

## BENEFIT CHANGE FORM

BENEFIT CHANGES WITHIN 30 DAYS OF  
COVERAGE ISSUE DATE  
(6 MONTHS FOR SHARED RIDERS<sup>3</sup>)

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

<b>I. Identifying Information</b>					
Name:		Social Security #			
Address:		Billing Acct ID#:			
City:		Amount Collected:	\$		
State:		Zip	<input type="checkbox"/> Balance of Mode <input type="checkbox"/> Payment for Benefit Change		
Current Coverage	<input type="checkbox"/> Individual	Change to:	<input type="checkbox"/> Association: Association/Employer Name: _____		
Company Assigned Number: _____					
<b>II. INSTRUCTIONS FOR CHANGING YOUR (1) COVERAGE TYPE, (2) CASH BENEFIT ACCOUNT, and/or (3) MONTHLY CASH BENEFIT. BENEFIT INCREASES MAY RESULT IN ADDITIONAL MEDICAL UNDERWRITING. If no change to 1,2 or 3, Go to Section III.</b>					
Step 1:	To change your Coverage Type, select your <b>NEW</b> Coverage Type from the A, B, or C boxes below. If you are <b>NOT</b> changing your coverage type, indicate your current Coverage Type in the A,B or C check boxes below and proceed to Step 2.				
Step 2:	To change your Cash Benefit Account, select a <b>NEW</b> Cash Benefit Account associated with the Coverage Type selected in Step 1. If you are <b>NOT</b> changing your Cash Benefit account, select your current Cash Benefit Account associated with your Coverage Type selected in Step 1 and proceed to Step 3.				
Step 3:	To change your Monthly Cash Benefit, select a new Monthly Cash Benefit: Choose a, b, c, or d, <u>from the SAME row as your Cash Benefit Account selection.</u>				
<b>A. <input type="checkbox"/> COMPREHENSIVE COVERAGE TYPE</b>					
CASH BENEFIT ACCOUNT		MONTHLY CASH BENEFIT	EFB <sup>1</sup> : Increase Facility Benefit to:	MONTHLY CASH BENEFIT	EFB <sup>1</sup> : Increase Facility Benefit to:
<input type="checkbox"/> \$100,000 <sup>4</sup> (1 Option: a)		a. <input type="checkbox"/> \$3,000 <sup>2</sup>	<input type="checkbox"/> EFB \$4,000		
<input type="checkbox"/> \$200,000 (3 Options: a, b, or c)		a. <input type="checkbox"/> \$3,000 <sup>4</sup>	<input type="checkbox"/> EFB \$4,000	c. <input type="checkbox"/> \$6,000 <sup>2</sup>	<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 <sup>4</sup>	<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 <sup>2</sup>
<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
<sup>1</sup> EFB- ENHANCED FACILITY BENEFIT (Optional): If selected Increases Facility Coverage to EFB Amount Indicated.					
<b>B. <input type="checkbox"/> COMMUNITY ONLY COVERAGE TYPE (NOT AVAILABLE WITH EMPLOYER PROGRAM)</b>					
CASH BENEFIT ACCOUNT		MONTHLY CASH BENEFIT			
<input type="checkbox"/> \$100,000		a. <input type="checkbox"/> \$1,500	b. <input type="checkbox"/> \$3,000		
<input type="checkbox"/> \$200,000		a. <input type="checkbox"/> \$3,000	b. <input type="checkbox"/> \$4,500	c. <input type="checkbox"/> \$6,000	
<input type="checkbox"/> \$300,000		a. <input type="checkbox"/> \$3,000	b. <input type="checkbox"/> \$4,500	c. <input type="checkbox"/> \$6,000	
<b>C. <input type="checkbox"/> FACILITY ONLY COVERAGE TYPE (NOT AVAILABLE WITH EMPLOYER PROGRAM)</b>					
CASH BENEFIT ACCOUNT		MONTHLY CASH BENEFIT			
<input type="checkbox"/> \$100,000		a. <input type="checkbox"/> \$3,000			
<input type="checkbox"/> \$200,000		a. <input type="checkbox"/> \$3,000	b. <input type="checkbox"/> \$4,500	c. <input type="checkbox"/> \$6,000	
<input type="checkbox"/> \$300,000		a. <input type="checkbox"/> \$3,000	b. <input type="checkbox"/> \$4,500	c. <input type="checkbox"/> \$6,000	
<input type="checkbox"/> \$500,000		a. <input type="checkbox"/> \$6,000	b. <input type="checkbox"/> \$7,500	c. <input type="checkbox"/> \$9,000	
<input type="checkbox"/> \$1,000,000		a. <input type="checkbox"/> \$6,000	b. <input type="checkbox"/> \$7,500	c. <input type="checkbox"/> \$9,000	

