

SERFF Tracking Number: MNNL-126472175 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 44691
Company Tracking Number: 09-932
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: LTC for Indiv. Life
Project Name/Number: LTC/09-932

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: LTC for Indiv. Life

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: MNNL-126472175 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 44691

Closed

Co Tr Num: 09-932

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Joy Norquist, Carol Ouhl, Disposition Date: 02/04/2010

Susan Johnson, Matthew

Harrington, Joyce Townsend

Date Submitted: 01/26/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 05/03/2010

State Filing Description:

General Information

Project Name: LTC

Project Number: 09-932

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/04/2010

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: 02/04/2010

Created By: Susan Johnson

Corresponding Filing Tracking Number: 09-932

Deemer Date:

Submitted By: Susan Johnson

Filing Description:

Minnesota Life Insurance Company submits the following forms for review and approval. These forms are new and do not replace any forms previously approved by the Department.

Form 09-932 is a Long Term Care (LTC) Agreement which provides, as an acceleration of the policy's death benefit, a monthly benefit payment if the insured is determined to be a chronically ill individual and who is receiving qualified long-term care services. In addition, a 90-day elimination period must be satisfied prior to the payment of benefits under the

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LTC Agreement.

Benefit payments that are made under this LTC Agreement will reduce the death benefit of the policy that would otherwise be available. This LTC Agreement is filed for use with universal life and variable universal life products marketed by Minnesota Life Insurance Company. The LTC Agreement can be issued to individuals age 21 through 80 and can be added to new issues and is also available for inforce policies.

Form F71951 1-2010 is the Outline of Coverage which is provided to the applicant during the application process. The Outline of Coverage outlines the major provisions included in the LTC Agreement and provides required disclosures to the applicant.

Form F71952 12-2009 is the Long-Term Care Supplemental Application which is used for clients applying for the LTC Agreement.

These forms will be used with the following previously approved form series:

Eclipse Indexed Universal Life, Policy #06-700, approved on 7-7-2006 under SERFF Tracking # USPH-6PNQJB779;

Eclipse Protector Indexed Universal Life, Policy # 09-710.03, approved on 12-1-2009 under SERFF Tracking # MNNL-126362746;

Minnesota Life Accumulator Variable Universal Life, Policy #07-660, approved on 5-25-2007 under SERFF Tracking # MNNL-125180308; and

Waddell & Reed Accumulator Variable Universal Life, Policy #07-660W, approved on 11-26-2007 under SERFF Tracking # MNNL-125335202.

The forms are submitted in final print and are subject to only minor modification in paper stock size, ink, border, Company logo, and adaptation to electronic media or computer printing.

An actuarial memorandum for the LTC Agreement and an LTC Assumptions spreadsheet are also included.

Thank you for your consideration.

Company and Contact

Filing Contact Information

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/04/2010	02/04/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/01/2010	02/01/2010	Susan Johnson	02/04/2010	02/04/2010

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Disposition

Disposition Date: 02/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNL-126472175 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 44691
 Company Tracking Number: 09-932
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
 Adjustable Life
 Product Name: LTC for Indiv. Life
 Project Name/Number: LTC/09-932

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Assumptions		Yes
Form	Long Term Care Agreement		Yes
Form	Outline of Coverage		Yes
Form (revised)	Long Term Care Supplemental Application		Yes
Form	Long Term Care Supplemental Application	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/01/2010
Submitted Date 02/01/2010
Respond By Date 03/01/2010

Dear Susan Johnson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application (Supporting Document)

Comment: Ark. Code Ann. 23-66-503 (a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 02/04/2010
 Submitted Date 02/04/2010

Dear Linda Bird,

Comments:

In response to your recent objection, attached please find the application which has been corrected to add the fraud warning to page 3.

Response 1

Comments: Page 3 of the application has been corrected to add the fraud warning.

Related Objection 1

Applies To:

- Application (Supporting Document)

Comment:

Ark. Code Ann. 23-66-503 (a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Long Term Care Supplemental Application	F71952.03	2-2010	Application/Enrollment Form	Other	Corrected	52.500	71952.03 2-2010.pdf
Previous Version							
Long Term Care Supplemental	F71952	12-2009	Application/Enrollment Form	Initial		52.500	F71952 12-2009

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Application

LTC
Agreement
t
Supplemental
Application.pdf

No Rate/Rule Schedule items changed.

Thank you for your further consideration.

Sincerely,

Carol Ouhl, Joy Norquist, Joyce Townsend, Matthew Harrington, Susan Johnson

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Form Schedule

Lead Form Number: 09-932

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	09-932	Policy/Cont	Long Term Care ract/Fratern Agreement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.300	09-932 Long Term Care Agreement.pdf
	F71951 1- 2010	Other	Outline of Coverage	Initial		50.200	F71951 1- 2010 Outline of Coverage.pdf
	F71952.03 2-2010	Application/ Enrollment Form	Long Term Care Supplemental Application	Other	Other Explanation: Corrected	52.500	71952.03 2- 2010.pdf

Long Term Care Agreement

This agreement is a part of the policy to which it is attached and is subject to all its terms and conditions. This agreement is effective as of the policy date of this policy unless a different effective date is shown on the policy data pages.

Disclosures

CAUTION

THE ISSUANCE OF THIS LONG TERM CARE INSURANCE AGREEMENT IS BASED UPON YOUR RESPONSES TO THE QUESTIONS ON YOUR APPLICATION. A COPY OF YOUR APPLICATION IS ENCLOSED. IF YOUR ANSWERS ARE INCORRECT OR UNTRUE, THE COMPANY HAS THE RIGHT TO DENY BENEFITS OR RESCIND THIS AGREEMENT. THE BEST TIME TO CLEAR UP ANY QUESTIONS IS NOW, BEFORE A CLAIM ARISES! IF, FOR ANY REASON, ANY OF YOUR ANSWERS ARE INCORRECT, CONTACT THE COMPANY AT THE ADDRESS SHOWN ON YOUR POLICY.

QUALIFIED LONG-TERM CARE TAX OBLIGATION

THIS AGREEMENT IS INTENDED TO BE A TAX QUALIFIED LONG-TERM CARE INSURANCE BENEFIT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE, AS AMENDED. BENEFITS PAID UNDER THIS ACCELERATED BENEFIT AGREEMENT FOR LONG-TERM CARE COVERAGE MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

RECEIPT OF ACCELERATED DEATH BENEFITS UNDER THIS AGREEMENT MAY ADVERSELY AFFECT YOUR ELIGIBILITY FOR GOVERNMENTAL BENEFITS OR PUBLIC ASSISTANCE PROGRAMS SUCH AS MEDICAID.

BRIEF DESCRIPTION

THIS IS A TAX QUALIFIED LONG-TERM CARE INSURANCE AGREEMENT THAT COVERS NURSING CARE AND HOME AND COMMUNITY BASED CARE AS DEFINED IN THIS AGREEMENT. THIS AGREEMENT PROVIDES FOR THE PAYMENT OF A MONTHLY BENEFIT FOR QUALIFIED LONG-TERM CARE SERVICES.

NOTICE TO OWNER

THIS AGREEMENT MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG-TERM CARE THAT THE INSURED INCURS. YOU ARE ADVISED

TO REVIEW ALL BENEFIT LIMITATIONS CAREFULLY.

THIS AGREEMENT IS NOT MEDICARE SUPPLEMENT COVERAGE.

IF THE INSURED IS ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH INSURANCE FOR PEOPLE WITH MEDICARE AVAILABLE FROM US.

Renewability

This agreement is guaranteed renewable. This means that we may not, on our own, cancel or reduce coverage provided by this agreement. Subject to the termination provision in the Additional Information section of this agreement, this agreement will remain in force for as long as the policy remains in force and there is sufficient accumulation value to cover the charges for this agreement. We have the right to change the charges for this agreement as provided in the Charges section of this agreement.

Notice of your right to examine this agreement

You may return this agreement for any reason within 30 days after its delivery by taking it or mailing it to us or to any life insurance agent appointed by us. Immediately upon return to us, this agreement will be deemed void from the beginning. Any charges assessed for this agreement will be restored to the accumulation value.

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Definitions

Activities of Daily Living

The activities of daily living (ADLs) refer to those activities that measure the insured's ability for self care. The six (6) ADLs that are used for determination of eligibility for benefits under this agreement are:

- (1) 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.
- (2) Continence: The ability to maintain 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).
- (3) Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
- (4) Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
- (5) Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- (6) Transferring: Moving into or out of a bed, chair or wheelchair.

Adult Day Care

A program of services provided during the day to chronically ill individuals in a community group setting through an adult day care center that includes:

- (1) care for six (6) or more individuals; and
- (2) social and health-related services; and
- (3) maintenance or personal care services.

The purpose of such a program is to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Center

A facility licensed or certified under state law, if any, to provide Adult Day Care to adults who do not require 24-hour institutional care, but are not capable of full-time, independent living.

Alternative Plan of Care

An alternative plan of care is one which may be employed at some point in the future to pay for services not specifically shown as being available under this agreement.

Assisted Living Facility

A place which:

- (1) is licensed or certified under state law, where licensing is required, to perform the services it is providing; and
- (2) has at least one trained staff member on duty 24 hours per day; and
- (3) provides continuous room and board; and
- (4) provides maintenance or personal care services required by residents due to their inability to perform two or more of the activities of daily living or due to a severe cognitive impairment.

Assisted living facilities do not include hospitals. Unless otherwise excluded in this agreement, assisted living facilities include facilities otherwise named, which meet the above criteria, including secure Alzheimer's units.

