Exhibit H

Sample Enrollment Materials

Enroll Now

Enroll by February 16, 2007 to get guaranteed coverage!

GIVE YOUR FAMILY PEAK PROTECTION

ABC Company

Long-Term Care Insurance

The Prudential Insurance Company of America
INST-A008617

Prudential Financial

This booklet is intended to be a summary of ABC Company Long-Term Care (LTC) Insurance benefits from The Prudential Insurance Company of America and does not include all plan provisions, exclusions, and limitations. Details of your LTC coverage can be found in your certificate. If there are any discrepancies between this booklet and the certificate, the certificate governs. This coverage may not be available in all states.

The long-term care insurance described in this booklet is intended to be federally tax qualified long-term care insurance as defined by the Internal Revenue Code Section 7702B (b). As such, the benefits you may receive under this plan may not be considered taxable income. In addition, some or all of the premiums you may pay toward this coverage may be tax deductible as a medical expense subject to certain limitations. Consult a tax advisor for more information concerning this deduction.

Important: Within 30 days of receipt, if you decide you do not want this Long-Term Care coverage, you may return it to: The Prudential Insurance Company of America, Long-Term Care Customer Service Center, P.O. Box 8526, Philadelphia, PA 19176. Your Coverage will be canceled as of the Effective Date and any premium paid will be returned to you within 10 days of receiving your cancellation request. If premiums are not returned within 30 days, Prudential will pay you interest on any premiums paid from the date Prudential receives notice of your cancellation.

ABC Company Long-Term Care Insurance, underwritten by The Prudential Insurance Company of America, is a logical step in a comprehensive blueprint to help with sound financial planning. Just as you would not wait until your house is on fire before getting a good homeowner's policy, it makes sense not to put off planning for something as probable as needing long-term care.

There is a good chance that some day, you may need to cover the care that you or someone you love may need—at home, in an assisted living facility, or in a nursing home.

Take a look at the rates in this booklet. You'll see that long-term care insurance premiums can be affordable and won't increase solely because you age or your health deteriorates. Premiums can only be increased on a rate class basis.

What is Long-Term Care Insurance?

And Why Do You Need It

Long-term care refers to a very broad range of medical, personal and social services provided to people who are unable to care for themselves over a relatively long period of time. It usually involves assistance in performing every day functions, such as toileting, bathing, eating and dressing. You may even know people who need this kind of care. Contrary to what most people believe, long term care is not limited to a nursing home. Services are often provided in an assisted living facility or at home by caregivers such as home health care workers, nurses or therapists, or in community-based settings such as adult day care centers.

Long-term care insurance helps you pay for costs associated with these kinds of services, whether at home, in an assisted living facility or adult day care center, or in a nursing home.

The ultimate purpose of long-term care insurance is to help individuals retain their independence as long as possible, help assure that they may have freedom and choice in where they receive assistance, and help preserve their assets.

Before you can understand what long-term care insurance covers, you need some understanding of the current long-term care situation in our country, what long-term care is and what the chances are that you'll need it. Some of these facts are sobering:

60% of all Americans who reach age 65 may need long-term care at some point in their lives.[1] That's more than a 1 in 2 chance!

We all have a good chance of reaching age 65. Of the American population, 1 in 8 is now age 65 and older.[2]

The annual cost of a nursing home stay is approximately $61,000.[3]

Home health care is costly as well. Just three home health visits per week can cost $30,000 per year.[4]

It's not just an issue for older people. 40% of people receiving long-term care are between ages 18 and 64.[5]

As you give this issue your attention and hopefully decide to act now, here is another fact you'll want to take particular note of:

According to a survey by the Health Insurance Association of America (HIAA), over 98% of employees purchasing long-term care insurance through their employers say the policies make them feel more secure about their future. Employees cite protecting assets, leaving an estate, preserving financial independence and guaranteeing that they will be able to get needed services as the most important reason for buying long-term care insurance.[6]

1 The Looming Crisis, American Health Care Association, 2000
2 Senior Living: Beyond the Nursing Home, American Demographics, November 2000, p. 60.
3 Prudential Financial Long Term Care Cost Survey, 2004
4 Prudential Financial Long Term Care Cost Survey, 2004
5 Americans for Long Term Care Security (ALTCS), 'Did You Know?,webpage, http://ltcweb.org/learn/html., 7/26/01.
6 Insurance Letter, November 9, 2001.

Once you are familiar with what long-term care is and the many reasons why you may want to have this important coverage, you'll want to feel confident that Prudential's plan could be a good one for you. With Prudential's Long Term Care℠ Insurance plan, you select the amounts you would like to be reimbursed for daily nursing home and home and community-based care. The benefits you receive are determined by your Daily Maximum option and your Lifetime Maximum option. Once you qualify for benefits, you must satisfy the waiting period. Please review the plan details for specifics on your plan. There are also many valuable features offered through Prudential's plan you'll want to familiarize yourself with in the Plan Details section.

IMPORTANT POINTS ABOUT THE PLAN

PREMIUMS

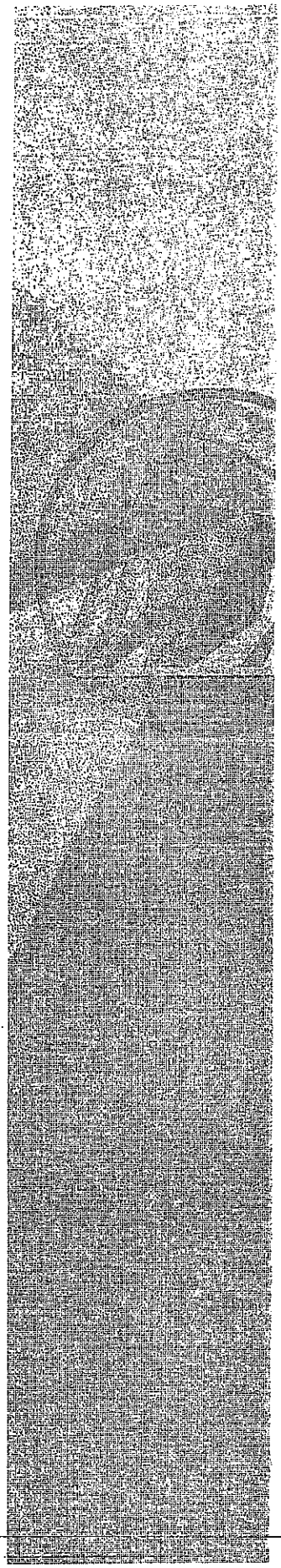
You may be asking yourself, "Why do I need to worry about long-term care insurance right now? Can't this wait until I am older?" Your premium is based on your age when you enroll. Enrolling now at your current age allows for a lower premium than if you wait to enroll when you are older. This premium can change only if Prudential changes premiums for all members of your insured class.

PORTABILITY

You may keep this coverage even if you decide to change jobs. Your coverage will remain in effect as long as you continue to pay your premiums on a timely basis and do not exhaust your benefits.

QUALIFYING FOR BENEFITS

In order to qualify for benefits, you must be confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is defined as an illness or disability certified by a Licensed Health Care Practitioner in which there is (1) a loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living. This loss must be expected to continue for 90 days. Activities of daily living include bathing, continence, dressing, eating, toileting, and transferring; (2) a severe cognitive impairment which requires Substantial Supervision to protect you from threats to health or safety.



