



Flexible Benefit LTC[®]

LONG TERM CARE INSURANCE

NON-PARTNERSHIP AND PARTNERSHIP

CLIENT INFORMATION

Leave with Applicant

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OHIO FRANCHISE



Home Office: Cincinnati, Ohio. LTC Administrative Office: P. O. Box 559002, Austin, Texas 78755-9002

CONDITIONAL PREMIUM RECEIPT

Applicant Name: _____ Amount Received: \$ _____

This acknowledges receipt of an advance premium to be applied if your application results in the issuance of a long term care insurance policy by Great American® Life Insurance Company (Company). **It is understood and agreed that submission of the application and tender of an advance premium do not by themselves place any insurance in force.**

If the Company, after receiving the **Initial Application Requirements** and satisfactory evidence of insurability in accordance with the Company's normal rules and standards, determines that on the date of the application the Applicant was insurable based on the Company's normal underwriting criteria for the plan and amount applied for, a long term care insurance policy will be issued to the Policyowner. Coverage will not begin until the Company approves the application and assigns a policy Effective Date. The insurance will go into effect on the Effective Date shown on the policy Schedule, subject to the payment of the full initial premium.

For purposes of this receipt, the **Initial Application Requirements** are:

1. Completion of the application and any required forms,
2. If requested by the Company, completion of acceptable underwriting assessment, personal history interview or any other test,
3. If requested by the Company, receipt of medical records and/or any questionnaire or other medical documents, and
4. Submission of an advance premium of the following amount:
 - (a) Three month's premium; or
 - (b) Two month's premium if a monthly payment mode is selected and the requested Effective Date is other than Date of Approval; or
 - (c) One month's premium if a monthly payment mode is selected and the requested Effective Date is Date of Approval.

Any advance payment check must be made payable to Great American Life Insurance Company. Do not make the check payable to the Producer or leave the Payee blank. Do not pay cash. If for any reason the application is not approved, the advance premium will be returned. Any delay in the return of the amount tendered cannot be construed as approval of coverage. **No Producer has the authority to determine insurability or to make or modify any contract of insurance or to waive any requirement of the Company.**

SIGN

Applicant's Signature

Date

Producer's Name (Print)

Producer's Signature



Home Office: Cincinnati, Ohio
Long Term Care Administrative Offices: P.O. Box 559002, Austin, TX 78755-9002
866-830-0607

**LONG TERM CARE OUTLINE OF COVERAGE FOR
INDIVIDUAL POLICY FORM 4LTCIP0002
RETAIN THIS OUTLINE FOR YOUR RECORDS**

(“We,” “Us,” or “Our” means the Company. “You” or “Your” means the Insured Person.)

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

CAUTION: The issuance of this long term care insurance coverage is based upon the answers to the questions on the application. A copy of the application will be included in the policy. If any answers are incorrect or untrue, We may have the right to deny benefits or rescind the policy as described in the Time Limit on Certain Defenses provision in the policy. The best time to clear up any question is now, before a claim arises! If, for any reason, any of the answers are incorrect, incomplete or untrue, contact Us at Our Administrative Office: Great American® Life Insurance Company, P.O. Box 559002, Austin, Texas 78755-9002.

1. POLICY DESIGNATION

The policy is an individual policy of insurance.

2. PURPOSE OF OUTLINE OF COVERAGE

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

3. FEDERAL TAX CONSEQUENCES

This policy is intended to be a qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

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

Renewability: We guarantee to renew the policy as long as premiums are paid on time. If You cease to be a member of the group that this Policy was issued through, Your premium will not be increased nor will You lose any discount.

Continuation of Coverage: If You are no longer an eligible member of the group to which Our Franchise Policy is offered, You can continue coverage under this Policy. This Policy will continue in force provided You have notified Us that You wish to continue coverage and have paid all premiums due within 65 days of the date You are no longer an eligible member of the group. We cannot cancel this Policy except for non-payment of premiums. **NOTE: We will not charge a higher premium nor will You lose any discount if Your coverage is continued under this Policy when You are no longer an eligible group member.**

Termination: The policy will end, subject to any provision to the contrary, as of the earliest of the following:

- A. the date coverage under the policy lapses; or
- B. the date of Your death; or
- C. the date the Maximum Lifetime Benefit has been exhausted; or
- D. the date of receipt of notice of cancellation or such later date as specified in such notice.

Waiver of Premium Benefit:

We will automatically change the Premium Paying Mode to monthly and not require the payment of the monthly premium when an Insured Person qualifies for the Waiver of Premium Benefit.

To qualify for the Waiver of Premium Benefit, the Insured Person must:

- A. meet the requirements in the Eligibility for the Payment of Benefits provision as listed on page 16;
- B. satisfy the Elimination Period, if applicable; and
- C. be receiving Nursing Home care, Assisted Living Facility care, Home Health Care, Adult Day Care or the Monthly Cash Benefit Alternative.

We will stop waiving the premium when the Insured Person no longer qualifies for the Waiver of Premium Benefit. The Waiver of Premium Benefit will end on the date the Maximum Lifetime Benefit has been exhausted.

To keep the policy in force when the Waiver of Premium Benefit ends or after an Insured Person no longer qualifies for the Waiver of Premium Benefit, premiums must be paid as they become due. Any unearned premiums on deposit with the company at the time the Waiver of Premium period began will be applied following the end of the Waiver of Premium period.

Nonforfeiture Benefit – Shortened Benefit Period Rider (Rider Form Series 4LTCIE0001-NFB):

After the policy and this rider have been in effect for at least 3 full years, this rider provides for the coverage to continue on a limited basis if it would have otherwise lapsed for nonpayment of premium.

The daily benefit amounts available will be the same amounts available at the time the coverage under the policy would have lapsed.

The Paid Up Benefit will be equal to the greater of:

- A. 100% of the premium paid for the policy, including any optional riders, or
- B. 30 times the Maximum Daily Benefit for Nursing Home care in force at the time of lapse.

Combined benefits under the policy and this rider will not exceed the maximum amount payable for each benefit nor the total benefits that would have been payable under the policy if it had remained in premium paying status. All of the eligibility requirements, including waiting periods, elimination periods, or deductible amounts that applied in order for an Insured Person to be eligible for payment of benefits at the time the coverage would have lapsed will apply. To the extent that any such eligibility requirements and/or waiting periods were satisfied under the coverage at the time it would have lapsed, they will also be satisfied under this Shortened Benefit Period.