Chronically Ill Individual

An insured who has been certified by a Licensed Health Care Practitioner as:

- (1) being unable to perform, without substantial assistance from another person, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must, at first, be expected to exist for a period of at least 90 days; or
- (2) requiring substantial supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Elimination Period

The elimination period is the required period of time for which no benefits are payable following the date the insured is determined to be eligible for benefits.

- (1) The elimination period is 90 days.
- (2) The elimination period starts on the first day that qualified long-term care services are received.
- (3) The 90 days need not be continuous; however, if the gap in continuous days exceeds 180 days, the 90-day elimination period will start over.
- (4) Benefits will not be paid until the elimination period is satisfied.
- (5) Benefits will not be paid retroactively for services received during the elimination period.
- (6) The elimination period has to be satisfied only once while this agreement is in effect.
- (7) For each day of qualified service received, one day of the elimination period is satisfied.

Hands-On Assistance

Hands-on assistance is the physical assistance of another person without which the insured would be unable to perform an activity of daily living.

HIPAA

The federal Health Insurance Portability and Accountability Act of 1996 amended 2003.

Home and Community Based Care

Home and community based care includes qualified long term care services provided to the insured through adult day care or home health care.

Home Health Care

Home health care is a program of medical and non-medical services provided to ill, disabled or infirm persons through a home health care provider licensed in the state, including:

- (1) professional nursing care by, or under the supervision of, a registered nurse; or
- (2) care by a home health aide; or
- (3) therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed or certified under state law, if any, or a registered dietician; or
- (4) homemaker services.

Home health care is provided in a setting other than a hospital, nursing care facility or assisted living facility. It refers to the insured receiving medical or non-medical services from a licensed home health care provider in the insured's private home or an adult day care center.

Home Health Care Provider

A licensed home health care provider or licensed adult day care center or home health care giver. This also includes an employee of a hospital acting in the capacity of providing care in a private home.

Homemaker Services

Homemaker services are necessary services provided in a home as required pursuant to a plan of care for a chronically ill individual.

Hospital

A hospital is an institution or facility that is licensed as a hospital by the proper authority of the state in which it is located; or accredited as a hospital by the Joint Commission on Accreditation of Hospitals.

Informal Care

Qualified long-term care services provided by non-licensed providers or persons who may or may not be paid for their services but are part of the approved plan of care.

Immediate Family

Immediate family is the insured's or your spouse or legal partner, child, parent, grandparent, grandchild, brothers and sisters and their spouses or legal partners.

Licensed Health Care Practitioner

A licensed health care practitioner is any physician, as defined in Section 1861(r)(1) of the Social Security Act registered professional nurse, or licensed social worker, or other individual who meets requirements prescribed by the Secretary of the Treasury.

A licensed health care practitioner does not include you, the insured, or a member of your or the insured's immediate family.

Long Term Care (LTC) Amount

The LTC amount is an amount that represents the maximum total amount of benefits available under this agreement. The LTC Amount is shown on the policy data pages.

Maintenance or Personal Care Services

Maintenance or personal care services are any services provided primarily to give needed assistance to the insured as a result of being a chronically ill individual.

Medicare

The name given to coverage under the federal Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Nursing Care

Nursing care is providing qualified-long term care services to the insured in a nursing care facility or assisted living facility, or providing maintenance or personal care services in an assisted living facility.

Nursing Care Facility

A facility or institution, other than a hospital, that:

- (1) is licensed or certified by the state in which it is located; and
- (2) is a separate facility or a distinct part of another health care facility; and
- (3) provides 24-hour per day nursing care under the supervision of a registered nurse (RN) or physician; and
- (4) maintains a daily record on each patient.

Plan of Care

A written plan for qualified long-term care services prescribed by a licensed health care practitioner based upon an assessment indicating the insured is a chronically ill individual. This plan of care must specify the type, frequency, and most appropriate types of providers of all the services the insured person requires.

Proof of Loss

Proof of loss means detailed written documentation satisfactory to us which describes and confirms the insured is chronically ill and is receiving care that is covered by this agreement. This documentation includes, but is not limited to:

- (1) the completed proof of loss forms; and
- (2) confirmation of the certification of chronic illness by a licensed health care practitioner; and
- (3) copies of medical records; and
- (4) copies of the licensed health care practitioner's daily notes of care; and
- (5) copies of itemized bills for the insured's care and services or documentation that informal care is being received; and
- (6) copies of the insured's original and current plan of care.

Qualified Long-Term Care Services

Qualified long-term care services are necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services, including approved informal care, which are required by the insured when chronically ill, and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

Severe Cognitive Impairment

A severe cognitive impairment is the deterioration or loss of intellectual capacity, which requires substantial assistance by another person to protect the insured or others from threats to health and safety. It is measured by clinical evidence and standardized tests that reliably measure the insured's impairment in short or long term memory; the insured's orientation as to person (such as who he or she is), place (such as his or her location) and time (such as day, date and year); and deductive or abstract reasoning. Severe cognitive impairment includes Alzheimer's disease and similar forms of irreversible dementia.

Stand-by Assistance

Stand-by assistance is the presence of another person within arm's reach of the insured person that is necessary to prevent, by physical intervention, injury to the insured person while performing any activity of daily living.

Substantial Assistance

The hands-on or stand-by physical assistance of another person to protect the insured person or others from threats to health or safety (such as may result from wandering) or help with performing the activities of daily living; or the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the insured person while he or she is performing necessary tasks.

We, us, our

Minnesota Life Insurance Company

You, Your

The owner of the policy to which this agreement is attached and made a part.

Provisions

What does this agreement provide?

This agreement provides for the payment of a monthly benefit for qualified long-term care services received from nursing care or home and community based care.

The benefit is an acceleration of the death benefit of the policy to which this agreement is attached. The benefit will reduce the policy death benefit and accumulation value.

What is the monthly benefit amount?

The monthly benefit amount is equal to the lesser of:

- (1) the monthly benefit percentage as shown on the policy data pages multiplied by the LTC amount; or
- (2) the per diem amount allowed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) times the number of days in the month.

What happens to the LTC amount if the face amount of the policy is reduced?

If the face amount of the policy is reduced, the LTC amount is set equal to the lesser of the LTC amount that existed immediately prior to the change in the face amount and the new face amount.

What happens to the LTC amount if a partial surrender is taken?

If a partial surrender occurs, the LTC amount is set equal to the LTC amount that was in effect immediately prior to the partial surrender, multiplied by the ratio of the death benefit of the policy (without regard to policy loan) after the partial surrender to the death benefit of the policy (without regard to policy loan) immediately prior to the partial surrender.

What happens to the LTC amount if we make a payment as a result of the exercise of the Accelerated Death Benefit Agreement?

If your policy has the Accelerated Death Benefit Agreement attached and you exercise the payment of an accelerated death benefit, the LTC amount will be recalculated. At the point of such payment the LTC amount is determined by taking the lesser of:

- (1) the LTC amount that existed immediately prior to the accelerated death benefit payment, and
- (2) the death benefit (without regard to policy loan) immediately prior to the payment of the accelerated death benefit payment, minus the accelerated death benefit payment from that amount.

What are the eligibility requirements for the payment of benefits?

In order for benefits to be payable, the following requirements must be met.

- (1) The insured must be certified by a licensed health care practitioner as being a chronically ill individual, and expected to remain so for at least 90 calendar days; and
- (2) The insured must be receiving qualified long-term care services covered under this agreement which are specified in a plan of care; and
- (3) The plan of care must be submitted to us; and
- (4) The elimination period must be satisfied.

Exclusions and Limitations

You are not eligible to receive benefits if your long-term care service needs are caused directly or indirectly by, result in whole or in part, from or during, or there is contribution from:

- (1) committing or attempting to commit a felony; or
- (2) a mental, psychoneurotic, or personality disorder without evidence of organic disease (Alzheimer's Disease and senile dementia are not excluded from coverage); or
- (3) alcoholism or drug addiction, including prescription medication; or
- (4) active service in the armed forces or units auxiliary thereto; or
- (5) war or any act of war, whether declared or undeclared; or
- (6) any intentionally self-inflicted injury or suicide attempt (whether sane or insane); or
- (7) any condition for which the insured received treatment outside of the United States, its territories or Canada; or
- (8) any condition which was the result of the use of alcohol or drugs and associated mental health issues (except Alzheimer's Disease),

medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected; or

- (9) any condition that was the result of a motor vehicle collision or accident where the insured is the operator of the motor vehicle and his or her blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; or
- (10) any pre-existing conditions or diseases unless this agreement is replacing existing coverage.

Pre-Existing Conditions or Diseases Exclusion

Pre-existing conditions or diseases refers to any condition or disease for which the insured received medical advice or treatment within six (6) months preceding the effective date of this agreement for that same condition or disease or a related condition or disease. There does not need to be a specific diagnosis for the condition or disease for it to be considered a pre-existing condition.

We will not pay benefits for qualified long-term care services needed in total or in part from a pre-existing condition or disease which is not disclosed in the application. Days of services received by the insured for a pre-existing condition during the first six (6) months that this agreement is in force will not be counted toward the satisfaction of the elimination period.

Charges

Is there a charge for this agreement?

Yes. There is a monthly charge for this agreement assessed against the policy accumulation value. The charge for this agreement is equal to the LTC cost of insurance rate multiplied by the LTC net amount at risk. The maximum monthly LTC cost of insurance rate for this agreement is shown on the policy data pages. The LTC net amount at risk will equal the greater of zero and the LTC amount minus a proportionate amount of the policy accumulation value. The proportion is equal to the LTC amount divided by the policy face amount.

