



SAMPLE

LifeSecure Insurance Company
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INDIVIDUAL LONG TERM CARE INSURANCE POLICY

LONG TERM CARE INSURANCE. This is an individual long term care insurance policy that provides benefits for Nursing Home care, Assisted Living Facility care, Home Care Services, Hospice Care and Adult Day Care services as described in this Policy.

THIS IS A TAX-QUALIFIED CONTRACT. This Policy 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. If future IRS rulings require a change to Your Policy, You will have the option of accepting the change or keeping Your Policy without the change as a non tax-qualified contract. You should seek the assistance of a tax professional when making tax related decisions about Your Policy, premiums You pay or benefits You receive.

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

GUARANTEED RENEWABLE FOR LIFE. You have the right, subject to the terms of this Policy, to continue this coverage as long as You pay the required premiums on time. We cannot change any of the terms of Your coverage or benefits without Your consent.

PREMIUM CHANGES. You cannot be singled out for a rate increase due to a change in Your age or health status. We can, however, change premiums, but only if We change the premiums for all similar policies issued in the same state and on the same form as Your Policy. Any premium changes will be effective on the next Premium Due Date following Our notice to You. We must give You at least sixty (60) days written notice before the effective date of a premium change. If we ever increase Your premium, You will have the option to reduce coverage in order to preserve the premium amount You had previously been paying.

30-DAY FREE LOOK. If for any reason You decide not to keep this Policy, notify Us or the agent/producer through whom it was purchased within thirty (30) days after You receive it. We will treat the Policy as though it had never been issued. We will refund the full amount of any premium paid within thirty (30) days of Your notification. The premium refund will be sent directly to the payer.

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

CAUTION: The issuance of this Policy is based upon Your responses to the questions on Your Application and information You have authorized Us to obtain. A copy of Your Application is attached to this Policy. If Your answers are incorrect or untrue, We have the right to deny benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact Us.

This is a non-participating policy. LifeSecure is a stock company.

Secretary

President

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A copy of Your Application for this Policy	Enclosed
Any appropriate Riders, Endorsements or Notices	Enclosed
Schedule of Benefits	Enclosed
Refer to the Schedule of Benefits to determine Your benefits, riders, endorsements and applicable coverage details.	

Note: This Policy contains terms that have a special meaning when applied to Your coverage. To help You recognize these terms, each word is capitalized wherever it appears throughout the Policy. These terms either: 1) appear in Section 6 with a corresponding definition; and/or 2) appear in a heading or sub-heading within the Policy with accompanying text providing further explanation.

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SECTION 1: DESCRIPTION OF BENEFITS AND FEATURES

Benefit Bank

Your Schedule of Benefits shows the Benefit Bank You have selected. Your Benefit Bank represents the total dollar benefit amount available to You under this Policy. Your Benefit Bank is reduced by all benefit amounts paid.

Monthly Benefit

Your Schedule of Benefits shows the Monthly Benefit You have selected. Your Monthly Benefit represents the dollar amount available to You on a monthly basis for the payment of eligible benefits.

If You are eligible for benefits for fewer than thirty-one (31) days in any one calendar month period, we will calculate the Monthly Benefit based on a pro rata calculation reflecting the actual number of days You were eligible.

Benefit Payout Structure

This Policy will pay benefits for similar services obtained in a state other than Your Policy issue state if benefits for those services are payable in the state of issue. This is regardless of any facility licensing, certification or registration requirement (or similar requirement) differences between the states. For any benefits to be payable, all other requirements of this Policy must be met.

All benefits payable under this Policy must be pursuant to a written Plan of Care.

Covered Expenses

When You meet the Limitations or Conditions on Eligibility for Benefits provision We will reimburse You for Covered Expenses for Qualified Long Term Care Services, up to Your Monthly Benefit for each calendar month. Covered Expenses include services received in a Nursing Home, Assisted Living Facility, Adult Day Care Center, Hospice Care facility or through a Home Care Agency, or by an Independent Provider or at-Home Hospice Care provider.

Cash Alternative Monthly Benefit

Under this provision, at Your option, We will pay a monthly fixed benefit to You in lieu of reimbursement for Covered Expenses for any services received during that calendar month. Your Schedule of Benefits shows the Cash Alternative Monthly Benefit amount available to You.

The Cash Alternative Monthly Benefit is payable for each month in which you are eligible for benefits and for which you elect to receive this alternative payment in lieu of reimbursement for Covered Expenses in Your Home. The Cash Alternative Monthly Benefit is subject to the following:

1. You must meet the Limitations or Conditions on Eligibility for Benefits; and
2. You can only elect this benefit on a monthly basis; and
3. Such election is made on the claim form; and
4. This benefit is in lieu of any other reimbursement for Covered Expenses during that calendar month.

No other benefits are payable when receiving benefits under this provision, except for the Home Modification and Supplemental Products Benefit, if applicable. Benefits payable under the Cash Alternative Monthly Benefit reduce Your Benefit Bank.

Home Modification and Supplemental Products Benefit

We will reimburse you for services or products that are required for you to live more securely or independently at Home. The total amount We will pay under this benefit over the life of the Policy is equal to Your Monthly Benefit amount shown in the Schedule of Benefits, regardless of the number of claims You submit.

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Services or products covered under this benefit include, but are not limited to, Home Modifications, Assistive Devices or Technologies, or Durable Medical Equipment. Reimbursement for such services or products must be pursuant to a Plan of Care.

Home Modifications include, but are not limited to: building or installing an access ramp to Your Home, widening doorways, installing grab bars in the bathroom, or otherwise equipping Your Home for greater safety or access related to Your long term care impairment.