If, at the time the coverage would have lapsed, a benefit increase rider of any kind was in force, the benefits will NOT continue to increase.

If, at the time the coverage would have lapsed, there is a benefit in force that would allow coverage to become paid up or premium to be waived for life at some future date, this rider will only apply if coverage would have lapsed before the date when coverage would otherwise have become paid up or the waiver of premium would begin.

This rider will terminate on the date coverage becomes paid up or premium is waived under any such provision.

If, at the time the coverage would have lapsed, a return of premium benefit was in force, that benefit will terminate as of the date the coverage under the policy would have lapsed due to nonpayment of premium, and no return of premium benefit will be paid under this coverage.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE THE PREMIUMS

We will not change the premium for the policy during the Premium Rate Guarantee Period. The Premium Rate Guarantee Period that applies is shown on the Policy Schedule. We have the right to change the premium rates after the Premium Rate Guarantee Period expires, subject to approval by the Insurance Department of the jurisdiction where the policy is issued. Any rate increases that were approved during the Premium Rate Guarantee Period will be applied to the policy at the end of the Premium Rate Guarantee Period. Any increase or decrease will only be made on a Rating Class Basis. Rate changes, if any, will be effective on the policy Effective Date following Our written notice to the Policyowner. We will send notice of the new premium at least 60 days before the new premium becomes due.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

If for any reason the Policyowner decides not to keep the policy, the Policyowner may return it to Us at the address shown above within 30 days after receiving it. We will treat the policy as though it had never been issued and refund any premium paid.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company. Neither Great American® Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as a nursing home, in the community or in the home.

This Policy provides coverage for charges incurred, unless You are receiving the Monthly Cash Benefit Alternative, for covered long term care expenses, subject to policy limitations, elimination periods, and other requirements.

9. BENEFITS PROVIDED BY THIS POLICY

BENEFIT DESCRIPTIONS

This outline of coverage provides a brief description of the benefits available under the policy. Your insurance producer is obligated to assist You in deciding which combination of coverage options is best suited to meet Your particular needs and financial situation. The benefits selected will be indicated on Your Application and the policy Schedule page.

In order for benefits to be payable, all confinements, care and services must be provided on or after the Effective Date of the policy and while the policy is in force. All charges must be incurred while the applicable benefit is in force, unless otherwise stated in the applicable Benefit Sections of the policy.

NOTE: If more than one type of covered care is received on the same day, only the daily benefit providing the largest payment will be payable, unless otherwise stated in the Benefit Sections of the policy.

To qualify for benefits, the Elimination Period You selected (unless otherwise indicated) must be satisfied and the Benefit Eligibility requirements must be met.

BENEFITS

Nursing Home Benefit:

We will pay the charges incurred for each day an Insured Person is confined in a Nursing Home subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Elimination Period, if applicable;
- C. the Maximum Daily Benefit as shown on the policy Schedule page;
- D. the Maximum Lifetime Benefit as shown on the policy Schedule page; and
- E. the care and services must be provided in a facility that is licensed by the state as a Nursing Home.

Extension of the Nursing Home Benefit:

Subject to the Maximum Lifetime Benefit, termination of the policy will not affect any claim for a covered Nursing Home stay if such stay began while the policy was in force and continues without interruption after termination of the policy. We will not, however, pay benefits for new Nursing Home confinements or for any part of a confinement during which the reason for the confinement becomes unrelated to the reason for the confinement prior to the termination of the policy. We will not pay the portion of the Nursing Home Benefit which is in excess of those benefits We would have paid had the policy continued in force. This provision will not apply to any other benefit in the policy.

Nursing Home Bed Reservation Benefit:

When an Insured Person is absent for any reason (except discharge) during a Nursing Home confinement, the benefit will be one or a combination of the following:

- A. if the absence occurs after the Elimination Period has been met, We will pay the Nursing Home charges incurred for room and board while the room in the Nursing Home is being reserved during each day of the Insured Person's absence, up to the Maximum Daily Benefit; or
- B. if the absence occurs while satisfying the Elimination Period and room and board charges are incurred from the Nursing Home to hold the room, We will give credit toward the Elimination Period for each day the Insured Person is absent.

This benefit is available for the Maximum Number of Days per Calendar Year shown on the Schedule and subject to the Eligibility for the Payment of Benefits provision. Unused benefits cannot be carried over into the next calendar year.

Assisted Living Facility Benefit:

We will pay the charges incurred for room and board, not to exceed the charge for a one-bedroom unit, and for the necessary maintenance and personal care services for each day an Insured Person is confined in an Assisted Living Facility subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Elimination Period, if applicable;
- C. the Maximum Daily Benefit as shown on the policy Schedule page;
- D. the Maximum Lifetime Benefit as shown on the policy Schedule page; and
- E. the care and services must be provided while confined in an Assisted Living Facility as defined by the policy.

Assisted Living Facility Bed Reservation Benefit:

When an Insured Person is absent for any reason (except discharge) during an Assisted Living Facility confinement, the benefit will be one or a combination of the following:

- A. if the absence occurs after the Elimination Period has been met, We will pay the Assisted Living Facility charges incurred for room and board while the room in the Assisted Living Facility is being reserved during each day of the Insured Person's absence, up to the Maximum Daily Benefit; or
- B. if the absence occurs while satisfying the Elimination Period and room and board charges are incurred from the Assisted Living Facility to hold the room, We will give credit toward the Elimination Period for each day the Insured Person is absent.

This benefit is available for the Maximum Number of Days per Calendar Year shown on the policy Schedule page and is subject to the Eligibility for the Payment of Benefit provision as shown on page 16. Unused benefits cannot be carried over into the next calendar year.

Home Health Care and Adult Day Care Benefits:

Neither Home Health Care nor Adult Day Care benefits will be payable on any day that an Insured Person is confined as an inpatient in a hospital, Nursing Home or Assisted Living Facility. However, such benefits may be payable on a day that the Insured Person is admitted for confinement or discharged following such confinement.

Home Health Care Benefit:

We will pay the charges incurred for each day an Insured Person receives Home Health Care, subject to:

- A. the Eligibility for the Payment of Benefit provision as shown on page 16;
- B. the Elimination Period, if applicable;
- C. the Maximum Daily Benefit as shown on the policy Schedule page;
- D. the Maximum Lifetime Benefit as shown on the policy Schedule page; and
- E. Basic services must be provided by or through a home health care agency, unless the Insured Person is receiving the Personal Care Advisor Benefit. If the Insured Person is receiving the Personal Care Advisor Benefit, basic services may be provided by an independent caregiver.

