D READ AND SIGN APPLICANT AGREEMENTS

Caution: If your answers on this form are incorrect or untrue, or fail to include all material medical information requested, Prudential may have the right to deny benefits or rescind your insurance coverage.

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

- The information on this form is the basis for the coverage for which I am applying to The Prudential Insurance Company of America (Prudential).
- My coverage will NOT take effect unless: Prudential has approved this form and statements and answers given in applying for this coverage do not change materially until the date this form is approved.
- I have read this form or had this form read to me, and I understand that any false statement or misrepresentation in this form may result in loss of coverage under the Group Contract.

X Applicant signature _____ Date _____

ALL APPLICANTS MUST SIGN TWO COPIES OF THE FOLLOWING FORM:

'Authorization for Release of Health-Related Information'

Retain one copy for your records and include one copy with your completed applications to Prudential.

If additional copies are needed this form may be photocopied.

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

Federal HIPAA Notice of Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

"We" refers to The Prudential Insurance Company of America in its capacity as a provider of Group and Individual Long Term Care insurance. " You" or "yours" refers to any individual covered by a Long Term Care insurance policy issued by The Prudential Insurance Company of America.

Federal law—meaning the Health Insurance Portability and Accountability Act and related privacy rules—requires The Prudential Insurance Company of America to keep your health information private. We are not allowed to use or disclose it unless we receive your permission or unless permitted by law. Federal law requires us to give you this Notice of our legal duties and privacy practices. This Notice is to inform you of uses and disclosures of your health information that we may make. It also informs you of your rights and our duties with regard to this health information.

We must follow the terms of this Notice. We do reserve the right to change the terms of this Notice and make the new Notice provisions apply to all the health information we keep. This includes health information we had prior to any change in this Notice. We must promptly change this Notice when there is a material change to our uses or disclosures, your rights, our duties and other related circumstances. We will mail you any such revised Notice, unless you have agreed to receive Notices electronically. To receive such Notices by E-mail, you should tell the contact listed at the end of this Notice.

Use and Disclosure of Protected Health Information
Federal law permits us to use and disclose protected health information for purposes of treatment, payment and health care operations as those terms are defined under federal law. As an insurer, we do not provide treatment, but we may use and disclose protected health information for payment purposes, such as in connection with the payment of an insurance claim. We may also use and disclose protected health information for our health care operations such as when we decide to give you insurance or when we renew or replace your insurance. We will also comply with any state or federal law that is more restrictive as to our uses and disclosures of protected health information.

There are also times when federal law permits or requires us to use or disclose your information without your written permission.

Additionally, where appropriate, we may disclose protected health information to a group health plan or plan sponsor in accordance with federal law.

Permitted Disclosures
We may not make all of the uses and disclosures listed here, but federal law permits use or disclosure of your information without your permission:

- When we disclose your information to you.
- To third party non-Prudential business associates that perform services for us or on our behalf, such as vendors.
- Where disclosure is required by law.
- To a public health authority authorized by law to collect or receive your information to prevent or control disease, injury or disability or when reviewing reports of child abuse or for the conduct of other authorized public health activities and responsibilities.
- To a governmental authority when we reasonably believe you may be a victim of abuse, neglect or domestic violence where the governmental authority is allowed by law to have such information.
- To a health oversight agency for such activities.
- For judicial and administrative proceedings.
- To a law enforcement official for a law enforcement purpose.
- To a medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties authorized by law.
- To organ donor organizations in order to aid in such donations.
- For certain research purposes authorized by and subject to federal law.
- To avert a serious threat to health or safety.
- To government officials regarding military personnel and certain domestic and foreign government officials for certain functions authorized by federal law.
- To comply with workers' compensation and other similar programs.
- To make certain marketing communications and for certain fundraising purposes.

Prudential Financial

Required Disclosures

We are required to disclose your information when required by the Secretary of the Department of Health and Human Services to make sure we comply with federal law.

We are also required, with certain exceptions, to provide you with access to inspect and obtain a copy of your information that we keep. See "Your Right To Inspect and Copy Protected Health Information" below.

Need for Authorization

We will not make any uses or disclosures other than those mentioned above without your permission. You may withdraw such permission in writing. Your withdrawal will not be effective (1) if we took action relying on your permission before it was withdrawn, or (2) if we obtained your permission as a condition of issuing you insurance, and the law allows us to contest a claim under the policy or to contest the policy itself. To withdraw your authorization, please write the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

Individual Rights with Respect to Your Protected Health Information

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO REQUEST RESTRICTIONS: You have the right to request that restrictions be placed on certain uses and disclosures of your information. We are not required to agree. If we do agree, we may not use or disclose any of your information except where you need emergency treatment. We may end an agreement to restrict as allowed by federal law. If you wish additional information, you should write to the contact listed at the end of this Notice.

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO ALTERNATIVE CONFIDENTIAL COMMUNICATION OF PROTECTED HEALTH INFORMATION: If you choose to have your information sent to you by a means of your choice or to an address of your choice, we will do so if the request is reasonable. You must clearly state that disclosure of all or any part of your information could endanger you if not sent per your choice. Any such request should be sent in writing to the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO INSPECT AND COPY PROTECTED HEALTH INFORMATION: You have the right to inspect and copy your information, except for any psychotherapy notes, certain information relating to civil, criminal, or administrative proceedings, and certain information prohibited by law from disclosure. We are allowed by law to deny access in some cases, and subject to certain procedures. Any request should be sent in writing to the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO AMEND PROTECTED HEALTH INFORMATION: You have the right to request that we amend your information kept in our records. We are allowed to deny your request if we did not create the information in the record. We will review your request and respond to you in writing. All requests should be in writing and sent to the contact listed at the end of this Notice. All requests should provide needed details, including your name, address, insurance policy number, and the reason you think your information needs to be changed. If you wish additional information, you should write to the contact listed at the end of this Notice.

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO AN ACCOUNTING: You have the right to receive an accounting from us of disclosures of your information made for up to the six (6) years prior to your request. This right does not apply to: disclosures made to carry out treatment, payment, or health care operations; disclosures made with your permission; disclosures made for police purposes; disclosures allowed by law; or disclosures made before April 14, 2003. Any request should be sent to the contact listed at the end of this Notice. If you wish additional information, you should write to the contact listed at the end of this Notice.

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right, even if you have agreed to receive notice by E-mail, to get a paper copy of this Notice. All requests should be in writing and sent to the contact listed at the end of this Notice.

