Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SignatureCare	SERFF Tr Num: LFCR-127154973	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved-Closed	State Tr Num: 48680
Sub-TOI: LTC03I.004 Partnership	Co Tr Num: AR MM511	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Harris Shearer, Stephanie Fowler
	Authors: Smith Darlene, Chuck Gray, Trudy Weigel	Disposition Date: 06/07/2011
	Date Submitted: 05/04/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Smith Darlene
Filing Description:
May 1, 2011

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/07/2011
State Status Changed: 06/07/2011
Created By: Trudy Weigel
Corresponding Filing Tracking Number:

RE: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY – NAIC # 65935
Long Term Care filing of Tax-Qualified Policy rates with forms noted in the attached Form Filing Cover Sheet which includes previous approval dates and corresponding SERFF tracking numbers.

Forms previously approved for use as indicated on the Form Filing Cover Sheet under Previously Approved Forms With

Revised Rates For New Policyholders, are being submitted with an updated form number to accommodate the new rates going forward. Other than the updated policy, rider and endorsement form numbers, we certify that no other changes have been made to these previously approved forms. Updated policy schedule pages are also being provided reflecting the new rates. These forms are included informationally in Supporting Documentation.

In addition, two previously approved riders, the Simple Inflation Protection Rider and the Indemnity Benefit Rider will be withdrawn and not marketed with the above referenced policy forms. As a result, the outlines of coverage and applications associated with this product have updated form numbers because they have been revised to delete all references to these two riders and the outlines of coverage are further revised to reflect the updated policy numbers and the updated premiums under the inflation protection graphs. We certify that apart from these noted changes, the previously approved outlines of coverage and applications have no other changes. These forms are included in the Form Schedule for Review and Approval.

Additional previously approved forms for use with these policies are shown on the Cover Sheet along with their respective approval dates and filing numbers.

All benefits are described in the enclosed actuarial memorandum which addresses the revised rates.

A Flesch certification is also included.

Concurrent with this filing, these forms are being filed in the company's domiciliary state, Massachusetts.

Thank you for your assistance with this filing.

Sincerely,

Trudy Weigel, LTCP
(800) 366-5463 ext. 2240
Email: trudy.weigel@lifecareassurance.com

Company and Contact

Filing Contact Information

Trudy Weigel, Compliance Analyst 2	trudy.weigel@lifecareassurance.com
P.O. Box 4243	818-867-2240 [Phone]
Woodland Hills, CA 91365-4243	818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

Massachusetts Mutual Life Insurance Company	CoCode: 65935	State of Domicile: Massachusetts
Long Term Care Administrative Office	Group Code: 435	Company Type:
P.O. Box 4243	Group Name:	State ID Number:
Woodland Hills, CA 91365-4243	FEIN Number: 04-1590850	
(818) 867-2450 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$250.00
Retaliatory?	No
Fee Explanation:	4 Forms @ $50.00 per Form 1 Rate @ $50.00 per Rate
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	$250.00	05/04/2011	47265294

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/07/2011	06/07/2011

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	Stephanie Fowler	06/03/2011	06/03/2011	Trudy Weigel	06/03/2011	06/03/2011

Disposition

Disposition Date: 06/07/2011
Implementation Date:
Status: Approved-Closed
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Massachusetts Mutual Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

SERFF Tracking Number:	*LFCR-127154973*	*State:*	*Arkansas*
Filing Company:	*Massachusetts Mutual Life Insurance Company*	*State Tracking Number:*	*48680*
Company Tracking Number:	*AR MM511*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.004 Partnership*
Product Name:	*SignatureCare*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Sheet	Accepted for Informational Purposes	Yes
Supporting Document	Certification of Compliance	Accepted for Informational Purposes	Yes
Supporting Document	Previously Approved Forms With Revised Rates For New Policyholders	Accepted for Informational Purposes	Yes
Supporting Document	Sample Schedule Pages	Accepted for Informational Purposes	Yes
Form	Application for Long Term Care Insurance Policy Actuarial Memorandum	Approved-Closed	Yes
Form	Outline of Coverage for Long Term Care Policy	Approved-Closed	Yes
Form	Short Application for Long Term Care Insurance	Approved-Closed	Yes
Form	Outline of Coverage for Facility Services Only Insurance Policy	Approved-Closed	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/03/2011
Submitted Date	06/03/2011
Respond By Date	07/05/2011

Dear Trudy Weigel,

This will acknowledge receipt of the captioned filing. Please clarify whether or not a rate increase is included in this filing. If there is, please submit the requested rates under the Rate/Rule Schedule.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2011
Submitted Date	06/03/2011

Dear Harris Shearer,

Comments:
This is in response to your letter of June 3, 2011.

Response 1

Comments: This is not a rate increase filing. We are not raising the rates for any current policyholders. New rates will be used for new policyholders going forward.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your assistatance.

Sincerely,
Chuck Gray, Smith Darlene, Trudy Weigel

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/07/2011	MM500-AP-1-AR	Application/Enrollment Form	Application for Long Term Care Insurance Policy Actuarial Memorandum	Revised	Replaced Form #: MM500-AP-AR Previous Filing #: LFCR-125292639		MM500-AP-1-AR.pdf
Approved-Closed 06/07/2011	MM500-OOC-1-AR	Other	Outline of Coverage for Long Term Care Policy	Revised	Replaced Form #: MM500-OOC-AR Previous Filing #: LFCR-125292639		MM500-OOC-1-AR.pdf
Approved-Closed 06/07/2011	MM500-SAP-1-1-AR	Application/Enrollment Form	Short Application for Long Term Care Insurance	Revised	Replaced Form #: MM500-SAP-1-AR Previous Filing #: LFCR-125292639		MM500-SAP-1-1-AR.pdf
Approved-Closed 06/07/2011	MM501-OOC-1-AR	Other	Outline of Coverage for Facility Services Only Insurance Policy	Revised	Replaced Form #: MM501-OOC-AR Previous Filing #: LFCR-125292639		MM501-OOC-1-AR.pdf

Massachusetts Mutual Life Insurance Company
Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

LONG TERM CARE INSURANCE APPLICATION
MM500-AP-1-AR (PLEASE PRINT)

Coverage Type ☐ Individual ☐ (1 Partner Applying) ☒ (Both Partners Applying)

PART 1: PROPOSED APPLICANT PERSONAL INFORMATION

Proposed Applicant 1		Proposed Applicant 2	
Name (First) (MI) (Last) John Doe	Gender ☒ Male ☐ Female	Name (First) (MI) (Last) Jane Doe	Gender ☐ Male ☒ Female
Home Address (Street)(City) (State)(ZIP) 123 Main St., Anytown, ST 12345-1234		Home Address (Street)(City) (State)(ZIP) 123 Main St., Anytown, ST 12345-1234	
Billing Address (if different)		Billing Address (if different)	
Phone Home (555) 555-1212 Work (555) 555-1212 Best time to call? 7:00 am or pm / home or work		Phone Home (555) 555-1212 Work (555) 555-1212 Best time to call? 7:00 am or pm / home or work	
SS No. 123-45-6789	Birth Date 1-1-56	SS No. 234-56-7891	Birth Date 1-1-61
State of Birth Anytown, ST	Height & Weight 6' 0" 180	State of Birth Anytown, ST	Height & Weight 6' 0" 180
Driver's License No. X1234567	License State ST	Driver's License No. X2345678	License State ST
Email (OPTIONAL): johndoe@email.com		Email (OPTIONAL): janedoe@email.com	
Occupation (or if retired, date of retirement):	Smoker (current or within past 12 months) ☐ Yes ☒ No	Occupation (or if retired, date of retirement):	Smoker (current or within past 12 months) ☐ Yes ☒ No

PART 2: INSURABILITY INFORMATION

Proposed Applicant 1	Proposed Applicant 2
1. Do you currently need assistance with bathing, dressing, eating, taking medication, transferring from bed to chair or toileting? ☐ Yes ☒ No	1. Do you currently need assistance with bathing, dressing, eating, taking medication, transferring from bed to chair or toileting? ☐ Yes ☒ No
2. During the past 10 years, have you been medically diagnosed or treated for any of the following:	2. During the past 10 years, have you been medically diagnosed or treated for any of the following:
AIDS or positive HIV status ☐ Yes ☒ No	AIDS or positive HIV status ☐ Yes ☒ No
Alzheimer's Disease, Dementia ☐ Yes ☒ No	Alzheimer's Disease, Dementia ☐ Yes ☒ No
Amyotrophic Lateral Sclerosis/Lou Gehrig's Disease ☐ Yes ☒ No	Amyotrophic Lateral Sclerosis/Lou Gehrig's Disease ☐ Yes ☒ No
Cerebral Palsy ☐ Yes ☒ No	Cerebral Palsy ☐ Yes ☒ No
Cystic Fibrosis ☐ Yes ☒ No	Cystic Fibrosis ☐ Yes ☒ No
Hepatitis-Chronic ☐ Yes ☒ No	Hepatitis-Chronic ☐ Yes ☒ No
Huntington's Chorea ☐ Yes ☒ No	Huntington's Chorea ☐ Yes ☒ No
Insulin Dependent Diabetes ☐ Yes ☒ No	Insulin Dependent Diabetes ☐ Yes ☒ No
Kidney Disease requiring dialysis ☐ Yes ☒ No	Kidney Disease requiring dialysis ☐ Yes ☒ No
Liver Cirrhosis ☐ Yes ☒ No	Liver Cirrhosis ☐ Yes ☒ No
Multiple Sclerosis ☐ Yes ☒ No	Multiple Sclerosis ☐ Yes ☒ No
Myasthenia Gravis ☐ Yes ☒ No	Myasthenia Gravis ☐ Yes ☒ No
Organic Brain Syndrome ☐ Yes ☒ No	Organic Brain Syndrome ☐ Yes ☒ No
Paralysis ☐ Yes ☒ No	Paralysis ☐ Yes ☒ No
Parkinson's /Parkinsonism ☐ Yes ☒ No	Parkinson's /Parkinsonism ☐ Yes ☒ No
Schizophrenia ☐ Yes ☒ No	Schizophrenia ☐ Yes ☒ No
Stroke, TIA ☐ Yes ☒ No	Stroke, TIA ☐ Yes ☒ No
Systemic Lupus ☐ Yes ☒ No	Systemic Lupus ☐ Yes ☒ No

PLEASE NOTE: Before you continue with this application: If you answered YES to any of the questions in Part 2, we suggest you do not submit the application. If you answered NO to every question, please continue.

PART 3: MEDICAL INFORMATION

Proposed Applicant 1	Proposed Applicant 2
1. Are you currently receiving Social Security Disability or Medicaid (not Medicare)? ☐ Yes ☒ No	1. Are you currently receiving Social Security Disability or Medicaid (not Medicare)? ☐ Yes ☒ No
2. Do you currently use or have you used in the past 12 months a walker, crutches, braces, wheelchair, motorized cart, hospital bed, oxygen, or cane? ☐ Yes ☒ No	2. Do you currently use or have you used in the past 12 months a walker, crutches, braces, wheelchair, motorized cart, hospital bed, oxygen, or cane? ☐ Yes ☒ No
3. Within the past 12 months have you been advised to have any special testing or surgery that has not yet been performed or are you aware of any symptoms or complaints for which you plan to seek medical advice or treatment? ☐ Yes ☒ No	3. Within the past 12 months have you been advised to have any special testing or surgery that has not yet been performed or are you aware of any symptoms or complaints for which you plan to seek medical advice or treatment? ☐ Yes ☒ No
4. Within the past 12 months have you received rehabilitative services including physical therapy, occupational therapy, home care or been confined to a nursing home or assisted living facility? ☐ Yes ☒ No	4. Within the past 12 months have you received rehabilitative services including physical therapy, occupational therapy, home care or been confined to a nursing home or assisted living facility? ☐ Yes ☒ No
5. Within the past 12 months have you received disability income or workers' compensation or any other state disability? ☐ Yes ☒ No	5. Within the past 12 months have you received disability income or workers' compensation or any other state disability? ☐ Yes ☒ No
6. Within the past 5 years, have you had or been issued a handicap tag? ☐ Yes ☒ No	6. Within the past 5 years, have you had or been issued a handicap tag? ☐ Yes ☒ No
7. Within the past 5 years, have you been declined for long term care insurance? ☐ Yes ☒ No	7. Within the past 5 years, have you been declined for long term care insurance? ☐ Yes ☒ No
8. Within the past 10 years, have you received medical advice, consultation, or treatment for the following conditions?	8. Within the past 10 years, have you received medical advice, consultation, or treatment for the following conditions?
Alcoholism, Drug Dependency ☐ Yes ☒ No	Alcoholism, Drug Dependency ☐ Yes ☒ No
Blood or Endocrine (Glandular) Disorder ☐ Yes ☒ No	Blood or Endocrine (Glandular) Disorder ☐ Yes ☒ No
High Blood Pressure ☐ Yes ☒ No	High Blood Pressure ☐ Yes ☒ No
Diabetes ☐ Yes ☒ No	Diabetes ☐ Yes ☒ No
Brain, Spinal Cord, or Neurological Disease ☐ Yes ☒ No	Brain, Spinal Cord, or Neurological Disease ☐ Yes ☒ No
Cancer (Internal) ☐ Yes ☒ No	Cancer (Internal) ☐ Yes ☒ No
Heart, Circulatory, Vascular Disorder ☐ Yes ☒ No	Heart, Circulatory, Vascular Disorder ☐ Yes ☒ No
Kidney, Bladder, or Prostate Condition ☐ Yes ☒ No	Kidney, Bladder, or Prostate Condition ☐ Yes ☒ No
Musculoskeletal (bone or joint) or Skin Disorder ☐ Yes ☒ No	Musculoskeletal (bone or joint) or Skin Disorder ☐ Yes ☒ No
Progressive Eye Disease ☐ Yes ☒ No	Progressive Eye Disease ☐ Yes ☒ No
Psychiatric, Mental Disorder, or Depression ☐ Yes ☒ No	Psychiatric, Mental Disorder, or Depression ☐ Yes ☒ No
Respiratory or Lung Disorder ☐ Yes ☒ No	Respiratory or Lung Disorder ☐ Yes ☒ No
Stomach, Esophagus, Intestine, Liver or Pancreas Condition ☐ Yes ☒ No	Stomach, Esophagus, Intestine, Liver or Pancreas Condition ☐ Yes ☒ No

PRIMARY CARE PHYSICIAN (PCP)

9. PCP (current) or MD who has the most complete records of your medical history. If you changed doctors in the past 12 months, please provide the previous doctor's information also. (medical records may be ordered)	9. PCP (current) or MD who has the most complete records of your medical history. If you changed doctors in the past 12 months, please provide the previous doctor's information also. (medical records may be ordered)
Name: J. Doctor	Name: J. Doctor
Address: 145 Main St.	Address: 145 Main St.
City, State ZIP: 145 Main St. Anytown ST 12345-1234	City, State ZIP: 145 Main St. Anytown ST 12345-1234
Phone: ( )	Phone: ( )
Date/Reason for Last visit: 1/1/11 Check-up	Date/Reason for Last visit: 1/1/11 Check-up
Medication(s) prescribed:	Medication(s) prescribed:

LIST ALL MEDICATION(S) AND MEDICAL DETAILS from Part 3 (attach additional sheet if needed)

10. List Medications/Dosage/Frequency/Reason/Prescribing MD (if not listed above)	10. List Medications/Dosage/Frequency/Reason/Prescribing MD (if not listed above)

Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____	Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____
Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____	Question #: _____ Diagnosis or Disorder: _____ ***Treating Health Professional:*** Name: _____ Address: _____

PART 4: COVERAGE AND PREMIUM INFORMATION

* If a PARTNERSHIP POLICY is selected below and You are age **75 or younger**, 5% Compound Inflation Protection or 3% Compound Inflation Protection must be selected and will be issued with Your Policy.

Proposed Applicant 1	**Proposed Applicant 2**
1. Basic Plan Selection ☒ Partnership Policy ☐ Non-Partnership Policy ☐ Facility Services Only ☐ Comprehensive (Facility Services and Home & Community Based Services (HCBS)) ☒ Comprehensive with HCBS Monthly Benefit Rider **2. Daily Benefit Amount (DBA) $** 100.00 **3. Benefit Period** ☐ Lifetime ☐ 10 Years ☐ 6 Years ☐ 5 Years ☐ 4 Years ☒ 3 Years ☐ 2 Years **4. Elimination Period** ☐ 30 Days ☐ 60 Days ☒ 90 Days ☐ 180 Days * Please refer to Partnership Program requirements above. **5. Inflation Protection Rider (may select only one)** ☒ 5% Compound Inflation Protection ☐ 3% Compound Inflation Protection **6. Return of Premium Riders (may select only one)** ☐ Full Return of Premium on Death (*available to age 65*) ☐ Return of Premium on Death **Beneficiary Name** _____ **Relationship** _____ (Designation of Beneficiary is applicable only in conjunction with one of the Return of Premium Riders) **7. Elimination Period Riders (may select only one) (not available with Facility Services Only Plan)** ☐ HCBS Waiver of Elimination Period ☐ Enhanced Elimination Period **8. Other Riders** ☐ Shortened Benefit Period Nonforfeiture ☐ Restoration of Benefits *(not available w/Lifetime Benefit Period)* **9. Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)** ☒ Waiver of Premium for Covered Partner ☐ Paid-Up Survivor *(available only w/Lifetime Premium Payment Option)* ☐ Shared Care **(Covered Partner coverage must be identical)** *(not available w/Lifetime Benefit Period)*	**1. Basic Plan Selection** ☒ Partnership Policy ☐ Non-Partnership Policy ☐ Facility Services Only ☐ Comprehensive (Facility Services and Home & Community Based Services (HCBS)) ☒ Comprehensive with HCBS Monthly Benefit Rider **2. Daily Benefit Amount (DBA) $** 100.00 **3. Benefit Period** ☐ Lifetime ☐ 10 Years ☐ 6 Years ☐ 5 Years ☐ 4 Years ☒ 3 Years ☐ 2 Years **4. Elimination Period** ☐ 30 Days ☐ 60 Days ☒ 90 Days ☐ 180 Days * Please refer to Partnership Program requirements above. **5. Inflation Protection Rider (may select only one)** ☒ 5% Compound Inflation Protection ☐ 3% Compound Inflation Protection **6. Return of Premium Riders (may select only one)** ☐ Full Return of Premium on Death (*available to age 65*) ☐ Return of Premium on Death **Beneficiary Name** _____ **Relationship** _____ (Designation of Beneficiary is applicable only in conjunction with one of the Return of Premium Riders) **7. Elimination Period Riders (may select only one) (not available with Facility Services Only Plan)** ☐ HCBS Waiver of Elimination Period ☐ Enhanced Elimination Period **8. Other Riders** ☐ Shortened Benefit Period Nonforfeiture ☐ Restoration of Benefits *(not available w/Lifetime Benefit Period)* **9. Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)** ☒ Waiver of Premium for Covered Partner ☐ Paid-Up Survivor *(available only w/Lifetime Premium Payment Option)* ☐ Shared Care **(Covered Partner coverage must be identical)** *(not available w/Lifetime Benefit Period)*

PART 4: COVERAGE AND PREMIUM INFORMATION (continued)

* Please refer to Partnership Program requirements on page 3.	* Please refer to Partnership Program requirements on page 3.
REJECTION OF INFLATION PROTECTION RIDER I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Inflation Protection Rider and I have chosen to reject the rider. Check Here ☐ **REJECTION OF NONFORFEITURE RIDER** I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to reject the rider. Check Here ☐	**REJECTION OF INFLATION PROTECTION RIDER** I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Inflation Protection Rider and I have chosen to reject the rider. Check Here ☐ **REJECTION OF NONFORFEITURE RIDER** I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to reject the rider. Check Here ☐
10. Discounts (see Application Instructions) ☒ Covered Partner Discount (2 Proposed Applicants) ☐ Partner Discount (1 Proposed Applicant) ☐ Loyal Customer Discount Policy No. _____ ☐ Employer/Association Group Discount Group Name and Number _____ **11. Premium Billing (m*ay select only one*)** ☒ Direct Bill ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC ☐ List Bill ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC **12. Premium Payment Options (may select only one)** ☐ Standard Lifetime ☐ Discounted Renewals *(only available with Lifetime Premium Payment)* *The following two options are not available under age 40* ☒ 10-Year ☐ Paid-Up at Age 65 *(available to age 55)*	**10. Discounts (see Application Instructions)** ☒ Covered Partner Discount (2 Proposed Applicants) ☐ Partner Discount (1 Proposed Applicant) ☐ Loyal Customer Discount Policy No. _____ ☐ Employer/Association Group Discount Group Name and Number _____ **11. Premium Billing (m*ay select only one*)** ☒ Direct Bill ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC ☐ List Bill ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC **12. Premium Payment Options (may select only one)** ☐ Standard Lifetime ☐ Discounted Renewals *(only available with Lifetime Premium Payment)* *The following two options are not available under age 40* ☒ 10-Year ☐ Paid-Up at Age 65 *(available to age 55)*
Special Request:	Special Request:

PART 5: OTHER COVERAGE/REPLACEMENT INFORMATION

Proposed Applicant 1	**Proposed Applicant 2**
1. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including health care service contract or health maintenance organization contract)? ☐ Yes ☒ No 2. Did you have another long term care insurance policy or certificate in force during the past 12 months? ☐ Yes ☒ No If that policy lapsed, provide date of lapse _____ 3. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy? ☐ Yes ☒ No If you answered YES to any of the questions 1-3 above, provide full details below and complete the required replacement form(s): Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____ Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____	1. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including health care service contract or health maintenance organization contract)? ☐ Yes ☒ No 2. Did you have another long term care insurance policy or certificate in force during the past 12 months? ☐ Yes ☒ No If that policy lapsed, provide date of lapse _____ 3. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy? ☐ Yes ☒ No If you answered YES to any of the questions 1-3 above, provide full details below and complete the required replacement form(s): Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____ Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____

PART 6: PROTECTION AGAINST UNINTENTIONAL 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 this long term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

Proposed Applicant 1 (choose one):	**Proposed Applicant 2 (choose one):**
☒ I elect not to designate any person to receive such notice	☒ I elect not to designate any person to receive such notice
☐ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:	☐ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: (_____)_____	Phone: (_____)_____
Relationship: _____	Relationship: _____

PART 7: COVERED PARTNER OR PARTNER DISCOUNT ELIGIBILITY

To be eligible for the Partner Discount you must be

- married; or
- named in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- living with someone for the past three consecutive years in a committed relationship as partners or as family members and sharing basic living expenses; and
  - are not married to each other or anyone else; and
  - not named in a certificate or license of civil union with each other or anyone else; and
  - if related, belong to the same family generation (e.g. siblings, cousins)

To be eligible for the Covered Partner Discount both applicants must meet the above criteria together.

I meet the criteria listed above. ☒ Yes ☐ No	I meet the criteria listed above. ☒ Yes ☐ No

PART 8: PROPOSED APPLICANT STATEMENT

NOTICE OF INSURANCE INFORMATION PRACTICES - To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. The information we obtain about you will be used by Massachusetts Mutual Life Insurance Company to determine eligibility for insurance and/or benefits under an existing policy and for other business purposes in connection with the insurance relationship. The information obtained may not be released to any person or organization except to reinsuring companies, any third party administrators designated by Massachusetts Mutual Life Insurance Company or other persons or organizations performing services in connection with your application, claim or as may be otherwise lawfully required or as you may further authorize. We will furnish a more detailed summary of our information practices upon request.

AGREEMENT — The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

If a premium is paid to the agent in exchange for a Conditional Receipt, the Company is liable only as stated in that Receipt.