Once you are determined to be eligible for benefits and have satisfied the waiting period, benefits will be payable according to the Plan of Care developed for you by the Licensed Health Care Practitioner responsible for your care.

ACCESSING BENEFITS?
Prudential wants to make using your benefits as easy as possible. To begin the benefits process, call our Long-Term Care Customer Service Center toll-free at **1-800-732-0416** before you incur charges for long term care services. You can arrange for your own assessment or Prudential can do it for you.

HOW DO I ENROLL?
To enroll, simply complete the appropriate enrollment form(s) included in the Forms section of this kit. Return the completed enrollment form(s) to Prudential using the envelope provided. A separate form must be submitted for each person who applies for coverage.

Prudential's customer service representatives are here to help if you have any questions or needed additional enrollment kits. You may call Prudential at **1-800-732-0416**.

ABOUT PRUDENTIAL
Prudential has been a trusted and reliable source of insurance and employee benefits products for most of the last century. As a provider of group life insurance coverage since 1916 and a provider of group long term care insurance since 1986, Prudential Financial's distinctive Rock logo and the Prudential name are among the most enduring brands in U.S. corporate history. Prudential is recognized for services and product features that meet diverse employee needs.

Prudential Financial

Prudential Long Term Care℠ Insurance is underwritten by **The Prudential Insurance Company of America**, 751 Broad Street, Newark, NJ 07102 (800) 732-0146. Please refer to your Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. Contract Series: 83500, The Prudential Insurance Company of America is a Prudential Financial company.

INST-A008617

PLAN DETAILS

Standard Provisions and Plan Features for ABC Company
Underwritten by The Prudential Insurance Company of America

Eligibility to Participate

Actively-at-work full time or part time employee, working at least 20 hours per week, their spouse, parents, parents-in-law, grandparents, grandparents-in-law, and adult children & their spouses.

Coverage Amounts

Coverage Amounts	Nursing Home Care Daily Maximum*	Assisted Living/Residential Care Facility Daily Maximum*	Home & Community-Based Care Daily Maximum*	Lifetime Maximum**
Plan 1	$100	$100	$60	$109,500
Plan 2	$150	$150	$90	$164,250
Plan 3	$200	$200	$120	$219,000

*Benefits are paid up to the Daily Maximum
**All benefits paid will be deducted from the Lifetime Maximum

Guaranteed Coverage

If you are an actively-at-work full time or part time employee, working at least 20 hours per week, and enroll between January 29, 2007 and February 16, 2007 or within 60 days following your date of hire you will be guaranteed coverage.

Medical Evidence Requirements

All applicants other than those described under Guaranteed Coverage above must be medically underwritten.

Note: Applicants age 72 and older will receive an in-person assessment to supplement the information provided on the enrollment form.

Eligibility for Payment of Benefits

In order to receive benefits, you must be assessed/certified by a Licensed Health Care Practitioner and be confirmed as having a Chronic Illness or Disability. A Chronic Illness or Disability is one in which there is:

1. A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living. This loss must be expected to continue for 90 days. Activities of Daily Living are Bathing, Continence, Dressing, Eating, Toileting and Transferring; or
2. A severe Cognitive Impairment, which requires Substantial Supervision to protect you from threats to health and safety.

Information/ Referral Services

Prudential is dedicated to helping provide you with as much freedom as possible when it comes to making your long term care decisions. Information/referral services, and advice and care counseling are provided by Prudential Care Counselors who are available to Insureds at any time, even if an Insured has not yet been determined eligible to receive benefits. Prudential Care Counselors may be reached toll free at 1-800-732-0416 Monday through Friday 8 AM to 8 PM ET.

Private Care Management

In the event you decide you would rather use care management services other than Prudential Care Counselors, Prudential will reimburse you for eligible charges up to the private care management calendar year benefit limit. That limit is 12 times the Daily Maximum.

Benefit Waiting/ Elimination Period

Before benefits are payable, you must satisfy the 90-day Benefit Waiting/Elimination Period. The period is counted in calendar days and begins on the date you are assessed (assuming you are determined to be eligible for benefits.) You do NOT need to receive formal long term care services to satisfy the waiting period. This waiting period needs to be satisfied only once during your lifetime.

Note: There is no waiting period for Hospice Care, Independence Support, Caregiver Training, Information and Referral Services or Private Care Management.

Waiver of Premium	Once an insured meets the Benefit Eligibility Criteria and satisfies the Benefit Waiting/Elimination Period, Prudential will waive the insured's premium payments.
Restoration of Benefits	If a claimant returns to normal activities (no Activity of Daily Living limitations or cognitive impairment) for at least six consecutive months, the Lifetime Maximum will be restored to the level in effect as if the Insured had never made a claim.
Independence Support Benefit	Very often, a few modifications to one's own home can mean the difference between going to a nursing home and remaining at home - the place many people would prefer to receive care if given the choice. This benefit allows insureds who are not in a Nursing Home to receive benefits for expenses such as home modifications or medical alert systems to help someone maintain their independence. An insured must meet Prudential's benefit eligibility criteria to be eligible. No waiting period is required. The benefit is limited to fifty times the elected Daily Maximum and is deducted from the Lifetime Maximum.
Bed Reservation Benefit	Families may spend a great deal of time and effort locating a suitable Nursing Home or Assisted Living/Residential Care Facility only to lose the bed because of a short absence due to a hospital stay. This benefit helps to reserve the insured's bed in a Nursing Home or Assisted Living/Residential Care Facility for up to 21 days per calendar year should the insured ever require a hospital stay.
Death Benefit	If the insured should die before the age of 74, a portion of the premiums may be refunded to the insured's spouse (if applicable, otherwise to the insured's estate). The percentage of premiums to be refunded is based on the insured's age at death. The refund will be reduced by any benefits paid.

Age	% of Premium Refunded (less benefits paid)
64 & Under	100%
65	90%
66	80%
67	70%
68	60%
69	50%
70	40%
71	30%
72	20%
73	10%
74 & Over	0%

Respite Care	Most people would rather be taken care of by someone they know. This benefit provides relief for a family member who normally provides unpaid care to the insured. Prudential's plan pays for up to 21 days per calendar year, 100 days per lifetime. The benefits are paid up to the elected Daily Maximum regardless of the type of services used and will be deducted from the Lifetime Maximum. Prudential must be notified prior to using services in order to access this benefit.
Cash Alternative	This feature provides you with an option to address your long-term care needs in any manner you choose. It provides a monthly fixed benefit in lieu of reimbursement for eligible charges for Home and Community-Based Care. The benefit is equal to 50% of the Daily Maximum for Home and Community-Based Care. The Cash Alternative benefit will reduce the Lifetime Maximum Benefit and is subject to the Elimination Period.
International Coverage Benefit *	To meet the needs of diverse and geographically dispersed families, you can receive reimbursement for eligible charges up to 75% of the Daily Maximum for facility care or 75% of the Home and Community-Based Care for home care, for up to 365 days for care received outside the United States. International coverage will reduce the Lifetime Maximum Benefit and is subject to the Elimination Period. **Exclusion for services and supplies outside the United States does not apply to the International Coverage benefit.*

