



METROPOLITAN LIFE INSURANCE COMPANY ("METLIFE")
P.O. Box 937, Westport, CT 06881-0937
1-888-565-3761
LONG-TERM CARE INSURANCE
REQUIRED DISCLOSURE STATEMENT
POLICY FORM LTC2007-NY

CAUTION: Our issuance of the long-term care insurance policy will be based upon your responses to the questions on your application. If you are accepted for coverage, a copy of your application will be attached to the policy. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind the policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at this address: Metropolitan Life Insurance Company, P.O. Box 937, Westport, Connecticut 06881-0937.

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

FEDERAL TAX CONSEQUENCES. The policy is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

1. THE POLICY IS AN INDIVIDUAL POLICY OF INSURANCE ISSUED IN NEW YORK.

2. PURPOSE OF DISCLOSURE STATEMENT.

This disclosure statement provides a very brief description of the important features of the policy. You should compare this disclosure statement to disclosure statements or outlines of coverage for other long-term insurance coverage available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains the governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and MetLife (referred to as "we/us/our"). Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY CAREFULLY!**

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

a. Return of Policy ("Free Look")

If you are not satisfied with the policy, you may return it to us, or to the sales agent or producer from whom you bought it, within 30 days from the date you receive it. If so returned, the policy will be void from the beginning. We will refund any premium you have paid within 30 days of our receipt of the policy.

b. Return of Earned Premiums

The policy contains a Return of Earned Premium on Death provision. If you die on or before your 70th birthday, we will pay an amount equal to all premiums due and paid to us up to your 70th birthday, less any benefits that were paid to you or on your behalf. We will not return any premiums under this provision if your coverage was in paid-up status under the Contingent Benefit Upon Lapse rider or under the Nonforfeiture Coverage Rider, if included in the policy.

c. Refund of Unearned Premiums

We will refund any unearned premium due at your death or on cancellation of the policy.

4. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide (Guide to Health Insurance for People with Medicare) available from MetLife. Neither MetLife nor its sales agents or producers represent Medicare, the federal government or any state government.

5. LONG-TERM CARE COVERAGE

Policies or certificates of this category are designed to provide coverage for not less than 24 consecutive months for each covered person on an expense incurred, indemnity, prepaid or other basis and provide coverage for all levels of care in a nursing home and home care benefits.

The policy provides coverage in the form of expense incurred benefits for covered long-term care expenses, subject to

policy limitations and Elimination Period requirements.

6. BENEFITS PROVIDED BY THE POLICY.

a. Coverage Amounts and Elimination Period

Applicant A (name): _____

Applicant B (name): _____

monthly benefit amount: \$ _____

monthly benefit amount: \$ _____

total benefit amount: \$ _____

total benefit amount: \$ _____

elimination period for covered services:
100 calendar days

elimination period for covered services:
100 calendar days

“Monthly benefit amount” is the most we will pay in a calendar month for covered services, not including benefits for the needs assessment. In a thirty-one (31) day Calendar Month, the monthly benefit amount will be increased by 1/30th.

“Total benefit amount” is the most we will pay under the policy during your lifetime, not including benefits for the needs assessment.

“Elimination period” is the number of days, after the effective date of the policy, during which you must be eligible for benefits before benefits, other than the benefit for needs assessment, become payable. These days need not be consecutive. No elimination period is required to receive the benefit for needs assessment. A day of the elimination period for covered services will be satisfied each day that you are eligible for benefits.

b. Covered Services

We will pay benefits for the services listed below if they are included in your plan of care, you are eligible for benefits, you have satisfied the elimination period for covered services (there is no elimination period for the needs assessment) and you have not exhausted your total benefit amount. Payment of benefits will be subject to all policy maximums, limitations, exclusions, requirements and provisions.