FEDERAL LAW PROVIDES YOU WITH THE RIGHT TO FILE A COMPLAINT. If you believe your privacy rights have been violated, you have the right to complain to us by writing to the contact listed at the end of this Notice or to the Secretary of the U.S. Department of Health & Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Washington, DC 20201. Federal law prohibits retaliation against you for filing such a complaint. The contact listed at the end of this Notice is also available to provide you information regarding questions you have or other information concerning this Notice.

When you contact us in writing, you should include your name, address, and policy number. The contact to whom you should address your complaint is:

The Prudential Insurance Company of America
Privacy Contact
Long Term Care Customer Service Center
P.O. Box 8519
Philadelphia, PA 19176

Telephone number: 1-800-732-0416

The effective date of this notice is March 1, 2005.

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

Health Insurance Portability and Accountability Act (HIPAA) Form

AUTHORIZATION FOR RELEASE OF HEALTH-RELATED INFORMATION
This authorization is intended to comply with the HIPAA Privacy Rule.

Please print.

Name of applicant _____

Date of birth _____ **Social Security number** _____

I authorize any health plan, doctor, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment or services to me or on my behalf ("My Providers"), and any other medical or insurance organization, institution or professional, to disclose my entire medical record and any other health information concerning me, without restriction, to The Prudential Insurance Company of America and its agents, employees and representatives ("Prudential"). This includes medical records and information on diagnoses and/or treatment relating to Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS), sexually transmitted disease, mental illness, and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I terminate any agreements I have made with My Providers to restrict my protected health information and, for purposes of this authorization, I instruct My Providers to release and disclose my entire medical record without restriction to Prudential.

This information is to be disclosed under this authorization so that Prudential may do the following, with respect to long term care insurance I am applying for: underwrite or make rating determinations, evaluate and determine my eligibility for long term care insurance, or conduct other legally permissible activities related to my application.

This authorization shall remain in force for 24 months following the date of my signature below, unless state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to withdraw this authorization in writing, at any time, by sending a written request to: The Prudential Insurance Company of America, Long Term Care Customer Service Center, P.O. Box 8519, Philadelphia, PA 19176, ATTN: Privacy Contact. I understand that a withdrawal is not effective if any of My Providers has relied on this authorization or to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information disclosed pursuant to this authorization may be re-disclosed, to the extent allowable under federal law and no longer covered by certain federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization, Prudential may not be able to process my application or, if coverage has been issued, may not be able to make any benefit payments. I understand that Prudential will provide me with a copy of this authorization.

X Signature of applicant or personal representative _____ Date _____

Description of personal representative's authority or relationship to applicant _____

Detach and mail with your enrollment form.

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

Health Insurance Portability and Accountability Act (HIPAA) Form

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This authorization is intended to comply with the HIPAA Privacy Rule.

Please print.

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Date of birth **Social Security number**

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X Signature of applicant or personal representative _____ Date _____

Description of personal representative's authority or relationship to applicant _____

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

Electronic Funds Transfer Authorization

INSTRUCTIONS

To enroll in Prudential's monthly electronic funds transfer (EFT) payment service, please provide us with the following information. **If you wish to use your checking account, enclose your blank, voided check for that account. If you wish to use your savings account, you must confirm that your financial institution permits electronic fund withdrawals from savings accounts, and obtain your financial institution's transit routing number.** Please note that we cannot obtain acceptable banking information from deposit slips. If you have any questions, please call our Long Term Care Customer Service Center, toll free, at 1-800-732-0416. Please print except where signatures are required. Use blue or black ink.

A APPLICANT/INSURED INFORMATION

Complete information for each applicant for whom this EFT Authorization will be used.

Please indicate the bill date you prefer:
☐ 1st* ☐ 15th
☐ 8th ☐ 22nd

Full Name _____ Policy/Cert. No. (If known) _____

Full Name _____ Policy/Cert. No. (If known) _____

B BANKING INFORMATION

Name of financial institution _____

Type of account ☐ Checking ☐ Savings

Financial institution 9-digit transit routing number | | | | | | | | | |

Account number _____

Local branch telephone number ( ) -

Full name of account owner (If other than applicant/insured) _____

Relationship to applicant/insured _____

C EFT PAYMENT SERVICE AUTHORIZATION

I hereby request and authorize The Prudential Insurance Company of America (Prudential) to make electronic fund withdrawals or other forms of pre-authorized withdrawals from my account named above, for payment of the premium due the policy(ies) or certificate(s) indicated above. My signature below is exactly as it appears in my financial institution's records for this account. I agree that withdrawals shall be made approximately 3 to 5 days after the bill date indicated above. I understand that premium notices will not be mailed. I understand that if a withdrawal request is not honored by my financial institution, Prudential shall consider that my premium has not been paid. Any withdrawal returned due to insufficient funds may be re-deposited for collection by Prudential, at its sole discretion.

If this authorization pertains to insurance (or an increase in insurance) for which an application is pending, this authorization shall take effect on the Effective Date of the insurance applied for. This authorization shall not be construed as: (a) an approval by Prudential of that application; or (b) a modification of any provisions of any existing coverage. Otherwise, this authorization shall take effect on the date signed.

Either I or Prudential may cancel this authorization at any time by giving 30 days written notice to the other party. Any notice hereunder will not be deemed effective until Prudential has had a reasonable time to act. I agree that Prudential shall not be liable for any loss, liability, cost or expense for acting on this Authorization.

Full name of account owner _____

Address (No P.O. Boxes please) _____ Apt _____

City _____ State _____ ZIP _____

X Applicant's signature _____ Date _____

(Must be the same as that on file with the Financial Institution)

*If no bill date is selected, the 1st will be the bill date.

Detach and mail to insurer.

Prudential Financial

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

Electronic Funds Transfer Authorization

INSTRUCTIONS

To enroll in Prudential's monthly electronic funds transfer (EFT) payment service, please provide us with the following information. **If you wish to use your checking account, enclose your blank, voided check for that account. If you wish to use your savings account, you must confirm that your financial institution permits electronic fund withdrawals from savings accounts, and obtain your financial institution's transit routing number.** Please note that we cannot obtain acceptable banking information from deposit slips. If you have any questions, please call our Long Term Care Customer Service Center, toll free, at 1-800-732-0416. Please print except where signatures are required. Use blue or black ink.

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Complete information for each applicant for whom this EFT Authorization will be used.