Caregiver Training	If someone will be providing care for the insured but requires training in how to be a caregiver, there is a benefit equal to $500.00 for this training, and no waiting period is required. In certain situations, caregiver training may be applied towards requirements necessary for state licensure or certification. A licensed or state certified caregiver would be eligible for benefits under the Home and Community-Based Care benefit rather than the Informal Care benefit and the limitation on the number of calendar days per year would be eliminated (see "Coverage Amounts"). For more information, please contact the Prudential Care Counselor at 1-800-732-0416.
Alternate Plan of Care	Prudential recognizes there are emerging trends in the delivery of long term care. This plan takes into account the current institutional and Home and Community-Based Care settings that are available. Prudential will consider a claim for benefits for care received in an alternate setting or for non-institutional services designed to help an eligible person remain independent in his or her home. Determination of eligibility for this benefit amount will be made on an individual basis at the sole discretion of Prudential.
Periodic Inflation Protection	As part of the standard plan, inflation protection will be offered at least every 3 years to anyone who does not elect an optional Automatic Inflation Protection (see Optional Features section). No medical underwriting is required unless an insured declines two consecutive inflation offerings. Coverage amounts are increased by at least 5% per year, compounded annually. Rates for this additional coverage will be based on the age of the insured at the time the inflation offer is accepted.
Contingent Non-Forfeiture Benefit	This feature automatically provides a Non-Forfeiture Benefit if premium rates are increased by Prudential by more than certain allowable percentages. **State variations may apply.*

Optional Features (Availability of features and options varies by state. Premium will vary with choice of benefits selected.)

Automatic Inflation Option	It is very likely that you may not need to make use of your long term care insurance coverage for 10, 20, maybe even 30 years. For this reason, we offer you the choice of automatic inflation protection. This feature will help protect your benefits against the effects of inflation regardless of changes in your future health status. Should you elect this option, plan benefits will increase 5% per year, compounded annually. These increases occur without premiums being increased if you elect Automatic Inflation Protection. If you do not elect this option, Prudential will offer you opportunities to increase your coverage over time, but the rates for the increase will be based on your age when the increase takes effect.

If you are interested in one of these benefits, please call the Prudential Long Term Care Customer Service Center at 1-800-732-0416 for additional information.

Important Points To Keep In Mind

Delay of Effective Date – If you are an employee, your coverage will be delayed if you are not actively at work on the day your insurance would otherwise begin. If you are confined for medical care or treatment on the day the insurance is deemed to be effective, your effective date will be subject to delay until the first day of the month following the date you are discharged and are no longer receiving such care.

Coordination of Benefits – The benefits of this plan may be coordinated with certain other coverages that provide benefits for the same services covered by this insurance. Consult your insurance certificate for more details.

Exclusions

This plan is designed to provide coverage to pay for the long term care you need when you need it. However, there are some special circumstances that limit or exclude the availability of benefits under this plan. While state variations may apply, generally, no benefits will be payable if any of the following situations apply:

Work-connected Conditions Charge: A charge covered by a workers compensation law, occupational disease law or similar law.

Government Plan Charge: A charge for a service or supply (a) furnished by or for the United States government or any other government, unless payment of the charge is required by law; or (b) to the extent that the service or supply, or any benefit for the charge, is provided by any law or governmental plan under which the patient is or could be covered. This (b) does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program. When this (b) is applied to Medicare, the benefits provided by Medicare will be deemed to include any amount that would have been payable by Medicare in the absence of a deductible or coinsurance requirement under that program.

Self-inflicted Injury or Suicide: Charges arising from intentionally self-inflicted injury or attempted suicide, while sane or suffering from inorganic based insanity.

Services and Supplies Outside the United States: Charges for services or supplies outside of the United States and its possessions.

War, Felony, Riot or Insurrection: Charges for a condition due to war or any act of war while you are insured or due to the insured's participation in an act of felony, riot or insurrection. War means declared or undeclared war and includes resistance to armed aggression. Riot means a wild, violent, public disturbance of the peace.

Definitions

The Plan Details and other sections of this booklet contain terms related to this Long Term Care Insurance plan that you may want to see defined. This section is intended to do that. Some state variations may apply. Since benefits may vary by state, please carefully review the outline of coverage and your insurance certificate for possible state variations.

The following are definitions of terms and phrases used in this plan. Some state variations may apply. Please carefully review your insurance certificate for possible state variations in these definitions.

Activities of Daily Living

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

Continence – The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associate personal hygiene (including caring for catheter or colostomy bag).

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

Eating – Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

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

Transferring – Sufficient mobility to move into or out of a bed, chair or wheelchair, or to move from place to place, either by walking, using a wheelchair or by other means.

Adult Day Care Facility
An Adult Day Care Facility is a facility that is licensed or certified as an Adult Day Care Facility by the state in which the services are rendered. If a state does not license or certify an Adult Day Care Facility, the adult day care program must be licensed or certified by the state in which services are rendered.

Assessor
A Licensed Health Care Practitioner who is qualified to evaluate conditions relevant to your functional or cognitive ability. Qualifications are based on training and experience, and may include health care industry, state or national standards.

Assisted Living/Residential Care Facility
For an Assisted Living/Residential Care Facility that is located in a state that licenses or certifies such a facility, an Assisted Living/Residential Care Facility is one which is licensed or certified by the state in which the facility is located. For facilities located in states that do not license or certify Assisted Living/Residential Care Facility, an Assisted Living/Residential Care Facility is one that meets, in Prudential's judgment, the following minimum criteria.

1) It is a group residence that maintains records for services to each resident.
2) It provides services and oversight on a 24 hour a day basis which support a resident in a manner that promotes dignity, independence, and privacy.
3) It provides a combination of housing, supportive services, and personal assistance designed to respond to the resident's need for help with Activities of Daily Living and instrumental activities of daily living.
4) It provides, at a minimum, assistance with Bathing, Dressing, and help with medications.
5) It is NOT licensed as a Nursing Home.

The criteria is based on established, national industry standards such as those developed by The Assisted Living Quality Coalition, The Assisted Living Federation of America, The American Association of Homes and Services for the Aging, and The Joint Commission on the Accreditation of Health Organizations.

Chronic Illness or Disability
A Chronic Illness or Disability is defined as an illness or disability certified by a Licensed Health Care Practitioner in which there is (1) a loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living. This loss must be expected to continue for 90 days. (Activities of Daily Living include bathing, continence, dressing, eating, toileting and transferring); or (2) a severe cognitive impairment which requires Substantial Supervision to protect you from threats to health or safety.

Cognitive Impairment
A loss or deterioration in intellectual capacity that is (a) comparable to and includes Alzheimer's Disease and similar forms of irreversible dementia; and (b) measured by clinical evidence and standardized tests that reliably measure impairment in the individual's (i) short-term or long-term memory (ii) orientation as to people, places, or time, and (iii) deductive or abstract reasoning.

Daily Maximum
The maximum amount payable for one day's worth of covered long term care services. This amount varies based on the services provided.

