

BENEFIT CHANGE FORM
BENEFIT CHANGES AFTER 30 DAYS OF
COVERAGE ISSUE DATE

Administrative Offices:
165 Court Street
Rochester, NY 14647
1-800-544-0327

Identifying Information					
Name:			Social Security #:		
Address:			Billing Acct ID#:		
City:			State:		Zip
Current Coverage	<input type="checkbox"/> Individual	Change to	<input type="checkbox"/> Association: Association/Employer Name: _____		
Company Assigned Number: _____					
Current Coverage Type ¹	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Community Only <input type="checkbox"/> Facility Only		¹ Any Change to Coverage Type Requires New Application		
Current Cash Benefit Account		Decrease Cash Benefit Account To:			
<input type="checkbox"/> \$200,000 (Choose a)		a. <input type="checkbox"/> \$100,000			
<input type="checkbox"/> \$300,000 (Choose a or b)		a. <input type="checkbox"/> \$100,000 or b. <input type="checkbox"/> \$200,000			
<input type="checkbox"/> \$500,000 (Choose a, b, or c)		a. <input type="checkbox"/> \$100,000 or b. <input type="checkbox"/> \$200,000 or c. <input type="checkbox"/> \$300,000			
<input type="checkbox"/> \$1,000,000 (Choose a, b, c, d)		a. <input type="checkbox"/> \$100,000 or b. <input type="checkbox"/> \$200,000 or c. <input type="checkbox"/> \$300,000 or d. <input type="checkbox"/> \$500,000			
Current Monthly Cash Benefit	\$	Decrease Monthly Cash Benefit To ¹ :		\$	
Current Enhanced Facility Benefit	\$	Decrease Enhanced Facility Benefit To ¹ :		\$	
¹ Refer To Page 2 for Monthly Cash Benefit Combinations Available					
Current ELIMINATION PERIOD		Increase ELIMINATION PERIOD To:			
<input type="checkbox"/> 30 days (Choose a, b, or c)		a. <input type="checkbox"/> 60 days or b. <input type="checkbox"/> 90 days or c. <input type="checkbox"/> 180 days			
<input type="checkbox"/> 60 days (Choose a or b)		a. <input type="checkbox"/> 90 days or b. <input type="checkbox"/> 180 days			
<input type="checkbox"/> 90 days (Choose a)		a. <input type="checkbox"/> 180 days			
Current PAYMENT TERM		Change To:		Current PAYMENT TERM	
<input type="checkbox"/> 10 Pay		<input type="checkbox"/> Lifetime		<input type="checkbox"/> Paid Up at Age 65	
<input type="checkbox"/> Lifetime					
Current INFLATION	Change To:	Current INFLATION	Change To:	Current INFLATION	Current INFLATION
<input type="checkbox"/> Simple	<input type="checkbox"/> None	<input type="checkbox"/> 5% Compound 2x Max	<input type="checkbox"/> None	<input type="checkbox"/> 3% Compound No Max	<input type="checkbox"/> 5% Compound No Max
<input type="checkbox"/> None					
RIDERS AVAILABLE		Current	Change To:	RIDERS AVAILABLE	
Restoration of Benefit Rider		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shared Waiver Rider ²	
Shortened Benefit Period Rider		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Survivor Benefit Rider ²	
Return of Premium Rider		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shared Care Rider ²	
Full Return of Premium Rider		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
² Please Be Aware that By Choosing to Terminate Any of the Shared Riders, Your Care Partner's Shared Rider will be Terminated on the Same Day Your Rider is Terminated.					
Insured Signature: _____				Date:	
Producer's Signature (if required): _____				Date:	
Print Producer's Name (if required):				Writing Number:	