Charges for this agreement are subject to change. Any change made to the monthly rate will not exceed the maximum monthly LTC rate shown on the policy data pages. Any such change will be on a uniform basis for insureds of the same gender, risk class, and age when this agreement became effective. We will send you a notice 60 days in advance of any change in the rate for this agreement. This notice will be sent to your last known address, and to any assignee or designated third party shown in our records.

Claim Procedures

How do you notify us of a claim?

Written notice of claim must be sent to us at our Home Office in St. Paul, Minnesota within 30 days after such covered loss starts and the elimination period has been satisfied. The notice should include your name, the insured's name and policy number. If it was not reasonably possible to give written notice in the time required, we shall not reduce or deny the claim for this reason if notice is given as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless you were legally incapacitated.

What forms must be submitted to file a claim?

Once notice of claim is received, we will send you forms for filing proof of loss. If these forms are not sent to you within 15 days of our receipt of written notice of claim, you may submit the proof of loss requirements. You may submit these by giving us a written statement of the nature and extent of the loss within the time limit stated in the question below "Is there a time limit on providing proof of loss".

Each month we will require proof of loss be submitted to us. Monthly benefit payments will not be made if proof of loss is not received.

Recertification by a licensed health care practitioner that the insured is a chronically ill individual will be required at a minimum annually. We will never require recertification of chronic illness more frequently than monthly.

A revised plan of care must be provided to us within 30 days if the insured's condition changes and the plan of care is revised. You must notify us in writing immediately if the insured's plan of care indicates the insured is no longer eligible for qualified long-term care services. We will request updates of the plan of care annually or as often as reasonably required but no more frequently than once every 30 days. Only one plan of care may be in effect at a time.

Is there a time limit on providing proof of loss?

Yes. Proof of loss must be given to us at our Home Office in St. Paul, Minnesota within 90 days after such loss begins and the elimination period has been satisfied. If it was not reasonably possible to give written proof in the time required, we shall not reduce or deny the claim for this reason. In any event, the proof required must be given no later than one year from the time specified unless you are legally incapacitated.

Is there a time limit on legal action?

Yes. No legal action may be brought to recover under this agreement within 60 days after written proof of loss has been given as required by this agreement. No such action may be brought after the expiration of the

applicable statute of limitations from the time written proof of loss is required to be given.

Do we have the right to obtain independent medical verification?

Yes. If we require the insured to be medically examined to verify that the eligibility requirements for benefit payments are met, we may do this as often as reasonably required while benefits are being considered or paid.

If we request verification more frequently than on an annual basis, we will do so at our own expense.

What is the process for claim appeals?

We will evaluate your claim based on the provisions of this agreement and the information given by you, the insured, your licensed health care practitioner and other available sources. We will inform you in writing if we deny your claim or any part of your claim.

If you do not agree with our claim decision, you or your representative may appeal the denial. To appeal our claim decision, you must send us a written request which includes all information that pertains to the claim. No special form is needed for this appeal. Your appeal request must be sent to us within 30 days of your receipt of our decision.

We will review your request and notify you or your representative of our decision.

What happens if benefits are overpaid?

If benefits are overpaid, we have the right to recover any overpayment of benefits.

We will recover any overpayment by first offsetting any unpaid benefits.

If there are not sufficient unpaid benefits to allow for full recovery, we will:

- (1) withhold any future benefit payments; then
- (2) bill you for the remaining amount until full recovery has been made.

If at the time of death there is an outstanding overpayment of benefits, you, or your legal representative, may return the overpayment to us. If the overpayment is returned to us prior to our payment of the death proceeds, the overpayment will be included in the death benefit paid to the policy beneficiary. If the entire overpayment is not returned to us, we will reduce the death benefit by the amount of the overpayment.

What happens if the insured is no longer receiving benefits for care that is covered by this agreement?

You must notify us immediately if the insured is no longer receiving care that is covered by this agreement. If the insured is not receiving care covered by this agreement, no benefits will be paid.

Payment of Benefits

To whom will benefits be paid?

All benefits will be paid to you provided you are legally competent at the time of payment. You can validly assign them to a named alternative payee as designated by you or your legal representative provided you are legally competent at the time of assignment.

When will benefits be paid?

Benefits for any loss covered under this agreement will be paid monthly when the insured satisfies the eligibility requirements and we receive written proof of loss.

What does non-duplication of benefits mean?

Non-duplication of benefits means benefits are not payable under this agreement for:

- (1) expenses incurred to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable, but for the application of a deductible or coinsurance amount; or
- (2) any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the elimination period, days on which you satisfy the eligibility for the payment of benefits provision, but coverage is excluded due to the non-duplication of benefits provision, will count towards satisfaction of the elimination period.

What happens if the insured dies while receiving benefit payments?

The remaining death benefit will be paid according to the provisions of your policy.

Any benefits paid under this agreement will reduce the death benefit payable to the beneficiary of the policy.

Any eligible benefits due and payable prior to the insured's death will be paid if we receive proof of loss within the 15 day period following notice of death.

Is there a minimum death benefit payable?

Yes. The minimum death benefit amount is shown on the policy data pages. If the policy death benefit (without regard to policy loan) is less than this minimum death benefit amount, then the minimum death benefit amount less any policy loan and unpaid policy loan interest is payable at the death of the insured.

Are policy changes and transactions allowed while benefits are being paid?

You may choose to decrease the face amount of the policy while benefits are being paid. You may also request a partial surrender for the purpose of applying it towards any policy loan on this policy.

The following policy changes and transactions are not allowed while benefits are being paid.

- (1) Changes in risk class; or
- (2) Increases in the policy face amount; or
- (3) Additions of agreements to your policy; or
- (4) Transfers to sub-accounts or indexed accounts, or to a loan account, if applicable; or
- (5) Requests for loans; or
- (6) Partial surrenders other than those described previously; or
- (7) Changes in death benefit option; or
- (8) Changes in account allocations.

Effect of Benefit Payments

Does the payment of benefits affect the policy death benefit?

Yes. When a benefit payment is made, the death benefit is reduced by the amount of the benefit payment.

Does the payment of benefits affect the policy accumulation value?

Yes. The accumulation value of the policy is set equal to the accumulation value immediately prior to the benefit payment multiplied by the new death benefit (without regard to policy loan), divided by the death benefit (without regard to policy loan) immediately prior to the benefit payment.

If your policy has a minimum accumulation value, the minimum accumulation value will be adjusted in the same manner as the policy accumulation value.

Does the payment of benefits affect the Death Benefit Guarantee Agreement Value?

Yes. If your policy has the Death Benefit Guarantee Agreement attached, the DBGA Value will be adjusted in the same manner as the policy accumulation value.

Does the payment of benefits affect the policy loan?

Yes. If the policy has an outstanding loan, a portion of the benefit payment will be applied to repay the loan. The amount of the benefit payment applied to the policy loan is equal to the lesser of the benefit payment and the result of:

- (a) the loan interest due at the time of the benefit payment; plus
- (b) the policy loan immediately prior to the benefit payment; multiplied by one (1) minus the ratio of the new death benefit (without regard to policy loan) divided by the death benefit (without regard to policy loan) immediately prior to the benefit payment.

What happens to the accumulation value in the sub-accounts of the separate account of the policy when benefit payments begin?

If you have accumulation value in sub-accounts of a separate account when benefit payments begin, we will automatically transfer any value in each sub-account to the guaranteed interest account.

Once benefits are being paid, no further premium allocations may be made to sub-accounts of a separate account.

What happens to the accumulation value of the policy in an indexed account segment when benefit payments begin?

If you have accumulation value in indexed accounts when benefit payments begin, we will automatically transfer any value in each segment of the indexed accounts to the fixed account at each segment's next anniversary.

Once benefits are being paid, no further account allocations may be made to the indexed accounts.

What happens to the policy loan when benefit payments begin?

If you have a policy loan with a variable interest rate, we will automatically change the loan to a fixed interest rate loan. We will also automatically transfer accumulation value to the fixed loan account in the amount of the policy loan plus any unpaid policy loan interest.

Will the charges for this agreement be waived if benefits are being paid?

Yes. As long as benefits are being paid, the charge for this agreement will be waived. All other charges will continue to be assessed against your policy.

Will other policy charges be waived if benefits are being paid?

No. However, if the policy accumulation value goes to zero while benefits are being paid, we will waive all policy and agreement charges that would otherwise be assessed against the policy accumulation value.

When will the payment of benefits terminate?

The monthly benefit payments will stop when:

- (1) 100% of the LTC amount has been paid; or
- (2) the insured is no longer eligible for the benefit; or
- (3) the policy is surrendered; or
- (4) the policy terminates when the policy loan plus unpaid policy loan interest exceeds the policy accumulation value; or
- (5) we receive your request to cancel this agreement; or
- (6) the insured dies.

Will we pay benefits under an alternative plan of care?

If the insured is chronically ill and satisfies the claim procedures provision, we will consider paying benefits under an alternative plan of care for qualified long-term care services not specifically shown as being available under this agreement. We reserve the right to make the final decision on any request for an alternative plan of care.

We must agree that the alternative plan of care must be (1) medically acceptable; and (2) the most cost effective manner in which to provide benefits for the insured's claim under this agreement.

Additional Information

What if the insured's age is misstated?

If the insured's age has been misstated on the application, we may at any time adjust your benefits and/or charges based on the insured's correct age. If no benefits would have been provided based on the insured's correct age, our liability is limited to a refund of any charges taken for this agreement and this agreement is null and void as of its effective date. Any benefits paid to you must be repaid according to the provisions of this agreement.

Is this agreement subject to the incontestability provision of the policy?