Home & Community-Based Care
Home and Community-Based Care is Home Health Care or Personal Care received from a Home Health Care Agency, a licensed Referral Agency, a licensed Nurse Registry or informal caregiver, or provided by an Independent Health Care Professional and Adult Day Care received from an Adult Day Care Facility.

Informal Caregiver
An informal caregiver is an unpaid person, typically a family member or friend, who regularly provides Home Health Care or Personal Care to you in your home. This would include assistance with the Activities of Daily Living.

Licensed Health Care Practitioner
A Licensed Health Care Practitioner is a Physician, a professional Registered Nurse, a licensed social worker, or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

Long Term Care
Long Term Care is medical, social and/or Personal Care services required over a long period of time by a person with a Chronic Illness or Disability. Long Term Care can include care in an Assisted Living/Residential Care Facility or Nursing Home, Adult Day Care, Home- and Community-Based Care, Hospice Care, or Respite Care.

Plan of Care
A written plan that: (1) has been developed for you (2) describes the type, the frequency, and the duration of Long Term Care that you need (3) describes the types of providers that are needed and (4) is signed by the Licensed Health Care Practitioner responsible for your care.

Private Care Manager
A Private Care Manager is a private Licensed Health Care Practitioner, not associated with Prudential, who is qualified to coordinate your necessary Long Term Care, medical care, personal care and social services. Qualifications are based on training and experience and can include health care industry, state or national standards.

Substantial Assistance
The physical assistance of another person without which you would not be able to perform an Activity of Daily Living or the constant presence of another person within arms reach which is necessary to prevent, by physical intervention, injury to you while you are performing an Activity of Daily Living.

Substantial Supervision
Continual oversight that may include cueing by verbal prompting, gestures or other demonstrations by another person and which is necessary to protect you from threats to your health or safety.

This brochure has been designed to provide you with a brief summary of the important provisions of the Prudential Long Term Care℠ Insurance plan. This is not an insurance policy or contract. Issuance of coverage may be subject to Prudential's underwriting requirements. The insurance certificate you will receive, if you are approved for coverage, describes in detail the benefit, limitations, and exclusions of this coverage. Since benefits limitations and exclusions vary by state, please carefully review your insurance certificate for possible state variations. All plans and options may not be available in your state. Coverage is issued under Prudential Long Term Care Insurance 83500 contract series. If there are any discrepancies between this brochure and the certificate, the certificate governs. Please be sure to review the Outline of Coverage for definitions of important terms and more details of Prudential Long Term Care Insurance and its features.

Prudential Long Term Care℠ Insurance is issued by The Prudential Insurance Company of America; 751 Broad Street, Newark, NJ 07102-3777. 1-800-732-0416.

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Prudential Financial

How To Determine Your Rate

1. Select the plan below that best meets your needs (see Plan Details for a description of Optional Plan Features).

- Basic Plan
- Basic Plan plus Automatic Inflation

2. Select the Daily Maximum Option that best meets your needs.

	Nursing Home Care Daily Max	Home & Comm.-Based Care Daily Max	Lifetime Maximum
Plan 1	$100	$60	$109,500
Plan 2	$150	$90	$164,250
Plan 3	$200	$120	$219,000

3. Locate your age on the rate sheet and read across to your selected plan [from Step 1]. Then locate your selected Daily Maximum Option within that plan [from Step 2].

4. The total annual premium payable may vary based on the frequency of premium payment and the method of payment (payroll deduction, direct billing, EFT). To calculate the total annual premium cost of each of the options available to you, multiply your monthly premium rate (from Step 3) by the appropriate factor from the table below:

Payment Mode	Annual Cost Factor
Direct Bill Annual	11.33
Direct Bill Semi-Annual	11.66
All Other Modes	12.00

EXAMPLE
If you select the Basic Plan, Plan 1, Option $100, and if you are 30 years old, your monthly premium rate will be **$7.91**.

If you elect to make two premium payments per year (semi-annual premium payments), your annual premium cost would be $7.91 x 11.66 = **$92.23**.

If your spouse selects the Basic Plan, Plan 2, Option $150, and if he/she is 30 years old, his/her monthly premium rate will be **$11.87**.

If you would prefer to have a Prudential Customer Service operator assist you with these calculations, you may call 1-800-732-0416.

Monthly Long Term Care Insurance Premium Rates
For ABC Company
60% Home & Community-Based Care, 100% Assisted Living Facility
3 Year Lifetime Maximum

	Basic Plan			Basic Plan Plus Automatic Inflation		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Age	$100	$150	$200	$100	$150	$200
18-30	7.91	11.87	15.82	29.70	44.55	59.40
31	8.32	12.48	16.64	31.05	46.58	62.10
32	8.74	13.11	17.48	32.48	48.72	64.96
33	9.16	13.74	18.32	33.93	50.90	67.86
34	9.67	14.51	19.34	35.40	53.10	70.80
35	10.19	15.29	20.38	36.95	55.43	73.90
36	10.63	15.95	21.26	38.59	57.89	77.18
37	11.24	16.86	22.48	40.34	60.51	80.68
38	11.78	17.67	23.56	42.19	63.29	84.38
39	12.39	18.59	24.78	44.06	66.09	88.12
40	13.01	19.52	26.02	46.02	69.03	92.04
41	13.77	20.66	27.54	48.19	72.29	96.38
42	14.58	21.87	29.16	50.45	75.68	100.90
43	15.41	23.12	30.82	52.82	79.23	105.64
44	16.27	24.41	32.54	55.28	82.92	110.56
45	17.20	25.80	34.40	57.86	86.79	115.72
46	18.23	27.35	36.46	60.62	90.93	121.24
47	19.29	28.94	38.58	63.40	95.10	126.80
48	20.44	30.66	40.88	66.38	99.57	132.76
49	21.59	32.39	43.18	69.54	104.31	139.08
50	22.84	34.26	45.68	72.82	109.23	145.64
51	24.66	36.99	49.32	76.96	115.44	153.92
52	26.66	39.99	53.32	81.30	121.95	162.60
53	28.79	43.19	57.58	85.87	128.81	171.74
54	31.13	46.70	62.26	90.76	136.14	181.52
55	33.61	50.42	67.22	95.97	143.96	191.94
56	36.29	54.44	72.58	101.40	152.10	202.80
57	39.26	58.89	78.52	107.15	160.73	214.30
58	42.38	63.57	84.76	113.24	169.86	226.48
59	45.82	68.73	91.64	119.64	179.46	239.28
60	49.47	74.21	98.94	126.39	189.59	252.78
61	53.62	80.43	107.24	130.89	196.34	261.78
62	58.09	87.14	116.18	135.20	202.80	270.40
63	61.82	92.73	123.64	137.84	206.76	275.68
64	65.95	98.93	131.90	140.33	210.50	280.66
65	73.99	110.99	147.98	150.51	225.77	301.02
66	80.23	120.35	160.46	159.14	238.71	318.28
67	86.97	130.46	173.94	168.35	252.53	336.70
68	94.32	141.48	188.64	177.97	266.96	355.94
69	102.22	153.33	204.44	188.29	282.44	376.58
70	110.82	166.23	221.64	199.13	298.70	398.26
71	122.93	184.40	245.86	214.98	322.47	429.96
72	136.19	204.29	272.38	232.05	348.08	464.10
73	150.98	226.47	301.96	250.52	375.78	501.04
74	167.40	251.10	334.80	270.42	405.63	540.84
75	193.29	289.94	386.58	304.18	456.27	608.36
76	214.60	321.90	429.20	330.60	495.90	661.20
77	238.30	357.45	476.60	359.40	539.10	718.80
78	264.56	396.84	529.12	390.63	585.95	781.26
79	293.78	440.67	587.56	424.57	636.86	849.14
80	326.13	489.20	652.26	461.55	692.33	923.10
81	351.17	526.76	702.34	489.87	734.81	979.74
82	378.06	567.09	756.12	519.95	779.93	1,039.90
83	406.96	610.44	813.92	551.91	827.87	1,103.82
84	438.24	657.36	876.48	585.82	878.73	1,171.64

