

Long-Term Care Insurance

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**Product Guide**

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not for use with the public.

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The decision to purchase long-term care insurance is an important one that clients should not take lightly. In making this decision, the company providing the policy is almost as important as the coverage itself. People need to be sure they are buying their long-term care insurance from a company they can count on.

For over a century, Prudential has distinguished itself as one of the leaders in the insurance and financial services industry. You already know that Prudential has been helping to provide solutions to people's protection and accumulation needs for over 130 years and currently serves more than 15 million individual and institutional customers. What you may not know is that Prudential has been providing long-term care insurance since 1986. We have over 20 years of experience servicing customers with their long-term care insurance needs.\*

Prudential LTC Evolution<sup>SM</sup> long-term care insurance, issued by The Prudential Insurance Company of America, was developed in response to input from long-term care insurance producers and financial professionals like you. In developing this product, we used the experience and expertise we gained from selling prior individual long-term care insurance products. We listened to our customers, considered changes in the long-term care marketplace, and learned from our competitors' products. The result is a revolutionary new individual long-term care insurance product that represents the next generation of long-term care insurance products.

*\*The Prudential Insurance Company of America, Investor Relations Department, Approved Company Descriptions, September 5, 2008*

# Introduction to Long-Term Care Insurance

## What Is Long-Term Care?

Long-term care (LTC) includes a variety of services for people who are defined as being “chronically ill.” Chronic illness may be caused by physical illnesses, disabilities, or cognitive disorders (such as Alzheimer’s Disease). Long-term care services may include, but are not limited to, home health care, which can range from personal care or help with daily activities such as bathing and dressing, to skilled nursing services, respite care,\* adult day care, and care in a facility.\*\*

Someone with a chronic illness or disability may need substantial assistance with Activities of Daily Living (ADLs).

What is an ADL? It is a basic task that people generally do every day without the help from others. The Prudential LTC Evolution policy uses six ADLs in determining when someone is eligible for benefits. The six ADLs are:

- Bathing
- Toileting
- Dressing
- Transferring (i.e., moving from a bed to a chair)
- Eating
- Continence

## Benefit Eligibility/Benefit Triggers

Clients become eligible to receive benefits under the policy when they are assessed and certified as having a **Chronic Illness** or **Disability**.

\* Respite care is a specific benefit to give the primary caregiver a break from caregiving, which could be anywhere from a few hours to a few weeks.

\*\* In California, an “Assisted Living Facility” is known as a “Residential Care Facility.”

A Chronic Illness or Disability is one in which there is:

- Severe Cognitive Impairment, which requires Substantial Supervision to protect the client from threats to personal health and safety; or
- A loss of the ability to perform, without Substantial Assistance, at least two Activities of Daily Living due to a loss of functional capacity that is expected to last for a period of at least 90 consecutive days. Activities of Daily Living are:
  - 1) bathing, 2) continence, 3) dressing, 4) eating, 5) toileting, and 6) transferring

For more information on Benefit Eligibility, please refer to “*The Long-Term Care Insurance Claims Process*” brochure.

## Why Buy Long-Term Care Insurance?

The benefits of long-term care insurance include:

### Preserving Independence

Long-term care insurance can help individuals maintain their independence should they need to depend on others for support with Activities of Daily Living. Being able to plan for, select, and finance care helps maintain independence. It can mean a better quality of life not only for the client but for family and friends as well.

### Protecting Savings and Assets

Long-term care insurance can help protect savings and assets against the need to liquidate them should long-term care be needed. As discussed earlier, the cost to provide long-term care can be prohibitive, especially if that care is needed for an extended period of time. Paying for this type of care can drain savings or cause an individual and his/her family to sell off their assets. And, in general, people do not want to deplete unprotected assets to qualify for Medicaid.

## Caregiving By Family

A long-term care insurance policy can be the difference between “taking care of yourself” and “becoming dependent on family members for your care.” In today’s society, many people find themselves in a situation where they are caring for both their aging parents and their young children, often while maintaining a household and working at the same time.

