27.35	32.43	38.16	50.88	59.78	66.78	69.96	73.78	76.95	92.86
49	28.63	33.71	39.44	53.42	62.32	69.96	73.14	77.60	80.77	96.68
50	29.26	34.99	41.35	55.33	65.51	73.14	76.32	80.77	84.59	101.13
51	30.52	36.25	42.61	57.87	68.05	76.32	80.14	84.59	88.41	106.21
52	31.80	37.53	44.52	60.42	71.24	80.14	83.96	88.41	92.22	111.30
53	33.71	40.07	47.06	64.23	75.69	84.59	89.04	94.12	97.94	117.66
54	34.99	41.98	49.60	68.05	80.14	89.67	94.12	99.85	103.67	125.29
55	36.88	44.52	52.79	71.87	85.22	95.40	99.85	105.58	110.03	132.93
56	38.79	47.06	55.96	76.32	90.32	101.13	106.21	112.57	117.02	140.55
57	41.35	49.60	59.15	80.77	95.40	107.49	112.57	118.93	124.02	149.46
58	43.89	52.79	62.97	86.50	102.39	115.11	120.84	127.83	132.93	160.28
59	46.43	55.96	66.78	92.22	109.40	123.38	129.11	136.74	142.46	171.72
60	49.60	59.78	71.87	98.58	117.02	131.65	138.01	146.28	152.64	183.81
61	52.79	63.60	76.32	105.58	125.29	141.20	148.19	156.46	163.45	196.53
62	55.96	68.05	81.40	112.57	134.19	150.73	158.37	167.90	174.90	210.51
63	60.42	73.14	88.41	122.12	145.00	163.45	171.09	181.26	189.52	227.68
64	64.88	78.86	95.40	131.65	157.09	176.80	185.07	196.53	204.79	246.13
65	69.96	85.22	103.04	142.46	169.81	191.43	200.34	212.42	221.32	266.49
66	75.69	92.22	111.30	153.92	183.81	206.70	216.87	229.59	239.77	288.11
67	81.40	99.85	120.21	166.63	198.43	223.87	234.69	248.67	259.48	311.64
68	89.67	109.40	132.28	183.81	218.78	246.76	258.85	273.48	285.56	343.44
69	98.58	120.84	145.65	202.24	241.05	272.20	284.92	301.46	314.82	378.42
70	108.75	132.93	160.91	223.23	265.84	300.19	314.18	331.99	347.26	416.58
71	119.56	146.28	176.80	245.50	293.19	330.72	346.62	366.34	382.23	458.55
72	131.65	160.91	195.25	270.94	323.08	364.43	381.60	403.22	421.03	505.62
73	142.46	174.26	211.79	294.47	351.07	396.86	415.31	438.84	458.55	548.23
74	153.92	188.89	229.59	319.91	382.23	432.48	452.19	477.63	499.89	595.29
75	165.99	204.15	248.67	347.26	415.94	471.27	492.26	520.24	543.78	645.54
76	179.35	220.69	269.66	377.78	452.83	513.88	536.14	566.04	592.11	700.87
77	193.98	239.14	292.56	410.22	492.90	559.68	583.21	616.28	644.90	760.02
78	213.06	263.30	323.08	455.37	547.59	622.00	647.44	683.70	715.50	838.24
79	234.04	289.38	357.43	504.98	608.65	690.69	718.67	757.47	793.08	924.10
80	256.94	318.63	394.32	560.31	676.06	767.64	798.18	840.15	878.95	1018.22
81	282.38	350.43	435.66	622.00	751.11	852.87	885.94	931.74	974.98	1122.54
82	309.73	385.41	481.45	690.06	834.43	947.63	983.88	1032.85	1080.56	1237.65
83	331.99	414.67	518.97	746.66	903.11	1025.23	1063.39	1114.90	1166.41	1335.59
84	356.16	445.83	559.04	807.08	978.16	1109.82	1149.24	1203.94	1259.27	1440.53
85	382.23	479.54	602.92	873.22	1058.94	1200.75	1242.10	1299.97	1359.75	1554.37
86	410.22	515.16	649.99	944.46	1146.07	1299.34	1343.23	1403.01	1467.87	1677.12
87	439.47	553.95	700.23	1022.04	1240.82	1406.18	1451.34	1514.94	1584.90	1809.41
88	471.91	595.93	754.92	1105.35	1343.23	1521.94	1569.00	1635.78	1710.83	1952.50
89	505.62	641.08	814.07	1195.67	1453.89	1647.23	1696.20	1765.52	1846.93	2106.42

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 29.26	$ 34.99	$ 41.35	$ 57.24	$ 68.68	$ 78.23	$ 82.68	$ 88.41	$ 91.58	$ 111.94
35-39	34.34	41.35	49.60	68.68	82.68	94.12	99.22	106.21	110.03	134.19
40	36.88	43.89	52.79	73.14	88.41	100.48	106.21	113.20	117.66	143.74
41	38.79	47.06	55.96	78.23	94.77	107.49	113.20	121.47	125.92	153.27
42	41.35	50.25	59.78	83.96	101.13	115.11	121.47	129.74	134.84	164.08
43	43.24	52.16	62.32	87.13	105.58	120.21	126.57	135.47	140.55	171.09
44	44.52	54.07	64.88	90.32	109.40	124.66	131.65	140.55	146.28	178.08
45	46.43	55.96	67.42	94.12	113.85	129.74	136.74	146.28	152.64	185.07
46	47.71	58.52	69.96	97.94	118.93	135.47	142.46	152.64	159.00	192.71
47	49.60	60.42	72.50	102.39	123.38	141.20	148.82	159.00	165.36	200.98
48	52.16	62.97	76.32	106.84	129.74	147.56	155.82	166.63	172.99	210.51
49	54.07	66.14	79.50	111.94	135.47	154.55	162.82	174.26	181.26	220.06
50	56.61	69.33	83.31	117.66	142.46	162.18	171.09	182.53	190.17	230.87
51	59.15	72.50	87.13	122.75	148.82	169.81	178.71	191.43	199.07	241.68
52	61.69	75.69	91.58	128.48	155.82	178.08	187.62	200.34	208.60	253.12
53	64.88	78.86	95.40	134.84	163.45	186.98	196.53	210.51	218.78	265.21
54	67.42	82.68	100.48	141.83	171.72	195.88	206.70	220.69	229.59	278.56
55	70.59	86.50	104.94	148.82	179.99	205.43	216.24	231.50	241.05	291.92
56	73.78	90.95	110.03	155.82	188.89	215.61	227.05	242.95	252.49	305.91
57	76.95	94.77	115.11	163.45	198.43	226.42	238.50	254.40	265.21	321.18
58	81.40	99.85	121.47	172.35	209.25	238.50	251.22	268.39	279.84	338.35
59	85.22	104.94	127.83	181.90	220.69	251.86	265.21	283.02	295.10	356.79
60	89.67	110.66	134.84	191.43	232.78	265.84	279.84	298.28	311.00	376.51
61	94.77	116.39	142.46	202.24	245.50	279.84	295.10	314.82	328.18	396.86
62	99.22	122.75	150.10	213.06	258.85	295.74	311.00	331.99	345.98	418.48
63	106.21	131.02	159.63	227.05	276.02	314.82	331.35	353.62	368.88	445.83
64	112.57	139.29	170.44	242.31	293.83	335.80	353.62	377.15	393.04	474.45
65	120.21	148.82	181.90	258.22	313.55	358.07	376.51	401.31	418.48	505.62
66	127.83	158.37	193.98	275.39	333.90	381.60	401.31	428.03	446.47	538.05
67	136.10	168.54	206.70	293.83	356.16	406.40	428.03	456.01	475.72	573.67
68	146.91	181.90	223.23	317.36	384.78	438.84	461.73	491.62	513.25	618.19
69	159.00	196.53	241.05	342.80	415.31	473.82	497.98	530.42	553.32	666.52
70	171.09	211.79	260.13	370.15	448.38	511.34	537.42	571.76	597.20	718.04
71	185.07	228.96	281.11	399.40	483.36	551.41	580.03	616.91	644.26	774.00
72	199.70	246.76	303.37	431.20	522.15	595.29	625.82	665.25	695.14	834.43
73	213.06	263.94	325.63	463.00	560.31	639.81	671.61	714.22	745.39	892.93
74	227.68	282.38	348.52	496.71	601.02	686.87	720.58	765.74	800.08	954.62
75	242.95	302.10	373.96	532.96	644.90	738.39	772.74	821.71	858.59	1021.41
76	260.13	323.72	400.68	571.76	691.96	793.08	829.33	881.49	920.92	1092.00
77	277.93	345.98	429.93	613.10	742.20	851.60	889.76	945.72	988.33	1168.32
78	300.19	374.60	466.19	668.43	810.26	930.46	970.53	1030.31	1076.74	1264.35
79	324.36	405.13	505.62	728.85	884.67	1015.68	1058.94	1122.54	1172.77	1368.66
80	350.43	438.84	548.86	794.36	966.08	1109.17	1154.97	1223.65	1278.35	1481.87
81	378.42	474.45	595.29	865.59	1054.47	1210.93	1260.55	1333.05	1392.20	1604.62
82	408.95	513.88	646.17	943.18	1151.78	1322.87	1375.02	1452.61	1516.85	1736.90
83	432.48	544.41	687.51	1006.78	1230.01	1411.91	1466.61	1546.74	1615.43	1848.20
84	457.92	577.48	731.39	1074.83	1313.97	1507.31	1563.91	1647.23	1720.37	1966.50
85	483.99	611.83	778.46	1147.33	1403.01	1609.07	1667.58	1754.07	1832.30	2092.42
86	511.98	648.71	828.07	1224.93	1499.04	1717.82	1777.61	1868.55	1951.23	2226.61
87	541.87	687.51	880.86	1307.61	1600.80	1834.21	1895.90	1989.39	2077.79	2369.09
88	573.03	728.85	937.45	1395.37	1709.55	1957.59	2021.19	2119.14	2212.63	2520.45
89	606.10	772.74	997.24	1490.14	1825.94	2089.88	2155.39	2256.50	2355.72	2681.99

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 81.40	$ 99.85	$ 120.21	$ 170.44	$ 206.70	$ 235.32	$ 247.41	$ 264.58	$ 274.75	$ 331.35
35-39	85.86	104.94	127.20	179.99	218.78	249.31	262.03	279.20	290.65	350.43
40	87.76	107.49	130.38	184.44	223.87	255.03	268.39	286.20	297.64	358.70
41	89.67	110.03	133.56	189.52	229.59	261.39	274.75	293.19	304.64	367.60
42	92.22	112.57	136.74	193.98	235.32	267.75	281.11	300.19	312.27	376.51
43	92.86	114.48	138.64	196.53	238.50	271.57	285.56	304.64	316.72	381.60
44	94.12	115.76	140.55	199.70	241.68	275.39	289.38	309.10	321.18	387.32
45	95.40	117.66	142.46	202.24	245.50	279.20	293.83	313.55	325.63	393.04
46	96.68	118.93	144.37	205.43	248.67	283.66	297.64	318.00	330.72	398.13
47	97.94	120.84	146.91	207.97	252.49	287.47	302.10	322.45	335.17	403.86
48	99.85	123.38	150.10	212.42	257.58	293.83	308.46	329.44	342.16	412.76
49	102.39	125.92	152.64	216.87	263.30	300.19	315.46	336.44	349.80	421.67
50	104.30	128.48	156.46	221.97	269.03	306.55	321.82	343.44	357.43	430.57
51	106.21	131.02	159.63	226.42	274.75	312.91	328.81	351.07	365.06	439.47
52	108.12	133.56	162.82	231.50	280.47	319.91	335.80	358.70	372.70	449.01
53	110.66	136.74	166.63	236.59	286.83	327.54	344.07	366.97	381.60	459.83
54	113.20	139.92	170.44	242.31	293.83	335.17	352.34	375.87	390.50	470.64
55	115.76	143.10	174.26	248.04	300.83	342.80	360.61	384.78	400.04	482.08
56	118.30	146.28	178.71	253.77	307.82	351.07	368.88	393.68	409.58	493.53
57	120.84	149.46	183.16	260.13	315.46	359.34	377.78	403.22	419.12	504.98
58	124.66	153.92	188.26	268.39	324.99	370.79	389.87	415.31	432.48	520.88
59	128.48	159.00	193.98	276.66	335.17	382.23	401.95	428.03	445.83	536.78
60	132.28	163.45	200.34	284.92	345.98	394.32	414.03	441.38	459.83	553.95
61	136.10	168.54	206.06	293.83	356.16	406.40	427.39	455.37	473.82	571.12
62	139.92	173.63	212.42	302.74	367.60	419.12	440.11	469.36	489.08	588.93
63	146.28	181.26	222.60	316.72	384.14	438.20	460.46	490.35	510.70	615.01
64	152.64	189.52	232.78	331.35	401.31	457.92	480.81	512.61	534.24	642.99
65	159.63	197.79	242.95	345.98	419.76	478.27	503.07	535.51	558.40	671.61
66	166.63	206.70	254.40	361.88	438.84	499.89	525.33	559.68	583.21	701.50
67	174.26	216.24	265.84	378.42	458.55	522.79	549.50	585.12	609.92	733.30
68	184.44	228.96	281.75	401.95	487.17	555.22	583.21	620.73	647.44	777.82
69	195.88	242.95	299.55	426.75	517.06	588.93	619.46	658.89	686.87	825.52
70	207.97	258.22	318.00	452.83	548.86	625.82	657.62	698.96	729.48	876.40
71	220.69	274.11	337.71	480.81	582.57	663.98	698.32	742.20	774.00	929.83
72	234.04	290.65	358.70	510.70	618.82	705.32	740.94	787.36	821.71	986.42
73	247.41	307.19	379.69	541.87	657.62	749.84	788.00	836.97	874.50	1043.66
74	261.39	324.99	402.59	574.94	698.32	798.18	836.97	889.76	929.83	1104.09
75	276.02	344.07	426.12	609.28	742.20	849.06	889.76	945.72	988.98	1167.69
76	291.28	363.79	451.56	646.81	788.63	903.11	945.72	1005.50	1051.93	1235.11
77	307.82	384.78	478.91	685.60	837.60	960.35	1005.50	1068.47	1118.72	1306.97
78	330.08	412.76	515.16	741.57	906.30	1038.58	1086.27	1153.69	1207.11	1403.64
79	353.62	442.65	554.59	801.35	980.06	1123.17	1174.05	1244.64	1302.51	1507.31
80	379.06	475.09	596.56	866.23	1060.20	1214.75	1268.81	1343.23	1406.18	1618.61
81	405.76	510.07	642.35	936.19	1146.70	1313.97	1371.21	1450.07	1517.49	1738.17
82	435.02	546.96	691.33	1011.86	1240.19	1420.81	1481.87	1565.18	1637.69	1867.28
83	457.92	576.85	730.76	1072.92	1315.88	1506.67	1569.63	1655.50	1732.45	1974.77
84	481.45	608.65	772.10	1137.15	1396.01	1597.62	1663.13	1752.17	1833.57	2088.60
85	506.89	641.72	815.98	1205.85	1480.59	1694.93	1761.71	1853.93	1939.78	2208.81
86	533.60	676.70	862.41	1278.35	1570.91	1797.32	1866.65	1961.41	2052.35	2336.01
87	561.58	714.22	912.01	1355.30	1666.94	1906.08	1977.31	2075.25	2171.93	2470.84
88	590.84	753.02	963.54	1437.35	1768.70	2021.83	2094.33	2195.46	2297.85	2613.31
89	622.00	794.36	1018.22	1523.85	1876.18	2143.93	2218.99	2323.29	2431.41	2763.40

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 52.16	$ 63.60	$ 76.32	$ 106.21	$ 128.48	$ 146.28	$ 153.27	$ 164.08	$ 170.44	$ 206.06
35-39	57.24	69.33	83.31	117.02	141.20	160.91	169.18	179.99	187.62	226.42
40	59.15	71.87	86.50	121.47	146.91	167.27	175.54	186.98	194.62	235.32
41	61.69	75.04	90.32	126.57	152.64	173.63	181.90	193.98	202.24	244.22
42	63.60	77.60	93.49	131.02	158.37	179.99	188.89	201.61	209.88	253.77
43	64.88	79.50	95.40	134.19	162.18	184.44	193.34	206.06	214.33	259.48
44	66.14	80.77	97.31	137.38	165.36	188.26	197.79	210.51	219.42	265.21
45	67.42	82.68	99.85	139.92	169.18	192.71	202.24	215.61	224.51	270.94
46	69.33	84.59	101.76	143.10	172.99	197.16	206.70	220.69	229.59	277.30
47	70.59	86.50	104.30	146.91	176.80	201.61	211.79	225.78	234.69	283.66
48	72.50	88.41	107.49	150.73	182.53	207.34	218.15	232.14	241.68	291.92
49	74.41	91.58	110.66	155.18	187.62	213.70	224.51	239.14	249.31	300.83
50	76.95	94.12	113.85	160.28	193.34	220.06	231.50	246.13	256.31	309.73
51	78.86	96.68	117.02	164.73	199.07	227.05	238.50	253.77	264.58	318.63
52	80.77	99.22	120.21	169.81	205.43	233.41	245.50	261.39	272.20	328.18
53	83.31	102.39	124.02	175.54	211.79	241.05	253.12	269.66	281.11	338.99
54	85.86	105.58	127.83	181.26	218.78	249.31	261.39	278.56	290.02	349.80
55	88.41	108.75	132.28	186.98	225.78	256.94	270.30	287.47	299.55	361.24
56	91.58	112.57	136.74	192.71	233.41	265.21	278.56	297.01	309.10	372.70
57	94.12	115.76	140.55	199.07	241.05	274.11	288.11	306.55	319.27	384.78
58	97.94	120.21	146.28	206.70	250.58	284.92	299.55	318.63	331.99	400.68
59	101.13	124.66	152.01	214.96	260.13	296.38	311.00	331.35	345.35	416.58
60	104.94	129.74	157.72	223.87	270.94	308.46	323.72	344.71	359.34	433.11
61	109.40	134.84	164.08	232.78	281.11	320.54	336.44	358.07	373.33	450.28
62	113.20	139.92	170.44	241.68	292.56	333.26	349.80	372.70	388.59	468.09
63	118.93	147.56	179.99	255.03	308.46	351.07	368.88	392.41	409.58	492.90
64	125.29	155.18	189.52	268.39	324.99	370.15	388.59	413.40	431.20	518.97
65	132.28	163.45	199.70	283.02	342.16	389.87	409.58	435.66	454.10	546.96
66	139.29	172.35	210.51	298.28	360.61	410.85	431.84	458.55	478.91	576.21
67	146.28	181.26	221.97	314.82	380.32	433.11	454.74	483.36	504.34	606.74
68	157.09	193.98	237.86	336.44	407.04	463.00	486.54	517.06	539.32	648.71
69	167.90	207.34	254.40	360.61	435.02	495.44	520.24	552.68	577.48	693.23
70	179.35	221.97	272.20	385.41	465.55	530.42	557.13	591.48	617.55	741.57
71	192.07	237.23	291.28	412.76	498.62	567.31	595.93	632.18	660.16	792.45
72	205.43	253.77	311.64	441.38	532.96	606.74	637.27	676.70	706.59	847.15
73	218.15	270.30	331.99	471.27	569.22	648.71	680.51	721.86	754.29	901.84
74	231.50	287.47	354.25	503.07	607.38	693.23	725.67	770.83	805.17	959.72
75	246.13	305.91	377.78	536.78	647.44	740.30	774.64	822.34	859.23	1020.78
76	261.39	325.63	402.59	572.40	691.33	791.18	826.79	877.67	917.11	1086.27
77	277.93	345.98	429.30	610.55	737.12	845.24	882.12	936.82	978.80	1156.23
78	299.55	373.33	464.28	663.34	802.63	920.28	959.72	1017.59	1063.39	1247.83
79	322.45	403.22	501.80	721.22	873.85	1001.70	1043.66	1105.35	1154.97	1347.03
80	347.89	435.02	543.14	783.55	950.82	1090.74	1134.61	1200.75	1254.19	1454.52
81	374.60	469.36	587.02	850.96	1034.76	1186.77	1234.46	1304.42	1362.31	1569.63
82	403.22	506.25	634.72	924.73	1126.34	1291.70	1342.58	1416.99	1479.96	1694.93
83	426.12	536.14	674.79	985.79	1202.03	1377.57	1430.36	1507.31	1574.73	1801.77
84	450.28	567.31	717.40	1051.30	1282.17	1469.78	1523.85	1603.98	1675.21	1914.98
85	475.72	601.02	762.56	1121.26	1368.66	1567.09	1623.06	1706.37	1782.06	2035.82
86	503.07	636.63	810.90	1195.67	1460.25	1671.39	1729.27	1815.77	1896.54	2163.66
87	531.69	674.15	861.78	1275.17	1558.19	1782.69	1841.84	1932.15	2017.38	2300.39
88	561.58	713.59	915.83	1359.75	1662.49	1901.62	1962.05	2055.54	2146.49	2444.76
89	593.38	755.56	973.70	1449.44	1773.79	2027.55	2090.51	2187.19	2283.85	2599.31

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 36.25	$ 43.24	$ 51.51	$ 70.59	$ 84.59	$ 95.40	$ 100.48	$ 106.84	$ 110.66	$ 129.11
35-39	40.70	48.97	57.87	80.14	96.03	108.75	113.85	121.47	125.92	147.56
40	42.61	50.88	61.06	84.59	101.13	113.85	119.56	127.20	132.28	155.18
41	44.52	53.42	63.60	88.41	106.21	120.21	125.92	133.56	139.29	162.82
42	46.43	55.96	66.78	92.86	111.30	125.92	132.28	140.55	146.28	171.09
43	47.71	57.87	69.33	96.03	115.11	130.38	136.74	145.00	150.73	176.80
44	48.97	59.78	71.24	99.22	118.93	134.19	141.20	150.10	155.82	181.90
45	50.88	61.69	73.78	102.39	122.75	138.64	145.65	155.18	160.91	187.62
46	52.16	63.60	75.69	105.58	126.57	143.10	150.73	160.28	166.63	193.34
47	54.07	65.51	78.23	109.40	131.02	148.19	155.18	165.36	171.72	199.07
48	55.96	67.42	81.40	113.20	136.10	153.92	161.54	171.72	178.71	206.70
49	57.87	69.96	83.96	117.66	141.20	159.63	167.27	178.08	185.07	214.96
50	59.78	72.50	87.13	122.12	146.28	165.36	173.63	185.07	192.07	223.23
51	61.69	75.04	90.32	126.57	152.01	171.72	180.62	192.07	199.70	231.50
52	64.23	78.23	94.12	131.02	157.72	178.71	186.98	199.07	207.34	240.40
53	66.14	80.77	97.31	136.74	164.08	185.71	194.62	207.34	215.61	249.95
54	68.68	83.96	101.13	141.83	170.44	193.34	202.89	215.61	224.51	260.76
55	71.24	87.13	105.58	147.56	177.45	200.98	211.15	224.51	233.41	270.94
56	73.78	90.32	109.40	153.27	184.44	209.25	219.42	233.41	242.95	282.38
57	76.95	94.12	113.85	159.63	192.07	217.51	228.33	242.95	252.49	293.83
58	80.14	98.58	118.93	167.27	200.98	228.33	239.14	254.40	264.58	308.46
59	83.96	103.04	124.66	175.54	211.15	239.14	250.58	266.49	277.93	323.08
60	87.76	107.49	130.38	183.81	220.69	250.58	262.67	279.20	291.28	338.99
61	91.58	112.57	136.74	192.71	231.50	262.67	275.39	292.56	305.28	355.52
62	95.40	117.66	143.10	201.61	242.95	275.39	288.74	307.19	319.91	372.70
63	101.13	124.66	152.01	214.33	257.58	291.92	306.55	325.63	339.62	395.59
64	107.49	132.28	161.54	227.05	273.48	310.36	325.63	345.35	359.98	419.76
65	113.85	140.55	171.09	241.05	290.02	328.81	345.35	366.97	382.23	445.83
66	120.84	148.82	181.90	255.67	307.82	349.16	366.34	389.23	405.76	473.82
67	127.83	157.72	192.71	271.57	326.90	370.79	389.23	412.76	430.57	502.44
68	137.38	169.18	207.34	291.92	351.07	398.13	417.85	443.29	462.37	541.87
69	147.56	181.90	222.60	313.55	377.15	428.03	449.01	476.36	496.71	583.84
70	158.37	195.25	238.50	336.44	405.13	459.83	482.08	511.34	533.60	629.00
71	169.81	209.88	256.31	361.88	435.02	494.17	518.34	549.50	573.03	677.34
72	182.53	225.14	275.39	388.59	467.46	531.06	556.50	590.20	615.64	730.12
73	194.62	241.05	295.10	417.21	501.80	569.85	597.20	632.82	660.16	781.64
74	207.97	257.58	316.72	447.74	538.69	611.83	641.08	678.61	707.86	836.97
75	222.60	276.02	339.62	480.81	578.76	656.35	688.15	727.58	759.38	896.12
76	237.86	295.10	363.79	515.79	621.37	704.68	738.39	779.73	814.71	959.72
77	253.77	316.09	390.50	553.95	666.52	756.20	792.45	836.34	873.22	1027.77
78	275.39	342.16	424.21	603.56	728.22	827.43	864.95	912.66	953.36	1116.18
79	297.64	371.42	461.10	658.26	794.99	905.65	945.09	996.60	1041.12	1211.58
80	322.45	402.59	501.16	718.04	868.77	990.88	1031.59	1088.18	1136.52	1315.23
81	349.16	436.93	544.41	782.27	948.91	1083.73	1126.99	1187.40	1240.19	1427.81
82	377.78	473.82	591.48	852.87	1036.04	1185.49	1230.66	1296.80	1354.04	1550.55
83	400.68	503.71	631.54	913.92	1110.45	1270.71	1317.14	1385.84	1447.53	1655.50
84	425.48	535.51	673.52	979.43	1190.59	1361.03	1409.37	1481.23	1546.74	1767.43
85	450.92	569.22	718.67	1049.39	1276.44	1458.34	1508.58	1583.63	1653.59	1887.63
86	478.27	604.83	766.38	1123.80	1368.66	1562.64	1614.79	1692.38	1767.43	2015.47
87	507.52	643.63	817.89	1203.94	1466.61	1674.58	1728.00	1809.41	1888.90	2152.20
88	538.69	684.33	872.59	1290.44	1572.82	1794.14	1849.47	1934.06	2019.29	2297.85
89	571.12	726.94	930.46	1382.02	1686.02	1922.61	1979.22	2066.98	2157.93	2453.66