The Prudential Insurance Company of America
Prudential Long Term Care Customer Service Center
P.O. Box 8526, Philadelphia, PA 19176 • 1-800-732-0416

Eligibility

WHO CAN ENROLL FOR THIS COVERAGE?

The following persons can enroll for the Prudential Long Term Care℠ Insurance Plan sponsored by ABC Company:

1) An Employee of ABC Company; or
2) Persons who are related to an Employee in one of the following ways:
   a) The spouse of the Employee; or
   b) The parent or grandparent of the Employee or the Employee's spouse; or
   c) The spouse of the parent or the grandparent; or
   d) The adult child of an Employee or the adult child's spouse; or

You must be at least age 18 but less than age 85 when your Enrollment Form is completed. Qualified Family Members are required to provide evidence of insurability as part of the enrollment process. All sections of the Enrollment Form must be completed.

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Privacy Notice

IMPORTANT NOTICE ABOUT PRUDENTIAL'S INFORMATION PRACTICES

Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice tells you about Prudential's information practices.

Collecting Information for Underwriting

Prudential will review information about you to decide if you are eligible for coverage. In addition to your application/enrollment form, Prudential may obtain information about you from the following sources: a medical examination which we may ask you to take; an in-person health interview; the Medical Information Bureau (MIB); and doctors, hospitals or health care providers who have information about you or your mental or physical health.

Disclosing Information

We will treat any information we obtain or have obtained about you as confidential. However, we may disclose it to: your doctor, if we find a serious health problem you do not know about; the MIB; anyone conducting mortality or morbidity studies; and Company affiliates for insurance marketing, underwriting, policyholder service or claims handling. We may also disclose information to Company affiliates for non-insurance marketing purposes unless you write to us at our Long Term Care Customer Service Center and direct us not to make such a disclosure.* The Company or its reinsurers may make a brief report to the MIB, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file. Similarly, the Company or its reinsurers may release information in its file to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may be submitted.

Your Right to Information

If we do not issue the policy you requested, we will tell you and explain the reasons for our decision. If you write to us, we will describe the information we have relating to this insurance transaction, describe how you may access it, and tell you how you may request correction, amendment or deletion of information that you dispute. Please note that requested information from your medical records will only be released to a medical professional designated by you.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

**This sentence does not apply to residents of Minnesota.*

ABC COMPANY

Employees

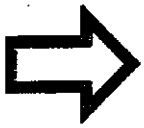
Enrollment Instructions

If you are an actively at work, ABC Company *EMPLOYEE (working at least 20 hours per week),* and enroll by February 16, 2007,

OR

An ABC Company NEW HIRE *(working at least 20 hours per week)* and enroll within 60 days of your date of hire you will be guaranteed coverage.

USE THIS FORM



Please be sure to complete all sections of the application form and provide your signature where indicated.

The Prudential Insurance Company of America
Prudential Long Term Care Customer Service Center
P.O. Box 8526, Philadelphia, PA 19176 • 1-800-732-0416

Prudential Long Term Care℠ Insurance for
ABC Company

State Notices

IMPORTANT STATE NOTICES ABOUT PRUDENTIAL LONG TERM CARE℠ INSURANCE

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime that may subject such person to criminal and/or civil penalties.

To residents of California.
THIS PLAN IS APPROVED LONG-TERM CARE INSURANCE UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER,THE BENEFITS PAYABLE BY THIS INSURANCE WILL NOT QUALIFY FOR MEDICAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE. FOR INFORMATION ABOUT INSURANCE UNDER THE CALIFORNIA PARTNERSHIP FOR LONG TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) AT THIS TOLL-FREE NUMBER: 1-800-434-0222.

To residents of Illinois:
The policy is not approved for Medicaid Asset Protection under the Illinois Long Term Care Partnership Program. However, the policy is an approved long term care policy under state insurance regulations. For information about policies approved under the Illinois Long Term Care Partnership Program, call the Senior Helpline at the Illinois Department on Aging at 1-800-252-8966.

To residents of Indiana:
The policy does not qualify for Medicaid Asset Protection under the Indiana Long Term Care Program. However, the policy is an approved long term care policy under state insurance regulations. For information about policies and certificates qualifying under the Indiana Long Term Care Program, call the Senior Health Insurance Information Program of the Indiana Department of Insurance at 1-800-452-4800.

To residents of Iowa:
The policy does not qualify for Medicaid Asset Protection under the Iowa Long Term Care Asset Preservation Program. However, the policy is an approved long term care policy under state insurance regulations. For information about policies and certificates qualifying under the Iowa Long Term Care Asset Preservation Program, call the Senior Health Insurance Information Program of the Iowa Division of Insurance at 1-800-281-5705.

To residents of Massachusetts:
FEDERAL INCOME TAX EXEMPTIONS:This Coverage IS intended to be a federally qualified long-term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

STATE MASSHEALTH (MEDICAID) EXEMPTIONS:
This Coverage IS intended to satisfy Massachusetts' minimum long-term care insurance coverage requirements as of the Certificate's Effective Date for certain asset and liability exemptions under the Massachusetts MassHealth (Medicaid) Program if you purchase a Plan with a Nursing Home Daily Maximum greater than $125 per day. Please note that there may be other MassHealth (Medicaid) requirements to qualify for these exemptions. Although this Certificate may satisfy requirements at the time it is issued, it may not qualify at the time you enter a nursing home if you have used benefits.

To residents of Michigan:
For additional information about Long Term Care Coverage, write to the MICHIGAN INSURANCE BUREAU, P.O. BOX 30220, LANSING, MI 48909, or call the Area Agency on Aging in your community.

To residents of New Jersey: Caution: Any person who includes any false or misleading information on an application for coverage under a group policy is subject to criminal and civil penalties.

To residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

To residents of Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Prudential Financial

The Prudential Insurance Company of America
Prudential Long Term Care Customer Service Center
P.O. Box 8526, Philadelphia, PA 19176 • 1-800-732-0416

Prudential Long Term Care℠ Insurance for
ABC Company

Enrollment Form

INSTRUCTIONS: Read and complete all necessary parts of this enrollment form. **Please print using blue or black ink.** Use an "X" to mark boxes where indicated. **Provide your signature in all areas required.** Return completed forms to: Prudential Long Term Care Unit, P.O. Box 8526, Philadelphia, PA 19176. *If you have questions, call 1-800-732-0416.*

A APPLICANT INFORMATION

Eligibility Status *(check one)*
- ☐ Actively-at work full time employee
- ☐ Actively-at work part time employee
- ☐ Spouse
- ☐ Parent
- ☐ Parent-in-law
- ☐ Grandparent
- ☐ Grandparent-in-law
- ☐ Adult Child
- ☐ Spouse of Adult Child

☐ Mr. ☐ Mrs. ☐ Ms. ☐ ____ **Marital Status** ☐ Married ☐ Unmarried

Full name

Address Apt.