Yes. That provision applies to this agreement. The contestable period for this agreement will be measured from the effective date of this agreement.

If this agreement is issued at a date later than this policy, then this agreement will be contestable based only on the evidence of insurability which we required to issue this agreement.

However, a misstatement by you or the insured in any application for the policy or this agreement may be used to rescind (void) or cancel this agreement or deny an otherwise valid claim. During the first six (6) months following the policy date, we may take such action only if the misstatement was material to the issuance of this agreement. After the first six (6) months, but before the end of the first twenty-four (24) months, we may take such action only if the misstatement was material to both the issuance of this agreement and the claim for which benefits are being sought. After this agreement has been in force for twenty-four (24) months from the effective date of this agreement, we can take such action only if we can show you or the insured knowingly and intentionally misrepresented relevant facts relating to the insured's health. No benefits will be paid under this agreement if it is rescinded or canceled.

In the event of death of the insured, this provision will not apply to the remaining death benefit payable under the policy which will be governed by the incontestability provision in the policy.

Does this agreement conform to state statutes?

Yes. If any part of this agreement that, on the effective date, conflicts with the laws of the state in which the insured receives services is hereby amended to meet the minimum requirements of those laws.

When does this agreement terminate?

This agreement will terminate on the earliest of:

- (1) the date this policy is surrendered or terminated; or
- (2) the date we receive your request to cancel this agreement; or
- (3) the date of the insured's death.

Can you request that this agreement be reinstated?

Yes. You can request that this agreement be reinstated if all of the reinstatement conditions stated in the policy have been satisfied. The effective date of the agreement will be the same as the effective date of the reinstated policy.

Alternatively, we will reinstate the policy and this agreement, but no other agreements, if all of the following conditions are met:

- (1) we receive written request for reinstatement from you, or your designated third party; and
- (2) the written request is received within 5 months after the termination date; and
- (3) we receive proof that you were cognitively impaired or a loss of functional capacity existed prior to the expiration of the grace period; and
- (4) we receive all back charges due plus premium sufficient to keep the policy in force another 3 months.

[
Dennis E. Padley
 Secretary

Robert L. Lunden
 President]

LONG-TERM CARE INSURANCE OUTLINE OF COVERAGE FOR LONG-TERM CARE INSURANCE AGREEMENT FORM 09-932

NOTICE TO OWNER: The agreement may not cover all of the costs associated with long-term care incurred by the insured during the period of coverage. You are advised to review carefully all agreement limitations.

CAUTION: The issuance of the Long-Term Care Insurance Agreement is based upon responses to the questions in the Long-Term Care Supplemental Application. A copy of that application is enclosed. If responses are incorrect or untrue, the Company has the right to deny benefits or rescind your agreement. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of the answers are incorrect, contact us at the address shown above.

1. The agreement is an individual agreement of long-term care insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the agreement. You should compare this outline of coverage to outlines of coverage for other long-term care agreements available to you. This is not the insurance contract, but only a summary of coverage. Only the individual policy and the agreement attached to it contain the governing contractual provisions. This means that the policy and the agreement set forth in detail the rights and obligations of both you and the Company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND LONG-TERM CARE AGREEMENT CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** THE AGREEMENT IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, as amended. In the event that future changes in federal law require the agreement to be amended in order to maintain its status as a federally tax-qualified long-term insurance contract, you will be provided with the opportunity to accept or reject any such amendments. You should consult with your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long-term care insurance.
4. **TERMS UNDER WHICH THE AGREEMENT MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
RENEWABILITY. THE AGREEMENT IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the agreement, to continue the agreement as long as you pay premiums or have sufficient accumulation value to cover your policy and agreement charges. Minnesota Life Insurance Company cannot change any of the terms of the agreement on its own, except that in the future, **IT MAY INCREASE THE PREMIUM YOU PAY.**
WAIVER OF CHARGES. Charges for the agreement will be waived after the insured has been certified as chronically ill and benefits are being paid. Charges will be waived until benefit payments are stopped (because the insured has recovered, is no longer eligible or 100% of the LTC amount has been paid. Charges will then be assessed against your policy accumulation value.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE CHARGES FOR THE LONG-TERM CARE AGREEMENT.** Charges for the agreement are subject to change. Any such change will be on a uniform basis for insureds of the same gender, risk class and age when the agreement became effective. We will give you at least 60 days written notice at your last address shown in our records before we change the charge.
6. **TERMS UNDER WHICH THE AGREEMENT MAY BE RETURNED AND PREMIUM REFUNDED.** If you are not satisfied with your life policy, including the agreement, you have 30 days to return it to us or our agent for a full refund of any premium you have paid for the life policy and for any charges you have paid for the agreement. Upon your death, we will refund any assessed monthly charges for the agreement which cover the period after your death. We will make this refund within 30 days of our receipt of proof of your death.
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 Minnesota Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.** Agreements of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, 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 agreement provides coverage for Qualified Long-Term Care Services in the form of an acceleration of your death benefit and is subject to the Elimination Period, limitations or exclusions described in the agreement.

9. **BENEFITS PROVIDED BY THE AGREEMENT**

COVERED SERVICES - The agreement provides benefits for Qualified Long-Term Care Services performed in a nursing care facility or assisted living facility and maintenance or personal care services performed in an assisted living facility. In addition, benefits may be provided for an Alternative Plan of Care. The agreement also includes coverage for home and community based care, including benefits for home health care and adult day care.

ELIMINATION PERIOD - The elimination period is the required period of time for which no benefits are payable following the date the insured is determined to be eligible for benefits. The elimination period is 90 days and starts on the first day that qualified long-term care services are received. The 90 days need not be continuous.

BENEFIT AMOUNT - The benefit payable under the agreement is an acceleration of your life insurance policy death benefit. Any benefits paid under the Long-Term Care Agreement will reduce the life policy's face amount and accumulation value. The insured is eligible for payment of long-term care benefits once he or she has been certified, within the previous 12 months, as chronically ill by a licensed health care practitioner as being unable to perform at least two activities of daily living. The insured must be unable to perform these activities of daily living for a period of at least 90 days due to chronic illness. The benefit is paid monthly and is based on a Long-Term Care (LTC) amount chosen at issue. The LTC amount represents the maximum total amount of benefits available under the agreement. The LTC Amount may be no more than 100% of the life policy's face amount.

NURSING CARE - Nursing care provides qualified long-term care services to the insured in a nursing care facility or assisted living facility or provides maintenance or personal care services in an assisted living facility.

HOME AND COMMUNITY BASED CARE - Home and community based care includes qualified long-term care services provided to the insured through adult day care or home health care.

ALTERNATIVE PLAN OF CARE - An alternative plan of care is one which may be employed at some point in the future to pay for services not specifically shown as being available under the agreement.

DEFINITIONS

Activities of Daily Living means:

1. **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.
2. **Continence:** the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associate personal hygiene (including caring for a catheter or colostomy bag).
3. **Dressing:** putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating:** feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. **Toileting:** getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
6. **Transferring:** moving into or out of bed, a chair or wheelchair

Immediate Family means the insured's or owner's spouse or legal partner, child, parent, grandparent, grandchild, brothers and sisters and their spouses or legal partners.

Hands-On Assistance means the physical assistance (minimal, moderate or maximal) of another person without which the insured would be unable to perform an activity of daily living.

Home Health Care Provider means a licensed home health care provider or licensed adult day care center or home health care giver. This also includes an employee of a hospital acting in the capacity of providing care in a private home.

Licensed Health Care Practitioner means any physician, registered nurse, or psychotherapist licensed under the rules or requirements prescribed by the state in which the insured receives services. A licensed health care practitioner does not include the owner, the insured, or a member of the owner's or the insured's immediate family.

Maintenance or Personal Care Services means any services provided primarily to give needed assistance to the insured as a result of being chronically ill.

Plan of Care means a written plan for qualified long-term care services prescribed by a licensed health care practitioner based upon an assessment indicating the insured is chronically ill. The plan of care must specify the type, frequency, and most appropriate types of providers of all the services the insured person requires.

Qualified Long-Term Care Services means necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services, including approved informal care, which are required by the insured when chronically ill, and are provided pursuant to a plan of care.

Severe Cognitive Impairment means the insured's deterioration or loss of intellectual capacity, which requires substantial assistance by another person to protect the insured or others from threats to health and safety. It is measured by clinical evidence and standardized tests that reliably measure the insured's impairment in short or long-term memory; the insured's orientation as to person (such as who he or she is), place (such as his or her location) and time (such as day, date and year); and deductive or abstract reasoning. Severe cognitive impairment includes Alzheimer's disease and similar forms of irreversible dementia.

Stand-By Assistance means the presence of another person to protect you or others from threats to health or safety (such as may result from wandering) when you have a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Substantial Assistance means the hands-on or stand-by physical assistance of another person to protect the insured person or others from threats to health or safety (such as may result from wandering) or help with performing the activities of daily living; or the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the insured person while he or she is performing necessary tasks.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS - Benefits are eligible for payment under the agreement if the insured is a Chronically Ill individual, which means that within the previous 12 months the insured has been certified by a Licensed Health Care Practitioner as: being unable to perform, without Substantial Assistance, at least two Activities of Daily Living for an expected period of at least 90 days due.

The expected 90-day elimination period for chronic illness does not establish a waiting period beyond any Elimination Period selected before benefits become payable under the agreement.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

NON-ELIGIBLE FACILITIES

A nursing care facility does not include a hospital, convalescent home, board and rest home, home for the aged, a residential care facility, domiciliary and retirement care facility, training center, government or veteran facility or any other facility where the patient is not required to pay. An assisted living facility does not include a hospital.