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☐ 1st* ☐ 15th
☐ 8th ☐ 22nd

Full Name _____ **Policy/Cert. No.** (If known) _____

Full Name _____ **Policy/Cert. No.** (If known) _____

B BANKING INFORMATION

Name of financial institution _____

Type of account ☐ Checking ☐ Savings **Financial institution 9-digit transit routing number** | | | | | | | | | |

Account number _____ **Local branch telephone number** ( ) -

Full name of account owner (If other than applicant/insured) _____ **Relationship to applicant/insured** _____

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Full name of account owner _____

Address (No P.O. Boxes please) _____ **Apt** _____

City _____ **State** _____ **ZIP** _____

X Applicant's signature _____ **Date** _____

(Must be the same as that on file with the Financial Institution)

*If no bill date is selected, the 1st will be the bill date.

Prudential Financial

THINGS YOU SHOULD KNOW BEFORE YOU BUY LONG TERM CARE INSURANCE

Long Term Care Insurance

• A long term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.

• You should not buy this insurance policy unless you can afford to pay the premiums every year. Remember that Prudential can increase premiums in the future.

• The Personal Worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

Medicare

• Medicare does not pay for most long term care.

Medicaid

• Medicaid will generally pay for long term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.

• Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services.

• When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance and some of your joint assets.

• Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

Shopper's Guide

• Make sure the insurance company or agent gives you a copy of a book called *A Shopper's Guide to Long Term Care Insurance* published by the National Association of Insurance Commissioners. Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling

• Free counseling and additional information about long term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

LONG TERM CARE INSURANCE
PERSONAL WORKSHEET

People buy long term care insurance for a variety of reasons. These reasons include to avoid spending assets for long term care, to make sure there are choices regarding the type of care received, to protect family members from having to pay for care, or to decrease the chances of going on Medicaid. However, long term care insurance can be expensive, and is not appropriate for everyone.

State law requires Prudential to ask you to complete this worksheet to help you and us determine whether you should buy this policy. If you do not wish to complete it, you must still check and sign the disclosure statement on page 2 and return the incomplete worksheet with your enrollment form. Prudential cannot process your enrollment form unless this worksheet is returned to us.

Premium

The premium for the coverage you are considering will be $_____ per month, or $_____ per year.

Prudential has a right to increase premiums in the future. Prudential has sold long term care insurance since 1986 and has sold this policy since 2002. Prudential has not raised its rates for this policy.

Have you considered whether you could afford to keep this coverage if the premiums were raised, for example, by 20%?

Income

Where will you get the money to pay each year's premiums?

❑ Income ❑ Savings ❑ Family Members

What is your annual income? (check one)

❑ Under $10,000 ❑ $10,000-20,000 ❑ $20,000-30,000
❑ $30,000-50,000 ❑ Over $50,000

How do you expect your income to change over the next 10 years? (check one)

❑ No change ❑ Increase ❑ Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.

** Coverage for domestic partners may not be available in all states at this time.*

Savings and Investments

Not counting your home, what is the approximate value of all of your assets (savings and investments)? (check one)

❑ Under $20,000 ❑ $20,000-30,000 ❑ $30,000-50,000 ❑ Over $50,000

How do you expect your assets to change over the next 10 years? (check one)

❑ Stay About the Same ❑ Increase ❑ Decrease

If you are buying this coverage to protect your assets and your assets are less than $30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement

This must be completed and signed in order for us to process your enrollment form.

❑ The information provided above accurately describes my financial situation.	❑ I choose not to complete this information.

Signed: _____ Date: _____
(Applicant)

Prudential may contact you to verify your answers.

** Coverage for domestic partners may not be available in all states at this time.*

Savings and Investments

Not counting your home, what is the approximate value of all of your assets (savings and investments)? (check one)

❑ Under $20,000 ❑ $20,000-30,000 ❑ $30,000-50,000 ❑ Over $50,000

How do you expect your assets to change over the next 10 years? (check one)

❑ Stay About the Same ❑ Increase ❑ Decrease

If you are buying this coverage to protect your assets and your assets are less than $30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement

This must be completed and signed in order for us to process your enrollment form.

❑ The information provided above accurately describes my financial situation.	❑ I choose not to complete this information.

Signed: _____ Date: _____

(Applicant)

Prudential may contact you to verify your answers.

* *Coverage for domestic partners may not be available in all states at this time.*

Prudential Financial

The Prudential Insurance Company of America
Long Term Care Unit
P.O. Box 8526, Philadelphia, PA 19176
Tel 1-800-732-0416

Long Term Care Insurance
Potential Rate Increase Disclosure Form

1. **Premium Rate:** The premium rate that is applicable to you and that will be in effect until a request is made and filed for an increase is $ _____
(fill in amount from Rate Sheet based on plan design and options you choose).

2. **The premium for this Certificate will be shown on the Confirmation Statement you will receive together with your Certificate of Insurance.**

3. **Rate Schedule Adjustments:** The company will provide a description of when premium rate or rate schedule adjustments will be effective (e.g., next anniversary date, next billing date, etc.) (fill in the blank): No premium rate or rate schedule adjustments are scheduled for this coverage.

4. **Potential Rate Revisions:** This Certificate is Guaranteed Renewable. This means that the rates for this coverage may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all insureds with coverage similar to yours.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your coverage in force as is.
- Reduce your benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your non- forfeiture option if purchased. (This option may be available for purchase for an additional premium.)
- Exercise your contingent non-forfeiture rights.* (This option may be available if you do not purchase a separate non- forfeiture option.)

***Contingent Non-forfeiture**

If the premium rate for your coverage goes up in the future and you didn't buy a non-forfeiture option, you may be eligible for contingent non forfeiture. Here's how to tell if you are eligible:

You will keep some long term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table and

- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your coverage was first issued. If you have already received benefits, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Non-forfeiture option, your coverage with this reduced maximum benefit amount will be considered paid up with no further premiums due.

Example:

You bought the coverage at age 65 and paid the $1,000 annual premium for 10 years, so you have paid a total of $10,000 in premium.

In the eleventh year, you receive a rate increase of 50%, or $500 for a new annual premium of $1,500, and you decide to lapse the coverage (not pay any more premiums).

Your paid-up benefits are $10,000 (provided you have at least $10,000 of benefits remaining.)

Contingent Non-forfeiture
Cumulative Premium Increase over Initial Premium
That qualifies for Contingent Non-forfeiture

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

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

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

751 Broad Street
Newark, New Jersey 07102-3777
1-800-732-0416

Disclosure Form
Long Term Care Insurance
Certificate Form Number 83500 BCOV 5010 et al
under Group Policy LT-44864-WA

The decision to buy new Long Term Care Coverage is very important. It should be carefully considered.

The following data give you some general tips and furnish you with a summary of benefits available under our Coverage.

Your Long Term Care Certificate provides sixty days within which you may decide without cost whether you wish to keep it. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available under your Certificate.