No P.O. Boxes please

City State ZIP

Daytime phone ( ) - Evening phone ( ) -

Best time to call: ☐ AM ☐ PM

Date of birth | Date of hire | Social Security number

If married, is your spouse applying for this insurance? Yes ☐ No ☐

If your spouse currently has Prudential Long Term Care℠ Insurance, please provide policy/certificate number:

If this application is for someone other than an eligible employee (e.g., a spouse, family member or other relation), please provide information about the eligible employee in this section.

Employee full name Date of hire

Employee Social Security number

Daytime phone ( ) - Evening phone ( ) -

B BENEFIT OPTIONS SELECTION for Federally Tax Qualified Long Term Care Insurance contract

1.

Coverage Amounts	Nursing Home Care Daily Maximum	Assisted Living/Residential Care Facility Daily Maximum	Home and Community-Based Care Daily Maximum	Lifetime Maximum
☐ Plan 1	$100	$100	$60	$109,500
☐ Plan 2	$150	$150	$90	$164,250
☐ Plan 3	$200	$200	$120	$219,000

2. **Optional Automatic Inflation Increase Rider** — I have reviewed the Outline of Coverage and the graphs which compare the benefits and premiums of this Coverage with and without this Rider, and I want this Rider included in my Coverage. ☐ Yes ☐ No

X *If you choose "NO" for the Automatic Inflation Increase Rider, please sign:* _____

C PAYMENT METHOD

Choose ONE of the following payment plans.

☐ **Electronic Funds Transfer (EFT) — Monthly Payment** If choosing this option, you must complete and return the enclosed EFT Authorization and a sample voided check.

☐ **Direct Billing**

Bill to:

☐ Applicant
☐ Employee, if other than applicant

How often:

☐ Quarterly
☐ Semi-annual w/2.83% discount
☐ Annually w/5.58% discount

Billing address, if different from Section A:

_____

_____

D INSURANCE HISTORY

1. **Are you covered by Medicaid or Medi-Cal (not Medicare)?** ☐ Yes ☐ No
2. **Do you have another long term care insurance policy or certificate in force (including health care service contract or health maintenance organization contract)?** ☐ Yes ☐ No
3. **Did you have another long term care insurance policy or certificate in force during the last 12 months?** ☐ Yes ☐ No
4. **Do you intend to replace any of your medical or health insurance coverage with this insurance?** ☐ Yes ☐ No

If you answered "YES" to questions 3 or 4 of this section, please provide the following information.

Name of Company _____

Address _____

_____

Policy number _____

☐ Check here if you intend to replace this policy.

☐ Check here if this policy lapsed. Give date: _____

Name of Company _____

Address _____

_____

Policy number _____

☐ Check here if you intend to replace this policy.

☐ Check here if this policy lapsed. Give date: _____

E NOTIFICATION OF UNINTENTIONAL LAPSE

You can provide Prudential with the name of a friend or relative to notify if your coverage is about to lapse because the premium was not paid when due. This designation does not constitute an acceptance of liability by the person named. Prudential will notify you each year of your right to designate or change the existing designation for this purpose.

☐ **Name a Designee**

First name _____ M.I. _____

Last name _____

Address _____

_____

City _____

State _____ ZIP _____

☐ **Waive this Notice Option**

I understand that I have the right to name at least one person other than myself to receive notice of lapse or termination of my long term care insurance coverage for non-payment of premium. I understand that notice will not be given until 30 days after the premium is due and not paid. **By my signature, I elect NOT to name any person to receive such notice.**

X _____ Applicant's signature

Date _____

F APPLICANT AGREEMENTS

Caution: If your answers on this Enrollment Form are misstated or untrue, Prudential may have the right to deny benefits or rescind your coverage.

To the best of my knowledge and belief, the answers on this Enrollment Form are complete and true. I understand and agree that:

1. The Long Term Care insurance coverage is underwritten by The Prudential Insurance Company of America (Prudential), whose corporate offices are located in Newark, New Jersey.
2. This Enrollment Form will be the basis for the Long Term Care insurance coverage for which I am applying to Prudential under a Group Contract.
3. My coverage will NOT take effect unless Prudential has approved this Enrollment Form. If issued, my Long Term Care Insurance coverage will take effect on the Effective Date assigned by Prudential.
4. Prudential has the right to change premium rates in the future but only on a class basis.
5. I have received the Outline of Coverage and *A Shopper's Guide to Long Term Care Insurance.*
6. I have received the Notice Concerning Prudential's Information Practices.
7. If I am eligible for Medicare, I have received the *Guide to Health Insurance for People with Medicare.*
8. I have read, or had read to me the completed Enrollment Form, and I understand that any false statement or misrepresentation in my Enrollment Form may result in loss of coverage under the Group Contract.

Applicant's signature _____ Date _____

Instructions

If you are:

An eligible spouse, parent, parent-in-law, grandparent, grandparent-in-law, adult child age 18 and older or adult child's spouse

-OR-

An eligible employee enrolling after the initial eligibility period

COMPLETE THESE FORMS

- Please return all forms to Prudential using the enclosed business reply envelope
  - Application;
  - Insurability profile/medical history questionnaire and;
  - Authorization of the HIPAA Privacy Rule included in this kit.

The Prudential Insurance Company of America
Prudential Long Term Care Customer Service Center
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Prudential Long Term Care℠ Insurance for
ABC Company

State Notices

IMPORTANT STATE NOTICES ABOUT PRUDENTIAL LONG TERM CARE℠ INSURANCE

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Prudential Long Term Care℠ Insurance for
ABC Company

Enrollment Form

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A APPLICANT INFORMATION

Eligibility Status
(check one)
- ☐ Actively-at work full-time employee
- ☐ Actively-at work part-time employee
- ☐ Spouse
- ☐ Parent
- ☐ Parent-in-law
- ☐ Grandparent
- ☐ Grandparent-in-law
- ☐ Adult Child
- ☐ Spouse of Adult Child

☐ Mr. ☐ Mrs. ☐ Ms. ☐ ____ **Marital Status** ☐ Married ☐ Unmarried

Full name

Address **Apt.**
No P.O. Boxes please

City **State** **ZIP**

Daytime phone ( ) - **Evening phone** ( ) -

Best time to call: ☐ AM ☐ PM

Date of birth **Date of hire** **Social Security number**

If married, is your spouse applying for this insurance? Yes ☐ No ☐

If your spouse currently has Prudential Long Term Care℠ Insurance, please provide policy/certificate number:

If this application is for someone other than an eligible employee (e.g., a spouse, family member or other relation), please provide information about the eligible employee in this section.