No benefits will be paid under the agreement for confinement in:

1. non-eligible facilities; or
2. a facility that is not licensed or certified (if licensing or certification is required in your state).

10. LIMITATIONS AND EXCLUSIONS

No benefits will be paid and the Elimination Period will not be satisfied for any treatment or service(s):

1. provided to you by a person in your Family;
2. provided outside of the United States or its territories, or Canada;
3. for which you have no financial liability or that is provided at no charge in the absence of insurance;
4. provided in facilities operated primarily for the treatment of alcoholism or drug addiction;
5. provided in facilities operated primarily for the treatment of mental or nervous disorders. However, this shall not operate to exclude coverage for loss which results from Alzheimer's or any other demonstrable organic disease such as senile dementia;
7. Required as a result of committing or attempting to commit a felony;
8. Provided for a mental, psychoneurotic, or personality disorder without evidence of organic disease (Alzheimer's Disease and senile dementia are not excluded from coverage);
9. Provided for alcoholism or drug addiction, including prescription medication;
10. Due to active service in the armed forces or units auxiliary thereto;
11. Due to war or any act of war, whether declared or undeclared;
12. Caused by an intentionally self-inflicted injury or suicide attempts (whether sane or insane);
13. For any condition for which the insured received treatment outside of the United States, its territories or Canada;
14. For any condition which was the result of the use of alcohol or drugs and associated mental health issues, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
15. For any condition that was the result of a motor vehicle collision or accident where the insured was the operator of the motor vehicle and his or her blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto;
16. Any pre-existing conditions or diseases unless the agreement is replacing existing coverage as stated in the agreement.

NON-DUPLICATION OF BENEFITS

Non-Duplication of benefits means benefits are not payable under the agreement for:

1. expenses incurred to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable, but for the application of a deductible or coinsurance amount; or
2. any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the elimination period, days on which you satisfy the eligibility for the payment of benefits provision, but coverage is excluded due to the non-duplication of benefits provision, will count towards satisfaction of the elimination period.

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. The benefit amount of the agreement will not increase over time.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Subject to Eligibility for the Payment of Benefits, Payment of Benefits and any limitations or exclusions described above, the agreement provides coverage if you are clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

13. MONTHLY CHARGE. The monthly charge for the agreement is assessed against the policy accumulation value. The charge for the agreement is equal to the LTC cost of insurance rate multiplied by the LTC net amount at risk. The LTC net amount at risk will equal the greater of zero and the LTC amount minus a proportionate amount of the policy accumulation value. The proportion is equal to the LTC amount divided by the policy face amount.

14. ADDITIONAL FEATURES

MEDICAL UNDERWRITING - Your insurability for the agreement will be determined by the answers given in long-term care application supplement and any other authorized medical information we obtain regarding your current state of health.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE MINNESOTA LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE AGREEMENT.

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

Long-Term Care Agreement Supplemental Application

Minnesota Life Insurance Company - A Securian Company
 Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Qualified Long-Term Care Tax Obligation

THIS AGREEMENT IS INTENDED TO BE A TAX QUALIFIED LONG-TERM CARE INSURANCE BENEFIT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE. BENEFITS PAID UNDER THIS ACCELERATED BENEFIT AGREEMENT FOR LONG-TERM CARE COVERAGE MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Section A: Proposed Insured Information

Proposed insured name	Date of birth
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Section B: Long-Term Care Benefit Specifications

LTC amount \$	Monthly benefit percentage <input type="checkbox"/> 2% <input type="checkbox"/> 4%
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Section C: General Information

1. Do you have another long-term care insurance policy or certificate or another life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment? Yes No
2. Did you have another long-term care insurance policy or certificate or another life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment in force during the last twelve (12) months? Yes No
 - A. If so, with which company? _____
 - B. If that policy, certificate, or rider lapsed, when did it lapse? _____
3. Are you covered by Medicaid? (This does not mean Medicare.) Yes No
4. Do you intend to replace any of your medical or health insurance coverage with this Long-Term Care Agreement? Yes No

Please list all Long-Term Care and/or Health Insurance coverage in force or pending within the last twelve (12) months. Please include any health care service contract, health maintenance organization contract, or life insurance policy with long-term care coverage.

Full Company Name	Policy Number	Amount	Type	Will it be replaced?
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Information to be filled out by the Representative

1. List any health or long-term care insurance policies, certificates, or any life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment that you have sold to the Applicant that are still in force: _____

2. List any health or long-term care insurance policies, certificates, or any life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment that you have sold to the Applicant in the past five (5) years that are no longer in force: _____

Section E: Medical Information

1. Within the past twelve (12) months, have you required or been advised to use:

A. Assistance or supervision with bathing, eating, dressing, toileting, continence, or transferring from bed to chair? Yes No

B. Any medical device such as a wheel chair, walker, cane, motorized scooter, hospital bed, oxygen or respiratory machine, or dialysis machine? Yes No

C. Any long-term care treatment such as a nursing home, assisted care living facility, home health care services, adult day care services, physical therapy, or rehabilitative therapy? Yes No

2. Have you ever been treated for or diagnosed with any of the following:

A. Alzheimer's disease, dementia, memory loss, or forgetfulness? Yes No

B. Multiple Sclerosis, Parkinson's Disease, Muscular Dystrophy, ALS (Lou Gehrig's Disease), or Huntington's Chorea? Yes No

C. Stroke, Transient Ischemic Attack (TIA), Seizure, or tremor? Yes No

D. Osteoporosis, Arthritis, falls, or unexplained fracture? Yes No

E. Within the past twelve (12) months have you experienced, been treated for or been diagnosed with dizziness, fainting, weakness, or chronic fatigue? Yes No

F. Have you had any falls in the past three (3) years? Yes No

If yes, how many falls have you had in the past year? _____

Please provide details and dates: _____

Section F: Additional Information

1. Do you participate in any of the following:

A. Hobbies, volunteer work, other outside activities? Yes No

B. Do you travel? Yes No

If yes, give details including the average number of times each year, date, and destination of your last trip, and your travel plans for the next twelve (12) months:

C. Do you currently drive? Yes No

If no, when and why did you stop? _____

If yes, give the number of miles driven per week and the number of accidents:

2. Are there other persons living in your household? Yes No

If yes, please indicate how many adults and how many children:

3. Have you ever been declined for long-term care coverage or for a life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment? Yes No

If yes, please provide details: _____

Section G: Disclosures

Protection against unintended lapse

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of the life policy, including this long-term care agreement, for nonpayment of premium. I understand that this notice will not be given until thirty (30) days after a premium is due and unpaid.

I elect NOT to designate a person to receive this notice

I elect the following individual to receive this notice:

Name	Address	
City	State	Zip code

Caution

If your answers on this application are incorrect or untrue, Minnesota Life has the right to deny benefits or rescind your policy, including the agreement for long-term care coverage.

FRAUD WARNING: Any person who, with intent to defraud or knowing that he/she 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.

Proposed insured signature X	Date
Owner signature (if other than the proposed insured) X	Date
Representative signature X	Date

SERFF Tracking Number: MNNL-126472175 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 44691
 Company Tracking Number: 09-932
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: LTC for Indiv. Life
 Project Name/Number: LTC/09-932

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Certification of Compliance.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

This is a Rider filing only. The policies used with this rider are listed in the Filing Description of the General Information tab along with approval dates and SERFF tracking numbers. The applications were filed with those policy forms series filings.

Item Status: **Status Date:**

Satisfied - Item: Outline of Coverage

Comments:

Attached is the Outline of Coverage. Please note this form is also attached in the Form Schedule tab for review and approval.

Attachment:

71951 1-2010.OutCov.pdf

Item Status: **Status Date:**

Satisfied - Item: LTC Assumptions

Comments:

Attached are the LTC Assumptions in both PDF and Excel format.

Attachments:

Minnesota Life LTC Assumptions.pdf

Minnesota Life LTC Assumptions.xlsb



CERTIFICATION OF COMPLIANCE

Minnesota Life Insurance Company certifies that it has reviewed and is in compliance with the following Arkansas Rules and Regulations and Statutes:

Rule and Regulation 19
Rule and Regulation 49
Arkansas Statute 23-80-206
Arkansas Statute 23-79-138

Unfair Sex Discrimination
Guaranty Association Notice
Flesch Certification
Consumer Information Notice

A handwritten signature in black ink, appearing to read "Matthew Harrington", written over a horizontal line.

Signature

Name: Matthew Harrington

Title: Assistant Secretary

Date: January 26, 2010

LONG-TERM CARE INSURANCE OUTLINE OF COVERAGE FOR LONG-TERM CARE INSURANCE AGREEMENT FORM 09-932

NOTICE TO OWNER: The agreement may not cover all of the costs associated with long-term care incurred by the insured during the period of coverage. You are advised to review carefully all agreement limitations.

CAUTION: The issuance of the Long-Term Care Insurance Agreement is based upon responses to the questions in the Long-Term Care Supplemental Application. A copy of that application is enclosed. If responses are incorrect or untrue, the Company has the right to deny benefits or rescind your agreement. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of the answers are incorrect, contact us at the address shown above.