If premium is not paid with this application, I understand that the policy will become effective and in force on the Policy Effective Date only if the following occur: (1) the application is approved by the Company; (2) a policy is issued during the lifetime of the Proposed Applicant; (3) the first premium is paid in full; and (4) there has been no change in the insurability of the Proposed Applicant since the date of completion of the application and the date the policy is delivered.

ACKNOWLEDGMENT — I acknowledge receipt of an Outline of Coverage, NAIC Shopper's Guide, Potential Rate Increase Disclosure Form, Conditional Premium Receipt Information, and the Company's notices about the Medical Information Bureau, Inc. (MIB), the Fair Credit Reporting Act, the Company's privacy practices, and the HIPAA Notice of Privacy Practices.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This application in totality will be part of the insurance policy for which I am applying. Further, if this application has been completed by two Proposed Applicants I understand that a copy of this application will be included in my Covered Partner's policy. "I", "you", and "your" mean the Proposed Applicant 1 and if applicable, Proposed Applicant 2 applying for coverage under this application.

CAUTION: If your answers on this application are incorrect or untrue, Massachusetts Mutual Life Insurance Company may have the right to deny benefits or rescind your policy.

Signed at Anytown, ST **On** 11-1-11

(City) (State) (Date)

Signature of Proposed Applicant 1: John Doe

Signature of Proposed Applicant 2: Jane Doe

PART 9: AGENT'S STATEMENT

9A: Rate Information

What Rate Class was proposed?	Did you consult the Field Underwriting Guide to determine rate class?
Proposed Applicant 1: ☒ Ultra Preferred ☐ Select Preferred ☐ Preferred Proposed Applicant 2: ☒ Ultra Preferred ☐ Select Preferred ☐ Preferred	☒ Yes ☐ No

Did the proposed applicant(s) answer YES to any condition in Part 3 of the application? ☐ Yes ☒ No

If "Yes", is the condition(s) eligible for the rate class selected? (if "No", please explain)

Proposed Applicant 1: ☐ Yes ☐ No Proposed Applicant 2: ☐ Yes ☐ No

9B: Other Coverage and Replacement Information

Is this part of a multi-Life case (i.e. family members, business partners, etc.)?	Is there a Disability or Life Application being submitted concurrently with this Application?
Proposed Applicant 1: ☐ Yes ☒ No	Proposed Applicant 1: ☐ Yes ☒ No
Proposed Applicant 2: ☐ Yes ☒ No	Proposed Applicant 2: ☐ Yes ☒ No

Proposed Applicant 1	Proposed Applicant 2
To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any company? ☐ Yes ☒ No	To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any company? ☐ Yes ☒ No
List any other health insurance policies that you have sold to the Proposed Applicant(s):	List any other health insurance policies that you have sold to the Proposed Applicant(s):
Which of the policies listed above are still in force, if any?	Which of the policies listed above are still in force, if any?
Which of the policies listed above sold in the past 5 years are no longer in force, if any?	Which of the policies listed above sold in the past 5 years are no longer in force, if any?

9C: Forms Delivery and Signatures

Did you provide Proposed Applicant(s) with all required notices?	Did you ask the Proposed Applicant(s) all the questions face to face and witness their signature(s)?
☒ Yes ☐ No	☒ Yes ☐ No
(if "No", provide details)	(if "No", provide details)

9D: Miscellaneous Information

What is the amount of the Conditional Receipt Premium check? $ 3993.26

I certify that the answers to the questions provided by the Proposed Applicant(s) were fully and accurately recorded in the application, and that the questions in the Agent's Statement have been answered accurately. I have reviewed the current health insurance coverage of the Proposed Applicant(s) and find that the coverage of the type and amount applied for is appropriate for the needs of the Proposed Applicant(s). Further, if this is a replacement, I have reviewed the current health insurance coverage of the Proposed Applicant(s) and find that this replacement is appropriate for the needs of the Proposed Applicant(s).

Licensed Agent's Name (please print) John Q. Porter **Ident. Code** 1234

Licensed Agent's Signature John Q. Porter **Date** 11-1-11

Agent's Phone (555) 555-1515

Agent's Fax (555) 555-1414 **Agency Number** 5678

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Outline of Coverage for
Long Term Care Insurance Policy Form MM500-P-1-AR

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

Caution: The issuance of this Long Term Care Insurance Policy is based upon the responses to the questions on the Application. A copy of the Application is enclosed. If the responses are incorrect or untrue, the Company may have the right to deny benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of the responses are incorrect, contact Us at the Long Term Care Administrative Office address shown above.

The Policy is an individual Policy of insurance.

PURPOSE OF OUTLINE OF COVERAGE

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

FEDERAL TAX CONSEQUENCES

THE POLICY 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, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy as long as You pay Your premiums on time. Massachusetts Mutual Life Insurance Company cannot change any of the terms of the Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium

Premiums will not be due once We begin paying, and for as long as We continue to pay, benefits for Facility Services or Home and Community Based Services under the Policy. We will return any unearned premium to You on a pro-rata basis. Premium will again become due when We are no longer paying You because the Insured is no longer receiving Facility Services, or Home and Community Based Services at least once every week.

For an additional premium payment, an optional Waiver of Premium for Covered Partner Rider is also available, as described below.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

Premiums are subject to change. We can only change the premiums for the Policy if We change premiums, subject to the approval of the appropriate regulatory authority of the state in which this

Policy was issued. We will give You at least sixty (60) days written notice at Your last address shown in Our records before We change Your premium.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

If You are not satisfied with the Policy, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium You have paid and the Policy, all riders and attachments will be considered never to have been in effect. Upon the death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis. We will make this refund within thirty (30) days of Our receipt of proof of the Insured's death. If You cancel the Policy after thirty (30) days, any unearned premium will be refunded to You on a pro-rata basis. If You purchase one of the optional Return of Premium Riders, upon the death of the Insured, all or a portion of the premiums paid for the Policy and riders will be returned to You, if other than the Insured, or Your Beneficiary.

THIS 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. Neither Massachusetts Mutual Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one (1) 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 Policy provides coverage for Qualified Long Term Care Services in the form of an expense incurred benefit for covered long term care expenses, subject to Policy Elimination Periods, Limitations and Exclusions described below.

BENEFITS PROVIDED BY THE POLICY

Covered Services

The Policy provides benefits for Qualified Long Term Care Services performed in a nursing facility or assisted living facility, and Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. A Prescription Drug Benefit and Bed Reservation Benefit are available if Facility Services are being received in a nursing facility, assisted living facility or hospice facility. The Policy provides benefits for Home and Community Based Services, including home health care, adult day care and hospice care at home. Additional Policy benefits include those for Caregiver Training, an Emergency Response System, Ambulance Services and an Alternative Plan of Care.

Elimination Period

This is the number of days the Insured must receive either Facility Services or Home and Community Based Services, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. An Elimination Period of thirty (30), sixty (60), ninety (90) or one hundred eighty (180) days may be chosen. For each day the Insured receives Facility Services or Home and Community Based Services, We will credit one (1) day toward satisfaction of the Elimination Period. These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

For an additional premium payment an Enhanced Elimination Period Rider is available, as described below.

Elimination Period for Coverage Outside of the United States

This is the number of days after the Insured has satisfied the Elimination Period previously described and receives either Facility Services or Home and Community Based Services Outside of the United States, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits for coverage Outside of the United States. Days on which the Insured receives Facility Services or Home and Community Based Services Outside of the United States will first be used to satisfy the Elimination Period previously described. Once this Elimination Period has been satisfied, We will credit one (1) day towards satisfaction of the

Elimination Period for Coverage Outside of the United States. This number of days will be equal to the number of days selected for the Elimination Period previously described. These days do not need to be consecutive; however, days will not be accumulated under separate claims in order to satisfy the Elimination Period for Coverage Outside of the United States. The Insured must first satisfy the Elimination Period before days will count towards satisfaction of the Elimination Period for Coverage Outside of the United States.

Total Benefit Amount

An unlimited Total Benefit Amount may be chosen for Lifetime coverage, or a lesser amount determined by multiplying the Daily Benefit Amount chosen by the Benefit Period selected - either 3,650 days (10 Years), 2,190 days (6 Years), 1,825 days (5 Years), 1,460 days (4 Years), 1,095 days (3 Years) or 730 days (2 Years). The result will be the Total Benefit Amount for all benefits payable under the Policy.

Daily Benefit Amount

The initial Daily Benefit Amount will be shown on the Policy Schedule page of the Policy. The current Daily Benefit Amount will be the initial Daily Benefit Amount adjusted to reflect the provisions of any inflation protection rider attached to the Policy.

Facility Services Benefit

Benefits are payable for Covered Expenses incurred for Qualified Long Term Care Services (including skilled, intermediate or custodial, nursing care), provided in a nursing facility or assisted living facility, Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. Covered Expenses means the actual daily cost of each day's Facility Services received up to the Daily Benefit Amount. Premium rates will vary according to the Daily Benefit Amount selected.

Facility Prescription Drug Benefit

Benefits are payable for Covered Expenses incurred for prescription drugs when the Insured is receiving Facility Services under the Policy. Covered Expenses means the actual monthly cost of the Insured's prescription drugs up to the monthly maximum equal to the Daily Benefit Amount. This benefit is not payable if the Insured is receiving Home and Community Based Services or the Insured is confined in a hospital.

Facility Bed Reservation Benefit

Benefits are payable if Facility Services are being received in a nursing facility, assisted living facility or hospice facility and Covered Expenses are incurred for a Facility Bed Reservation. Covered Expenses means the actual cost charged by the Facility to reserve accommodations for each day the Insured is temporarily absent from the Facility, up to the Daily Benefit Amount. The Policy Year maximum for this benefit is sixty (60) times the Daily Benefit Amount.

Home and Community Based Services Benefit

Benefits are payable for Covered Expenses for Home and Community Based Services. Covered Expenses means the actual daily cost of each day's Home and Community Based Services received up to the Daily Benefit Amount. Benefits include home health care provided through a qualified Home Health Care Agency or Independent Home Health Caregiver, in a setting other than a hospital, nursing facility, assisted living facility or hospice facility. Home health care includes professional nursing care by or under the supervision of an RN or other licensed nurse; care by a qualified Home Health Aide; therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist, licensed or certified under state law, if any; services provided by a registered dietician; or homemaker services. Benefits are also payable for adult day care and hospice care at home.

Emergency Response System Benefit

Benefits are payable for Covered Expenses if the Insured is receiving Home and Community Based Services benefits under the Policy. Covered Expenses means the actual monthly cost of the Insured's Emergency Response System, up to one-half (1/2) of the Daily Benefit Amount.

Ambulance Services Benefit

Benefits are payable for Covered Expenses if the Insured is receiving Home and Community Based Services benefits under the Policy. Covered Expenses means the actual cost of each day's Ambulance Services up to the Daily Benefit Amount. The Policy Year maximum for this benefit is four (4) times the Daily Benefit Amount.

Caregiver Training Benefit

Benefits are payable for Covered Expenses for training provided by a health care professional approved by Us, to an informal caregiver. Covered Expenses means the actual cost of the Caregiver Training up to the lifetime maximum of five (5) times the Daily Benefit Amount. The Insured is not required to satisfy the Elimination Period for the Policy before We will pay the Caregiver Training Benefit. Receipt of Caregiver Training by the informal caregiver does not count toward satisfaction of the Elimination Period for any other benefits payable under the Policy.

Respite Care Benefit

Benefits are payable for Covered Expenses for Qualified Long Term Care Services provided to the Insured on a short term basis to relieve an informal caregiver in the Insured's residence, a nursing facility, assisted living facility, or through a community based program. Covered Expenses means the actual cost up to the Daily Benefit Amount. The Policy Year maximum for this benefit is thirty (30) times the Daily Benefit Amount. The Insured is not required to satisfy the Elimination Period for the Policy before We will pay the Respite Care Benefit. Receipt of Respite Care does not count toward satisfaction of the Elimination Period for any other benefits payable under the Policy.

Alternative Plan of Care Benefit

Benefits are payable for Covered Expenses for an Alternative Plan of Care, for treatment or services not otherwise specified in the Policy, including, but not limited to, durable medical equipment and home modification. The Insured or the Insured's representative, the Insured's Licensed Health Care Practitioner and We must agree that the Alternative Plan of Care services are cost-effective; appropriate to the Insured's needs; provide the Insured with an equal or greater quality of care; and constitute Qualified Long Term Care Services. Covered Expenses means the actual cost of the Alternative Plan of Care services received. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

Optional Personal Care Advisor Benefit

The Insured is entitled to the assistance of a Personal Care Advisor. The Insured or the Insured's representative, or a Family Member are encouraged to contact Our claim office as soon as a claim is anticipated by calling the toll-free number that will be shown on the Policy Schedule page of the Policy. We will then contact the Personal Care Services Provider and instruct them to assign a Personal Care Advisor to the Insured so that the Insured can obtain Personal Care Advisory Services as soon as possible.

If the Insured chooses to utilize the services of the Personal Care Advisor assigned by the Personal Care Advisory Services Provider, the costs of the Personal Care Advisory Services will be billed directly to Us and We will pay the Personal Care Advisory Services Provider directly. The cost of the Personal Care Advisory Services paid by Us will not reduce the Total Benefit Amount under the Policy.

The Insured is not required to satisfy the Elimination Period in order to use the services of a Personal Care Advisor. Use of the Personal Care Advisor does not count towards satisfaction of the Elimination Period. Use of a Personal Care Advisor is completely voluntary. The use or non-use of a Personal Care Advisor does not impact the right to benefits under the Policy.

Coverage Outside of the United States

Benefits are payable for Covered Expenses for Facility Services and Home and Community Based Services received Outside of the United States. Covered Expenses means the actual cost of each day's Facility Services or Home and Community Based Services received Outside of the United States, subject to Eligibility for the Payment of Benefits and the Elimination Period for Coverage Outside of the United States, as previously described. Benefits will be payable in United States currency at the conversion rate determined by the United States Treasury as of the date benefits are paid. Benefits will be payable up to one-half (1/2) of the Daily Benefit Amount. For policies with Total Benefit Amounts less

than lifetime, a maximum of twenty-five percent (25%) of the Total Benefit Amount is payable under the Policy for this benefit. For policies with lifetime Total Benefit Amounts, the lifetime maximum for this benefit is 1,825 times the Daily Benefit Amount under the Policy.

While We are paying benefits for Coverage Outside of the United States, the following benefits will not be available: Facility Prescription Drug Benefit, Facility Bed Reservation Benefit, Emergency Response System Benefit, Ambulance Services Benefit, Caregiver Training Benefit, Respite Care Benefit, or the Alternative Plan of Care Benefit.

Definitions

Activities of Daily Living:

- **Bathing:** means 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.
- **Continence:** means 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).
- **Dressing:** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** means 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.
- **Toileting:** means getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
- **Transferring:** means moving into or out of bed, a chair, or wheelchair.

Ambulance Services means transportation by ambulance from the Insured's home to a facility, or to and from a facility for purposes of receiving Respite Care.

Beneficiary means the person or persons, named in the application or subsequently changed by written request, to receive payment of the return of earned premium benefit due upon the death of the Insured under the optional Return of Premium on Death Rider and the optional Full Return of Premium on Death Rider.

Chronically Ill means within the previous twelve (12) months a Licensed Health Care Practitioner has certified that the Insured:

- is unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period that is expected to last at least ninety (90) consecutive days due to loss of functional capacity; or
- has a Severe Cognitive Impairment.

Covered Expenses means the amount of benefit payable by Us as a result of the Insured's receipt of Qualified Long Term Care Services. The Covered Expense for each benefit available under the Policy is defined by the specific Benefit provision of the Policy.

Covered Partner means the Insured's spouse or Partner who is covered by Us under a policy with the same state policy form number as the Policy.

Emergency Response System means a personal service the Insured can alert easily (such as pressing a button on a bracelet or pendant) when in distress and in need of help. This does not include a home alarm system.

Family Member means the Insured's spouse (or Partner) and the following relatives by blood, marriage or adoption, of the Insured or the Insured's spouse (or Partner): grandparents; parents, aunts or uncles; siblings, first cousins; children, nieces, or nephews; and grandchildren.

Hands-On Assistance means the physical assistance of another person without which the Insured would be unable to perform the Activity of Daily Living.

Home Health Aide means a person, other than an RN or nurse, who provides Qualified Long Term Care Services through a Home Health Care Agency or as an Independent Home Health Caregiver. A Home Health Aide must be licensed or

certified under state law, if any, and acting within the scope of his or her license or certification at the time the Qualified Long Term Care Services are performed.

Home Health Care Agency means an entity that is regularly engaged in providing Home Health Care for compensation and employs staff, qualified by training or experience, to provide such care. The entity must: keep clinical records or care plans on all patients; provide ongoing supervision and training to its employees appropriate to the services to be provided; and have the appropriate state licensure or certification, where required. If licensure or certification is not required, the entity must be supervised by a qualified professional such as a Registered Nurse (RN), a Licensed Social Worker, or a Physician.

Independent Home Health Caregiver means a certified nursing assistant, nurse, or physical, occupational, respiratory or speech therapist, or any other person approved by Us that meets all of the following criteria:

- is independently employed and not associated with a Home Health Care Agency;
- is qualified by training and experience to provide Qualified Long Term Care Services; and
- is licensed or certified under state law, if any, and acting within the scope of his or her license at the time the Qualified Long Term Care Services are provided.

Insured means the person named as the insured on the Policy Schedule page of the Policy.

Licensed Health Care Practitioner means:

- a physician;
- a registered nurse; or
- a licensed social worker.

The Licensed Health Care Practitioner must not be a Family Member.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping the Insured conduct Activities of Daily Living while Chronically Ill. This includes protection from threats to the Insured's health and safety due to a Severe Cognitive Impairment.

Outside of the United States means outside of the United States or its territories, or Canada.

Partner means an adult who is either:

- named along with the Insured, in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- has been living with the Insured for the past three (3) consecutive years in a committed relationship as the Insured's Partner or as a member of the Insured's family; and
  - is committed to sharing basic living expenses with the Insured; and
  - is not married to the Insured, or anyone else; and
  - if related to the Insured, belongs to the same generation of the Insured's family (e.g. brother, sister, or cousin).

Plan of Care means a written individualized plan of services prescribed by a Licensed Health Care Practitioner developed in consultation with the Insured, based upon an assessment that states the Insured is Chronically Ill. The Plan of Care will specify the type, frequency, and providers of the services most suitable to meet the Insured's long term care needs and the costs, if any, of those services. The Plan of Care must be updated as the Insured's needs change. At all times We retain the right to verify that the Insured's Plan of Care is appropriate.

Policy means the contract between You and Us.

Policy Anniversary Date means the Policy Anniversary Date as shown on the Policy Schedule page of the Policy.

Policy Year means the period from the Policy effective date to the first Policy Anniversary Date or the period from one Policy Anniversary Date to the next Policy Anniversary Date.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, 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 means the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia which requires Substantial Supervision. Severe Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure a person's impairment in:

- short or long term memory;
- orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year); and
- deductive or abstract reasoning.

Single Claim Period means a claim for benefits under the Policy that is not interrupted by a period of one hundred eighty (180) consecutive days. If the Insured does not meet the requirements of Eligibility for the Payment of Benefits under the Policy because the Insured is no longer Chronically Ill and no benefits are paid under the Policy for a period of one hundred eighty (180) consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Total Benefit Amount means the remaining amount of benefits that may be paid under the Policy. The initial Total Benefit Amount is shown on the Policy Schedule page of the Policy. The Total Benefit Amount after Policy issue will be decreased by benefits paid under the Policy. The Total Benefit Amount after Policy issue will be increased in accordance with the provisions of any riders attached to the Policy and any additional benefits resulting from the crediting of dividends.

We, Us, Our means Massachusetts Mutual Life Insurance Company.

You, Your means the owner of the Policy as indicated in Our records. The owner is the Insured unless otherwise provided in the application or changed by written request.

Eligibility for the Payment of Benefits

Subject to all the terms and provisions of the Policy, We will pay the Covered Expenses for benefits described in the Policy when We verify that the Insured meets all of the following conditions:

- the Insured is Chronically Ill;
- the Qualified Long Term Care Services the Insured receives are covered under the Policy and are provided pursuant to the Plan of Care;
- coverage under the Policy was in force on the date(s) the Qualified Long Term Care Services were received by the Insured;
- unless otherwise indicated within the Policy, the Insured has satisfied the Policy's Elimination Period;
- any daily, monthly, annual, or lifetime limits on the specific benefit(s) being claimed under the Policy or any attached riders to the Policy have not been exhausted;
- the Insured meets all additional requirements indicated in the Policy for the specific benefit(s) under the Policy;
- the requirements under the FILING A CLAIM section of the Policy have been satisfied; and
- the claim is not subject to the Limitations and Exclusions contained in the Policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Non-Eligible Facilities

A nursing facility does not include a hospital, clinic or assisted living facility, a convalescent home, a board and rest home, a home for the aged, an adult residential care facility, a domiciliary and retirement care facility, a training center, a government or veteran's facility or any other facility where the patient is not required to pay, or the Insured's primary place of residence in an area used principally for independent residential living, or a similar establishment. An assisted living facility does not include a hospital, a nursing facility, an individual residence, or an independent living unit.

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

- non-eligible facilities; or
- an unlicensed facility (if licensing is required in Your state).

Limitations and Exclusions

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

- provided to the Insured by a Family Member;
- provided Outside of the United States except as described previously under Coverage Outside of the United States;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of mental or nervous disorders.

Non-Duplication of Benefits

Benefits are not payable under the Policy for: (a) 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 (b) any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which the Insured meets the requirements of Eligibility for the Payment of Benefits, but coverage is excluded due to the Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

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

RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Policy will not increase over time. For an additional premium payment, You may purchase the optional Inflation Protection Rider described below.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Subject to Eligibility for the Payment of Benefits and any Limitations and Exclusions described above, the Policy provides coverage if the Insured is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

PREMIUM

Premium Payment Options

10-Year and Paid-Up at Age 65 Premium Payments

These options provide that at the end of the premium payment period if each required premium has been paid, the Policy will automatically be renewed for the rest of the Insured's life with no further premium payments required. During the premium payment period, premiums will be subject to change as described under "TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED" on the first page of this outline of coverage.

