

Long-Term Care Insurance

Employer-Sponsored Program



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LTC3 Employer-Sponsored Program Parameters

Issue Ages

18-79 (up to age 65 for Simplified Underwriting)

Discounts

- 5% ESP discount employees
- 5% ESP discount non-employee Spouse/Partner
- 5% ESP discount eligible family members: parents, in-laws, aunts, uncles, siblings, grandparents, grandparents-in-law, and children ages 18 and older
- 30% Both Spouse/Partner discount
- 15% Single Spouse/Partner discount

Rate Class

Employees: Standard I only, even if the employee is fully underwritten

Spouses/Partners and Other Family Members:

Standard I only. If full underwriting is required for all Spouses/Partners and applicant meets the requirements for Preferred, then the ESP discount can be dropped and Spouse/Partner will be issued with the Preferred discount

Simplified Underwriting

Employees

- > Ages 18-65
- > Must choose benefits within simplified parameters
- > Working a minimum of 25 hrs/week
- > Purchase within 60-day enrollment period

Spouse/Partner (in addition to the above)

- > Provide proof of actively working 25 hours per week
- > Employer is paying one of the minimum premium requirements

Employer-Pay Requirements

- > 100% of premium for a core benefit (Suitability Form is needed in all required states)
- > 25% or more of the total premium
- > \$250 or more per year Note: Voluntary Plans are not available for Spouses/Partners seeking simplified underwriting.

Full Underwriting

- Extended family members (i.e., parents, inlaws, aunts, uncles, siblings, grandparents, grandparents-in-law)
- Employee and Spouse/Partner buy-ups
- Spouses/Partners who do not meet simplified underwriting criteria

Simplified Underwriting Questions

The conditions below are uninsurable. State variations may apply.

- 1. Do you use a: walker, wheelchair, oxygen, respirator, or kidney dialysis?
- 2. Within the past 12 months have you: used adult day care, needed home health care, or been medically advised to enter or been confined to nursing home, assisted living facility, or other LTC facility?
- 3. Do you currently need assistance or supervision by another person in performing any of the following activities: bathing, eating, toileting, bowel or bladder control, moving in and out of bed or chair, dressing, or taking your medication?
- **4.** Have you had, do you currently have, or have you ever been diagnosed as having any of the following medical conditions:
 - a. Organic Brain Syndrome, Dementia, Senility, Confusion, Memory Loss, Alzheimer's Disease or Schizophrenia?
 - **b.** Metastatic Cancer (cancer that has spread from original site or location)?
 - c. Huntington's Disease, Multiple Sclerosis (MS), Muscular Dystrophy, Multiple Transient Ischemic Attacks (TIA), Parkinson's Disease, Amyotrophic Lateral Sclerosis (ALS), Stroke, or Cerebrovascular Accident (CVA)?
 - **d.** Diabetes with heart, circulatory, or kidney complications?
- 5. Have you had, do you currently have, or have you even been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or a Human Immunodeficiency Virus (HIV) infection?
- **6.** Within the last 12 months have you been hospitalized or within the last 24 months have you applied for or recieved any form of Disability or Workmans Compensation or been declined for Long Term Care Insurance?

Case Size - Minimum Participation Requirements

- Employer groups of 2-6 lives: no minimum participation; full underwriting only; direct bill only
- Employer groups of 7-200 lives: minimum participation of 7 lives (Spouses/Partners do not count); simplified underwriting available
- Employer groups of 201 or more lives: a minimum participation of 4% (Spouses/Partners do not count); simplified underwriting available

Please note: Prudential Home Office approval required on all groups. Eligible employees and Spouses/Partners must work a minimum of 25 hours per week.

Features and Benefits of LTC3

The employer/employee may select from the following options available with simplified underwriting.*

- Facility Daily Benefit: \$50 \$300
- Home Care Daily Benefit: 50%, 75%, 100% or 150%**
- Benefit Periods: 2, 3, 4, 5, or 6 years
- Benefit Payment Options: Daily, Monthly, Flexible Cash or Cash
- Inflation Protection Options: None, 3%
 Compound Inflation No Max, 5% Simple,
 5% Guaranteed Purchase Option, 5%
 Compound 2x Max, 5% Compound No Max
- Calendar Day Elimination Period: 60, 90, 120, 180, or 365 days
- * Available options may vary by state.
- ** 150% Home Care available on plans with a Facility Daily Benefit of up to \$200.

Optional Riders

- Shared Care Benefit
- Flexible Cash Benefit
- Non-Forfeiture—Shortened Benefit Period
- Return of Premium Upon Death
- Limited Payment Options (Paid Up at Age 65; 10 Year Paid Up; Premium Reduction at Age 65)*
- * Available options may vary by state; issue ages vary based on option selected

Buy-up options with full underwriting include:

- Facility Daily Benefit more than \$300
- Home Care Daily Benefit of 150% and Facility Daily Benefit of \$201+
- 30-Day Elimination Period
- Joint Waiver of Premium
- 10-Year Benefit Period
- Unlimited Benefit Period (Not available in combination with the Cash Benefit Option.)
- Waiver of Elimination Period for Home Care

Every policy includes the following:

- Waiver of Premium
- Respite Care
- Bed Reservation
- Hospice Care
- Calendar Day Elimination Period
- Restoration of Benefits
- Cash Alternative
- Home Support Services
- Private Care Consultant
- International Coverage
- Alternate Plan of Care
- Benefit and Information Resource Services
- Contingent Non-Forfeiture Benefit

Billing Options

Direct Billing:

- EFT (.085)
- Semi-Annual (.515)
- Quarterly (.265)
- Annual Mode (1)

Choosing an Effective Date for Direct Bill:

An employer/employee can choose either a common effective date or the effective date that the applications are approved and issued. Money can be submitted with the applications when a direct bill is chosen

List Bill: Monthly only (.09) Minimum of 7 lives required (spouses/partners can be included in this count).

Choosing an Effective Date for List Bill:

DO NOT submit premiums with the application when List Bill is chosen

The first of the month is the only available effective date

List Bill runs on the 24th of each month, so only those policies approved and issued by this date will appear on the following month's list bill.

Implementation calls will be scheduled after the case is approved and before the applications are taken.

- > Multilife team will coordinate the call with the Client, Billing Team, and sales professionals.
- > Topics may include: Pru Messenger; File Layout requirements; Bill date run/sent; Recon date receipt; Payment method; File exchange method; Lapse process; Billing register layout (client may be billed for more than one month)

Case Approval Process

The following is required for Case Approval:

- Complete Case Approval
- Employer Acknowledgement forms
- Provide Census
- Fax or e-mail completed forms to (212) 292-7938 or Jane@asglife.com
- Home office will review completed forms approved and assign ESP Control Number
- Producer(s) will be notified of approval and ESP Control number via e-mail
- Consider scheduling an implementation call with the LTC New Business and HR/Business Owner to determine Effective Date
- Applications must be received within 60 days of Case Approval for Simplified Underwriting
- No Illustrations are required for Case Approval
- If all of the necessary documents have been provided, groups will be approved within two business days

ESP Application & Submission

- Applications are approved in 3-5 business days providing there is no missing information
- Write ESP control numbers you received via email on each application
- Bundle and mail ESP cases to:

Agent Support Services, Inc.

Attn: Jane Nobiletti 99 Park Avenue, 11th Fl New York, NY 10016

(212) 697-2025 x309

• Employee cases will be issued while spouses/ partners are pending – however, the full spouse/partner discount will not be applied to employee's policy until the spouse/partner application is approved.