FOR REFERENCE ONLY

COMPREHENSIVE COVERAGE					
	CASH BENEFIT ACCOUNT (Choose One)	MONTHLY CASH BENEFIT (Choose One From the SAME Row as your Cash Benefit Account)			
		MONTHLY CASH BENEFIT	ENHANCED FACILITY BENEFIT ³	MONTHLY CASH BENEFIT	ENHANCED FACILITY BENEFIT ³
	<input type="checkbox"/> \$100,000 ⁵	<input type="checkbox"/> \$3,000 ⁴	<input type="checkbox"/> EFB \$4,000		
	<input type="checkbox"/> \$200,000 3 Options: a, b, or c	a. <input type="checkbox"/> \$3,000 ⁵	<input type="checkbox"/> EFB \$4,000	c. <input type="checkbox"/> \$6,000 ⁴	<input type="checkbox"/> EFB \$8,000
		b. <input type="checkbox"/> \$4,500	<input type="checkbox"/> EFB \$6,000		
	<input type="checkbox"/> \$300,000 4 Options: a, b, c, or d	a. <input type="checkbox"/> \$3,000 ⁵	<input type="checkbox"/> EFB \$4,000	c. <input type="checkbox"/> \$6,000	<input type="checkbox"/> EFB \$8,000
		b. <input type="checkbox"/> \$4,500	<input type="checkbox"/> EFB \$6,000	d. <input type="checkbox"/> \$7,500	<input type="checkbox"/> EFB \$10,000 ⁴
	<input type="checkbox"/> \$500,000 4 Options: a, b, c, or d	a. <input type="checkbox"/> \$4,500	<input type="checkbox"/> EFB \$6,000	c. <input type="checkbox"/> \$7,500	<input type="checkbox"/> EFB \$10,000
		b. <input type="checkbox"/> \$6,000	<input type="checkbox"/> EFB \$8,000	d. <input type="checkbox"/> \$9,000	<input type="checkbox"/> EFB \$12,000
	<input type="checkbox"/> \$1,000,000 4 Options: a, b, c, OR d	a. <input type="checkbox"/> \$6,000	<input type="checkbox"/> EFB \$8,000	c. <input type="checkbox"/> \$9,000	<input type="checkbox"/> EFB \$12,000
		b. <input type="checkbox"/> \$7,500	<input type="checkbox"/> EFB \$10,000	d. <input type="checkbox"/> \$12,000	<input type="checkbox"/> EFB \$16,000
³ EFB- ENHANCED FACILITY BENEFIT (Optional): <u>If Selected</u> Increases Facility Coverage to EFB Amount Indicated ⁴ Shared Care Rider is Not Available with these Combinations ⁵ Not available to residents of Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties					
COMMUNITY ONLY - Shared Care Rider is Not Available					
	STEP 2: CASH BENEFIT ACCOUNT (3 Options: a, b, or c)	STEP 3: MONTHLY CASH BENEFIT - Choose One From the SAME Row as Your Cash Benefit Account			
	a: <input type="checkbox"/> \$100,000	a. <input type="checkbox"/> \$1,500 b. <input type="checkbox"/> \$3,000			
	b: <input type="checkbox"/> \$200,000 c: <input type="checkbox"/> \$300,000	a. <input type="checkbox"/> \$3,000 b. <input type="checkbox"/> \$4,500 c. <input type="checkbox"/> \$6,000			
FACILITY ONLY - Shared Care Rider is Not Available					
	STEP 2: CASH BENEFIT ACCOUNT (Choose a, b, c, d, or e)	STEP 3: MONTHLY CASH BENEFIT -Choose One From the SAME Row as Your Cash Benefit Account			
	a. <input type="checkbox"/> \$100,000	a. <input type="checkbox"/> \$3,000			
	b. <input type="checkbox"/> \$200,000 c. <input type="checkbox"/> \$300,000	a. <input type="checkbox"/> \$3,000 b. <input type="checkbox"/> \$4,500 c. <input type="checkbox"/> \$6,000			
	d. <input type="checkbox"/> \$500,000 e. <input type="checkbox"/> \$1,000,000	a. <input type="checkbox"/> \$6,000 b. <input type="checkbox"/> \$7,500 c. <input type="checkbox"/> \$9,000			