Covered Service

Maximum Coverage Amount

nursing home/hospice facility/assisted living facility (room and board and the following services received by you in and provided by the facility: nursing care, maintenance or personal care, therapy services and hospice care)

We will pay the actual charge incurred, up to 100% of the monthly benefit amount per calendar month.

home care services**/
adult day care

We will pay the actual charge incurred, up to 100% of the monthly benefit amount per calendar month.

bed reservation
(to hold your bed in a nursing home, hospice facility or assisted living facility if you have to leave the facility)

We will pay the actual charge incurred, up to 50 days per calendar year.

needs assessment by a care advisor
(to: assess your long- term care services needs; identify options for your long-term care; and discuss the options with you or your representative)

Benefit limited to 1 visit per lifetime. If provided by a care management organization selected by you, we will pay the actual charge incurred, up to \$275 in your lifetime.

***“Home care services” means the following services provided at home: nursing care, home care aide services; homemaker services; hospice care; independent caregiver services; care advisory services, therapy services and social worker services. “Home” means any private residence in which you are living or staying. It does not include any: hospital or other acute care facility; nursing home; hospice facility; assisted living facility; or other residential long-term care facility.

Alternate Services

We may agree to pay benefits for qualified long-term care services that are not specifically defined in the policy as covered services. These are referred to as “alternate services”. If we agree to pay benefits for alternate services, the benefits we will pay will be the lesser of: the actual charges you incur for the services received; or the benefits we would pay for the covered service we determine to be most closely related to the alternate services received.

c. Maximum We Will Pay for Covered Services

If in a calendar month, you receive more than one covered service, other than the needs assessment, the most we will pay for all of those covered services is the monthly benefit amount. Payment of the bed reservation benefit will reduce the monthly benefit amount available.

d. International Benefit Endorsement

This Endorsement provides for policy Benefits to be paid when you are outside the United States and its territories.

We will pay the “international benefit” if you qualify under the terms of this endorsement. “International” means any location outside the United States and its territories. The international benefit is equal to 50% of your monthly benefit amount per calendar month. We will pay the international benefit up to the lesser of: (1) your total benefit amount less any benefits paid while you are in the United States; or (2) 50% of your total benefit amount.

Payment of the international benefit will be subject to all applicable policy exclusions, requirements and provisions. Regardless of whether you are inside or outside of the United States, the sum of all benefits we will pay under the policy will never exceed your total benefit amount.

Tax Note: Since benefits under this endorsement will be paid without regard to actual charges you incur, part of the benefits could be considered taxable income if they exceed the limitations prescribed by the Internal Revenue Code of 1986, as amended. You should consult with your independent tax advisor.

e. Optional Riders

The following optional riders are available for an additional premium.

Shared Care Rider. Allows your covered partner to receive benefits under the policy as described below:

- your covered partner (spouse or domestic partner) can receive benefits under your coverage after the total benefit amount under his/her coverage has been exhausted; and
- if your covered partner dies, the remaining total benefit amount, if any, from his/her coverage will be added to your total benefit amount. You must provide us with written proof, satisfactory to us, of the death of your covered partner.

In order for your covered partner to receive benefits under the Shared Care Rider, you and your covered partner must each apply and be approved for identical coverage that includes the Shared Care Rider and must maintain such identical coverage. Identical coverage means policies issued in the same state that are identical with respect to: form number; monthly benefit amount and total benefit amount; and any riders purchased.

Nonforfeiture Coverage Rider. (Note: this rider is only available at initial application). Provides that the policy will be converted to paid-up status, as described below, if this rider: has been in effect for at least 3 policy years; and is in effect when the policy ends due to nonpayment of premiums or your written request to cancel the policy. If the policy is converted to paid-up status under this rider, we will pay the same benefits that were in effect under the policy immediately prior to the date the policy was converted to paid-up status, except that:

- the total benefit amount will be adjusted to equal the greater of: the sum of all paid and waived premiums for the policy during the time this rider is in effect; or the monthly benefit amount in effect immediately prior to the date the policy was converted to paid-up status; and
- benefits cannot be changed and will not change after the policy is converted to paid-up status.