Long Term Care Insurance Policy

** If a PARTNERSHIP POLICY is selected below and You are age **75 or younger**, 5% Compound Inflation Protection or 3% Compound Inflation Protection must be selected and will be issued with Your Policy.*

X Partnership Policy ❍ Non-Partnership Policy

X Covered Partner Discount (two applicants) ❍ Partner Discount (one applicant)

Elimination Period: ❍ 30 Days ❍ 60 Days X 90 Days ❍ 180 Days

Daily Benefit ($50 - $400): $ $100.00

Benefit Period: ❍ Lifetime ❍ 3,650 Days (10 Years) ❍ 2,190 Days (6 Years) ❍ 1,825 Days (5 Years) ❍ 1,460 Days (4 Years) X 1,095 Days (3 Years) ❍ 730 Days (2 Years)

Premium Payment Options (*may select only one*):

❍ Standard Lifetime ❍ Discounted Renewals (*only available with Lifetime Premium Payment*)

The following two options are not available under age 40:

X 10-Year ❍ Paid-Up at Age 65 (*available to age 55*)

The following are the Annual Premiums for the coverage You have applied for:

Comprehensive coverage is Facility Services plus Home and Community Based Services (HCBS)

	First Year	Renewal
X Comprehensive Long Term Care Insurance Policy	$ 649.18	$ 649.18
X Comprehensive with HCBS Monthly Benefit Rider (Form MM500R-MTH-1)	$ 29.21	$ 29.21
Inflation Protection Rider (may select only one) *		
X 5% Compound Inflation Protection (Form MM500R-COMP-1)	$ 1,425.99	$ 1,425.99
❍ 3% Compound Inflation Protection (Form MM500R-COMP-1)	$	$
Return of Premium Riders (may select only one)		
❍ Full Return of Premium on Death *(available to age 65)* (Form MM500R-FROP-1)	$	$
❍ Return of Premium on Death (Form MM500R-ROP-1)	$	$
Elimination Period Riders (may select only one)		
❍ Enhanced Elimination Period (Form MM500R-EEP-1)	$	$
❍ HCBS Waiver of the Elimination Period (Form MM500R-WOE-1)	$	$
Other Riders		
❍ Shortened Benefit Period Nonforfeiture (Form MM500R-SBN-1)	$	$
❍ Restoration of Benefits *(not available with Lifetime Benefit Period)* (Form MM500R-ROB-1)	$	$
Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)		
X Waiver of Premium for Covered Partner (Form MM500R-WOP-1)	$ 21.04	$ 21.04
❍ Paid-Up Survivor Benefit *(available only with Lifetime Premium Payment Option)* (Form MM500R-SVR-1)	$	$
❍ Shared Care Benefit **(Covered Partner coverage must be identical)** *(not available with Lifetime Benefit Period)* (Form MM500R-SCB-1)	$	$
Additional Premium for 10-Year or Paid-Up at Age 65	$ 3,579.23	$ 3,579.23
TOTAL ANNUAL PREMIUM	$ 3,993.26	$ 3,993.26

ADDITIONAL FEATURES

Medical Underwriting

The Insured's insurability for the Policy will be determined by the answers given in the Application and any other authorized medical information We obtain regarding the Insured's current state of health.

Grace Period

Except for the first premium, You will have thirty-one (31) days after each due date to pay the premium due. The Policy remains in force during the Grace Period.

Unintentional Lapse

If the premium is not paid by the thirtieth (30th) day of the Grace Period, We will provide written notice to You and the Insured, if different, and any individuals designated by You or the Insured, if different, to receive notice of non-payment of premium. Notice will be sent at least thirty (30) days before cancellation of Your coverage. If the premium is not paid within thirty-five (35) days after notice is sent, the Policy will lapse for non-payment of premium.

Dividends

While the Policy is in force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We apportion at the end of each Policy Year. Dividends credited to the Policy will be used to reduce the future premiums for the Policy. If the Policy is not in premium paying status, the dividends will be used to increase the future benefits of the Policy. Dividends, if any, are not anticipated to be credited before the later of the later of (a) the Policy Anniversary Date after the Insured attains sixty-five (65) years of age, or (b) the tenth (10th) Policy Anniversary Date.

Nonforfeiture Benefits

If You choose not to select the following optional nonforfeiture rider, a contingent benefit upon lapse will be available if: (a) the Policy lapses as described under the Grace Period and Unintentional Lapse provisions of the Policy; and (b) the premium rates for the Policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described below.

In addition to the contingent nonforfeiture benefit described above, if You select a limited premium payment option an additional contingent nonforfeiture benefit may also be available in the form of a reduced "paid-up" policy.

OPTIONAL RIDERS (available for an additional premium payment)

Shortened Benefit Period Nonforfeiture

The rider provides a benefit when the Policy lapses, after being in force for at least three (3) years, due to the non-payment of premium. The Policy will become paid-up with modified coverage based on the Daily Benefit Amount in effect immediately prior to the date of lapse. The Total Benefit Amount payable under the rider will be reduced to the greater of: (a) the total of all premiums paid prior to the date of lapse for the Policy and all riders or (b) thirty (30) times the Daily Benefit Amount in effect immediately prior to the date of lapse of the Policy.

Full Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders, less all benefits paid under the Policy. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Enhanced Elimination Period

The rider modifies the previously described Elimination Period and provides that if the Insured receives at least one (1) day of Facility Services or Home and Community Based Services within a seven (7)-day period (Sunday through Saturday), We will credit seven (7) days toward satisfaction of the Elimination Period.

Home and Community Based Services Waiver of Elimination Period

The rider will waive the requirement to satisfy the Elimination Period for purposes of receiving benefits under the Home and Community Based Services Benefit. Days for which a Home and Community Based Services Benefit is paid for under the rider are credited towards the satisfaction of the Elimination Period for other benefits under the Policy. However, no days will be credited toward satisfaction of the Elimination Period for Coverage Outside of the United States.

Waiver of Premium for Covered Partner

The rider will waive the premium payments for the Policy to which the rider is attached during any period in which the premium payments for the Covered Partner's policy are waived. A Waiver of Premium for Covered Partner must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies or the rider do not remain in force, the rider will terminate and the premium for the rider will end.

Home and Community Based Services Monthly Benefit

The rider replaces the Home and Community Based Services daily reimbursement limit with a monthly reimbursement limit. We will pay a benefit equal to Covered Expenses incurred. Covered Expenses means the actual cost of Home and Community Based Services received during a calendar month, up to the Monthly Benefit Amount. The Monthly Benefit Amount for a given calendar month is equal to the Daily Benefit Amount times thirty-one (31), less any Facility Services Benefits received during that calendar month.

Restoration of Benefits

The rider will restore the Total Benefit Amount selected to its original amount and then adjust for the effects of an inflation protection rider, if any, attached to the Policy, if We pay benefits under the Policy and the Insured subsequently Recovers. Under the rider, Recovers means that the Insured has not exhausted the Total Benefit Amount and for a period of one hundred eighty (180) consecutive days prior to the date the benefits are restored the following three (3) conditions are satisfied: (a) the Policy is in force and premiums are not waived; (b) the Insured is no longer Chronically Ill; and (c) We have not paid benefits under the Policy during the one hundred eighty (180) consecutive days. Benefits may be restored more than once. However, the rider will terminate and the premium for the rider will no longer be due when the total of all amounts, adjusted for the effects of an inflation protection rider, if any, attached to the Policy, restored over the lifetime of the rider is equal to the original Total Benefit Amount. The rider will terminate when the Total Benefit Amount of the Policy is exhausted. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will also terminate.

Paid-Up Survivor Benefit

The rider provides that the Policy to which the rider is attached will be paid-up and no further premium payments required after both of the following have occurred: (a) the tenth (10th) Policy Anniversary Date; and (b) the date of the Covered Partner's death. If the Covered Partner dies before the tenth (10th) Policy Anniversary Date, the premium for the Policy must continue to be paid, including the rider, until the tenth (10th) Policy Anniversary Date, unless waived under the Policy, at which point the Policy will be paid-up and no further premium payments will be required. A Paid-Up Survivor Benefit Rider must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies, or the rider do not remain in force, the rider will terminate and the premium for the rider will end. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will terminate.

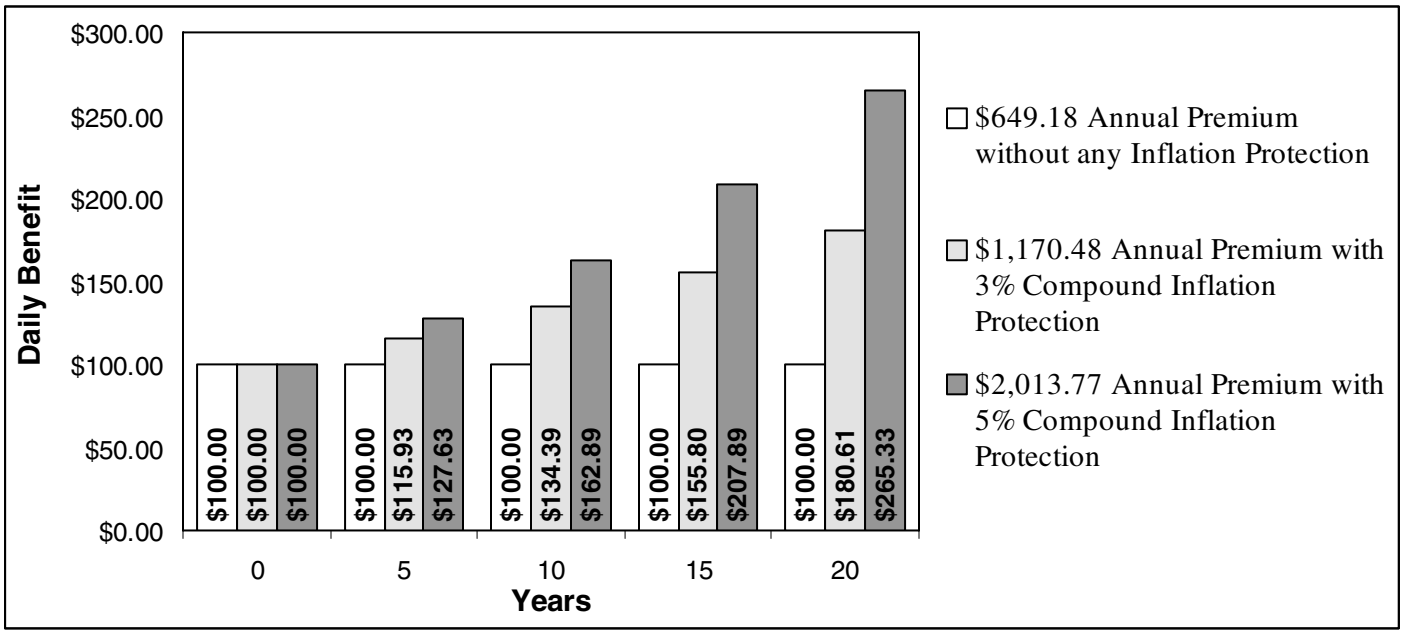
Shared Care Rider

The rider provides for a Shared Total Benefit Amount for Covered Partners in the event that the Total Benefit Amount for the Policy has been exhausted, the Policy will remain in force and We may continue to pay benefits in accordance with the provisions of the Policy until the Shared Total Benefit Amount has also been exhausted. The Policy will terminate on the date that both the Total Benefit Amount and the Shared Benefit Amount are exhausted. The Shared Benefit Amount will be reduced by benefits paid under the Policy and by benefits paid under the Shared Care Rider attached to the Covered Partner's policy. The Shared Benefit Amount will be increased in accordance with any inflation protection rider attached to the Policy. If the Covered Partner dies, the Shared Total Benefit Amount will remain available for as long as the Policy including the rider remain in force. The Policy and the Covered Partner's policy must be identical at the time of purchase and remain in force as identical policies (policy form, Total Benefit Amount, Elimination Period, Daily Benefit Amount, and all attached riders and endorsements). If identical policies do not remain in force, the rider will terminate and the premium for the rider with end. In the event the Policy lapses due to non-payment of premium, the rider will terminate.

Inflation Protection

The rider provides that on each Policy Anniversary Date, while the Policy to which the rider is attached remains in force, including while We are paying benefits, We will increase the Daily Benefits. The Compound Inflation Protection Rider increases the Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States, as well as the Total Benefit Amount and unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date, by either three percent (3%) or five percent (5%).

The following graph compares the benefits and premiums between a policy with the 5% Compound Inflation Protection Rider, a policy with the 3% Compound Inflation Protection Rider and a policy without any rider. For purposes of illustration, the sample shown is for a policy with a 1,095-day (3-Year) Benefit Period for Facility Services and Home and Community Based Services, issued at age fifty-five (55), a ninety (90) day Elimination Period, and a one hundred dollar ($100.00) Daily Benefit Amount.



Agent

Address

Phone Number

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Massachusetts Mutual Life Insurance Company
Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

LONG TERM CARE INSURANCE APPLICATION

MM500-SAP-1-1-AR Part 1 (PLEASE PRINT)

Coverage Type ☐ Individual ☐ (1 Partner Applying) ☒ (Both Partners Applying)

SECTION 1: PROPOSED APPLICANT PERSONAL INFORMATION

Proposed Applicant 1		Proposed Applicant 2	
Name (First) (MI) (Last) John Doe	Gender ☒ Male ☐ Female	Name (First) (MI) (Last) Jane Doe	Gender ☒ Male ☐ Female
Home Address (Street)(City) (State)(ZIP) 123 Main St., Anytown, ST 12345-1234		Home Address (Street)(City) (State)(ZIP) 123 Main St., Anytown, ST 12345-1234	
Billing Address (if different)		Billing Address (if different)	
Phone Home (555) 555-1212 Work (555) 555-1212 Best time to call? am or pm / home or work		Phone Home (555) 555-1212 Work (555) 555-1212 Best time to call? am or pm / home or work	
SS No. 123-45-6789	Birth Date 1-1-56	SS No. 234-56-7891	Birth Date 1-1-61
State of Birth Anytown, ST		State of Birth Anytown, ST	
Driver's License No. X1234567	License State ST	Driver's License No. X2345678	License State ST
Email (OPTIONAL): johndoe@email.com		Email (OPTIONAL): janedoe@email.com	
Occupation:		Occupation:	

SECTION 2: INSURABILITY INFORMATION

Proposed Applicant 1	Proposed Applicant 2
1. Do you currently need assistance with bathing, dressing, eating, taking medication, transferring from bed to chair or toileting? ☐ Yes ☒ No	1. Do you currently need assistance with bathing, dressing, eating, taking medication, transferring from bed to chair or toileting? ☐ Yes ☒ No
2. During the past 10 years, have you been medically diagnosed or treated for any of the following:	2. During the past 10 years, have you been medically diagnosed or treated for any of the following:
AIDS or positive HIV status ☐ Yes ☒ No	AIDS or positive HIV status ☐ Yes ☒ No
Alzheimer's Disease, Dementia ☐ Yes ☒ No	Alzheimer's Disease, Dementia ☐ Yes ☒ No
Amyotrophic Lateral Sclerosis/Lou Gehrig's Disease ☐ Yes ☒ No	Amyotrophic Lateral Sclerosis/Lou Gehrig's Disease ☐ Yes ☒ No
Cerebral Palsy ☐ Yes ☒ No	Cerebral Palsy ☐ Yes ☒ No
Cystic Fibrosis ☐ Yes ☒ No	Cystic Fibrosis ☐ Yes ☒ No
Hepatitis-Chronic ☐ Yes ☒ No	Hepatitis-Chronic ☐ Yes ☒ No
Huntington's Chorea ☐ Yes ☒ No	Huntington's Chorea ☐ Yes ☒ No
Insulin Dependent Diabetes ☐ Yes ☒ No	Insulin Dependent Diabetes ☐ Yes ☒ No
Kidney Disease requiring dialysis ☐ Yes ☒ No	Kidney Disease requiring dialysis ☐ Yes ☒ No
Liver Cirrhosis ☐ Yes ☒ No	Liver Cirrhosis ☐ Yes ☒ No
Multiple Sclerosis ☐ Yes ☒ No	Multiple Sclerosis ☐ Yes ☒ No
Myasthenia Gravis ☐ Yes ☒ No	Myasthenia Gravis ☐ Yes ☒ No
Organic Brain Syndrome ☐ Yes ☒ No	Organic Brain Syndrome ☐ Yes ☒ No
Paralysis ☐ Yes ☒ No	Paralysis ☐ Yes ☒ No
Parkinson's /Parkinsonism ☐ Yes ☒ No	Parkinson's /Parkinsonism ☐ Yes ☒ No
Schizophrenia ☐ Yes ☒ No	Schizophrenia ☐ Yes ☒ No
Stroke, TIA ☐ Yes ☒ No	Stroke, TIA ☐ Yes ☒ No
Systemic Lupus ☐ Yes ☒ No	Systemic Lupus ☐ Yes ☒ No

PLEASE NOTE: Before you continue with this application: If you answered YES to any of the questions under INSURABILITY INFORMATION above, we suggest you do not submit the application. If you answered NO to every question, please continue.

SECTION 2: INSURABILITY INFORMATION (continued)

PRIMARY CARE PHYSICIAN (PCP)

Proposed Applicant 1	Proposed Applicant 2
3. PCP (current) or MD who has the most complete records of your medical history. If you changed doctors in the past 12 months, please provide the previous doctor's information also. (medical records may be ordered)	3. PCP (current) or MD who has the most complete records of your medical history. If you changed doctors in the past 12 months, please provide the previous doctor's information also. (medical records may be ordered)
Name:_____	Name:_____
Address:_____	Address:_____
City, State ZIP:_____	City, State ZIP:_____
Phone: ( )_____	Phone: ( )_____
Date/Reason for Last visit:_____	Date/Reason for Last visit:_____
Medication(s) prescribed:_____	Medication(s) prescribed:_____

SECTION 3: COVERAGE AND PREMIUM INFORMATION

Proposed Applicant 1	Proposed Applicant 2
* If a PARTNERSHIP POLICY is selected below and You are age **75 or younger**, 5% Compound Inflation Protection or 3% Compound Inflation Protection must be selected and will be issued with Your Policy.	
1. Basic Plan Selection ☒ Partnership Policy ☐ Non-Partnership Policy ☐ Facility Services Only ☐ Comprehensive (Facility Services and Home & Community Based Services (HCBS)) ☒ Comprehensive with HCBS Monthly Benefit Rider	**1. Basic Plan Selection** ☒ Partnership Policy ☐ Non-Partnership Policy ☐ Facility Services Only ☐ Comprehensive (Facility Services and Home & Community Based Services (HCBS)) ☒ Comprehensive with HCBS Monthly Benefit Rider
2. Daily Benefit Amount (DBA) $ 100.00	**2. Daily Benefit Amount (DBA) $** 100.00
3. Benefit Period ☐ Lifetime ☐ 10 Years ☐ 6 Years ☐ 5 Years ☐ 4 Years ☒ 3 Years ☐ 2 Years	**3. Benefit Period** ☐ Lifetime ☐ 10 Years ☐ 6 Years ☐ 5 Years ☐ 4 Years ☒ 3 Years ☐ 2 Years
4. Elimination Period ☐ 30 Days ☐ 60 Days ☒ 90 Days ☐ 180 Days	**4. Elimination Period** ☐ 30 Days ☐ 60 Days ☒ 90 Days ☐ 180 Days
* Please refer to Partnership Program requirements above.	* Please refer to Partnership Program requirements above.
5. Inflation Protection Rider (may select only one) ☒ 5% Compound Inflation Protection ☐ 3% Compound Inflation Protection	**5. Inflation Protection Rider (may select only one)** ☒ 5% Compound Inflation Protection ☐ 3% Compound Inflation Protection
6. Return of Premium Riders (may select only one) ☐ Full Return of Premium on Death (*available to age 65*) ☐ Return of Premium on Death **Beneficiary Name** _____ **Relationship** _____ (Designation of Beneficiary is applicable only in conjunction with one of the Return of Premium Riders)	**6. Return of Premium Riders (may select only one)** ☐ Full Return of Premium on Death (*available to age 65*) ☐ Return of Premium on Death **Beneficiary Name** _____ **Relationship** _____ (Designation of Beneficiary is applicable only in conjunction with one of the Return of Premium Riders)
7. Elimination Period Riders (may select only one) (not available with Facility Services Only Plan) ☐ HCBS Waiver of Elimination Period ☐ Enhanced Elimination Period	**7. Elimination Period Riders (may select only one) (not available with Facility Services Only Plan)** ☐ HCBS Waiver of Elimination Period ☐ Enhanced Elimination Period
8. Other Riders ☐ Shortened Benefit Period Nonforfeiture ☐ Restoration of Benefits *(not available w/ Lifetime Benefit Period)*	**8. Other Riders** ☐ Shortened Benefit Period Nonforfeiture ☐ Restoration of Benefits *(not available w/ Lifetime Benefit Period)*
9. Covered Partner Riders (if applying as Covered Partners both must select any of the following riders) ☒ Waiver of Premium for Covered Partner ☐ Paid-Up Survivor *(available only w/Lifetime Premium Payment Option)* ☐ Shared Care **(Covered Partner coverage must be identical)** *(not available w/Lifetime Benefit Period)*	**9. Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)** ☒ Waiver of Premium for Covered Partner ☐ Paid-Up Survivor *(available only w/Lifetime Premium Payment Option)* ☐ Shared Care **(Covered Partner coverage must be identical)** *(not available w/Lifetime Benefit Period)*

SECTION 3: COVERAGE AND PREMIUM INFORMATION (continued)

* Please refer to Partnership Program requirements on page 2.	* Please refer to Partnership Program requirements on page 2.
10. REJECTION OF INFLATION PROTECTION RIDER I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Inflation Protection Rider and I have chosen to reject the rider. Check Here ☐	**10. REJECTION OF INFLATION PROTECTION RIDER** I have reviewed the Outline of Coverage and the graph that compares the benefits and premiums of this policy with and without the Inflation Protection Rider and I have chosen to reject the rider. Check Here ☐
11. REJECTION OF NONFORFEITURE RIDER I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to reject the rider. Check Here ☐	**11. REJECTION OF NONFORFEITURE RIDER** I have reviewed the Outline of Coverage that describes the Shortened Benefit Period Nonforfeiture Rider and I have chosen to reject the rider. Check Here ☐
12. Discounts (see Application Instructions) ☒ Covered Partner Discount (2 Proposed Applicants) ☐ Partner Discount (1 Proposed Applicant) ☐ Loyal Customer Discount Policy No. _____ ☐ Employer Group Discount Group Name and Number _____	**12. Discounts (see Application Instructions)** ☒ Covered Partner Discount (2 Proposed Applicants) ☐ Partner Discount (1 Proposed Applicant) ☐ Loyal Customer Discount Policy No. _____ ☐ Employer Group Discount Group Name and Number _____
13. Premium Billing (m*ay select only one*) ☒ List Bill ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC	**13. Premium Billing (m*ay select only one*)** ☐ Direct Bill ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC ☒ List Bill ☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ PAC
14. Premium Payment Options (*may select only one)* ☒ Standard Lifetime ☐ Discounted Renewals *(only available with Lifetime Premium Payment)* *The following two options are not available under age 40* ☐ 10-Year ☐ Paid-Up at Age 65 *(available to age 55)*	**14. Premium Payment Options (*may select only one)*** ☒ Standard Lifetime ☐ Discounted Renewals *(only available with Lifetime Premium Payment)* *The following two options are not available under age 40* ☐ 10-Year ☐ Paid-Up at Age 65 *(available to age 55)*
Special Request:	Special Request:

SECTION 4: OTHER COVERAGE/REPLACEMENT INFORMATION

Proposed Applicant 1	**Proposed Applicant 2**
1. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including health care service contract or health maintenance organization contract)? ☐ Yes ☒ No	1. Do you have a policy, certificate or application with this or any other company providing long term care insurance (including health care service contract or health maintenance organization contract)? ☐ Yes ☒ No
2. Did you have another long term care insurance policy or certificate in force during the past 12 months? ☐ Yes ☒ No If that policy lapsed, provide date of lapse _____	2. Did you have another long term care insurance policy or certificate in force during the past 12 months? ☐ Yes ☒ No If that policy lapsed, provide date of lapse _____
3. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy? ☐ Yes ☒ No	3. Do you intend to replace any of your long term care, medical or health insurance coverage with this policy? ☐ Yes ☒ No
If you answered YES to any of the questions 1-3 above, provide full details below and complete the required replacement form(s):	If you answered YES to any of the questions 1-3 above, provide full details below and complete the required replacement form(s):
Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____	Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____
Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____	Question No. _____ Company/Carrier: _____ Type of Policy: _____ Issue Date: _____ Daily Benefit Amount: $_____ Paid to Date: _____

SECTION 5: PROTECTION AGAINST UNINTENTIONAL 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 this long term care insurance policy for non-payment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

Proposed Applicant 1 (choose one):	**Proposed Applicant 2 (choose one):**
☐ I elect not to designate any person to receive such notice	☐ I elect not to designate any person to receive such notice
☐ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:	☐ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: (_____)_____	Phone: (_____)_____
Relationship: _____	Relationship: _____

SECTION 6: COVERED PARTNER OR PARTNER DISCOUNT ELIGIBILITY

To be eligible for the Partner Discount you must be

- married; or
- named in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- living with someone for the past three consecutive years in a committed relationship as partners or as family members and sharing basic living expenses; and
  - are not married to each other or anyone else; and
  - not named in a certificate or license of civil union with each other or anyone else; and
  - if related, belong to the same family generation (e.g. siblings, cousins)

To be eligible for the Covered Partner Discount both applicants must meet the above criteria together.