If you now have insurance which provides benefits for long-term care, *read your Certificate carefully.* Look for what is said about renewing it. See if it contains waiting periods before benefits are paid. Note how it covers preexisting conditions (health conditions you already have). Compare these features with similar ones in any new certificate. Use this information to measure the value of any insurance or health care plans you now have.

This is NOT .Medicare Supplement coverage.

DON'T BUY MORE INSURANCE THAN YOU REALLY NEED. One certificate that meets your needs is usually less expensive than several limited certificates.

If you are eligible for state medical assistance coupons (Medicaid), you should not purchase long-term care insurance coverage.

After you receive your Certificate, make sure you have received the coverage you thought you bought. If you are not satisfied with the Certificate, you may return it within sixty days for a full refund of premium.

Tax Status: The Group Policy described herein, offered by Prudential, is intended to be a Qualified Long Term Care Insurance Contracts as defined by the Internal Revenue Code Section 7702B(b).

1. INSTITUTIONAL CARE

What levels of care are covered by the certificate?	YES	NO
Does the certificate provide benefits for these levels of care?	X	
Skilled Nursing Care?	X	
Intermediate Nursing Care?	X	
Custodial/Personal Care?	X	
(By state law, all long-term care policies in Washington State must cover all three of the above levels of care.)		
Where can care be received and be covered under the certificate?		
Does the certificate pay for care in *any* licensed facility?	X	
If no, define the restrictions on where care can be obtained:	_____	
Is the alternative plan of care benefit available with institutional part of certificate?	X If yes, see section 2	
Does the alternative plan of care benefit include home care?	X If yes, see section 2	
Does the alternative plan of care benefit include structural home improvements?	X	

2. HOME/COMMUNITY BASED CARE

What types of care are covered by the certificate?		
Does the certificate provide home care benefit for:		
Check all that apply		
Adult day care	X	
Adult day health care	X	
Chore services	X	
Home health aides	X	
Homemaker services	X	
Hospice	X	
Hygiene/personal care	X	
Laboratory services		X
Meals/nutrition services	X	
Medical equipment/supplies	X	
Prescription drugs		X
Physician/nursing services	X-Nursing	X-Physician
Respite care	X	
Social workers	X	
Therapies (List)	X	
Transportation	X	
Other:_____		
Are these separate or post-confinement benefits?	Separate X	Post-Confinement _____
Where can home/community-based care be received?		
Check all that apply		
Adult day care centers	X	
Alternative care facilities	X	
Assisted living facilities	X	
	YES/NO/COMMENTS	
Boarding homes	X	
Community centers	X	
Congregate care facilities	X	
Multiple family residences		X
Single family residences		X
Other:_____		

Does the alternative plan of care benefit include home care?	X	
Does the alternative plan of care benefit include structural improvements?	X	
Must the alternative plan of care be pre-certified? If yes, by whom? Prudential	X	

3. BOTH INSTITUTIONAL AND COMMUNITY-BASED CARE

What is the maximum daily benefit for:	
Institutional/nursing home care?	Choice: $100, $150, $200
Home/Community Based Care?	Choice: $60, $90, $120
Are there limits on the number of days (or visits) per year for which benefits will be paid for:	
Institutional/nursing home care?	No Calendar Year Limit
Home/Community based care?	No Calendar Year Limit
What are the dollar limits the certificate will pay during the certificate holder's lifetime for:	
Institutional/Nursing home care?	See below
Home/Community based care?	See below
Total lifetime limit?	Choice of 3 years or 5 years for all Long Term Care – See Table Below

TOTAL LIFETIME LIMIT

3 Year Plans	
Plan 1 - $100 Daily Benefit	$109,500
Plan 2 - $150 Daily Benefit	$164,250
Plan 3 - $200 Daily Benefit	$219,000
5 Year Plans	
Plan 4- $100 Daily Benefit	$182,500
Plan 5 - $150 Daily Benefit	$273,750
Plan 6 - $200 Daily Benefit	$365,000

What basic features and benefits does the certificate offer?		
Is the certificate guaranteed renewable?	X	
Can you purchase additional increments of coverage? If yes:	X	
When can additional coverage be purchased?	Every three years	
How much can be purchased?	5% increase, compounded annually	
When is additional coverage no longer available for purchase?	N/A	

YES/NO/COMMENTS

Does the certificate have inflation protection?	Guaranteed Purchase Option: Automatic Compound Inflation is Optional
If yes, what is the % amount of the increase?	5%
Is the rate of increase simple or compound?	Compound
When do increases stop?	When Lifetime Maximum benefits are exhausted or you cancel coverage
If certificate includes inflation coverage, what is the daily benefit for:	
Institutional/nursing home care.	
5 years from certificate effective date?	See example below under RELATIONSHIP OF COST OF CARE AND BENEFITS
10 years from certificate effective date?	See example below
Home/community based care.	
5 years from certificate effective date?	See example below
10 years from certificate effective date?	See example below

After the limits have been reached for inflation adjustments, what is the maximum daily benefit for:	
Institutional/nursing home care	Lifetime inflation adjustments
Home/community based care	Lifetime inflation adjustments
After the limits have been reached for inflation adjustments, what is the maximum lifetime benefit for:	
Institutional/nursing home care	Lifetime inflation adjustments
Home/community based care	Lifetime inflation adjustments
Is there a waiver of premium provision for:	
Institutional/nursing home care?	X
Home/community based care?	X
How many days of confinement in an institution are required before the waiver of premium benefit is available?	After Benefit Waiting Period is satisfied.
How many days of confinement at home are required before the waiver of premium benefit is available?	After Benefit Waiting Period is satisfied.
How many days of benefits must be paid before waiver is effective?	None
Does the certificate have a non-forfeiture benefit?	Contingent Non-Forfeiture Benefit
If yes, how many years must certificate be in effect before the insured benefits from non-forfeiture values?	Benefit only available following substantial premium increase
What would the benefit value be in terms of dollars after 20 years?	See above answer
What does the non-forfeiture benefit promise? (give an appropriate example showing dollars and time limits)	Ability to reduce benefits or accept a lesser Lifetime Maximum
	YES/NO/COMMENTS
Does the certificate have a death benefit?	Yes
If yes, specify value (in dollars or %)	See below under Premium Refund Available at Death
What conditions or limitations apply, if any?	See below under Premium Refund Available at Death
Does the certificate have a restoration of benefits provision?	Yes
If yes, give amount of benefit and minimum required # of days between benefits.	Restored in full after 6 months
If disability recurs, is there a new elimination or waiting period before benefits begin again?	X
If yes, how long?	
How long is the waiting period for pre-existing conditions?	No pre-existing conditions exclusion
How is the pre-existing condition defined?	N/A
When do benefits begin?	
How long is the elimination or waiting period before benefits begin for:	
Institutional/nursing home care?	90 Days, combined
Home/community based care?	90 Days, combined