If the policy is converted to paid-up status under this rider, all riders under the policy end. The total benefits that we will pay under this rider will not be more than the remaining total benefit amount in effect immediately prior to the date the policy was converted to paid-up status. The policy includes a Contingent Benefit Upon Lapse rider (described in section 14). We will not pay benefits under both this rider and the Contingent Benefit Upon Lapse rider. If you meet the requirements for conversion to paid-up status under both this rider and the Contingent Benefit Upon Lapse rider, we will automatically apply the feature that will provide the higher adjusted total benefit amount.

Ten Year Premium Payment Rider. (Note: (1) this rider is only available at initial application; and (2) is only available if: you select one of the following benefit increase riders: 5% Automatic Compound Inflation Protection; or 3% Automatic Compound Inflation Protection; or you do not select a benefit increase rider. Provides that the premium for the coverage in effect on the policy’s original effective date that remains in effect for 10 policy years,

will be paid-up on your 10th policy anniversary. Any premium increase which results from a change in benefits under the terms of the policy will not be paid-up until premiums for that change have been paid for 10 years from the effective date of the change. "Paid-up" means no further premiums are payable, but the policy remains in effect.

Note: If you end this rider before the policy is paid-up, you will not receive any offset, adjustment or refund of the accelerated premium paid under this rider upon switching to the standard method of premium payment.

Note: Once your policy is paid-up under this rider, you may not request any further changes to your coverage.

Tax Note: The Ten-Year Premium Payment Rider provides an accelerated premium payment schedule. Please be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of potential tax deductions to which you may otherwise be entitled under the federal income tax law and the income tax laws of certain states. You should consult your tax advisor prior to selecting an accelerated premium payment rider.

Benefit Increase Riders. See section 13 of this disclosure statement for details on the benefit increase riders available. You may only select one of these riders. You are not required to select any of them.

f. Eligibility for Benefits

You will be eligible for benefits if:

- coverage is in effect for you;
- we are given proof, satisfactory to us, that you are chronically ill;
- a licensed health care practitioner has certified in writing to us within the last 12 months, that you are chronically ill; and
- a written plan of care, acceptable to us, that includes the qualified long-term care services you need is in place for you and we are provided with a copy of the plan of care.

"Activities of daily living" means any of the following:

- bathing: washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- dressing: putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- transferring: moving into or out of a bed, chair or wheelchair.
- toileting: getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- continence: ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- eating: feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

"Chronically ill" means:

- you are unable to perform, without substantial assistance from another individual, at least 2 activities of daily living for an expected period of at least 90 days due to a loss of functional capacity; or
- you require substantial supervision to protect you from threats to health and safety due to severe cognitive impairment.

"Plan of care" means a written plan that:

- has been developed, prescribed and approved by a licensed health care practitioner at the time you are chronically ill as a result of an assessment of your functional and cognitive status and incorporates any information provided by your personal physician;
- fairly, accurately and appropriately identifies ways of meeting your qualified long-term care service needs;
- is appropriate and consistent with generally accepted standards of care for a similarly situated chronically ill person; and
- specifies the type, cost, frequency, expected duration and providers of all the services needed to meet your qualified long-term care service needs.

"Severe cognitive impairment" means a deterioration or loss in intellectual capacity that: (a) is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

7. LIMITATIONS AND EXCLUSIONS.

a. Exclusions

The policy does not pay benefits for any of the following:

- treatment of alcoholism or drug addiction, unless the drug addiction was due to drug(s) taken on the advice of a physician;
- any care received while in a hospital, except in a unit specifically designated and licensed as a nursing home or hospice facility;
- any injury or sickness that results from:
 - any war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection; or
 - any intentionally self-inflicted injury;
- services performed at home by a member of your immediate family, unless: (a) he or she is a regular employee of a home care agency which is providing services to you; (b) the home care agency receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees of that home care agency;
- any care or services received outside the United States and its territories;
- any service or item to the extent the expense for it is reimbursed under Medicare, or would be reimbursed but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is secondary payer under applicable law. The insured must file all Medicare claims relating to the service or supply prior to submitting a claim under the policy for such service or supply;
- treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except Medicaid); or
- services for which no charge is normally made in the absence of insurance.