III.	<b>Current INFLATION</b>		<b>Change INFLATION To:</b>	
	<input type="checkbox"/> None	<input type="checkbox"/> 5% Compound 2x Max	<input type="checkbox"/> None	<input type="checkbox"/> 5% Compound 2x Max
	<input type="checkbox"/> Simple	<input type="checkbox"/> 5% Compound: No Max	<input type="checkbox"/> Simple	<input type="checkbox"/> 5% Compound: No Max
	<input type="checkbox"/> 3% Compound: No Max		<input type="checkbox"/> 3% Compound: No Max	
IV.	<b>Current ELIMINATION PERIOD</b>		<b>Change ELIMINATION PERIOD To:</b>	
	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days
	<input type="checkbox"/> 90 days	<input type="checkbox"/> 180 days	<input type="checkbox"/> 90 days	<input type="checkbox"/> 180 days
	<input type="checkbox"/> 180 days		*(Not available after age 55)	
V.	<b>RIDERS AVAILABLE</b>		<b>Current</b>	<b>Change To:</b>
	<b>Shortened Benefit Period Rider</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Return of Premium Rider</b>	<ul style="list-style-type: none"> <li>• Available to Applicants <b>Age 75 and Under</b></li> <li>• <b>Not</b> available with Full Return of Premium Rider</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Full Return of Premium Rider</b>	<ul style="list-style-type: none"> <li>• Available to Applicants <b>Age 65 and Under</b></li> <li>• <b>Not</b> available with Return of Premium Rider</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Restoration of Benefit Rider</b>	<ul style="list-style-type: none"> <li>• <b>Not</b> Available with Community Only Rider and <b>Not</b> Available with Shared Care Rider</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Community Only (Not Available with Employer Program)</b>	I understand that by choosing this Rider, I am limiting my coverage to care provided when <b>I do not reside in a Qualified Facility</b> . I may not have coverage for all the types of long term care services I might require.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Facility Only (Not Available with Employer Program)</b>	I understand that by choosing this Rider, I am limiting my coverage to care provided when <b>I reside in a Qualified Facility</b> . I may not have coverage for all the types of long term care services I might require.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Shared Care Rider<sup>3</sup></b>	<ul style="list-style-type: none"> <li>• Policies must be identical in benefits and premium payment options.</li> <li>• <b>Not</b> available with: Restoration of Benefits Rider; and/or Comprehensive Coverage Combinations noted with<sup>2</sup> in Section IIA.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Shared Waiver Rider<sup>3</sup></b>	<ul style="list-style-type: none"> <li>• <b>Not</b> available if Care Partners' age difference is more than 15 years</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Survivor Benefit Rider<sup>3</sup></b>	<ul style="list-style-type: none"> <li>• <b>Not</b> available if Care Partners' age difference is more than 15 years</li> <li>• <b>Not</b> available with 10 Pay Premium Payment Option</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<sup>2</sup> Share Care Rider is Not available with Comprehensive Coverage Combinations noted on page 1.				
<sup>3</sup> Not available with Community Only or Facility Only; Both Care Partners Must Purchase the Riders and the Riders must have the Same Effective Date. If one Care Partner is Not Eligible or Does Not Apply, they must apply <u>within 6 months</u> of the Original Care Partner and the Original Care Partner can not be Eligible for Benefits at the time the Rider is requested.				
<sup>4</sup> Not available to residents of Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk and Westchester counties				
VI.	<b>Insured Signature</b> ➡		<b>Date:</b>	
	<b>Producer's Signature (if required)</b> ➡		<b>Date:</b>	
	<b>Print Producer's Name (if required):</b>		<b>Writing Number:</b>	