I meet the criteria listed above. ☒ Yes ☐ No	I meet the criteria listed above. ☒ Yes ☐ No

SECTION 7: PROPOSED APPLICANT STATEMENT

NOTICE OF INSURANCE INFORMATION PRACTICES - To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. The information we obtain about you will be used by Massachusetts Mutual Life Insurance Company to determine eligibility for insurance and/or benefits under an existing policy and for other business purposes in connection with the insurance relationship. The information obtained may not be released to any person or organization except to reinsuring companies, any third party administrators designated by Massachusetts Mutual Life Insurance Company or other persons or organizations performing services in connection with your application, claim or as may be otherwise lawfully required or as you may further authorize. We will furnish a more detailed summary of our information practices upon request.

AGREEMENT — The answers given on Part 1 of this application and my subsequent responses on Part 2 of the application are complete and true and were correctly recorded to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in Parts 1 and 2 of this application and that if my answers are not complete and true, my policy may not be valid. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

I understand that the policy will become effective and in force on the Policy Effective Date only if the following occur: (1) Parts 1 and 2 of this application are approved by the Company; (2) a policy is issued during the lifetime of the Proposed Applicant; (3) the first premium is paid in full; and (4) there has been no change in the insurability of the Proposed Applicant since the date of completion of Parts 1 and 2 of the application and the date the policy is delivered.

ACKNOWLEDGMENT — I acknowledge receipt of an Outline of Coverage, NAIC Shopper's Guide, Potential Rate Increase Disclosure Form, and the Company's notices about the Medical Information Bureau, Inc. (MIB), the Fair Credit Reporting Act, the Company's privacy practices, and the HIPAA Notice of Privacy Practices.

AUTHORIZATION FOR DISCLOSURE, RECEIPT AND USE OF PERSONAL HEALTH INFORMATION —

❑ Complete and submit F8186 with this application.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This application (including Parts 1 and 2) will be part of the insurance policy for which I am applying. Further, if this application has been completed by two Proposed Applicants I understand that a copy of this application will be included in my Covered Partner's policy. "I", "you", and "your" mean the Proposed Applicant 1 and if applicable, Proposed Applicant 2 applying for coverage under this application.

CAUTION: If your answers on this application are incorrect or untrue, Massachusetts Mutual Life Insurance Company may have the right to deny benefits or rescind your policy.

Signed at _____ **On** 11-1-11
(City) (State) (Date)

Signature of Proposed Applicant 1: John Doe

Signature of Proposed Applicant 2: Jane Doe

SECTION 8: AGENT'S STATEMENT

8A: Rate Information

What Rate Class was proposed?	Did you consult the Field Underwriting Guide to determine rate class?
Proposed Applicant 1: ☒ Ultra Preferred ☐ Select Preferred ☐ Preferred	☒ Yes ☐ No
Proposed Applicant 2: ☒ Ultra Preferred ☐ Select Preferred ☐ Preferred	

8B: Other Coverage and Replacement Information

Is this part of a multi-Life case (i.e. family members, business partners, etc.)?	Is there a Disability or Life Application being submitted concurrently with this Application?
Proposed Applicant 1: ☐ Yes ☒ No	Proposed Applicant 1: ☐ Yes ☒ No
Proposed Applicant 2: ☐ Yes ☒ No	Proposed Applicant 2: ☐ Yes ☒ No

Proposed Applicant 1	Proposed Applicant 2
To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any company? ☐ Yes ☒ No	To the best of your knowledge, is the insurance applied for intended to replace any long term care, medical or health insurance in force with this or any company? ☐ Yes ☒ No
List any other health insurance policies that you have sold to the Proposed Applicant(s):	List any other health insurance policies that you have sold to the Proposed Applicant(s):
Which of the policies listed above are still in force, if any?	Which of the policies listed above are still in force, if any?
Which of the policies listed above sold in the past 5 years are no longer in force, if any?	Which of the policies listed above sold in the past 5 years are no longer in force, if any?

8C: Forms Delivery and Signatures

Did you provide Proposed Applicant(s) with all required notices?	Did you ask the Proposed Applicant(s) all the questions face to face and witness their signature(s)?
☒ Yes ☐ No	☒ Yes ☐ No
(if "No", provide details)	(if "No", provide details)

I certify that the answers to the questions provided by the Proposed Applicant(s) were fully and accurately recorded in the application, and that the questions in the Agent's Statement have been answered accurately. I have reviewed the current health insurance coverage of the Proposed Applicant(s) and find that the coverage of the type and amount applied for is appropriate for the needs of the Proposed Applicant(s). Further, if this is a replacement, I have reviewed the current health insurance coverage of the Proposed Applicant(s) and find that this replacement is appropriate for the needs of the Proposed Applicant(s).

Licensed Agent's Name (please print) John Q. Porter **Ident. Code** 1234

Licensed Agent's Signature John Q. Porter **Date** 11-1-11

Agent's Phone (555) 555-1515

Agent's Fax _____ **Agency Number** _____

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Outline of Coverage for Facility Services Only Insurance Policy Form MM501-P-1-AR

NOTICE TO BUYER: This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

Caution: The issuance of this Facility Services Only Insurance Policy is based upon the responses to the questions on the Application. A copy of the Application is enclosed. If the responses are incorrect or untrue, the Company may have the right to deny benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of the responses are incorrect, contact Us at the Long Term Care Administrative Office address shown above.

The Policy is an individual Policy of insurance.

PURPOSE OF OUTLINE OF COVERAGE

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

FEDERAL TAX CONSEQUENCES

THE POLICY 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, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy as long as You pay Your premiums on time. Massachusetts Mutual Life Insurance Company cannot change any of the terms of the Policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium

Premiums will not be due once We begin paying, and for as long as We continue to pay, benefits for Facility Services under the Policy. We will return any unearned premium to You on a pro-rata basis. Premium will again become due when We are no longer paying You because the Insured is no longer receiving Facility Services.

For an additional premium payment, an optional Waiver of Premium for Covered Partner Rider is also available, as described below.

TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

Premiums are subject to change. We can only change the premiums for the Policy if We change premiums, subject to the approval of the appropriate regulatory authority of the state in which this Policy was issued. We will give You at least sixty (60) days written notice at Your last address shown in Our records before We change Your premium.

TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

If You are not satisfied with the Policy, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium You have paid and the Policy, all riders and attachments will be considered never to have been in effect. Upon the death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis. We will make this refund within thirty (30) days of Our receipt of proof of the Insured's death. If You cancel the Policy after thirty (30) days, any unearned premium will be refunded to You on a pro-rata basis. If You purchase one of the optional Return of Premium Riders, upon the death of the Insured, all or a portion of the premiums paid for the Policy and riders will be returned to You, if other than the Insured, or Your Beneficiary.

THIS 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. Neither Massachusetts Mutual Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one (1) 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.

The Policy provides coverage for Qualified Long Term Care Services in the form of an expense incurred benefit for covered long term care expenses, subject to Policy Elimination Periods, Limitations and Exclusions described below.

BENEFITS PROVIDED BY THE POLICY

Covered Services

The Policy provides benefits for Qualified Long Term Care Services performed in a nursing facility or assisted living facility, and Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. A Prescription Drug Benefit and Bed Reservation Benefit are available if Facility Services are being received in a nursing facility, assisted living facility or hospice facility.

Elimination Period

This is the number of days the Insured must receive Facility Services, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. An Elimination Period of thirty (30), sixty (60), ninety (90) or one hundred eighty (180) days may be chosen. For each day the Insured receives Facility Services, We will credit one (1) day toward satisfaction of the Elimination Period. These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Elimination Period for Coverage Outside of the United States

This is the number of days after the Insured has satisfied the Elimination Period previously described and receives Facility Services Outside of the United States, as defined in the Policy, pursuant to a Plan of Care, while the Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits for coverage Outside of the United States. Days on which the Insured receives Facility Services Outside of the United States will first be used to satisfy the Elimination Period previously described. Once this Elimination Period has been satisfied, We will credit one (1) day towards satisfaction of the Elimination Period for Coverage Outside of the United States. This number of days will be equal to the number of days selected for the Elimination Period previously described. These days do not need to be consecutive; however, days will not be accumulated under separate claims in order to satisfy the Elimination Period for Coverage Outside of the United States. The Insured must first satisfy the Elimination Period before days will count towards satisfaction of the Elimination Period for Coverage Outside of the United States.

Total Benefit Amount

An unlimited Total Benefit Amount may be chosen for Lifetime coverage, or a lesser amount determined by multiplying the Daily Benefit Amount chosen by the Benefit Period selected - either 3,650 days (10 Years), 2,190 days (6 Years),

1,825 days (5 Years), 1,460 days (4 Years), 1,095 days (3 Years) or 730 days (2 Years). The result will be the Total Benefit Amount for all benefits payable under the Policy.

Daily Benefit Amount

The initial Daily Benefit Amount will be shown on the Policy Schedule page of the Policy. The current Daily Benefit Amount will be the initial Daily Benefit Amount adjusted to reflect the provisions of any inflation protection rider attached to the Policy.

Facility Services Benefit

Benefits are payable for Covered Expenses incurred for Qualified Long Term Care Services (including skilled, intermediate or custodial, nursing care), provided in a nursing facility or assisted living facility, Maintenance or Personal Care Services performed in an assisted living facility and hospice care provided in a hospice facility. Covered Expenses means the actual daily cost of each day's Facility Services received up to the Daily Benefit Amount. Premium rates will vary according to the Daily Benefit Amount selected.

Facility Prescription Drug Benefit

Benefits are payable for Covered Expenses incurred for prescription drugs when the Insured is receiving Facility Services under the Policy. Covered Expenses means the actual monthly cost of the Insured's prescription drugs up to the monthly maximum equal to the Daily Benefit Amount. This benefit is not payable if the Insured is confined in a hospital.

Facility Bed Reservation Benefit

Benefits are payable if Facility Services are being received in a nursing facility, assisted living facility or hospice facility and Covered Expenses are incurred for a Facility Bed Reservation. Covered Expenses means the actual cost charged by the Facility to reserve accommodations for each day the Insured is temporarily absent from the Facility, up to the Daily Benefit Amount. The Policy Year maximum for this benefit is sixty (60) times the Daily Benefit Amount.

Optional Personal Care Advisor Benefit

The Insured is entitled to the assistance of a Personal Care Advisor. The Insured or the Insured's representative, or a Family Member are encouraged to contact Our claim office as soon as a claim is anticipated by calling the toll-free number that will be shown on the Policy Schedule page of the Policy. We will then contact the Personal Care Services Provider and instruct them to assign a Personal Care Advisor to the Insured so that the Insured can obtain Personal Care Advisory Services as soon as possible.

If the Insured chooses to utilize the services of the Personal Care Advisor assigned by the Personal Care Advisory Services Provider, the costs of the Personal Care Advisory Services will be billed directly to Us and We will pay the Personal Care Advisory Services Provider directly. The cost of the Personal Care Advisory Services paid by Us will not reduce the Total Benefit Amount under the Policy.

The Insured is not required to satisfy the Elimination Period in order to use the services of a Personal Care Advisor. Use of the Personal Care Advisor does not count towards satisfaction of the Elimination Period. Use of a Personal Care Advisor is completely voluntary. The use or non-use of a Personal Care Advisor does not impact the right to benefits under the Policy.

Coverage Outside of the United States

Benefits are payable for Covered Expenses for Facility Services received Outside of the United States. Covered Expenses means the actual cost of each day's Facility Services received Outside of the United States, subject to Eligibility for the Payment of Benefits and the Elimination Period for Coverage Outside of the United States, as previously described. Benefits will be payable in United States currency at the conversion rate determined by the United States Treasury as of the date benefits are paid. Benefits will be payable up to one-half (1/2) of the Daily Benefit Amount. For policies with Total Benefit Amounts less than lifetime, a maximum of twenty-five percent (25%) of the Total Benefit Amount is payable under the Policy for this benefit. For policies with lifetime Total Benefit Amounts, the lifetime maximum for this benefit is 1,825 times the Daily Benefit Amount under the Policy.

While We are paying benefits for Coverage Outside of the United States, the following benefits will not be available: Facility Prescription Drug Benefit or the Facility Bed Reservation Benefit.

Definitions

Activities of Daily Living:

- **Bathing:** means 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.
- **Continence:** means 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).
- **Dressing:** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** means 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.
- **Toileting:** means getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
- **Transferring:** means moving into or out of bed, a chair, or wheelchair.

Beneficiary means the person or persons, named in the application or subsequently changed by written request, to receive payment of the return of earned premium benefit due upon the death of the Insured under the optional Return of Premium on Death Rider and the optional Full Return of Premium on Death Rider.

Chronically Ill means within the previous twelve (12) months a Licensed Health Care Practitioner has certified that the Insured:

- is unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period that is expected to last at least ninety (90) consecutive days due to loss of functional capacity; or
- has a Severe Cognitive Impairment.

Covered Expenses means the amount of benefit payable by Us as a result of the Insured's receipt of Qualified Long Term Care Services. The Covered Expense for each benefit available under the Policy is defined by the specific Benefit provision of the Policy.

Covered Partner means the Insured's spouse or Partner who is covered by Us under a policy with the same state policy form number as the Policy.

Family Member means the Insured's spouse (or Partner) and the following relatives by blood, marriage or adoption, of the Insured or the Insured's spouse (or Partner): grandparents; parents, aunts or uncles; siblings, first cousins; children, nieces, or nephews; and grandchildren.

Hands-On Assistance means the physical assistance of another person without which the Insured would be unable to perform the Activity of Daily Living.

Insured means the person named as the insured on the Policy Schedule page of the Policy.

Licensed Health Care Practitioner means:

- a physician;
- a registered nurse; or
- a licensed social worker.

The Licensed Health Care Practitioner must not be a Family Member.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping the Insured conduct Activities of Daily Living while Chronically Ill. This includes protection from threats to the Insured's health and safety due to a Severe Cognitive Impairment.

Outside of the United States means outside of the United States or its territories, or Canada.

Partner means an adult who is either:

- named along with the Insured, in a valid certificate or license of civil union recognized by the state in which the Policy is issued; or
- has been living with the Insured for the past three (3) consecutive years in a committed relationship as the Insured's Partner or as a member of the Insured's family; and
  - is committed to sharing basic living expenses with the Insured; and
  - is not married to the Insured, or anyone else; and
  - if related to the Insured, belongs to the same generation of the Insured's family (e.g. brother, sister, or cousin).

Plan of Care means a written individualized plan of services prescribed by a Licensed Health Care Practitioner developed in consultation with the Insured, based upon an assessment that states the Insured is Chronically Ill. The Plan of Care will specify the type, frequency, and providers of the services most suitable to meet the Insured's long term care needs and the costs, if any, of those services. The Plan of Care must be updated as the Insured's needs change. At all times We retain the right to verify that the Insured's Plan of Care is appropriate.

Policy means the contract between You and Us.

Policy Anniversary Date means the Policy Anniversary Date as shown on the Policy Schedule page of the Policy.

Policy Year means the period from the Policy effective date to the first Policy Anniversary Date or the period from one Policy Anniversary Date to the next Policy Anniversary Date.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, 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 means the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia which requires Substantial Supervision. Severe Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure a person's impairment in:

- short or long term memory;
- orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year); and
- deductive or abstract reasoning.

Single Claim Period means a claim for benefits under the Policy that is not interrupted by a period of one hundred eighty (180) consecutive days. If the Insured does not meet the requirements of Eligibility for the Payment of Benefits under the Policy because the Insured is no longer Chronically Ill and no benefits are paid under the Policy for a period of one hundred eighty (180) consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

Total Benefit Amount means the remaining amount of benefits that may be paid under the Policy. The initial Total Benefit Amount is shown on the Policy Schedule page of the Policy. The Total Benefit Amount after Policy issue will be decreased by benefits paid under the Policy. The Total Benefit Amount after Policy issue will be increased in accordance with the provisions of any riders attached to the Policy and any additional benefits resulting from the crediting of dividends.

We, Us, Our means Massachusetts Mutual Life Insurance Company.

You, Your means the owner of the Policy as indicated in Our records. The owner is the Insured unless otherwise provided in the application or changed by written request.

Eligibility for the Payment of Benefits

Subject to all the terms and provisions of the Policy, We will pay the Covered Expenses for benefits described in the Policy when We verify that the Insured meets all of the following conditions:

- the Insured is Chronically Ill;
- the Qualified Long Term Care Services the Insured receives are covered under the Policy and are provided pursuant to the Plan of Care;
- coverage under the Policy was in force on the date(s) the Qualified Long Term Care Services were received by the Insured;
- unless otherwise indicated within the Policy, the Insured has satisfied the Policy's Elimination Period;
- any daily, monthly, annual, or lifetime limits on the specific benefit(s) being claimed under the Policy or any attached riders to the Policy have not been exhausted;
- the Insured meets all additional requirements indicated in the Policy for the specific benefit(s) under the Policy;
- the requirements under the FILING A CLAIM section of the Policy have been satisfied; and
- the claim is not subject to the Limitations and Exclusions contained in the Policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Non-Eligible Facilities

A nursing facility does not include a hospital, clinic or assisted living facility, a convalescent home, a board and rest home, a home for the aged, an adult residential care facility, a domiciliary and retirement care facility, a training center, a government or veteran's facility or any other facility where the patient is not required to pay, or the Insured's primary place of residence in an area used principally for independent residential living, or a similar establishment. An assisted living facility does not include a hospital, a nursing facility, an individual residence, or an independent living unit.

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

- non-eligible facilities; or
- an unlicensed facility (if licensing is required in Your state).

Limitations and Exclusions

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

- provided to the Insured by a Family Member;
- provided Outside of the United States except as described previously under Coverage Outside of the United States;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of mental or nervous disorders.

Non-Duplication of Benefits

Benefits are not payable under the Policy for: (a) 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 (b) any other state or federal workers' compensation plan, or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which the Insured meets the requirements of Eligibility for the Payment of Benefits, but coverage is excluded due to the Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

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

RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Policy will not increase over time. For an additional premium payment, You may purchase the optional Inflation Protection Rider described below.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Subject to Eligibility for the Payment of Benefits and any Limitations and Exclusions described above, the Policy provides coverage if the Insured is clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

PREMIUM

Premium Payment Options

10-Year and Paid-Up at Age 65 Premium Payments

These options provide that at the end of the premium payment period if each required premium has been paid, the Policy will automatically be renewed for the rest of the Insured's life with no further premium payments required. During the premium payment period, premiums will be subject to change as described under "TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED" on the first page of this outline of coverage.

Facility Services Only Insurance Policy

* *If a PARTNERSHIP POLICY is selected below and You are age **75 or younger**, 5% Compound Inflation Protection or 3% Compound Inflation Protection must be selected and will be issued with Your Policy.*

X Partnership Policy ❍ Non-Partnership Policy

X Covered Partner Discount (two applicants) ❍ Partner Discount (one applicant)

Elimination Period: ❍ 30 Days ❍ 60 Days X 90 Days ❍ 180 Days

Daily Benefit ($50 - $400): $ $100.00

Benefit Period: ❍ Lifetime ❍ 3,650 Days (10 Years) ❍ 2,190 Days (6 Years) ❍ 1,825 Days (5 Years) ❍ 1,460 Days (4 Years) X 1,095 Days (3 Years) ❍ 730 Days (2 Years)

Premium Payment Options (*may select only one*):

❍ Standard Lifetime ❍ Discounted Renewals (*only available with Lifetime Premium Payment*)

The following two options are not available under age 40:

X 10-Year ❍ Paid-Up at Age 65 (*available to age 55*)

The following are the Annual Premiums for the coverage You have applied for:

	First Year	Renewal
X Facility Services Only Insurance Policy	$ 5518.2	$ 5518.2
Inflation Protection Rider (may select only one) *		
X 5% Compound Inflation Protection (Form MM500R-COMP-1)	$ 1,159.93	$ 1,159.93
❍ 3% Compound Inflation Protection (Form MM500R-COMP-1)	$	$
Return of Premium Riders (may select only one)		
❍ Full Return of Premium on Death *(available to age 65)* (Form MM500R-FROP-1)	$	$
❍ Return of Premium on Death (Form MM500R-ROP-1)	$	$
Other Riders		
❍ Shortened Benefit Period Nonforfeiture (Form MM500R-SBN-1)	$	$
❍ Restoration of Benefits *(not available with Lifetime Benefit Period)* (Form MM500R-ROB-1)	$	$
Covered Partner Riders (if applying as Covered Partners both must select any of the following riders)		
❍ Waiver of Premium for Covered Partner (Form MM500R-WOP-1)	$	$
❍ Paid-Up Survivor Benefit *(available only with Lifetime Premium Payment Option)* (Form MM500R-SVR-1)	$	$
❍ Shared Care Benefit **(Covered Partner coverage must be identical)** *(not available with Lifetime Benefit Period)* (Form MM500R-SCB-1)	$	$
Additional Premium for 10-Year or Paid-Up at Age 65	$ 2,882.60	$ 2,882.60
TOTAL ANNUAL PREMIUM	$ 3,216.05	$ 3,216.05

ADDITIONAL FEATURES

Medical Underwriting

The Insured's insurability for the Policy will be determined by the answers given in the Application and any other authorized medical information We obtain regarding the Insured's current state of health.

Grace Period

Except for the first premium, You will have thirty-one (31) days after each due date to pay the premium due. The Policy remains in force during the Grace Period.

Unintentional Lapse

If the premium is not paid by the thirtieth (30th) day of the Grace Period, We will provide written notice to You and the Insured, if different, and any individuals designated by You or the Insured, if different, to receive notice of non-payment of premium. Notice will be sent at least thirty (30) days before cancellation of Your coverage. If the premium is not paid within thirty-five (35) days after notice is sent, the Policy will lapse for non-payment of premium.

Dividends

While the Policy is in force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We apportion at the end of each Policy Year. Dividends credited to the Policy will be used to reduce the future premiums for the Policy. If the Policy is not in premium paying status, the dividends will be used to increase the future benefits of the Policy. Dividends, if any, are not anticipated to be credited before the later of the later of (a) the Policy Anniversary Date after the Insured attains sixty-five (65) years of age, or (b) the tenth (10th) Policy Anniversary Date.

Nonforfeiture Benefits

If You choose not to select the following optional nonforfeiture rider, a contingent benefit upon lapse will be available if: (a) the Policy lapses as described under the Grace Period and Unintentional Lapse provisions of the Policy; and (b) the premium rates for the Policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described below.

In addition to the contingent nonforfeiture benefit described above, if You select a limited premium payment option an additional contingent nonforfeiture benefit may also be available in the form of a reduced "paid-up" policy.

OPTIONAL RIDERS (available for an additional premium payment)

Shortened Benefit Period Nonforfeiture

The rider provides a benefit when the Policy lapses, after being in force for at least three (3) years, due to the non-payment of premium. The Policy will become paid-up with modified coverage based on the Daily Benefit Amount in effect immediately prior to the date of lapse. The Total Benefit Amount payable under the rider will be reduced to the greater of: (a) the total of all premiums paid prior to the date of lapse for the Policy and all riders or (b) thirty (30) times the Daily Benefit Amount in effect immediately prior to the date of lapse of the Policy.