Adult Day Care Benefit:

We will pay the charges incurred for each day an Insured Person receives Adult Day Care, subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Elimination Period, if applicable;
- C. the Maximum Daily Benefit as shown on the policy Schedule page;
- D. the Maximum Lifetime Benefit as shown on the policy Schedule page;
- E. the care or services must be provided by and at an adult day care center; and

- F. Adult Day Care must be received for at least 4 hours during any day for which benefits are payable.

Hospice Care Benefit:

We will pay the charges incurred for each day an Insured Person receives Hospice Care subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Insured Person must have no reasonable prospect of cure and, as estimated by his or her doctor, have a life expectancy of 6 months or less;
- C. the Maximum Daily Benefit as shown on the policy Schedule page;
- D. the Maximum Lifetime Benefit as shown on the policy Schedule page; and
- E. Hospice Care must be provided by a hospice care provider.

Benefits for Hospice Care are not subject to, nor will they satisfy, the Elimination Period. We will not pay for more than 180 days of Hospice Care.

Personal Care Advisor Benefit:

You are not required to use the personal care advisor's assistance in arranging for care.

The Personal Care Advisor Benefit is an important benefit of the policy. When a need arises for long term care services, many decisions and arrangements must be completed for You to receive the assistance You may need. This may be a difficult task for anyone not familiar with care providers and the claims process. The Personal Care Advisor Benefit is designed to assist You and Your family or representative make the necessary decisions, obtain needed services and access policy benefits. The personal care advisor provides You and Your family with an advocate who can help navigate the long term care delivery system.

In order to obtain a personal care advisor, it is important that You or Your representative contact Us at the toll-free number shown on the policy Schedule page as soon as You think You may need long term care services. We will contact an independent personal care advisor to arrange a personal visit with You. The visit will be arranged at a time convenient to You and Your family. The purpose of the visit is to assess Your needs for care and begin the care planning process.

The personal care advisor will objectively review Your needs, address concerns You may have and provide advocacy for You and Your family. While working with You, Your family, and doctor, the personal care advisor will help to establish an individualized plan of care. Upon Your request, the personal care advisor will provide You with a list of care providers and services in Your area for You to consider. Neither the personal care advisor nor We will suggest or recommend providers or guarantee the quality of care by any of the providers or services listed. However, it will be a starting point for You to use when seeking care directly from these providers. The personal care advisor will maintain an ongoing relationship with You and Your family, monitor Your progress and, working with Your doctor, modify the plan of care to adapt to changing needs.

In addition to other benefits paid under the policy, We will pay for the personal care advisor to initially assess and develop a plan of care. Thereafter, We will pay for the personal care advisor services of the personal care advisor for as long as You meet or are expected to meet the requirements in the Eligibility for the Payment of Benefits provision and are receiving or are expected to receive other benefits payable under the policy.

There will be no charge to You for the covered personal care advisor services and no amount will be deducted for such covered personal care advisor services from the maximum benefits payable under the policy.

The benefits for the covered personal care advisor services are not subject to, nor will they satisfy, the Elimination Period.

Respite Care Benefit:

If an Insured Person is receiving the Personal Care Advisor Benefit, this additional benefit is available.

If an Insured Person is being cared for by his or her primary caregiver on a continuous basis, We will pay the charges incurred for Respite Care, subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Respite Care Maximum Daily Benefit as shown on the policy Schedule page;
- C. the Respite Care Maximum Number of Days per Calendar Year as shown on the policy Schedule page (NOTE: Unused benefits cannot be carried over into the next calendar year);
- D. the Maximum Lifetime Benefit as shown on the policy Schedule page; and
- E. Respite Care must be provided in a Nursing Home, Assisted Living Facility, or in the Insured Person's home.

Benefits for Respite Care are not subject to, nor will they satisfy, the Elimination Period.

Benefits for Respite Care will not be payable when other benefits, except for Personal Care Advisor Benefit, are payable under the policy.

Caregiver Training Benefit:

If an Insured Person is receiving the Personal Care Advisor Benefit, this additional benefit is available. To qualify for this additional benefit, the personal care advisor must approve the provider of the training.

We will pay the charges incurred for Caregiver Training for a volunteer caregiver to assist an Insured Person, subject to:

- A. the Eligibility for the Payment of Benefits provision shown on page 16;
- B. the Maximum Lifetime Caregiver Training Benefit as shown on the policy Schedule page;
- C. the Maximum Lifetime Benefit as shown on the policy Schedule page; and
- D. the Caregiver Training must not already be included free of charge by an equipment or supply vendor.

The maximum benefit available for Caregiver Training will be the lower of:

- A. the actual approved costs, or
- B. 10 times the Maximum Daily Benefit for Home Health Care.

The Caregiver Training Benefit is not subject to, nor will it satisfy, the Elimination Period.

Independent Caregiver Certification Benefit

This benefit provides You with the freedom to choose the individual who will be providing Your long term care.

If the individual You choose is already licensed or certified to provide maintenance or personal care services in the state where the care is given, this individual may be considered an independent caregiver under the policy subject to Our approval.

If the individual You choose is not licensed or certified in the state where the care will be given or if the state where the care will be given does not require such license or certificate, We will pay for the training of this individual if the training plan is:

- A. approved by a personal care advisor;
- B. agreed to by You, Us and Your licensed health care practitioner, when applicable.

We are not obligated to provide benefits for services received prior to such agreement.

After the satisfactory completion of this training, this newly trained individual will be considered an independent caregiver under the policy.

The maximum benefit available for the Independent Caregiver Certification will be the lower of:

- A. the actual approved costs, or
- B. 10 times the Maximum Daily Benefit for Home Health Care.

The Independent Caregiver Certification Benefit is not subject to, nor will it satisfy, the Elimination Period.

Monthly Cash Benefit Alternative

We will pay the Monthly Cash Benefit Alternative, at Your election, if You have satisfied:

- A. the requirements described in the Eligibility for the Payment of Benefits provision as shown on page 16; and
- B. the Elimination Period, if applicable.

The Monthly Cash Benefit Alternative is shown on the policy Schedule page. This amount will be paid the first week of each calendar month that You continue to meet the requirements. For this benefit to continue, We must receive the plan of care at least once each 60 days.

As part of the Monthly Cash Benefit Alternative, We will also pay the costs of professional services for Home Health Care as noted in Your approved plan of care.