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 24.16	$ 27.98	$ 33.08	$ 44.52	$ 52.79	$ 59.78	$ 62.97	$ 66.78	$ 69.33	$ 83.96
35-39	27.35	32.43	38.16	52.16	62.32	69.96	73.78	78.23	81.40	98.58
40	29.26	34.34	40.70	55.33	66.14	74.41	78.23	83.31	86.50	104.94
41	30.52	36.25	43.24	59.15	69.96	79.50	83.31	88.41	92.22	111.30
42	32.43	38.79	45.80	62.32	74.41	84.59	88.41	94.12	97.94	118.30
43	33.08	40.07	47.06	64.88	77.60	87.76	91.58	97.94	101.76	122.75
44	34.34	41.35	48.97	67.42	80.14	90.95	95.40	101.13	105.58	127.83
45	35.62	42.61	50.88	69.96	83.31	94.12	99.22	105.58	109.40	132.28
46	36.88	43.89	52.16	72.50	86.50	97.94	103.04	109.40	113.85	137.38
47	38.16	45.80	54.07	75.04	89.67	101.76	106.84	113.20	118.30	143.10
48	39.44	47.71	56.61	78.23	94.12	106.21	111.94	118.93	123.38	149.46
49	41.35	49.60	59.15	82.05	98.58	111.30	117.02	124.02	129.11	156.46
50	43.24	52.16	61.69	85.86	103.04	116.39	122.12	129.74	135.47	163.45
51	44.52	54.07	64.88	89.67	107.49	122.12	127.83	136.10	141.83	171.09
52	46.43	56.61	67.42	93.49	112.57	127.20	133.56	142.46	148.19	178.71
53	48.97	59.15	70.59	97.94	117.66	133.56	140.55	149.46	155.18	187.62
54	50.88	61.69	73.78	103.04	124.02	140.55	147.56	156.46	162.82	197.16
55	53.42	64.88	77.60	108.12	129.74	147.56	154.55	164.08	171.09	206.70
56	55.33	67.42	81.40	113.20	136.10	154.55	162.18	172.35	179.35	216.87
57	57.87	70.59	85.22	118.93	143.10	162.18	169.81	180.62	188.26	227.68
58	61.06	74.41	89.67	125.29	150.73	171.09	179.99	191.43	199.07	240.40
59	64.23	78.86	94.77	132.28	159.63	181.26	190.17	202.24	210.51	254.40
60	68.05	82.68	99.85	139.92	168.54	191.43	200.98	213.70	222.60	269.03
61	71.24	87.13	105.58	148.19	178.08	202.24	212.42	225.78	235.32	284.29
62	75.04	92.22	111.30	156.46	188.26	214.33	224.51	239.14	249.31	300.83
63	80.77	98.58	119.56	167.27	201.61	228.96	240.40	255.67	266.49	321.82
64	85.86	105.58	127.83	179.35	216.24	245.50	257.58	273.48	285.56	344.07
65	92.22	113.20	136.74	192.07	231.50	262.67	275.39	292.56	305.28	368.24
66	98.58	120.84	146.28	206.06	247.41	281.11	295.10	313.55	326.90	394.32
67	105.58	129.11	157.09	220.06	265.21	301.46	316.09	335.17	350.43	421.67
68	114.48	140.55	170.44	239.77	288.11	327.54	343.44	364.43	380.32	457.92
69	124.66	152.64	185.71	260.13	312.91	355.52	372.70	395.59	413.40	497.35
70	135.47	165.99	201.61	283.02	340.26	386.05	405.13	429.93	449.01	539.32
71	146.91	180.62	219.42	307.82	369.51	419.76	440.11	466.82	487.81	585.75
72	159.63	195.88	238.50	334.54	401.95	456.01	478.27	506.89	529.78	635.99
73	171.72	211.15	257.58	361.24	433.75	492.90	516.43	547.59	571.76	684.97
74	184.44	227.05	277.93	390.50	468.73	533.60	557.77	590.84	617.55	738.39
75	198.43	244.86	299.55	421.67	506.25	576.85	602.29	638.54	667.16	794.99
76	213.06	263.30	323.72	455.37	546.96	623.27	650.62	689.42	720.58	856.68
77	229.59	283.66	349.16	492.26	590.84	674.15	702.14	744.11	777.82	923.47
78	249.95	309.73	382.23	541.23	650.62	742.84	772.74	817.89	855.42	1008.06
79	272.20	337.71	417.85	594.66	716.76	817.89	850.96	899.29	940.00	1100.27
80	296.38	368.24	457.28	653.17	788.63	901.20	936.19	988.33	1032.85	1200.75
81	322.45	401.95	500.53	718.04	868.77	992.15	1030.31	1086.27	1135.26	1311.43
82	351.07	438.20	547.59	789.27	956.53	1092.63	1133.98	1193.76	1247.83	1431.62
83	374.60	468.09	587.02	849.69	1029.68	1176.59	1219.20	1281.53	1339.41	1535.29
84	398.77	499.89	629.63	914.56	1109.17	1266.26	1310.78	1375.66	1437.98	1646.59
85	424.84	534.24	675.43	983.88	1194.39	1362.94	1408.73	1477.42	1544.19	1766.16
86	452.83	570.49	724.40	1058.94	1285.99	1466.61	1514.30	1586.17	1658.04	1893.99
87	482.72	609.28	777.19	1139.71	1384.56	1578.54	1628.15	1703.19	1780.15	2032.01
88	514.52	651.26	833.15	1226.19	1490.77	1698.74	1750.26	1828.49	1911.17	2178.92
89	548.23	695.14	893.58	1319.69	1605.89	1828.49	1881.91	1963.31	2051.72	2337.29

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 43.24	$ 52.16	$ 61.69	$ 85.22	$ 101.76	$ 115.76	$ 122.12	$ 130.38	$ 135.47	$ 165.99
35-39	45.15	54.07	64.23	89.04	106.84	121.47	127.83	136.10	141.83	173.63
40	45.80	55.33	65.51	90.95	109.40	124.02	130.38	139.29	145.00	177.45
41	47.06	56.61	66.78	92.86	111.30	126.57	132.93	141.83	148.19	180.62
42	47.71	57.87	68.68	94.77	113.85	129.11	136.10	145.00	151.36	184.44
43	48.34	58.52	69.33	96.03	115.11	131.02	138.01	146.91	153.27	186.98
44	48.97	59.15	69.96	97.31	117.02	132.28	139.29	148.82	155.18	188.89
45	49.60	59.78	71.24	98.58	118.30	134.19	141.20	150.73	157.09	191.43
46	49.60	60.42	71.87	99.85	119.56	136.10	143.10	152.64	159.00	193.98
47	50.25	61.06	72.50	101.13	121.47	137.38	145.00	154.55	160.91	196.53
48	51.51	62.32	73.78	103.04	123.38	140.55	147.56	157.09	164.08	199.70
49	52.16	62.97	75.69	104.94	125.92	143.10	150.10	160.28	167.27	203.52
50	53.42	64.23	76.95	106.84	128.48	145.65	153.27	163.45	170.44	207.34
51	54.07	65.51	78.23	108.75	131.02	148.82	156.46	166.63	173.63	211.15
52	55.33	66.78	79.50	110.66	133.56	151.36	159.00	169.81	176.80	215.61
53	55.96	68.05	81.40	113.20	136.10	154.55	162.82	172.99	180.62	220.06
54	57.24	69.33	83.31	115.76	139.29	157.72	165.99	176.80	184.44	224.51
55	58.52	70.59	84.59	118.30	141.83	161.54	169.18	180.62	188.26	228.96
56	59.15	72.50	86.50	120.84	145.00	164.73	172.99	184.44	192.07	234.04
57	60.42	73.78	88.41	122.75	148.19	167.90	176.80	188.26	195.88	238.50
58	62.32	76.32	91.58	127.20	153.27	174.26	183.16	194.62	202.89	246.76
59	64.88	78.86	94.77	131.65	159.00	179.99	189.52	201.61	210.51	255.67
60	66.78	81.40	97.94	136.74	164.08	186.98	195.88	208.60	217.51	264.58
61	68.68	83.96	101.13	141.20	169.81	193.34	202.89	216.24	225.78	274.11
62	71.24	87.13	104.94	146.28	176.17	200.34	210.51	223.87	233.41	283.66
63	75.69	92.22	110.66	155.18	186.35	211.79	222.60	236.59	247.41	300.19
64	80.14	97.31	117.66	164.08	197.79	224.51	235.95	250.58	261.39	317.36
65	84.59	103.04	124.66	174.26	209.25	237.86	249.31	265.21	277.30	335.80
66	89.67	109.40	132.28	184.44	221.32	251.86	263.94	280.47	293.19	355.52
67	96.03	117.66	141.83	196.53	234.69	266.49	279.84	297.01	310.36	375.87
68	104.30	127.20	153.92	213.06	253.77	286.20	300.19	318.63	332.63	403.22
69	112.57	137.38	165.99	230.87	274.75	310.36	324.99	344.07	358.70	431.84
70	122.12	148.82	179.99	249.95	297.64	335.80	351.71	372.06	388.59	466.82
71	131.65	160.91	194.62	270.30	322.45	363.79	380.96	402.59	420.39	504.98
72	142.46	173.63	210.51	292.56	348.52	393.68	412.12	435.66	454.74	545.68
73	150.73	184.44	224.51	312.27	372.70	421.03	440.75	465.55	486.54	581.30
74	158.37	193.98	236.59	329.44	393.68	445.83	465.55	492.26	514.52	613.10

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $155 Monthly Home Health Care Benefit Amount

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 38.16	$ 45.80	$ 54.07	$ 75.04	$ 90.32	$ 102.39	$ 107.49	$ 115.11	$ 120.21	$ 146.91
35-39	40.70	48.97	57.87	80.14	96.03	109.40	115.11	122.75	127.83	157.09
40	41.98	50.25	59.78	82.68	99.22	112.57	118.30	126.57	131.65	161.54
41	43.24	51.51	61.06	84.59	101.76	115.76	122.12	130.38	135.47	165.99
42	43.89	53.42	62.97	87.13	104.94	119.56	125.29	134.19	139.92	171.09
43	45.15	54.07	64.23	89.04	106.84	121.47	127.83	136.74	142.46	174.26
44	45.80	55.33	65.51	90.95	109.40	124.02	130.38	139.29	145.00	177.45
45	46.43	55.96	66.78	92.22	111.30	126.57	132.93	141.83	148.19	181.26
46	47.06	57.24	68.05	94.12	113.20	128.48	135.47	145.00	150.73	184.44
47	47.71	57.87	69.33	96.03	115.76	131.02	138.01	147.56	153.92	187.62
48	48.97	59.78	71.24	98.58	118.93	134.84	141.83	152.01	158.37	193.34
49	50.88	61.06	73.14	101.76	122.12	138.64	146.28	155.82	162.82	198.43
50	52.16	62.97	75.04	104.30	125.92	143.10	150.10	160.28	167.27	204.15
51	53.42	64.88	76.95	107.49	129.11	146.91	154.55	164.73	171.72	209.88
52	54.70	66.14	79.50	110.66	132.93	151.36	159.00	169.81	176.80	215.61
53	56.61	68.68	82.05	114.48	137.38	156.46	164.73	175.54	183.16	223.23
54	58.52	70.59	84.59	118.30	142.46	161.54	169.81	181.26	188.89	230.87
55	59.78	73.14	87.76	122.12	146.91	167.27	176.17	187.62	195.88	238.50
56	61.69	75.69	90.32	126.57	152.01	172.99	181.90	193.98	202.24	246.76
57	63.60	77.60	93.49	130.38	157.72	179.35	188.26	200.98	209.25	255.03
58	66.78	81.40	97.94	136.74	164.73	187.62	197.16	209.88	218.78	267.12
59	69.33	85.22	102.39	143.10	172.35	195.88	206.06	220.06	228.96	279.20
60	72.50	89.04	106.84	149.46	180.62	205.43	215.61	230.23	239.77	291.92
61	75.69	92.86	111.94	156.46	188.89	214.96	225.78	240.40	251.22	305.28
62	78.86	96.68	117.02	164.08	197.79	224.51	235.95	251.86	262.67	319.91
63	83.31	102.39	123.38	172.99	208.60	237.23	249.31	265.21	277.30	337.08
64	88.41	108.12	130.38	182.53	220.06	249.95	262.67	279.84	291.92	354.88
65	92.86	113.85	137.38	192.71	232.14	263.94	277.30	295.10	308.46	374.60
66	98.58	120.21	145.65	203.52	244.86	278.56	292.56	311.00	324.99	394.95
67	106.21	129.74	156.46	216.87	258.85	293.83	308.46	328.18	342.80	415.94
68	113.85	139.29	167.90	233.41	277.93	313.55	328.81	348.52	363.79	441.38
69	119.56	146.28	176.80	244.86	291.92	331.35	347.89	369.51	386.68	468.09
70	131.65	160.91	194.62	269.66	321.82	363.15	380.32	401.95	419.76	503.71
71	139.92	171.09	207.34	287.47	342.80	386.68	405.13	428.03	447.11	536.78
72	148.82	181.90	220.69	305.91	365.06	411.49	431.20	456.01	476.36	571.12
73	155.18	190.17	230.87	320.54	382.87	432.48	452.83	478.27	499.89	597.84
74	161.54	197.79	241.05	335.80	401.31	454.10	475.09	501.80	524.70	627.73

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

Without Increasing Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 17.80	$ 20.36	$ 23.53	$ 30.52	$ 34.99	$ 38.79	$ 41.35	$ 43.89	$ 45.80	$ 55.96
35-39	20.36	23.53	27.35	35.62	41.98	46.43	48.97	52.16	54.70	66.78
40	20.99	24.81	28.63	38.16	43.89	48.97	52.16	55.33	57.87	70.59
41	22.27	26.07	29.89	40.07	46.43	52.16	55.33	58.52	61.06	75.04
42	22.90	27.35	31.80	41.98	49.60	55.33	58.52	62.32	64.88	79.50
43	24.16	27.98	33.08	43.89	51.51	57.87	61.06	64.88	68.05	83.31
44	24.81	29.26	34.34	46.43	54.07	61.06	64.23	68.05	71.24	87.13
45	26.07	30.52	36.25	48.34	56.61	63.60	67.42	71.24	75.04	91.58
46	26.72	31.80	37.53	50.88	59.78	66.78	70.59	75.04	78.23	96.03
47	27.98	33.08	39.44	52.79	62.32	69.96	73.78	78.86	82.05	101.13
48	29.26	34.34	40.70	55.33	64.88	73.14	77.60	82.05	85.86	105.58
49	29.89	35.62	42.61	57.87	68.05	76.32	80.77	85.86	89.67	110.03
50	31.17	37.53	44.52	59.78	71.24	80.14	84.59	89.67	94.12	115.11
51	32.43	38.79	45.80	62.97	74.41	83.96	88.41	94.12	98.58	120.21
52	33.71	40.07	47.71	65.51	77.60	87.76	92.22	98.58	103.04	125.92
53	34.99	42.61	50.88	69.33	82.05	92.86	97.94	104.30	108.75	132.93
54	36.88	44.52	53.42	73.14	87.13	98.58	103.67	110.66	115.76	141.20
55	38.79	47.06	56.61	77.60	92.22	104.30	110.03	117.02	122.75	149.46
56	41.35	49.60	59.78	82.05	97.94	110.66	116.39	124.02	129.74	159.00
57	43.24	52.79	62.97	87.13	103.67	117.02	124.02	131.65	138.01	168.54
58	45.80	55.96	67.42	92.86	110.66	125.29	132.28	141.20	147.56	179.99
59	48.97	59.78	71.87	99.22	118.30	134.19	141.83	150.73	157.72	192.71
60	52.16	63.60	76.32	106.21	126.57	143.74	151.36	161.54	168.54	206.06
61	55.33	67.42	82.05	113.20	135.47	153.92	162.18	172.35	180.62	220.06
62	59.15	71.87	87.13	121.47	145.00	164.73	173.63	184.44	193.34	235.32
63	63.60	77.60	94.12	131.02	156.46	177.45	187.62	199.70	208.60	253.77
64	68.68	83.96	101.76	141.83	169.18	192.07	202.24	215.61	225.14	274.11
65	73.78	90.32	110.03	153.27	183.16	207.34	218.78	232.78	243.59	295.74
66	79.50	97.31	118.30	165.36	197.79	224.51	236.59	251.22	263.30	319.27
67	85.86	104.94	127.83	178.71	213.70	242.31	255.67	271.57	284.29	344.71
68	94.12	115.76	140.55	196.53	235.32	267.12	281.11	298.92	312.27	379.06
69	103.67	127.20	154.55	216.24	258.85	293.83	309.73	328.81	344.07	416.58
70	113.85	139.92	170.44	237.86	284.92	323.72	340.90	361.88	378.42	457.92
71	125.29	153.92	187.62	262.03	314.18	356.16	375.24	398.13	415.94	503.07
72	137.38	169.18	206.06	288.74	345.35	392.41	412.76	437.56	457.92	553.32
73	148.82	183.16	223.23	312.91	375.24	425.48	447.74	474.45	496.08	599.11
74	160.28	197.79	242.31	339.62	407.67	462.37	485.90	514.52	538.05	648.08
75	172.99	213.70	262.03	368.88	442.65	501.80	527.24	557.77	583.21	702.14
76	186.98	231.50	284.29	400.04	480.81	545.05	572.40	604.83	632.82	760.02
77	201.61	249.95	307.82	434.39	521.52	592.11	621.37	655.71	685.60	822.97
78	221.32	274.75	339.62	479.54	576.21	653.80	685.60	722.49	755.56	905.65
79	242.95	302.10	373.96	529.78	637.27	722.49	756.20	796.27	832.52	997.24
80	266.49	332.63	412.12	585.12	704.05	798.18	835.06	877.04	917.74	1097.73
81	292.56	365.06	454.10	646.17	777.82	881.49	920.92	966.71	1011.23	1208.39
82	320.54	401.95	499.89	713.59	859.23	973.70	1016.32	1065.30	1114.27	1330.51
83	344.07	431.84	539.32	772.10	930.46	1053.84	1098.36	1149.24	1202.03	1435.44
84	368.88	464.28	581.30	835.06	1006.78	1140.34	1186.14	1240.19	1296.80	1548.01
85	395.59	498.62	626.46	903.11	1090.09	1233.83	1281.53	1338.13	1399.19	1670.12
86	424.21	536.14	675.43	976.89	1180.41	1335.59	1384.56	1443.71	1509.22	1801.77
87	454.74	576.21	728.22	1057.03	1277.72	1444.98	1495.86	1557.55	1628.15	1943.60
88	487.17	619.46	785.46	1143.51	1383.29	1563.91	1615.43	1680.30	1756.62	2096.87
89	522.79	665.25	846.51	1237.02	1497.13	1692.38	1745.17	1813.22	1895.26	2262.23

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 5% Equal Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 33.71	$ 40.07	$ 47.71	$ 66.14	$ 80.14	$ 90.95	$ 96.68	$ 104.30	$ 108.75	$ 135.47
35-39	38.79	47.06	56.61	78.86	94.77	108.12	115.11	124.02	129.74	160.28
40	41.35	50.25	59.78	83.96	101.13	115.76	122.75	132.28	138.01	171.09
41	43.89	52.79	63.60	89.04	108.12	123.38	131.02	141.20	147.56	181.90
42	46.43	56.61	68.05	95.40	115.11	131.65	139.92	150.73	157.09	193.98
43	47.71	58.52	70.59	99.22	120.21	136.74	145.65	156.46	163.45	201.61
44	49.60	60.42	73.14	103.04	124.66	142.46	151.36	162.82	170.44	209.88
45	51.51	62.97	76.32	106.84	129.74	148.19	157.72	169.81	177.45	218.15
46	53.42	65.51	78.86	111.30	135.47	154.55	164.08	176.80	184.44	227.05
47	55.33	68.05	82.05	115.76	140.55	160.91	171.09	183.81	192.07	236.59
48	57.87	70.59	85.86	120.84	146.91	167.90	178.71	192.07	200.34	246.76
49	59.78	73.78	89.67	126.57	153.27	175.54	186.35	200.34	209.25	257.58
50	62.32	76.95	93.49	132.28	160.28	183.16	194.62	209.25	218.78	269.03
51	64.88	80.14	97.31	138.01	167.90	191.43	203.52	218.78	228.33	280.47
52	68.05	83.31	101.76	144.37	174.90	200.34	213.06	228.96	238.50	293.19
53	70.59	87.13	106.21	150.73	183.16	209.88	222.60	239.14	249.95	306.55
54	73.78	91.58	111.30	157.72	192.07	219.42	233.41	250.58	262.03	320.54
55	76.95	95.40	116.39	165.36	200.98	230.23	244.22	262.67	274.11	335.80
56	80.77	99.85	122.12	172.99	210.51	241.05	255.67	274.75	286.83	351.07
57	83.96	104.30	127.20	181.26	220.69	252.49	267.75	287.47	300.19	367.60
58	88.41	109.40	134.19	190.80	232.14	265.84	282.38	302.74	316.09	386.68
59	92.86	115.11	141.20	200.98	244.86	279.84	297.01	318.63	333.26	407.04
60	97.31	120.84	148.19	211.79	257.58	294.47	312.91	335.80	350.43	428.03
61	102.39	127.20	156.46	222.60	271.57	310.36	329.44	353.62	368.88	450.28
62	107.49	133.56	164.08	234.69	285.56	326.90	347.26	372.06	388.59	473.82
63	114.48	142.46	174.90	249.95	304.64	347.89	369.51	396.23	413.40	503.71
64	121.47	151.36	186.35	265.84	324.36	370.79	393.68	421.67	440.11	535.51
65	129.11	161.54	198.43	283.66	345.35	394.95	419.12	448.38	468.73	569.22
66	137.38	171.72	211.15	302.10	367.60	420.39	445.83	477.00	498.62	605.47
67	146.28	182.53	225.14	321.82	391.77	447.74	475.09	508.16	531.06	643.63
68	157.09	196.53	242.31	345.98	421.67	481.45	510.70	545.68	570.49	690.69
69	169.18	211.15	260.13	372.06	453.47	517.70	548.86	586.39	613.10	741.57
70	181.26	227.05	279.84	400.04	487.81	557.13	590.20	630.27	658.89	796.27
71	195.25	243.59	300.83	430.57	524.70	599.11	634.72	677.34	707.86	854.77
72	209.88	262.03	323.08	463.00	564.13	644.26	682.42	727.58	760.65	917.11
73	223.87	279.84	345.98	496.08	604.83	690.06	730.76	778.46	813.44	979.43
74	238.50	298.92	370.79	531.69	648.08	739.66	782.27	832.52	870.04	1045.57
75	255.03	319.91	396.86	569.85	694.51	792.45	837.60	890.39	930.46	1116.18
76	271.57	341.53	424.84	610.55	744.75	849.06	897.39	952.08	995.34	1191.85
77	290.02	365.06	454.74	654.44	798.18	909.47	960.98	1018.22	1064.65	1272.62
78	312.91	394.95	492.90	710.40	866.86	987.70	1041.75	1102.18	1152.43	1376.29
79	338.35	426.75	534.24	771.46	941.27	1072.29	1130.16	1193.76	1247.83	1488.23
80	365.06	461.10	578.76	837.60	1022.68	1163.87	1225.56	1292.35	1351.49	1609.07
81	393.68	498.62	627.09	908.84	1110.45	1263.72	1328.60	1399.82	1462.79	1740.08
82	425.48	539.32	679.24	987.07	1205.85	1371.84	1441.17	1515.58	1584.26	1881.91
83	449.65	571.76	721.86	1051.93	1286.62	1462.79	1534.02	1610.98	1683.48	2000.84
84	475.09	605.47	767.01	1121.89	1372.47	1559.46	1632.60	1712.73	1789.69	2126.76
85	502.44	641.72	815.35	1195.67	1464.06	1662.49	1738.17	1820.22	1902.26	2260.32
86	531.06	679.88	866.23	1275.17	1562.01	1772.52	1850.11	1935.33	2022.46	2402.78
87	561.58	720.58	920.92	1359.12	1666.31	1890.18	1969.67	2057.45	2149.66	2554.16
88	594.02	763.83	978.80	1448.79	1776.97	2015.47	2096.24	2187.19	2284.50	2714.42
89	627.73	808.99	1039.86	1544.83	1895.90	2148.39	2231.71	2324.57	2428.87	2885.51

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.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 5% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 85.86	$ 105.58	$ 127.83	$ 182.53	$ 221.97	$ 254.40	$ 268.39	$ 288.74	$ 300.19	$ 368.88
35-39	90.32	111.30	135.47	192.71	234.69	269.03	284.29	305.28	317.36	389.23
40	92.22	113.85	138.64	197.16	240.40	275.39	290.65	312.27	324.99	398.77
41	94.12	116.39	141.83	202.24	246.13	282.38	297.64	319.91	333.26	408.31
42	96.68	118.93	145.65	207.34	251.86	288.74	305.28	327.54	341.53	417.85
43	97.94	120.84	147.56	209.88	255.67	293.19	309.73	331.99	345.98	424.21
44	99.22	122.75	149.46	213.06	259.48	297.01	314.18	337.08	351.07	429.93
45	100.48	124.02	151.36	216.24	262.67	301.46	318.63	341.53	356.16	435.66
46	101.76	125.92	153.92	219.42	266.49	305.91	323.08	346.62	361.24	442.02
47	103.04	127.20	155.82	221.97	270.30	310.36	327.54	351.71	366.34	448.38
48	104.94	129.74	159.00	227.05	276.02	316.72	334.54	358.70	373.96	457.92
49	106.84	132.93	162.18	231.50	281.75	323.08	341.53	366.34	382.23	467.46
50	109.40	135.47	165.99	236.59	288.11	330.08	348.52	373.96	389.87	477.00
51	111.30	138.01	169.18	241.68	293.83	337.08	356.16	382.23	398.13	486.54
52	113.85	141.20	172.35	246.76	300.19	344.71	363.79	390.50	406.40	496.71
53	116.39	144.37	176.80	252.49	307.19	352.34	372.06	399.40	416.58	508.80
54	118.93	147.56	180.62	258.22	314.82	360.61	380.96	408.95	426.12	520.24
55	121.47	150.73	185.07	264.58	321.82	369.51	389.87	418.48	436.29	532.33
56	124.02	154.55	189.52	270.94	329.44	378.42	399.40	428.03	446.47	545.05
57	127.20	157.72	193.98	277.30	337.71	387.32	408.95	438.20	457.28	557.77
58	130.38	162.18	199.70	285.56	347.89	398.77	421.67	451.56	471.27	574.94
59	134.19	167.27	206.06	294.47	358.70	411.49	434.39	465.55	485.90	592.11
60	138.64	172.35	212.42	304.00	369.51	424.21	447.74	480.18	500.53	610.55
61	142.46	177.45	218.78	312.91	380.96	436.93	461.73	494.80	515.79	629.00
62	146.91	182.53	225.14	322.45	393.04	450.92	475.72	510.07	531.69	648.08
63	153.27	190.80	235.32	337.08	410.22	470.64	497.35	532.33	555.86	676.70
64	159.63	199.07	246.13	352.34	428.66	491.62	519.61	555.86	580.66	705.95
65	166.63	207.97	256.94	368.24	448.38	513.88	542.50	580.66	606.10	737.12
66	174.26	217.51	268.39	384.78	468.09	536.78	567.31	606.74	633.45	769.55
67	181.90	227.05	280.47	401.95	489.72	560.95	592.11	633.45	661.43	803.26
68	192.71	240.40	297.64	426.75	519.61	595.29	628.36	671.61	701.50	850.96
69	204.15	255.03	316.09	452.83	551.41	631.54	667.16	712.31	744.11	901.84
70	216.87	270.30	335.17	480.81	585.12	670.34	707.23	755.56	789.27	955.90
71	229.59	286.83	355.52	510.07	620.73	711.04	750.47	801.35	836.97	1013.14
72	243.59	304.00	377.15	541.23	658.89	754.92	796.27	849.69	887.85	1073.55
73	257.58	321.82	399.40	573.67	698.32	799.44	843.33	898.66	938.73	1133.35
74	271.57	339.62	422.94	608.01	739.66	847.15	892.93	950.17	993.43	1196.95
75	286.83	359.34	447.74	644.26	784.18	897.39	945.72	1004.87	1050.67	1264.35
76	302.74	379.69	474.45	683.06	830.61	950.82	1001.70	1062.74	1111.71	1334.96
77	319.27	401.31	501.80	723.76	880.21	1006.78	1060.20	1124.43	1175.96	1410.00
78	342.16	430.57	539.32	779.10	948.26	1084.38	1140.97	1207.76	1262.45	1513.03
79	366.34	461.10	580.03	838.88	1021.41	1167.69	1226.84	1297.43	1355.95	1623.06
80	392.41	494.80	623.27	903.11	1100.27	1257.36	1319.69	1393.46	1456.43	1741.35
81	419.76	530.42	669.70	972.44	1184.86	1354.04	1420.18	1496.50	1564.55	1868.55
82	449.65	569.22	719.31	1046.85	1276.44	1457.70	1527.66	1607.79	1680.30	2004.66
83	473.18	599.74	760.65	1110.45	1354.67	1546.74	1617.97	1700.01	1776.97	2120.40
84	497.35	632.18	804.54	1177.87	1437.35	1640.23	1713.37	1798.59	1879.37	2242.52
85	523.42	666.52	850.32	1249.09	1525.75	1740.08	1814.49	1902.26	1988.12	2371.63
86	550.77	702.78	899.29	1324.78	1619.24	1845.66	1921.34	2011.65	2102.60	2508.36
87	579.39	740.94	950.82	1404.92	1718.46	1958.23	2035.18	2127.41	2223.44	2652.73
88	609.28	781.00	1005.50	1490.14	1824.03	2077.16	2155.39	2250.14	2351.27	2805.37
89	641.08	823.62	1062.74	1580.45	1935.33	2203.08	2282.59	2379.90	2486.74	2966.92