Assistive Devices or Technology means adaptive tools, devices or technology that help You function independently in Your Home. Examples of such items include, but are not limited to: specially adaptive eating or dressing devices, emergency medical response systems, or other technology devices used to monitor movement and personal safety in Your Home.

Durable Medical Equipment means medical equipment that You buy or rent that is designed to assist You in living at Home. Examples include, but are not limited to: walkers, hospital-style beds, crutches, and wheelchairs.

This Home Modification and Supplemental Products Benefit can be payable in addition to other reimbursable Covered Expenses or the Cash Alternative Monthly Benefit in a given month. Benefits payable under this Home Modification and Supplemental Products Benefit reduce Your Benefit Bank.

SECTION 2: BENEFITS ELIGIBILITY AND CLAIMS INFORMATION

Limitations or Conditions on Eligibility for Benefits

We will pay benefits described in this Policy when We verify that You meet all of the following conditions:

- You are Chronically Ill and became so on or after the Policy Effective Date; and
- The care or services are covered under the Policy and provided pursuant to a written Plan of Care; and
- Coverage under this Policy is in force on the date(s) the care is received; and
- You have satisfied the applicable Benefit Wait Period, as shown in Your Schedule of Benefits; and
- You have not exhausted Your Benefit Bank or Your applicable Monthly Benefit; and
- You meet the additional Policy requirements for the specific Policy benefits You claim.

Eligibility for the Payment of Benefits

To be eligible for any benefits provided under this Policy, You must be Chronically Ill. This means that You have been certified within the last twelve (12) months by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period that is expected to last at least ninety (90) days due to a loss of functional capacity; or
- Requiring Substantial Supervision to protect You from threats to health and safety due to a Severe Cognitive Impairment.

If a Licensed Health Care Practitioner has certified that You are Chronically Ill and You are in a claim status, the certification may not be rescinded. Additional certifications may not be performed until after the expiration of the ninety (90) day period.

Benefits are subject to the Benefit Wait Period, provisions, exclusions, limitations and conditions of this Policy.

Benefits Availability and Payments

Once You have met the Benefit Wait Period, benefit payments will be made following receipt of Your claim requests, or receipt of invoices submitted by You or Your providers. All benefits payable by this Policy are pursuant to the written Plan of Care prepared for You.

All benefit amounts are always applied against the Monthly Benefit for the month when such expenses are incurred – not when the claim is actually paid by Us.

Unused Monthly Benefit amounts do not roll over or accumulate month to month; however, all un-used benefit amounts will remain in Your overall Benefit Bank balance.

Claims Information

Notice of Claim

We recommend You tell Us immediately, or as soon as reasonably possible when You think You are eligible for benefits under this Policy. We urge You to notify Us even if You are unsure, and We can help You determine whether or not You are eligible for benefits. Notice of claim must be given to Us within 120 days from the date of loss or as soon as reasonably possible.

Claim Forms

Upon receipt of Your notice of claim, We will send a claim form to be used to file proof of loss. We will send claim forms within fifteen (15) days of notice of claim. If You do not receive the form within fifteen (15) days, proof of loss can be filed without the form by sending Us a written statement which describes the occurrence, the character and the extent of the loss for which Your claim is made. Your statement must be sent to Us within the time period stated in the Proof of Loss provision.

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Proof of Loss

Proof of loss is written documentation acceptable to Us that describes and confirms You are Chronically Ill. We must receive proof of loss within ninety (90) days after the end of each month for which benefits may be paid. If it is not reasonably possible to give proof within such time, Your claim request will still be considered provided such proof is sent as soon as reasonably possible. Unless You are legally incapacitated, proof must be given no later than one year from the time specified.

After We receive the proof of loss, We will collect the information needed to determine Your eligibility for benefits. This information may include:

- Contacting Your Physician or other care providers; or
- Reviewing Your medical records; or
- Arranging for an Assessment, which will be at no cost to You; or
- Arranging for a Plan of Care to be developed by a Licensed Health Care Practitioner

Future Assessments may also be required at reasonable intervals to determine Your continued eligibility for benefits.

Time Payment of Claims

Once You have satisfied the applicable Benefit Wait Period and after We receive written proof of loss, We will pay benefits payable under this Policy as long as Your loss and Our liability continue.

Within thirty (30) days after We receive notice of claim and proof of loss, We will:

- Pay the claim, if We have received all the necessary information and determine that the claim is payable; or
- Send You a written notice acknowledging receipt of the claim or provide a status of Your claim.

If We do not pay the claim within thirty (30) days, We will send You a written notice:

- Declining to pay all or part of the claim and the specific reason(s) for denial; or
- Requesting additional information necessary to determine if all or any part of the claim is payable and what additional information is necessary.

Within thirty (30) days after We receive all of the requested additional information, We will:

- Pay the claim; or
- Decline to pay all or part of the claim and provide the specific reason(s) for denial.

Payment of Claims

All benefits are payable in United States dollars only.

All benefits will be payable to You unless You instruct Us to pay them to someone else. This notice of assignment must be sent to Us in writing or electronically. The assignment will be effective on the date You sign the notice, unless otherwise specified by You, subject to any payments made or actions taken by Us before We receive the notice. We do not assume any responsibility for the validity or effect of an assignment.

Any benefits unpaid at Your death will be payable to Your Beneficiary or Your estate (if no Beneficiary has been designated or is alive). If benefits are payable to an estate or to an insured or Beneficiary who is a minor or otherwise not competent to give a valid release, We may pay a portion of those benefits, up to \$5,000, directly to someone related to You by blood or marriage who is deemed by Us to be justly entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

Unpaid Premium

Any premium due and unpaid may be deducted from the claim payment.