The total amounts paid for the Monthly Cash Benefit Alternative will not exceed the Home Health Care Maximum Daily Benefit times the number of days in the month. We will pay this benefit in lieu of all other benefits provided in the policy. This benefit is subject to the Maximum Lifetime Benefit. We will not pay this benefit for any month in which You received other benefits under the policy except Personal Care Advisor Services, Caregiver Training or Independent Caregiver Certification. We will not pay this benefit when You are confined in a hospital or rehabilitation hospital.

The exclusion for services received outside the United States or Canada will not apply to this benefit.

We will stop paying this benefit when:

- A. You no longer meet the requirements in the Eligibility for the Payment of Benefits provision as shown on page 16, or
- B. We do not receive a plan of care as required, or
- C. You choose to receive other benefits provided by the policy, or
- D. the policy ends for any reason mentioned in the provision entitled When the Policy Terminates in the policy.

Contingent Nonforfeiture Benefit:

This benefit applies only if the policy lapses after substantial cumulative premium increases.

When this Benefit Applies

We will notify the Policyowner prior to any change in premium rates for the policy. If there are premium increases and if the cumulative amount of all such premium increases equals or exceeds the Trigger for a Substantial Premium Increase shown below, We will:

- A. offer to reduce the current policy benefits, but not less than an amount that is currently available, so that required premium payments are not increased, or

- B. convert the coverage as provided under the Shortened Benefit Period described below. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium. However, should this policy lapse during this 120-day period, the Shortened Benefit Period will automatically take effect.

After the expiration of the Premium Rate Guarantee Period, if We increase the premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of the initial premium set forth below and the Policyowner is unable to afford the increased premium, the Policyowner may choose one of the two coverage options offered in this provision. We will notify the Policyowner of these options at least 30 days prior to the due date of the premium reflecting the rate increase. The initial premium is based on Your age when the policy was issued, plus the premium for any benefits that have added since then, and/or minus the premium for any benefits that have reduced since the policy was issued.

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial 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 over	10%

Shortened Benefit Period

The coverage will continue on a limited basis if this option is put into effect.

The daily benefit amounts available will be the same amounts available at the time the policy would have lapsed. If there is a Benefit Increase Rider of any kind in force, the benefits available will NOT continue to increase.

The Paid Up Benefit will be equal to the greater of:

- A. 100% of the premium paid for the policy, including any optional riders, or
 B. 30 times the Maximum Daily Benefit for Nursing Home Care in force at the time of the lapse.

All of the eligibility requirements, including waiting periods, elimination periods, or deductible amounts that applied in order for an Insured Person to be eligible for payment of benefits at the time the coverage would have lapsed will apply. To the extent that any such eligibility requirements and/or waiting periods were satisfied under the coverage at the time it would have lapsed, they will also be satisfied under this Shortened Benefit Period.

The daily benefits payable under the Policy and this Shortened Benefit Period will not exceed the daily benefits that would have been payable under the policy if premium payments had continued. The total combined benefits payable under the policy and this Shortened Benefit Period will not exceed the total benefits that would have been payable under the policy if premium payments had continued. Once the maximum benefit amount in force under this Shortened Benefit Period has been paid, no further benefits will be payable and all coverage will terminate.

If there is a benefit in force that allows coverage to become paid up or premium to be waived for life at some future date, this Contingent Nonforfeiture Benefit will only apply if coverage lapses before the date the coverage becomes paid up or the waiver of premium begins. Otherwise, this benefit will terminate on the date the coverage becomes paid up or on the date premium is waived for life.

OPTIONAL BENEFITS

Enhanced Home Health Care Rider (Rider Form Series 4LTCIE0001-EHHC):

Therapeutic Device Benefit:

If an Insured Person is receiving the Personal Care Advisor Benefit, this additional benefit is available. To qualify for this additional benefit, the personal care advisor must approve the provider of the therapeutic device.

We will pay the charges incurred for rental or purchase of a therapeutic device subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Maximum Lifetime Therapeutic Device Benefit as shown on the policy Schedule page;
- C. the Maximum Lifetime Benefit; and
- D. the equipment must be used in the Insured Person's home.

We will decide whether a rental or purchase of the therapeutic device would be more appropriate.

For purposes of this benefit, an Insured Person's home shall not include an Assisted Living Facility.

The Therapeutic Device Benefit is not subject to, nor will it satisfy, the Elimination Period.

Home Modification Benefit:

If an Insured Person is receiving the Personal Care Advisor Benefit, this additional benefit is available. To qualify for this additional benefit, the personal care advisor must approve the provider, labor, equipment and supplies. Prior to any modification or installation, We must agree to the modification or installation.

We will pay the charges incurred for labor, equipment, and supplies for minor modifications to an Insured Person's home that will enhance his or her ability to perform the Activities of Daily Living and allow the Insured Person to remain in his or her home safely, subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Maximum Lifetime Home Modification Benefit as shown on the policy Schedule page; and
- C. the Maximum Lifetime Benefit.

Examples of home modification include such things as: installing a ramp in an Insured Person's home or installing grab bars in an Insured Person's bathroom and similar accessibility modifications.

Home modification does not include things such as: home repair, cosmetic changes, elevators, exercise rooms, remodeling, installation of a hot tub or swimming pool, or any similar modification. We will not pay for the purchase of any tools or for a normal telephone service while Your equipment is installed or for a home security system. Also, We will not pay for the removal or reversal of any home modification that was previously covered under this benefit.

For purposes of the Home Modification Benefit, an Insured Person's home shall not include an Assisted Living Facility.

The Home Modification Benefit is not subject to, nor will it satisfy, the Elimination Period.

Medical Alert System Benefit:

If an Insured Person is receiving the Personal Care Advisor Benefit, this additional benefit is available. To qualify for this additional benefit, the personal care advisor must approve the provider. Prior to any modification or installation, We must agree to the modification or installation.

We will pay for a medical alert system either:

- A. the monthly rental and/or monitoring charges incurred not to exceed the Monthly Medical Alert System Benefit as shown on the policy Schedule page; or
- B. the purchase cost.

We will decide whether a rental or a purchase of the medical alert system would be more appropriate.

The Medical Alert System Benefit is subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Maximum Medical Alert System Benefit as shown on the policy Schedule page; and
- C. the Maximum Lifetime Benefit.

We will not pay for any charges for normal telephone service, or for a home security system, or any other similar service or device.

For purposes of the Medical Alert System Benefit, an Insured Person's home shall not include an Assisted Living Facility.

The Medical Alert System Benefit is not subject to, nor will it satisfy, the Elimination Period.

