

Prepared for: **Marsha**

State: **WA**
 Birthdate: **7/1/1953**
 Age: **64**

Prepared by:
Scott Olson
LTCShop.com
877-727-9582
Scott@LTCShop.com

Tax Qualified	Yes	Yes
Underwriting Class	Preferred	Preferred
Facility Daily Benefit	\$100	\$170
Facility Benefit Period	5 Years	5 Years
Home Care Daily Benefit	100%	100%
Monthly Home Care	Daily Benefit	Daily Benefit
Home Care Benefit Period	Pooled	Pooled
Inflation Protection	3% Step Rated	Deferred
Facility Elimination Period	90 days	90 days
Zero Day HC Elim. Period	Yes	Yes
Nonforfeiture	Contingent	Contingent
Return of Premium	To Age 67	To Age 67
Payment Option	Lifetime	Lifetime
Modal Factor	Annual	Annual
Partnership Plan	Yes	No
Gender	Female	Female
Other	Pool of Money: \$182,500 Cash Alternative Benefit: 33% Rate Guarantee: 3 Years	Pool of Money: \$310,250 Cash Alternative Benefit: 33% Rate Guarantee: 3 Years
Premium	\$3,617.37	\$4,488.73
Total Premium		

Tax qualified comprehensive plan with pooled benefit.