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 4% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 56.61	$ 68.68	$ 82.68	$ 116.39	$ 140.55	$ 160.91	$ 169.81	$ 182.53	$ 190.17	$ 232.78
35-39	61.06	75.04	90.32	127.83	154.55	176.17	186.98	200.34	208.60	255.67
40	63.60	77.60	94.12	132.28	160.28	183.16	193.98	207.97	216.24	265.21
41	65.51	80.77	97.31	137.38	166.63	190.17	200.98	215.61	224.51	274.75
42	68.05	83.31	101.13	142.46	172.99	197.16	208.60	223.87	233.41	285.56
43	69.33	85.22	103.67	146.28	177.45	202.24	213.70	228.96	239.14	291.92
44	71.24	87.13	105.58	149.46	181.26	206.70	218.78	234.69	244.86	298.92
45	72.50	89.67	108.12	153.27	185.71	211.79	224.51	240.40	250.58	306.55
46	74.41	91.58	110.66	157.09	190.17	216.87	229.59	246.13	256.94	313.55
47	75.69	93.49	113.85	160.91	194.62	222.60	235.32	251.86	262.67	321.18
48	78.23	96.03	117.02	165.36	200.34	228.96	242.31	259.48	270.30	330.08
49	80.14	98.58	120.21	169.81	206.70	235.32	249.31	267.12	278.56	339.62
50	82.05	101.76	123.38	174.90	212.42	242.31	256.31	274.75	286.83	349.80
51	84.59	104.30	127.20	179.99	218.78	249.31	263.94	283.02	295.10	359.34
52	87.13	107.49	130.38	185.07	225.14	256.94	271.57	291.28	303.37	370.15
53	89.67	110.66	134.84	191.43	232.14	265.21	280.47	300.19	312.91	381.60
54	92.22	113.85	139.29	197.16	239.77	273.48	289.38	309.73	323.08	393.68
55	94.77	117.66	143.10	203.52	247.41	282.38	298.92	319.91	333.90	406.40
56	97.94	121.47	148.19	209.88	255.03	291.28	308.46	330.08	344.07	419.12
57	100.48	124.66	152.64	216.87	263.30	300.83	318.00	340.90	355.52	432.48
58	104.30	129.74	158.37	225.14	274.11	312.91	330.72	354.25	369.51	449.01
59	108.12	134.84	164.73	234.04	284.92	324.99	344.07	367.60	384.14	466.82
60	112.57	139.92	171.09	243.59	295.74	337.71	357.43	382.23	398.77	485.27
61	116.39	145.00	177.45	253.12	307.82	351.07	371.42	397.50	414.67	503.71
62	120.84	150.73	184.44	262.67	319.91	365.06	386.05	412.76	431.20	523.42
63	127.20	158.37	194.62	277.30	337.08	384.14	407.04	435.02	454.10	550.77
64	134.19	166.63	204.79	291.92	354.88	405.13	428.66	457.92	478.27	580.03
65	141.20	175.54	215.61	307.82	373.96	426.75	451.56	482.08	503.71	610.55
66	148.19	185.07	227.05	324.36	393.68	449.65	475.72	508.16	530.42	642.35
67	155.82	194.62	239.77	341.53	415.31	473.18	501.16	534.87	558.40	676.06
68	166.63	207.97	255.67	364.43	442.65	504.98	534.24	570.49	595.93	719.95
69	177.45	221.32	272.20	388.59	472.55	538.69	569.85	608.01	635.36	767.01
70	188.89	235.95	290.65	414.67	504.34	574.94	608.01	648.08	677.34	817.26
71	201.61	251.86	309.73	442.02	538.05	613.10	648.71	691.33	721.86	870.68
72	214.96	268.39	330.72	471.91	573.67	654.44	691.96	737.12	769.55	927.28
73	228.33	284.92	351.71	503.07	611.83	697.69	737.12	784.18	819.16	985.79
74	242.31	303.37	375.24	536.14	652.53	743.48	785.46	834.43	871.95	1047.48
75	256.94	322.45	399.40	571.76	695.78	792.45	836.97	888.48	928.55	1112.99
76	272.84	342.80	425.48	609.92	742.20	844.60	891.67	945.09	988.33	1182.32
77	290.02	364.43	452.83	649.99	791.18	900.57	950.17	1006.15	1051.93	1256.73
78	312.27	393.04	489.72	704.05	856.68	974.98	1027.77	1086.27	1135.89	1355.30
79	335.80	423.57	528.51	761.92	927.92	1055.75	1111.71	1173.42	1226.84	1462.16
80	361.88	456.64	571.12	824.88	1004.87	1142.88	1202.03	1267.54	1324.78	1577.27
81	389.23	492.26	616.91	892.93	1088.18	1237.02	1299.97	1368.66	1430.36	1701.29
82	419.12	531.06	666.52	966.08	1178.50	1339.41	1406.18	1478.05	1544.83	1835.48
83	442.65	561.58	707.86	1029.04	1256.09	1427.17	1495.22	1570.27	1640.87	1949.33
84	467.46	594.66	751.75	1095.82	1338.77	1520.03	1590.62	1667.58	1742.63	2070.17
85	493.53	629.63	798.18	1167.69	1427.17	1619.24	1691.75	1771.25	1850.74	2198.63
86	521.52	666.52	847.15	1243.38	1520.66	1724.82	1799.23	1881.27	1965.86	2335.38
87	550.77	705.95	899.29	1324.15	1620.51	1837.39	1913.07	1998.30	2087.97	2480.38
88	581.94	747.30	955.27	1410.63	1727.36	1956.95	2035.18	2122.31	2217.08	2633.65
89	614.37	791.18	1013.77	1502.22	1841.21	2084.79	2164.29	2253.96	2355.09	2797.10

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 3% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 38.16	$ 46.43	$ 55.33	$ 76.32	$ 91.58	$ 104.30	$ 110.03	$ 117.66	$ 122.75	$ 150.73
35-39	42.61	52.16	62.32	86.50	103.67	118.30	124.66	133.56	139.29	171.09
40	44.52	54.07	64.88	90.95	108.75	124.02	131.02	140.55	146.28	179.35
41	47.06	56.61	68.05	95.40	114.48	130.38	137.38	147.56	153.27	188.26
42	48.97	59.78	71.87	99.85	120.21	136.74	144.37	154.55	160.91	197.79
43	50.25	61.06	73.78	103.04	124.02	141.20	149.46	159.63	166.63	204.15
44	52.16	62.97	76.32	106.21	127.83	145.65	153.92	164.73	171.72	210.51
45	53.42	64.88	78.86	110.03	132.28	150.73	159.00	170.44	177.45	217.51
46	54.70	67.42	80.77	113.20	136.74	155.82	164.08	175.54	183.16	224.51
47	56.61	69.33	83.31	117.02	141.20	160.91	169.81	181.26	189.52	231.50
48	58.52	71.87	86.50	121.47	146.28	166.63	176.17	188.26	196.53	240.40
49	60.42	74.41	89.67	125.92	152.01	172.99	182.53	195.25	204.15	249.31
50	62.97	76.95	92.86	131.02	157.72	179.35	189.52	202.89	211.79	258.22
51	64.88	79.50	96.68	135.47	163.45	186.35	196.53	210.51	219.42	268.39
52	67.42	82.68	99.85	140.55	169.81	193.34	204.15	218.15	227.68	277.93
53	69.96	85.86	103.67	146.28	176.17	200.98	212.42	227.05	236.59	289.38
54	72.50	89.04	108.12	152.01	183.81	209.25	220.69	235.95	246.13	300.83
55	75.04	92.22	111.94	158.37	190.80	217.51	229.59	245.50	256.31	312.27
56	77.60	96.03	116.39	164.73	198.43	226.42	239.14	255.67	266.49	324.99
57	80.77	99.22	121.47	171.09	206.70	235.32	248.67	265.84	277.30	337.71
58	83.96	103.67	126.57	179.35	216.24	246.76	260.13	278.56	290.65	353.62
59	87.76	108.75	132.93	187.62	226.42	258.22	272.84	291.28	304.00	370.79
60	92.22	113.85	139.29	196.53	237.23	270.94	285.56	305.28	318.63	387.96
61	96.03	118.93	145.65	206.06	248.67	283.66	299.55	319.91	333.90	406.40
62	100.48	124.66	152.01	215.61	260.76	297.64	313.55	335.17	349.80	425.48
63	106.21	131.65	161.54	228.96	276.66	315.46	332.63	355.52	370.79	450.92
64	112.57	139.92	171.09	242.31	293.19	334.54	352.98	376.51	393.04	477.63
65	119.56	148.19	181.90	257.58	311.00	354.88	374.60	399.40	417.21	506.25
66	126.57	157.09	192.71	272.84	330.08	376.51	396.86	423.57	442.02	536.14
67	134.19	165.99	204.15	289.38	349.80	399.40	421.03	449.01	468.73	567.94
68	143.74	178.08	219.42	311.00	375.87	428.66	452.19	481.45	503.07	608.65
69	153.92	191.43	235.32	333.90	403.22	459.83	485.27	516.43	539.96	652.53
70	165.36	204.79	252.49	358.07	433.11	494.17	520.88	554.59	578.76	699.59
71	177.45	220.06	270.94	384.14	464.91	530.42	559.04	594.66	621.37	749.84
72	190.17	235.95	290.65	412.76	498.62	569.22	599.74	637.90	666.52	803.90
73	202.89	252.49	311.00	442.65	534.87	610.55	642.99	683.06	713.59	859.23
74	216.87	269.66	333.26	474.45	574.30	654.44	688.78	731.39	764.47	919.02
75	231.50	288.74	357.43	508.80	615.64	702.14	738.39	782.91	818.52	982.62
76	247.41	308.46	382.87	545.68	660.80	753.02	791.82	838.24	876.40	1050.02
77	263.94	330.08	409.58	585.75	708.50	807.08	848.41	897.39	938.10	1122.54
78	285.56	357.43	445.20	637.27	771.46	878.95	922.19	974.35	1018.22	1217.29
79	309.10	387.32	483.36	693.23	839.51	956.53	1002.96	1057.66	1105.35	1320.33
80	333.90	419.76	524.70	754.29	913.92	1041.12	1090.74	1148.61	1200.12	1431.62
81	361.24	454.74	569.85	821.07	995.34	1132.70	1185.49	1246.55	1303.16	1553.10
82	391.14	492.90	618.82	893.58	1083.73	1233.20	1289.16	1353.39	1414.45	1684.11
83	414.67	523.42	660.16	955.27	1159.42	1319.05	1376.29	1443.71	1508.58	1795.41
84	439.47	556.50	703.41	1021.41	1240.82	1410.63	1469.78	1539.74	1608.43	1914.98
85	466.19	591.48	749.84	1092.63	1327.32	1508.58	1569.00	1641.50	1715.28	2041.54
86	494.17	629.00	799.44	1168.32	1420.81	1613.52	1675.85	1750.89	1829.12	2177.01
87	524.06	668.43	852.23	1249.74	1520.03	1726.09	1789.05	1867.28	1949.96	2321.38
88	555.86	710.40	908.20	1336.22	1626.87	1846.29	1910.53	1990.66	2079.70	2475.93
89	589.57	754.92	967.99	1429.08	1740.72	1974.77	2040.27	2122.95	2217.71	2640.01

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With 2% Compound Increases Benefit Option
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 25.44	$ 29.89	$ 34.99	$ 47.71	$ 57.24	$ 64.88	$ 68.68	$ 73.78	$ 76.32	$ 94.77
35-39	28.63	34.34	40.70	55.96	66.78	76.32	80.77	86.50	89.67	110.66
40	30.52	36.25	43.24	59.15	71.24	80.77	85.22	91.58	95.40	117.66
41	32.43	38.79	45.80	62.97	75.69	85.86	90.95	97.31	101.13	124.66
42	33.71	40.70	48.34	66.78	80.14	91.58	96.68	103.67	107.49	132.28
43	34.99	41.98	50.25	69.33	83.31	94.77	100.48	107.49	111.94	137.38
44	36.25	43.89	52.16	71.87	86.50	98.58	104.30	111.30	116.39	142.46
45	37.53	45.15	54.07	75.04	89.67	102.39	108.12	115.76	120.84	148.19
46	38.79	46.43	55.96	77.60	93.49	106.21	111.94	120.21	125.29	153.92
47	40.07	48.34	57.87	80.14	96.68	110.03	116.39	124.66	129.74	159.63
48	41.35	50.25	60.42	83.96	101.13	115.11	121.47	130.38	136.10	166.63
49	43.24	52.79	62.97	87.76	105.58	120.84	127.20	136.74	141.83	174.26
50	45.15	54.70	66.14	91.58	110.66	125.92	132.93	142.46	148.82	182.53
51	47.06	57.24	68.68	96.03	115.76	132.28	139.29	149.46	155.18	190.80
52	48.97	59.78	71.87	100.48	120.84	138.01	145.65	156.46	162.82	199.07
53	50.88	62.32	75.04	104.94	127.20	145.00	152.64	164.08	170.44	209.25
54	53.42	65.51	78.86	110.03	132.93	152.01	160.28	171.72	178.71	219.42
55	55.96	68.05	82.68	115.76	139.92	159.63	167.90	179.99	187.62	229.59
56	58.52	71.24	86.50	121.47	146.28	167.27	176.17	188.89	197.16	241.05
57	61.06	74.41	90.32	127.20	153.92	175.54	185.07	198.43	206.70	252.49
58	64.23	78.86	95.40	134.19	162.18	185.71	195.88	209.25	218.15	267.12
59	67.42	83.31	100.48	141.83	171.72	195.88	206.70	221.32	230.87	282.38
60	71.24	87.76	106.21	150.10	181.26	207.34	218.78	234.04	244.22	298.28
61	75.04	92.22	111.94	158.37	191.43	218.78	230.87	247.41	257.58	314.82
62	78.86	97.31	118.30	167.27	202.24	231.50	244.22	261.39	272.84	332.63
63	84.59	104.30	126.57	179.35	216.87	248.04	261.39	279.20	291.28	355.52
64	90.32	111.30	135.47	192.07	232.14	265.21	279.84	298.92	311.64	380.32
65	96.68	118.93	145.00	205.43	248.04	283.66	298.92	319.91	333.26	406.40
66	103.04	127.20	155.82	220.06	265.84	303.37	319.91	341.53	356.79	433.75
67	110.03	136.10	166.63	235.32	284.29	324.99	342.16	365.70	381.60	463.64
68	119.56	148.19	180.62	255.67	309.10	352.98	371.42	396.86	414.03	503.07
69	130.38	160.91	196.53	277.93	335.17	382.87	403.22	429.93	449.65	545.05
70	141.20	174.26	213.70	301.46	364.43	415.94	438.20	466.82	487.81	590.84
71	153.27	189.52	232.14	327.54	395.59	451.56	475.72	506.25	529.15	640.45
72	166.63	206.06	251.86	356.16	429.93	490.35	516.43	549.50	574.30	694.51
73	178.71	221.32	271.57	384.14	464.28	529.15	557.13	592.11	618.82	747.30
74	192.07	238.50	293.19	415.31	501.16	571.12	601.02	637.90	666.52	803.90
75	206.70	256.31	316.09	448.38	541.23	616.28	648.08	687.51	718.67	864.95
76	221.97	276.02	340.90	483.99	583.84	665.25	699.59	740.30	774.64	930.46
77	238.50	297.01	367.60	522.15	630.91	718.04	754.29	797.54	834.43	1001.05
78	260.13	323.72	401.95	572.40	690.69	786.09	825.52	871.31	911.38	1092.63
79	283.02	353.62	439.47	626.46	756.83	861.13	903.11	952.08	995.97	1191.85
80	307.82	385.41	480.18	686.24	829.33	943.18	988.33	1039.86	1087.55	1300.61
81	335.17	420.39	524.70	751.75	908.84	1032.85	1081.19	1135.89	1188.03	1419.54
82	365.06	457.92	573.67	822.97	995.34	1131.44	1182.95	1240.82	1298.06	1548.65
83	388.59	489.72	615.01	885.31	1071.01	1216.66	1269.45	1330.51	1391.55	1659.95
84	414.67	522.79	658.89	952.08	1152.43	1308.24	1362.94	1426.54	1492.05	1779.51
85	441.38	558.40	705.95	1023.32	1239.56	1406.82	1463.42	1528.93	1599.53	1907.35
86	470.64	596.56	756.83	1100.27	1333.68	1513.03	1570.91	1639.59	1714.64	2044.73
87	501.16	637.27	810.90	1183.58	1435.44	1626.87	1686.02	1757.25	1838.02	2191.64
88	534.24	681.15	869.40	1272.62	1544.19	1748.99	1810.04	1883.82	1970.31	2349.36
89	569.22	727.58	931.74	1368.02	1661.22	1880.64	1943.60	2019.92	2112.14	2517.91

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With Decreasing Option 1 - 5% Compound up to and including age 60, 3% Compound from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 45.80	$ 55.33	$ 65.51	$ 91.58	$ 110.03	$ 125.92	$ 133.56	$ 143.74	$ 150.10	$ 186.98
35-39	47.71	57.87	68.68	96.03	115.76	132.28	139.92	150.73	157.09	195.25
40	48.34	58.52	69.96	97.94	118.30	134.84	143.10	153.92	160.28	199.70
41	49.60	59.78	71.87	99.85	120.84	138.01	145.65	157.09	163.45	203.52
42	50.25	61.06	73.14	101.76	123.38	140.55	148.82	160.28	167.27	207.97
43	50.88	61.69	73.78	103.04	124.66	142.46	150.73	162.18	169.18	209.88
44	51.51	62.32	75.04	104.30	125.92	144.37	152.64	164.08	171.09	212.42
45	52.16	62.97	75.69	105.58	127.83	146.28	154.55	165.99	172.99	214.96
46	52.79	64.23	76.95	106.84	129.11	147.56	156.46	168.54	175.54	217.51
47	52.79	64.88	77.60	108.75	131.02	149.46	158.37	170.44	177.45	220.06
48	54.07	65.51	78.86	110.66	133.56	152.64	161.54	173.63	180.62	224.51
49	54.70	66.78	80.77	112.57	136.10	155.18	164.08	176.80	184.44	228.33
50	55.96	68.05	82.05	114.48	138.64	158.37	167.27	179.99	187.62	232.78
51	57.24	69.33	83.31	117.02	141.20	161.54	170.44	183.81	191.43	236.59
52	57.87	70.59	85.22	118.93	143.74	164.73	173.63	186.98	194.62	241.05
53	59.15	71.87	86.50	121.47	146.91	167.90	177.45	190.80	199.07	246.13
54	60.42	73.78	88.41	124.02	150.10	171.72	181.26	194.62	202.89	251.22
55	61.06	75.04	90.32	126.57	153.27	174.90	185.07	199.07	207.34	256.31
56	62.32	76.32	92.22	129.74	156.46	178.71	188.89	202.89	211.79	261.39
57	63.60	78.23	94.12	132.28	159.63	182.53	192.71	207.34	216.24	266.49
58	65.51	80.77	97.31	136.74	165.36	188.89	199.70	214.33	223.23	275.39
59	68.05	83.31	100.48	141.83	171.09	195.88	206.70	221.97	231.50	284.92
60	69.96	85.86	104.30	146.28	176.80	202.89	213.70	229.59	239.14	295.10
61	72.50	89.04	107.49	151.36	183.16	209.88	221.32	237.86	248.04	305.28
62	75.04	92.22	111.30	157.09	189.52	216.87	228.96	246.13	256.31	315.46
63	79.50	97.31	118.30	165.99	200.98	229.59	242.31	260.13	271.57	333.26
64	83.96	103.04	125.29	176.17	212.42	242.95	256.94	274.75	286.83	352.34
65	89.04	109.40	132.28	186.35	225.14	257.58	271.57	290.65	303.37	372.06
66	94.12	115.76	140.55	197.16	238.50	272.20	287.47	307.19	321.18	393.04
67	101.13	124.02	150.73	210.51	252.49	288.11	304.00	324.99	339.62	415.31
68	109.40	134.19	163.45	227.68	272.84	309.73	326.27	347.89	363.79	443.92
69	118.30	145.00	176.80	246.76	295.10	335.17	352.98	374.60	391.77	475.09
70	127.83	156.46	190.80	266.49	319.27	362.52	381.60	405.13	423.57	512.61
71	138.01	169.18	206.06	288.11	345.35	391.77	412.76	437.56	457.92	553.32
72	148.82	182.53	222.60	311.64	373.33	423.57	445.83	472.55	494.17	597.20
73	157.72	193.98	236.59	331.99	397.50	451.56	474.45	503.07	525.97	634.72
74	165.36	203.52	249.31	349.80	419.76	476.36	500.53	529.78	553.95	667.79

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Annual Premium Rate
Per $10 Average Daily Amount for Nursing Home &
Per $310 Monthly Home Health Care Benefit Amount

With Decreasing Option 2 - 5% Compound up to and including age 60, 5% Simple from 61 through 75, no increases thereafter
Male or Female

90 Day Elimination Period

	Maximum Benefit Multiplier									
Issue Age	365	500	730	1,095	1,460	1,825	2,190	2,555	2,920	Unlimited
18-34	$ 40.70	$ 48.97	$ 57.87	$ 80.77	$ 97.31	$ 111.30	$ 118.30	$ 127.83	$ 132.93	$ 166.63
35-39	42.61	52.16	61.69	85.86	103.67	118.93	125.92	136.10	141.83	177.45
40	43.89	53.42	63.60	88.41	106.84	122.75	129.74	139.92	145.65	182.53
41	45.15	54.70	65.51	91.58	110.03	125.92	133.56	144.37	150.10	187.62
42	46.43	56.61	67.42	94.12	113.20	129.74	137.38	148.19	154.55	192.71
43	47.06	57.24	68.68	96.03	115.76	132.28	139.92	151.36	157.72	196.53
44	48.34	58.52	69.96	97.31	117.66	134.84	143.10	153.92	160.28	200.34
45	48.97	59.15	71.24	99.22	120.21	137.38	145.65	157.09	163.45	203.52
46	49.60	60.42	72.50	101.13	122.12	139.92	148.19	159.63	166.63	207.34
47	50.25	61.69	73.78	103.04	124.66	142.46	151.36	162.82	169.81	211.15
48	52.16	62.97	75.69	106.21	128.48	146.91	155.18	167.27	174.26	216.87
49	53.42	64.88	78.23	109.40	131.65	150.73	159.63	172.35	179.35	223.23
50	54.70	66.78	80.14	111.94	135.47	155.18	164.08	176.80	184.44	228.96
51	55.96	68.68	82.05	115.11	139.29	159.63	169.18	181.90	189.52	235.32
52	57.24	69.96	84.59	118.30	143.74	164.08	173.63	186.98	195.25	241.68
53	59.15	72.50	87.13	122.75	148.19	169.81	179.35	193.34	201.61	249.95
54	61.06	75.04	90.32	126.57	153.27	175.54	185.71	199.70	208.60	258.22
55	62.97	77.60	93.49	131.02	158.37	181.90	192.07	206.70	215.61	267.12
56	64.88	80.14	96.68	135.47	164.08	187.62	198.43	213.70	223.23	276.02
57	67.42	82.68	99.85	140.55	169.81	194.62	205.43	221.32	230.23	284.92
58	69.96	85.86	104.30	146.91	177.45	203.52	214.96	230.87	241.05	298.28
59	73.14	89.67	108.75	153.27	185.71	213.06	225.14	241.68	252.49	311.64
60	76.32	94.12	113.85	160.28	194.62	222.60	235.32	253.12	263.94	325.63
61	79.50	97.94	118.93	167.90	203.52	232.78	246.13	264.58	276.02	340.26
62	83.31	102.39	124.66	175.54	213.06	243.59	257.58	276.66	288.74	355.52
63	87.76	108.12	131.02	185.71	224.51	256.94	271.57	291.28	304.00	374.60
64	92.86	113.85	138.64	195.88	236.59	270.94	286.20	307.19	320.54	394.32
65	97.94	120.21	146.28	206.70	249.95	285.56	302.10	323.72	337.71	414.67
66	103.67	127.20	154.55	218.15	263.30	301.46	318.00	340.90	356.16	436.93
67	111.30	136.74	165.99	232.14	277.93	318.00	335.17	358.70	375.24	459.83
68	119.56	146.91	178.71	249.31	298.92	338.99	357.43	380.32	397.50	486.54
69	125.29	153.92	187.62	262.03	313.55	358.07	377.78	403.22	421.67	515.16
70	138.01	169.18	206.06	288.11	345.35	391.77	412.12	437.56	457.92	553.95
71	146.28	179.99	219.42	306.55	367.60	416.58	438.84	465.55	487.17	588.93
72	155.82	191.43	232.78	326.27	390.50	443.29	466.19	494.80	517.06	625.18
73	162.18	199.70	243.59	341.53	408.95	464.28	488.44	517.06	541.23	652.53
74	168.54	207.97	254.40	356.79	428.03	485.27	510.07	540.60	565.40	685.60

*To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill Rates, multiply the Annual Rate, as given by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Available Discounts

SPOUSAL DISCOUNTS

A 35% spousal discount will apply to both spouses' premiums when they both purchase coverage.