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How to Appeal a Claim

This Section is subject to the regulations of the state in which Your Policy was issued and that were in effect at the time it was issued.

Claims Appeal Process

If You disagree with Our decision regarding Your claim, You or Your Representative may appeal. Your appeal request must be submitted in writing or electronically within 120 days after You or Your Representative have received Our decision. Include the reason for the appeal and any documents You feel are pertinent to the situation. You are responsible for the expense of securing additional information, if applicable, for each instance of reconsideration. We will complete Our review of the appeal within thirty (30) days after We receive all the necessary information. We will send You and Your Representative written notice of the decision. If the decision is to pay the claim, We will pay it promptly. If the appeal is denied, We will state Our reasons and make information relating to the denial available to You.

Independent Review

You have the right to an independent review if We deny Your appeal because You are not Chronically Ill. We will send You information about the independent review when We complete the claims appeal process and notify You of Our decision. The information will include a list of state approved or certified Independent Review Organizations (IROs), if the state requires such approval or certification.

Note: An independent review is not available if Our denial of Your claim is for some reason other than because You are not Chronically Ill.

You or Your Representative may request, at no cost to You, an independent review. Such request must be made to Us in writing within 120 days after receipt of Our denial of Your appeal.

The IRO will review the information relevant to the denial of Your claim. The IRO will provide written notice to You and Us of its decision to uphold or reverse Our decision. The IRO's decision is final and binding on Us.

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SECTION 3: EXCLUSIONS AND LIMITATIONS

This Policy will not pay benefits for care, treatment, services or charges:

- For a loss that occurs while this Policy is not in force; or
- For alcoholism or drug addiction (except for an addiction to a prescribed medication administered on the advice of a Physician); or
- Due to declared or undeclared war or act of war; or
- Due to participation in a felony, riot or insurrection or involvement in an illegal occupation;
- Due to suicide, attempted suicide or intentionally self-inflicted injury; or
- That are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance amount; or
- That are reimbursable or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law; or
- Provided outside the United States, Canada or their territories or possessions; or
- For which no charge is made in the absence of insurance, except as provided under the Cash Alternative Monthly Benefit; or
- Provided by an Immediate Family member (except as provided under the Cash Alternative Monthly Benefit), unless:
 - He or she is a regular employee of an organization which is providing the care, treatment or service;
 - He or she receives no compensation other than the normal compensation for employees in his or her job category; and
 - The organization receives the payment for the care, treatment, service or charge.

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SECTION 4: PREMIUM AND RENEWAL PROVISIONS

Premium Payments

Your first required premium amount is due on the Policy Effective Date. Your Policy Effective Date and premium information are shown on Your Schedule of Benefits.

To keep Your Policy in force after payment of the first required premium, You must pay each premium due before the end of the Grace Period.

Grace Period

Your Policy has a 67 day Grace Period. If a premium other than the first required premium is not paid within 30 days of the Premium Due Date, We will send a written notice to You explaining that You have missed a payment. If You have designated a person to be notified in case of lapse, We will also send the notice to that person. The notice will be sent to the addresses You provided to Us. You have 37 additional days to pay the premium after We mail the notice. Your Policy will stay in effect during the Grace Period. During the Grace Period, We will also provide to You a written reminder of Your right to reduce Your coverage and premium. If We do not receive the premium before the end of the Grace Period, this Policy will terminate.

Protection Against Unintentional Lapse

You have the right, at the time of application, to designate at least one person, in addition to Yourself, who is to receive notice of lapse for non-payment of premium. You may change this designation at any time. To do so, You must notify Us in writing or electronically. We will remind You in writing or electronically every two years of this right to change Your designated person.

Waiver of Premium

We will waive the payment of premium beginning on the first day for which You receive benefits under this Policy. We will automatically change Your premium payment mode to monthly and additional premiums will not be required of You while You are receiving benefits. When You are no longer receiving benefits, premiums payments will resume and must be paid by You as they become due. Premiums You paid prior to receiving approval for Waiver of Premium will be credited, on a pro rata basis, for periods in which Waiver of Premium is in effect. Any such credit will be applied to reduce future premiums that may become due.

Refund of Unearned Premiums

If You die while this Policy is in force, We will refund the pro rata part of any premiums paid for periods beyond Your death. Refund will be made within 30 days of Our receipt of Your certified death certificate. The refund will be paid to Your Beneficiary or, if no Beneficiary is alive, to Your estate.

If You request to have Your Policy cancelled while it is in force, We will refund the pro rata part of any premiums paid for periods beyond the cancellation. Refund will be made to You within thirty (30) days of Our receipt of Your cancellation request.

In the event of an outstanding credit for waived premiums due to the Waiver of Premium provision, the refund will be paid upon the earlier of Your death or Your cancellation of the Policy. In the case of Your death, refund will be paid to Your Beneficiary of record or Your estate. In the case of Your cancellation, the refund will be paid to You.

Reinstatement

If Your coverage terminates due to non-payment of premium, You may apply for reinstatement within six (6) months of the termination by:

- Paying all the required premium; and
- Submitting an Application for reinstatement, if We require one.

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If We do not require an Application for reinstatement and accept Your premium, this Policy will be reinstated as of the date We received the premium.

If We require an Application for reinstatement, We will not require any premium at that time. We have the right to require evidence of insurability, and You will be required to pay the costs of any records necessary to provide this evidence. If We approve the Application, this Policy will be reinstated as of the approval date. If We disapprove the Application, We will notify You in writing. If We do not notify You of Our disapproval, this Policy will be reinstated forty-five (45) days after We received the Application.