Prescription Drug Benefit in a Nursing Home Rider (Rider Form Series 4LTCIE0001-PDNH):

We will pay the Monthly Prescription Drug Benefit for each calendar month that You are receiving prescription drugs while confined in a Nursing Home and receiving the Nursing Home Benefit, subject to the Maximum Lifetime Benefit. The drugs must be purchased from a licensed pharmacist upon a doctor's written prescription. The prescription drug does not need to have been prescribed for treatment of the condition that caused the confinement. The Insured Person must meet the requirements of the Eligibility for the Payment of Benefits provision as shown on page 16.

Monthly Home Care Benefit Rider (Rider Form Series 4LTCIE0001-MHC):

We will pay, in lieu of the Home Health Care Benefit and Adult Day Care Benefit, the charges incurred for Home Health Care and Adult Day Care on the basis of the services received during each month rather than on a daily basis, subject to:

- A. the Eligibility for the Payment of Benefits provision as shown on page 16;
- B. the Maximum Lifetime Benefit; and
- C. the Elimination Period, if applicable.

The maximum benefit payable during each month will be limited to an amount calculated by multiplying the Maximum Daily Benefit shown on the policy Schedule page by the number of days in the month. Payment for partial month confinements will be based on the number of days remaining in the month.

Full Restoration of Benefits Rider (Rider Form Series 4LTCIE0001-FROB):

This provision only describes how benefits can be restored. The requirements found in the Eligibility for the Payment of Benefits provision, therefore, shall not apply to this rider. The rider, however, is subject to the requirements described below.

Following a period during which We have been paying benefits, We will restore such benefit amounts that We paid to the remaining Maximum Lifetime Benefit, if You meet certain requirements. This includes any increases to the Maximum Lifetime Benefit that may have occurred under a Benefit Increase Rider, if elected. The amounts applied to the restoration will only be available for subsequent stays or care subject to the restored Maximum Lifetime Benefit. The restored amount will not exceed the Maximum Lifetime Benefit payable.

Requirements for Full Restoration of Benefits

For a period of 180 consecutive days, You must not meet the requirements found in the Eligibility for the Payment of Benefits provision. The 180 consecutive day period begins on the day a licensed health care practitioner certifies that You do not meet the requirements in the Eligibility for the Payment of Benefits provision and such certification is filed with Us. The policy must remain in force during this time period.

Full Return of Premium Benefit Rider (Rider Form Series 4LTCIE0001-FROP):

If this benefit has been continuously in force from its Effective Date, We will pay a full return of premium benefit upon Your death. We will also pay this benefit if the policy should lapse and Your death occurs within 90 days of the date the last premium payment was due.

The amount of this benefit will be the sum of all premiums paid (excluding any waived premiums) for the policy, from the Effective Date of this benefit up to the date of Your death.

Payment of benefits will be made in one lump sum to the designated beneficiary, if any, otherwise to the Policyowner (or the Policyowner's estate). If the beneficiary is revocable, the Policyowner may change the beneficiary at any time by giving written notice to Us. The effective date of the beneficiary change will be the date the change is received and recorded by Us. If You die before We receive the request, the change will not be effective.

Return of Premium Benefit Rider (Rider Form Series 4LTCIE0001-ROP):

If this benefit has been continuously in force from its Effective Date, We will pay a return of premium benefit upon Your death. We will also pay this benefit if the policy should lapse and Your death occurs within 90 days of the date the last premium payment was due.

The amount of this benefit will be the sum of all premiums paid (excluding any waived premiums) less the amount of any benefits paid pursuant to the terms of the policy, from the Effective Date of this benefit up to the date of Your death.

Payment of benefits will be made in one lump sum to the designated beneficiary, if any, otherwise to the Policyowner (or the Policyowner's estate). If the beneficiary is revocable, the Policyowner may change the beneficiary at any time by giving written notice to Us. The effective date of the beneficiary change will be the date the change is received and recorded by Us. If You die before We receive the request, the change will not be effective.

Graded Return of Premium Benefit Rider (Rider Form Series 4LTCIE0001-GROP):

This benefit is payable if the policy and this rider are in force at the time of Your death and if Your death occurs before age 75. Upon receiving proof of Your death, We will return a percentage of the premiums You paid for the policy and any additional benefit riders, less any benefits paid.

The percentage of the total premiums returned depends on Your age on the date of Your death. The percentage that applies is shown below:

<u>Age</u>	<u>Percentage Amount</u>
65 or less	100%
66	90%
67	80%
68	70%
69	60%
70	50%
71	40%
72	30%
73	20%
74	10%
75	0%

Payment of benefits will be made to the designated beneficiary, if any, otherwise to the Policyowner (or the Policyowner's estate). If the beneficiary is revocable, the Policyowner may change the beneficiary at any time by giving written notice to Us. The Effective Date of the beneficiary change will be the date the change is received and recorded by Us. If You die before We receive the request, the change will not be effective.

No Return of Premium Benefit will be paid if Your death occurs at age 75 or later.

Waiver of Elimination Period for Home Health Care, Adult Day Care and Monthly Cash Benefit Alternative Rider (Rider Form Series 4LTCIE0001-WEP):

We will waive the requirement that the Elimination Period must be satisfied before benefits are payable for Home Health Care, Adult Day Care or the Monthly Cash Benefit Alternative.

You still must satisfy the Elimination Period before benefits are payable under the Nursing Home or Assisted Living Facility Benefit provisions. Days that you receive Home Health Care, Adult Day Care or the Monthly Cash Benefit Alternative will not satisfy the Elimination Period for Nursing Home or Assisted Living Facility Benefits.

Single Premium Payment Amendatory Rider (Rider Form Series 4LTCIE0001-SP):

This amendatory rider allows the policy to be paid up in a single payment.

Return of Premium at Death

In the event of Your death, We will return the appropriate percentage of the premium paid (excluding any waived premiums and benefits paid) for the coverage, according to the table shown below, to the designated beneficiary, if any, otherwise to the Policyowner (or the Policyowner's estate).

YEAR OF DEATH	PERCENTAGE OF PREMIUM RETURNED
1st Policy Year	75%
2nd Policy Year	60%
3rd Policy Year	45%
4th Policy Year	30%
5th Policy Year	15%
6th Policy Year or later	0%

If You elected a return of premium benefit rider, as shown on the policy Schedule page, the amount of any benefits paid under this provision will be reduced by the amount of premium refunded as a result of the return of premium benefit rider.