A 15% married discount will apply when only one married applicant purchases coverage.

A 10% companion discount will apply to two non-married insureds who have lived together for at least five years when they both purchase coverage.

RISK CLASSES

Policies that qualify as a preferred risk under our current underwriting guidelines will be issued with a 10% premium discount.

Policies providing coverage for applicants who would not qualify for coverage under our current issue standards may be issued with premium loads of 25%, 50%, or 100%.

OTHER DISCOUNTS

For associations that meet certain criteria, there will be a 5% premium discount.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Policy Form GR-N680

Additional Elimination Period Factors
and Maximum Benefit Multiplier Options

To determine the annual premium rates for Policy Form GR-N680 for Elimination Periods other than 90 day, multiply the appropriate Elimination Period factor from below times the corresponding 90 day Elimination Period annual rate.

Benefit Multiplier	Elimination Period								
	0 Day	15 Day	30 Day	60 Day	180 Day	365 Day	730 Day	1095 Day	1460 Day
365	1.43	1.31	1.18	1.12	0.89	0.77	0.67	0.55	0.42
500	1.43	1.31	1.18	1.12	0.89	0.79	0.70	0.55	0.44
730	1.43	1.31	1.18	1.12	0.89	0.79	0.75	0.56	0.44
1,095	1.39	1.29	1.17	1.10	0.86	0.80	0.70	0.54	0.44
1,460	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
1,825	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,190	1.39	1.29	1.17	1.10	0.86	0.81	0.65	0.53	0.44
2,920	1.33	1.25	1.15	1.08	0.89	0.81	0.65	0.53	0.44
Unlimited	1.33	1.25	1.15	1.08	0.89	0.81	0.64	0.52	0.43

To determine the annual premium rates for Policy Form GR-N680 for 1000, 1500, 2000, and 2500 Maximum Benefit Multiplier options, perform the following calculations:

For the 1,000 multiplier option, multiply the annual premium rate for the 1,095 multiplier option times 0.96.

For the 1,500 multiplier option, multiply the annual premium rate for the 1,460 multiplier option times 1.02.

For the 2,000 multiplier option, multiply the annual premium rate for the 2,190 multiplier option times 0.98.

For the 2,500 multiplier option, multiply the annual premium rate for the 2,555 multiplier option times 0.98.

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 309A
Additional Services Benefit Rider
(When attached to Base Policy GR-N680)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N680 for the Additional Services Benefit Rider, multiply the factor from below times the annual premium.

Additional Services Benefit Rider 309A Factor

0.0125

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 321L
Enhanced Services Benefit Rider
(When attached to Base Policy GR-N680)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N680 for the Enhanced Services Benefit Rider, multiply the factor from below times the annual premium.

Enhanced Services Rider 321L Factor
0.0535

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 310A
Comprehensive Services Benefit Rider
(When attached to Base Policy GR-N680)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N680 for the Comprehensive Services Benefit Rider, multiply the factor from below times the annual premium.

Comprehensive Services Rider 310A Factor
0.062

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 228R
Return of Premium
(When attached to Base Policy GR-N680)

Premium Rate Factors

To calculate the annual premium for Rider Form 228R, multiply the annual premium times the appropriate age's premium rate factor from below.

Issue Age	Factor	Issue Age	Factor
18-34	0.671	68	0.506
35-39	0.708	69	0.498
40-44	0.746	70	0.490
45-49	0.756	71	0.482
50	0.705	72	0.474
51	0.688	73	0.457
52	0.672	74	0.441
53	0.658	75	0.425
54	0.645	76	0.409
55	0.631	77	0.393
56	0.618	78	0.381
57	0.605	79	0.368
58	0.598	80	0.356
59	0.590	81	0.344
60	0.583	82	0.332
61	0.575	83	0.321
62	0.568	84	0.311
63	0.557	85	0.301
64	0.546	86	0.290
65	0.535	87	0.280
66	0.525	88	0.270
67	0.514	89	0.260

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 206A
Shortened Benefit Period
(When attached to Base Policy GR-N680)

Premium Rate Factors

To calculate the annual premium for Rider Form 206A, multiply annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-2,000	2,001-Unlimited
18-52	0.224	0.176	0.156	0.141	0.124
53	0.215	0.170	0.151	0.137	0.121
54	0.206	0.164	0.147	0.133	0.119
55	0.198	0.158	0.142	0.129	0.116
56	0.190	0.152	0.138	0.126	0.113
57	0.182	0.147	0.134	0.122	0.111
58	0.177	0.144	0.131	0.120	0.109
59	0.172	0.140	0.129	0.118	0.108
60	0.167	0.137	0.126	0.117	0.106
61	0.162	0.134	0.123	0.115	0.105
62	0.157	0.131	0.121	0.113	0.103
63	0.153	0.129	0.119	0.112	0.102
64	0.150	0.127	0.118	0.110	0.101
65	0.147	0.126	0.116	0.109	0.100
66	0.143	0.124	0.115	0.107	0.099
67	0.140	0.122	0.113	0.106	0.098
68	0.137	0.120	0.111	0.105	0.097
69	0.135	0.117	0.109	0.103	0.096
70	0.132	0.115	0.108	0.102	0.095
71	0.129	0.113	0.106	0.100	0.094
72	0.127	0.111	0.104	0.099	0.093
73	0.121	0.106	0.100	0.095	0.090
74	0.115	0.102	0.096	0.091	0.087
75	0.109	0.098	0.092	0.088	0.084
76	0.104	0.094	0.088	0.084	0.081
77	0.099	0.090	0.085	0.081	0.078
78	0.096	0.088	0.083	0.080	0.077
79	0.094	0.085	0.081	0.078	0.076
80	0.091	0.083	0.079	0.077	0.074
81	0.088	0.081	0.078	0.075	0.073
82	0.086	0.079	0.076	0.074	0.072
83	0.083	0.076	0.074	0.072	0.070
84	0.080	0.074	0.072	0.070	0.069
85	0.077	0.072	0.070	0.068	0.067
86	0.075	0.069	0.068	0.067	0.066
87	0.072	0.067	0.066	0.065	0.064
88	0.069	0.065	0.064	0.063	0.063
89	0.067	0.063	0.062	0.062	0.061

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 10-Pay
(When attached to Base Policy GR-N680)

Premium Rate Factors for the 10-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	2.160	2.940	3.710	3.450	3.170	2.833	3.274	3.196
35-39	2.130	2.780	3.330	3.140	2.930	2.663	2.978	2.915
40-44	2.050	2.580	2.960	2.820	2.670	2.463	2.677	2.601
45-49	1.920	2.390	2.780	2.560	2.400	2.240	2.337	2.296
50	1.896	2.305	2.640	2.444	2.272	2.147	2.188	2.173
51	1.888	2.277	2.594	2.407	2.230	2.116	2.140	2.132
52	1.880	2.250	2.550	2.370	2.190	2.087	2.103	2.099
53	1.818	2.173	2.453	2.282	2.110	2.013	2.015	2.019
54	1.758	2.098	2.359	2.197	2.034	1.942	1.935	1.944
55	1.700	2.027	2.270	2.115	1.960	1.873	1.858	1.873
56	1.644	1.957	2.183	2.036	1.889	1.807	1.784	1.804
57	1.590	1.890	2.100	1.960	1.820	1.743	1.713	1.735
58	1.530	1.817	2.015	1.882	1.746	1.674	1.639	1.665
59	1.471	1.746	1.934	1.807	1.676	1.608	1.567	1.595
60	1.416	1.678	1.856	1.735	1.608	1.544	1.501	1.530
61	1.362	1.613	1.782	1.666	1.542	1.482	1.434	1.466
62	1.310	1.550	1.710	1.600	1.480	1.423	1.373	1.408
63	1.248	1.455	1.606	1.498	1.395	1.346	1.301	1.328
64	1.190	1.366	1.509	1.402	1.314	1.273	1.232	1.256
65	1.134	1.282	1.417	1.312	1.239	1.204	1.167	1.187
66	1.081	1.204	1.331	1.229	1.167	1.138	1.107	1.123
67	1.030	1.130	1.250	1.150	1.100	1.077	1.051	1.065
68	0.948	1.057	1.154	1.075	1.035	1.006	0.973	0.990
69	0.872	0.989	1.066	1.004	0.973	0.939	0.900	0.913
70	0.803	0.925	0.985	0.939	0.915	0.878	0.831	0.852
71	0.739	0.866	0.910	0.877	0.861	0.820	0.766	0.786
72	0.680	0.810	0.840	0.820	0.810	0.767	0.705	0.721
73	0.623	0.726	0.751	0.734	0.726	0.692	0.639	0.647
74	0.571	0.652	0.672	0.656	0.652	0.625	0.577	0.582
75	0.524	0.584	0.600	0.587	0.584	0.564	n/a	n/a
76	0.480	0.524	0.537	0.525	0.524	0.509	n/a	n/a
77	0.440	0.470	0.480	0.470	0.470	0.460	n/a	n/a
78	0.396	0.424	0.434	0.424	0.424	0.415	n/a	n/a
79	0.357	0.382	0.392	0.382	0.382	0.374	n/a	n/a
80	0.321	0.344	0.355	0.344	0.344	0.336	n/a	n/a
81	0.289	0.311	0.321	0.311	0.311	0.304	n/a	n/a
82	0.260	0.280	0.290	0.280	0.280	0.273	n/a	n/a
83	0.223	0.244	0.251	0.244	0.240	0.234	n/a	n/a
84	0.191	0.212	0.217	0.212	0.206	0.201	n/a	n/a
85	0.163	0.185	0.187	0.185	0.177	0.172	n/a	n/a
86	0.140	0.161	0.162	0.161	0.152	0.148	n/a	n/a
87	0.120	0.140	0.140	0.140	0.130	0.127	n/a	n/a
88	0.103	0.122	0.121	0.122	0.112	0.109	n/a	n/a
89	0.088	0.106	0.105	0.106	0.096	0.093	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 242A
Limited 20-Pay
(When attached to Base Policy GR-N680)

Premium Rate Factors for the 20-Pay Limited Payment Option

To calculate the annual premium for Rider Form 242A, multiply the annual premium times the appropriate Inflation Option factor from below.

	Inflation Options							
Issue Age	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.850	1.280	1.700	1.560	1.400	1.217	1.460	1.415
35-39	0.840	1.190	1.490	1.380	1.270	1.127	1.295	1.262
40-44	0.790	1.070	1.280	1.210	1.130	1.017	1.133	1.092
45-49	0.720	0.970	1.190	1.070	0.980	0.893	0.946	0.923
50	0.714	0.940	1.123	1.015	0.919	0.851	0.873	0.865
51	0.712	0.930	1.101	0.997	0.899	0.837	0.850	0.845
52	0.710	0.920	1.080	0.980	0.880	0.823	0.832	0.830
53	0.684	0.886	1.037	0.941	0.845	0.791	0.793	0.795
54	0.659	0.852	0.995	0.904	0.812	0.761	0.757	0.762
55	0.635	0.820	0.955	0.868	0.780	0.732	0.723	0.732
56	0.612	0.790	0.917	0.833	0.749	0.703	0.691	0.701
57	0.590	0.760	0.880	0.800	0.720	0.677	0.659	0.672
58	0.551	0.715	0.831	0.753	0.675	0.634	0.614	0.628
59	0.515	0.673	0.784	0.708	0.632	0.593	0.570	0.586
60	0.481	0.633	0.740	0.666	0.592	0.555	0.530	0.547
61	0.450	0.595	0.699	0.627	0.555	0.520	0.492	0.511
62	0.420	0.560	0.660	0.590	0.520	0.487	0.457	0.478
63	0.395	0.515	0.609	0.543	0.480	0.452	0.425	0.442
64	0.372	0.474	0.561	0.500	0.444	0.420	0.396	0.410
65	0.350	0.437	0.517	0.460	0.410	0.390	0.369	0.380
66	0.329	0.402	0.477	0.424	0.379	0.362	0.344	0.353
67	0.310	0.370	0.440	0.390	0.350	0.337	0.322	0.330
68	0.272	0.342	0.396	0.357	0.325	0.307	0.287	0.298
69	0.238	0.316	0.357	0.326	0.301	0.280	0.255	0.264
70	0.208	0.292	0.321	0.299	0.279	0.255	0.226	0.239
71	0.183	0.270	0.289	0.273	0.259	0.234	0.200	0.212
72	0.160	0.250	0.260	0.250	0.240	0.213	0.176	0.185
73	0.146	0.216	0.226	0.216	0.209	0.188	0.156	0.161
74	0.133	0.186	0.197	0.186	0.182	0.166	0.137	0.140
75	0.121	0.161	0.172	0.161	0.158	0.146	n/a	n/a
76	0.110	0.139	0.149	0.139	0.138	0.129	n/a	n/a
77	0.100	0.120	0.130	0.120	0.120	0.113	n/a	n/a
78	0.090	0.108	0.118	0.111	0.108	0.102	n/a	n/a
79	0.082	0.097	0.107	0.102	0.097	0.092	n/a	n/a
80	0.074	0.087	0.097	0.094	0.087	0.083	n/a	n/a
81	0.066	0.078	0.088	0.087	0.078	0.074	n/a	n/a
82	0.060	0.070	0.080	0.080	0.070	0.067	n/a	n/a
83	0.055	0.065	0.076	0.073	0.065	0.062	n/a	n/a
84	0.051	0.061	0.071	0.066	0.061	0.058	n/a	n/a
85	0.047	0.057	0.067	0.060	0.057	0.054	n/a	n/a
86	0.043	0.053	0.064	0.055	0.053	0.050	n/a	n/a
87	0.040	0.050	0.060	0.050	0.050	0.047	n/a	n/a
88	0.037	0.047	0.057	0.046	0.047	0.044	n/a	n/a
89	0.034	0.044	0.053	0.041	0.044	0.041	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 303A
Surviving Spouse Benefit Increase
(When attached to Base Policy GR-N680)

Premium Rate Factors

To calculate the annual premium for Rider Form 303A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options				
Issue Age	365-500	501-900	901-1,300	1,301-1,800	1,801-1,825
18-34	0.115	0.108	0.087	0.065	0.050
35-39	0.122	0.114	0.091	0.069	0.053
40-44	0.130	0.120	0.096	0.073	0.056
45-49	0.138	0.126	0.100	0.076	0.058
50	0.144	0.130	0.104	0.078	0.060
51	0.146	0.132	0.105	0.079	0.060
52	0.148	0.133	0.106	0.080	0.061
53	0.150	0.134	0.107	0.080	0.061
54	0.151	0.135	0.108	0.081	0.062
55	0.153	0.137	0.108	0.081	0.062
56	0.154	0.138	0.109	0.082	0.063
57	0.156	0.139	0.110	0.082	0.063
58	0.157	0.140	0.110	0.082	0.063
59	0.158	0.141	0.111	0.082	0.063
60	0.160	0.141	0.111	0.083	0.063
61	0.161	0.142	0.112	0.083	0.063
62	0.162	0.143	0.112	0.083	0.063
63	0.163	0.143	0.112	0.083	0.063
64	0.163	0.144	0.112	0.083	0.062
65	0.164	0.144	0.112	0.082	0.062
66	0.164	0.145	0.112	0.082	0.061
67	0.165	0.145	0.112	0.082	0.061
68	0.164	0.144	0.111	0.081	0.060
69	0.164	0.143	0.110	0.080	0.058
70	0.163	0.143	0.109	0.078	0.057
71	0.163	0.142	0.108	0.077	0.055
72	0.162	0.141	0.107	0.076	0.054
73	0.163	0.141	0.106	0.075	0.052
74	0.164	0.141	0.106	0.073	0.051
75	0.164	0.142	0.105	0.072	0.049
76	0.165	0.142	0.105	0.070	0.047
77	0.166	0.142	0.104	0.069	0.046
78	0.166	0.141	0.102	0.066	0.043
79	0.165	0.140	0.099	0.063	0.040
80	0.165	0.138	0.097	0.060	0.038
81	0.164	0.137	0.095	0.058	0.035
82	0.164	0.136	0.093	0.055	0.033
83	0.163	0.134	0.089	0.051	0.029
84	0.161	0.132	0.086	0.046	0.025
85	0.160	0.130	0.082	0.043	0.022
86	0.158	0.128	0.079	0.039	0.019
87	0.157	0.126	0.076	0.036	0.017
88	0.156	0.124	0.073	0.033	0.015
89	0.154	0.122	0.070	0.030	0.013

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 226G
Paid Up Survivorship
(When attached to Base Policy GR-N680)

Premium Rate Factors

To calculate the annual premium for Rider Form 226G, multiply theannual premium times the appropriate Inflation Option factor from below.

Issue Age	Inflation Options							
	No Inflation	5% Equal Increases	5% Compound	4% Compound	3% Compound	2% Compound	Decr. Option 1	Decr. Option 2
18-34	0.053	0.074	0.110	0.098	0.086	0.075	0.090	0.087
35-39	0.064	0.084	0.116	0.106	0.095	0.085	0.098	0.094
40-44	0.077	0.095	0.123	0.113	0.104	0.095	0.104	0.101
45-49	0.089	0.106	0.130	0.122	0.113	0.105	0.110	0.108
50	0.097	0.113	0.134	0.126	0.119	0.112	0.114	0.113
51	0.100	0.115	0.135	0.128	0.120	0.113	0.115	0.114
52	0.102	0.117	0.137	0.129	0.122	0.115	0.116	0.116
53	0.103	0.118	0.136	0.130	0.123	0.116	0.116	0.117
54	0.105	0.119	0.136	0.130	0.123	0.117	0.117	0.117
55	0.106	0.119	0.136	0.130	0.124	0.118	0.117	0.118
56	0.107	0.120	0.136	0.130	0.124	0.118	0.117	0.118
57	0.108	0.121	0.136	0.130	0.125	0.119	0.117	0.119
58	0.108	0.120	0.134	0.129	0.123	0.118	0.116	0.117
59	0.107	0.119	0.132	0.127	0.122	0.117	0.114	0.116
60	0.107	0.118	0.130	0.125	0.120	0.116	0.113	0.115
61	0.106	0.117	0.128	0.124	0.119	0.115	0.111	0.114
62	0.105	0.115	0.127	0.122	0.118	0.114	0.110	0.113
63	0.103	0.113	0.123	0.119	0.115	0.111	0.107	0.110
64	0.101	0.110	0.120	0.116	0.112	0.108	0.105	0.107
65	0.099	0.108	0.117	0.113	0.109	0.106	0.102	0.104
66	0.097	0.105	0.113	0.110	0.107	0.104	0.100	0.102
67	0.095	0.103	0.110	0.107	0.104	0.101	0.098	0.100
68	0.091	0.098	0.105	0.102	0.099	0.096	0.093	0.095
69	0.088	0.094	0.100	0.097	0.095	0.093	0.090	0.091
70	0.084	0.090	0.095	0.092	0.090	0.088	0.085	0.087
71	0.080	0.086	0.090	0.088	0.086	0.084	0.081	0.082
72	0.077	0.082	0.086	0.084	0.082	0.080	0.078	0.079
73	0.071	0.075	0.079	0.077	0.075	0.074	0.072	0.072
74	0.065	0.069	0.072	0.071	0.069	0.068	0.065	0.066
75	0.060	0.064	0.066	0.065	0.064	0.063	n/a	n/a
76	0.056	0.058	0.061	0.059	0.058	0.057	n/a	n/a
77	0.051	0.054	0.056	0.055	0.054	0.053	n/a	n/a
78	0.045	0.047	0.048	0.047	0.047	0.046	n/a	n/a
79	0.039	0.040	0.042	0.041	0.040	0.040	n/a	n/a
80	0.034	0.035	0.036	0.035	0.035	0.035	n/a	n/a
81	0.029	0.030	0.031	0.031	0.030	0.030	n/a	n/a
82	0.025	0.026	0.027	0.027	0.026	0.026	n/a	n/a
83	0.020	0.021	0.021	0.021	0.021	0.021	n/a	n/a
84	0.016	0.016	0.017	0.017	0.016	0.016	n/a	n/a
85	0.013	0.013	0.013	0.013	0.013	0.013	n/a	n/a
86	0.010	0.010	0.010	0.010	0.010	0.010	n/a	n/a
87	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
88	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a
89	0.008	0.008	0.008	0.008	0.008	0.008	n/a	n/a

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 308A
Shared Maximum Benefit
(When attached to Base Policy GR-N680)

To calculate the annual premium for Rider Form 308A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

Premium Rate Factors for Policies Without an Increasing Benefit Option

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.340	0.325	0.280	0.215	0.220
35-39	0.375	0.350	0.290	0.225	0.230
40-44	0.405	0.360	0.310	0.230	0.240
45-49	0.410	0.370	0.320	0.235	0.250
50-54	0.400	0.360	0.315	0.235	0.250
55-59	0.390	0.360	0.310	0.235	0.240
60-64	0.390	0.360	0.300	0.230	0.220
65-69	0.390	0.350	0.290	0.225	0.200
70-74	0.390	0.340	0.280	0.210	0.180
75-79	0.390	0.330	0.260	0.190	0.150
80-84	0.390	0.320	0.240	0.160	0.150
85-89	0.390	0.320	0.240	0.160	0.150

Premium Rate Factors for Policies With Inflation Options

Issue Age	Maximum Benefit Multiplier Options				
	365-500	501-900	901-1,300	1,301-1,500	1,501-1,825
18-34	0.380	0.360	0.330	0.260	0.260
35-39	0.380	0.360	0.330	0.265	0.260
40-44	0.380	0.360	0.330	0.265	0.260
45-49	0.380	0.360	0.330	0.265	0.260
50-54	0.380	0.360	0.330	0.265	0.250
55-59	0.380	0.360	0.325	0.260	0.240
60-64	0.380	0.360	0.320	0.255	0.225
65-69	0.380	0.360	0.310	0.245	0.205
70-74	0.380	0.360	0.300	0.230	0.185
75-79	0.380	0.350	0.280	0.200	0.150
80-84	0.380	0.340	0.250	0.170	0.150
85-89	0.400	0.330	0.250	0.170	0.150

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

.08583 for Monthly Bank Draft/Payroll Deduction
.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 311A
Dual Waiver
(When attached to Base Policy GR-N680)

Premium Rate Factors

To calculate the annual premium for Rider Form 311A, multiply the annual premium times the appropriate Maximum Benefit Multiplier factor from below.

	Maximum Benefit Multiplier Options					
Issue Age	365	500	730	1,000-1,095	1,460-1,500	1,825-Unlimited
18-34	0.010	0.010	0.010	0.010	0.010	0.010
35-39	0.010	0.010	0.010	0.010	0.010	0.010
40	0.010	0.010	0.010	0.010	0.010	0.010
41	0.010	0.010	0.010	0.010	0.010	0.010
42	0.010	0.010	0.010	0.010	0.010	0.010
43	0.010	0.010	0.010	0.010	0.010	0.010
44	0.010	0.010	0.010	0.010	0.010	0.010
45	0.010	0.010	0.010	0.010	0.010	0.010
46	0.010	0.010	0.010	0.010	0.010	0.010
47	0.010	0.010	0.010	0.010	0.010	0.010
48	0.010	0.010	0.010	0.010	0.011	0.011
49	0.010	0.010	0.010	0.010	0.013	0.013
50	0.010	0.010	0.010	0.010	0.015	0.015
51	0.010	0.010	0.010	0.010	0.017	0.017
52	0.010	0.010	0.010	0.010	0.020	0.020
53	0.010	0.010	0.010	0.011	0.020	0.022
54	0.010	0.010	0.010	0.013	0.020	0.024
55	0.010	0.010	0.010	0.015	0.020	0.026
56	0.010	0.010	0.010	0.017	0.020	0.028
57	0.010	0.010	0.010	0.020	0.020	0.030
58	0.010	0.010	0.011	0.022	0.022	0.032
59	0.010	0.010	0.013	0.024	0.024	0.034
60	0.010	0.010	0.015	0.026	0.026	0.036
61	0.010	0.010	0.017	0.028	0.028	0.038
62	0.010	0.010	0.020	0.030	0.030	0.040
63	0.011	0.011	0.022	0.032	0.033	0.043
64	0.013	0.013	0.024	0.034	0.037	0.047
65	0.015	0.015	0.026	0.036	0.041	0.051
66	0.017	0.017	0.028	0.038	0.045	0.055
67	0.020	0.020	0.030	0.040	0.050	0.060
68	0.022	0.022	0.032	0.043	0.055	0.066
69	0.024	0.024	0.034	0.047	0.060	0.074
70	0.026	0.026	0.036	0.051	0.066	0.082
71	0.028	0.028	0.038	0.055	0.073	0.090
72	0.030	0.030	0.040	0.060	0.080	0.100
73	0.032	0.033	0.043	0.066	0.087	0.108
74	0.034	0.037	0.047	0.074	0.094	0.118
75	0.036	0.041	0.051	0.082	0.102	0.128
76	0.038	0.045	0.055	0.090	0.111	0.138
77	0.040	0.050	0.060	0.100	0.120	0.150
78	0.045	0.055	0.066	0.110	0.134	0.167
79	0.050	0.060	0.074	0.121	0.150	0.187
80	0.056	0.066	0.082	0.133	0.168	0.209
81	0.063	0.073	0.090	0.146	0.188	0.233
82	0.070	0.080	0.100	0.160	0.210	0.260
83	0.075	0.087	0.110	0.176	0.234	0.291
84	0.081	0.094	0.121	0.194	0.261	0.327
85	0.087	0.102	0.133	0.214	0.290	0.366
86	0.093	0.111	0.146	0.236	0.323	0.410
87	0.100	0.120	0.160	0.260	0.360	0.460
88	0.107	0.130	0.176	0.287	0.401	0.516
89	0.115	0.141	0.193	0.316	0.447	0.578

To determine the Bank Draft (P.P.S.P.) or Payroll Deduction (P.R.D.), Semi-Annual, Quarterly, or Renewal Direct Bill rates, multiply the Annual Rate, as given above by the appropriate factor shown below:

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.515 for Semi-Annual
.2625 for Quarterly
.09167 for Renewal Direct Bill

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 304X
Restoration of Benefits Rider
(When attached to Base Policy GR-N680)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N680 for the Restoration of Benefits Rider, multiply the appropriate Restoration of Benefits factor from below times the annual premium.

Restoration of Benefits

Benefit Multiplier	Rider 304X Factor
365	0.06
500	0.06
730	0.06
1,000	0.04
1,095	0.04
1,460	0.04
1,500	0.04
1,825	0.04
2,000	0.04
2,190	0.04
2,500	0.04
2,555	0.04
2,920	0.04

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 313A
Cash Benefit Rider
(When attached to Base Policy GR-N680)

Premium Rate Factors

To determine the annual premium rates for Policy Form GR-N680 for the Cash Benefit Rider, multiply the factor from below times the annual premium.

Cash Benefit Rider 313A Factor	
$10 NH / $155 HHC	0.20
$10 NH / $310 HHC	0.12

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois 60654

Rider Form 315A
Cash Benefit Disability Trigger Rider
(When attached to Base Policy GR-N680)

Premium Rate Factors

To determine the annual premium rates for Policy FormGR-N680 for the Cash Benefit Disability Trigger Rider, multiply the factor from below times the annual premium.

