Mass Mutual, Signature Care MM-500 2013 Date: 07/31/2017

PREMIUM CALCULATION

State: **FL**

Prepared for: **Cindy**

Birthdate:
Age: **63**

Scott Olson
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Policy Benefits You Have Chosen

Partnership Plan	**Yes**
Policy Type	**Facility Only**
Gender	**Female**
Underwriting Class	**Ultra Prefrd**
Facility Daily Benefit	**$140**
Facility Benefit Period	**2 Years**
Pool of Money	**$102,200.00**
Elimination Period	**90 Days**
Inflation Protection	**3% Compound**
Nonforfeiture	**Contingent**
Restoration of Benefit	**No**
Waiver of HHC EP	**No**
Enhanced Elim Period	**No**
Monthly Home Care	**Daily**
Survivorship	**No**
Shared Care	**No**
Shared 3rd Pool	**None**
Joint Waiver of Premium	**No**
Partner Discount	**No**
Group Discount	**No**
Loyalty Credit	**No**
Payment Option	**Lifetime**
Modal Factor	**Annual**
Premium	**$1,867.19**

Mass Mutual, Signature Care 500 2013 is a tax qualified plan.

Mass Mutual, Signature Care MM-500 2013

Cost of Waiting

If you decide that long term care insurance is the right decision to protect your assets and your family's financial future, the best time to buy it is now. By doing this:

You avoid the risk of needing care you will have to pay for yourself.

You avoid the risk of developing a condition that would make you uninsurable later.

You pay lower premiums now, rather than paying higher premiums later.

The tables below show the cost of waiting and buying later, assuming that premiums do not change, you remain insurable, and you buy the coverage shown in this illustration. The Daily Benefit is increased 5% for each year you wait, to cover the increased cost of care over time.

Client: Cindy **Age: 63** **DOB:** **State: FL**

Partnership Plan	**Yes**	Enhanced Elim Period	**No**
Policy Type	**Facility Only**	Monthly Home Care	**Daily**
Gender	**Female**	Survivorship	**No**
Underwriting Class	**Ultra Prefrd**	Shared Care	**No**
Facility Daily Benefit	**$140**	Shared 3rd Pool	**None**
Facility Benefit Period	**2 Years**	Joint Waiver of Premium	**No**
Pool of Money	**$102,200.00**	Partner Discount	**No**
Elimination Period	**90 Days**	Group Discount	**No**
Inflation Protection	**3% Compound**	Loyalty Credit	**No**
Nonforfeiture	**Contingent**	Payment Option	**Lifetime**
Restoration of Benefit	**No**	Modal Factor	**Annual**
Waiver of HHC EP	**No**		

Age at Purchase	Facility Daily Benefit	Premium	Premiums Paid to Age 90	Cost of Waiting
63	$140	$1,867	$50,414	$0
65	$154	$2,330	$58,260	$7,846
67	$170	$2,840	$65,331	$14,917
69	$188	$3,827	$80,361	$29,947
71	$207	$4,917	$93,419	$43,005
73	$228	$6,497	$110,442	$60,028

This is an independent illustration not provided or approved by the issuers of the policies shown. Use the Insurer's forms and software for Insurer-approved quotes and applications.

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Break-Even Analysis

Some clients considering long term care insurance are concerned that the benefits of coverage may not be worth the cost in premiums paid. This illustration shows how the benefits you receive when you need care compare with the premiums you have paid up to that time.

Specifically the table below shows the number of days of receiving benefits until you have received back all the money you have paid in premiums. At this point you have "broken even" and any further benefits are over and above your cost of insurance.

If you have chosen an inflation protection or benefit increase option, then the table uses your maximum daily benefit at the time you begin to receive benefits, which is higher than your initial daily benefit.

Client: Cindy **Age: 63** **DOB:** **State: FL**

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Gender	**Female**	Survivorship	**No**
Underwriting Class	**Ultra Prefrd**	Shared Care	**No**
Facility Daily Benefit	**$140**	Shared 3rd Pool	**None**
Facility Benefit Period	**2 Years**	Joint Waiver of Premium	**No**
Pool of Money	**$102,200.00**	Partner Discount	**No**
Elimination Period	**90 Days**	Group Discount	**No**
Inflation Protection	**3% Compound**	Loyalty Credit	**No**
Nonforfeiture	**Contingent**	Payment Option	**Lifetime**
Restoration of Benefit	**No**	Modal Factor	**Annual**
Waiver of HHC EP	**No**		

Premium **$1,867.19**

Years Premium Paid	Days to Recover Premiums Paid
1	13
5	63
10	117
15	164
20	204
25	239

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Inflation Protection - 3% Compound

Compound inflation protection is an automatic annual increase in your policy's Daily Benefit and Lifetime Benefit. The annual increase is 3% of your current Benefit, added to your benefit each year. Increases to Lifetime Benefit may be net of any claims paid.