What gatekeepers are required before benefits start?		
Doctor certification	____	X
Case management	X	____
If yes, by whom?	Licensed Health Care Practitioner	
Medical necessity	____	X
Plan of treatment	X	____
If yes, by whom?	Licensed Health Care Practitioner	
Inability to perform activities of daily living (ADLs)	X	____
If yes, how many ADLs must fail before benefits begin?	Two	
If the certificate uses an ADL gatekeeper(s), define "inability to perform ADL."	Without substantial assistance	
Is there a separate benefit qualification requirement if there is a cognitive impairment?	X	____
Who determines a qualifying event?	Licensed Health Care Practitioner	
Define any separate benefit qualification requirement if there is a cognitive impairment:	See below, Eligibility for the Payment of Benefits	
What does the certificate cost?	See Premium Tables	
How often can the premium increase?	Not more than once per year	
By how much annually can the premium increase?	Not limited	
Is there a discount if both spouses buy coverage?	____	X
Is so, how much?	N/A	
Do you lose the discount if one spouse dies?	____	N/A

4. ADDITIONAL CERTIFICATE INFORMATION

This Certificate pays benefits for Eligible Charges incurred by you for Institutional Care which includes Nursing Home Care, Assisted Living Facility Care, and Bed Reservation; Home and Community-Based Care, which includes Home Health Care and Adult Day Care; and Additional Benefits which includes Hospice Care, Respite Care, Independence Support, Caregiver Training, Information and Referral Services, Private Care Management and Alternate Plan of Care. Benefits paid for Eligible Charges count towards fulfillment of your Lifetime Maximum, unless otherwise stated. The actual amount paid depends on the Plan you have chosen. You may choose one of the following Plans.

ABC Company
LONG TERM CARE PLAN SCHEDULE OF BENEFITS

Benefit Elimination/Waiting Period	90 Days		
INSTITUTIONAL CARE BENEFITS	**Plan 1**	**Plan 2**	**Plan 3**
NURSING HOME CARE			
Up to the Daily Maximum for Nursing Home Care	$100	$150	$200
ASSISTED LIVING FACILITY CARE			
Up to the Daily Maximum for Assisted Living Facility Care	$100	$150	$200
BED RESERVATION			
Up to the Daily Maximum for Bed Reservation	$100	$150	$200
21 Day Benefit Limit per Calendar Year	$2,100	$3,150	$4,200
HOME & COMMUNITY-BASED CARE BENEFITS*			
HOME HEALTH CARE			
Up to the Daily Maximum for Home Health Care	$60	$90	$120
ADULT DAY HEALTH CARE			
Up to the Daily Maximum for Adult Day Health Care	$60	$90	$120
ADDITIONAL BENEFITS			
HOSPICE CARE			
Up to the Daily Maximum for Hospice Care	$100	$150	$200
RESPITE CARE			
Up to the Daily Maximum for Respite Care	$100	$150	$200
21 Day Calendar Year Benefit Limit	$2,100	$3,150	$4,200
100 Day Lifetime Benefit Limit	$10,000	$15,000	$20,000
INDEPENDENCE SUPPORT			
Independence Support Lifetime Benefit Limit	$ 5,000	$7,500	$10,000
CAREGIVER TRAINING			
Caregiver Training Lifetime Benefit Limit	$500	$500	$500
INFORMATION AND REFERRAL SERVICES			
Information and Referral by Prudential	No limit	No limit	No limit
PRIVATE CARE MANAGER			
Private care Manager Calendar Year Benefit Limit	$1,200	$1,800	$2,400
ALTERNATE PLAN OF CARE	Paid at the discretion of Prudential.		
LIFETIME MAXIMUM**			
For all Long Term Care During Your Lifetime			
3 Year Lifetime Maximum	$109,500	$164,250	$219,000
5 Year Lifetime Maximum	$182,500	$273,750	$365,000

* The benefits paid for all covered Home & Community-Based Care services received on any given day will not exceed the Daily Maximum benefit for Home Health Care.

** The Lifetime Maximum is equal to the Daily Maximum for Nursing Home Care you choose times 365 days times either 3 or 5 years. For example, electing the $100 Daily Maximum for Nursing Home Care provides for a Lifetime Maximum of $182,500 ($100 x 365 x 5).

Benefit Waiting/Elimination Period. A Benefit Waiting/Elimination Period must be met once during your lifetime before benefits are payable. This Certificate has one combined Benefit Waiting/ Elimination Period for all covered services, except Hospice Care, Independence Support, Caregiver Training, Information & Referral and Private Care Management. This is a period, counted in calendar days, which begins on the date you are assessed, if that assessment results in eligibility for benefits, and continues as long as you have a Chronic Illness or Disability. You do not need to incur charges to satisfy the Benefit Waiting/Elimination Period. The Benefit Waiting/Elimination Period can be satisfied over multiple periods of Chronic Illness or Disability. The Benefit Waiting/ Elimination Period is shown in the Schedule of Benefits above.

Eligibility for Payment of Benefits. In order to receive benefits you must be assessed by an Assessor 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 similar level of disability as that described in 1) above; or
3) A severe Cognitive Impairment, which requires Substantial Supervision to protect you from threats to health or safety.

Prudential will arrange for a trained Assessor to assess you or you may select your own Assessor. The assessment will be based on objective standards of measurement. Based on the information obtained during the assessment, your eligibility will be confirmed or denied based on Prudential's use of objective standards of measurement. If you are eligible, you will need a Plan of Care. Your Plan of Care will be used to determine benefits based on the Plan you have chosen.

LIMITATIONS AND EXCLUSIONS.

Charges Not Covered:

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

b) 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) applies 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.

c) War, Felony, Riot or Insurrection. Charges for a condition due to war or any act of war while you are insured or due to your 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.

d) Self-inflicted Injury or Suicide. Charges arising from intentionally self-inflicted injury or attempted suicide.