Full Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders, less all benefits paid under the Policy. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. Upon death of the Insured, We will refund any unearned premium for the Policy on a pro-rata basis.

Waiver of Premium for Covered Partner

The rider will waive the premium payments for the Policy to which the rider is attached during any period in which the premium payments for the Covered Partner's policy are waived. A Waiver of Premium for Covered Partner must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies or the rider do not remain in force, the rider will terminate and the premium for the rider will end.

Restoration of Benefits

The rider will restore the Total Benefit Amount selected to its original amount and then adjust for the effects of an inflation protection rider, if any, attached to the Policy, if We pay benefits under the Policy and the Insured subsequently

Recovers. Under the rider, Recovers means that the Insured has not exhausted the Total Benefit Amount and for a period of one hundred eighty (180) consecutive days prior to the date the benefits are restored the following three (3) conditions are satisfied: (a) the Policy is in force and premiums are not waived; (b) the Insured is no longer Chronically Ill; and (c) We have not paid benefits under the Policy during the one hundred eighty (180) consecutive days. Benefits may be restored more than once. However, the rider will terminate and the premium for the rider will no longer be due when the total of all amounts, adjusted for the effects of an inflation protection rider, if any, attached to the Policy, restored over the lifetime of the rider is equal to the original Total Benefit Amount. The rider will terminate when the Total Benefit Amount of the Policy is exhausted. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will also terminate.

Paid-Up Survivor Benefit

The rider provides that the Policy to which the rider is attached will be paid-up and no further premium payments required after both of the following have occurred: (a) the tenth (10th) Policy Anniversary Date; and (b) the date of the Covered Partner's death. If the Covered Partner dies before the tenth (10th) Policy Anniversary Date, the premium for the Policy must continue to be paid, including the rider, until the tenth (10th) Policy Anniversary Date, unless waived under the Policy, at which point the Policy will be paid-up and no further premium payments will be required. A Paid-Up Survivor Benefit Rider must be issued with and remain attached to the Covered Partner's policy. Both the Policy, including the rider and the Covered Partner's policy, including the rider, must remain in force. If both policies, or the rider do not remain in force, the rider will terminate and the premium for the rider will end. In the event You cancel or the Policy lapses due to non-payment of premium, the rider will terminate.

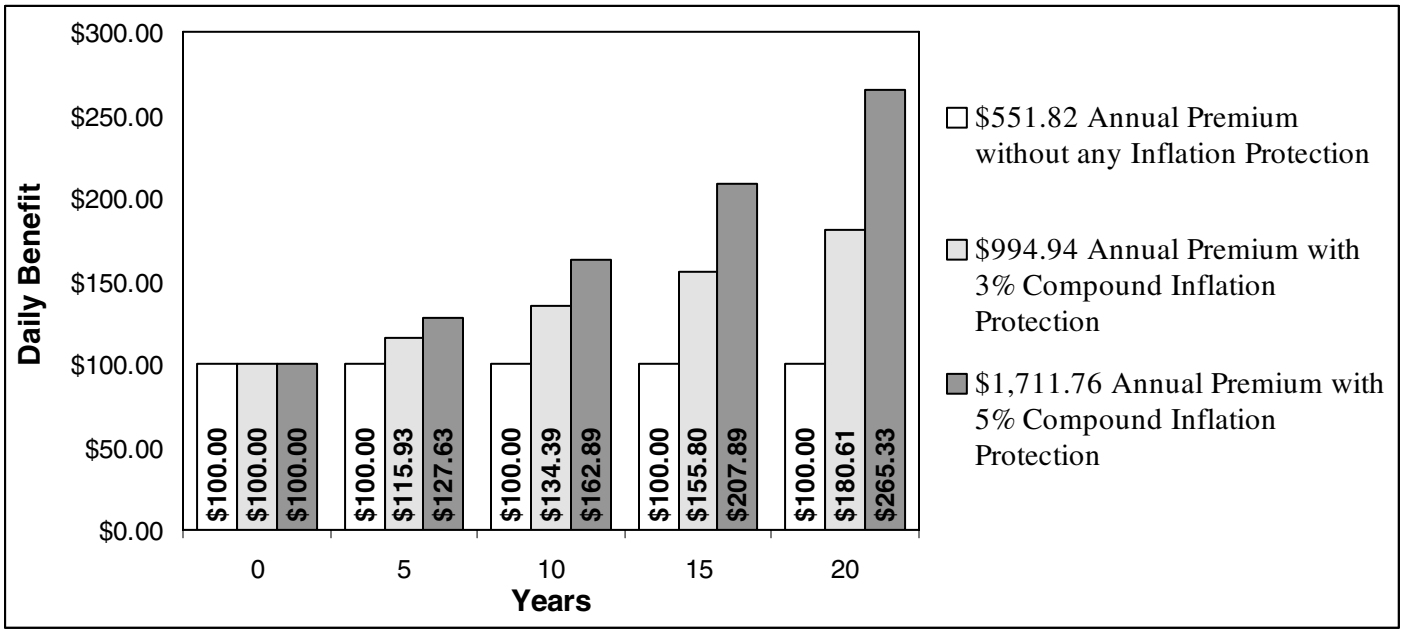
Shared Care Rider

The rider provides for a Shared Total Benefit Amount for Covered Partners in the event that the Total Benefit Amount for the Policy has been exhausted, the Policy will remain in force and We may continue to pay benefits in accordance with the provisions of the Policy until the Shared Total Benefit Amount has also been exhausted. The Policy will terminate on the date that both the Total Benefit Amount and the Shared Benefit Amount are exhausted. The Shared Benefit Amount will be reduced by benefits paid under the Policy and by benefits paid under the Shared Care Rider attached to the Covered Partner's policy. The Shared Benefit Amount will be increased in accordance with any inflation protection rider attached to the Policy. If the Covered Partner dies, the Shared Total Benefit Amount will remain available for as long as the Policy including the rider remain in force. The Policy and the Covered Partner's policy must be identical at the time of purchase and remain in force as identical policies (policy form, Total Benefit Amount, Elimination Period, Daily Benefit Amount, and all attached riders and endorsements). If identical policies do not remain in force, the rider will terminate and the premium for the rider with end. In the event the Policy lapses due to non-payment of premium, the rider will terminate.

Inflation Protection

The rider provides that on each Policy Anniversary Date, while the Policy to which the rider is attached remains in force, including while We are paying benefits, We will increase the Daily Benefits. The Compound Inflation Protection Rider increases the Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States, as well as the Total Benefit Amount and unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date, by either three percent (3%) or five percent (5%).

The following graph compares the benefits and premiums between a policy with the 5% Compound Inflation Protection Rider, a policy with the 3% Compound Inflation Protection Rider and a policy without any rider. For purposes of illustration, the sample shown is for a policy with a 1,095-day (3-Year) Benefit Period for Facility Services, issued at age fifty-five (55), a ninety (90) day Elimination Period, and a one hundred dollar ($100.00) Daily Benefit Amount.



Agent

Address

Phone Number

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Massachusetts Mutual Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	06/07/2011

Comments:

Attachment:

AR MM511 Flesch Score Filing.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Attached in Form Schedule		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	06/07/2011

Comments:

Attachment:

AR MM500-1 ActMemo and Exhibits - RS 4-28-11.pdf

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Attached in Form Schedule		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Cover Sheet	Accepted for Informational Purposes	06/07/2011

Comments:

Attachment:

AR MM511 Cover Sheet.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Certification of Compliance	Accepted for Informational Purposes	06/07/2011

Comments:

Attachment:

AR CERTIFICATION OF COMPLIANCE.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Previously Approved Forms With Revised Rates For New Policyholders	Accepted for Informational Purposes	06/07/2011

Comments:

Form Number Has Been Updated To Accomdate New Rates

Attachments:

MM500-P-1-AR.pdf
MM501-P-1-AR.pdf
MM500R-SBN-1.pdf
MM500R-FROP-1.pdf
MM500R-ROP-1.pdf
MM500R-EEP-1.pdf
MM500R-MTH-1.pdf
MM500R-WOE-1.pdf
MM500R-WOP-1.pdf
MM500R-SVR-1.pdf
MM500R-COMP-1.pdf
MM500R-SCB-1.pdf
MM500R-ROB-1.pdf
MME-10P-1.pdf
MME-P65-1.pdf

		Item Status:	**Status**

Satisfied - Item:	Sample Schedule Pages	Accepted for Informational Purposes	**Date:** 06/07/2011

Comments:

Attachments:

MM500-P-1-AR SCH PGS.pdf

MM501-P-1-AR SCH PGS.pdf

FLESCH SCALE CERTIFICATE

FORM NUMBER:		
	MM500-P-1-AR	Long Term Care Insurance Policy
	MM501-P-1-AR	Facility Services Only Insurance Policy
	MM500R-SBN-1	Shortened Benefit Period Nonforfeiture Rider
	MM500R-COMP-1	Compound Inflation Protection Rider
	MM500R-FROP-1	Full Return of Premium on Death Rider
	MM500R-ROP-1	Return of Premium on Death Rider
	MM500R-EEP-1	Enhanced Elimination Period Rider
	MM500R-MTH-1	HCBS Monthly Benefit Rider
	MM500R-WOE-1	HCBS Waiver of Elimination Period Rider
	MM500R-WOP-1	Waiver of Premium for Covered Partner Rider
	MM500R-SVR-1	Paid-Up Survivor Benefit Rider
	MM500R-SCB-1	Shared Care Rider
	MM500R-ROB-1	Restoration of Benefits Rider

NUMBER OF WORDS:

(**X**) 10,000 or less. Entire forms were analyzed.

( ) More than 10,000 words. 200 word samples per page were analyzed.

Massachusetts Mutual Life Insurance Company certifies that a Flesch Scale Readability test has been applied to the above forms. The score for each form is as follows:

MM500-P-1-AR	51
MM501-P-1-AR	51
MM500R-SBN-1	67
MM500R-COMP-1	53
MM500R-FROP-1	57
MM500R-ROP-1	58
MM500R-EEP-1	62
MM500R-MTH-1	57
MM500R-WOE-1	59
MM500R-WOP-1	63
MM500R-SVR-1	64
MM500R-SCB-1	58
MM500R-ROB-1	56

Paul M. Gribbons
Vice President, DI/LTCi, Product Development
May 1, 2011

AR FORM FILING COVER SHEET

POLICY FORMS FILED FOR USE AS **QUALIFIED TAX STATUS:**

PREVIOUSLY APPROVED FORMS WITH REVISED RATES FOR NEW POLICYHOLDERS (FORM NUMBER HAS BEEN UPDATED TO ACCOMODATE NEW RATES)

Forms previously approved dated 12/10/07 SERFF Tracking Number: LFCR-125292639

MM500-P-1-AR	Long Term Care Insurance Policy
MM501-P-1-AR	Facility Services Only Insurance Policy
MM500R-SBN-1	Shortened Benefit Period Nonforfeiture Rider
MM500R-FROP-1	Full Return of Premium on Death Rider
MM500R-ROP-1	Return of Premium on Death Rider
MM500R-EEP-1	Enhanced Elimination Period Rider
MM500R-MTH-1	HCBS Monthly Benefit Rider
MM500R-WOE-1	HCBS Waiver of Elimination Period Rider
MM500R-WOP-1	Waiver of Premium for Covered Partner Rider
MM500R-SVR-1	Paid-Up Survivor Benefit Rider
MM500R-SCB-1	Shared Care Rider
MM500R-ROB-1	Restoration of Benefits Rider
MME-10P-1	10-Year Premium Payment Endorsement
MME-P65-1	Paid-Up at Age 65 Premium Payment Endorsement

Forms previously approved dated 04/14/10 SERFF Tracking Number: LFCR-126567407

MM500R-COMP-1	Compound Inflation Protection Rider (3% and 5%, options)
MM500-AP-1-AR	Application for Long Term Care Insurance Policy
	Actuarial Memorandum

Form previously approved dated 05/05/10 SERFF Tracking Number#: LFCR-126605512

MM500-SAP-1-1-AR	Short Application for Long Term Care Insurance

PREVIOUSLY APPROVED OUTLINES OF COVERAGE for use with the above policy forms: (Form number has been updated to reflect the revised policy form number and updated Inflation Protection Graph with revised premiums)

Outlines of Coverage previously approved dated 04/14/10 SERFF Tracking Number: LFCR-126567407

MM500-OOC-1-AR	Outline of Coverage for long Term Care Policy
MM501-OOC-1-AR	Outline of Coverage for Facility Services Only Insurance Policy

ALL OF THE ABOVE REFERENCED FORMS WILL BE USED WITH THE FOLLOWING FORMS:

Forms previously approved dated 04/14/10 SERFF Tracking Number: LFCR-126567407

MM500-CNRT	Conditional Premium Receipt Information
MMD-LTD	Limited Premium Payment Option Disclosure
F8186 0210	Authorization (informational)

Forms previously approved dated 12/10/07 SERFF Tracking Number: LFCR-125292639

MM500-SA-2-AR	Supplemental Short Application

Forms previously approved dated 05/13/10 SERFF Tracking Number: LFCR-126627806

MM500-AO-AR	Supplemental Application for Policy Ownership

Forms previously approved dated 07/21/08 SERFF Tracking Number: LFCR-125715451

MME-CNFLP1	Contingent Benefit Upon Lapse for Limited Pay Policy
MM-N-PRI-LP	Potential Rate increase Disclosure Form
MME-RED1	Lowering Premiums by Reducing Benefits Endorsement
MM-N-LTC	Things You Should Know Before You Buy Long Term Care Insurance
MMN-PRT-AR	Partnership Notice
MMD-PRT-AR	Partnership Policy Status Disclosure

Forms previously approved dated 12/10/07 SERFF Tracking Number: LFCR-125292639

MME-CNF	Contingent Benefit Upon Lapse
MMD-LCD	Loyal Customer Discount Disclosure
MMD-DRP	Discounted Renewals Premium Payment Option Disclosure
MM500-WRK	Long Term Care Insurance Personal Worksheet

Forms previously approved dated 09/04/2004 Paper Filing

MM-0116-B-2	Replacement Form
MM-0166	Medicare Supplement Duplication Notice
None	Sample Long Term Care Insurance Suitability Letter

CERTIFICATION OF COMPLIANCE

Insurer: Massachusetts Mutual Life Insurance Company

The company has reviewed the enclosed policy form(s) and certified that they comply with the provision of Rule and Regulation 13 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature: Trudy Weigel

Name: Trudy Weigel

Title: Compliance Analyst

Date: May 1, 2011

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Long Term Care Insurance Policy

THIS POLICY 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, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

Read this Policy carefully. It is a legal contract between You and Us.

NOTICE TO BUYER: Should You have any questions about Your insurance, contact Us at the Long Term Care Administrative Office shown above or call the Policyholder Service Department at (888) 505-8952. If You are not satisfied, You may contact the Arkansas Department of Insurance, Consumer Services Division, at 1200 W. Third Street, Little Rock, AR 72201 1904 (800) 852-5494 or (501) 371-2640.

This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all Policy limitations. No prior hospital confinement is required in order to qualify for benefits under this Policy and attached Riders, if any.

CAUTION: The issuance of this Long Term Care Insurance Policy is based upon the responses to the questions on the Application. A copy of the Application is enclosed. If the responses are incorrect or untrue, We may have the right to deny benefits or rescind this Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of the responses are incorrect, contact Us at the Long Term Care Administrative Office address shown above.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If the Insured is eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from Us.

INSURING AGREEMENT AND EFFECTIVE DATE: Subject to the terms and conditions described in this Policy, Massachusetts Mutual Life Insurance Company agrees to pay to You the benefits described in this Policy. We make this agreement and issue this Policy in consideration of: (a) the statements made in the signed Application, which is attached to and made a part of this Policy; and (b) payment of the initial premium. This Policy takes effect on the Policy Effective Date shown on the Policy Schedule.

RENEWABILITY: This Policy is guaranteed renewable for the life of the Insured. You have the right, subject to the terms of this Policy, to continue it as long as the required premiums are paid on time. We cannot cancel or refuse to renew this Policy. We may change premiums, subject to the approval of appropriate regulatory authority of the state in which this Policy was issued. We will give You at least sixty (60) days written notice at Your last address shown in Our records before We change Your premium.

YOUR 30-DAY FREE LOOK PERIOD: If You are not satisfied with this Policy, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium You have paid and this Policy, all riders and attachments will be considered never to have been in effect.

PARTICIPATING: This Policy is participating. If annual dividends are credited to this Policy they will be used first to reduce future premiums and then to increase future benefits. Because this Policy is intended to be tax qualified, annual dividends can not be paid directly to You.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

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DEFINITIONS

This section provides the definitions of words used in this Policy that have a special meaning when applied to coverage under this Policy. To help in the recognition of these special words and phrases, the first letter of each word is capitalized wherever it appears.

Activities of Daily Living:

- **Bathing:** means 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.
- **Continence:** means 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 catheter or colostomy bag).
- **Dressing:** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** means 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.
- **Toileting:** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** means moving into or out of a bed, chair, or wheelchair.

Adult Day Care means a program, for six (6) or more individuals, of social and health related services provided during the day in a community group setting for the purpose of supporting frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the Home.

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

Alternative Plan of Care Services means:

- treatments or services not otherwise specified in this Policy including but not limited to Durable Medical Equipment and Home Modification; or
- treatments or services provided in a setting or by a provider not otherwise specified in this Policy.

Ambulance Services means transportation by ambulance from the Insured's Home to a Facility, or to and from a Facility for purposes of receiving Respite Care.

Ancillary Services means physical, occupational, speech and respiratory therapies, wound care, medication management, supplies and services for continence care support and similar care-related services or supplies that support Activities of Daily Living.

Application means the written application form provided by Us and completed by You and the Insured, if different, when applying for coverage.

Assessment means an evaluation, with objective results, done by a Licensed Health Care Practitioner to determine or verify that the Insured is Chronically Ill.

Assisted Living Facility means a facility which is engaged primarily in providing Qualified Long Term Care Services and that meets all of the following criteria:

- has the appropriate state licensure or certification as an Assisted Living Facility where licensure or certification is required;
- provides Qualified Long Term Care Services for at least six (6) residents in one (1) location;
- has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;

- provides room and board to include at least three (3) meals a day and accommodation of special dietary needs;
- has appropriate procedures to dispense and monitor prescription medications; and
- maintains records of important health changes in its residents.

An Assisted Living Facility is not a Hospital, a Nursing Facility, an individual residence or an independent living unit. Unless otherwise excluded in this Policy, Assisted Living Facilities include facilities otherwise named, which meet the above criteria, including secure Alzheimer's units.

If a facility has multiple licenses, a portion, wing, ward, or unit will qualify as an Assisted Living Facility only if it is engaged primarily in providing Qualified Long Term Care Services and meets all of the above criteria.

Caregiver Training means training provided by a health care professional, approved by Us, to an Informal Caregiver. Examples of such training may include, but are not limited to:

- the proper care and use of medical devices such as catheters, intravenous medications, colostomy bags or suctioning tubes;
- the proper assistance with medications, bandages and dressings; or
- the proper performance of various procedures to assist the Insured with Activities of Daily Living.

Caregiver Training is provided in a setting other than a Hospital, Nursing Facility or Assisted Living Facility.

Chronically Ill means within the previous twelve (12) months a Licensed Health Care Practitioner has certified that the Insured:

- is unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period that is expected to last at least ninety (90) consecutive days due to loss of functional capacity; or
- has a Severe Cognitive Impairment.

Confinement or Confined means the Insured is a resident in a Nursing Facility, an Assisted Living Facility or a Hospice Facility for a period for which a room and board charge is made.

Covered Expenses means the amount of benefit payable by Us as a result of the Insured's receipt of Qualified Long Term Care Services. The Covered Expense for each benefit available under this Policy is defined in the Benefit Provisions of this Policy.

Covered Partner means the Insured's spouse or Partner who is covered by Us under a policy with the same state policy form number as this Policy.

Durable Medical Equipment means equipment included in the Insured's Plan of Care which:

- is functionally necessary;
- is designed for repeated and prolonged use;
- is suited for use in the Home; and
- can enhance the Insured's ability to perform Activities of Daily Living.

Infusion pumps, special hospital-style beds, walkers, or wheelchairs are examples of types of equipment that may be considered Durable Medical Equipment. Durable Medical Equipment does not include any Home Modification, motorized scooter, or sporting, athletic or exercise equipment.

Elimination Period means the number of days the Insured must receive either Facility Services or Home and Community Based Services, as defined in this Policy, pursuant to a Plan of Care, while this Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. For each day the Insured receives Facility Services or Home and Community Based Services, We will credit one (1) day toward satisfaction of the Elimination Period. These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

The Elimination Period is not applicable to or satisfied by the Caregiver Training Benefit, the Respite Care Benefit or the Personal Care Advisory Services Benefit.

Days used to satisfy the Elimination Period will not satisfy the Elimination Period for Coverage Outside of the United States.

The Elimination Period is shown on the Policy Schedule.

Elimination Period for Coverage Outside of the United States means the number of days after the Insured has satisfied the Elimination Period previously defined and receives either Facility Services or Home and Community Based Services Outside of the United States, while this Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits for coverage outside of the United States. Days on which the Insured receives Facility Services and Home and Community Based Services Outside of the United States will first be used to satisfy the Elimination Period previously defined. Once this Elimination Period has been satisfied, We will credit one (1) day towards satisfaction of the Elimination Period for Coverage Outside of the United States for each day the Insured receives Facility Services or Home and Community Based Services Outside of the United States. These days do not need to be consecutive, however, days will not be accumulated under separate claims in order to satisfy the Elimination Period for Coverage Outside of the United States.

The Insured must first satisfy the Elimination Period before days will count towards satisfaction of the Elimination Period for Coverage Outside of the United States.

The Elimination Period for Coverage Outside of the United States is shown on the Policy Schedule.

Emergency Response System means a personal service the Insured can alert easily (such as pressing a button on a bracelet or pendant) when in distress and in need of help. This does not include a home alarm system.

Facility means a Nursing Facility, Assisted Living Facility, or Hospice Facility.

Facility Services means Qualified Long Term Care Services received by the Insured while Confined in a Facility including:

- room and board;
- Ancillary Services; and
- Hospice Care provided in a Hospice Facility.

Facility Services does not include comfort and convenience items such as televisions, telephone, beauty care and entertainment, or services provided to an individual other than the Insured (e.g. guest meals or spouse charges).

Family Member means the Insured's spouse (or Partner) and the following relatives by blood, marriage, or adoption, of the Insured or the Insured's spouse (or Partner):

- grandparents;
- parents, aunts, or uncles;
- siblings, first cousins;
- children, nieces, or nephews; and
- grandchildren.

Hands-On Assistance means the physical assistance of another person without which the Insured would be unable to perform the Activity of Daily Living.

Home means the place where the Insured maintains independent residence. Home does not include a Facility, a Hospital, or any other institutional setting where the Insured is dependent on others for assistance with the Activities of Daily Living.

Home and Community Based Services means:

- Adult Day Care provided to the Insured in an Adult Day Care Center;
- Home Health Care provided to the Insured at Home; or
- Hospice Care provided to the Insured at Home.

Home Health Aide means a person, other than an RN or nurse, who provides Qualified Long Term Care Services through a Home Health Care Agency or as an Independent Home Health Caregiver. A Home Health Aide must be licensed or

certified under state law, if any, and acting within the scope of his or her license or certification at the time the Qualified Long Term Care Services are provided.