Employee full name Date of hire

Employee Social Security number

Daytime phone ( ) - Evening phone ( ) -

B BENEFIT OPTIONS SELECTION for Federally Tax Qualified Long Term Care Insurance contract

1.

Coverage Amounts	Nursing Home Care Daily Maximum	Assisted Living/Residential Care Facility Daily Maximum	Home and Community-Based Care Daily Maximum	Lifetime Maximum
☐ Plan 1	$100	$100	$60	$109,500
☐ Plan 2	$150	$150	$90	$164,250
☐ Plan 3	$200	$200	$120	$219,000

2. **Optional Automatic Inflation Increase Rider** — I have reviewed the Outline of Coverage and the graphs which compare the benefits and premiums of this Coverage with and without this Rider, and I want this Rider included in my Coverage. ☐ Yes ☐ No

X *If you choose "NO" for the Automatic Inflation Increase Rider, please sign:* _____

C PAYMENT METHOD

Choose ONE of the following payment plans.

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☐ **Direct Billing**

Bill to:

☐ Applicant
☐ Employee, if other than applicant

How often:

☐ Quarterly
☐ Semi-annual w/2.83% discount
☐ Annually w/5.58% discount

Billing address, if different from Section A:

_____

_____

D INSURANCE HISTORY

1. **Are you covered by Medicaid or Medi-Cal (not Medicare)?** ☐ Yes ☐ No

2. **Do you have another long term care insurance policy or certificate in force (including health care service contract or health maintenance organization contract)?** ☐ Yes ☐ No

3. **Did you have another long term care insurance policy or certificate in force during the last 12 months?** ☐ Yes ☐ No

4. **Do you intend to replace any of your medical or health insurance coverage with this insurance?** ☐ Yes ☐ No

If you answered "YES" to questions 3 or 4 of this section, please provide the following information.

Name of Company _____

Address _____

_____

Policy number _____

☐ Check here if you intend to replace this policy.

☐ Check here if this policy lapsed. Give date: _____

Name of Company _____

Address _____

_____

Policy number _____

☐ Check here if you intend to replace this policy.

☐ Check here if this policy lapsed. Give date: _____

E NOTIFICATION OF UNINTENTIONAL LAPSE

You can provide Prudential with the name of a friend or relative to notify if your coverage is about to lapse because the premium was not paid when due. This designation does not constitute an acceptance of liability by the person named. Prudential will notify you each year of your right to designate or change the existing designation for this purpose.

☐ **Name a Designee**

First name _____ M.I. _____

Last name _____

Address _____

_____

City _____

State _____ ZIP _____

☐ **Waive this Notice Option**

I understand that I have the right to name at least one person other than myself to receive notice of lapse or termination of my long term care insurance coverage for non-payment of premium. I understand that notice will not be given until 30 days after the premium is due and not paid. **By my signature, I elect NOT to name any person to receive such notice.**

X _____ Applicant's signature

Date _____

F APPLICANT AGREEMENTS

Caution: If your answers on this Enrollment Form are misstated or untrue, Prudential may have the right to deny benefits or rescind your coverage.

To the best of my knowledge and belief, the answers on this Enrollment Form are complete and true. I understand and agree that:

1. The Long Term Care insurance coverage is underwritten by The Prudential Insurance Company of America (Prudential), whose corporate offices are located in Newark, New Jersey.
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3. My coverage will NOT take effect unless Prudential has approved this Enrollment Form. If issued, my Long Term Care Insurance coverage will take effect on the Effective Date assigned by Prudential.
4. Prudential has the right to change premium rates in the future but only on a class basis.
5. I have received the Outline of Coverage and *A Shopper's Guide to Long Term Care Insurance.*
6. I have received the Notice Concerning Prudential's Information Practices.
7. If I am eligible for Medicare, I have received the *Guide to Health Insurance for People with Medicare.*
8. I have read, or had read to me the completed Enrollment Form, and I understand that any false statement or misrepresentation in my Enrollment Form may result in loss of coverage under the Group Contract.

Applicant's signature _____ Date _____

The Prudential Insurance Company of America
Prudential Long Term Care Customer Service Center
P.O. Box 8526, Philadelphia, PA 19176 • 1-800-732-0416

Prudential Long Term Care℠ Insurance for
ABC Company

Medical History & Insurability Form for Long Term Care Insurance

INSTRUCTIONS: Read and complete all necessary parts of this Medical History & Insurability Form. **Please print using blue or black ink.** Use an "X" to mark boxes where indicated. **Provide your signature in all areas required.** Return your completed forms to: Prudential Long Term Care Unit, P.O. Box 8526, Philadelphia, PA 19176.
If you have questions, call 1-800-732-0416.

The following does not apply to residents of Kansas, New Jersey, Oregon or Virginia: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime that may result in criminal and/or civil penalties. With respect to New York residents, civil penalties not to exceed $5,000, plus the stated value of the claim for each violation, can apply.

TO RESIDENTS OF CALIFORNIA. Instructions: Please read carefully and complete your Insurability Profile and Medical History. The information release authorization must also be signed. Print all information except where signatures are required. Use blue or black ink. Place an "X" in the appropriate box when indicating "YES" or "NO" responses. Attach the completed form to your enrollment form and send in the enclosed envelope to: Prudential Long Term Care Unit, P.O. Box 8526, Philadelphia, PA 19176.

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which is a crime that may subject such person to criminal and/or civil penalties.

To Residents of New Jersey: Caution: Any person who includes any false or misleading information on an application for coverage under a group policy is subject to criminal and civil penalties.

To residents of New York. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Note to Residents of Virginia: Caution: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

A APPLICANT INFORMATION

Full name

Daytime phone ( ) - Evening phone ( ) - Best time to call: ☐ AM ☐ PM

Date on accompanying enrollment form Group Contract Holder: ABC Company

B TELL US ABOUT YOUR INSURABILITY

1. **Within the past 7 years, have you had, do you currently have, or have you been diagnosed or treated by a Licensed Health Care Practitioner as having any of the following medical conditions:**

Amyotrophic lateral sclerosis, multiple sclerosis, muscular dystrophy, or Parkinson's disease? Yes ☐ No ☐

Alzheimer's disease, chronic memory loss, frequent or persistent forgetfulness, senility, dementia or organic brain syndrome? Yes ☐ No ☐

Congestive heart failure, diagnosed or symptomatic, within the past 12 months? Yes ☐ No ☐

Diabetes treated with insulin or liver cirrhosis? Yes ☐ No ☐

Metastatic cancer (cancer that has spread from the original site or location)? Yes ☐ No ☐

Stroke or cerebrovascular accident? Yes ☐ No ☐

Transient Ischemic Attack (TIA) within the past 5 years, multiple TIAs, or TIA in combination with diabetes or any heart surgery? Yes ☐ No ☐

2. **Within the past 48 months**, have you been diagnosed or treated for cancer of a major body organ? Yes ☐ No ☐

3. **Do you use any of the following:** walker or quad cane, wheelchair or motorized cart, oxygen, respirator, or kidney dialysis? Yes ☐ No ☐

4. **Within the past 12 months, have you needed home health care/home care, used adult day care, or received care in a nursing home, assisted living/residential care facility or other long term care facility?** Yes ☐ No ☐

5. **Within the past 12 months, have you been medically advised to enter a nursing home, assisted living/residential care facility, or other long term care facility?** Yes ☐ No ☐

6. **Do you currently need assistance or supervision by another person for taking your medication or in performing any of the following Activities of Daily Living (ADLs):** bathing, eating, toileting, bowel or bladder control (continence), dressing, or moving in and out of bed or chair? Yes ☐ No ☐

7. **This section pertains to Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) and, if permitted, HIV-related (Human Immunodeficiency Virus) diagnosis and treatment. PLEASE COMPLETE THE SECTION BELOW THAT CORRESPONDS TO YOUR STATE OF RESIDENCE.**

Minnesota Residents: Please read prior to answering the questions in the "ALL states" section below.