Cash Benefit Disability Trigger Rider 315A Factor

$10 NH / $155 HHC	0.45
$10 NH / $310 HHC	0.30

Supporting Document Schedules

Satisfied -Name: Flesch Certification

Review Status: Accepted for Informational Purposes 07/14/2009

Comments:

Attachments:

AR READABILITY CERTIFICATION.pdf
Reg 19 Cert.pdf
AC-10814B-AR.pdf

Bypassed -Name: Application

Review Status: 07/14/2009

Bypass Reason: Please application 17636-AR attached to the forms schedule.

Comments:

Satisfied -Name: Outline of Coverage

Review Status: Approved 07/14/2009

Comments:

Attachments:

17630.pdf
17631 rev.pdf
17632.pdf
17633.pdf
17634.pdf
17635.pdf

Satisfied -Name: Partnership Certification

Review Status: Approved 07/14/2009

Comments:

Attachment:

AR Certification Form.pdf

READABILITY CERTIFICATION

Company Name: Bankers Life and Casualty Company

NAIC Number: 233-61263

As an officer of Bankers Life and Casualty Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
Policy Forms		
51.64	GR-N620	Tax-Qualified Long-Term Care Policy
51.40	GR-N640	Tax-Qualified Long-Term Care Policy *(Facility Care)*
51.03	GR-N650	Tax-Qualified Long-Term Care Policy *(Comprehensive)*
51.78	GR-N630	Non-Qualified Long-Term Care Policy *(Comprehensive)*
51.63	GR-N670	Non-Qualified Long-Term Care Policy *(Facility Care)*
51.34	GR-N680	Non-Qualified Long-Term Care Policy *(Comprehensive)*
Related Outlines of Coverage		
50.04	17630	Outline of Coverage (*for Policy Form GR-N620*)
50.27	17631	Outline of Coverage (*for Policy Form GR-N640*)
50.33	17632	Outline of Coverage *(for Policy Form GR-N650)*
50.18	17633	Outline of Coverage *(for Policy Form GR-N630)*
50.08	17634	Outline of Coverage *(for Policy Form GR-N670)*
50.13	17635	Outline of Coverage *(for Policy Form GR-N680)*
Application		
50.39	17636	Application for Long Term Care Insurance
Benefit Riders		
51.19	309A	Additional Services Benefit Rider
59.71	321L	Enhanced Services Benefit Rider
55.92	310A	Comprehensive Services Benefit Rider
56.37	310L	Comprehensive Services Benefit Rider
66.95	304R	Restoration of Benefits Rider
66.26	304X	Restoration of Benefits Rider
63.87	312A	Cash Benefit Rider
64.17	313A	Cash Benefit Rider
65.86	314A	Cash Benefit Disability Trigger Rider
63.27	315A	Cash Benefit Disability Trigger Rider
52.22	311A	Dual Waiver of Premium Benefit Rider
52.24	303A	Survivor Maximum Benefit Increase Rider
69.11	308A	Shared Maximum Benefit Rider
55.3	228R	Return of Premium Benefit Rider

Mariann Dobbs

04/3/2009

Mariann Dobbs
Assistant Secretary

DATE

Certificate of Compliance with
Arkansas Rule and Regulation 19

Insurer: **Bankers Life and Casualty Company**

Form Number(s): GR-N620 GR-N640 GR-N650 GR-N630 GR-N670 GR-N680

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance..

Mariann Dobbs

Signature of Company Officer

Mariann Dobbs
Name

Assistant Secretary
Title

April 3, 2009
Date

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

* They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
* The insurer was not authorized to do business in this state;
* Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

* Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
* Any policy of reinsurance (unless an assumption certificate was issued);
* Interest rate yields that exceed an average rate;
* Dividends and voting rights and experience rating credits;
* Credits given in connection with the administration of a policy by a group contract holder;
* Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
* Unallocated annuity contracts (which give rights to group contractholders, not individuals);
* Unallocated annuity contracts issued to/in connection with benefits plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
* Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
* Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
* Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
* Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of $300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall $300,000 limit, the Association will not pay more than $300,000 in health insurance benefits. $300,000 in present value of annuity benefits, or $300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a $1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

NOTICE TO BUYER: THIS INSURANCE MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800
Telephone 1-312-396-6000

TAX-QUALIFIED LONG TERM CARE INSURANCE

Facility Care and Home and Community-Based Care Benefits

OUTLINE OF COVERAGE
Policy Form GR-N620

Caution: The issuance of the long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your answers are incorrect or untrue, 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 the above address.

1. The policy is an individual policy of insurance.

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

3. **FEDERAL TAX CONSEQUENCES** – This policy is intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code, as enacted by “The Health Insurance Portability and Accountability Act of 1996".

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**
Renewability – THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Bankers Life and Casualty Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - After the Elimination Period has been satisfied, we'll waive the payment of any premium for the policy and any attached benefit riders. Premiums will be waived as long as you continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** – **We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis.**

We can also change your premium due to the addition or removal of a premium discount rider, if any is attached to the policy. If we do raise your premium in an amount that is considered substantial under the policy and your policy lapses due to nonpayment of that increased premium, we will offer you the following options as they apply to the policy:

(a) Pay the increased premium and continue your policy in force as is;
(b) Reduce the policy’s benefits to a level such that Your premium will not increase (subject to state law minimum standards);
(c) Exercise the Nonforfeiture Benefit Rider or Return of Premium Benefit Rider (if any such rider is attached to the policy); or
(d) Exercise the Contingent Benefit at Lapse.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

A. If you're not satisfied with the policy, you may return it to us within 30 days after you receive it for a full refund of any premium paid.

B. Except for a refund of that part of any premium paid beyond your date of death, the policy does not provide for a refund of unearned premium.

C. In the event your application for coverage is denied, we'll refund any monies paid within 30 days of our notice to you of the denial.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Bankers Life and Casualty Company nor its agents represent Medicare, the federal government, or any state government.

8. QUALIFIED LONG-TERM CARE INSURANCE COVERAGE - Policies of this category are designed to provide coverage for one or more Qualified Long-Term Care Services. Qualified Long-Term Care Services are necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage for those incurred charges for Qualified Long-Term Care Services when you become Chronically Ill.

9. BENEFITS PROVIDED BY THE POLICY

After any applicable Elimination Period has been satisfied, we'll pay the charges incurred for Qualified Long Term Care Services, up to: (a) the Maximum Daily Benefit amount per day, for Facility Care Covered Expenses; and (b) the Maximum Weekly Benefit amount for Home and Community Based Care Covered Expenses.

The Elimination Period is the number of days you must receive Facility Care or Home and Community Based Care services before benefits are payable. The Elimination Period has to be satisfied only once. Each day of Home and Community-Based Care received will count as three (3) days toward satisfaction of the Elimination Period. The Elimination Period is _____ days.

The total amount of benefits payable under the policy is subject to a Lifetime Maximum Benefit.
The Lifetime Maximum Benefit is $_____.

FACILITY CARE COVERED EXPENSES

MAXIMUM DAILY BENEFIT FOR NURSING HOME CARE $_____

MAXIMUM DAILY BENEFIT FOR ASSISTED LIVING FACILITY $_____

A. Nursing Home or Assisted Living Facility Benefit

The following are Covered Expenses, but only to the extent that they are Qualified Long-Term Care Services. The charges incurred, up to the Maximum Daily Benefit, for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meet ALL of the following requirements: 1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day; 2.has beds for patients who need care; and 3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care. Nursing Home doesn’t mean: a Hospital, a place that primarily treats mental illness, drug addition or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements: 1. provide 24 hour a day care and services to at least 10 inpatients in one location; 2.have a trained and ready-to-respond employee on duty at all times to provide care; 3.provide 3 meals a day and accommodate special dietary needs; 4.have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and; 5.have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities. Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

HOME AND COMMUNITY BASED CARE
COVERED EXPENSES MAXIMUM WEEKLY BENEFIT $_____

A. Home Health Care Benefit
The charges incurred, up to the Maximum Weekly Benefit, for services and supplies provided in your home by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care. Home Health Care includes: (a) visits by licensed nurses, licensed nutritional specialists, medical social workers, Home Health Aides and legally qualified physical, occupational, speech or inhalation therapist; (b) Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable portable equipment used for therapeutic treatment; (c) Personal Care Services; and (d) Homemaker Services Incidental to Personal Care Services.

B. Adult Day Care Benefit
The charges incurred, up to the Maximum Weekly Benefit, for services provided through a licensed Adult Day Care Facility.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits are payable: (a) a Licensed Health Care Practitioner (*licensed Physician, registered professional nurse, or licensed social worker)* must certify that Qualified Long-Term Care Services are needed because you are Chronically Ill; and (b) the Elimination Period, if any, must be satisfied. Qualified Long-Term Care Services must be prescribed by a Licensed Health Care Practitioner under a written Plan of Care.

Chronically Ill means you have been certified by a Licensed Health Care Practitioner within the preceding 12 month period as: (a) being Functionally Incapacitated for a period expected to last at least 90 days; or (b) having a Severe Cognitive Impairment.

Severe Cognitive Impairment means a deterioration or loss in intellectual capacity which requires substantial supervision to protect oneself from threats to health and safety. Severe Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's: (a) short or long term memory; (b) orientation as to people, place, and time; (c) deductive or abstract reasoning; or (d) judgement as it relates to safety awareness. Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Functional Incapacity means one's inability to engage in two or more of the activities of daily living, listed below, without the hands-on assistance or standby assistance of another person. The activities of daily living are: (a) *Bathing* - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower; (b) *Continence* - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); (c) *Dressing* - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs; (d) *Eating* - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously; (e) *Toileting* - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and (f) *Transferring* - moving into or out of a bed, chair or wheelchair.

OPTIONAL BENEFIT RIDERS

ADDITIONAL SERVICES BENEFIT RIDER 309A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

ENHANCED SERVICES BENEFIT RIDER 321L

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care, Alternate Plan of Care and Home Modifications.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Qualified Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow You to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to, your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow a you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Qualified Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

COMPREHENSIVE SERVICES BENEFIT RIDER 310L

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service, Hospice Care, Alternate Plan of Care, Home Monitoring Equipment and Respite Care and Caregiver Training

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Qualified Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow you to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Qualified Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

Monitoring Equipment Benefit

The charges incurred per month, not to exceed 20% of the Maximum Weekly Benefit, for the rental or lease of an emergency medical response system or medication monitoring or dispensing equipment. This benefit is subject to a lifetime maximum of 12 months. The Elimination Period and Restoration of Benefits Rider (if any such rider is attached to the policy) do not apply to this benefit. If more than one piece of monitoring equipment is installed in your home, this will not increase the maximum payable for this benefit per month.

Respite Care Benefit
The charges incurred for the same services and supplies as shown for Home Health Care for Respite Care. Respite Care means professional care given to you when you qualify to receive Covered Expenses in order to temporarily relieve unpaid caregivers. Respite Care can be received in the your home, a private home, a home for the retired or aged, a place that provides residential care or a Long Term Care Facility. We'll pay these charges up to 21 days during each Calendar Year. The Elimination Period does not apply to this benefit.

Caregiver Training Benefit
The charges incurred for Caregiver Training if you require home or community-based care. This benefit pays for training your informal caregiver to care for you so you can remain at home. It is subject to a lifetime maximum benefit equal to 100% of the Maximum Weekly Benefit amount. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

CASH BENEFIT RIDER 312A
If this rider is attached to the policy, for each day you are receiving benefit payments for Covered Expenses that are less than the Maximum Daily Benefit amount for Qualified Long Term Care Services, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit amount. The total benefits paid per day under the policy and this rider will not exceed the Maximum Daily Benefit amount. In order for benefits to be payable, you must be receiving benefits under the Facility Care and/or Home and Community-Based Care benefit provisions of the policy. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit.

CASH BENEFIT RIDER DISABILITY TRIGGER 314A
If this rider is attached to the policy, for each day you qualify for benefits under this rider, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit for Nursing Home care amount . You qualify for benefits under this rider after the Rider Elimination Period has been satisfied and if you continue to be Chronically Ill as certified by Licensed Health Care Practitioner. The Rider Elimination period is equal to the Elimination Period elected for the policy. The total benefits paid for any day will not exceed the Maximum Daily Benefit for Nursing Home care amount. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit. Any benefits paid do not count toward satisfying the Elimination Period of the policy.

NONFORFEITURE BENEFIT RIDER 206A
If this rider is attached to the policy and the policy lapses for non-payment of premium after the third year, you are eligible for a nonforfeiture benefit in the form of a reduced paid up benefit. This reduced paid up benefit will be an amount equal to the greater of (a) 100% of all premiums you paid for the policy and this rider; and (b) 30 times the Maximum Daily Benefit then in effect at the time the policy lapsed. The reduced paid up benefit amount will be the new Maximum Benefit amount for the policy. Expenses for Qualified Long-Term Care Services covered by the policy at time of lapse will be payable until this reduced paid up benefit amount is exhausted.

RESTORATION OF POLICY BENEFITS RIDER 304R
If this rider is attached to the policy, the Lifetime Maximum Benefit will be fully restored when you have not been Functionally Incapacitated, and have not had a Severe Cognitive Impairment, and have not required or received Qualified Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy. After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RETURN OF PREMIUM BENEFIT RIDER 228R
If this rider is attached to the policy and the policy ends after that coverage has been in force for more than three years, we will return a portion of the premium paid for the policy. The amount of premium that will be returned, if any, will be equal to: (a) The sum of all premiums paid for your coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force; TIMES (b) A Return of Premium percentage as specified in the rider; LESS (c) The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to you while this rider is in force.

NOTE: This benefit may not be eligible for favorable tax treatment. Please seek the assistance of a qualified tax professional for determining the tax consequences of this benefit.

DUAL WAIVER OF PREMIUM BENEFIT RIDER 311A

If this rider is attached to the policy when the premium under your spouse's policy with us is waived due to receiving benefits for Covered Expenses, we will also waive any premium that becomes due for Your policy if both you and your spouse have a Dual Waiver of Premium Rider in force with us, other than under a Nonforfeiture Benefit, on the date your spouse's premium is waived. You must pay any premium that becomes due after your spouse's premium is no longer waived.

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER 303A

If this rider is attached to the policy and either you or your spouse die, we will increase the Surviving Spouse's Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for the deceased person' policy as of the last anniversary before his or her death. When benefits have been increased under the terms of this rider, no additional premium will be charged for the increased benefit amount.

PAID-UP SURVIVORSHIP RIDER 226G

If this rider is attached to the policy and either you or your spouse die, we will waive the payment of all premiums for the surviving spouse's policy. Premium will be waived after the death of a spouse only if this rider and coverage for both you and your spouse are inforce for at least 10 full years.

SHARED MAXIMUM BENEFIT RIDER 308A

If this rider is attached to the policy and you exhausts the policy's Lifetime Maximum Benefit, we will continue to pay benefits until the Shared Maximum Benefit is exhausted. The Shared Maximum Benefit is an additional amount of benefits, equal to your Lifetime Maximum Benefit amount, that is available to both you and your spouse. This Shared Maximum Benefit is a single amount which may be shared by both you and your spouse. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Monthly/Weekly Benefit, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision does not apply to the Shared Maximum Benefit.

If both you and your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, we will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

LIMITED PREMIUM PAYMENT RIDER 242A

This rider offers a payment method where, after you pay premium for either 10 years or 20 years, your policy will continue in force with no further premiums being payable. Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period. You may choose to cancel this rider at any time. If you cancel this rider, we will change your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on your age when the policy was issued. When the Limited Premium Payment Rider 242A is attached to the policy and the policy lapses after the policy and this rider have been inforce for 3 years, you are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums you paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

10. EXCLUSIONS – We won't cover expenses incurred:

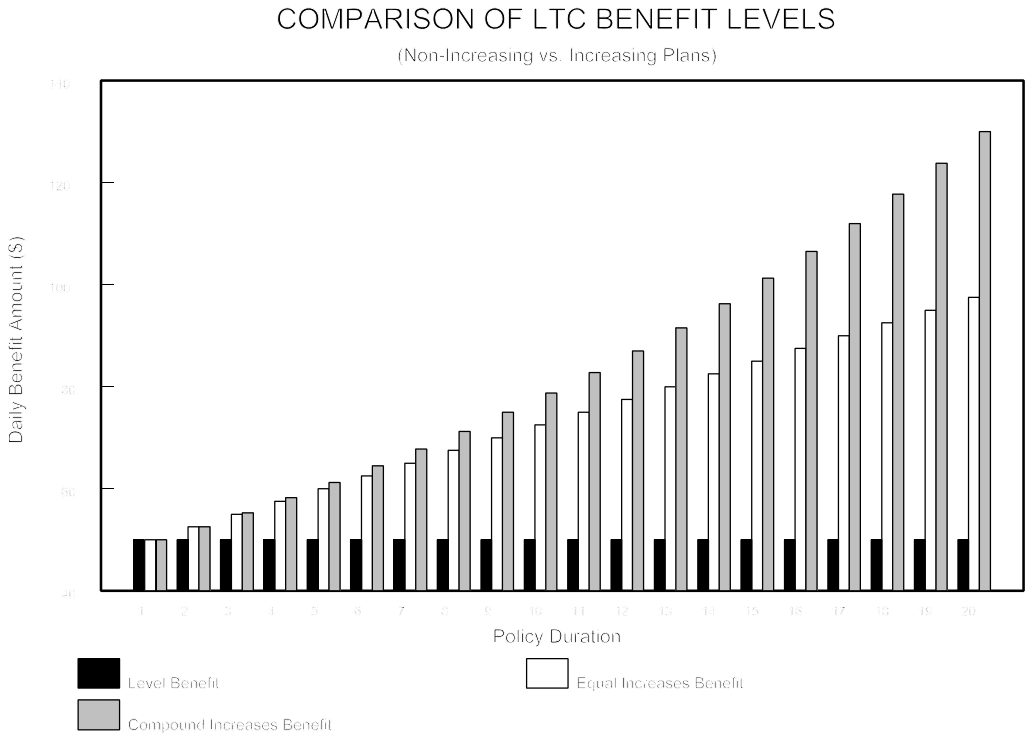
a. Due to war or act of war;
b. To the extent they're paid under Medicare or any other government insurance plan (except Medicaid). This includes expenses that would be reimbursable by Medicare but for the application of a deductible or coinsurance amount;
c. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in your home;
d. For services and supplies not included in the Plan of Care;
e. For which no charge is customarily made in the absence of insurance:
f. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

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

11. RELATIONSHIP OF COST OF CARE AND BENEFITS – Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. A comparison of Long Term Care Benefit levels (non-increasing vs. increasing) over a 20 year period is shown below.

This policy provides options to increase your maximum benefits. If you select a Compound Increases Benefit Option, your current Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by the percentage you choose *(2%, 3%, 4% or 5%)*. If you select the Equal Increases Benefit Option, your original Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by 5%. These increases will take place on each policy anniversary for the time period chosen as long as the policy is in force. Each increased maximum benefit option will be rounded to the next highest multiple of $0.25.

The following graph compares the Compound Increase Benefit Option at 5% annually against the Equal Increases Benefit Option at 5% annually.



If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase your Maximum Daily Benefits (Your Maximum Weekly Benefit and Lifetime Maximum Benefit will also increase proportionally) by 15% without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - The policy covers loss due to Alzheimer's Disease, Parkinson's Disease, senile dementia or other organic brain disorders.

13. ANNUAL PREMIUM:

	Applicant ☐ Standard ☐ Preferred
BASIC COVERAGE	$ _____
☐ Additional Premium for Compound Increases Option for Life	
☐ 2% Compound Increase Option	$ _____
☐ 3% Compound Increase Option	$ _____
☐ 4% Compound Increase Option	$ _____
☐ 5% Compound Increase Option	$ _____
☐ Additional Premium for Equal Increases Option for Life	$ _____
☐ Additional Premium for Decreasing Inflation Protection 1 Compound Increases at 5% up to and including attained age 60 Compound 3% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Decreasing Inflation Protection 2 Compound Increases at 5% up to and including attained age 60 Equal 5% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Additional Services Rider 309A	$ _____
☐ Additional Premium for Enhanced Services Rider 321L	$ _____
☐ Additional Premium for Comprehensive Services Rider 310L	$ _____
☐ Additional Premium for Cash Rider 312A	$ _____
☐ Additional Premium for Cash Disability Triggered Rider 314A	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 10 yrs.	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 20 yrs.	$ _____
☐ Additional Premium for Restoration of Benefits Rider 304R	$ _____
☐ Additional Premium for Nonforfeiture Benefit Rider 206A	$ _____
☐ Additional Premium for Return of Premium Benefit Rider 228R	$ _____
☐ Additional Premium for Survivor Maximum Benefit Increase Rider 303A	$ _____
☐ Additional Premium for Paid-Up Survivorship Rider 226G	$ _____
☐ Additional Premium for Dual Waiver of Premium Rider 311A	$ _____
☐ Additional Premium for Shared Maximum Benefit Rider 308A	$ _____
☐ Applicable Discounts (Select One) ☐ Spousal ☐ Companion ☐ Married	_____%
Total Annual Premium	$ _____

14. ADDITIONAL FEATURES - This policy will be issued subject to the following: (a) the information disclosed on the application completed by you; and (b) any additional information that may be needed to complete our evaluation of your application.

Patient Care Coordination - This policy offers a Patient Care Coordination program at no extra cost to you. Under this program, a Patient Care Coordinator (a specialist pre-approved by us) can help you select the provider(s) of care and services best suited for the type of care or treatment needed.

Contingent Benefit at Lapse – This policy provides for a Contingent Benefit at Lapse. If, in the event of a substantial premium increase, you exercise the Contingent Benefit at Lapse, we will convert your current coverage to paid-up insurance with no further premiums being payable. The new Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums you paid for the coverage or 30 times your Maximum Daily Benefit amount. All other benefit amounts will remain at the level attained at the time the policy lapsed. The Annual Benefit Increases, if any, and the Restoration of Policy Benefits provisions will not apply to the paid-up insurance.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

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TAX-QUALIFIED LONG TERM CARE INSURANCE

Facility Care Benefits

OUTLINE OF COVERAGE
Policy Form GR-N640

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Renewability – THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Bankers Life and Casualty Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - After the Elimination Period has been satisfied, we'll waive the payment of any premium for the policy and any attached benefit riders. Premiums will be waived as long as you continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** – **We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis.**

We can also change your premium due to the addition or removal of a premium discount rider, if any is attached to the policy. If we do raise your premium in an amount that is considered substantial under the policy and your policy lapses due to nonpayment of that increased premium, we will offer you the following options as they apply to the policy:

(a) Pay the increased premium and continue your policy in force as is;
(b) Reduce the policy’s benefits to a level such that Your premium will not increase (subject to state law minimum standards);
(c) Exercise the Nonforfeiture Benefit Rider or Return of Premium Benefit Rider (if any such rider is attached to the policy); or
(d) Exercise the Contingent Benefit at Lapse.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

A. If you're not satisfied with the policy, you may return it to us within 30 days after you receive it for a full refund of any premium paid.

B. Except for a refund of that part of any premium paid beyond your date of death, the policy does not provide for a refund of unearned premium.

C. In the event your application for coverage is denied, we'll refund any monies paid within 30 days of our notice to you of the denial.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Bankers Life and Casualty Company nor its agents represent Medicare, the federal government, or any state government.

8. QUALIFIED LONG-TERM CARE INSURANCE COVERAGE - Policies of this category are designed to provide coverage for one or more Qualified Long-Term Care Services. Qualified Long-Term Care Services are necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home.

The policy provides coverage for those incurred charges for Qualified Long-Term Care Services when you become Chronically Ill.

9. BENEFITS PROVIDED BY THE POLICY

After any applicable Elimination Period has been satisfied, we'll pay the charges incurred for Qualified Long Term Care Services, up to the Maximum Daily Benefit amount per day, for Facility Care Covered Expenses.

The Elimination Period is the number of days you must receive Facility Care services before benefits are payable. The Elimination Period has to be satisfied only once. The Elimination Period is _____ days.

The total amount of benefits payable under the policy is subject to a Lifetime Maximum Benefit.
The Lifetime Maximum Benefit is $_____.

FACILITY CARE COVERED EXPENSES

MAXIMUM DAILY BENEFIT FOR NURSING HOME CARE $_____

MAXIMUM DAILY BENEFIT FOR ASSISTED LIVING FACILITY $_____

A. Nursing Home or Assisted Living Facility Benefit

The following are Covered Expenses, but only to the extent that they are Qualified Long-Term Care Services. The charges incurred, up to the Maximum Daily Benefit, for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meet ALL of the following requirements: 1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day; 2.has beds for patients who need care; and 3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care. Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addition or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements: 1. provide 24 hour a day care and services to at least 10 inpatients in one location; 2.have a trained and ready-to-respond employee on duty at all times to provide care; 3.provide 3 meals a day and accommodate special dietary needs; 4.have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and; 5.have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities. Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits are payable: (a) a Licensed Health Care Practitioner (*licensed Physician, registered professional nurse, or licensed social worker)* must certify that Qualified Long-Term Care Services are needed because you are Chronically Ill; and (b) the Elimination Period, if any, must be satisfied. Qualified Long-Term Care Services must be prescribed by a Licensed Health Care Practitioner under a written Plan of Care.

Chronically Ill means you have been certified by a Licensed Health Care Practitioner within the preceding 12 month period as: (a) being Functionally Incapacitated for a period expected to last at least 90 days; or (b) having a Severe Cognitive Impairment.

Severe Cognitive Impairment means a deterioration or loss in intellectual capacity which requires substantial supervision to protect oneself from threats to health and safety. Severe Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's: (a) short or long term memory; (b) orientation as to people, place, and time; (c) deductive or abstract reasoning; or (d) judgement as it relates to safety awareness. Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Functional Incapacity means one's inability to engage in two or more of the activities of daily living, listed below, without the hands-on assistance or standby assistance of another person. The activities of daily living are: (a) *Bathing* - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower; (b) *Continence* - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); (c) *Dressing* - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs; (d) *Eating* - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously; (e) *Toileting* - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and (f) *Transferring* - moving into or out of a bed, chair or wheelchair.

OPTIONAL BENEFIT RIDERS

ADDITIONAL SERVICES BENEFIT RIDER 309A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

NONFORFEITURE BENEFIT RIDER 206A

If this rider is attached to the policy and the policy lapses for non-payment of premium after the third year, you are eligible for a nonforfeiture benefit in the form of a reduced paid up benefit. This reduced paid up benefit will be an amount equal to the greater of (a) 100% of all premiums you paid for the policy and this rider; and (b) 30 times the Maximum Daily Benefit then in effect at the time the policy lapsed. The reduced paid up benefit amount will be the new Maximum Benefit amount for the policy. Expenses for Qualified Long-Term Care Services covered by the policy at time of lapse will be payable until this reduced paid up benefit amount is exhausted.

RESTORATION OF POLICY BENEFITS RIDER 304R

If this rider is attached to the policy, the Lifetime Maximum Benefit will be fully restored when you have not been Functionally Incapacitated, and have not had a Severe Cognitive Impairment, and have not required or received Qualified Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy. After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RETURN OF PREMIUM BENEFIT RIDER 228R

If this rider is attached to the policy and the policy ends after that coverage has been in force for more than three years, we will return a portion of the premium paid for the policy. The amount of premium that will be returned, if any, will be equal to: (a) The sum of all premiums paid for your coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force; TIMES (b) A Return of Premium percentage as specified in the rider; LESS (c) The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to you while this rider is in force.