Home Health Care means a program of Qualified Long Term Care Services provided to a Chronically Ill individual, including:

- professional nursing care by or under the supervision of an RN or other licensed nurse;
- care by a Home Health Aide;
- 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
- Homemaker Services.

Home Health Care is provided to the Insured in a setting other than a Hospital or Facility.

Home Health Care Agency means an entity that is regularly engaged in providing Home Health Care for compensation and employs staff, qualified by training or experience, to provide such care. The entity must:

- keep clinical records or care plans on all patients;
- provide ongoing supervision and training to its employees appropriate to the services to be provided; and
- have the appropriate state licensure or certification, where required. If licensure or certification is not required, the entity must be supervised by a qualified professional such as a Registered Nurse (RN), a Licensed Social Worker, or a Physician.

Home Modification means the labor, equipment, and supplies used to make changes in the Insured's Home. These changes must be designed to:

- enhance the Insured's ability to perform Activities of Daily Living; and
- allow the Insured to live safely and remain at Home.

Homemaker Services means services which are designed to maintain independent living. Services shall consist of the following where applicable: Shopping, menu planning, meal preparation and light housekeeping.

Hospice Care means Qualified Long Term Care Services which provide a program of care to meet the Insured's needs at Home or in a Hospice Facility in the event the Insured becomes terminally ill.

Hospice Facility means a place which:

- has the appropriate state licensure or certification as a Hospice Facility where licensure or certification is required; and
- provides Hospice Care.

Hospital means 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.

Independent Home Health Caregiver means a certified nursing assistant, Nurse, or physical, occupational, respiratory or speech therapist, or any other person approved by Us who meets all of the following criteria:

- is independently employed and not associated with a Home Health Care Agency;
- is qualified by training and experience to provide Qualified Long Term Care Services; and
- is licensed or certified under state law, if any, and acting within the scope of his or her license at the time Qualified Long Term Care Services are provided.

Informal Caregiver means the person who has the primary responsibility for providing nonprofessional care on an unpaid basis for the Insured at Home. A person who is paid for caring for the Insured cannot be an Informal Caregiver.

Insured means the person named as the Insured on the Policy Schedule.

Licensed Health Care Practitioner means:

- a Physician;
- a Registered Nurse; or
- a Licensed Social Worker.

The Licensed Health Care Practitioner must not be a Family Member.

Licensed Social Worker means a duly licensed social worker acting within the scope of his or her license at the time Qualified Long Term Care Services are provided.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping the Insured conduct Activities of Daily Living while Chronically Ill. This includes protection from threats to the Insured's health and safety due to a Severe Cognitive Impairment.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Mental or Nervous Disorder means affective disorders, anxiety disorders, personality disorders, psychotic disorders or other mental or emotional disease or disorders.

Mental or Nervous Disorder does not include Alzheimer's or other demonstrable organic diseases such as senile dementia.

Nurse means someone who is licensed as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is operating within the scope of that license.

Nursing Facility means a facility or institution that:

- is licensed or certified by the state in which it is located;
- is a separate facility or a distinct part of another health care facility;
- provides twenty-four (24) hour per day skilled, intermediate or custodial nursing care under the supervision of an RN or Physician; and
- maintains a daily record on each patient.

Nursing Facility also means a facility that is licensed as a specialized Alzheimer's unit in all states where such licensure exists.

A Nursing Facility is not: a Hospital, clinic or Assisted Living Facility; a convalescent home; a board and rest home; a home for the aged; an adult residential care facility; a domiciliary and retirement care facility; a training center; a government or veteran's facility or any other facility where the patient is not required to pay; or the Insured's primary place of residence in an area used principally for independent residential living; or a similar establishment.

If a facility has multiple licenses, a portion, wing, ward, or unit will qualify as a Nursing Facility only if it meets all of the above criteria; is authorized to provide nursing care to inpatients; and is engaged principally in providing such nursing care in accordance with that license.

Outside of the United States means outside of the United States or its territories, or Canada.

Partner means an adult who is either:

- named, along with the Insured, in a valid certificate or license of civil union recognized by the state in which this Policy is issued; or
- has been living with the Insured for the past three (3) consecutive years in a committed relationship as the Insured's partner or as a member of the Insured's family; and
    - is committed to sharing basic living expenses with the Insured; and
    - is not married to the Insured, or anyone else; and
    - if related to the Insured, belongs to the same generation of the Insured's family (e.g. brother, sister, or cousin).

Personal Care Advisor means a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill individual. The Personal Care Advisor is not employed by or

under contract to Us. The Personal Care Advisor is employed by or under contract to a Personal Care Advisory Services Provider.

Personal Care Advisory Services means services that identify a person's functional, cognitive, personal, and social needs for care and services and can help link the Chronically Ill individual to a full range of appropriate services. It may include but is not limited to the following:

- the development of a Plan of Care, including an initial Plan of Care and subsequent updates to the Plan of Care as needed for changes in the Insured's condition;
- the coordination of appropriate services and ongoing monitoring of the delivery of such services, when desired by the Insured or the Insured's Representative.

Personal Care Advisory Services Provider means an agency, entity or person approved by Us that employs or contracts with Personal Care Advisors to provide Personal Care Advisory Services.

Physician, as defined in section 1861(r)(1) of the Social Security Act, means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs such function or action, including osteopathic practitioners within the scope of his or her practice as defined by state law.

Plan of Care means a written individualized plan of services prescribed by a Licensed Health Care Practitioner developed in consultation with the Insured, based upon an Assessment that states the Insured is Chronically Ill. The Plan of Care will specify the type, frequency, and providers of the services most suitable to meet the Insured's long term care needs and the costs, if any, of those services. The Plan of Care must be updated as the Insured's needs change. At all times We retain the right to verify that the Insured's Plan of Care is appropriate.

Policy means this contract between You and Us.

Policy Anniversary Date means the Policy Anniversary Date as shown on the Policy Schedule.

Policy Effective Date means the date coverage is effective under this Policy and any attached riders as shown on the Policy Schedule.

Policy Year means the period from the Policy Effective Date to the first Policy Anniversary Date or the period from one Policy Anniversary Date to the next Policy Anniversary Date.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, 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.

Representative means a person or entity legally empowered to represent another because of incapacity or death.

Registered Nurse (RN) means a duly licensed registered graduate professional nurse acting within the scope of his or her license at the time the treatment or service is performed.

Respite Care means Qualified Long Term Care Services provided to the Insured on a short term basis to relieve an Informal Caregiver in the Insured's residence. Respite Care may be provided in the Insured's Home, a Nursing Facility, Assisted Living Facility or through a community based program.

Severe Cognitive Impairment means the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia which requires Substantial Supervision. Severe Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure a person's impairment in:

- short or long term memory;
- orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year); and
- deductive or abstract reasoning.

Single Claim Period means a claim for benefits under this Policy that is not interrupted by a period of one hundred eighty (180) consecutive days. If the Insured does not meet the requirements of Eligibility for the Payment of Benefits because the Insured is no longer Chronically Ill and no benefits are paid under this Policy for a period of one hundred eighty (180) consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures or other similar demonstrations.

Total Benefit Amount means the remaining amount of benefits that may be paid under this Policy. The initial Total Benefit Amount is shown on the Policy Schedule. The Total Benefit Amount after Policy issue will be decreased by benefits paid under this Policy. The Total Benefit Amount after Policy issue will be increased in accordance with the provisions of any riders attached to this Policy and any additional benefits resulting from the crediting of dividends.

We, Us, Our means Massachusetts Mutual Life Insurance Company.

You, Your means the owner of this Policy as indicated in Our records. The owner is the Insured unless otherwise provided in the Application or changed by written request.

BENEFIT PROVISIONS

Benefits Paid Reduce the Total Benefit Amount

Unless otherwise indicated within this Policy, benefits paid under this Policy reduce the Total Benefit Amount of this Policy.

Daily Benefit Amount

The initial Daily Benefit Amount is shown on the Policy Schedule. The current Daily Benefit Amount is the initial Daily Benefit Amount adjusted to reflect the provisions of any inflation protection rider attached to this Policy.

Facility Services Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits.

Covered Expenses means the actual daily cost of each day's Facility Services received up to the Daily Benefit Amount.

Facility Prescription Drug Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payments of Benefits and is receiving Facility Services.

Covered Expenses means the actual monthly cost of the Insured's prescription drugs up to the monthly maximum for this benefit.

The monthly maximum for this benefit is shown in the Policy Schedule.

Facility Bed Reservation Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits and is receiving Facility Services.

Covered Expenses means the actual cost charged by the Facility to reserve accommodations for each day the Insured is temporarily absent from the Facility, up to the Daily Benefit Amount.

The maximum amount payable per Policy Year for this benefit is shown in the Policy Schedule.

Home and Community Based Services Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits.

Covered Expenses means the actual daily cost of each day's Home and Community Based Services received up to the Daily Benefit Amount.

This benefit is not payable for any day on which the Insured receives Facility Services or is confined in a Hospital.

Emergency Response System Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits and is receiving Home and Community Based Services.

Covered Expenses means the actual monthly cost of the Insured's Emergency Response System up to the monthly maximum for this benefit.

The monthly maximum for this benefit is shown in the Policy Schedule.

Ambulance Services Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits and is receiving Home and Community Based Services.

Covered Expenses means the actual cost of each day's Ambulance Services up to the Daily Benefit Amount.

The maximum amount payable per Policy Year for this benefit is shown in the Policy Schedule.

Caregiver Training Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits.

Covered Expenses means the actual cost of the Caregiver Training up to the Policy lifetime maximum for this benefit.

The Policy lifetime maximum for this benefit is shown in the Policy Schedule.

The Insured is not required to satisfy the Elimination Period for this Policy before We will pay the Caregiver Training Benefit. Receipt of Caregiver Training by the Informal Caregiver does not count towards satisfaction of the Elimination Period.

Respite Care Benefit

We will pay a benefit equal to the Covered Expenses for Respite Care if the Insured meets the requirements of Eligibility for the Payment of Benefits.

Covered Expenses means the actual cost, up to the Daily Benefit Amount, for each day of Respite Care the Insured receives.

The maximum amount payable per Policy Year for this benefit is shown in the Policy Schedule.

The Insured is not required to satisfy the Elimination Period for this Policy before We will pay the Respite Care Benefit. Receipt of Respite Care does not count towards satisfaction of the Elimination Period.

Alternative Plan of Care Benefit

We will pay a benefit equal to the Covered Expenses for Alternative Plan of Care Services, including but not limited to Durable Medical Equipment and Home Modification, if the Insured meets the requirements of Eligibility for the Payment of Benefits and the Insured or the Insured's Representative, the Insured's Licensed Health Care Practitioner and We agree that the Alternative Plan of Care Services:

- are cost-effective;
- are appropriate to the Insured's needs;
- provide the Insured with an equal or greater quality of care; and
- constitute Qualified Long Term Care Services.

Covered Expenses means the actual cost of the Alternative Plan of Care Services received by the Insured subject to any limitations agreed to by the Insured or the Insured's Representative and Us.

We reserve the right to make the final decision on any request for Alternative Plan of Care Services.

Optional Personal Care Advisor Benefit

The Insured is entitled to the assistance of a Personal Care Advisor. The Insured or the Insured's Representative or Family Member are encouraged to contact Our claim office, as soon as a claim is anticipated. The toll-free phone number is on the Policy Schedule. We will then contact the Personal Care Advisory Services Provider and instruct them to assign a Personal Care Advisor to the Insured so that the Insured can obtain Personal Care Advisory Services as soon as possible.

If the Insured chooses to utilize the services of the Personal Care Advisor assigned by the Personal Care Advisory Services Provider, the costs of the Personal Care Advisory Services will be billed directly to Us and We will pay the Personal Care Advisory Services Provider directly. The cost of the Personal Care Advisory Services paid by Us will not reduce the Total Benefit Amount under this Policy.

The Insured is not required to satisfy the Elimination Period in order to use the services of a Personal Care Advisor. Use of the Personal Care Advisor does not count towards satisfaction of the Elimination Period.

The use of a Personal Care Advisor is completely voluntary. The use or non-use of a Personal Care Advisor does not impact the right to benefits under this Policy.

Coverage Outside of the United States

We will pay a benefit equal to the Covered Expenses for Facility Services and Home and Community Based Services received Outside of the United States if the Insured meets the requirements of Eligibility for the Payment of Benefits and satisfies the Elimination Period for Coverage Outside of the United States. Benefits will be paid in United States currency at the conversion rate determined by the United States Treasury as of the date benefits are paid.

Covered Expenses means the actual cost of each day's Facility Services and/or Home and Community Based Services received Outside of the United States subject to the daily and lifetime maximums shown in the Policy Schedule.

While We are paying benefits for Coverage Outside of the United States, You are not entitled to receive the Facility Prescription Drug Benefit, Facility Bed Reservation Benefit, Emergency Response System Benefit, Ambulance Services Benefit, Caregiver Training Benefit, Respite Care Benefit, or the Alternative Plan of Care Benefit under this Policy.

Dividends

While this Policy is in force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We apportion at the end of each Policy Year. Dividends credited to this Policy will be used to reduce the future premiums for this Policy. If this Policy is not in premium paying status the dividends will be used to increase the future benefits of this Policy. Dividends, if any, are not anticipated to be credited before the later of (a) the Policy Anniversary Date after the Insured attains sixty-five (65) years of age or (b) the tenth (10th) Policy Anniversary Date.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Eligibility for the Payment of Benefits

Subject to all the terms and provisions of this Policy, We will pay the Covered Expenses for benefits described in this Policy when We verify that the Insured meets all of the following conditions:

- the Insured is Chronically Ill;

- the Qualified Long Term Care Services the Insured receives are covered under this Policy and are provided pursuant to the Plan of Care;
- coverage under this Policy was in force on the date(s) the Qualified Long Term Care Services were received by the Insured;
- unless otherwise indicated within this Policy, the Insured has satisfied this Policy's Elimination Period;
- any daily, monthly, annual, or lifetime limits on the specific benefit(s) being claimed under this Policy or any attached riders to this Policy have not been exhausted;
- the Insured meets all additional requirements indicated in this Policy for the specific benefit(s) being claimed under this Policy;
- the requirements under the FILING A CLAIM section of this Policy have been satisfied; and
- the claim is not subject to the Limitations and Exclusions contained in this Policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Limitations and Exclusions

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

- provided to the Insured by a Family Member;
- provided Outside of the United States except as described under Coverage Outside of the United States in the Benefit Provisions section of this Policy;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of Mental or Nervous Disorders.

Non-Duplication of Benefits

Benefits are not payable under this Policy for: (a) 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 (b) for any other state or federal workers' compensation plan or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which the Insured meets the requirements of Eligibility for the Payment of Benefits, but coverage is excluded due to Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

FILING A CLAIM

File a Claim

To file a claim for benefits, please provide Us with advance notice or advise Us as quickly as possible by calling the toll-free number shown on the Policy Schedule.

Notice of Claim

We must receive written Notice of Claim within thirty (30) days after the Insured begins receiving care or services covered under this Policy, or as soon thereafter as reasonably possible. The Notice of Claim must provide Us with sufficient information to identify the Insured. It should be mailed to Us at Our Long Term Care Administrative Office or to one of Our agents.

Claim Forms

After We receive Notice of Claim, We will send the Insured or the Insured's Representative a claim form used for filing Proof of Loss. The claim form must be completed and returned to Us.

If We do not send a claim form within fifteen (15) days of the date Notice of Claim is sent to Us, the Proof of Loss requirement may be met by giving Us a written statement within the time limit stated in the Proof of Loss section. The written statement must give Us information sufficient to identify the Insured and must outline the nature and extent of the loss.

Proof of Loss

We will consider Proof of Loss provided when We receive a completed claim form and any necessary statements or bills which include the date, nature and charges for all covered care the Insured has received. Proof of Loss must be sent to Us within ninety (90) days after the date of the Insured's loss. If it is not possible to give Us timely Proof of Loss, We will not reduce or deny the claim if Proof of Loss is filed as soon as the information can reasonably be provided to Us.

If We do not pay benefits upon receipt of written Proof of Loss, We will mail the Insured or the Insured's Representative within thirty (30) working days, a letter which states Our reasons for not paying the claim, either in whole or in part. The letter will also provide the Insured with a written itemization of any documents or other information needed to process the claim or any portions not paid.

In no event, except in the event of the Insured's legal incapacity, may Proof of Loss be submitted later than one (1) year from ninety (90) days after the date of the Insured's loss.

Time of Payment of Claims

Benefits payable under this Policy will be paid promptly after We receive proper written Proof of Loss.

Payment of Claims

We will pay all benefits payable under Benefit Provisions of this Policy to You, or to Your assignee. Upon Our receipt of proper written documentation, unassigned benefits remaining due upon Your death may be paid to Your estate. If benefits are payable to Your estate, We may pay up to one thousand dollars ($1,000) to any relative of Yours by blood or marriage who We find is entitled to it. Any payments made in good faith will discharge Us with regard to such payment.

Subject to Your written direction, We may pay all or a portion of any benefits for care or services covered under this Policy to the provider of such care or services unless You instruct Us in writing to do otherwise when We receive Proof of Loss. We do not require that the Insured receive care or services from a specifically designated provider.

Extension of Benefits

Termination of this Policy will not terminate any benefits payable for Facility Services if the Insured's Confinement begins while this Policy is in force and continues without interruption after this Policy terminates. Any benefits payable under this provision are subject to the Total Benefit Amount, any applicable Elimination Period and all other provisions and Limitations and Exclusions of this Policy.

Plan of Care Updates and Examinations

While paying benefits under this Policy We will periodically require copies of updates to the Insured's Plan of Care, as well as an updated Licensed Health Care Practitioner certification as described under the requirements of Eligibility for the Payment of Benefits in this Policy.

In addition, We may require that a Licensed Health Care Practitioner examine the Insured or provide Us with an Assessment while a claim is pending or while We are paying benefits under this Policy, as often as reasonably required. We will pay for these examinations or Assessments and will choose the individual to perform them.

Appealing a Claim

We will evaluate a claim based on the provisions of this Policy and the information given by the Insured, the Insured's Licensed Health Care Practitioner and other available sources. We will inform the Insured in writing if We deny a claim or any part of a claim. If the Insured does not agree with a claim decision, the Insured or the Insured's Representative may appeal the denial. The appeal must be in writing to Us and include all information that pertains to the claim. No special form is needed. We will review the request and notify the Insured or the Insured's Representative of Our decision within thirty (30) working days of receiving the request.

Right of Recovery

If We make any errors in processing a claim, We have the right to recover any overpayment of benefits. We will recover by offset any amounts that have not been previously recovered at the time We make another benefit payment.

Legal Action

Legal action to obtain benefits under this Policy may not be started earlier than sixty (60) days after required Proof of Loss has been filed with Us. Further, no legal action may be started later than three (3) years after required Proof of Loss was filed with Us.

PREMIUM PAYMENTS

Premium Payment Options

You may pay premiums once a year (annually), twice a year (semiannually), four times a year (quarterly) or twelve times a year (monthly). You may pay premiums twelve times a year (monthly) only by pre-authorized electronic transfer. If You pay annual premiums by installments, there will be an additional charge. The additional charge is shown in dollars and as an annual percentage of the rates on the Policy Schedule.

Premium Due Dates

The first premium is due on the Policy Effective Date shown on the Policy Schedule. After the first premium has been paid, premiums will be due in the amount and frequency shown on the premium statement that We will mail to You.

Payment Responsibility

You are responsible for payment of all premiums due while coverage is in force. Payment must be sent to Us at Our Long Term Care Administrative Office or any other office that We may designate.

Unpaid Premium

We may deduct any premium due and unpaid from any claim payment payable under this Policy.

Waiver of Premium

Premiums will not be due once We begin paying, and for as long as We continue to pay, benefits for Facility Services or Home and Community Based Services under this Policy. We will return any unearned premium to You on a pro-rata basis. Premium will again become due when We are no longer paying You because the Insured is no longer receiving Facility Services, or Home and Community Based Services at least once every week.

Grace Period

Except for the first premium, You will have thirty-one (31) days after each due date to pay the premium due. This Policy remains in force during the Grace Period.

Unintentional Lapse

If the premium is not paid by the thirtieth (30th) day of the Grace Period, We will provide written notice to You and the Insured, if different, and any individuals designated by You or the Insured, if different, to receive notice of non-payment of premium. Notice will be sent at least thirty (30) days before cancellation of Your coverage.

If the premium is not paid within thirty-five (35) days after notice is sent, this Policy will lapse for non-payment of premium.

Refund of Unearned Premium

Upon death of the Insured, We will refund any unearned premium for this Policy on a pro-rata basis. We will make this refund in accordance with the Payment of Claims provision, within thirty (30) days of receipt of proof of the Insured's death.

If You request in writing to cancel this Policy, We will refund any unearned premium to You on a pro-rata basis. Cancellation will be effective upon receipt of Your request or a later date specified by You. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.

GENERAL POLICY PROVISIONS

Misstatement of Age

If the Insured's age is misstated on the Application, We may, at any time, adjust Your benefits and/or premiums to reflect the Insured's correct age. If no coverage would have been provided based on the Insured's correct age, Our liability is limited to a refund of any premium paid for this Policy and this Policy is null and void as of the Policy Effective Date.

Entire Contract; Changes

This Policy, the attached Application, plus any riders and additional attachments, is the entire contract. No agent, employee or person other than one of Our officers has authority to change this Policy. Any change must be shown on this Policy and approved in writing.

Incontestability

If this Policy has been in force for less than six (6) months, upon a showing of misrepresentation that is material to the acceptance of coverage, We may rescind this Policy or deny an otherwise valid claim on this Policy.

If this Policy has been in force for at least six (6) months, but less than two (2) years, and if We can show the misrepresentation is both material to the acceptance of coverage and that it pertains to the condition for which benefits are sought, We may rescind this Policy or deny an otherwise valid claim on this Policy.

After this Policy has been in force for two (2) years it is not contestable upon the grounds of misrepresentation alone. After two (2) years, this Policy may be contested only upon a showing that relevant facts relating to the Insured's health were knowingly and intentionally misrepresented.

Policy Termination

This Policy will terminate and coverage will end on the earliest of:

- the date that the Total Benefit Amount under this Policy is exhausted;
- the date We receive a written request from You to cancel this Policy (or a later date specified by You in the cancellation request);
- the date this Policy lapses for non-payment of premium as described under the Unintentional Lapse provision; or
- the date of the Insured's death.

Reinstatement – Lapse Due to Severe Cognitive Impairment or Functional Incapacity

If coverage has lapsed due to the Insured's or Your Severe Cognitive Impairment or functional incapacity, coverage may be reinstated without an application if:

- You or Your Representative requests reinstatement in writing within six (6) months after the last premium was due;

- We receive evidence satisfactory to Us that You or the Insured, if different, have a Severe Cognitive Impairment or functional incapacity; and
- We receive all past due and unpaid premiums.

This Policy will then be reinstated as of the date of lapse and both You and We shall have the same rights that existed prior to the due date of the premium in default. Premium rates for this reinstated Policy will be based on the Insured's original issue age.

Reinstatement – Lapse Due to Non-Payment of Premium

Without requiring an application for reinstatement, if You request reinstatement in writing, We may accept past due and unpaid premiums, up to one (1) year after lapse. Those payments will reinstate this Policy and put it back in force.

If We require an application for reinstatement, coverage may be reinstated within one (1) year after lapse if:

- the application for reinstatement is completed;
- We receive all past due and unpaid premiums (for which We will provide a conditional receipt); and
- the Insured is insurable under Our underwriting rules in effect at the time the completed reinstatement application is submitted to Us.