The Application for reinstatement will be contestable for two years from the date of reinstatement and subject to the standards described in the Incontestability provision. The reinstated Policy will only cover losses that occur after the date of reinstatement. In all other respects, Your rights and Our rights will remain the same, subject to any provisions noted or attached to the reinstated Policy.

We reserve the right to charge interest up to 6% on the past due premiums.

Added Protection Against Lapse

If Your coverage terminates due to non-payment of premiums because You were Chronically Ill, We will reinstate Your coverage only if:

- We receive Your request for reinstatement within five months of the termination date; and
- We receive a certification and Assessment from a Licensed Health Care Practitioner which demonstrates that You were Chronically Ill before the end of the Grace Period; and
- You pay all the required premium due from Your last Premium Due Date.

We reserve the right to charge interest up to 6% on the past due premiums.

SECTION 5: GENERAL PROVISIONS

Coverage Effective Date

You will become covered under the Policy on the Policy Effective Date shown on Your Schedule of Benefits, subject to payment of the first required premium.

Coverage Termination Date

Your coverage terminates on the first to occur of:

- The date of Your death; or
- The date coverage is cancelled pursuant to Your request; or
- The date Your Benefit Bank is exhausted; or
- The end of the last day of the Grace Period.

Right to Reduce Coverage

If You wish to lower Your premiums in the future, You have the right to reduce Your coverage by requesting a lesser Benefit Bank and corresponding Monthly Benefit amount. To request a reduction in coverage, You must notify Us in writing or electronically. The premium for the reduced coverage will be based upon the age and rate class used to determine the premiums for the coverage currently in force. You may not reduce coverage below the minimum benefits offered by Us at the original time of issue.

Change of Beneficiary

You may change Your Beneficiary at any time by giving written or electronic notice to Us. The Beneficiary's consent is not required for the change, unless the designation of Beneficiary is irrevocable. The effective date of the Beneficiary change will be the date the notice of change is signed by You, unless otherwise specified by You, subject to any payments made or actions taken by Us prior to receipt of the notice.

Extension of Benefits

If Your Policy terminates due to non-payment of premium, We will recognize Your basis for a claim for Your confinement in a Nursing Home, Assisted Living Facility or Hospice Care facility, which began before the date Your Policy ended in the same manner as if Your Policy was in force. Extension of Benefits stops on the earlier of the date when You no longer meet the Limitations or Conditions on Eligibility for Benefits provision; the date You are no longer Confined in a Nursing Home, Assisted Living Facility or Hospice Care facility; the date Your Benefit Bank is exhausted; or the date You die.

Entire Contract

The entire contract consists of: the Policy, the Schedule of Benefits, any amendments, any Riders or Endorsements to the Policy that are issued by Us, and Your Application(s). No agent may modify or waive any of the terms of the contract.

Contract Changes

Any contract change made by Us must be signed by one of Our executive officers. No change in the contract is effective until You accept the change in writing or electronically, with the following exceptions: a change in the premiums, a change which is required by law or regulation, or a change which does not reduce or eliminate benefits or coverage. These exceptions do not include an increase in benefits or coverage with a like increase in premium. Any change will be without prejudice to any claim incurred for benefits prior to the date of the change.

Incontestability

In issuing this Policy, We have relied upon information presented by You in Your Application. If Your Policy has been in force for less than six (6) months, We may rescind Your Policy or deny a claim due to a misrepresentation that is material to the acceptance for coverage.

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If Your Policy has been in force for at least six (6) months, but less than two (2) years, We may rescind Your Policy or deny a claim due to a misrepresentation that is both material to the acceptance for coverage and which pertains to the condition for which benefits are sought.

We cannot rescind Your Policy for a claim commencing after Your Policy has been in force for two (2) years, or deny a claim due to misrepresentation alone, except in cases where We can show that You knowingly and intentionally misrepresented relevant facts relating to Your health.

Misstatement of Age

If Your age was misstated, benefits provided by this Policy will be those that the premium would have purchased at Your correct age as of the Policy Effective Date.

Conformity with Internal Revenue Code

If on the Policy Effective Date, the Policy does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, it will be treated as if it had been changed to comply with those requirements. Because the Policy is guaranteed renewable, We will inform You in writing or electronically of any required change in the provisions of this Policy, and You will be given the choice of accepting the change, or retaining the Policy without that change.

Conformity with the Interstate Insurance Product Regulation Commission (IIPRC) Standards

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission. It was issued under the IIPRC standards. Any provision of this Policy that, on the provision's effective date, is in conflict with the IIPRC standards for this product type is hereby amended to conform to the IIPRC standards for this Policy type as of the provision's effective date.

Time Periods

All time periods start at 12:01 a.m. in the time zone in which You reside.

Clerical Error

Clerical error or delays in making entries on the records by Us will not void Your coverage if Your coverage would otherwise have been in effect. Such clerical error will not cause You to become insured if You are otherwise not eligible. Such clerical error will also not extend Your coverage if Your coverage would otherwise have ended or been reduced as provided by the Policy. If a clerical error is found, premiums and benefits will be adjusted based on the true facts and the provisions of the Policy.

Legal Actions

No action may be brought to recover under this Policy until 60 days after proof of loss has been given to Us. No action can be brought more than three (3) years from the date written or electronic proof of loss was required to be given. If this provision is in conflict with the requirements of the issue state, the requirements of the issue state will prevail.

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SECTION 6: GLOSSARY

This Section provides the definitions of words and terms used in the Policy that have a special meaning when applied to Your coverage. To help You recognize these special words and terms, each word is capitalized wherever it appears throughout the Policy.