b. Non-Duplication of Benefits

To the extent permitted by applicable law, we will reduce the benefits that we will pay for covered services to the extent that the combination of benefits paid under this policy and amounts paid for those services by any of the following exceed 100% of the actual charge for the covered services:

- any state or federal workers' compensation law or similar law;
- any employer's liability or occupational disease law; or
- any motor vehicle no-fault law.

This provision does not apply to policies or certificates which pay benefits without regard to actual charges you incur.

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

8. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the cost of long-term care services is likely to increase over time, you should consider whether and how the benefits of the policy may be adjusted.

a. Benefit Increase Riders

You may select one of the optional benefit increase riders described in section 14 below. Benefits are not guaranteed to increase over time unless you select a rider that is marked with a double asterisk (**).

b. Increases in Monthly Benefit Amount and/or Total Benefit Amount

You may ask for an increase in your monthly benefit amount and/or total benefit amount in writing. We will approve a request for such an increase only if you provide, at your expense, proof of your good health, satisfactory to us. You may increase your monthly benefit amount and/or total benefit amount to those amounts and in those combinations that are available for the policy. The extra premium for the increase will be based on: your age on the effective date of the increase; premium rates, discounts, if any, and your health rating, in effect on the date of the increase; and your coverage and your premium in effect prior to the increase.

The effective date of any increase requested and approved will be the policy anniversary that next follows the date of our approval of your request.

c. Decreases in Monthly Benefit Amount and/or Total Benefit Amount

You may ask for a decrease in your monthly benefit amount and/or total benefit amount in writing. You may only make such a decrease to those amounts and in those combinations that are available for the policy. The amount of the premium reduction for the decrease will be computed assuming that the levels of benefits purchased last are discontinued first. The effective date of any decrease requested and approved will be the first day of the policy month on or next following the date that we approve the decrease.

d. Other Coverage Changes

You may be eligible to make other changes to your coverage. Such changes may require proof of your good health and may affect your premium.

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

a. RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the policy, to continue the policy as long as you pay your premiums on time. We cannot change any of the terms of the policy on our own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

b. Waiver of Premium

We will waive your premium if:

- you are eligible for benefits;
- you have satisfied the required elimination period; and
- you are receiving payment of benefits.

Waiver of premium will end when you are no longer eligible for benefits or are no longer submitting proof of your receipt of covered services, whichever is earlier.

10. PREMIUM.

a. Annual Premium

The initial annual premium amounts shown below reflect a standard health rating and:

for Applicant A - discounts: *circle applicable discount(s)* spousal marital
 payment mode: *circle applicable mode* monthly quarterly semi-annual annual

for Applicant B - discounts: *circle applicable discount(s)* spousal marital
 payment mode: *circle applicable mode* monthly quarterly semi-annual annual

Applicant A	Initial Annual Premium	Applicant B	Initial Annual Premium
LTC2007 Policy	\$ _____	LTC2007 Policy	\$ _____
_____	\$ _____	_____	\$ _____
Insert name of benefit increase rider, if any		Insert name of benefit increase rider, if any	
Nonforfeiture Coverage Rider	\$ _____	Nonforfeiture Coverage Rider	\$ _____
Shared Care Rider	\$ _____	Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____	Ten Year Premium Payment Rider	\$ _____
Total Annual Premium	\$ _____	Total Annual Premium	\$ _____

b. Discounts

You may be eligible for the spousal or marital discount described below. You can only receive one of these discounts.