NOTE: This benefit may not be eligible for favorable tax treatment. Please seek the assistance of a qualified tax professional for determining the tax consequences of this benefit.

DUAL WAIVER OF PREMIUM BENEFIT RIDER 311A

If this rider is attached to the policy when the premium under your spouse's policy with us is waived due to receiving benefits for Covered Expenses, we will also waive any premium that becomes due for Your policy if both you and your spouse have a Dual Waiver of Premium Rider in force with us, other than under a Nonforfeiture Benefit, on the date your spouse's premium is waived. You must pay any premium that becomes due after your spouse's premium is no longer waived.

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER 303A

If this rider is attached to the policy and either you or your spouse die, we will increase the Surviving Spouse's Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for the deceased person' policy as of the last anniversary before his or her death. When benefits have been increased under the terms of this rider, no additional premium will be charged for the increased benefit amount.

PAID-UP SURVIVORSHIP RIDER 226G

If this rider is attached to the policy and either you or your spouse die, we will waive the payment of all premiums for the surviving spouse's policy. Premium will be waived after the death of a spouse only if this rider and coverage for both you and your spouse are inforce for at least 10 full years.

SHARED MAXIMUM BENEFIT RIDER 308A

If this rider is attached to the policy and you exhausts the policy's Lifetime Maximum Benefit, we will continue to pay benefits until the Shared Maximum Benefit is exhausted. The Shared Maximum Benefit is an additional amount of benefits, equal to your Lifetime Maximum Benefit amount, that is available to both you and your spouse. This Shared Maximum Benefit is a single amount which may be shared by both you and your spouse. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Monthly/Weekly Benefit, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision does not apply to the Shared Maximum Benefit.

If both you and your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, we will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

LIMITED PREMIUM PAYMENT RIDER 242A

This rider offers a payment method where, after you pay premium for either 10 years or 20 years, your policy will continue in force with no further premiums being payable. Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period. You may choose to cancel this rider at any time. If you cancel this rider, we will change your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on your age when the policy was issued. When the Limited Premium Payment Rider 242A is attached to the policy and the policy lapses after the policy and this rider have been inforce for 3 years, you are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums you paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

10. EXCLUSIONS – We won't cover expenses incurred:

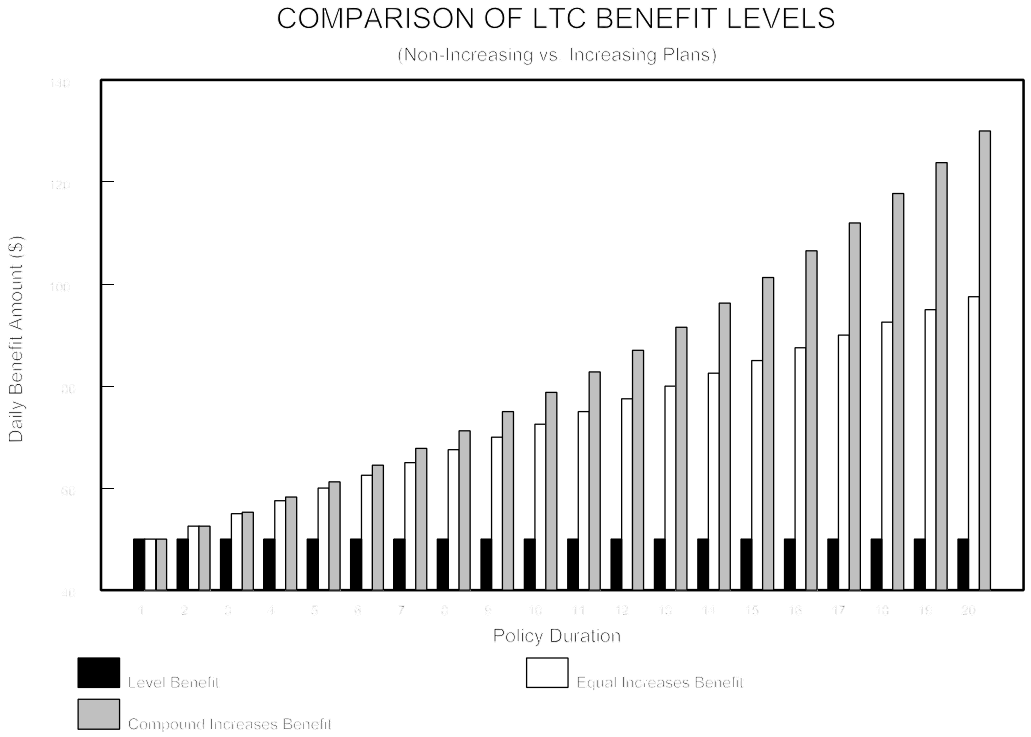
a. Due to war or act of war;
b. To the extent they're paid under Medicare or any other government insurance plan (except Medicaid). This includes expenses that would be reimbursable by Medicare but for the application of a deductible or coinsurance amount;
c. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in your home;
d. For services and supplies not included in the Plan of Care;
e. For which no charge is customarily made in the absence of insurance:
f. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

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

11. RELATIONSHIP OF COST OF CARE AND BENEFITS – Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. A comparison of Long Term Care Benefit levels (non-increasing vs. increasing) over a 20 year period is shown below.

This policy provides options to increase your maximum benefits. If you select a Compound Increases Benefit Option, your current Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by the percentage you choose *(2%, 3%, 4% or 5%)*. If you select the Equal Increases Benefit Option, your original Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by 5%. These increases will take place on each policy anniversary for the time period chosen as long as the policy is in force. Each increased maximum benefit option will be rounded to the next highest multiple of $0.25.

The following graph compares the Compound Increase Benefit Option at 5% annually against the Equal Increases Benefit Option at 5% annually.



If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase your Maximum Daily Benefits (Your Lifetime Maximum Benefit will also increase proportionally) by 15% without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - The policy covers loss due to Alzheimer's Disease, Parkinson's Disease, senile dementia or other organic brain disorders.

13. ANNUAL PREMIUM:

	Applicant ☐ Standard ☐ Preferred
BASIC COVERAGE	$ _____
☐ Additional Premium for Compound Increases Option for Life	
☐ 2% Compound Increase Option	$ _____
☐ 3% Compound Increase Option	$ _____
☐ 4% Compound Increase Option	$ _____
☐ 5% Compound Increase Option	$ _____
☐ Additional Premium for Equal Increases Option for Life	$ _____
☐ Additional Premium for Decreasing Inflation Protection 1 Compound Increases at 5% up to and including attained age 60 Compound 3% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Decreasing Inflation Protection 2 Compound Increases at 5% up to and including attained age 60 Equal 5% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Additional Services Rider 309A	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 10 yrs.	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 20 yrs.	$ _____
☐ Additional Premium for Restoration of Benefits Rider 304R	$ _____
☐ Additional Premium for Nonforfeiture Benefit Rider 206A	$ _____
☐ Additional Premium for Return of Premium Benefit Rider 228R	$ _____
☐ Additional Premium for Survivor Maximum Benefit Increase Rider 303A	$ _____
☐ Additional Premium for Paid-Up Survivorship Rider 226G	$ _____
☐ Additional Premium for Dual Waiver of Premium Rider 311A	$ _____
☐ Additional Premium for Shared Maximum Benefit Rider 308A	$ _____
☐ Applicable Discounts (Select One) ☐ Spousal ☐ Companion ☐ Married	_____%
Total Annual Premium	$ _____

14. **ADDITIONAL FEATURES -** This policy will be issued subject to the following: (a) the information disclosed on the application completed by you; and (b) any additional information that may be needed to complete our evaluation of your application.

Patient Care Coordination - This policy offers a Patient Care Coordination program at no extra cost to you. Under this program, a Patient Care Coordinator (a specialist pre-approved by us) can help you select the provider(s) of care and services best suited for the type of care or treatment needed.

Contingent Benefit at Lapse – This policy provides for a Contingent Benefit at Lapse. If, in the event of a substantial premium increase, you exercise the Contingent Benefit at Lapse, we will convert your current coverage to paid-up insurance with no further premiums being payable. The new Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums you paid for the coverage or 30 times your Maximum Daily Benefit amount. All other benefit amounts will remain at the level attained at the time the policy lapsed. The Annual Benefit Increases, if any, and the Restoration of Policy Benefits provisions will not apply to the paid-up insurance.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

NOTICE TO BUYER: THIS INSURANCE MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800
Telephone 1-312-396-6000

TAX-QUALIFIED LONG TERM CARE INSURANCE

Facility Care and Home and Community-Based Care Benefits

OUTLINE OF COVERAGE
Policy Form GR-N650

Caution: The issuance of the long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your answers are incorrect or untrue, 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 the above address.

1. The policy is an individual policy of insurance.

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

3. **FEDERAL TAX CONSEQUENCES** – This policy is intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code, as enacted by “The Health Insurance Portability and Accountability Act of 1996".

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**
Renewability – THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Bankers Life and Casualty Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - After the Elimination Period has been satisfied, we'll waive the payment of any premium for the policy and any attached benefit riders. Premiums will be waived as long as you continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** – **We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis.**

We can also change your premium due to the addition or removal of a premium discount rider, if any is attached to the policy. If we do raise your premium in an amount that is considered substantial under the policy and your policy lapses due to nonpayment of that increased premium, we will offer you the following options as they apply to the policy:

(a) Pay the increased premium and continue your policy in force as is;
(b) Reduce the policy’s benefits to a level such that Your premium will not increase (subject to state law minimum standards);
(c) Exercise the Nonforfeiture Benefit Rider or Return of Premium Benefit Rider (if any such rider is attached to the policy); or
(d) Exercise the Contingent Benefit at Lapse.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

A. If you're not satisfied with the policy, you may return it to us within 30 days after you receive it for a full refund of any premium paid.

B. Except for a refund of that part of any premium paid beyond your date of death, the policy does not provide for a refund of unearned premium.

C. In the event your application for coverage is denied, we'll refund any monies paid within 30 days of our notice to you of the denial.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Bankers Life and Casualty Company nor its agents represent Medicare, the federal government, or any state government.

8. QUALIFIED LONG-TERM CARE INSURANCE COVERAGE - Policies of this category are designed to provide coverage for one or more Qualified Long-Term Care Services. Qualified Long-Term Care Services are necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage for those incurred charges for Qualified Long-Term Care Services when you become Chronically Ill.

9. BENEFITS PROVIDED BY THE POLICY

After any applicable Elimination Period has been satisfied, we'll pay the charges incurred for Qualified Long Term Care Services, up to: (a) the Maximum Daily Benefit amount per day, for Facility Care Covered Expenses; and (b) the Maximum Monthly Benefit amount for Home and Community Based Care Covered Expenses.

The Elimination Period is the number of days you must receive Facility Care or Home and Community Based Care services before benefits are payable. The Elimination Period has to be satisfied only once. Each day of Home and Community-Based Care received will count as three (3) days toward satisfaction of the Elimination Period. The Elimination Period is _____ days.

The total amount of benefits payable under the policy is subject to a Lifetime Maximum Benefit.
The Lifetime Maximum Benefit is $_____.

FACILITY CARE COVERED EXPENSES

MAXIMUM DAILY BENEFIT FOR NURSING HOME CARE $_____

MAXIMUM DAILY BENEFIT FOR ASSISTED LIVING FACILITY $_____

A. Nursing Home or Assisted Living Facility Benefit

The following are Covered Expenses, but only to the extent that they are Qualified Long-Term Care Services. The charges incurred, up to the Maximum Daily Benefit, for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meet ALL of the following requirements: 1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day; 2.has beds for patients who need care; and 3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care. Nursing Home doesn’t mean: a Hospital, a place that primarily treats mental illness, drug addition or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements: 1. provide 24 hour a day care and services to at least 10 inpatients in one location; 2.have a trained and ready-to-respond employee on duty at all times to provide care; 3.provide 3 meals a day and accommodate special dietary needs; 4.have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and; 5.have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities. Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

HOME AND COMMUNITY BASED CARE
COVERED EXPENSES MAXIMUM MONTHLY BENEFIT $_____

A. Home Health Care Benefit
The charges incurred, up to the Maximum Monthly Benefit, for services and supplies provided in your home by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care. Home Health Care includes: (a) visits by licensed nurses, licensed nutritional specialists, medical social workers, Home Health Aides and legally qualified physical, occupational, speech or inhalation therapist; (b) Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable portable equipment used for therapeutic treatment; (c) Personal Care Services; and (d) Homemaker Services Incidental to Personal Care Services.

B. Adult Day Care Benefit
The charges incurred, up to the Maximum Monthly Benefit, for services provided through a licensed Adult Day Care Facility.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits are payable: (a) a Licensed Health Care Practitioner (*licensed Physician, registered professional nurse, or licensed social worker)* must certify that Qualified Long-Term Care Services are needed because you are Chronically Ill; and (b) the Elimination Period, if any, must be satisfied. Qualified Long-Term Care Services must be prescribed by a Licensed Health Care Practitioner under a written Plan of Care.

Chronically Ill means you have been certified by a Licensed Health Care Practitioner within the preceding 12 month period as: (a) being Functionally Incapacitated for a period expected to last at least 90 days; or (b) having a Severe Cognitive Impairment.

Severe Cognitive Impairment means a deterioration or loss in intellectual capacity which requires substantial supervision to protect oneself from threats to health and safety. Severe Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's: (a) short or long term memory; (b) orientation as to people, place, and time; (c) deductive or abstract reasoning; or (d) judgement as it relates to safety awareness. Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Functional Incapacity means one's inability to engage in two or more of the activities of daily living, listed below, without the hands-on assistance or standby assistance of another person. The activities of daily living are: (a) *Bathing* - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower; (b) *Continence* - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); (c) *Dressing* - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs; (d) *Eating* - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously; (e) *Toileting* - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and (f) *Transferring* - moving into or out of a bed, chair or wheelchair.

OPTIONAL BENEFIT RIDERS

ADDITIONAL SERVICES BENEFIT RIDER 309A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

ENHANCED SERVICES BENEFIT RIDER 321L

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care, Alternate Plan of Care and Home Modifications.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Qualified Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow You to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to, your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow a you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Qualified Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

COMPREHENSIVE SERVICES BENEFIT RIDER 310A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service, Hospice Care, Alternate Plan of Care, Home Monitoring Equipment and Respite Care and Caregiver Training

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Qualified Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow you to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Qualified Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

Monitoring Equipment Benefit

The charges incurred per month, not to exceed 5% of the Maximum Monthly Benefit, for the rental or lease of an emergency medical response system or medication monitoring or dispensing equipment. This benefit is subject to a lifetime maximum of 12 months. The Elimination Period and Restoration of Benefits Rider (if any such rider is attached to the policy) do not apply to this benefit. If more than one piece of monitoring equipment is installed in your home, this will not increase the maximum payable for this benefit per month.

Respite Care Benefit
The charges incurred for the same services and supplies as shown for Home Health Care for Respite Care. Respite Care means professional care given to you when you qualify to receive Covered Expenses in order to temporarily relieve unpaid caregivers. Respite Care can be received in the your home, a private home, a home for the retired or aged, a place that provides residential care or a Long Term Care Facility. We'll pay these charges up to 21 days during each Calendar Year. The Elimination Period does not apply to this benefit.

Caregiver Training Benefit
The charges incurred for Caregiver Training if you require home or community-based care. This benefit pays for training your informal caregiver to care for you so you can remain at home. It is subject to a lifetime maximum benefit equal to 25% of the Maximum Monthly Benefit amount. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

CASH BENEFIT RIDER 312A
If this rider is attached to the policy, for each day you are receiving benefit payments for Covered Expenses that are less than the Maximum Daily Benefit amount for Qualified Long Term Care Services, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit amount. The total benefits paid per day under the policy and this rider will not exceed the Maximum Daily Benefit amount. In order for benefits to be payable, you must be receiving benefits under the Facility Care and/or Home and Community-Based Care benefit provisions of the policy. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit.

CASH BENEFIT RIDER DISABILITY TRIGGER 314A
If this rider is attached to the policy, for each day you qualify for benefits under this rider, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit for Nursing Home care amount . You qualify for benefits under this rider after the Rider Elimination Period has been satisfied and if you continue to be Chronically Ill as certified by Licensed Health Care Practitioner. The Rider Elimination period is equal to the Elimination Period elected for the policy. The total benefits paid for any day will not exceed the Maximum Daily Benefit for Nursing Home care amount. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit. Any benefits paid do not count toward satisfying the Elimination Period of the policy.

NONFORFEITURE BENEFIT RIDER 206A
If this rider is attached to the policy and the policy lapses for non-payment of premium after the third year, you are eligible for a nonforfeiture benefit in the form of a reduced paid up benefit. This reduced paid up benefit will be an amount equal to the greater of (a) 100% of all premiums you paid for the policy and this rider; and (b) 30 times the Maximum Daily Benefit then in effect at the time the policy lapsed. The reduced paid up benefit amount will be the new Maximum Benefit amount for the policy. Expenses for Qualified Long-Term Care Services covered by the policy at time of lapse will be payable until this reduced paid up benefit amount is exhausted.

RESTORATION OF POLICY BENEFITS RIDER 304R
If this rider is attached to the policy, the Lifetime Maximum Benefit will be fully restored when you have not been Functionally Incapacitated, and have not had a Severe Cognitive Impairment, and have not required or received Qualified Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy. After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RETURN OF PREMIUM BENEFIT RIDER 228R
If this rider is attached to the policy and the policy ends after that coverage has been in force for more than three years, we will return a portion of the premium paid for the policy. The amount of premium that will be returned, if any, will be equal to: (a) The sum of all premiums paid for your coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force; TIMES (b) A Return of Premium percentage as specified in the rider; LESS (c) The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to you while this rider is in force.

NOTE: This benefit may not be eligible for favorable tax treatment. Please seek the assistance of a qualified tax professional for determining the tax consequences of this benefit.

DUAL WAIVER OF PREMIUM BENEFIT RIDER 311A

If this rider is attached to the policy when the premium under your spouse's policy with us is waived due to receiving benefits for Covered Expenses, we will also waive any premium that becomes due for Your policy if both you and your spouse have a Dual Waiver of Premium Rider in force with us, other than under a Nonforfeiture Benefit, on the date your spouse's premium is waived. You must pay any premium that becomes due after your spouse's premium is no longer waived.

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER 303A

If this rider is attached to the policy and either you or your spouse die, we will increase the Surviving Spouse's Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for the deceased person' policy as of the last anniversary before his or her death. When benefits have been increased under the terms of this rider, no additional premium will be charged for the increased benefit amount.

PAID-UP SURVIVORSHIP RIDER 226G

If this rider is attached to the policy and either you or your spouse die, we will waive the payment of all premiums for the surviving spouse's policy. Premium will be waived after the death of a spouse only if this rider and coverage for both you and your spouse are inforce for at least 10 full years.

SHARED MAXIMUM BENEFIT RIDER 308A

If this rider is attached to the policy and you exhausts the policy's Lifetime Maximum Benefit, we will continue to pay benefits until the Shared Maximum Benefit is exhausted. The Shared Maximum Benefit is an additional amount of benefits, equal to your Lifetime Maximum Benefit amount, that is available to both you and your spouse. This Shared Maximum Benefit is a single amount which may be shared by both you and your spouse. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Monthly/Weekly Benefit, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision does not apply to the Shared Maximum Benefit.

If both you and your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, we will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

LIMITED PREMIUM PAYMENT RIDER 242A

This rider offers a payment method where, after you pay premium for either 10 years or 20 years, your policy will continue in force with no further premiums being payable. Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period. You may choose to cancel this rider at any time. If you cancel this rider, we will change your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on your age when the policy was issued. When the Limited Premium Payment Rider 242A is attached to the policy and the policy lapses after the policy and this rider have been inforce for 3 years, you are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums you paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

10. EXCLUSIONS – We won't cover expenses incurred:

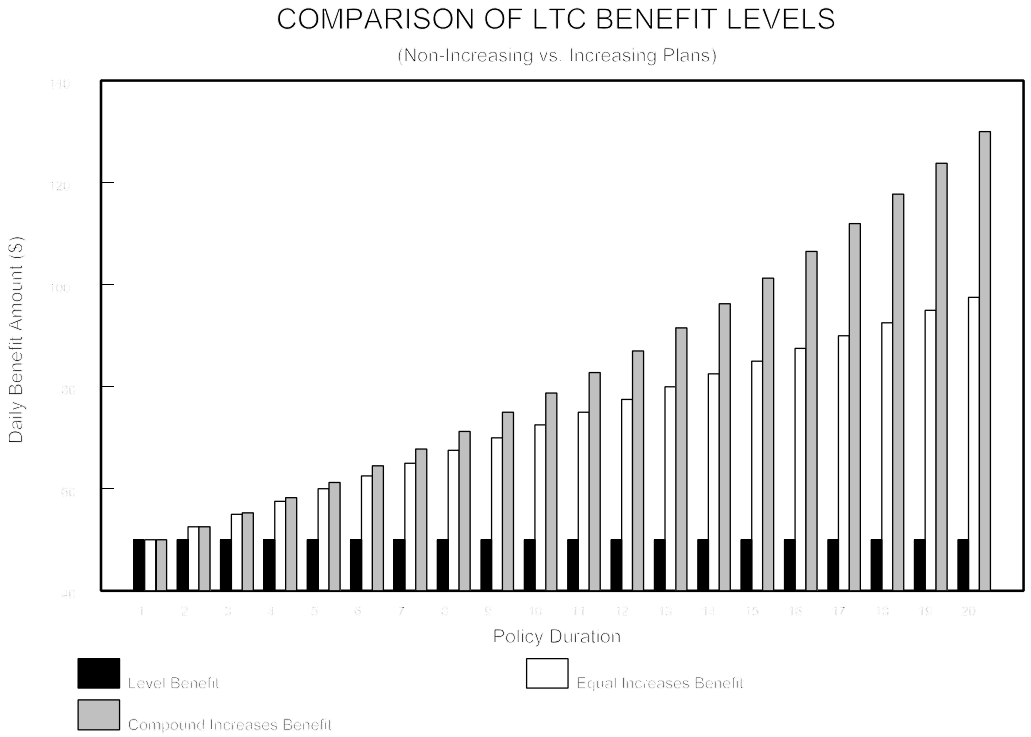
a. Due to war or act of war;
b. To the extent they're paid under Medicare or any other government insurance plan (except Medicaid). This includes expenses that would be reimbursable by Medicare but for the application of a deductible or coinsurance amount;
c. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in your home;
d. For services and supplies not included in the Plan of Care;
e. For which no charge is customarily made in the absence of insurance:
f. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

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

11. RELATIONSHIP OF COST OF CARE AND BENEFITS – Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. A comparison of Long Term Care Benefit levels (non-increasing vs. increasing) over a 20 year period is shown below.

This policy provides options to increase your maximum benefits. If you select a Compound Increases Benefit Option, your current Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by the percentage you choose *(2%, 3%, 4% or 5%)*. If you select the Equal Increases Benefit Option, your original Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by 5%. These increases will take place on each policy anniversary for the time period chosen as long as the policy is in force. Each increased maximum benefit option will be rounded to the next highest multiple of $0.25.

The following graph compares the Compound Increase Benefit Option at 5% annually against the Equal Increases Benefit Option at 5% annually.



If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase your Maximum Daily Benefits (Your Maximum Monthly Benefit and Lifetime Maximum Benefit will also increase proportionally) by 15% without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - The policy covers loss due to Alzheimer's Disease, Parkinson's Disease, senile dementia or other organic brain disorders.

13. ANNUAL PREMIUM:

	Applicant ☐ Standard ☐ Preferred
BASIC COVERAGE	$ _____
☐ Additional Premium for Compound Increases Option for Life	
☐ 2% Compound Increase Option	$ _____
☐ 3% Compound Increase Option	$ _____
☐ 4% Compound Increase Option	$ _____
☐ 5% Compound Increase Option	$ _____
☐ Additional Premium for Equal Increases Option For Life	$ _____
☐ Additional Premium for Decreasing Inflation Protection 1 Compound Increases at 5% up to and including attained age 60 Compound 3% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Decreasing Inflation Protection 2 Compound Increases at 5% up to and including attained age 60 Equal 5% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Additional Services Rider 309A	$ _____
☐ Additional Premium for Enhanced Services Rider 321L	$ _____
☐ Additional Premium for Comprehensive Services Rider 310A	$ _____
☐ Additional Premium for Cash Rider 312A	$ _____
☐ Additional Premium for Cash Disability Triggered Rider 314A	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 10 yrs.	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 20 yrs.	$ _____
☐ Additional Premium for Restoration of Benefits Rider 304R	$ _____
☐ Additional Premium for Nonforfeiture Benefit Rider 206A	$ _____
☐ Additional Premium for Return of Premium Benefit Rider 228R	$ _____
☐ Additional Premium for Survivor Maximum Benefit Increase Rider 303A	$ _____
☐ Additional Premium for Paid-Up Survivorship Rider 226G	$ _____
☐ Additional Premium for Dual Waiver of Premium Rider 311A	$ _____
☐ Additional Premium for Shared Maximum Benefit Rider 308A	$ _____
☐ Applicable Discounts (Select One) ☐ Spousal ☐ Companion ☐ Married	_____%
Total Annual Premium	$ _____

14. ADDITIONAL FEATURES - This policy will be issued subject to the following: (a) the information disclosed on the application completed by you; and (b) any additional information that may be needed to complete our evaluation of your application.

Patient Care Coordination - This policy offers a Patient Care Coordination program at no extra cost to you. Under this program, a Patient Care Coordinator (a specialist pre-approved by us) can help you select the provider(s) of care and services best suited for the type of care or treatment needed.

Contingent Benefit at Lapse – This policy provides for a Contingent Benefit at Lapse. If, in the event of a substantial premium increase, you exercise the Contingent Benefit at Lapse, we will convert your current coverage to paid-up insurance with no further premiums being payable. The new Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums you paid for the coverage or 30 times your Maximum Daily Benefit amount. All other benefit amounts will remain at the level attained at the time the policy lapsed. The Annual Benefit Increases, if any, and the Restoration of Policy Benefits provisions will not apply to the paid-up insurance.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

NOTICE TO BUYER: THIS INSURANCE MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800
Telephone 1-312-396-6000

LONG TERM CARE INSURANCE

Facility Care and Home and Community-Based Care Benefits

OUTLINE OF COVERAGE
Policy Form GR-N630

Caution: The issuance of the long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your answers are incorrect or untrue, 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 the above address.

1. The policy is an individual policy of insurance.

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

3. **FEDERAL TAX CONSEQUENCES** – This policy is NOT intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code, as enacted by "The Health Insurance Portability and Accountability Act of 1996". Benefits received under the policy may be taxable as income.