Reinstatement by application will be effective:

- on the date We approve the application; or
- on the forty-fifth (45th) day following the date of the conditional receipt, if We have not previously declined the application in writing.

This reinstated Policy will cover only loss due to:

- sickness incurred more than ten (10) days after the date of reinstatement; and
- injury sustained after the date of reinstatement.

Upon reinstatement of this Policy both You and We shall have the same rights that existed prior to the due date of the premium in default. Premium rates for this reinstated Policy will be based on the Insured's original issue age.

Rights of Policy Ownership

You, as the owner may exercise every right and receive every benefit provided by this Policy. If the Insured is not the owner and the owner dies while the Insured is living, unless otherwise provided, all rights of Policy ownership shall be transferred to Your executors or administrators.

Assignment

No assignment of interest under this Policy will be binding upon Us unless the original or a copy of the assignment is filed with Us at Our Long Term Care Administrative Office. We do not assume any responsibility for the validity of an assignment.

Conformity with State Statutes

Any part of this Policy that, on the Policy Effective Date, conflicts with the laws of the state in which You reside on such date, is hereby amended to meet the minimum requirements of those laws.

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Facility Services Only Insurance Policy

THIS POLICY 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, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant, or tax advisor regarding the tax implications of purchasing this long term care insurance.

Read this Policy carefully. It is a legal contract between You and Us.

NOTICE TO BUYER: Should You have any questions about Your insurance, contact Us at the Long Term Care Administrative Office shown above or call the Policyholder Service Department at (888) 505-8952. If You are not satisfied, You may contact the Arkansas Department of Insurance, Consumer Services Division, at 1200 W. Third Street, Little Rock, AR 72201 1904 (800) 852-5494 or (501) 371-2640.

This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all Policy limitations. No prior hospital confinement is required in order to qualify for benefits under this Policy and attached Riders, if any.

CAUTION: The issuance of this Facility Services Only Insurance Policy is based upon the responses to the questions on the Application. A copy of the Application is enclosed. If the responses are incorrect or untrue, We may have the right to deny benefits or rescind this Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of the responses are incorrect, contact Us at the Long Term Care Administrative Office address shown above.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY: If the Insured is eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from Us.

INSURING AGREEMENT AND EFFECTIVE DATE: Subject to the terms and conditions described in this Policy, Massachusetts Mutual Life Insurance Company agrees to pay to You the benefits described in this Policy. We make this agreement and issue this Policy in consideration of: (a) the statements made in the signed Application, which is attached to and made a part of this Policy; and (b) payment of the initial premium. This Policy takes effect on the Policy Effective Date shown on the Policy Schedule.

RENEWABILITY: This Policy is guaranteed renewable for the life of the Insured. You have the right, subject to the terms of this Policy, to continue it as long as the required premiums are paid on time. We cannot cancel or refuse to renew this Policy. We may change premiums, subject to the approval of appropriate regulatory authority of the state in which this Policy was issued. We will give You at least sixty (60) days written notice at Your last address shown in Our records before We change Your premium.

YOUR 30-DAY FREE LOOK PERIOD: If You are not satisfied with this Policy, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium You have paid and this Policy, all riders and attachments will be considered never to have been in effect.

PARTICIPATING: This Policy is participating. If annual dividends are credited to this Policy they will be used first to reduce future premiums and then to increase future benefits. Because this Policy is intended to be tax qualified, annual dividends can not be paid directly to You.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

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DEFINITIONS

This section provides the definitions of words used in this Policy that have a special meaning when applied to coverage under this Policy. To help in the recognition of these special words and phrases, the first letter of each word is capitalized wherever it appears.

Activities of Daily Living:

- **Bathing:** means 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.
- **Continence:** means 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 catheter or colostomy bag).
- **Dressing:** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** means 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.
- **Toileting:** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** means moving into or out of a bed, chair, or wheelchair.

Ancillary Services means physical, occupational, speech and respiratory therapies, wound care, medication management, supplies and services for continence care support and similar care-related services or supplies that support Activities of Daily Living.

Application means the written application form provided by Us and completed by You and the Insured, if different, when applying for coverage.

Assessment means an evaluation, with objective results, done by a Licensed Health Care Practitioner to determine or verify that the Insured is Chronically Ill.

Assisted Living Facility means a facility which is engaged primarily in providing Qualified Long Term Care Services and that meets all of the following criteria:

- has the appropriate state licensure or certification as an Assisted Living Facility where licensure or certification is required;
- provides Qualified Long Term Care Services for at least six (6) residents in one (1) location;
- has at least one (1) trained and ready-to-respond staff member actively on duty in the facility twenty-four (24) hours per day to provide the services and care;
- provides room and board to include at least three (3) meals a day and accommodation of special dietary needs;
- has appropriate procedures to dispense and monitor prescription medications; and
- maintains records of important health changes in its residents.

An Assisted Living Facility is not a Hospital, a Nursing Facility, an individual residence or an independent living unit. Unless otherwise excluded in this Policy, Assisted Living Facilities include facilities otherwise named, which meet the above criteria, including secure Alzheimer's units.

If a facility has multiple licenses, a portion, wing, ward, or unit will qualify as an Assisted Living Facility only if it is engaged primarily in providing Qualified Long Term Care Services and meets all of the above criteria.

Chronically Ill means within the previous twelve (12) months a Licensed Health Care Practitioner has certified that the Insured:

- is unable to perform, without Substantial Assistance from another person, at least two (2) Activities of Daily Living for a period that is expected to last at least ninety (90) consecutive days due to loss of functional capacity; or
- has a Severe Cognitive Impairment.

Confinement or Confined means the Insured is a resident in a Nursing Facility, an Assisted Living Facility or a Hospice Facility for a period for which a room and board charge is made.

Covered Expenses means the amount of benefit payable by Us as a result of the Insured's receipt of Qualified Long Term Care Services. The Covered Expense for each benefit available under this Policy is defined in the Benefit Provisions of this Policy.

Covered Partner means the Insured's spouse or Partner who is covered by Us under a policy with the same state policy form number as this Policy.

Elimination Period means the number of days the Insured must receive Facility Services, as defined in this Policy, pursuant to a Plan of Care, while this Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. For each day the Insured receives Facility Services, We will credit one (1) day toward satisfaction of the Elimination Period. These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

The Elimination Period is not applicable to or satisfied by the Personal Care Advisory Services Benefit.

Days used to satisfy the Elimination Period will not satisfy the Elimination Period for Coverage Outside of the United States.

The Elimination Period is shown on the Policy Schedule.

Elimination Period for Coverage Outside of the United States means the number of days after the Insured has satisfied the Elimination Period previously defined and receives Facility Services Outside of the United States, while this Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits for coverage outside of the United States. Days on which the Insured receives Facility Services Outside of the United States will first be used to satisfy the Elimination Period previously defined. Once this Elimination Period has been satisfied, We will credit one (1) day towards satisfaction of the Elimination Period for Coverage Outside of the United States for each day the Insured receives Facility Services Outside of the United States. These days do not need to be consecutive, however, days will not be accumulated under separate claims in order to satisfy the Elimination Period for Coverage Outside of the United States.

The Insured must first satisfy the Elimination Period before days will count towards satisfaction of the Elimination Period for Coverage Outside of the United States.

The Elimination Period for Coverage Outside of the United States is shown on the Policy Schedule.

Facility means a Nursing Facility, Assisted Living Facility, or Hospice Facility.

Facility Services means Qualified Long Term Care Services received by the Insured while Confined in a Facility including:

- room and board;
- Ancillary Services; and
- Hospice Care provided in a Hospice Facility.

Facility Services does not include comfort and convenience items such as televisions, telephone, beauty care and entertainment, or services provided to an individual other than the Insured (e.g. guest meals or spouse charges).

Family Member means the Insured's spouse (or Partner) and the following relatives by blood, marriage, or adoption, of the Insured or the Insured's spouse (or Partner):

- grandparents;
- parents, aunts, or uncles;
- siblings, first cousins;
- children, nieces, or nephews; and
- grandchildren.

Hands-On Assistance means the physical assistance of another person without which the Insured would be unable to perform the Activity of Daily Living.

Hospice Care means Qualified Long Term Care Services which provide a program of care to meet the Insured's needs in a Hospice Facility in the event the Insured becomes terminally ill.

Hospice Facility means a place which:

- has the appropriate state licensure or certification as a Hospice Facility where licensure or certification is required; and
- provides Hospice Care.

Hospital means 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.

Insured means the person named as the Insured on the Policy Schedule.

Licensed Health Care Practitioner means:

- a Physician;
- a Registered Nurse; or
- a Licensed Social Worker.

The Licensed Health Care Practitioner must not be a Family Member.

Licensed Social Worker means a duly licensed social worker acting within the scope of his or her license at the time Qualified Long Term Care Services are provided.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping the Insured conduct Activities of Daily Living while Chronically Ill. This includes protection from threats to the Insured's health and safety due to a Severe Cognitive Impairment.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Mental or Nervous Disorder means affective disorders, anxiety disorders, personality disorders, psychotic disorders or other mental or emotional disease or disorders.

Mental or Nervous Disorder does not include Alzheimer's or other demonstrable organic diseases such as senile dementia.

Nurse means someone who is licensed as a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is operating within the scope of that license.

Nursing Facility means a facility or institution that:

- is licensed or certified by the state in which it is located;
- is a separate facility or a distinct part of another health care facility;
- provides twenty-four (24) hour per day skilled, intermediate or custodial nursing care under the supervision of an RN or Physician; and
- maintains a daily record on each patient.

Nursing Facility also means a facility that is licensed as a specialized Alzheimer's unit in all states where such licensure exists.

A Nursing Facility is not: a Hospital, clinic or Assisted Living Facility; a convalescent home; a board and rest home; a home for the aged; an adult residential care facility; a domiciliary and retirement care facility; a training center; a government or veteran's facility or any other facility where the patient is not required to pay; or the Insured's primary place of residence in an area used principally for independent residential living; or a similar establishment.

If a facility has multiple licenses, a portion, wing, ward, or unit will qualify as a Nursing Facility only if it meets all of the above criteria; is authorized to provide nursing care to inpatients; and is engaged principally in providing such nursing care in accordance with that license.

Outside of the United States means outside of the United States or its territories, or Canada.

Partner means an adult who is either:

- named, along with the Insured, in a valid certificate or license of civil union recognized by the state in which this Policy is issued; or
- has been living with the Insured for the past three (3) consecutive years in a committed relationship as the Insured's partner or as a member of the Insured's family; and
  - is committed to sharing basic living expenses with the Insured; and
  - is not married to the Insured, or anyone else; and
  - if related to the Insured, belongs to the same generation of the Insured's family (e.g. brother, sister, or cousin).

Personal Care Advisor means a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill individual. The Personal Care Advisor is not employed by or under contract to Us. The Personal Care Advisor is employed by or under contract to a Personal Care Advisory Services Provider.

Personal Care Advisory Services means services that identify a person's functional, cognitive, personal, and social needs for care and services and can help link the Chronically Ill individual to a full range of appropriate services. It may include but is not limited to the following:

- the development of a Plan of Care, including an initial Plan of Care and subsequent updates to the Plan of Care as needed for changes in the Insured's condition;
- the coordination of appropriate services and ongoing monitoring of the delivery of such services, when desired by the Insured or the Insured's Representative.

Personal Care Advisory Services Provider means an agency, entity or person approved by Us that employs or contracts with Personal Care Advisors to provide Personal Care Advisory Services.

Physician, as defined in section 1861(r)(1) of the Social Security Act, means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs such function or action, including osteopathic practitioners within the scope of his or her practice as defined by state law.

Plan of Care means a written individualized plan of services prescribed by a Licensed Health Care Practitioner developed in consultation with the Insured, based upon an Assessment that states the Insured is Chronically Ill. The Plan of Care will specify the type, frequency, and providers of the services most suitable to meet the Insured's long term care needs and the costs, if any, of those services. The Plan of Care must be updated as the Insured's needs change. At all times We retain the right to verify that the Insured's Plan of Care is appropriate.

Policy means this contract between You and Us.

Policy Anniversary Date means the Policy Anniversary Date as shown on the Policy Schedule.

Policy Effective Date means the date coverage is effective under this Policy and any attached riders as shown on the Policy Schedule.

Policy Year means the period from the Policy Effective Date to the first Policy Anniversary Date or the period from one Policy Anniversary Date to the next Policy Anniversary Date.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care Services, 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.

Representative means a person or entity legally empowered to represent another because of incapacity or death.

Registered Nurse (RN) means a duly licensed registered graduate professional nurse acting within the scope of his or her license at the time the treatment or service is performed.

Severe Cognitive Impairment means the deterioration or loss of intellectual capacity that is comparable to, and includes, Alzheimer's disease and similar forms of irreversible dementia which requires Substantial Supervision. Severe Cognitive Impairment is measured by clinical evidence and standardized tests that reliably measure a person's impairment in:

- short or long term memory;

- orientation as to person (such as the person's identity), place (such as the person's location) and time (such as day, date and year); and
- deductive or abstract reasoning.

Single Claim Period means a claim for benefits under this Policy that is not interrupted by a period of one hundred eighty (180) consecutive days. If the Insured does not meet the requirements of Eligibility for the Payment of Benefits because the Insured is no longer Chronically Ill and no benefits are paid under this Policy for a period of one hundred eighty (180) consecutive days or longer, a new Single Claim Period will be established.

Stand-By Assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while performing the Activity of Daily Living.

Substantial Assistance means Hands-On or Stand-By Assistance.

Substantial Supervision means continual supervision by another person to protect a person with a Severe Cognitive Impairment or others from threats to health or safety (such as may result from wandering). Such supervision may include cueing by verbal prompting, gestures or other similar demonstrations.

Total Benefit Amount means the remaining amount of benefits that may be paid under this Policy. The initial Total Benefit Amount is shown on the Policy Schedule. The Total Benefit Amount after Policy issue will be decreased by benefits paid under this Policy. The Total Benefit Amount after Policy issue will be increased in accordance with the provisions of any riders attached to this Policy and any additional benefits resulting from the crediting of dividends.

We, Us, Our means Massachusetts Mutual Life Insurance Company.

You, Your means the owner of this Policy as indicated in Our records. The owner is the Insured unless otherwise provided in the Application or changed by written request.

BENEFIT PROVISIONS

Benefits Paid Reduce the Total Benefit Amount

Unless otherwise indicated within this Policy, benefits paid under this Policy reduce the Total Benefit Amount of this Policy.

Daily Benefit Amount

The initial Daily Benefit Amount is shown on the Policy Schedule. The current Daily Benefit Amount is the initial Daily Benefit Amount adjusted to reflect the provisions of any inflation protection rider attached to this Policy.

Facility Services Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits.

Covered Expenses means the actual daily cost of each day's Facility Services received up to the Daily Benefit Amount.

Facility Prescription Drug Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payments of Benefits and is receiving Facility Services.

Covered Expenses means the actual monthly cost of the Insured's prescription drugs up to the monthly maximum for this benefit.

The monthly maximum for this benefit is shown in the Policy Schedule.

Facility Bed Reservation Benefit

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits and is receiving Facility Services.

Covered Expenses means the actual cost charged by the Facility to reserve accommodations for each day the Insured is temporarily absent from the Facility, up to the Daily Benefit Amount.

The maximum amount payable per Policy Year for this benefit is shown in the Policy Schedule.

Optional Personal Care Advisor Benefit

The Insured is entitled to the assistance of a Personal Care Advisor. The Insured or the Insured's Representative or Family Member are encouraged to contact Our claim office, as soon as a claim is anticipated. The toll-free phone number is on the Policy Schedule. We will then contact the Personal Care Advisory Services Provider and instruct them to assign a Personal Care Advisor to the Insured so that the Insured can obtain Personal Care Advisory Services as soon as possible.

If the Insured chooses to utilize the services of the Personal Care Advisor assigned by the Personal Care Advisory Services Provider, the costs of the Personal Care Advisory Services will be billed directly to Us and We will pay the Personal Care Advisory Services Provider directly. The cost of the Personal Care Advisory Services paid by Us will not reduce the Total Benefit Amount under this Policy.

The Insured is not required to satisfy the Elimination Period in order to use the services of a Personal Care Advisor. Use of the Personal Care Advisor does not count towards satisfaction of the Elimination Period.

The use of a Personal Care Advisor is completely voluntary. The use or non-use of a Personal Care Advisor does not impact the right to benefits under this Policy.

Coverage Outside of the United States

We will pay a benefit equal to the Covered Expenses for Facility Services received Outside of the United States if the Insured meets the requirements of Eligibility for the Payment of Benefits and satisfies the Elimination Period for Coverage Outside of the United States. Benefits will be paid in United States currency at the conversion rate determined by the United States Treasury as of the date benefits are paid.

Covered Expenses means the actual cost of each day's Facility Services received Outside of the United States subject to the daily and lifetime maximums shown in the Policy Schedule.

While We are paying benefits for Coverage Outside of the United States, You are not entitled to receive the Facility Prescription Drug Benefit or the Facility Bed Reservation Benefit under this Policy.

Dividends

While this Policy is in force, We may credit it with dividends. Dividends are based on divisible surplus, if any, as We apportion at the end of each Policy Year. Dividends credited to this Policy will be used to reduce the future premiums for this Policy. If this Policy is not in premium paying status the dividends will be used to increase the future benefits of this Policy. Dividends, if any, are not anticipated to be credited before the later of (a) the Policy Anniversary Date after the Insured attains sixty-five (65) years of age or (b) the tenth (10th) Policy Anniversary Date.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Eligibility for the Payment of Benefits

Subject to all the terms and provisions of this Policy, We will pay the Covered Expenses for benefits described in this Policy when We verify that the Insured meets all of the following conditions:

- the Insured is Chronically Ill;
- the Qualified Long Term Care Services the Insured receives are covered under this Policy and are provided pursuant to the Plan of Care;
- coverage under this Policy was in force on the date(s) the Qualified Long Term Care Services were received by the Insured;

- unless otherwise indicated within this Policy, the Insured has satisfied this Policy's Elimination Period;
- any daily, monthly, annual, or lifetime limits on the specific benefit(s) being claimed under this Policy or any attached riders to this Policy have not been exhausted;
- the Insured meets all additional requirements indicated in this Policy for the specific benefit(s) being claimed under this Policy;
- the requirements under the FILING A CLAIM section of this Policy have been satisfied; and
- the claim is not subject to the Limitations and Exclusions contained in this Policy.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Limitations and Exclusions

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

- provided to the Insured by a Family Member;
- provided Outside of the United States except as described under Coverage Outside of the United States in the Benefit Provisions section of this Policy;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of Mental or Nervous Disorders.

Non-Duplication of Benefits

Benefits are not payable under this Policy for: (a) 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 (b) for any other state or federal workers' compensation plan or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which the Insured meets the requirements of Eligibility for the Payment of Benefits, but coverage is excluded due to Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

FILING A CLAIM

File a Claim

To file a claim for benefits, please provide Us with advance notice or advise Us as quickly as possible by calling the toll-free number shown on the Policy Schedule.

Notice of Claim

We must receive written Notice of Claim within thirty (30) days after the Insured begins receiving care or services covered under this Policy, or as soon thereafter as reasonably possible. The Notice of Claim must provide Us with sufficient information to identify the Insured. It should be mailed to Us at Our Long Term Care Administrative Office or to one of Our agents.

Claim Forms

After We receive Notice of Claim, We will send the Insured or the Insured's Representative a claim form used for filing Proof of Loss. The claim form must be completed and returned to Us.

If We do not send a claim form within fifteen (15) days of the date Notice of Claim is sent to Us, the Proof of Loss requirement may be met by giving Us a written statement within the time limit stated in the Proof of Loss section. The written statement must give Us information sufficient to identify the Insured and must outline the nature and extent of the loss.

Proof of Loss

We will consider Proof of Loss provided when We receive a completed claim form and any necessary statements or bills which include the date, nature and charges for all covered care the Insured has received. Proof of Loss must be sent to Us within ninety (90) days after the date of the Insured's loss. If it is not possible to give Us timely Proof of Loss, We will not reduce or deny the claim if Proof of Loss is filed as soon as the information can reasonably be provided to Us.

If We do not pay benefits upon receipt of written Proof of Loss, We will mail the Insured or the Insured's Representative within thirty (30) working days, a letter which states Our reasons for not paying the claim, either in whole or in part. The letter will also provide the Insured with a written itemization of any documents or other information needed to process the claim or any portions not paid.

In no event, except in the event of the Insured's legal incapacity, may Proof of Loss be submitted later than one (1) year from ninety (90) days after the date of the Insured's loss.

Time of Payment of Claims

Benefits payable under this Policy will be paid promptly after We receive proper written Proof of Loss.

Payment of Claims

We will pay all benefits payable under Benefit Provisions of this Policy to You, or to Your assignee. Upon Our receipt of proper written documentation, unassigned benefits remaining due upon Your death may be paid to Your estate. If benefits are payable to Your estate, We may pay up to one thousand dollars ($1,000) to any relative of Yours by blood or marriage who We find is entitled to it. Any payments made in good faith will discharge Us with regard to such payment.

Subject to Your written direction, We may pay all or a portion of any benefits for care or services covered under this Policy to the provider of such care or services unless You instruct Us in writing to do otherwise when We receive Proof of Loss. We do not require that the Insured receive care or services from a specifically designated provider.

Extension of Benefits

Termination of this Policy will not terminate any benefits payable for Facility Services if the Insured's Confinement begins while this Policy is in force and continues without interruption after this Policy terminates. Any benefits payable under this provision are subject to the Total Benefit Amount, any applicable Elimination Period and all other provisions and Limitations and Exclusions of this Policy.

Plan of Care Updates and Examinations

While paying benefits under this Policy We will periodically require copies of updates to the Insured's Plan of Care, as well as an updated Licensed Health Care Practitioner certification as described under the requirements of Eligibility for the Payment of Benefits in this Policy.

In addition, We may require that a Licensed Health Care Practitioner examine the Insured or provide Us with an Assessment while a claim is pending or while We are paying benefits under this Policy, as often as reasonably required. We will pay for these examinations or Assessments and will choose the individual to perform them.

Appealing a Claim

We will evaluate a claim based on the provisions of this Policy and the information given by the Insured, the Insured's Licensed Health Care Practitioner and other available sources. We will inform the Insured in writing if We deny a claim or any part of a claim. If the Insured does not agree with a claim decision, the Insured or the Insured's Representative may appeal the denial. The appeal must be in writing to Us and include all information that pertains to the claim. No special form is needed. We will review the request and notify the Insured or the Insured's Representative of Our decision within thirty (30) working days of receiving the request.

Right of Recovery

If We make any errors in processing a claim, We have the right to recover any overpayment of benefits. We will recover by offset any amounts that have not been previously recovered at the time We make another benefit payment.

Legal Action

Legal action to obtain benefits under this Policy may not be started earlier than sixty (60) days after required Proof of Loss has been filed with Us. Further, no legal action may be started later than three (3) years after required Proof of Loss was filed with Us.

PREMIUM PAYMENTS

Premium Payment Options

You may pay premiums once a year (annually), twice a year (semiannually), four times a year (quarterly) or twelve times a year (monthly). You may pay premiums twelve times a year (monthly) only by pre-authorized electronic transfer. If You pay annual premiums by installments, there will be an additional charge. The additional charge is shown in dollars and as an annual percentage of the rates on the Policy Schedule.

Premium Due Dates

The first premium is due on the Policy Effective Date shown on the Policy Schedule. After the first premium has been paid, premiums will be due in the amount and frequency shown on the premium statement that We will mail to You.

Payment Responsibility

You are responsible for payment of all premiums due while coverage is in force. Payment must be sent to Us at Our Long Term Care Administrative Office or any other office that We may designate.