1. The agreement is an individual agreement of long-term care insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the agreement. You should compare this outline of coverage to outlines of coverage for other long-term care agreements available to you. This is not the insurance contract, but only a summary of coverage. Only the individual policy and the agreement attached to it contain the governing contractual provisions. This means that the policy and the agreement set forth in detail the rights and obligations of both you and the Company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY AND LONG-TERM CARE AGREEMENT CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** THE AGREEMENT IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, as amended. In the event that future changes in federal law require the agreement to be amended in order to maintain its status as a federally tax-qualified long-term insurance contract, you will be provided with the opportunity to accept or reject any such amendments. You should consult with your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long-term care insurance.
4. **TERMS UNDER WHICH THE AGREEMENT MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
RENEWABILITY. THE AGREEMENT IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the agreement, to continue the agreement as long as you pay premiums or have sufficient accumulation value to cover your policy and agreement charges. Minnesota Life Insurance Company cannot change any of the terms of the agreement on its own, except that in the future, **IT MAY INCREASE THE PREMIUM YOU PAY.**
WAIVER OF CHARGES. Charges for the agreement will be waived after the insured has been certified as chronically ill and benefits are being paid. Charges will be waived until benefit payments are stopped (because the insured has recovered, is no longer eligible or 100% of the LTC amount has been paid. Charges will then be assessed against your policy accumulation value.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE CHARGES FOR THE LONG-TERM CARE AGREEMENT.** Charges for the agreement are subject to change. **Any such change will be on a uniform basis for insureds of the same gender, risk class and age when the agreement became effective. We will give you at least 60 days written notice at your last address shown in our records before we change the charge.**
6. **TERMS UNDER WHICH THE AGREEMENT MAY BE RETURNED AND PREMIUM REFUNDED.** If you are not satisfied with your life policy, including the agreement, you have 30 days to return it to us or our agent for a full refund of any premium you have paid for the life policy and for any charges you have paid for the agreement. Upon your death, we will refund any assessed monthly charges for the agreement which cover the period after your death. We will make this refund within 30 days of our receipt of proof of your death.
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 Minnesota Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.** Agreements of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, 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 agreement provides coverage for Qualified Long-Term Care Services in the form of an acceleration of your death benefit and is subject to the Elimination Period, limitations or exclusions described in the agreement.

9. **BENEFITS PROVIDED BY THE AGREEMENT**

COVERED SERVICES - The agreement provides benefits for Qualified Long-Term Care Services performed in a nursing care facility or assisted living facility and maintenance or personal care services performed in an assisted living facility. In addition, benefits may be provided for an Alternative Plan of Care. The agreement also includes coverage for home and community based care, including benefits for home health care and adult day care.

ELIMINATION PERIOD - The elimination period is the required period of time for which no benefits are payable following the date the insured is determined to be eligible for benefits. The elimination period is 90 days and starts on the first day that qualified long-term care services are received. The 90 days need not be continuous.

BENEFIT AMOUNT - The benefit payable under the agreement is an acceleration of your life insurance policy death benefit. Any benefits paid under the Long-Term Care Agreement will reduce the life policy's face amount and accumulation value. The insured is eligible for payment of long-term care benefits once he or she has been certified, within the previous 12 months, as chronically ill by a licensed health care practitioner as being unable to perform at least two activities of daily living. The insured must be unable to perform these activities of daily living for a period of at least 90 days due to chronic illness. The benefit is paid monthly and is based on a Long-Term Care (LTC) amount chosen at issue. The LTC amount represents the maximum total amount of benefits available under the agreement. The LTC Amount may be no more than 100% of the life policy's face amount.

NURSING CARE - Nursing care provides qualified long-term care services to the insured in a nursing care facility or assisted living facility or provides maintenance or personal care services in an assisted living facility.

HOME AND COMMUNITY BASED CARE - Home and community based care includes qualified long-term care services provided to the insured through adult day care or home health care.

ALTERNATIVE PLAN OF CARE - An alternative plan of care is one which may be employed at some point in the future to pay for services not specifically shown as being available under the agreement.

DEFINITIONS

Activities of Daily Living means:

1. **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.
2. **Continence:** the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associate personal hygiene (including caring for a catheter or colostomy bag).
3. **Dressing:** putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
4. **Eating:** feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. **Toileting:** getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
6. **Transferring:** moving into or out of bed, a chair or wheelchair

Immediate Family means the insured's or owner's spouse or legal partner, child, parent, grandparent, grandchild, brothers and sisters and their spouses or legal partners.

Hands-On Assistance means the physical assistance (minimal, moderate or maximal) of another person without which the insured would be unable to perform an activity of daily living.

Home Health Care Provider means a licensed home health care provider or licensed adult day care center or home health care giver. This also includes an employee of a hospital acting in the capacity of providing care in a private home.

Licensed Health Care Practitioner means any physician, registered nurse, or psychotherapist licensed under the rules or requirements prescribed by the state in which the insured receives services. A licensed health care practitioner does not include the owner, the insured, or a member of the owner's or the insured's immediate family.

Maintenance or Personal Care Services means any services provided primarily to give needed assistance to the insured as a result of being chronically ill.

Plan of Care means a written plan for qualified long-term care services prescribed by a licensed health care practitioner based upon an assessment indicating the insured is chronically ill. The plan of care must specify the type, frequency, and most appropriate types of providers of all the services the insured person requires.

Qualified Long-Term Care Services means necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services, including approved informal care, which are required by the insured when chronically ill, and are provided pursuant to a plan of care.

Severe Cognitive Impairment means the insured's deterioration or loss of intellectual capacity, which requires substantial assistance by another person to protect the insured or others from threats to health and safety. It is measured by clinical evidence and standardized tests that reliably measure the insured's impairment in short or long-term memory; the insured's orientation as to person (such as who he or she is), place (such as his or her location) and time (such as day, date and year); and deductive or abstract reasoning. Severe cognitive impairment includes Alzheimer's disease and similar forms of irreversible dementia.

Stand-By Assistance means the presence of another person to protect you or others from threats to health or safety (such as may result from wandering) when you have a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Substantial Assistance means the hands-on or stand-by physical assistance of another person to protect the insured person or others from threats to health or safety (such as may result from wandering) or help with performing the activities of daily living; or the presence of another person within arm's reach that is necessary to prevent, by physical intervention, injury to the insured person while he or she is performing necessary tasks.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS - Benefits are eligible for payment under the agreement if the insured is a Chronically Ill individual, which means that within the previous 12 months the insured has been certified by a Licensed Health Care Practitioner as: being unable to perform, without Substantial Assistance, at least two Activities of Daily Living for an expected period of at least 90 days due.

The expected 90-day elimination period for chronic illness does not establish a waiting period beyond any Elimination Period selected before benefits become payable under the agreement.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

NON-ELIGIBLE FACILITIES

A nursing care facility does not include a hospital, convalescent home, board and rest home, home for the aged, a residential care facility, domiciliary and retirement care facility, training center, government or veteran facility or any other facility where the patient is not required to pay. An assisted living facility does not include a hospital.

No benefits will be paid under the agreement for confinement in:

1. non-eligible facilities; or
2. a facility that is not licensed or certified (if licensing or certification is required in your state).

10. LIMITATIONS AND EXCLUSIONS

No benefits will be paid and the Elimination Period will not be satisfied for any treatment or service(s):

1. provided to you by a person in your Family;
2. provided outside of the United States or its territories, or Canada;
3. for which you have no financial liability or that is provided at no charge in the absence of insurance;
4. provided in facilities operated primarily for the treatment of alcoholism or drug addiction;
5. provided in facilities operated primarily for the treatment of mental or nervous disorders. However, this shall not operate to exclude coverage for loss which results from Alzheimer's or any other demonstrable organic disease such as senile dementia;
7. Required as a result of committing or attempting to commit a felony;
8. Provided for a mental, psychoneurotic, or personality disorder without evidence of organic disease (Alzheimer's Disease and senile dementia are not excluded from coverage);
9. Provided for alcoholism or drug addiction, including prescription medication;
10. Due to active service in the armed forces or units auxiliary thereto;
11. Due to war or any act of war, whether declared or undeclared;
12. Caused by an intentionally self-inflicted injury or suicide attempts (whether sane or insane);
13. For any condition for which the insured received treatment outside of the United States, its territories or Canada;
14. For any condition which was the result of the use of alcohol or drugs and associated mental health issues, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage;
15. For any condition that was the result of a motor vehicle collision or accident where the insured was the operator of the motor vehicle and his or her blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto;
16. Any pre-existing conditions or diseases unless the agreement is replacing existing coverage as stated in the agreement.

NON-DUPLICATION OF BENEFITS

Non-Duplication of benefits means benefits are not payable under the agreement for:

1. expenses incurred to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable, but for the application of a deductible or coinsurance amount; or
2. any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the elimination period, days on which you satisfy the eligibility for the payment of benefits provision, but coverage is excluded due to the non-duplication of benefits provision, will count towards satisfaction of the elimination period.

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. The benefit amount of the agreement will not increase over time.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Subject to Eligibility for the Payment of Benefits, Payment of Benefits and any limitations or exclusions described above, the agreement provides coverage if you are clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

13. MONTHLY CHARGE. The monthly charge for the agreement is assessed against the policy accumulation value. The charge for the agreement is equal to the LTC cost of insurance rate multiplied by the LTC net amount at risk. The LTC net amount at risk will equal the greater of zero and the LTC amount minus a proportionate amount of the policy accumulation value. The proportion is equal to the LTC amount divided by the policy face amount.

14. ADDITIONAL FEATURES

MEDICAL UNDERWRITING - Your insurability for the agreement will be determined by the answers given in long-term care application supplement and any other authorized medical information we obtain regarding your current state of health.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE MINNESOTA LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE AGREEMENT.