Activities of Daily Living

Each of the following functions is an Activity 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.
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces; fasteners or artificial limbs.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.
- **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).
- **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

Adult Day Care

A state licensed or certified program providing social or health-related or both types of services provided during the day in a community group setting. The purpose of the program is to support frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Adult Day Care Center

A facility that is licensed, registered or certified, if required by the state in which it operates, to provide Adult Day Care services. If a particular state refers to this type of facility under another name, or if a state does not license, register or certify such a facility, the facility must meet all of the following standards:

- It provides Adult Day Care services for six (6) or more individuals in a protective setting and related supportive services that are designed to meet the needs of functionally or cognitively impaired adults through an individualized service plan; and
- It operates on less than a twenty-four (24) hour basis; and
- It keeps written record of services for each person; and
- It has established procedures for obtaining appropriate aid in the event of a medical emergency.

Application

The written or electronic application form provided by Us and completed by You when You apply for coverage.

Assessment

An evaluation done by a Licensed Health Care Practitioner to determine or verify that You are Chronically Ill. The Assessment uses generally accepted tests and instruments that use objective measures and produce verifiable results.

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Assisted Living Facility

A facility that is licensed, registered or certified and engaged primarily in providing ongoing care and related services. If a particular state refers to this type of facility under another name, or if a state does not license, register or certify such a facility, the facility must meet all of the following standards:

- It provides services and care on a continuous twenty-four (24) hour basis sufficient to support the needs resulting from the inability to perform Activities of Daily Living or from a Severe Cognitive Impairment;
- It has trained and ready-to-respond personnel actively on duty in the facility at all times to provide the services and care;
- It makes and keeps records of all care and services provided to each resident;
- It provides at least three (3) meals a day and accommodates special dietary needs;
- It provides residential services and Maintenance or Personal Care Services for at least six (6) inpatients in one location;
- It has formal arrangements with a Physician or Nurse to furnish medical care in case of an emergency; and
- It has appropriate procedures to provide onsite assistance with prescription medications.

Assisted Living Facility also means a facility that is licensed as a specialized Alzheimer's unit in a state where such licensure exists.

An Assisted Living Facility is not:

- Your Home; or
- A hospital or clinic; or
- A place that operates primarily for the treatment of alcoholism, drug addiction or Mental Disorder,
- A Nursing Home; or
- An individual residence; or
- An independent living unit.

If a facility has multiple licenses, a portion, wing, ward, or unit will qualify as an Assisted Living Facility only if it is engaged primarily in providing care and services that meet all of the above criteria.

Beneficiary

The person designated by You to receive benefits, if any are payable, under this Policy after Your death, or to receive premiums under the Refund of Unearned Premiums provision, if applicable.

Benefit Bank

The overall maximum benefit amount payable under Your Policy. This amount decreases for benefits paid.

Benefit Wait Period

The total number of days that You remain Chronically Ill before benefits are payable. The Benefit Wait Period begins on the first day that We verify You are Chronically Ill. Both the Benefit Wait Period and the first day You are Chronically Ill must begin on or after the Policy Effective Date. The Benefit Wait Period need only be met once during Your lifetime.

You do not have to be receiving Qualified Long Term Care Services in order to satisfy the Benefit Wait Period. Any day on which We verify that You are Chronically Ill will count toward the Benefit Wait Period.

The Benefit Wait Period is waived if Your Chronically Ill condition is triggered suddenly due to an Accidental Injury or a stroke.

Accidental Injury means trauma or damage to some part of Your body that is a result of an Accident and which has been diagnosed by a Licensed Healthcare Practitioner.

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Accident means an unforeseen event that:

1. Results in bodily injuries to You; and
2. Occurs on or after the Policy Effective Date and while this Policy is in force; and
3. Is wholly independent of disease, bodily or mental infirmity, illness, infection or any other physical condition.

Stroke means a cerebrovascular incident caused by infarction of brain tissue, cerebral or subarachnoid hemorrhage, cerebral embolism, or cerebral thrombosis. This diagnosis must be supported by all of the following conditions:

1. Findings on magnetic resonance imaging (MRI), computerized tomography, or other reliable imaging techniques consistent with the diagnosis of a new Stroke; and
2. Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and
3. Confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

For the purpose of this definition, Stroke does not mean:

1. Transient Ischemic Attacks (TIA); or
2. Transient Global Amnesia; or
3. Brain damage due to an infection, vasculitis, inflammatory disease, or a demyelinating process; or
4. Brain injury associated with hypoxia/anoxia or hypotension; or
5. Vascular disease affecting the eye or optic nerve; or
6. Ischemic disorders of the vestibular system.

The diagnosis of Stroke must be made by a neurologist based on documented evidence

Chronically Ill

You are Chronically Ill when You have been certified within the last twelve (12) months by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period that is expected to last at least ninety (90) days due to a loss of functional capacity; or
- Requiring Substantial Supervision to protect You from threats to health and safety due to a Severe Cognitive Impairment.

Substantial Assistance means either Hands-on Assistance or Standby Assistance.

Hands-on Assistance means the physical assistance (minimal, moderate, or maximal) of another person without which You would be unable to perform the Activities of Daily Living.

Standby Assistance means the presence of another person, within Your arm's reach, that is necessary to prevent by physical intervention Your injury while You are performing the Activities of Daily Living.

Substantial Supervision means continual supervision by another person that is necessary to protect You as a Severely Cognitively Impaired person from threats to Your health or safety (such as may result from wandering). This includes cueing by verbal prompting, gestures or other demonstrations. Supervision that is intermittent or periodic is not considered Substantial Supervision.