5 Year Premium Payment Amendatory Rider (Rider Form Series 4LTCIE0001-5PAY):

This amendatory rider allows the policy to be paid up in 5 years.

Return of Premium at Death

In the event of Your death, We will return the appropriate percentage of the premium paid (excluding any waived premiums and benefits paid) for the coverage, according to the table shown below, to the designated beneficiary, if any, otherwise to the Policyowner (or the Policyowner's estate).

YEAR OF DEATH	PERCENTAGE OF PREMIUM RETURNED
1st Policy Year	75%
2nd Policy Year	60%
3rd Policy Year	45%
4th Policy Year	30%
5th Policy Year	15%
6th Policy Year or later	0%

If You elected a return of premium benefit rider, as shown on the Schedule, the amount of any benefits paid under this provision will be reduced by the amount of premium refunded as a result of the return of premium benefit rider.

10 Year Premium Payment Amendatory Rider (Rider Form Series 4LTCIE0001-10PAY):

This amendatory rider allows the policy to be paid up in 10 years.

15 Year Premium Payment Amendatory Rider (Rider Form Series 4LTCIE0001-15PAY):

This amendatory rider allows the policy to be paid up in 15 years.

20 Year Premium Payment Amendatory Rider (Rider Form Series 4LTCIE0001-20PAY):

This amendatory rider allows the policy to be paid up in 20 years.

Paid Up At Age 65 Premium Payment Amendatory Rider (Rider Form Series 4LTCIE0001-PU65):

This amendatory rider allows the policy to be paid up at age 65.

OPTIONAL BENEFITS FOR COUPLES

Dual Waiver of Premium Rider (Rider Form Series 4LTCIE0001-DWP):

We will waive all premiums for this policy for the same months that We are waiving the premiums for the policy on Your spouse under the Waiver of Premium Benefit. We will stop waiving the premiums for this policy when We are no longer waiving the premiums for the policy on Your spouse.

Eligibility for Dual Waiver of Premium: This benefit is only available if:

- A. both You and Your spouse have identical coverage in force with Us as a married couple on the same policy form series which includes this Dual Waiver of Premium Benefit; and
- B. Your spouse qualifies for and receives the Waiver of Premium Benefit under the same policy form series.

This rider will end on the earliest of the following dates:

- A. the date this rider ends for failure to pay a premium.
- B. the date this policy or the policy on Your spouse ends.
- C. the date the Maximum Lifetime Benefit has been exhausted for either this Policy or the Policy on Your Spouse.

To keep this policy in force when the Dual Waiver of Premium Benefit Rider ends or We are no longer waiving the premium, premiums must be paid as they become due. Any unearned premiums on deposit with the company for this policy at the time the Waiver of Premium period began will be applied following the end of the Waiver of Premium period.

Full Survivorship Paid Up Benefit Rider (Rider Form Series 4LTCIE0001-FSWP):

If You and Your spouse have identical coverage in force with Us under the policy form series and Your spouse dies while both policies are in force, We will immediately waive the premiums for this policy for the rest of Your lifetime following the later of:

- A. the date of death of Your spouse; or
- B. the tenth anniversary of the Effective Date of the policy.

Any benefit added or increased must be in effect for at least 10 years before the premium will be waived for such benefit.

The premium for any benefit added after the death of Your spouse will not be waived under this provision.

You must notify Us of the death of Your spouse.

Survivorship Paid Up Benefit Rider (Rider Form Series 4LTCIE0001-SWP10):

This policy will become immediately paid up for the rest of Your lifetime following the date of death of Your spouse if:

- A. You and Your spouse have identical coverage in force with Us under this policy form series for at least 10 Years without any claims incurred, and
- B. Your spouse dies while both policies are in force.

Any benefit added or increased must be in effect for at least 10 Years for You and Your spouse without any claims incurred and for at least 10 years from the date of such increase or addition before the premium will be waived for such benefit.

The premium for any benefit added after the death of Your spouse will not be waived under this provision.

You must notify Us of the death of Your spouse.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

To be eligible for benefits provided under the policy, We must receive a plan of care that specifies what care is needed. The care must be needed because the Insured Person has been certified within the last 12 months by a licensed health care practitioner as:

- A. requiring the presence of another person due to the inability to perform at least 2 Activities of Daily Living for a period expected to be at least 90 days. The other person must be present within arm's reach in order to assist, supervise or prevent injury by physical intervention; or
- B. requiring continual supervision, which may include cueing by verbal prompting, gestures, or other demonstrations, by another person to protect the Insured Person from threats to his or her health or safety, due to a severe cognitive impairment.

If an Insured Person meets the benefit eligibility requirements shown above, he or she will have met the requirements under federal law to be considered a Chronically Ill Individual. Meeting this requirement is necessary in order for the policy to qualify for favorable tax treatment under federal law.

Activities of Daily Living are: (1) Bathing; (2) Continence; (3) Dressing; (4) Eating; (5) Toileting; and (6) Transferring, as defined in the Policy.

10. GENERAL LIMITATIONS AND EXCLUSIONS

The policy will not pay benefits when an Insured Person is eligible for confinement, treatment, services or care:

- A. resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a doctor; or
- B. arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or
- C. provided in a government facility (unless otherwise required by law); payable under Medicare or would be payable except for application of a deductible or coinsurance amount; payable under other governmental programs (except Medicaid); for which no charge is normally made is the absence of insurance. We will reduce Our benefits payable by the dollar amount paid from the governmental health care plan or law to the extent that the combination of Our coverage and governmental coverage equals but does not exceed the charges for covered services. Or
- D. received outside the United States or Canada; or
- E. for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or
- F. that are prohibited by federal law, including those governing economic and trade sanctions; or
- G. rendered by a member of an Insured Person's immediate family, unless:
 - 1. he or she is a regular employee of an organization which is providing the treatment, service or care; and
 - 2. the organization receives the payment for the treatment, service or care; and
 - 3. he or she receives no compensation other than the normal compensation for employees in his or her job category. Or
- H. resulting from:
 - 1. participation in a felony, riot or insurrection; or
 - 2. a service-related injury or illness directly related to active duty in the armed forces or units auxiliary thereto.

The exclusions regarding a member of an Insured Person's immediate family will not apply to the Monthly Cash Benefit Alternative and the Independent Caregiver for services other than Homemaker Services or Companion Services.

The exclusion regarding confinement, treatment and services or care outside the United States or Canada will not apply to the Monthly Cash Benefit Alternative. Coverage will be provided in accordance with the terms of the policy for mental conditions, including Alzheimer's disease, Parkinson's disease and senile dementia.