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**
Renewability – THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Bankers Life and Casualty Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - After the Elimination Period has been satisfied, we'll waive the payment of any premium for the policy and any attached benefit riders. Premiums will be waived as long as you continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** – **We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis.**

We can also change your premium due to the addition or removal of a premium discount rider, if any is attached to the policy. If we do raise your premium in an amount that is considered substantial under the policy and your policy lapses due to nonpayment of that increased premium, we will offer you the following options as they apply to the policy:
(a) Pay the increased premium and continue your policy in force as is;
(b) Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
(c) Exercise the Nonforfeiture Benefit Rider or Return of Premium Benefit Rider (if any such rider is attached to the policy); or
(d) Exercise the Contingent Benefit at Lapse.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

A. If you're not satisfied with the policy, you may return it to us within 30 days after you receive it for a full refund of any premium paid.

B. Except for a refund of that part of any premium paid beyond your date of death, the policy does not provide for a refund of unearned premium.

C. In the event your application for coverage is denied, we'll refund any monies paid within 30 days of our notice to you of the denial.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Bankers Life and Casualty Company nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE COVERAGE - Policies of this category are designed to provide coverage for one or more Prescribed Long-Term Care Services. Prescribed Long-Term Care Services are necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage for those incurred charges for Prescribed Long-Term Care Services when you have a Functional Incapacity or a Cognitive Impairment.

9. BENEFITS PROVIDED BY THE POLICY

After any applicable Elimination Period has been satisfied, we'll pay the charges incurred for Prescribed Long Term Care Services, up to: (a) the Maximum Daily Benefit amount per day, for Facility Care Covered Expenses; and (b) the Maximum Weekly Benefit amount for Home and Community Based Care Covered Expenses.

The Elimination Period is the number of days you must receive Facility Care or Home and Community Based Care services before benefits are payable. The Elimination Period has to be satisfied only once. Each day of Home and Community-Based Care received will count as three (3) days toward satisfaction of the Elimination Period. The Elimination Period is _____ days.

The total amount of benefits payable under the policy is subject to a Lifetime Maximum Benefit.
The Lifetime Maximum Benefit is $_____.

FACILITY CARE COVERED EXPENSES

MAXIMUM DAILY BENEFIT FOR NURSING HOME CARE $_____

MAXIMUM DAILY BENEFIT FOR ASSISTED LIVING FACILITY $_____

A. Nursing Home or Assisted Living Facility Benefit

The following are Covered Expenses, but only to the extent that they are Prescribed Long-Term Care Services. The charges incurred, up to the Maximum Daily Benefit, for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meet ALL of the following requirements: 1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day; 2.has beds for patients who need care; and 3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care. Nursing Home doesn’t mean: a Hospital, a place that primarily treats mental illness, drug addition or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements: 1. provide 24 hour a day care and services to at least 10 inpatients in one location; 2.have a trained and ready-to-respond employee on duty at all times to provide care; 3.provide 3 meals a day and accommodate special dietary needs; 4.have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and; 5.have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities. Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

HOME AND COMMUNITY BASED CARE
COVERED EXPENSES MAXIMUM WEEKLY BENEFIT $_____

A. Home Health Care Benefit
The charges incurred, up to the Maximum Weekly Benefit, for services and supplies provided in your home by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care. Home Health Care includes: (a) visits by licensed nurses, licensed nutritional specialists, medical social workers, Home Health Aides and legally qualified physical, occupational, speech or inhalation therapist; (b) Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable portable equipment used for therapeutic treatment; (c) Personal Care Services; and (d) Homemaker Services Incidental to Personal Care Services.

B. Adult Day Care Benefit
The charges incurred, up to the Maximum Weekly Benefit, for services provided through a licensed Adult Day Care Facility.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits are payable: (a) a Licensed Health Care Practitioner (*licensed Physician, registered professional nurse, or licensed social worker)* must certify that Prescribed Long-Term Care Services are needed because you: (i) have a Functional Incapacity; or (ii) are Cognitively Impaired; AND (iii) the Elimination Period, if any, must be satisfied. Prescribed Long-Term Care Services must be prescribed by a Licensed Health Care Practitioner under a written Plan of Care.

Cognitive Impairment - means a deterioration or loss in intellectual capacity which requires substantial supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's: (a) short or long term memory; (b) orientation as to people, place, and time; and (c) deductive or abstract reasoning. Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Functional Incapacity means one's inability to engage in two or more of the activities of daily living, listed below, without the hands-on assistance or standby assistance of another person. The activities of daily living are: (a) *Bathing* - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower; (b) *Continence* - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); (c) *Dressing* - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs; (d) *Eating* - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously; (e) *Toileting* - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and (f) *Transferring* - moving into or out of a bed, chair or wheelchair.

OPTIONAL BENEFIT RIDERS

ADDITIONAL SERVICES BENEFIT RIDER 309A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

ENHANCED SERVICES BENEFIT RIDER 321L

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care, Alternate Plan of Care and Home Modifications.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Prescribed Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow You to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to, your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow a you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Prescribed Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

COMPREHENSIVE SERVICES BENEFIT RIDER 310L

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service, Hospice Care, Alternate Plan of Care, Home Monitoring Equipment and Respite Care and Caregiver Training

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Prescribed Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow you to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Prescribed Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

Monitoring Equipment Benefit

The charges incurred per month, not to exceed 20% of the Maximum Weekly Benefit, for the rental or lease of an emergency medical response system or medication monitoring or dispensing equipment. This benefit is subject to a lifetime maximum of 12 months. The Elimination Period and Restoration of Benefits Rider (if any such rider is attached to the policy) do not apply to this benefit. If more than one piece of monitoring equipment is installed in your home, this will not increase the maximum payable for this benefit per month.

Respite Care Benefit
The charges incurred for the same services and supplies as shown for Home Health Care for Respite Care. Respite Care means professional care given to you when you qualify to receive Covered Expenses in order to temporarily relieve unpaid caregivers. Respite Care can be received in the your home, a private home, a home for the retired or aged, a place that provides residential care or a Long Term Care Facility. We'll pay these charges up to 21 days during each Calendar Year. The Elimination Period does not apply to this benefit.

Caregiver Training Benefit
The charges incurred for Caregiver Training if you require home or community-based care. This benefit pays for training your informal caregiver to care for you so you can remain at home. It is subject to a lifetime maximum benefit equal to 100% of the Maximum Weekly Benefit amount. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

CASH BENEFIT RIDER 313A
If this rider is attached to the policy, for each day you are receiving benefit payments for Covered Expenses that are less than the Maximum Daily Benefit amount for Prescribed Long Term Care Services, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit amount. The total benefits paid per day under the policy and this rider will not exceed the Maximum Daily Benefit amount. In order for benefits to be payable, you must be receiving benefits under the Facility Care and/or Home and Community-Based Care benefit provisions of the policy. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit.

CASH BENEFIT RIDER DISABILITY TRIGGER 315A
If this rider is attached to the policy, for each day you qualify for benefits under this rider, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit for Nursing Home care amount . You qualify for benefits under this rider after the Rider Elimination Period has been satisfied and if You continue to be Functionally Incapacitated or Cognitively Impaired as certified by Licensed Health Care Practitioner. The Rider Elimination period is equal to the Elimination Period elected for the policy. The total benefits paid for any day will not exceed the Maximum Daily Benefit for Nursing Home care amount. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit. Any benefits paid do not count toward satisfying the Elimination Period of the policy.

NONFORFEITURE BENEFIT RIDER 206A
If this rider is attached to the policy and the policy lapses for non-payment of premium after the third year, you are eligible for a nonforfeiture benefit in the form of a reduced paid up benefit. This reduced paid up benefit will be an amount equal to the greater of (a) 100% of all premiums you paid for the policy and this rider; and (b) 30 times the Maximum Daily Benefit then in effect at the time the policy lapsed. The reduced paid up benefit amount will be the new Maximum Benefit amount for the policy. Expenses for Qualified Long-Term Care Services covered by the policy at time of lapse will be payable until this reduced paid up benefit amount is exhausted.

RESTORATION OF POLICY BENEFITS RIDER 304X
If this rider is attached to the policy, the Lifetime Maximum Benefit when you have not been Functionally Incapacitated, and have not had a Cognitive Impairment, and have not required or received Prescribed Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy. After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RETURN OF PREMIUM BENEFIT RIDER 228R
If this rider is attached to the policy and the policy ends after that coverage has been in force for more than three years, we will return a portion of the premium paid for the policy. The amount of premium that will be returned, if any, will be equal to: (a) The sum of all premiums paid for your coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force; TIMES (b) A Return of Premium percentage as specified in the rider; LESS (c) The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to you while this rider is in force.

NOTE: This benefit may not be eligible for favorable tax treatment. Please seek the assistance of a qualified tax professional for determining the tax consequences of this benefit.

DUAL WAIVER OF PREMIUM BENEFIT RIDER 311A

If this rider is attached to the policy when the premium under your spouse's policy with us is waived due to receiving benefits for Covered Expenses, we will also waive any premium that becomes due for Your policy if both you and your spouse have a Dual Waiver of Premium Rider in force with us, other than under a Nonforfeiture Benefit, on the date your spouse's premium is waived. You must pay any premium that becomes due after your spouse's premium is no longer waived.

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER 303A

If this rider is attached to the policy and either you or your spouse die, we will increase the Surviving Spouse's Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for the deceased person' policy as of the last anniversary before his or her death. When benefits have been increased under the terms of this rider, no additional premium will be charged for the increased benefit amount.

PAID-UP SURVIVORSHIP RIDER 226G

If this rider is attached to the policy and either you or your spouse die, we will waive the payment of all premiums for the surviving spouse's policy. Premium will be waived after the death of a spouse only if this rider and coverage for both you and your spouse are inforce for at least 10 full years.

SHARED MAXIMUM BENEFIT RIDER 308A

If this rider is attached to the policy and you exhausts the policy's Lifetime Maximum Benefit, we will continue to pay benefits until the Shared Maximum Benefit is exhausted. The Shared Maximum Benefit is an additional amount of benefits, equal to your Lifetime Maximum Benefit amount, that is available to both you and your spouse. This Shared Maximum Benefit is a single amount which may be shared by both you and your spouse. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Monthly/Weekly Benefit, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision does not apply to the Shared Maximum Benefit.

If both you and your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, we will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

LIMITED PREMIUM PAYMENT RIDER 242A

This rider offers a payment method where, after you pay premium for either 10 years or 20 years, your policy will continue in force with no further premiums being payable. Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period. You may choose to cancel this rider at any time. If you cancel this rider, we will change your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on your age when the policy was issued. When the Limited Premium Payment Rider 242A is attached to the policy and the policy lapses after the policy and this rider have been inforce for 3 years, you are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums you paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

10. EXCLUSIONS – We won't cover expenses incurred:

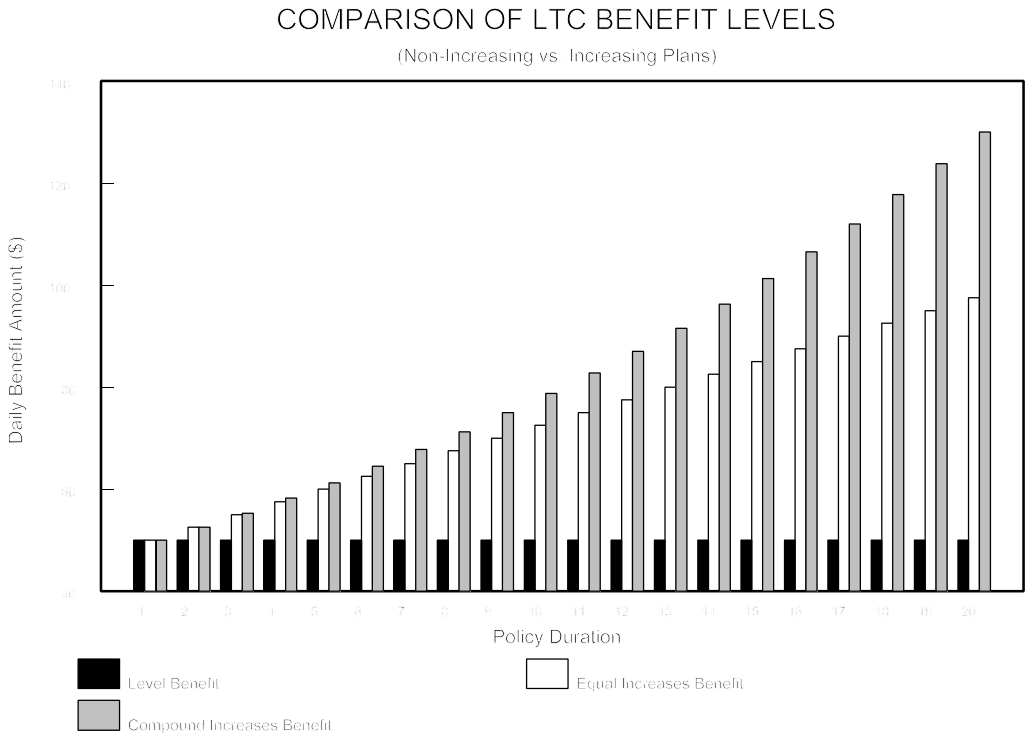
a. Due to war or act of war;
b. To the extent they're paid under Medicare or any other government insurance plan (except Medicaid);
c. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in your home;
d. For services and supplies not included in the Plan of Care;
e. For which no charge is customarily made in the absence of insurance:
f. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

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

11. RELATIONSHIP OF COST OF CARE AND BENEFITS – Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. A comparison of Long Term Care Benefit levels (non-increasing vs. increasing) over a 20 year period is shown below.

This policy provides options to increase your maximum benefits. If you select a Compound Increases Benefit Option, your current Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by the percentage you choose *(2%, 3%, 4% or 5%)*. If you select the Equal Increases Benefit Option, your original Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by 5%. These increases will take place on each policy anniversary for the time period chosen as long as the policy is in force. Each increased maximum benefit option will be rounded to the next highest multiple of $0.25.

The following graph compares the Compound Increase Benefit Option at 5% annually against the Equal Increases Benefit Option at 5% annually.



If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase your Maximum Daily Benefits (Your Maximum Weekly Benefit and Lifetime Maximum Benefit will also increase proportionally) by 15% without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - The policy covers loss due to Alzheimer's Disease, Parkinson's Disease, senile dementia or other organic brain disorders.

13. ANNUAL PREMIUM:

	Applicant ☐ Standard ☐ Preferred
BASIC COVERAGE	$ _____
☐ Additional Premium for Compound Increases Option for Life	
☐ 2% Compound Increase Option	$ _____
☐ 3% Compound Increase Option	$ _____
☐ 4% Compound Increase Option	$ _____
☐ 5% Compound Increase Option	$ _____
☐ Additional Premium for Equal Increases Option for Life	$ _____
☐ Additional Premium for Decreasing Inflation Protection 1 Compound Increases at 5% up to and including attained age 60 Compound 3% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Decreasing Inflation Protection 2 Compound Increases at 5% up to and including attained age 60 Equal 5% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Additional Services Rider 309A	$ _____
☐ Additional Premium for Enhanced Services Rider 321L	$ _____
☐ Additional Premium for Comprehensive Services Rider 310L	$ _____
☐ Additional Premium for Cash Rider 313A	$ _____
☐ Additional Premium for Cash Disability Triggered Rider 315A	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 10 yrs.	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 20 yrs.	$ _____
☐ Additional Premium for Restoration of Benefits Rider 304X	$ _____
☐ Additional Premium for Nonforfeiture Benefit Rider 206A	$ _____
☐ Additional Premium for Return of Premium Benefit Rider 228R	$ _____
☐ Additional Premium for Survivor Maximum Benefit Increase Rider 303A	$ _____
☐ Additional Premium for Paid-Up Survivorship Rider 226G	$ _____
☐ Additional Premium for Dual Waiver of Premium Rider 311A	$ _____
☐ Additional Premium for Shared Maximum Benefit Rider 308A	$ _____
☐ Applicable Discounts (Select One) ☐ Spousal ☐ Companion ☐ Married	_____%
Total Annual Premium	$ _____

14. ADDITIONAL FEATURES - This policy will be issued subject to the following: (a) the information disclosed on the application completed by you; and (b) any additional information that may be needed to complete our evaluation of your application.

Patient Care Coordination - This policy offers a Patient Care Coordination program at no extra cost to you. Under this program, a Patient Care Coordinator (a specialist pre-approved by us) can help you select the provider(s) of care and services best suited for the type of care or treatment needed.

Contingent Benefit at Lapse – This policy provides for a Contingent Benefit at Lapse. If, in the event of a substantial premium increase, you exercise the Contingent Benefit at Lapse, we will convert your current coverage to paid-up insurance with no further premiums being payable. The new Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums you paid for the coverage or 30 times your Maximum Daily Benefit amount. All other benefit amounts will remain at the level attained at the time the policy lapsed. The Annual Benefit Increases, if any, and the Restoration of Policy Benefits provisions will not apply to the paid-up insurance.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

NOTICE TO BUYER: THIS INSURANCE MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800
Telephone 1-312-396-6000

LONG TERM CARE INSURANCE

Facility Care Benefits

OUTLINE OF COVERAGE
Policy Form GR-N670

Caution: The issuance of the long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your answers are incorrect or untrue, 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 the above address.

1. The policy is an individual policy of insurance.

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

3. **FEDERAL TAX CONSEQUENCES** – This policy is NOT intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code, as enacted by "The Health Insurance Portability and Accountability Act of 1996". Benefits received under the policy may be taxable as income.

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**
Renewability – THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Bankers Life and Casualty Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - After the Elimination Period has been satisfied, we'll waive the payment of any premium for the policy and any attached benefit riders. Premiums will be waived as long as you continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** – **We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis.**

We can also change your premium due to the addition or removal of a premium discount rider, if any is attached to the policy. If we do raise your premium in an amount that is considered substantial under the policy and your policy lapses due to nonpayment of that increased premium, we will offer you the following options as they apply to the policy:

(a) Pay the increased premium and continue your policy in force as is;
(b) Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
(c) Exercise the Nonforfeiture Benefit Rider or Return of Premium Benefit Rider (if any such rider is attached to the policy); or
(d) Exercise the Contingent Benefit at Lapse.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

A. If you're not satisfied with the policy, you may return it to us within 30 days after you receive it for a full refund of any premium paid.

B. Except for a refund of that part of any premium paid beyond your date of death, the policy does not provide for a refund of unearned premium.

C. In the event your application for coverage is denied, we'll refund any monies paid within 30 days of our notice to you of the denial.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Bankers Life and Casualty Company nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE COVERAGE - Policies of this category are designed to provide coverage for one or more Prescribed Long-Term Care Services. Prescribed Long-Term Care Services are necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home.

The policy provides coverage for those incurred charges for Prescribed Long-Term Care Services when you have a Functional Incapacity or a Cognitive Impairment.

9. BENEFITS PROVIDED BY THE POLICY

After any applicable Elimination Period has been satisfied, we'll pay the charges incurred for Prescribed Long Term Care Services, up to the Maximum Daily Benefit amount per day, for Facility Care Covered Expenses.

The Elimination Period is the number of days you must receive Facility Care services before benefits are payable. The Elimination Period has to be satisfied only once.
The Elimination Period is _____ days.

The total amount of benefits payable under the policy is subject to a Lifetime Maximum Benefit.
The Lifetime Maximum Benefit is $_____.

FACILITY CARE COVERED EXPENSES

MAXIMUM DAILY BENEFIT FOR NURSING HOME CARE $_____

MAXIMUM DAILY BENEFIT FOR ASSISTED LIVING FACILITY $_____

A. Nursing Home or Assisted Living Facility Benefit

The following are Covered Expenses, but only to the extent that they are Prescribed Long-Term Care Services. The charges incurred, up to the Maximum Daily Benefit, for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meet ALL of the following requirements: 1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day; 2.has beds for patients who need care; and 3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care. Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addition or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements: 1. provide 24 hour a day care and services to at least 10 inpatients in one location; 2.have a trained and ready-to-respond employee on duty at all times to provide care; 3.provide 3 meals a day and accommodate special dietary needs; 4.have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and; 5.have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities. Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits are payable: (a) a Licensed Health Care Practitioner (*licensed Physician, registered professional nurse, or licensed social worker)* must certify that Prescribed Long-Term Care Services are needed because you: (i) have a Functional Incapacity; or (ii) are Cognitively Impaired; AND (iii) the Elimination Period, if any, must be satisfied. Prescribed Long-Term Care Services must be prescribed by a Licensed Health Care Practitioner under a written Plan of Care.

Cognitive Impairment - means a deterioration or loss in intellectual capacity which requires substantial supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's: (a) short or long term memory; (b) orientation as to people, place, and time; and (c) deductive or abstract reasoning. Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Functional Incapacity means one's inability to engage in two or more of the activities of daily living, listed below, without the hands-on assistance or standby assistance of another person. The activities of daily living are: (a) *Bathing* - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower; (b) *Continence* - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); (c) *Dressing* - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs; (d) *Eating* - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously; (e) *Toileting* - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and (f) *Transferring* - moving into or out of a bed, chair or wheelchair.

OPTIONAL BENEFIT RIDERS

ADDITIONAL SERVICES BENEFIT RIDER 309A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

NONFORFEITURE BENEFIT RIDER 206A

If this rider is attached to the policy and the policy lapses for non-payment of premium after the third year, you are eligible for a nonforfeiture benefit in the form of a reduced paid up benefit. This reduced paid up benefit will be an amount equal to the greater of (a) 100% of all premiums you paid for the policy and this rider; and (b) 30 times the Maximum Daily Benefit then in effect at the time the policy lapsed. The reduced paid up benefit amount will be the new Maximum Benefit amount for the policy. Expenses for Qualified Long-Term Care Services covered by the policy at time of lapse will be payable until this reduced paid up benefit amount is exhausted.

RESTORATION OF POLICY BENEFITS RIDER 304X

If this rider is attached to the policy, the Lifetime Maximum Benefit when you have not been Functionally Incapacitated, and have not had a Cognitive Impairment, and have not required or received Prescribed Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy. After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RETURN OF PREMIUM BENEFIT RIDER 228R

If this rider is attached to the policy and the policy ends after that coverage has been in force for more than three years, we will return a portion of the premium paid for the policy. The amount of premium that will be returned, if any, will be equal to: (a) The sum of all premiums paid for your coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force; TIMES (b) A Return of Premium percentage as specified in the rider; LESS (c) The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to you while this rider is in force.

NOTE: This benefit may not be eligible for favorable tax treatment. Please seek the assistance of a qualified tax professional for determining the tax consequences of this benefit.

DUAL WAIVER OF PREMIUM BENEFIT RIDER 311A

If this rider is attached to the policy when the premium under your spouse's policy with us is waived due to receiving benefits for Covered Expenses, we will also waive any premium that becomes due for Your policy if both you and your spouse have a Dual Waiver of Premium Rider in force with us, other than under a Nonforfeiture Benefit, on the date your spouse's premium is waived. You must pay any premium that becomes due after your spouse's premium is no longer waived.

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER 303A

If this rider is attached to the policy and either you or your spouse die, we will increase the Surviving Spouse's Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for the deceased person' policy as of the last anniversary before his or her death. When benefits have been increased under the terms of this rider, no additional premium will be charged for the increased benefit amount.

PAID-UP SURVIVORSHIP RIDER 226G

If this rider is attached to the policy and either you or your spouse die, we will waive the payment of all premiums for the surviving spouse's policy. Premium will be waived after the death of a spouse only if this rider and coverage for both you and your spouse are inforce for at least 10 full years.

SHARED MAXIMUM BENEFIT RIDER 308A

If this rider is attached to the policy and you exhausts the policy's Lifetime Maximum Benefit, we will continue to pay benefits until the Shared Maximum Benefit is exhausted. The Shared Maximum Benefit is an additional amount of benefits, equal to your Lifetime Maximum Benefit amount, that is available to both you and your spouse. This Shared Maximum Benefit is a single amount which may be shared by both you and your spouse. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Monthly/Weekly Benefit, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision does not apply to the Shared Maximum Benefit.

If both you and your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, we will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

LIMITED PREMIUM PAYMENT RIDER 242A

This rider offers a payment method where, after you pay premium for either 10 years or 20 years, your policy will continue in force with no further premiums being payable. Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period. You may choose to cancel this rider at any time. If you cancel this rider, we will change your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on your age when the policy was issued. When the Limited Premium Payment Rider 242A is attached to the policy and the policy lapses after the policy and this rider have been inforce for 3 years, you are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums you paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

10. EXCLUSIONS – We won't cover expenses incurred:

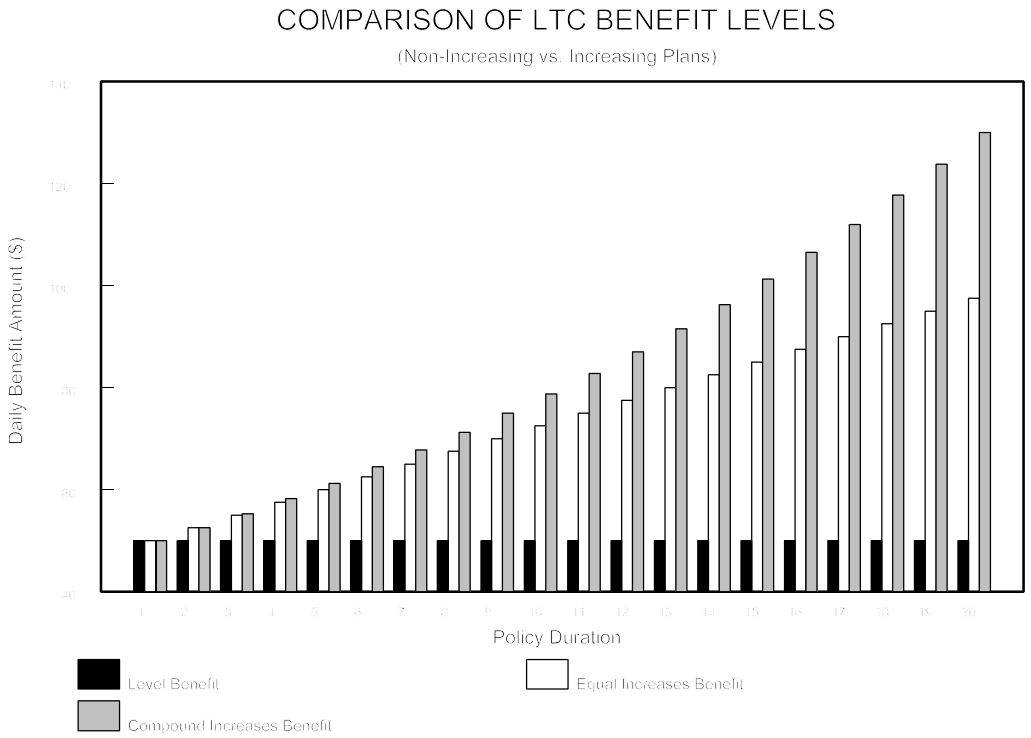
a. Due to war or act of war;
b. To the extent they're paid under Medicare or any other government insurance plan (except Medicaid);
c. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in your home;
d. For services and supplies not included in the Plan of Care;
e. For which no charge is customarily made in the absence of insurance:
f. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

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

11. RELATIONSHIP OF COST OF CARE AND BENEFITS – Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. A comparison of Long Term Care Benefit levels (non-increasing vs. increasing) over a 20 year period is shown below.