Confinement or Confined

A period of time You are a resident in a Nursing Home, Assisted Living Facility or Hospice Care facility during which a room and board charge is made.

SAMPLE

Covered Expenses

Costs for Qualified Long Term Care Services received in a Nursing Home, Assisted Living Facility, Adult Day Care Center, Hospice Care facility, or through a Home Care Agency, or by an Independent Provider or at-Home Hospice Care provider.

Covered Expenses for Nursing Home care, Assisted Living Facility care or facility-based Hospice Care include expenses You incur for Qualified Long Term Care Services during Your confinement in a Nursing Home, Assisted Living Facility or Hospice Care facility for:

- Room and board (including charges to reserve Your bed when You are absent for any reason except discharge); and
- Ancillary services; and
- Patient supplies provided by the Nursing Home, Assisted Living Facility or Hospice Care facility for care of its residents; and
- Hospice Care services.

Covered Expenses for Home Care Agency or Independent Provider care or at-Home Hospice Care include expenses You incur for Qualified Long Term Care Services provided to You by a Home Care Agency, an Independent Provider or at-Home Hospice Care provider for:

- Home Care Services; and
- Maintenance or Personal Care Services; and
- Hospice Care Services.

Covered Expenses for any type of provider do not include the cost of drugs.

Home

The place considered Your primary residence, including independent living quarters in a continuing care retirement community, or similar entity. Home does not include an institutional type-setting, such as, but not limited to: a Nursing Home; an Assisted Living Facility; an Adult Day Care Center; Hospice Care facility; a hospital or rehabilitation facility or hospital; or a facility for the treatment for alcoholism, alcohol abuse, drug addiction or Mental Disorder.

Home Care Agency

An entity that is regularly engaged in providing Home Care Services, or Maintenance or Personal Care Services for compensation and employs staff who are qualified by training or experienced to provide such care. Even if a particular state refers to this type of provider under another name, the entity must:

- Be supervised by a qualified professional such as a Registered Nurse (RN), a licensed social worker, or a Physician;
- Keep written clinical records and plan of care records on all patients for each date of service;
- Provide ongoing supervision and training to its employees appropriate to the services to be provided; and
- Have the appropriate state license or certification, where required, as a Home Care Agency, nurse registry, or other service provider as defined above.

Home Care Services

The following services provided in Your Home:

- Part-time or intermittent skilled services provided by licensed nursing personnel; and
- Physical therapy, respiratory therapy, occupational therapy, speech therapy, or medical or social services; and
- Home health aide or personal care attendant services, including assistance with or performance of personal hygiene, Activities of Daily Living, medication management or other related supportive services; and
- Homemaker services, such as meal preparation, laundry, housekeeping, transportation and shopping when provided in conjunction with any other Home Care Services specified in this provision.

SAMPLE

Hospice Care

Services designed to provide palliative care to someone diagnosed with a Terminal Illness in order to help alleviate that person's physical, emotional and spiritual discomforts during the last phases of life. Hospice Care can be provided in Your Home, or in a separate facility. The provider of Hospice Care services must be licensed or certified by the state in which it is located to provide Hospice Care. The Hospice Care provider does not include a hospital.

Terminal Illness means an illness or injury which a Physician certifies is expected to result in a person's death within six (6) months.

Immediate Family

Your spouse or domestic partner and anyone who is related to You or Your spouse or domestic partner in the following manner (including adopted, in-law and step-relatives): parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Independent Provider

A home health aide, certified nursing assistant, Nurse, or physical, occupational, respiratory or speech therapist who is working independently and is not affiliated with a Home Care Agency or at-Home Hospice Care provider. Such person must be licensed, registered or certified to provide Home Care Services, Maintenance or Personal Care Services or Hospice Care services by the state in which he or she is providing the services. An Independent Provider does not include a member of Your Immediate Family.

Licensed Health Care Practitioner

Any of the following:

- A Physician; or
- A Registered Nurse; or
- A licensed social worker; or
- Any other individual who meets requirements prescribed by the United States Secretary of the Treasury.

A Licensed Health Care Practitioner cannot

- Be You; or
- Be a member of Your Immediate Family; or
- Have a financial interest in Your Plan of Care; or
- Be in contract with or be an employee of any facility, agency, center or provider administering all or any part of Your Plan of Care.

Maintenance or Personal Care Services

Any care the primary purpose of which is the provision of needed assistance with helping You conduct Your Activities of Daily Living while You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Medicaid

Title XIX of the Federal Social Security Amendments as amended.

Medicare

Title XVIII of the Federal Social Security Act as amended.

Mental Disorder

Any neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder, as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association. If the DSM is discontinued or replaced, the diagnostic manual in use by the American Psychiatric Association as of the date of Your illness will be used.

SAMPLE

Monthly Benefit

The dollar amount of benefits available to You on a monthly basis for the payment of eligible benefits. Your Schedule of Benefits shows the Monthly Benefit You have elected.

Nurse

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

Nurse does not include You or a member of Your Immediate Family.

Nursing Home

A facility or distinctly separate part of a hospital or other institution, even if referred to under another name, that is appropriately licensed or certified or complies with the state's facility licensing requirements to engage primarily in providing nursing care to inpatients under a planned program supervised by a Physician. It also:

- Provides continuous twenty-four (24) hour nursing care by a Nurse under the supervision of a Registered Nurse (RN) or a Physician; and
- Maintains a written daily medical record of each inpatient; and
- Provides nursing care at skilled, intermediate and custodial levels.