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

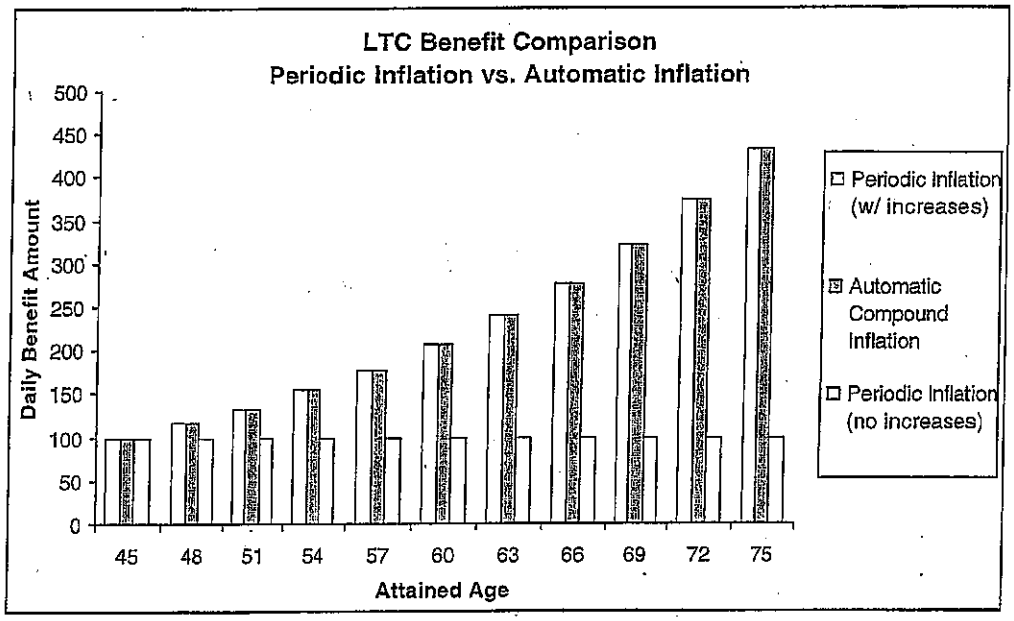
THIS CERTIFICATE MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

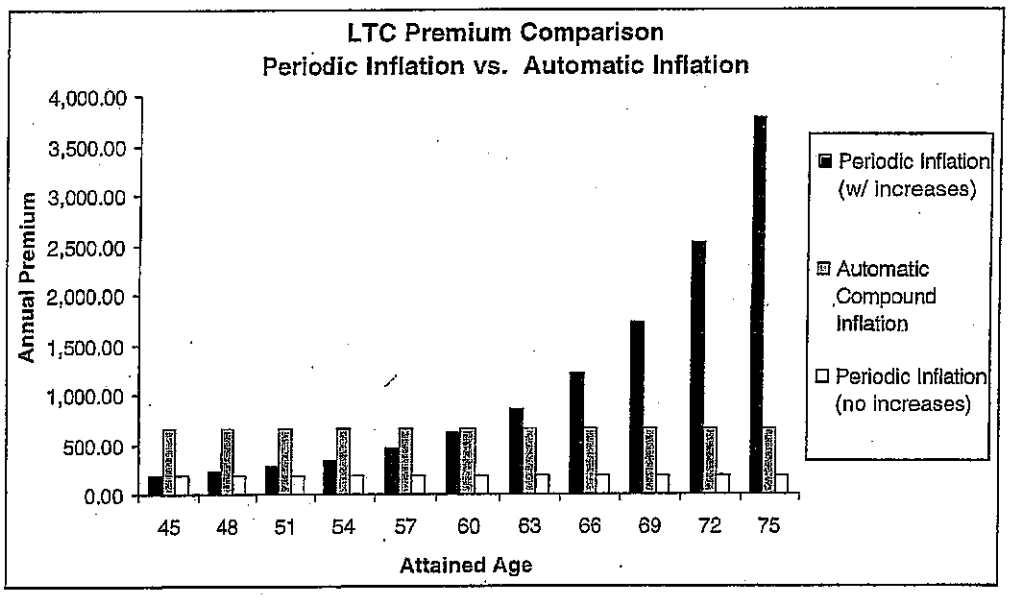
RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. Benefit levels may increase over time in accordance with the inflation protection provision you choose.

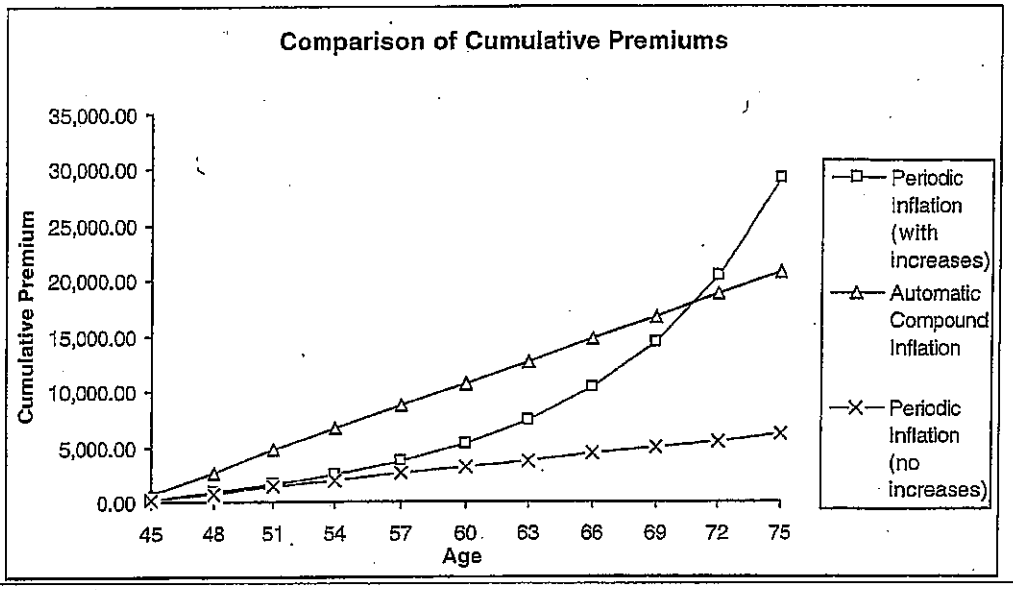
Periodic Offers for Inflation Increase Protection. At least every three years you will be offered the opportunity to increase your benefits to keep up with inflation. If you accept the offer, the amount of the additional benefit shall be the difference between your existing benefits and those benefits compounded annually at a rate of at least five percent for the period beginning with the purchase of your existing benefits and extending until the year in which the offer is made. Benefits will be rounded to nearest dollar. Your Lifetime Maximum will also increase accordingly. Your age on the Effective Date of the increase will be used to determine the additional separate premium for the increased Coverage. Therefore, your premium will increase each time you accept an inflation protection offer. You do not have to provide evidence of insurability to take inflation increases. However, if you decline the previous two offerings made to you, and then want to increase Coverage, you will be required to submit satisfactory evidence of insurability the next time you accept an offer.