Unpaid Premium

We may deduct any premium due and unpaid from any claim payment payable under this Policy.

Waiver of Premium

Premiums will not be due once We begin paying, and for as long as We continue to pay, benefits for Facility Services under this Policy. We will return any unearned premium to You on a pro-rata basis. Premium will again become due when We are no longer paying You because the Insured is no longer receiving Facility Services.

Grace Period

Except for the first premium, You will have thirty-one (31) days after each due date to pay the premium due. This Policy remains in force during the Grace Period.

Unintentional Lapse

If the premium is not paid by the thirtieth (30th) day of the Grace Period, We will provide written notice to You and the Insured, if different, and any individuals designated by You or the Insured, if different, to receive notice of non-payment of premium. Notice will be sent at least thirty (30) days before cancellation of Your coverage.

If the premium is not paid within thirty-five (35) days after notice is sent, this Policy will lapse for non-payment of premium.

Refund of Unearned Premium

Upon death of the Insured, We will refund any unearned premium for this Policy on a pro-rata basis. We will make this refund in accordance with the Payment of Claims provision, within thirty (30) days of receipt of proof of the Insured's death.

If You request in writing to cancel this Policy, We will refund any unearned premium to You on a pro-rata basis. Cancellation will be effective upon receipt of Your request or a later date specified by You. Cancellation will be without prejudice to any claim originating prior to the effective date of cancellation.

GENERAL POLICY PROVISIONS

Misstatement of Age

If the Insured's age is misstated on the Application, We may, at any time, adjust Your benefits and/or premiums to reflect the Insured's correct age. If no coverage would have been provided based on the Insured's correct age, Our liability is limited to a refund of any premium paid for this Policy and this Policy is null and void as of the Policy Effective Date.

Entire Contract; Changes

This Policy, the attached Application, plus any riders and additional attachments, is the entire contract. No agent, employee or person other than one of Our officers has authority to change this Policy. Any change must be shown on this Policy and approved in writing.

Incontestability

If this Policy has been in force for less than six (6) months, upon a showing of misrepresentation that is material to the acceptance of coverage, We may rescind this Policy or deny an otherwise valid claim on this Policy.

If this Policy has been in force for at least six (6) months, but less than two (2) years, and if We can show the misrepresentation is both material to the acceptance of coverage and that it pertains to the condition for which benefits are sought, We may rescind this Policy or deny an otherwise valid claim on this Policy.

After this Policy has been in force for two (2) years it is not contestable upon the grounds of misrepresentation alone. After two (2) years, this Policy may be contested only upon a showing that relevant facts relating to the Insured's health were knowingly and intentionally misrepresented.

Policy Termination

This Policy will terminate and coverage will end on the earliest of:

- the date that the Total Benefit Amount under this Policy is exhausted;
- the date We receive a written request from You to cancel this Policy (or a later date specified by You in the cancellation request);
- the date this Policy lapses for non-payment of premium as described under the Unintentional Lapse provision; or
- the date of the Insured's death.

Reinstatement – Lapse Due to Severe Cognitive Impairment or Functional Incapacity

If coverage has lapsed due to the Insured's or Your Severe Cognitive Impairment or functional incapacity, coverage may be reinstated without an application if:

- You or Your Representative requests reinstatement in writing within six (6) months after the last premium was due;
- We receive evidence satisfactory to Us that You or the Insured, if different, have a Severe Cognitive Impairment or functional incapacity; and
- We receive all past due and unpaid premiums.

This Policy will then be reinstated as of the date of lapse and both You and We shall have the same rights that existed prior to the due date of the premium in default. Premium rates for this reinstated Policy will be based on the Insured's original issue age.

Reinstatement – Lapse Due to Non-Payment of Premium

Without requiring an application for reinstatement, if You request reinstatement in writing, We may accept past due and unpaid premiums, up to one (1) year after lapse. Those payments will reinstate this Policy and put it back in force.

If We require an application for reinstatement, coverage may be reinstated within one (1) year after lapse if:

- the application for reinstatement is completed;
- We receive all past due and unpaid premiums (for which We will provide a conditional receipt); and
- the Insured is insurable under Our underwriting rules in effect at the time the completed reinstatement application is submitted to Us.

Reinstatement by application will be effective:

- on the date We approve the application; or
- on the forty-fifth (45th) day following the date of the conditional receipt, if We have not previously declined the application in writing.

This reinstated Policy will cover only loss due to:

- sickness incurred more than ten (10) days after the date of reinstatement; and
- injury sustained after the date of reinstatement.

Upon reinstatement of this Policy both You and We shall have the same rights that existed prior to the due date of the premium in default. Premium rates for this reinstated Policy will be based on the Insured's original issue age.

Rights of Policy Ownership

You, as the owner may exercise every right and receive every benefit provided by this Policy. If the Insured is not the owner and the owner dies while the Insured is living, unless otherwise provided, all rights of Policy ownership shall be transferred to Your executors or administrators.

Assignment

No assignment of interest under this Policy will be binding upon Us unless the original or a copy of the assignment is filed with Us at Our Long Term Care Administrative Office. We do not assume any responsibility for the validity of an assignment.

Conformity with State Statutes

Any part of this Policy that, on the Policy Effective Date, conflicts with the laws of the state in which You reside on such date, is hereby amended to meet the minimum requirements of those laws.

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Shortened Benefit Period Nonforfeiture Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Shortened Benefit Period

If the Policy lapses, after being in force for at least three (3) years, due to the non-payment of premium as described by the Premium Payments provisions of the Policy, the Policy will become paid-up with modified coverage as follows:

- the Daily Benefit Amount will be the Daily Benefit Amount in effect immediately prior to the date of lapse of the Policy. No further benefit increases will occur under an inflation protection rider, if attached to the Policy.
- the Total Benefit Amount will be reduced to the greater of: (a) the total of all premiums paid prior to the date of lapse for the Policy and all riders; or (b) thirty (30) times the Daily Benefit Amount in effect immediately prior to the date of lapse of the Policy.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Full Return of Premium on Death Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Full Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. We will refund any unearned premium according to the Refund of Unearned Premium provision of the Policy.

Beneficiary

Beneficiary means the person or persons, named in the Application or subsequently changed by written request, to receive payment of the return of earned premium benefit upon the death of the Insured under this rider.

You may change the Beneficiary at any time by giving Us written notice. A change will not be effective until recorded by Us. Once recorded, the change will apply as of the date the request was signed. We will not be liable for any action taken or payment made before a Beneficiary change is recorded. The Beneficiary's consent is not required to change the Policy or Beneficiary, unless the designation of the Beneficiary is irrevocable.

If You designate more than one (1) person as Beneficiary, the interests of all Beneficiaries will be equal unless Your designation specifically provides otherwise. The share of any Beneficiary who does not survive You shall pass equally to the surviving Beneficiaries, unless Your designation specifically provides otherwise. If no Beneficiary is designated or no Beneficiary survives You, then Your estate will be the Beneficiary.

In the event You cancel or the Policy lapses due to non-payment of premium as described in the Premium Payment provisions of the Policy, this rider will terminate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.8952

Return of Premium on Death Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Return of Premium on Death

If the Insured dies while the Policy is in force, We will pay to Your Beneficiary a benefit equal to the total of all earned premiums paid for the Policy and all attached riders, less all benefits paid under the Policy. In the event You have not designated a Beneficiary, this amount will be paid to You, if living, or to Your estate. We will refund any unearned premium according to the Refund of Unearned Premium provision of the Policy.

Beneficiary

Beneficiary means the person or persons, named in the Application or subsequently changed by written request, to receive payment of the return of earned premium benefit upon the death of the Insured under this rider.

You may change the Beneficiary at any time by giving Us written notice. A change will not be effective until recorded by Us. Once recorded, the change will apply as of the date the request was signed. We will not be liable for any action taken or payment made before a Beneficiary change is recorded. The Beneficiary's consent is not required to change the Policy or Beneficiary, unless the designation of the Beneficiary is irrevocable.

If You designate more than one (1) person as Beneficiary, the interests of all Beneficiaries will be equal unless Your designation specifically provides otherwise. The share of any Beneficiary who does not survive You shall pass equally to the surviving Beneficiaries, unless Your designation specifically provides otherwise. If no Beneficiary is designated or no Beneficiary survives You, then Your estate will be the Beneficiary.

In the event You cancel or the Policy lapses due to non-payment of premium as described in the Premium Payment provisions of the Policy, this rider will terminate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

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Enhanced Elimination Period Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Elimination Period

The definition of Elimination Period in the Policy to which this rider is attached is modified to read as follows:

Elimination Period means the number of days the Insured must receive either Facility Services or Home and Community Based Services, as defined in the Policy, pursuant to a Plan of Care, while this Policy is in force and the Insured is certified as being Chronically Ill, before We will begin paying benefits. If the Insured receives at least one (1) day of Facility Services or Home and Community Based Services within a seven (7) day period (Sunday through Saturday), We will credit seven (7) days towards the satisfaction of the Elimination Period. In no event will We credit more than seven (7) days toward satisfaction of the Elimination Period for any seven (7) day period (Sunday through Saturday). These days do not need to be consecutive. Once the Insured has satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

The Elimination Period is not applicable to or satisfied by the Caregiver Training Benefit, the Respite Care Benefit or the Personal Care Advisor Benefit.

Days used to satisfy the Elimination Period do not satisfy the Elimination Period for Coverage Outside of the United States.

The Elimination Period is shown on the Policy Schedule.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

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Home and Community Based Services Monthly Benefit Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Home and Community Based Services Benefit

This rider replaces the Home and Community Based Services daily reimbursement limit with a monthly reimbursement limit.

The Home and Community Based Services Benefit provision of the Policy is replaced with the following:

We will pay a benefit equal to the Covered Expenses for this benefit if the Insured meets the requirements of Eligibility for the Payment of Benefits.

Covered Expenses means the actual cost of the Home and Community Based Services received by the Insured during a calendar month, up to the Monthly Benefit Amount.

The Monthly Benefit Amount for a given calendar month is equal to the Daily Benefit Amount times thirty-one (31) less any Facility Services benefits received during that calendar month. The Home and Community Based Services Monthly Benefit Rider will be paid in accordance with the Payment of Claims provisions of the Policy.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

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Home and Community Based Services Waiver of Elimination Period Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Waiver of Elimination Period for Home and Community Based Services

The requirement to satisfy the Elimination Period under the Policy is waived for the purposes of receiving benefits under the Home and Community Based Services Benefit.

Days for which a Home and Community Based Services Benefit is paid under this rider are credited towards the satisfaction of the Elimination Period for other benefits under the Policy. However, no days will be credited toward satisfaction of the Elimination Period for Coverage Outside of the United States.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

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Waiver of Premium for Covered Partner Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Waiver of Premium when Covered Partner's Premium is Waived

The premium payments for the Policy to which this rider is attached will be waived during any period in which the premium payments for the Covered Partner's policy are waived.

A Waiver of Premium for Covered Partner Rider must be issued with and remain attached to the Covered Partner's policy.

Both the Policy, including this rider and the Covered Partner's policy, including this rider, must remain in force. If both Policies or this rider do not remain in force, this rider will terminate and the premium for this rider will end.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

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Paid-Up Survivor Benefit Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Paid-Up Survivor Benefit

The Policy to which this rider is attached will be paid-up and no further premium payments will be required for the Policy or any attached riders after both of the following have occurred:

- the tenth (10th) Policy Anniversary Date; and
- the date of the Covered Partner's death.

If the Covered Partner dies before the tenth (10th) Policy Anniversary Date, the premium for the Policy must continue to be paid, including this rider, until the tenth (10th) Policy Anniversary Date, unless waived under the Policy, at which point the Policy will be paid-up and no further premium payments will be required.

A Paid-Up Survivor Benefit Rider must be issued with and remain attached to the Covered Partner's policy.

Both the Policy, including this rider and the Covered Partner's policy, including this rider must remain in force. If both Policies, or this rider do not remain in force, this rider will terminate and the premium for this rider will end.

In the event You cancel or the Policy lapses due to non-payment of premium as described in the Premium Payment provisions of the Policy, this rider will terminate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

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Compound Inflation Protection Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Compound Inflation Protection

On each Policy Anniversary Date while the Policy to which this rider is attached remains in force, including while We are paying benefits under the Policy, We will:

- increase the Policy's Daily Benefit Amount and the Daily Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by the percentage increase rate selected on Your application and shown on the Policy Schedule; and
- increase the Policy's Total Benefit Amount and the unused portion of the Lifetime Limit for Coverage Outside of the United States in effect immediately prior to the Policy Anniversary Date by the same percentage increase rate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

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Shared Care Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Shared Total Benefit Amount

In the event that the Total Benefit Amount for the Policy is exhausted, the Policy will remain in force and We may continue to pay benefits in accordance with the provisions of the Policy until the Shared Total Benefit Amount has also been exhausted. The Policy will terminate on the date that both the Total Benefit Amount and the Shared Total Benefit Amount are exhausted.

The original Shared Total Benefit Amount is shown in the Policy Schedule.

The Shared Total Benefit Amount will be reduced by benefits paid under the Policy and by benefits paid under the Shared Care Rider attached to the Covered Partner's policy. The Shared Total Benefit Amount will be increased in accordance with any inflation protection rider attached to the Policy.

If the Covered Partner dies, the Shared Total Benefit Amount will remain available for as long as the Policy including this rider remains in force.

The Shared Total Benefit Amount can not be restored by the Restoration of Benefits Rider.

Identical Coverage Requirement

A Shared Care Rider must be issued with and remain attached to the Covered Partner's policy. The Policy and the Covered Partner's policy must be identical at time of purchase and must remain in force as identical policies (policy form, Total Benefit Amount, Elimination Period, Daily Benefit Amount, and all attached riders and endorsements). If identical policies do not remain in force, this rider will terminate and the premium for this rider will end.

In the event the Policy lapses due to non-payment of premium as described by the Premium Payment provisions of the Policy, this rider will terminate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

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Restoration of Benefits Rider

This rider is part of the Policy. The Policy Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of the Application and premium paid for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider. Read this rider carefully. It is a part of a legal contract between You and Us.

Restoration of Your Total Benefit Amount

If We pay benefits under the Policy and the Insured subsequently Recovers, We will restore the Total Benefit Amount to its original amount and then adjust for the effects of an inflation protection rider, if any, attached to the Policy.

Recovers means that the Insured has not exhausted the Total Benefit Amount and for a period of one hundred eighty (180) consecutive days prior to the date benefits are restored:

- the Policy is in force and premiums are not waived;
- the Insured is no longer Chronically Ill; and
- We have not paid benefits under the Policy during the one hundred eighty (180) consecutive days.

Benefits may be restored more than once. However, this rider will terminate and premium for this rider will no longer be due when the total of all amounts, adjusted for the effects of an inflation protection rider, if any, attached to the Policy, restored over the lifetime of this rider is equal to the original Total Benefit Amount.

This rider will terminate when the Total Benefit Amount of the Policy is exhausted.

In the event You cancel or the Policy lapses due to non-payment of premium as described in the Premium Payment provisions of the Policy, this rider will terminate.

Your 30 Day Free Look Period

If You are not satisfied with this rider, You may return it to Our agent or Us within thirty (30) days from the date You receive it. We will then refund any premium paid for this rider and this rider will be considered never to have been in effect.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

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888.505.8952

10-Year Premium Payment Endorsement

This endorsement is attached to and made part of the Policy as of the Policy Effective Date. It is issued in consideration of the Application and premium submitted for this endorsement.

10-Year Premium Payment Option

This endorsement provides that the Policy premiums will be payable over a ten (10) year period, after which no further premiums will be due.

The following language is added to the **RENEWABILITY** provision shown on the first page of the Policy:

To renew during the ten (10) year Premium Payment Period shown on the Policy Schedule, the premium due must be paid by the Premium Due Date or within the Grace Period. At the end of the tenth (10th) Policy Year, if each required premium has been paid, the Policy will automatically be renewed for the life of the Policy, with no further premium due. Premiums are only subject to change during the ten (10) year Premium Payment Period.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

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888.505.8952

Paid-Up at Age 65 Premium Payment Endorsement

This endorsement is attached to and made part of the Policy as of the Policy Effective Date. It is issued in consideration of the Application and premium submitted for this endorsement.

Paid-Up at Age 65 Premium Payment Option

This endorsement provides that the Policy premiums will be payable until the Insured reaches age sixty-five (65), after which no further premiums will be due.

The following language is added to the **RENEWABILITY** provision shown on the first page of the Policy:

To renew during the Premium Payment Period shown on the Policy Schedule, the premium due must be paid by the Premium Due Date or within the Grace Period. On the Insured's first Policy Anniversary Date after reaching age sixty-five (65), if each required premium has been paid, the Policy will automatically be renewed for the rest of the life of the Policy, with no further premium due. Premiums are only subject to change during the Premium Payment Period.

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.

President

Secretary

POLICY SCHEDULE

SignatureCare

PARTNERSHIP POLICY

Policy Number:	19-12345678	Policy Effective Date:	11/1/11
Insured Name:	John Doe	Insuring Age:	55
Policy Owner Name:	John Doe	Payment Mode:	Annual

Policy Anniversary Date(s): 11/1/12 and each succeeding 11/1 thereafter.

This Policy Schedule was issued on 11/1/11 and replaces any previously issued Policy Schedules.

POLICY INFORMATION	**POLICY EFFECTIVE DATE**	**PREMIUM**
Modal Premium for Long Term Care Insurance Policy, MM500-P-1-AR, including:	11/1/11	$649.18
Compound Inflation Protection Rider, MM500R-COMP-1:	11/1/11	$1,425.99
Percentage Increase Rate: 5%		
Modal Premium for Optional Riders:		
HCBS Monthly Ben. Rider, MM500R-MTH-1:	11/1/11	$29.21
Waiver of Premium for Covered Partner Rider, MM500R-WOP-1:	11/1/11	$21.04
10-Year Premium Payment Endorsement, MME-10P-1:	11/1/11	$3,579.23
Discounts Applied: Covered Partners:		($1,711.40)
Total Modal Premium including Optional Riders and Discounts:		**$3,993.26**

Premium Payment Options					
Premium Frequency	Premium Payment (including Installment Payment Charge)	Number of Payments Per Year	Total Premium Per Year	Additional Charge (In Dollars)	Additional Charge (As the Annual Percentage Rate or APR)
Annual	$3,993.26	1	$3,993.26	$0.00	0.00%
Semi-Annual	$2,076.50	2	$4,153.00	$159.74	16.7%
Quarterly	$1,058.21	4	$4,232.84	$239.58	16.1%
Monthly	$351.41	12	$4,216.92	$223.66	12.1%

PREMIUM PAYMENT OPTIONS. YOU MAY PAY PREMIUMS ONCE A YEAR (ANNUALLY), TWICE A YEAR (SEMIANNUALLY), FOUR TIMES A YEAR (QUARTERLY), OR TWELVE TIMES A YEAR (MONTHLY). YOU MAY PAY PREMIUMS TWELVE TIMES A YEAR (MONTHLY) ONLY BY PRE-AUTHORIZED ELECTRONIC TRANSFER. IF YOU PAY ANNUAL PREMIUMS BY INSTALLMENTS, THERE WILL BE AN ADDITIONAL CHARGE. THE ADDITIONAL CHARGE IS SHOWN IN DOLLARS AND AS ANNUAL PERCENTAGE RATES IN THE TABLE ABOVE.

BENEFIT INFORMATION

Elimination Period:	90 Days
Benefit Period:	3 Years
Daily Benefit Amount (DBA):	$100.00
Total Benefit Amount:	$109,500.00 (365 times the Benefit Period times the DBA)
Facility Services Benefit:	Up to the DBA for each day of Facility Services
Home and Community Based Services Benefit:	Up to the DBA for each day of Home and Community Based Services
Facility Prescription Drug Benefit:	Up to One (1) times the DBA per month
Emergency Response System Benefit:	Up to One-half (1/2) the DBA per month
Ambulance Services Benefit:	Up to four (4) times the DBA per Policy Year
Caregiver Training Benefit:	Up to five (5) times the DBA for the life of the Policy
Facility Bed Reservation Benefit:	Up to sixty (60) times the DBA per Policy Year
Respite Care Benefit:	Up to thirty (30) times the DBA per Policy Year
Coverage Outside of the United States:	
Daily Limit:	Up to $50.00
Lifetime Limit:	$27,375.00
Elimination Period for Coverage Outside of the United States:	90 Days for each Single Claim Period

Our toll free number for policy service and claims is 888-505-8952. This is an option available to you for your convenience.

POLICY SCHEDULE

SignatureCare

PARTNERSHIP POLICY

Policy Number:	19-12345678	Policy Effective Date:	11/1/11
Insured Name:	John Doe	Insuring Age:	55
Policy Owner Name:	John Doe	Payment Mode:	Annual

Policy Anniversary Date(s): 11/1/12 and each succeeding 11/1 thereafter.

This Policy Schedule was issued on 11/1/11 and replaces any previously issued Policy Schedules.

POLICY INFORMATION	**POLICY EFFECTIVE DATE**	**PREMIUM**
Modal Premium for Facility Services Only Insurance Policy, MM501-P-1-AR, including:	11/1/11	$551.82
Compound Inflation Protection Rider, MM500R-COMP-1:	11/1/11	$1,159.93
Percentage Increase Rate: 5%		
Modal Premium for Optional Riders:		
10-Year Premium Payment Endorsement, MME-10P-1:	11/1/11	$2,882.60
Discounts Applied: Covered Partners:		($1,378.31)
Total Modal Premium including Optional Riders and Discounts:		**$3,216.05**

Premium Payment Options					
Premium Frequency	Premium Payment (including Installment Payment Charge)	Number of Payments Per Year	Total Premium Per Year	Additional Charge (In Dollars)	Additional Charge (As the Annual Percentage Rate or APR)
Annual	$3,216.05	1	$3,216.05	$0.00	0.00%
Semi-Annual	$1,672.35	2	$3,344.70	$128.65	16.7%
Quarterly	$852.25	4	$3,409.00	$192.95	16.1%
Monthly	$283.01	12	$3,396.12	$180.07	12.1%

PREMIUM PAYMENT OPTIONS. YOU MAY PAY PREMIUMS ONCE A YEAR (ANNUALLY), TWICE A YEAR (SEMIANNUALLY), FOUR TIMES A YEAR (QUARTERLY), OR TWELVE TIMES A YEAR (MONTHLY). YOU MAY PAY PREMIUMS TWELVE TIMES A YEAR (MONTHLY) ONLY BY PRE-AUTHORIZED ELECTRONIC TRANSFER. IF YOU PAY ANNUAL PREMIUMS BY INSTALLMENTS, THERE WILL BE AN ADDITIONAL CHARGE. THE ADDITIONAL CHARGE IS SHOWN IN DOLLARS AND AS ANNUAL PERCENTAGE RATES IN THE TABLE ABOVE.

BENEFIT INFORMATION

Elimination Period:	90 Days
Benefit Period:	3 Years
Daily Benefit Amount (DBA):	$100.00
Total Benefit Amount:	$109,500.00 (365 times the Benefit Period times the DBA)
Facility Services Benefit:	Up to the DBA for each day of Facility Services
Facility Prescription Drug Benefit:	Up to One (1) times the DBA per month
Facility Bed Reservation Benefit:	Up to sixty (60) times the DBA per Policy Year
Coverage Outside of the United States:	
Daily Limit:	Up to $50.00
Lifetime Limit:	$27,375.00
Elimination Period for Coverage Outside of the United States:	90 Days for each Single Claim Period

Our toll free number for policy service and claims is 888-505-8952. This is an option available to you for your convenience.