A Nursing Home is not:

- Your Home;
- A hospital or clinic;
- A place which operates primarily for the treatment of alcoholism, drug addiction, or Mental Disorder;
- An Assisted Living Facility;
- An adult residential care home; or
- A domiciliary care facility;

If a particular state does not license or certify this type of facility, the facility must meet all of the other above criteria. If a facility has multiple licenses, a portion, wing, ward, or unit will qualify as a Nursing Home only if it meets all of the above criteria, is authorized to provide nursing care to inpatients, and is engaged principally in providing such nursing care in accordance with that license.

Physician

A person who is legally qualified and licensed as a doctor of medicine or doctor of osteopathy by the state in which he or she performs such function or action.

Physician does not include You or a member of Your Immediate Family.

Plan of Care

A written individualized plan of services prescribed and approved by a Licensed Health Care Practitioner. The Plan of Care specifies Your long term care needs and the type, frequency, and providers of the services appropriate to meet those needs and the costs, if any, of those services.

The Plan of Care will be modified as required to reflect changes in Your functional or cognitive abilities, Your social situation or Your care service needs. We reserve the right to discuss the Plan of Care with the Licensed Health Care Practitioner to determine its appropriateness and consistency with generally accepted standards of care for a Chronically Ill person.

The Licensed Health Care Practitioner who approved Your Plan of Care may not:

- Be You; or
- Be a member of Your Immediate Family; or
- Have a financial interest in Your Plan of Care; or

SAMPLE

- Be in contract with or be an employee of any facility, agency, center or provider administering all or any part of Your Plan of Care.

Policy

The contract between You and Us.

Policy Effective Date

The date coverage under the Policy begins, subject to payment of the first required premium. The Policy Effective Date is shown on the Schedule of Benefits.

Premium Due Date

Each date a premium is due, after the first required premium, in accordance with the terms of this Policy.

Qualified Long Term Care Services

Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services which are:

- Required by a Chronically Ill individual; and
- Provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Representative

A person or entity legally empowered to represent You.

Severe Cognitive Impairment

A loss or deterioration in intellectual capacity, including Alzheimer's disease and similar forms of irreversible dementia, that is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment of Your:

- Short-term or long-term memory; and
- Orientation as to people, places or time; and
- Deductive or abstract reasoning; and
- Judgment as it relates to safety awareness.

The evaluation shall include utilizing cognitive tests with resulting scores consistent with a diagnosis of Severe Cognitive Impairment.

We, Us, Our

LifeSecure Insurance Company.

You, Your, Yourself

The Policyholder named on the Schedule of Benefits.

NONFORFEITURE BENEFIT RIDER**PLEASE READ THIS RIDER CAREFULLY**

This Nonforfeiture Benefit Rider (Rider) is made a part of Your Policy. The effective date and premium for this Rider are shown on the Schedule of Benefits. This Rider is subject to all the provisions of Your Policy unless modified herein.

NONFORFEITURE BENEFIT

If Your Policy lapses due to non-payment of premium or Your written request to terminate Your Policy on or after the third anniversary of this Rider and before Your Benefit Bank has been exhausted, the Nonforfeiture Benefit will provide a paid-up continuation of Your Policy. This paid-up continuation will have a lesser Benefit Bank. The amount of Your revised Benefit Bank will be equal to the greater of:

- one hundred percent (100%) of the sum of all premiums You have paid, excluding any waived premiums; or
- one times (1x) Your Monthly Benefit in effect at the time of the lapse.

The revised Benefit Bank will be reduced by the sum of all benefits previously paid to You. Your Monthly Benefit will remain at the dollar amount in effect at the time of lapse. We will continue to provide coverage, subject to all of the terms and conditions of the Policy in effect at the time of lapse.

No benefits will be paid in excess of the revised Benefit Bank established by this Rider. Also, no benefits will be paid in excess of the Benefit Bank that would have been in effect if You had continued to pay premiums as required.

The revised Benefit Bank established by this Rider may be subsequently adjusted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for Your Policy approved by the Interstate Insurance Product Regulation Commission (IIPRC)

NOTE: The Nonforfeiture Benefit cannot be triggered until this Rider has been in effect for three full years.

GENERAL PROVISIONS

This Rider will terminate on the earliest of:

- The date You request in writing to cancel this Rider; or
- The date Your Policy terminates.

Signed for LifeSecure Insurance Company


President

CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

PLEASE READ THIS ENDORSEMENT CAREFULLY

This Contingent Nonforfeiture Benefit Endorsement (Endorsement) is made a part of Your Policy. The effective date of this Endorsement is the Policy issue date, which is the Policy Effective Date shown on the Schedule of Benefits. This Endorsement is subject to all the provisions of Your Policy unless modified herein. If the Nonforfeiture Benefit Rider is part of Your Policy, the terms of this Endorsement do not apply to your Policy.

CONTINGENT NONFORFEITURE BENEFIT

The Contingent Nonforfeiture Benefit is the opportunity to reduce Your coverage so that required premium payments are not increased or to convert Your Policy to a paid-up status if there is a substantial premium increase. The offer to reduce Your coverage or to convert Your Policy to a paid-up status does not require additional underwriting.

The Contingent Nonforfeiture Benefit will apply to You if, and only if:

1. There is a substantial increase to Your premium as outlined below; and
2. You have rejected the offer of a Nonforfeiture Benefit Rider which was made available to You.

If Your Policy lapses any time during the 120-day period following the new premium due date, this lapse shall be deemed to be the election of the offer to convert Your Policy to a paid-up status.