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

Minnesota Life LTC Assumptions - Life/LTC Combination Product

Annual Long-Term Care Incidence Rates per Insured In Force

90 day Elimination Period - the EP only needs to be satisfied once per lifetime

<u>Attained Age</u>	<u>Female</u>	<u>Male</u>
25	0.000093	0.000116
26	0.000096	0.000121
27	0.000102	0.000130
28	0.000108	0.000138
29	0.000115	0.000148
30	0.000123	0.000158
31	0.000132	0.000168
32	0.000141	0.000180
33	0.000150	0.000193
34	0.000161	0.000206
35	0.000171	0.000220
36	0.000181	0.000238
37	0.000191	0.000260
38	0.000201	0.000282
39	0.000212	0.000307
40	0.000227	0.000329
41	0.000243	0.000352
42	0.000258	0.000383
43	0.000271	0.000417
44	0.000286	0.000454
45	0.000302	0.000495
46	0.000324	0.000536
47	0.000355	0.000575
48	0.000387	0.000616
49	0.000422	0.000661
50	0.000455	0.000718
51	0.000489	0.000779
52	0.000534	0.000836
53	0.000584	0.000897
54	0.000637	0.000962
55	0.000696	0.001032
56	0.000782	0.001108
57	0.000899	0.001189
58	0.001033	0.001275
59	0.001189	0.001368
60	0.001371	0.001468
61	0.001580	0.001574
62	0.001816	0.001688
63	0.002024	0.001861
64	0.002192	0.002102
65	0.002370	0.002325
66	0.002564	0.002569
67	0.002778	0.002902
68	0.003076	0.003231
69	0.003478	0.003550
70	0.003963	0.003919
71	0.004517	0.004326
72	0.005106	0.004754
73	0.005900	0.005425
74	0.006948	0.006397
75	0.008208	0.007510
76	0.009697	0.008816
77	0.011419	0.010397
78	0.013258	0.011915
79	0.015208	0.013319
80	0.017453	0.014871
81	0.020030	0.016603
82	0.022974	0.018559
83	0.026532	0.021032
84	0.030821	0.024125
85	0.035979	0.027399
86	0.042001	0.031115
87	0.048790	0.035690
88	0.054863	0.039905
89	0.059934	0.043611
90	0.065683	0.047228
91	0.071984	0.051141
92	0.078638	0.055891
93	0.083149	0.059352
94	0.085248	0.061347
95	0.087937	0.062909
96	0.090706	0.064508
97	0.092996	0.066676
98	0.094862	0.068456
99	0.096284	0.069825
100	0.097729	0.071221
101	0.099195	0.072646
102	0.100683	0.074098
103	0.101939	0.075206
104	0.102958	0.075958
105	0.103989	0.076719
106	0.105028	0.077485
107	0.106078	0.078260
108	0.107140	0.079043
109	0.108210	0.079833
110	0.109293	0.080631

Age at Claim	Months Since Elimination Period Satisfied																					
	1	2	3	4	5	6	7	8	9	21	33	45	57	69	105	141	177	213	249	285	321	357
95	0.025885	0.023796	0.022761	0.021944	0.021318	0.020493	0.019713	0.019164	0.018761	0.199968	0.356596	0.377921	0.390166	0.382554	0.731251	0.724821	0.778067	0.784607	0.813215	0.837645	0.850012	0.913349
96	0.025250	0.023271	0.022319	0.021549	0.020929	0.020073	0.019231	0.018599	0.018113	0.197100	0.363330	0.378434	0.393135	0.389599	0.739894	0.733491	0.795745	0.795174	0.818832	0.849658	0.866508	0.948457
97	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
98	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
99	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
100	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
101	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
102	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
103	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
104	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
105	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
106	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
107	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
108	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
109	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
110	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
111	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
112	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
113	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
114	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
115	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
116	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
117	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
118	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
119	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564
120	0.024615	0.022746	0.021877	0.021155	0.020540	0.019654	0.018749	0.018034	0.017466	0.194233	0.370064	0.378948	0.396104	0.396645	0.748537	0.742160	0.813423	0.805742	0.824449	0.861672	0.883004	0.983564

*** Termination rates are monthly termination rates for the first 9 months, annual termination rates between month 9 and month 69, and tri-annual thereafter

*** For Modeling purpose, annual termination rates can be linearly converted to monthly basis.

Age at Claim	Months Since Elimination Period Satisfied																					
	1	2	3	4	5	6	7	8	9	21	33	45	57	69	105	141	177	213	249	285	321	357
95	0.056472	0.048165	0.046459	0.047014	0.048623	0.049184	0.048382	0.046482	0.043862	0.371802	0.426952	0.400670	0.432265	0.427273	0.729380	0.813191	0.847813	0.867690	0.879614	0.900569	0.926747	0.943131
96	0.057222	0.048732	0.047023	0.047590	0.049214	0.049798	0.049012	0.047120	0.044519	0.380200	0.427534	0.404171	0.436997	0.436199	0.740294	0.836012	0.870228	0.869667	0.882233	0.919859	0.950231	0.964066
97	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
98	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
99	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
100	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
101	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
102	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
103	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
104	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
105	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
106	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
107	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
108	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
109	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
110	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
111	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
112	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
113	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
114	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
115	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
116	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
117	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
118	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
119	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000
120	0.057972	0.049299	0.047588	0.048166	0.049806	0.050411	0.049642	0.047758	0.045177	0.388598	0.428117	0.407671	0.441729	0.445125	0.751209	0.858832	0.892642	0.871643	0.884852	0.939150	0.973716	0.985000

*** Termination rates are monthly termination rates for the first 9 months, annual termination rates between month 9 and month 69, and tri-annual thereafter

*** For Modeling purpose, annual termination rates can be linearly converted to monthly basis.

**Minnesota Life LTC Assumptions - Life/LTC Combination product
Underwriting Selection Factors**

Female Composite Selection Factors

Duration	≤ 60	60 - 64	65-69	70 - 74	75 - 79	80+
1	0.319	0.329	0.456	0.594	0.692	0.760
2	0.587	0.597	0.754	0.946	0.962	0.998
3	0.747	0.757	0.926	1.110	1.100	1.076
4	0.876	0.876	0.988	1.176	1.148	1.126
5	0.940	0.940	1.042	1.220	1.200	1.176
6	0.990	0.990	1.097	1.264	1.242	1.232
7	1.028	1.028	1.142	1.278	1.276	1.288
8	1.075	1.075	1.161	1.276	1.302	1.344
9	1.113	1.113	1.179	1.272	1.296	1.344
10	1.145	1.145	1.190	1.270	1.310	1.344
11	1.145	1.145	1.190	1.270	1.310	1.344
12	1.145	1.145	1.190	1.270	1.310	1.344
13	1.145	1.145	1.190	1.270	1.310	1.344
14	1.145	1.145	1.190	1.270	1.310	1.344
15	1.145	1.145	1.190	1.270	1.310	1.344
16	1.145	1.145	1.190	1.270	1.310	1.344
17	1.145	1.145	1.190	1.270	1.310	1.344
18	1.145	1.145	1.190	1.270	1.310	1.344
19	1.145	1.145	1.190	1.270	1.310	1.344
20	1.145	1.145	1.190	1.270	1.310	1.344
21	1.145	1.145	1.190	1.270	1.310	1.344
22	1.145	1.145	1.190	1.270	1.310	1.344
23	1.145	1.145	1.190	1.270	1.310	1.344
24	1.145	1.145	1.190	1.270	1.310	1.344
25	1.145	1.145	1.190	1.270	1.310	1.344
26	1.145	1.145	1.190	1.270	1.310	1.344
27	1.145	1.145	1.190	1.270	1.310	1.344
28	1.145	1.145	1.190	1.270	1.310	1.344
29	1.145	1.145	1.190	1.270	1.310	1.344
30	1.145	1.145	1.190	1.270	1.310	1.344
31	1.145	1.145	1.190	1.270	1.310	1.344
32	1.145	1.145	1.190	1.270	1.310	1.344
33	1.145	1.145	1.190	1.270	1.310	1.344
34	1.145	1.145	1.190	1.270	1.310	1.344
35	1.145	1.145	1.190	1.270	1.310	1.344
36	1.145	1.145	1.190	1.270	1.310	1.344
37	1.145	1.145	1.190	1.270	1.310	1.344
38	1.145	1.145	1.190	1.270	1.310	1.344
39	1.145	1.145	1.190	1.270	1.310	1.344
40+	1.145	1.145	1.190	1.270	1.310	1.344

Male Composite Selection Factors

Duration	≤ 60	60 - 64	65-69	70 - 74	75 - 79	80+
1	0.319	0.329	0.456	0.594	0.692	0.760
2	0.587	0.597	0.754	0.946	0.962	0.998
3	0.747	0.757	0.926	1.110	1.100	1.076
4	0.876	0.876	0.988	1.176	1.148	1.126
5	0.940	0.940	1.042	1.220	1.200	1.176
6	0.990	0.990	1.097	1.264	1.242	1.232
7	1.028	1.028	1.142	1.278	1.276	1.288
8	1.075	1.075	1.161	1.276	1.302	1.344
9	1.113	1.113	1.179	1.272	1.296	1.344
10	1.145	1.145	1.190	1.270	1.310	1.344
11	1.145	1.145	1.190	1.270	1.310	1.344
12	1.145	1.145	1.190	1.270	1.310	1.344
13	1.145	1.145	1.190	1.270	1.310	1.344
14	1.145	1.145	1.190	1.270	1.310	1.344
15	1.145	1.145	1.190	1.270	1.310	1.344
16	1.145	1.145	1.190	1.270	1.310	1.344
17	1.145	1.145	1.190	1.270	1.310	1.344
18	1.145	1.145	1.190	1.270	1.310	1.344
19	1.145	1.145	1.190	1.270	1.310	1.344
20	1.145	1.145	1.190	1.270	1.310	1.344
21	1.145	1.145	1.190	1.270	1.310	1.344
22	1.145	1.145	1.190	1.270	1.310	1.344
23	1.145	1.145	1.190	1.270	1.310	1.344
24	1.145	1.145	1.190	1.270	1.310	1.344
25	1.145	1.145	1.190	1.270	1.310	1.344
26	1.145	1.145	1.190	1.270	1.310	1.344
27	1.145	1.145	1.190	1.270	1.310	1.344
28	1.145	1.145	1.190	1.270	1.310	1.344
29	1.145	1.145	1.190	1.270	1.310	1.344
30	1.145	1.145	1.190	1.270	1.310	1.344
31	1.145	1.145	1.190	1.270	1.310	1.344
32	1.145	1.145	1.190	1.270	1.310	1.344
33	1.145	1.145	1.190	1.270	1.310	1.344
34	1.145	1.145	1.190	1.270	1.310	1.344
35	1.145	1.145	1.190	1.270	1.310	1.344
36	1.145	1.145	1.190	1.270	1.310	1.344
37	1.145	1.145	1.190	1.270	1.310	1.344
38	1.145	1.145	1.190	1.270	1.310	1.344
39	1.145	1.145	1.190	1.270	1.310	1.344
40+	1.145	1.145	1.190	1.270	1.310	1.344