Spousal discount. Premiums for your coverage will be subject to a spousal discount if your spouse or domestic partner is insured under an individual long-term care insurance policy issued by MetLife. This discount will end if your spouse's or domestic partner's coverage ends for any reason other than his/her death or exhaustion of the total benefit amount under his/her policy.

Marital discount. Premiums for your coverage will be subject to a marital discount if you are married or have a domestic partner and you do not qualify for the spousal discount described above.

- c. **TERMS UNDER WHICH METLIFE MAY CHANGE PREMIUMS.** We reserve the right to change premiums rates on a class basis, subject to applicable state insurance department approval. Accordingly, your premium may change on a class basis. Your premium will not increase because you get older or your health changes. We will notify you in writing 45 days prior to any increase in your premium on a class basis.

11. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

If your application is approved and a policy is issued, the policy provides coverage if you are clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses, subject to all policy requirements and provisions, including, but not limited to requirements for eligibility for benefits and for payment of benefits.

12. ADDITIONAL FEATURES.

a. **Medical Underwriting**

The approval of your application and issuance of a policy is subject to medical underwriting. We will only approve your application if we are provided with proof of your insurability that is satisfactory to us.

b. **Grace Period and Lapse**

You have a grace period of 31 days to pay each premium due after the date it is due. If the premium is not paid by the end of the grace period, we will send a written notice of lapse of the policy to you and to any person named by you to receive such notice at the addresses given to us. You have 35 days after we mail this notice to pay the premium. The policy will stay in force during this time unless we receive a written request from you to cancel the policy. If we do not receive the premium within 35 days of mailing the notice, the policy will then lapse at the end of this 35 day period.

c. **Reinstatement For Severe Cognitive Impairment or Loss of Functional Capacity**

If the policy lapses, we will reinstate it back to the date it lapsed, without proof of your good health, if within 6 months of the date of lapse, you or someone acting for you: request reinstatement; submit proof, satisfactory to us, that you had a severe cognitive impairment or loss of functional capacity on or after the 1st date that a premium was due and unpaid but before the date that the policy lapsed for non-payment of that premium (the standard of proof we will use will be no more restrictive than that described in section 6(e) of this disclosure statement under Eligibility for Benefits); and pay all past due premiums to us, if we approve your request for reinstatement. If we reinstate the policy, your premium will be what it would have been if the policy had not lapsed.

d. **Reinstatement**

If the policy lapses, you may apply for reinstatement by completing the reinstatement application form that we require. This policy will only be reinstated if:

- we receive the required completed reinstatement application form at the address stated on the application form no later than 12 months after the date your policy lapsed;
- we receive any additional proof of your good health that we require;
- we do not send you a written disapproval of such completed application by the 45th day after the date that we received the completed application; and
- we receive the full amount of all premiums due for your policy no later than the due date on the bill that we send you for the premiums required to reinstate your policy.

Please note that we will not accept any premium payment with an application for reinstatement. If your policy lapses, we will only accept payment of premium after your application for reinstatement: has been approved by us; or has not been disapproved in writing by us by the 45th day after the date that we received your completed reinstatement application. If your policy is reinstated, it will be reinstated back to the date that the policy lapsed.

e. **Contingent Benefit Upon Lapse**

In the event of a substantial premium increase as defined in the policy, we will: provide you with the option to decrease your benefits so that your premium will not increase; offer you the option to stop paying premium and convert the policy to paid-up status, as described below, within the 120 day period following the first due date of such increase; and automatically convert the policy to paid-up status, as described below, if the policy lapses or you cancel the policy within the 120 day period following the first due date of such increase. If the policy is converted to paid-up status under this provision, we will pay the same benefits that were in effect under the policy immediately prior to the date the policy was converted to paid-up status, except that:

- the total benefit amount will be adjusted to equal the greater of: the sum of all paid and waived premiums for the policy; or the monthly benefit amount in effect immediately prior to the date the policy was converted to paid-up status; and
- benefits cannot be changed and will not change after the policy is converted to paid-up status.