Optional Inflation Rider Available for Additional Premium:
Automatic Compound Inflation Increases Protection. Your benefits will automatically increase on the anniversary of the Effective Date of your Coverage. These increases will occur even if you are receiving benefits. Each year, all benefits increase by 5% compounded annually, rounded to the nearest dollar. Your Lifetime Maximum will also increase accordingly. You do not have to provide evidence of insurability. No additional premium charge will be imposed.

The following is a hypothetical graphic comparison of the benefit and premium levels of a plan that increases benefits over the period of coverage with a plan that does not increase benefits. The graphic comparison shows benefit and premium levels over a thirty year period. The example is based on a $100 Daily Maximum Institutional Care Benefit plan purchased by a 45 year old.


LTC Benefit Comparison
Periodic Inflation vs. Automatic Inflation
Daily Benefit Amount
500
450
400
350
300
250
200
150
100
50
0
45 48 51 54 57 60 63 66 69 72 75
Attained Age
Periodic Inflation (w/ increases)
Automatic Compound Inflation
Periodic Inflation (no increases)


LTC Premium Comparison
Periodic Inflation vs. Automatic Inflation
Annual Premium
4,000.00
3,500.00
3,000.00
2,500.00
2,000.00
1,500.00
1,000.00
500.00
0.00
45 48 51 54 57 60 63 66 69 72 75
Attained Age
Periodic Inflation (w/ increases)
Automatic Compound Inflation
Periodic Inflation (no increases)


Comparison of Cumulative Premiums
Cumulative Premium
35,000.00
30,000.00
25,000.00
20,000.00
15,000.00
10,000.00
5,000.00
0.00
45 48 51 54 57 60 63 66 69 72 75
Age
Periodic inflation (with increases)
Automatic Compound Inflation
Periodic Inflation (no increases)

TERMS UNDER WHICH THE CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED.

RENEWABILITY: **THIS CERTIFICATE IS GUARANTEED RENEWABLE** This means you have the right, subject to the terms of your certificate to continue this certificate as long as you pay your premiums on time. Prudential cannot change any of the terms of your certificate on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY. This coverage may be continued if your coverage ends for any reason other than nonpayment of premiums or exhaustion of the Lifetime Maximum. You may elect to continue the Coverage by paying the applicable premium for it. This Certificate contains a Waiver of Premium provision. After you meet the Benefit Eligibility Criteria and satisfy the required Benefit Waiting/Elimination Period, the premiums for your Coverage will be waived. These features are described in full detail in the Certificate.

ALZHEIMER'S DISEASE AND OTHER BRAIN DISORDERS. The certificate provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

PREMIUM. Premiums vary according to the Plan you choose. The initial premium for your Coverage will be determined from the premium rate schedules contained in your enrollment material based on the Plan selected and your age as of the date you enroll.

DISCLOSURE REGARDING FEDERAL TAX TREATMENT OF LONG TERM CARE INSURANCE CERTIFICATE. This Certificate is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

SENIOR COUNSELING PROGRAMS. Please refer to *A Shopper's Guide To Long Term Care Insurance* contained in your enrollment material for the telephone number of the Senior Counseling Program in your state.

Contact the State Senior Health Insurance Assistance Program if you have general questions regarding Long Term Care Insurance. Contract Prudential if you have specific questions regarding your Long Term Care Insurance Certificate.

ADDITIONAL FEATURES.

Medical Underwriting. Medical underwriting is used to determine eligibility for Coverage. To enroll for Coverage under this plan, you must complete an Enrollment Form. Satisfactory evidence of good health may be required for certain applicants in order to be eligible for this Coverage. Please see the Plan Details and Instructions in the Enrollment Kit. Individuals over the age of 84 are not eligible.

Third Party Lapse Designee. Unless you decline to do so in your Enrollment Form, you have the right to name a third party as your authorized designee to be notified when the lapse of your coverage is imminent. It is our responsibility to notify you and this designee prior to canceling your Coverage due to lack of premium payment. Notice will not be given until 30 days after a premium is due and unpaid. You may change your designee at any time by notifying Prudential in writing.

Reinstating Coverage. If you fail to pay your premium and your Coverage ends for this reason, you may be eligible to reinstate your Coverage. You may make a request for reinstatement within 60 days of the date premiums were due. If, due to your Chronic Illness or Disability, you fail to pay your premium and your Coverage ends for this reason, you may be eligible to reinstate your Coverage. You or your representative may request reinstatement within five months of the date premiums were due.

Premium Refund Available at Death. If you die before a certain age, Prudential may refund a percentage of the premiums paid. This refund will be based on a percentage of the premiums you have paid minus the benefits Prudential has paid. This benefit will be paid even if, at the time of your death, you are receiving benefits and premiums have been waived. Waived premiums are not considered paid premiums and will not be returned under this provision. In the event of your death, Prudential will pay the refund to your spouse, if living, otherwise to your estate. The Certificate provides further details on how the death benefit amount will be determined.

OPTIONAL BENEFITS WHICH MAY BE AVAILABLE TO YOU.

See **Automatic Compound Inflation Increases Protection** described above.

5. CERTIFICATE 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 associated 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 Health Care - A day program for individuals in a community group setting which is provided in an Adult Day Health Care Facility; provides social and health-related services; supports frail, impaired, elderly or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Health Care Facility - A facility that is licensed or certified as an Adult Day Health Care Facility by the state in which services are rendered. If a state does not license or certify an Adult Day Health Care Facility, the Adult Day Health 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 Facility - For an Assisted Living Facility that is located in a state that licenses or certifies such a facility, an Assisted Living 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 Facilities, an Assisted Living 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.

Bed Reservation - The retention of your bed by a Nursing Home or an Assisted Living Facility that occurs if you are a resident in such a facility and you are absent from the facility for 24 hours or more.

Calendar Year - A year starting January 1.

Caregiver Training - Training provided by a Home Health Care Agency, Nursing Home, hospital or other similar facility acceptable to Prudential and received by your Informal Caregiver to care for you in your residence.

Chronic Illness or Disability - 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 are Bathing, Continence, Dressing, Eating, Toileting, and Transferring; 2) A similar level of disability as that described in 1) above; or 3) 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 comparable to and includes Alzheimer's disease and similar forms of irreversible dementia; measured by clinical evidence and standardized tests that reliably measure impairment in the individual's short-term or long-term memory, orientation as to people, places, or time, and deductive or abstract reasoning.