Minnesota Life LTC Assumptions - Life/LTC Combination Product

Disabled Life Mortality Rates

NOTE: Disabled life mortality used only to segregate claim terminations between deaths and recoveries.

If disabled mortality rate exceeds claim termination rate, termination rate governs, and 100% of terminations will be deaths

<u>Attained Age</u>	<u>Female</u>	<u>Male</u>
25	0.00766	0.01396
26	0.00737	0.01338
27	0.00708	0.01278
28	0.00685	0.01226
29	0.00661	0.01177
30	0.00641	0.01135
31	0.00674	0.01167
32	0.00711	0.01199
33	0.00747	0.01235
34	0.00791	0.01273
35	0.00839	0.01341
36	0.00872	0.01357
37	0.00920	0.01387
38	0.00969	0.01425
39	0.01028	0.01478
40	0.01093	0.01545
41	0.01183	0.01647
42	0.01283	0.01767
43	0.01398	0.01915
44	0.01530	0.02084
45	0.01688	0.02274
46	0.01871	0.02491
47	0.02078	0.02718
48	0.02302	0.02952
49	0.02542	0.03186
50	0.02789	0.03413
51	0.03037	0.03741
52	0.03299	0.04077
53	0.03590	0.04422
54	0.03920	0.04776
55	0.04304	0.05134
56	0.04747	0.05502
57	0.05255	0.05893
58	0.05831	0.06326
59	0.06472	0.06822
60	0.07183	0.07399
61	0.07806	0.08058
62	0.08470	0.08835
63	0.09199	0.09753
64	0.10004	0.10833
65	0.10865	0.12086
66	0.11825	0.13532
67	0.12913	0.15139
68	0.14184	0.16874
69	0.15690	0.18707
70	0.17478	0.20605
71	0.18383	0.21398
72	0.19247	0.22074
73	0.20148	0.22801
74	0.21058	0.23643
75	0.21753	0.24490
76	0.22404	0.25511
77	0.22746	0.26499
78	0.22709	0.27385
79	0.22222	0.28106
80	0.21211	0.28598
81	0.22443	0.30590
82	0.23604	0.32576
83	0.24790	0.34613
84	0.26016	0.36693
85	0.27169	0.38711
86	0.28434	0.40861
87	0.29699	0.42980
88	0.30971	0.45100
89	0.32396	0.47235
90	0.33793	0.49393
91	0.34936	0.51659
92	0.35983	0.53851
93	0.37141	0.56073
94	0.38444	0.58893
95	0.39656	0.61876
96	0.41054	0.64341
97	0.42093	0.66949
98	0.42844	0.69721
99	0.43379	0.72678
100	0.43640	0.75838
101	0.44934	0.77395
102	0.46113	0.78930
103	0.47349	0.81142
104	0.48900	0.84385
105	0.50483	0.88551
106	0.52531	0.94251
107	0.54657	1.00000
108	0.56783	1.00000
109	0.58782	1.00000
110	0.67200	1.00000

SERFF Tracking Number: MNNL-126472175 *State:* Arkansas
Filing Company: Minnesota Life Insurance Company *State Tracking Number:* 44691
Company Tracking Number: 09-932
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: LTC for Indiv. Life
Project Name/Number: LTC/09-932

Attachment "Minnesota Life LTC Assumptions.xlsb" is not a PDF document and cannot be reproduced here.

SERFF Tracking Number: MNNL-126472175 State: Arkansas
 Filing Company: Minnesota Life Insurance Company State Tracking Number: 44691
 Company Tracking Number: 09-932
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: LTC for Indiv. Life
 Project Name/Number: LTC/09-932

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/26/2010	Form	Long Term Care Supplemental Application	02/04/2010	F71952 12-2009 LTC Agreement Supplemental Application.pdf (Superseded)

Long-Term Care Agreement Supplemental Application

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
 Life New Business • 400 Robert Street North • St. Paul, Minnesota 55101-2098

Qualified Long-Term Care Tax Obligation

THIS AGREEMENT IS INTENDED TO BE A TAX QUALIFIED LONG-TERM CARE INSURANCE BENEFIT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE. BENEFITS PAID UNDER THIS ACCELERATED BENEFIT AGREEMENT FOR LONG-TERM CARE COVERAGE MAY BE TAXABLE. IF SO, YOU OR YOUR BENEFICIARY MAY INCUR A TAX OBLIGATION. AS WITH ALL TAX MATTERS, YOU SHOULD CONSULT YOUR PERSONAL TAX ADVISOR TO ASSESS THE IMPACT OF THIS BENEFIT.

Section A: Proposed Insured Information

Proposed insured name	Date of birth
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Section B: Long-Term Care Benefit Specifications

LTC amount \$	Monthly benefit percentage <input type="checkbox"/> 2% <input type="checkbox"/> 4%
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Section C: General Information

1. Do you have another long-term care insurance policy or certificate or another life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment? Yes No
2. Did you have another long-term care insurance policy or certificate or another life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment in force during the last twelve (12) months? Yes No
 - A. If so, with which company? _____
 - B. If that policy, certificate, or rider lapsed, when did it lapse? _____
3. Are you covered by Medicaid? (This does not mean Medicare.) Yes No
4. Do you intend to replace any of your medical or health insurance coverage with this Long-Term Care Agreement? Yes No

Please list all Long-Term Care and/or Health Insurance coverage in force or pending within the last twelve (12) months. Please include any health care service contract, health maintenance organization contract, or life insurance policy with long-term care coverage.

Full Company Name	Policy Number	Amount	Type	Will it be replaced?
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Individual or <input type="checkbox"/> Group	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D: Information to be filled out by the Representative

1. List any health or long-term care insurance policies, certificates, or any life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment that you have sold to the Applicant that are still in force: _____

2. List any health or long-term care insurance policies, certificates, or any life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment that you have sold to the Applicant in the past five (5) years that are no longer in force: _____

Section E: Medical Information

1. Within the past twelve (12) months, have you required or been advised to use:

- A. Assistance or supervision with bathing, eating, dressing, toileting, continence, or transferring from bed to chair? Yes No
- B. Any medical device such as a wheel chair, walker, cane, motorized scooter, hospital bed, oxygen or respiratory machine, or dialysis machine? Yes No
- C. Any long-term care treatment such as a nursing home, assisted care living facility, home health care services, adult day care services, physical therapy, or rehabilitative therapy? Yes No

2. Have you ever been treated for or diagnosed with any of the following:

- A. Alzheimer's disease, dementia, memory loss, or forgetfulness? Yes No
- B. Multiple Sclerosis, Parkinson's Disease, Muscular Dystrophy, ALS (Lou Gehrig's Disease), or Huntington's Chorea? Yes No
- C. Stroke, Transient Ischemic Attack (TIA), Seizure, or tremor? Yes No
- D. Osteoporosis, Arthritis, falls, or unexplained fracture? Yes No
- E. Within the past twelve (12) months have you experienced, been treated for or been diagnosed with dizziness, fainting, weakness, or chronic fatigue? Yes No
- F. Have you had any falls in the past three (3) years? Yes No

If yes, how many falls have you had in the past year? _____

Please provide details and dates: _____

Section F: Additional Information

1. Do you participate in any of the following:

- A. Hobbies, volunteer work, other outside activities? Yes No
- B. Do you travel? Yes No

If yes, give details including the average number of times each year, date, and destination of your last trip, and your travel plans for the next twelve (12) months:

- C. Do you currently drive? Yes No

If no, when and why did you stop? _____

If yes, give the number of miles driven per week and the number of accidents:

2. Are there other persons living in your household? Yes No

If yes, please indicate how many adults and how many children:

3. Have you ever been declined for long-term care coverage or for a life insurance policy that accelerates benefits for long-term care due to chronic illness or cognitive impairment? Yes No

If yes, please provide details: _____

Section G: Disclosures

Protection against unintended lapse

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of the life policy, including this long-term care agreement, for nonpayment of premium. I understand that this notice will not be given until thirty (30) days after a premium is due and unpaid.

I elect NOT to designate a person to receive this notice

I elect the following individual to receive this notice:

Name	Address	
City	State	Zip code

Caution

If your answers on this application are incorrect or untrue, Minnesota Life has the right to deny benefits or rescind your policy, including the agreement for long-term care coverage.

Proposed insured signature X	Date
Owner signature (if other than the proposed insured) X	Date
Representative signature X	Date