You do NOT need to disclose any HIV (Human Immunodeficiency Virus or AIDS virus) tests which were given to you as:

1) a criminal offender or crime victim as a result of a crime that was reported to the police;
2) a patient who received the services of emergency medical services personnel at a hospital or medical care facility;
3) emergency medical personnel who were tested as a result of performing emergency medical services.

"Emergency medical personnel" includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, and other persons who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards, including security guards at the Minnesota security hospital who experience a significant exposure to an inmate who is transported to facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the Good Samaritan law.

ALL states except California, Connecticut, Florida, Maine, New York, Vermont or Wisconsin

Within the past 10 years, have you had, do you currently have, or have you been diagnosed or treated by a Licensed Health Care Practitioner, as having any of the following medical conditions:

Acquired Immune Deficiency Syndrome (AIDS)? Yes ☐ No ☐

AIDS Related Complex (ARC)? Yes ☐ No ☐

Any HIV infection (Human Immunodeficiency Virus)? Yes ☐ No ☐

Florida

Within the past 10 years, have you tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection? Yes ☐ No ☐

California, Connecticut, Maine, New York, Vermont and Wisconsin

You may answer these questions "No" if you have tested positive for HIV (Human Immunodeficiency Virus) and have not developed symptoms of the disease AIDS.

Within the past 10 years, have you had, do you currently have, or have you been diagnosed or treated by a Licensed Health Care Practitioner, as having any of the following medical conditions:

Acquired Immune Deficiency Syndrome (AIDS)? Yes ☐ No ☐

AIDS Related Complex (ARC)? Yes ☐ No ☐

NOTE: If you answered "YES" to any question in Part B, do not complete the remainder of this form. We regret that we will be unable to offer you long term care coverage because you do not meet our minimum acceptance criteria. If you answered "NO" to all questions in Part B, please continue.

C TELL US ABOUT YOUR MEDICAL HISTORY

1. **Height:** ____ ft ____ in **Weight:** _____ lbs **Gender:** ☐ Male ☐ Female
2. **List any activities in which you regularly participate outside your home (e.g., walking or gardening):** _____
3. **Have 2 or more years passed since you received ANY medical examination or treatment by a healthcare professional?** Yes ☐ No ☐
4. **Who is your Primary Care Physician with most of your medical records?** (Please print neatly)

   Name _____ Phone _____

   Address _____

   City _____ State _____ Zip _____

   Reason for visit _____ Date of last visit _____

5. **Within the past 3 years, have you been advised by a Licensed Health Care Practitioner to have surgery that has not been performed?** Yes ☐ No ☐

   Condition _____ Date last treated _____

6. **Check the appropriate boxes for any care received within the past 3 years:**

   Home health care Yes ☐ No ☐

   Adult day care Yes ☐ No ☐

   Nursing home, assisted living/residential care facility or other long term care facility Yes ☐ No ☐

7. **Within the past 5 years (7 years for cancer), have you received any advice or treatment from a Licensed Health Care Practitioner, taken any medications for, or been medically diagnosed for:**

   Any heart or circulatory conditions (angina, congestive heart failure, heart attack, heart surgery, irregular heart beat, numbness or peripheral vascular disease)? Yes ☐ No ☐

   Cancer of any kind, Hodgkin's disease, leukemia, or lymphoma? Yes ☐ No ☐

   Tumors (non-cancerous) or skin ulcers, amputation or paralysis? Yes ☐ No ☐

   Any breathing conditions, such as asthma, chronic bronchitis, chronic obstructive pulmonary disease, emphysema, shortness of breath or tuberculosis? Yes ☐ No ☐

   Cirrhosis, non-insulin dependent diabetes or hepatitis? Yes ☐ No ☐

   Brain disorder, black-outs, convulsions, epilepsy or seizures? Yes ☐ No ☐

   Anxiety, depression or other mental, emotional or nervous disorder? Yes ☐ No ☐

   Alcoholism or chemical dependency? Yes ☐ No ☐

   Bone or spinal disorders such as osteoarthritis or rheumatoid arthritis, osteoporosis or joint replacement? Yes ☐ No ☐

   High blood pressure, dizziness, or balance problems? Yes ☐ No ☐

In the space below, provide details for any "YES" answers. If additional space is required, attach the details on a separate piece of paper, including your name and Social Security number. You must also sign and date that page.

Condition _____

Date last treated _____

Name, address and phone of the Licensed Health Care Practitioner who treated your condition:

_____

_____

_____

Condition _____

Date last treated _____

Name, address and phone of the Licensed Health Care Practitioner who treated your condition:

_____

_____

_____

8. **Within the past 5 years, have you received any advice or treatment from a Licensed Health Care Practitioner other than your Primary Care Physician for any reason not stated?** Yes ☐ No ☐

(For residents of California, Connecticut, Florida, Maine, New Jersey, New York, North Dakota, Vermont, and Wisconsin, this does not include HIV testing (Human Immunodeficiency Virus))

If you answered "YES", please provide details below.

Condition _____

Date last treated _____ ☐Check here if treated by your Primary Care Physician only.

Name, address and phone of any other Licensed Health Care Practitioner who treated your condition:

_____

_____

_____

If you answered "YES", please provide details below.

Condition _____

Date last treated _____ ☐Check here if treated by your Primary Care Physician only.

Name, address and phone of any other Licensed Health Care Practitioner who treated your condition:

_____

_____

_____

9. **Are you currently taking any drug or medication?** Yes ☐ No ☐

If you answered "YES", please provide details below.

Drug or medication _____

Dosage _____

How long have you been taking this medication? _____

☐Check here if prescribed by Primary Care Physician only.

If prescribed by another Licensed Health Care Practitioner, give name, address and phone number, and the condition:

_____

_____

_____

Drug or medication _____

Dosage _____

How long have you been taking this medication? _____

☐Check here if prescribed by Primary Care Physician only.

If prescribed by another Licensed Health Care Practitioner, give name, address and phone number, and the condition:

_____

_____

_____

Drug or medication _____

Dosage _____

How long have you been taking this medication? _____

☐Check here if prescribed by Primary Care Physician only.

If prescribed by another Licensed Health Care Practitioner, give name, address and phone number, and the condition:

_____

_____

_____

Drug or medication _____

Dosage _____

How long have you been taking this medication? _____

☐Check here if prescribed by Primary Care Physician only.

If prescribed by another Licensed Health Care Practitioner, give name, address and phone number, and the condition:

_____

_____

_____