Daily Maximum - The maximum daily benefit payable for Eligible Charges according to the Plan you have chosen as shown in the **Schedule of Benefits** and your Confirmation Statement.

Eligible Charges - The charges for your Long Term Care that may be used as the basis for a claim. These charges must be incurred for services and supplies described in the **Covered Services** section; while you are insured for the Long Term Care Coverage; after the **Benefit Waiting/Elimination Period**, if any, is satisfied. A charge is considered incurred on the date you receive the service or supply. A charge is not an Eligible Charge if it is described in the **Coverage Exclusions** section.

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

Home Health Aide - A person whose function is to provide Personal Care services. If state and local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed. If licensing or certification is not required, any person who meets the minimum training qualifications recognized by the Foundation for Hospice & Home Care, the National League of Nursing or the Health Care Financing Administration will be considered a Home Health Aide, provided they are employed through an eligible Home Health Care Agency.

Home Health Care Agency - An organization that provides Home Health Care and is licensed or certified as a Home Health Care Agency by the state in which services are rendered.

Home Health Care - Services provided to ill, disabled or infirm persons in their residences. Such services may include nursing services, Home Health Aide services, home and chore aid services, day care, physical therapy, occupational therapy, speech therapy, respiratory therapy, nutritional services, medical or social services, and medical supplies or equipment services to the extent needed by the home health care worker.

Hospice - A licensed or certified facility or community-based program designed to provide services to Terminally Ill individuals.

Hospice Care - Services and supplies provided through a Hospice to Terminally Ill individuals.

Independent Health Care Professional - A full-time, professional, licensed or certified Home Health Aide, Registered Nurse, Licensed Practical Nurse or Therapist independently providing Home Health Care services within the scope of his or her license.

Informal Caregiver - 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 Activities of Daily Living.

Institutional Care - Care provided by a Nursing Home or Assisted Living Facility while you are a resident.

Licensed Health Care Practitioner - 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.

Licensed Practical Nurse - A professional nurse legally designated "LPN" who, where licensing is required, holds a valid license from the state in which the nursing services is performed. The term Licensed Practical Nurse (LPN) shall include a licensed vocational nurse (LVN) and any other similarly designated nurse in those jurisdictions in which a professional nurse is designated as other than an LPN and for whom licensing is required.

Lifetime Maximum - The maximum lifetime benefit payable for Eligible Charges for the Plan you have chosen as shown in the **Schedule of Benefits** and your Confirmation Statement.

Long Term Care - 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 Facility or Nursing Home, Adult Day Health Care, Home and Community-Based Care, Hospice Care, or Respite Care.

Medicaid - Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time.

Medicare - Title XVIII, Health Insurance for the Aged and Disabled, of the United States Social Security Act, as amended from time to time.

Nurse Registry - An organization that meets the following requirements. Its main function is to provide a referral service for Registered Nurses or Licensed Practical Nurses specialized in providing Home Health Care services. It is appropriately licensed by the state in which the services are provided, if the state in which the Nurse Registry is located requires licensure.

Nursing Home - A facility that provides skilled, intermediate, or custodial care and meets at least one of the following criteria.

1) It is Medicare-approved as a Provider of skilled nursing care services.
2) It is licensed by the state in which it is located to provide any of the following levels of care: skilled care, intermediate care, or custodial care.
3) It meets all the following criteria.
    - Its main function is to provide skilled, intermediate or custodial nursing care.
    - It is engaged in providing continuous room and board accommodations for three or more persons.
    - It has a Physician on staff or available to it under contract.
    - It is under the supervision of a Registered Nurse or Licensed Practical Nurse.
    - It maintains medical records for each patient.
    - It maintains control of and records of all medications dispensed.

Personal Care - Services provided to help a person perform Activities of Daily Living, (also known as custodial care).

Physician - A licensed practitioner of the healing arts acting within the scope of the license.

Plan of Care - A written plan that has been developed for you, describes the type, the frequency, and the duration of the Long Term Care, describes the types of Providers that are needed, and is signed by the Licensed Health Care Practitioner responsible for your care.

Private Care Manager - 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.

Provider - A licensed or certified professional or entity that provides Long Term Care services.

Prudential - The Prudential Insurance Company of America, 751 Broad Street, Newark, New Jersey 07102-3777.

Referral Agency - An agency that meets the following requirements.

1) Its main function is to provide a referral service for Registered Nurses, Licensed Practical Nurses, Therapists or licensed Home Health Aides providing Home Health Care.
2) It is licensed by the state in which the Home Health Care is delivered, to provide such services. If licensing is not required, the agency must be accredited by the Joint Commission on Accreditation of Health Care Organizations, the National Care Organizations, the Community Health Accreditation Program, the Foundation for Hospice and Home Care or the National League of Nurses.

Registered Nurse - A professional nurse legally designated "RN" who, where licensing is required, holds a valid license from the state in which the nursing service is performed.

Respite Care - Short-term care provided for limited periods of time in certain settings to relieve your Informal Caregiver.

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 arm's 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.

Terminally Ill – When a Physician certifies that an individual has no reasonable prospect of cure and has a life expectancy of less than 6 months.

Therapist - A physical therapist, occupational therapist, respiratory therapist, speech pathologist or audiologist who is licensed as such where the services are performed.

WHAT DOES THE POLICY COST?

	POLICY OPTION 1	POLICY OPTION 2	POLICY OPTION 3	POLICY OPTION 4
COMPANY NAME				
ELIMINATION (DEDUCTIBLE) PERIOD				
BENEFIT PERIOD				
$ BENEFIT FOR DAY				
$ MAXIMUM BENEFIT				
Institutional/Nursing Home				
Home Health/ Community Based				
PREMIUM SUBTOTAL $				
OPTIONAL BENEFITS				
Inflation				
Non Forfeiture				
Spousal Discount				
Death Benefit				
Other				
Other				
Other				
PREMIUM TOTAL $				
BENEFIT "TRIGGERS" (QUALIFICATION REQUIREMENTS)				
List				
List				
List				

This booklet 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 benefits, limitations and exclusions of this coverage. Since benefits vary by state, please carefully review your insurance certificate for possible state variations.

The Prudential Insurance Company of America is licensed in all states. All plans and options may not be available in your state. Coverage is issued under Prudential Long Term Care℠ Insurance 83500 contract series. 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 a service mark of the Prudential Insurance Company of America.

Prudential Long Term Care℠ Insurance is underwritten by the Prudential Insurance Company of America, principal offices at 751 Broad Street, Newark, New Jersey 07102-3777. (800) 732-0416.

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Prudential Financial

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