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

11. 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.

If a benefit increase option has been selected, the benefits will increase as explained below.

Simple Benefit Increase Rider (Rider Form Series 4LTCIE0001-SBIO):

Every dollar benefit amount including the Maximum Lifetime Benefit will increase annually on each anniversary of the Effective Date of this rider. Each increase will be equal to 5% of the original dollar benefit amounts in effect on the Effective Date of this rider (without regard to any claims paid). These increases will continue as long as this rider is in force, even if benefits are being received on the date of the increase.

Any benefit amounts added in order to increase the amount of coverage after the Effective Date of this rider will not increase until the additional benefit amounts have been in effect for one full year.

On page 18 is a graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. A similar graphic comparison illustrates premiums for those types of policies.

Compound Benefit Increase Rider (Rider Form Series 4LTCIE0001-CBIO):

Every dollar benefit amount including the Maximum Lifetime Benefit will increase annually on each anniversary of the Effective Date of this rider. Each increase will be equal to the percentage shown on the Schedule of the current dollar benefit amounts in effect (without regard to any claims paid). These increases will continue up to the Maximum Multiple shown on the policy Schedule page of the original dollar benefit amounts as long as this rider is in force, even if benefits are being received on the date of the increase. The Maximum Lifetime Benefit will also increase by the Maximum Lifetime Benefit Increase Percentage shown on the policy Schedule page.

Any benefit amounts added in order to increase the amount of coverage after the Effective Date of this rider will not increase until the additional benefit amounts have been in effect for one full year.

On page 18 is a graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. A similar graphic comparison illustrates premiums for those types of policies.

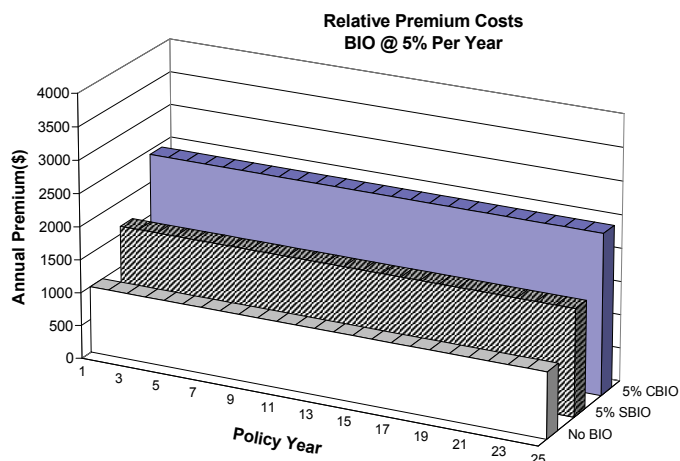
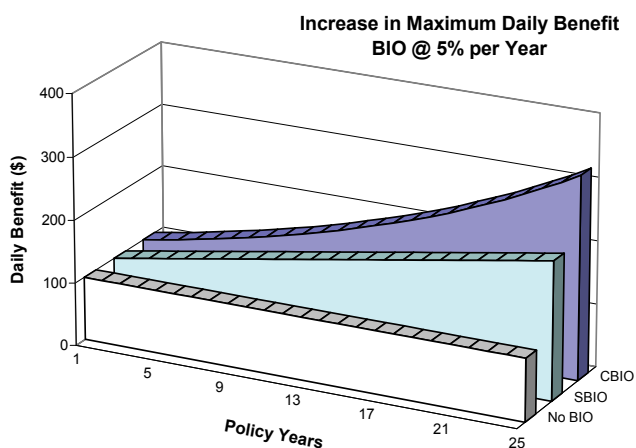
Guaranteed Purchase Option Rider (Rider Form Series 4LTCIE0001-GPO)

Until You reach age 85, the Policyowner has the right to purchase additional amounts of insurance on the "Purchase Option Dates." The Purchase Option Dates will be every 3 years beginning on the third anniversary of the Effective Date of the policy, subject to the following conditions:

1. We will not require any evidence of insurability;
2. the policy must be in force on the Purchase Option Dates;
3. upon notification by Us of the Purchase Option Date, the Policyowner must notify Us in writing not more than 31 days after the Purchase Option Date if the Policyowner wishes to purchase additional insurance. If the Policyowner does not notify Us

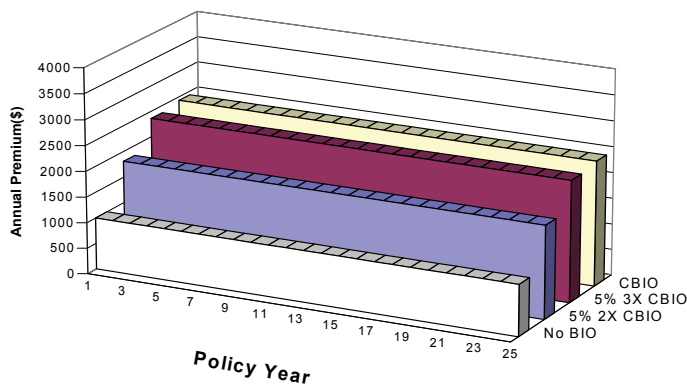
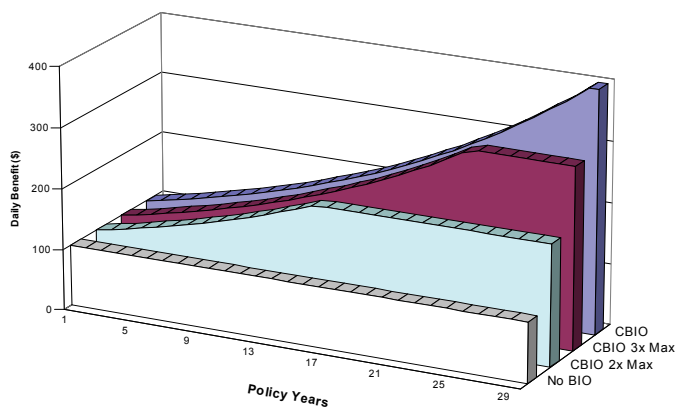
- within this period or if the Policyowner does not purchase additional insurance on any 2 Purchase Option Dates, this benefit terminates;
4. the amount of additional insurance that can be purchased on each Purchase Option Date is 16% of the amounts initially elected. Amounts other than the 16% may not be purchased under this provision. If the Policyowner purchases additional insurance, We will send the Policyowner an endorsement to the policy which increases every dollar benefit amount including the Maximum Lifetime Benefit (without regard to any claims paid);
 5. the premium for the additional insurance will be at Our table of rates in effect on the date of purchase, and will be based on Your attained age on the Purchase Option Date;
 6. the additional insurance will be subject to all of the provisions of the policy, from the Effective Date of the increase;
 7. if coverage becomes paid up or premium is being waived due to a death, additional increases will require the payment of premium.