Long-term care costs have increased in the past, and are expected to increase in the future. Inflation protection increases your benefits to keep up with the increased cost of care.

Cost increases are compounded over time; the increase each year is a percentage of last year's cost. Compound Inflation Protection increases benefits each year by a percentage of the previous year's benefit, and thus is more likely to keep up with long-term care costs, compared to simple annual increases.

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Partnership Plan	**Yes**	Enhanced Elim Period	**No**
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Facility Daily Benefit	**$140**	Shared 3rd Pool	**None**
Facility Benefit Period	**2 Years**	Joint Waiver of Premium	**No**
Pool of Money	**$102,200.00**	Partner Discount	**No**
Elimination Period	**90 Days**	Group Discount	**No**
Inflation Protection	**3% Compound**	Loyalty Credit	**No**
Nonforfeiture	**Contingent**	Payment Option	**Lifetime**
Restoration of Benefit	**No**	Modal Factor	**Annual**
Waiver of HHC EP	**No**		

Age	Facility Daily Benefit	Lifetime Benefit	Premium
63	$140.00	$102,200.00	$1,867.19
65	$148.53	$108,424.00	$1,867.19
67	$157.57	$115,027.00	$1,867.19
69	$167.17	$122,032.20	$1,867.19
71	$177.35	$129,464.00	$1,867.19
73	$188.15	$137,348.30	$1,867.19
75	$199.61	$145,712.80	$1,867.19
77	$211.76	$154,586.80	$1,867.19
79	$224.66	$164,001.10	$1,867.19
81	$238.34	$173,988.80	$1,867.19
83	$252.86	$184,584.70	$1,867.19
85	$268.25	$195,826.00	$1,867.19
87	$284.59	$207,751.80	$1,867.19
89	$301.92	$220,403.90	$1,867.19
91	$320.31	$233,826.50	$1,867.19

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Inflation Protection - 5% Compound

Compound inflation protection provides an automatic annual increase in your policy's Daily and Lifetime Benefit. The annual increase is 5% of your current Benefit, added to your benefit each year. Increases to Lifetime Benefit may be net of any claims paid.

Long-term care costs have increased in the past, and are expected to increase in the future. Inflation protection increases your benefits to keep up with the increased cost of care.

Cost increases are compounded over time; the increase each year is a percentage of last year's cost. Compound Inflation Protection increases your benefits each year by a percentage of the previous year's benefit, and thus is more likely to keep up with long-term care costs, compared to simple annual increases.

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Gender	**Female**	Survivorship	**No**
Underwriting Class	**Ultra Prefrd**	Shared Care	**No**
Facility Daily Benefit	**$140**	Shared 3rd Pool	**None**
Facility Benefit Period	**2 Years**	Joint Waiver of Premium	**No**
Pool of Money	**$102,200.00**	Partner Discount	**No**
Elimination Period	**90 Days**	Group Discount	**No**
Inflation Protection	**5% Compound**	Loyalty Credit	**No**
Nonforfeiture	**Contingent**	Payment Option	**Lifetime**
Restoration of Benefit	**No**	Modal Factor	**Annual**
Waiver of HHC EP	**No**		

Age	Facility Daily Benefit	Lifetime Benefit	Premium
63	$140.00	$102,200.00	$2,944.90
65	$154.35	$112,675.50	$2,944.90
67	$170.17	$124,224.80	$2,944.90
69	$187.61	$136,957.80	$2,944.90
71	$206.84	$150,996.00	$2,944.90
73	$228.05	$166,473.20	$2,944.90
75	$251.42	$183,536.70	$2,944.90
77	$277.19	$202,349.20	$2,944.90
79	$305.60	$223,090.00	$2,944.90
81	$336.93	$245,956.80	$2,944.90
83	$371.46	$271,167.30	$2,944.90
85	$409.54	$298,962.00	$2,944.90
87	$451.51	$329,605.70	$2,944.90
89	$497.79	$363,390.30	$2,944.90
91	$548.82	$400,637.80	$2,944.90

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Alternative Premiums

This shows premiums for different choices of benefit levels. You can use the information to choose the best combination of benefits for your policy, given the costs.

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Elimination Period	**90 Days**	Group Discount	**No**
Inflation Protection	**3% Compound**	Loyalty Credit	**No**
Nonforfeiture	**Contingent**	Payment Option	**Lifetime**
Restoration of Benefit	**No**	Modal Factor	**Annual**
Waiver of HHC EP	**No**		

Premiums

Facility Benefit Period	Elimination Period 30 Days	60 Days	90 Days
2 Years	$2,240.63	$2,053.91	$1,867.19
3 Years	$2,741.89	$2,513.40	$2,284.91
4 Years	$3,072.72	$2,816.66	$2,560.60
5 Years	$3,373.47	$3,092.35	$2,811.23
6 Years	$3,578.99	$3,280.74	$2,982.49