The following schedule defines a substantial premium increase as a cumulative amount of all premium rate increases in comparison to your first required premium based on Your original issue age. The percentage increase is cumulative from the Endorsement effective date and does not represent a one-time increase.

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

SAMPLE

References to a premium increase in this Endorsement do not include any increase associated with Your voluntary election of additional or increased benefits or new Policy provisions. Also, if the cumulative premium increase is less than the percentage shown in the Schedule, the Contingent Nonforfeiture Benefit will not apply.

If there is a substantial increase in premium rates, You have the right to:

- Reduce Your current level of coverage without evidence of insurability so that the required premium for Your coverage is not increased; or
- Convert Your Policy to a paid-up status with a revised Benefit Bank. Under this conversion option, the amount of Your revised Benefit Bank will be equal to the greater of:
 - One hundred percent (100%) of the sum of all premiums You have paid, excluding any waived premiums; or
 - One times (1x) Your Monthly Benefit in effect at the time of conversion.

The revised Benefit Bank will be reduced by the sum of all benefits previously paid to You. Your Monthly Benefit will remain at the dollar amount in effect at the time of conversion, restricted only by the amount of Your revised Benefit Bank.

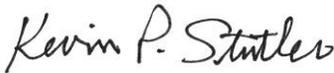
No benefits will be paid in excess of the revised Benefit Bank established by this Endorsement. Also, no benefits will be paid in excess of the Benefit Bank that would have been in effect if You had continued to pay premiums as required.

GENERAL PROVISIONS

We will notify You in writing at least 60 days before the effective date of a substantial premium increase. In addition, We will notify You that if Your Policy lapses any time during the 120-day period following the effective date of the substantial premium increase, We will automatically convert Your coverage to a paid-up status.

This Endorsement will terminate on the date Your Policy terminates.

Signed for LifeSecure Insurance Company


President

1% COMPOUND INFLATION BENEFIT RIDER

PLEASE READ THIS RIDER CAREFULLY

This 1% Compound Inflation Benefit Rider (Rider) is made a part of Your Policy. The effective date and premium for this Rider are shown on the Schedule of Benefits. This Rider is subject to all the provisions of Your Policy unless modified herein.

1% COMPOUND INFLATION BENEFIT

We will automatically increase Your Monthly Benefit and Benefit Bank on each anniversary the Rider is in effect, even if You are receiving benefits. The dollar amount of Your current Monthly Benefit will increase each year by 1%. The remaining dollar amount of Your Benefit Bank will also increase each year by 1%. All increased amounts will be rounded to the nearest whole dollar.

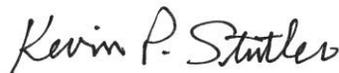
The premium for this Rider will not change as a result of these annual 1% compound increases.

GENERAL PROVISIONS

This Rider will terminate on the earliest of:

- The date Your Policy continues under the terms of the Extension of Benefits provision of Your Policy; or
- The date Your Policy continues under any contingent nonforfeiture benefit or nonforfeiture benefit; or
- The date You request in writing to cancel this Rider; or
- The date Your Policy terminates.

Signed for LifeSecure Insurance Company



President

3% COMPOUND INFLATION BENEFIT RIDER

PLEASE READ THIS RIDER CAREFULLY

This 3% Compound Inflation Benefit Rider (Rider) is made a part of Your Policy. The effective date and premium for this Rider are shown on the Schedule of Benefits. This Rider is subject to all the provisions of Your Policy unless modified herein.

3% COMPOUND INFLATION BENEFIT

We will automatically increase Your Monthly Benefit and Benefit Bank on each anniversary the Rider is in effect, even if You are receiving benefits. The dollar amount of Your current Monthly Benefit will increase each year by 3%. The remaining dollar amount of Your Benefit Bank will also increase each year by 3%. All increased amounts will be rounded to the nearest whole dollar.

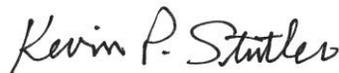
The premium for this Rider will not change as a result of these annual 3% compound increases.

GENERAL PROVISIONS

This Rider will terminate on the earliest of:

- The date Your Policy continues under the terms of the Extension of Benefits provision of Your Policy; or
- The date Your Policy continues under any contingent nonforfeiture benefit or nonforfeiture benefit; or
- The date You request in writing to cancel this Rider; or
- The date Your Policy terminates.

Signed for LifeSecure Insurance Company



President

5% COMPOUND INFLATION BENEFIT RIDER

PLEASE READ THIS RIDER CAREFULLY

This 5% Compound Inflation Benefit Rider (Rider) is made a part of Your Policy. The effective date and premium for this Rider are shown on the Schedule of Benefits. This Rider is subject to all the provisions of Your Policy unless modified herein.

5% COMPOUND INFLATION BENEFIT

We will automatically increase Your Monthly Benefit and Benefit Bank on each anniversary the Rider is in effect, even if You are receiving benefits. The dollar amount of Your current Monthly Benefit will increase each year by 5%. The remaining dollar amount of Your Benefit Bank will also increase each year by 5%. All increased amounts will be rounded to the nearest whole dollar.

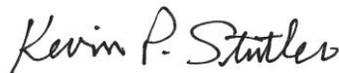
The premium for this Rider will not change as a result of these annual 5% compound increases.

GENERAL PROVISIONS

This Rider will terminate on the earliest of:

- The date Your Policy continues under the terms of the Extension of Benefits provision of Your Policy; or
- The date Your Policy continues under any contingent nonforfeiture benefit or nonforfeiture benefit; or
- The date You request in writing to cancel this Rider; or
- The date Your Policy terminates.

Signed for LifeSecure Insurance Company



President