This policy provides options to increase your maximum benefits. If you select a Compound Increases Benefit Option, your current Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by the percentage you choose *(2%, 3%, 4% or 5%)*. If you select the Equal Increases Benefit Option, your original Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by 5%. These increases will take place on each policy anniversary for the time period chosen as long as the policy is in force. Each increased maximum benefit option will be rounded to the next highest multiple of $0.25.

The following graph compares the Compound Increase Benefit Option at 5% annually against the Equal Increases Benefit Option at 5% annually.



If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase your Maximum Daily Benefits (Your Maximum Weekly Benefit and Lifetime Maximum Benefit will also increase proportionally) by 15% without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - The policy covers loss due to Alzheimer's Disease, Parkinson's Disease, senile dementia or other organic brain disorders.

13. ANNUAL PREMIUM:

	Applicant ☐ Standard ☐ Preferred
BASIC COVERAGE	$ _____
☐ Additional Premium for Compound Increases Option for Life	
☐ 2% Compound Increase Option	$ _____
☐ 3% Compound Increase Option	$ _____
☐ 4% Compound Increase Option	$ _____
☐ 5% Compound Increase Option	$ _____
☐ Additional Premium for Equal Increases Option for Life	$ _____
☐ Additional Premium for Decreasing Inflation Protection 1 Compound Increases at 5% up to and including attained age 60 Compound 3% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Decreasing Inflation Protection 2 Compound Increases at 5% up to and including attained age 60 Equal 5% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Additional Services Rider 309A	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 10 yrs.	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 20 yrs.	$ _____
☐ Additional Premium for Restoration of Benefits Rider 304X	$ _____
☐ Additional Premium for Nonforfeiture Benefit Rider 206A	$ _____
☐ Additional Premium for Return of Premium Benefit Rider 228R	$ _____
☐ Additional Premium for Survivor Maximum Benefit Increase Rider 303A	$ _____
☐ Additional Premium for Paid-Up Survivorship Rider 226G	$ _____
☐ Additional Premium for Dual Waiver of Premium Rider 311A	$ _____
☐ Additional Premium for Shared Maximum Benefit Rider 308A	$ _____
☐ Applicable Discounts (Select One) ☐ Spousal ☐ Companion ☐ Married	_____%
Total Annual Premium	$ _____

14. **ADDITIONAL FEATURES -** This policy will be issued subject to the following: (a) the information disclosed on the application completed by you; and (b) any additional information that may be needed to complete our evaluation of your application.

Patient Care Coordination - This policy offers a Patient Care Coordination program at no extra cost to you. Under this program, a Patient Care Coordinator (a specialist pre-approved by us) can help you select the provider(s) of care and services best suited for the type of care or treatment needed.

Contingent Benefit at Lapse – This policy provides for a Contingent Benefit at Lapse. If, in the event of a substantial premium increase, you exercise the Contingent Benefit at Lapse, we will convert your current coverage to paid-up insurance with no further premiums being payable. The new Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums you paid for the coverage or 30 times your Maximum Daily Benefit amount. All other benefit amounts will remain at the level attained at the time the policy lapsed. The Annual Benefit Increases, if any, and the Restoration of Policy Benefits provisions will not apply to the paid-up insurance.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

NOTICE TO BUYER: THIS INSURANCE MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800
Telephone 1-312-396-6000

LONG TERM CARE INSURANCE

Facility Care and Home and Community-Based Care Benefits

OUTLINE OF COVERAGE
Policy Form GR-N680

Caution: The issuance of the long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your answers are incorrect or untrue, 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 the above address.

1. The policy is an individual policy of insurance.

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

3. **FEDERAL TAX CONSEQUENCES** – This policy is NOT intended to be a Tax-Qualified Long-Term Care Insurance policy under Section 7702B(b) of the Internal Revenue Code, as enacted by "The Health Insurance Portability and Accountability Act of 1996". Benefits received under the policy may be taxable as income.

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED**
Renewability – THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Bankers Life and Casualty Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - After the Elimination Period has been satisfied, we'll waive the payment of any premium for the policy and any attached benefit riders. Premiums will be waived as long as you continue to incur Covered Expenses and have not exhausted the Lifetime Maximum Benefit.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS** – **We may change the premium rates for this policy only if We change it for all policies like Yours based on the state in which Your policy was issued on a class basis.**

We can also change your premium due to the addition or removal of a premium discount rider, if any is attached to the policy. If we do raise your premium in an amount that is considered substantial under the policy and your policy lapses due to nonpayment of that increased premium, we will offer you the following options as they apply to the policy:

(a) Pay the increased premium and continue your policy in force as is;
(b) Reduce the policy's benefits to a level such that Your premium will not increase (subject to state law minimum standards);
(c) Exercise the Nonforfeiture Benefit Rider or Return of Premium Benefit Rider (if any such rider is attached to the policy); or
(d) Exercise the Contingent Benefit at Lapse.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

A. If you're not satisfied with the policy, you may return it to us within 30 days after you receive it for a full refund of any premium paid.

B. Except for a refund of that part of any premium paid beyond your date of death, the policy does not provide for a refund of unearned premium.

C. In the event your application for coverage is denied, we'll refund any monies paid within 30 days of our notice to you of the denial.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from us. Neither Bankers Life and Casualty Company nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE INSURANCE COVERAGE - Policies of this category are designed to provide coverage for one or more Prescribed Long-Term Care Services. Prescribed Long-Term Care Services are necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage for those incurred charges for Prescribed Long-Term Care Services when you have a Functional Incapacity or a Cognitive Impairment.

9. BENEFITS PROVIDED BY THE POLICY

After any applicable Elimination Period has been satisfied, we'll pay the charges incurred for Prescribed Long Term Care Services, up to: (a) the Maximum Daily Benefit amount per day, for Facility Care Covered Expenses; and (b) the Maximum Monthly Benefit amount for Home and Community Based Care Covered Expenses.

The Elimination Period is the number of days you must receive Facility Care or Home and Community Based Care services before benefits are payable. The Elimination Period has to be satisfied only once. Each day of Home and Community-Based Care received will count as three (3) days toward satisfaction of the Elimination Period. The Elimination Period is _____ days.

The total amount of benefits payable under the policy is subject to a Lifetime Maximum Benefit.
The Lifetime Maximum Benefit is $_____.

FACILITY CARE COVERED EXPENSES

MAXIMUM DAILY BENEFIT FOR NURSING HOME CARE $_____

MAXIMUM DAILY BENEFIT FOR ASSISTED LIVING FACILITY $_____

A. Nursing Home or Assisted Living Facility Benefit

The following are Covered Expenses, but only to the extent that they are Prescribed Long-Term Care Services. The charges incurred, up to the Maximum Daily Benefit, for care (including room, board, services and supplies) provided while confined in a Nursing Home or Assisted Living Facility.

Nursing Home means a place which (a) if licensing is required, is licensed as a Nursing Home to provide nursing care (skilled or intermediate) for persons at their own expense and maintains all appropriate licensing under the laws where it is located to provide such care; or (b) if licensing is not required, meet ALL of the following requirements: 1. has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day; 2.has beds for patients who need care; and 3. has a doctor available to furnish emergency service.

Nursing Home also means a wing, area or floor of a Hospital specifically set aside for nursing care. Nursing Home doesn't mean: a Hospital, a place that primarily treats mental illness, drug addition or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

Assisted Living Facility is a place providing care (room, board and personal care services) to persons in need of assistance because of a Functional Incapacity or Severe Cognitive Impairment, but given at a level of care less intense than that which would be received in a Nursing Home. An Assisted Living Facility must (a) if licensing or certification is required, maintain all appropriate licensing or certification under the laws where it is located to provide such care; or (b) if licensing or certification is not required, meet ALL of the following requirements: 1. provide 24 hour a day care and services to at least 10 inpatients in one location; 2.have a trained and ready-to-respond employee on duty at all times to provide care; 3.provide 3 meals a day and accommodate special dietary needs; 4.have formal arrangements for the services of a Physician or nurse to furnish emergency medical care and; 5.have appropriate methods and procedures for handling and administering drugs and biologicals.

Assisted Living Facilities may also include Alzheimer facilities or residential health care facilities. Assisted Living Facility does not include congregate housing, individual residences or independent living units. It also does not include: a Hospital, a Nursing Home, a place that primarily treats mental illness, drug addiction or alcoholism, a home for the aged, a rest home, a place that primarily provides domiciliary, residency or retirement care, or a place owned or operated by a member of the Immediate Family.

HOME AND COMMUNITY BASED CARE
COVERED EXPENSES MAXIMUM MONTHLY BENEFIT $_____

A. Home Health Care Benefit
The charges incurred, up to the Maximum Monthly Benefit, for services and supplies provided in your home by a Home Health Care Agency or a Qualified Home Health Care Provider under a Plan of Care. Home Health Care includes: (a) visits by licensed nurses, licensed nutritional specialists, medical social workers, Home Health Aides and legally qualified physical, occupational, speech or inhalation therapist; (b) Rental (not to exceed purchase price) of a wheelchair, hospital bed or other durable portable equipment used for therapeutic treatment; (c) Personal Care Services; and (d) Homemaker Services Incidental to Personal Care Services.

B. Adult Day Care Benefit
The charges incurred, up to the Maximum Monthly Benefit, for services provided through a licensed Adult Day Care Facility.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Before benefits are payable: (a) a Licensed Health Care Practitioner (*licensed Physician, registered professional nurse, or licensed social worker)* must certify that Prescribed Long-Term Care Services are needed because you: (i) have a Functional Incapacity; or (ii) are Cognitively Impaired; AND (iii) the Elimination Period, if any, must be satisfied. Prescribed Long-Term Care Services must be prescribed by a Licensed Health Care Practitioner under a written Plan of Care.

Cognitive Impairment - means a deterioration or loss in intellectual capacity which requires substantial supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence or standardized tests which reliably measure impairment in one's: (a) short or long term memory; (b) orientation as to people, place, and time; and (c) deductive or abstract reasoning. Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

Functional Incapacity means one's inability to engage in two or more of the activities of daily living, listed below, without the hands-on assistance or standby assistance of another person. The activities of daily living are: (a) *Bathing* - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower; (b) *Continence* - maintaining control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag); (c) *Dressing* - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs; (d) *Eating* - feeding oneself by getting food into the body from a table, a plate, cup or other receptacle or by a feeding tube or intravenously; (e) *Toileting* - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and (f) *Transferring* - moving into or out of a bed, chair or wheelchair.

OPTIONAL BENEFIT RIDERS

ADDITIONAL SERVICES BENEFIT RIDER 309A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

ENHANCED SERVICES BENEFIT RIDER 321L

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service and Hospice Care, Alternate Plan of Care and Home Modifications.

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Prescribed Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow You to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to, your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow a you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Prescribed Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

COMPREHENSIVE SERVICES BENEFIT RIDER 310A

If this rider is attached to the policy it will provide benefits for Bed Reservation, Ambulance Service, Hospice Care, Alternate Plan of Care, Home Monitoring Equipment and Respite Care and Caregiver Training

Bed Reservation Benefit

The charges incurred, up to the Maximum Daily Benefit, to reserve the bed if you are temporarily absent from the Long Term Care Facility. We'll pay up to a total of 60 days each Calendar Year.

Ambulance Services

The charges incurred, up to $75 per trip, for ambulance service to or from a Long Term Care Facility. We'll pay up to 4 trips each Calendar Year. The Elimination Period, Maximum Daily Benefit amount, and if selected, the Annual Benefit Increases option do not apply to this benefit.

Hospice Care Benefit

The charges incurred if you are terminally ill, up to the Maximum Daily Benefit not to exceed 30 days, for services and supplies provided by an agency meeting the regulatory requirements for a Hospice. The Elimination Period does not apply to this benefit.

Alternate Plan of Care Benefit

Alternate services, devices or types of care under a written Alternate Plan of Care. This Alternate Plan of Care will be developed by or with health care professionals; agreed to by you, the Licensed Health Care Practitioner and Us and consist of Prescribed Long-Term Care Services.

Home Modifications

The charges incurred, up to 30 times the Maximum Daily Benefit, for modifications to your home which allow you to remain at home. "Home Modifications" means installation of certain equipment in, or physical modification to your home. Home Modifications include, but are not limited to, ramps, grab bars, devices for intravenous injections or other equipment that allow you to stay at home. Home Modifications must: (a) be recommended as a part of the Plan of Care; (b) be agreed to by you, a Licensed Health Care Practitioner and Us; and (c) consist of Prescribed Long Term Care Services. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

Monitoring Equipment Benefit

The charges incurred per month, not to exceed 5% of the Maximum Monthly Benefit, for the rental or lease of an emergency medical response system or medication monitoring or dispensing equipment. This benefit is subject to a lifetime maximum of 12 months. The Elimination Period and Restoration of Benefits Rider (if any such rider is attached to the policy) do not apply to this benefit. If more than one piece of monitoring equipment is installed in your home, this will not increase the maximum payable for this benefit per month.

Respite Care Benefit
The charges incurred for the same services and supplies as shown for Home Health Care for Respite Care. Respite Care means professional care given to you when you qualify to receive Covered Expenses in order to temporarily relieve unpaid caregivers. Respite Care can be received in the your home, a private home, a home for the retired or aged, a place that provides residential care or a Long Term Care Facility. We'll pay these charges up to 21 days during each Calendar Year. The Elimination Period does not apply to this benefit.

Caregiver Training Benefit
The charges incurred for Caregiver Training if you require home or community-based care. This benefit pays for training your informal caregiver to care for you so you can remain at home. It is subject to a lifetime maximum benefit equal to 25% of the Maximum Monthly Benefit amount. The Elimination Period and Restoration of Benefits provisions do not apply to this benefit.

CASH BENEFIT RIDER 313A
If this rider is attached to the policy, for each day you are receiving benefit payments for Covered Expenses that are less than the Maximum Daily Benefit amount for Prescribed Long Term Care Services, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit amount. The total benefits paid per day under the policy and this rider will not exceed the Maximum Daily Benefit amount. In order for benefits to be payable, you must be receiving benefits under the Facility Care and/or Home and Community-Based Care benefit provisions of the policy. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit.

CASH BENEFIT RIDER DISABILITY TRIGGER 315A
If this rider is attached to the policy, for each day you qualify for benefits under this rider, we will pay an additional cash benefit up to 25% of the Maximum Daily Benefit for Nursing Home care amount . You qualify for benefits under this rider after the Rider Elimination Period has been satisfied and if You continue to be Functionally Incapacitated or Cognitively Impaired as certified by Licensed Health Care Practitioner. The Rider Elimination period is equal to the Elimination Period elected for the policy. The total benefits paid for any day will not exceed the Maximum Daily Benefit for Nursing Home care amount. Any benefits payable under the terms of this rider count against the Lifetime Maximum Benefit. Any benefits paid do not count toward satisfying the Elimination Period of the policy.

NONFORFEITURE BENEFIT RIDER 206A
If this rider is attached to the policy and the policy lapses for non-payment of premium after the third year, you are eligible for a nonforfeiture benefit in the form of a reduced paid up benefit. This reduced paid up benefit will be an amount equal to the greater of (a) 100% of all premiums you paid for the policy and this rider; and (b) 30 times the Maximum Daily Benefit then in effect at the time the policy lapsed. The reduced paid up benefit amount will be the new Maximum Benefit amount for the policy. Expenses for Qualified Long-Term Care Services covered by the policy at time of lapse will be payable until this reduced paid up benefit amount is exhausted.

RESTORATION OF POLICY BENEFITS RIDER 304X
If this rider is attached to the policy, the Lifetime Maximum Benefit when you have not been Functionally Incapacitated, and have not had a Cognitive Impairment, and have not required or received Prescribed Long Term Care Services, as defined in the policy, for 180 consecutive days. If this policy includes one of the Annual Benefit Increase Options, the Policy's Lifetime Maximum Amount will restore to the amount that would have applied if no benefits had been paid under the Policy. After the Lifetime Maximum Benefit has been fully restored once under the provisions of this rider, the rider will end with no further benefits due.

RETURN OF PREMIUM BENEFIT RIDER 228R
If this rider is attached to the policy and the policy ends after that coverage has been in force for more than three years, we will return a portion of the premium paid for the policy. The amount of premium that will be returned, if any, will be equal to: (a) The sum of all premiums paid for your coverage, including premiums paid for this rider and any other benefit rider(s) attached to the policy while this rider is in force; TIMES (b) A Return of Premium percentage as specified in the rider; LESS (c) The sum of all benefits paid or then payable under the policy, including benefits paid or then payable for other attached benefit riders, to you while this rider is in force.

NOTE: This benefit may not be eligible for favorable tax treatment. Please seek the assistance of a qualified tax professional for determining the tax consequences of this benefit.

DUAL WAIVER OF PREMIUM BENEFIT RIDER 311A

If this rider is attached to the policy when the premium under your spouse's policy with us is waived due to receiving benefits for Covered Expenses, we will also waive any premium that becomes due for Your policy if both you and your spouse have a Dual Waiver of Premium Rider in force with us, other than under a Nonforfeiture Benefit, on the date your spouse's premium is waived. You must pay any premium that becomes due after your spouse's premium is no longer waived.

SURVIVOR MAXIMUM BENEFIT INCREASE RIDER 303A

If this rider is attached to the policy and either you or your spouse die, we will increase the Surviving Spouse's Maximum Lifetime Benefit by fifty percent (50%) of the Lifetime Maximum Benefit in effect for the deceased person' policy as of the last anniversary before his or her death. When benefits have been increased under the terms of this rider, no additional premium will be charged for the increased benefit amount.

PAID-UP SURVIVORSHIP RIDER 226G

If this rider is attached to the policy and either you or your spouse die, we will waive the payment of all premiums for the surviving spouse's policy. Premium will be waived after the death of a spouse only if this rider and coverage for both you and your spouse are inforce for at least 10 full years.

SHARED MAXIMUM BENEFIT RIDER 308A

If this rider is attached to the policy and you exhausts the policy's Lifetime Maximum Benefit, we will continue to pay benefits until the Shared Maximum Benefit is exhausted. The Shared Maximum Benefit is an additional amount of benefits, equal to your Lifetime Maximum Benefit amount, that is available to both you and your spouse. This Shared Maximum Benefit is a single amount which may be shared by both you and your spouse. Benefits will be paid at the same Maximum Daily Benefit and, if applicable, same Maximum Monthly/Weekly Benefit, subject to all the provisions of the policy. If the policy includes a Benefit Increases option, the Shared Maximum Benefit will increase in the same manner as the Maximum Benefit. The Restoration of Benefits provision does not apply to the Shared Maximum Benefit.

If both you and your spouse are eligible to receive benefits from the Shared Maximum Benefit at the same time, we will pay benefits for each spouse until the Shared Maximum Benefit is exhausted.

In the event of the death of You or Your spouse, benefits remaining under this rider, if any, will continue for the surviving spouse for as long as the policy and this rider remain in force.

LIMITED PREMIUM PAYMENT RIDER 242A

This rider offers a payment method where, after you pay premium for either 10 years or 20 years, your policy will continue in force with no further premiums being payable. Premiums waived during the Waiver of Premium period will not count towards satisfaction of the Limited Premium Payment Period. You may choose to cancel this rider at any time. If you cancel this rider, we will change your Premium Payment Period to non-limited and adjust Your premium amount accordingly. The new premium will be based on your age when the policy was issued. When the Limited Premium Payment Rider 242A is attached to the policy and the policy lapses after the policy and this rider have been inforce for 3 years, you are eligible for a reduced paid up benefit. This reduced paid up benefit will be an amount equal to 100% of all premiums you paid for the policy. The reduced paid up benefit amount will be the new Maximum Benefit for the policy. The new Maximum Benefit will not be less than 30 times the Maximum Daily Benefit amount then in effect at the time the policy lapsed. Charges incurred for expenses covered by the policy at time of lapse will be payable until this new Maximum Benefit is exhausted.

10. EXCLUSIONS – We won't cover expenses incurred:

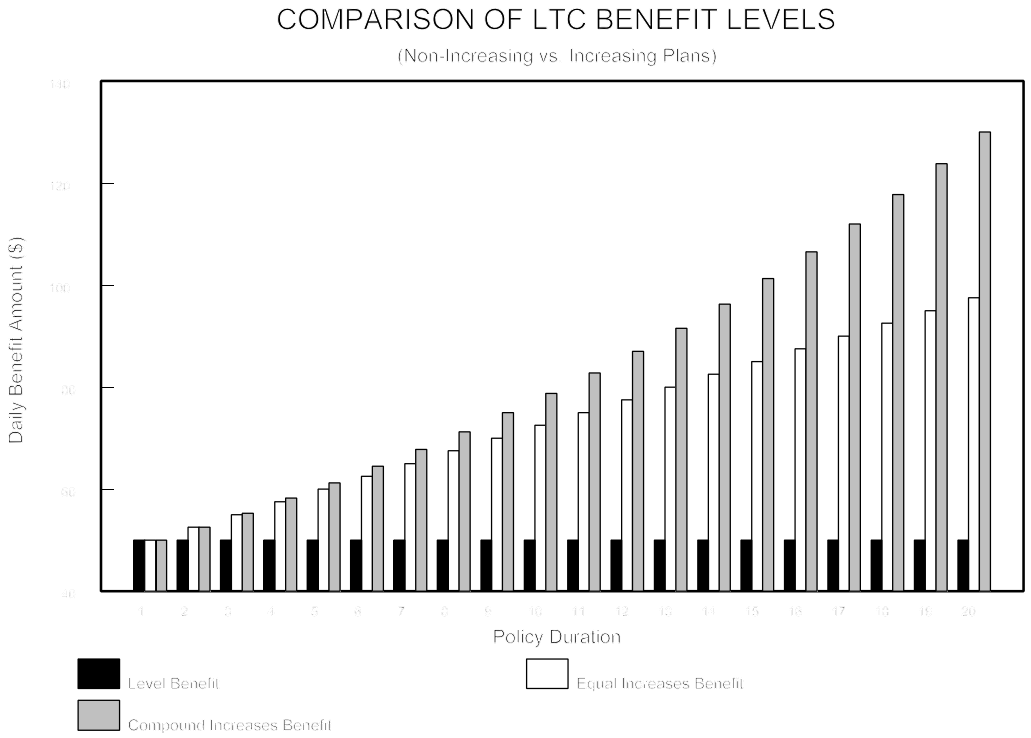
a. Due to war or act of war;
b. To the extent they're paid under Medicare or any other government insurance plan (except Medicaid);
c. For services or supplies provided by a member of the Immediate Family or a person who ordinarily lives in your home;
d. For services and supplies not included in the Plan of Care;
e. For which no charge is customarily made in the absence of insurance:
f. Outside the United States, its territories and possessions or Canada except as specifically covered under the International Coverage provision.

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

11. RELATIONSHIP OF COST OF CARE AND BENEFITS – Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. A comparison of Long Term Care Benefit levels (non-increasing vs. increasing) over a 20 year period is shown below.

This policy provides options to increase your maximum benefits. If you select a Compound Increases Benefit Option, your current Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by the percentage you choose *(2%, 3%, 4% or 5%)*. If you select the Equal Increases Benefit Option, your original Maximum Daily Benefit amount and Lifetime Maximum Benefit will increase by 5%. These increases will take place on each policy anniversary for the time period chosen as long as the policy is in force. Each increased maximum benefit option will be rounded to the next highest multiple of $0.25.

The following graph compares the Compound Increase Benefit Option at 5% annually against the Equal Increases Benefit Option at 5% annually.



If You do not choose an Annual Compound or Annual Equal Increases Benefit Option, and Your policy has been in force for three years, We will offer to increase your Maximum Daily Benefits (Your Maximum Monthly Benefit and Lifetime Maximum Benefit will also increase proportionally) by 15% without providing evidence of insurability. The premium for the additional benefits will be based on Your then current age. We will continue to offer to increase Your benefits every three years, up to age 89, as long as You continue to accept the increase offers and you have not incurred any Covered Expenses as of the effective date of each offer. If You decline one of the offers, no future offers will be made.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS - The policy covers loss due to Alzheimer's Disease, Parkinson's Disease, senile dementia or other organic brain disorders.

13. ANNUAL PREMIUM:

	Applicant ☐ Standard ☐ Preferred
BASIC COVERAGE	$ _____
☐ Additional Premium for Compound Increases Option for Life	
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☐ 3% Compound Increase Option	$ _____
☐ 4% Compound Increase Option	$ _____
☐ 5% Compound Increase Option	$ _____
☐ Additional Premium for Equal Increases Option for Life	$ _____
☐ Additional Premium for Decreasing Inflation Protection 1 Compound Increases at 5% up to and including attained age 60 Compound 3% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Decreasing Inflation Protection 2 Compound Increases at 5% up to and including attained age 60 Equal 5% Increases from age 61 to age 75 No increases from age 76 onwards	$ _____
☐ Additional Premium for Additional Services Rider 309A	$ _____
☐ Additional Premium for Enhanced Services Rider 321L	$ _____
☐ Additional Premium for Comprehensive Services Rider 310A	$ _____
☐ Additional Premium for Cash Rider 313A	$ _____
☐ Additional Premium for Cash Disability Triggered Rider 315A	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 10 yrs.	$ _____
☐ Additional Premium for Limited Premium Payment Period Rider 242A for 20 yrs.	$ _____
☐ Additional Premium for Restoration of Benefits Rider 304X	$ _____
☐ Additional Premium for Nonforfeiture Benefit Rider 206A	$ _____
☐ Additional Premium for Return of Premium Benefit Rider 228R	$ _____
☐ Additional Premium for Survivor Maximum Benefit Increase Rider 303A	$ _____
☐ Additional Premium for Paid-Up Survivorship Rider 226G	$ _____
☐ Additional Premium for Dual Waiver of Premium Rider 311A	$ _____
☐ Additional Premium for Shared Maximum Benefit Rider 308A	$ _____
☐ Applicable Discounts (Select One) ☐ Spousal ☐ Companion ☐ Married	_____%
Total Annual Premium	$ _____

14. **ADDITIONAL FEATURES -** This policy will be issued subject to the following: (a) the information disclosed on the application completed by you; and (b) any additional information that may be needed to complete our evaluation of your application.

Patient Care Coordination - This policy offers a Patient Care Coordination program at no extra cost to you. Under this program, a Patient Care Coordinator (a specialist pre-approved by us) can help you select the provider(s) of care and services best suited for the type of care or treatment needed.

Contingent Benefit at Lapse – This policy provides for a Contingent Benefit at Lapse. If, in the event of a substantial premium increase, you exercise the Contingent Benefit at Lapse, we will convert your current coverage to paid-up insurance with no further premiums being payable. The new Maximum Benefit under paid-up coverage will be equal to the greater of 100% of all premiums you paid for the coverage or 30 times your Maximum Daily Benefit amount. All other benefit amounts will remain at the level attained at the time the policy lapsed. The Annual Benefit Increases, if any, and the Restoration of Policy Benefits provisions will not apply to the paid-up insurance.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Bankers Life and Casualty Company
600 West Chicago Ave
Chicago IL 60654-2800

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Dan Murphy
600 West Chicago Ave
Chicago IL 60654-2800
1-800-621-3724 Ext. 6134
d.murphy@banklife.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

GR-N620, GR-N640, GR-N650

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.

B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on {insert issuer name's} behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.

C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

04/3/2008
Date

Mariann Dobbs, Assistant Secretary
Name and title of officer of the Issuer

_____
Signature of officer of the Issuer