Below is a graphic comparison of the benefit levels of a policy that increases benefits over the policy period with a policy that does not increase benefits. A similar graphic comparison illustrates premiums for those types of policies.



**Increase in Maximum Daily Benefit
@ 5% per Year Limited Compound BIO Options**

**Relative Premium Costs
Increase in Maximum Daily Benefit
@ 5% per Year Limited Compound BIO Options**



12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Once insurance goes into force, coverage is provided for Insured Persons clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses.

13. **PREMIUM**

The total annual premium is \$_____

The Premium Paying Mode You select will impact the overall cost of insurance. You should compare all the Premium Paying Modes available and choose the one that works best for Your financial and budgetary needs.

14. **ADDITIONAL FEATURES**

This coverage is medically underwritten. It is very important for all the questions on the application to be completed fully and correctly. If, for any reason, the answers are incorrect, incomplete or untrue, the policy may be void and We may have the right to deny benefits or rescind the policy.

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

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Long Term Care Administrative Office: P. O. Box 559002, Austin, Texas 78755-9002

IMPORTANT INFORMATION – DESCRIPTION OF INFORMATION PRACTICES

To our Policyholders, Applicants and Insureds: This description of the information practices of our Company, and our agent, is being provided in accordance with the requirements of laws in your state of residence.

Collection of Information

In order to properly underwrite and administer your insurance coverage, we must collect a certain amount of necessary and helpful information. The amount and type of information collected may vary depending on the amount and type of coverage applied for, but in general we will be seeking information about your age, occupation, physical condition, health history, mode of living, avocations and other personal characteristics. In addition, our agent may collect information intended to aid in the updating and improvement of your insurance coverage.

You are our most important source of information, but we may also collect or verify information by contacting medical professionals and institutions which have provided care to you or members of your family proposed for coverage, employers and business associates, friends and neighbors, and other insurance companies you have applied to. We may collect information by exchanges or correspondence, by phone or by personal contact.

Our Disclosures

In some circumstances, we or our agent will make disclosures of personal information, without your authorization, to these parties. Following is a brief description of some of the persons or organizations to whom certain items of information may be disclosed:

- Persons or organizations which perform professional, business or insurance functions for us, such as independent claim examiners, group plan administrators or reinsurers;
- Our agent, consumer reporting agencies hired to prepare investigative reports, and other insurance companies to which you have applied for coverage or benefits;
- Your attending physician(s) or treating medical professional(s);
- Personnel or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations.

Please be assured that the above describes some of the disclosures which may be made, not disclosures which are always or even often made. In any event, the information disclosed without your authorization will be only as much as is reasonably necessary to accomplish the intended purpose.

For example, information relating to physical condition or medical history would ordinarily be disclosed only to your attending physician(s) or treating medical professional(s). The types of information disclosed will vary depending upon the needs of the recipient and the sensitivity of the data.

The Medical Information Bureau

Information regarding your insurability will be treated as confidential except that Great American® Life Insurance Company or its reinsurer(s) may make a brief report to the Medical Information Bureau, Inc., a non-profit membership corporation of insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the Bureau will supply such company with the information it may have in its files. The Company may also release information in its files to reinsurers and other insurance companies to which you may apply for life or health insurance, or to which a claim is submitted.

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

Obtaining Additional Information

We hope that you find this description of our information practices helpful. We take our responsibilities, and your rights, very seriously. If you have any further questions about the items just discussed, please contact us at our Long Term Care Administrative Office. Our Administrative Office address PO Box 559002, Austin, TX 78755-9002. Please indicate your full name, address, telephone number and, if applicable, policy/certificate number.



Long Term Care Administrative Office: P. O. Box 559002, Austin, Texas 78755-9002

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 a 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 the company 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 the National Association of Insurance Commissioners' "Shopper's Guide to Long Term Care Insurance". 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 Administrative Office: P. O. Box 559002, Austin, Texas 78755-9002

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 approved for an increase is on the application.
- 2. The premium for this policy will be shown on the schedule page of your policy.**
- 3. Rate Schedule Adjustments:** Any premium rate adjustments will be effective on the next premium due date.
- 4. Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product 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 policyholders with a policy 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 policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards).
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

*** Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. 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 policy was first issued. If you have already received benefits under the policy, 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 policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

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

Example:

- You bought the policy 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 policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)



Long Term Care Administrative Office: P. O. Box 559002, Austin, Texas 78755-9002

USING THE OUTLINE OF COVERAGE

This is not an insurance policy. This is only an outline of the benefits and limitations of a long-term care insurance policy, describing some of its most important features. When shopping for insurance you can compare the outlines of different policies. After you have bought a policy, the outline of coverage will help you understand what it covers. However, the policy itself is the legal contract.

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits under this policy.

Federal law requires us to inform you that in certain situations this insurance may pay for some care also covered by Medicare.

- This insurance provides benefits primarily for covered nursing home services.
- In some situations Medicare pays for short periods of skilled nursing home care and hospice care.
- This insurance does not pay your Medicare deductible or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most nursing home expenses.

BEFORE YOU BUY THIS INSURANCE

- Check the coverage in all health policies you already have.
- For more information about long-term care insurance, review the *Shopper's Guide to Long Term Care Insurance* available from the insurance company.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.



Long Term Care Administrative Office: P. O. Box 559002, Austin, Texas 78755-9002

**NOTICE TO APPLICANT REGARDING REPLACEMENT
OF INDIVIDUAL ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE
SAVE THIS NOTICE!
IT MAY BE IMPORTANT TO YOU IN THE FUTURE.**

According to your application, you intend to lapse or otherwise terminate an existing accident and sickness or long term care insurance policy or certificate and replace it with an individual long term care insurance policy to be issued by Great American Life® Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long term care coverage is a wise decision.

STATEMENT TO APPLICANT BY AGENT

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. The policy has no exclusion for pre-existing conditions. This means that health conditions which you may presently have are fully and immediately covered under the new coverage.
2. If you are replacing existing long term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present coverage. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

Signature of Agent or Broker

Type or Print Name and Address of Agent or Broker

The above "Notice to Applicant" was delivered to me on:

Date

X

Applicant's Signature