Once your policy is converted to paid-up status under the Contingent Benefit Upon Lapse rider, all other riders under the policy end. The total benefits that we will pay under this provision will not be more than the remaining total benefit amount in effect immediately prior to the date the policy was converted to paid-up status.

f. Expected Benefit Ratio

The expected benefit ratio for this policy exceeds 65% for issue ages 65 and over and 60% for issue ages 64 and below. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

13. 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 YOUR LONG-TERM CARE INSURANCE POLICY.

14. BENEFIT INCREASE RIDERS AVAILABLE. You have the option to increase your benefits under one of the following benefit increase riders. You are not required to select one of these riders. Benefits are not guaranteed to increase over time unless you select a rider that is marked with a double asterisk (**).

5% Automatic Compound Inflation Protection Rider.** On each policy anniversary, provides an annual automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy. If you end this rider, your premium for the policy will be recalculated based upon your age on the rider effective date to account for increases in benefits that took effect under this rider.

3% Automatic Compound Inflation Protection Rider.** On each policy anniversary, provides an automatic increase in your monthly benefit amount and your remaining total benefit amount with no corresponding increase in premium. The amount of each increase will be equal to 3% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. Your premium will not increase as a result of increases under this rider; however, we reserve the right to change premiums on a class basis. Increases under this rider will occur without regard to your age, claim status or history, health, or the length of time you have been covered under the policy. If you end this rider, your premium for the policy will be recalculated based upon your age on the rider effective date to account for increases in benefits that took effect under this rider.

Future Purchase Rider. On each policy anniversary, provides an annual automatic increase in your monthly benefit amount and your remaining total benefit amount, unless you give us written notice of rejection of the increase before it takes effect. However, you cannot receive an increase if you are eligible for benefits on the date the increase is to take effect. The amount of each increase will be equal to 5% of each of the monthly benefit amount and remaining total benefit amount in effect at the end of the preceding policy year. There will be an additional premium for each such increase based on: your age on the effective date of the increase; and the following, in effect on the effective date of the increase: premium rates, discounts, if any, and your health rating. If you reject an increase 2 times in a row, you will no longer receive these increases automatically unless you notify us in writing that you wish to resume receiving increases. Increases under this rider will occur without regard to your age or the length of time you have been covered under the policy.

Guaranteed Purchase Option Rider. (Note: this rider is only available at initial application). Every 3 years, on the policy anniversary, up to and including the policy anniversary on or next following your 64th birthday, we will provide you with the opportunity to increase your monthly benefit amount and total benefit amount, as described below. Each increase: must be equal to at least and be in multiples of 25% of each of the monthly benefit amount and total benefit amount in effect on the policy's original effective date; and must be the same percentage for both the monthly benefit and the total benefit amount. The sum of all increases under this rider cannot exceed 100% of the each of the monthly benefit amount and the total benefit amount in effect on the policy's original effective date. There will be an additional premium for each increase under this rider based on: your age on the effective date of the increase; the premium rates and discounts, if any, in effect on the effective date of the increase; and your health rating on the policy's original effective date. While this rider is in effect, you cannot increase or decrease your monthly benefit amount or total benefit amount under any other policy provisions, and if you are approved to make such a change, this rider will end. If you become eligible for benefits, you cannot increase benefits under this rider and this rider will end. This rider will end if you fail to accept an increase offer 2 times in a row.

Graphic Comparison. The following graph assumes a policy issued to an individual whose original issue age is 55 with: a \$3,000 monthly benefit amount; a \$75,000 total benefit amount; a standard health rating; and no applicable discounts. The graph compares the benefits and premiums for such a policy issued with no inflation protection to the same policy issued with: the 5% Automatic Compound Inflation Protection Rider; or the 3% Automatic Compound Inflation Protection Rider; or the Future Purchase Rider (assuming all increases are accepted).