With LTC insurance, the client can remain at home and have financial means to pay for care by a professional health care provider if that is what the client chooses. The professional care can be used as the primary form of care or it may be used to supplement care provided by family members. Home health care benefits under a long-term care insurance policy give the clients and their families the financial freedom to choose the type of care that is best for the client in order to provide assistance at home.

## Providing Choices

The type, provider, and location of long-term care services are directly related to the ability to pay for the care of choice. With the benefits from long-term care insurance available, more options remain open.

## Tax Advantages

In 1996, Congress passed the Health Insurance Portability and Accountability Act (HIPAA). This legislation clarified the tax status of long-term care insurance premiums and benefits and defined the provisions of policies known as federally tax-qualified insurance.

The benefits a client may receive under a tax-qualified policy should not be considered taxable income as long as the insured is chronically ill (as defined by the Internal Revenue Code) and the benefits are used to pay for qualified long-term care services (also defined by the Internal Revenue Code).

In addition, premiums for long-term care insurance may be tax deductible as a medical expense (subject to certain limitations) for federal income tax and treated as a credit or a deductible for the purpose of state income tax filing in many states. The producer should advise clients to consult a tax advisor with respect to the tax implications of ownership of a long-term care insurance policy in their state.

## Prudential LTC Evolution Product Description (state variations may apply)

Prudential LTC Evolution is an innovative new individual long-term care insurance product that represents the next generation of long-term care insurance products. It was developed in response to the consumer's need for an easily understandable, affordable alternative to traditional long-term care insurance products. Clients familiar with health and life insurance terminology will find it easy to understand this new product, since it pays benefits based on a percentage of Actual Eligible Charges up to an overall Policy Lifetime Maximum. Furthermore, this policy's design results in benefits that increase at the actual rate of inflation, giving clients an alternative method to prepare for the rising cost of long-term care expenses.

### Issue Ages 18 – 79

#### Rating Classes: Preferred, Standard I, Standard II, and Standard III

If an applicant does not qualify for these four rating classes, coverage will be denied. Please note, long-term care insurance cases are rated differently than life insurance cases. A person acceptable for life insurance may not necessarily be approved for long-term care insurance.

- Most applicants are issued at Standard I rates (100% of regular premiums)
- Preferred rates are applied to fully underwritten applicants who are considered to be better-than-average risks. The Preferred Health ratings are approximately 85% of the Standard premiums.
- Standard II ratings are applied to fully underwritten applicants who are higher-than-average risks for LTC, but still insurable. Standard II ratings are approximately 125% of Standard I premiums.
- Standard III ratings are applied to fully underwritten applicants who are higher risks than Standard II-rated applicants, but are insurable. Standard II ratings may be applied by the underwriter in very limited situations. Standard III ratings are approximately 150% of Standard I premiums.

Refer to Underwriting Rating/Classification Categories in the Underwriting Manual for more information.

## Policy Design

Prudential LTC Evolution is a guaranteed renewable individual long-term care insurance policy, which 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.

Premiums are based on the client's age, area of residence at the time of application and coverage options chosen. A long-term care insurance policy from Prudential is guaranteed renewable. This means your clients have the right to continue their policies so long as they pay their premiums on time and have not exhausted their Policy Lifetime Maximum. Prudential has the right to change premium rates in the future but only on a class basis. An insured's rates cannot be increased due to his/her increasing age or declining health, nor can it be increased based on how many claims are filed. In most states, Prudential would need to obtain regulatory approval before increasing premiums.

## Policy Lifetime Maximum

\$100,000 to \$1,000,000 in \$100,000 increments

## Pool of Money

The Policy Lifetime Maximum is what is called a "Pool of Money." The Pool of Money is the total amount of money accessible to pay benefits in accordance with the terms and conditions of the long-term care insurance policy.

Unlike most other "traditional" LTC policies, LTC Evolution does not impose a dollar benefit limit for each day, each week or each year benefits are payable.

After the value of the Pool is first established, the Guaranteed Increase Feature\* and additional optional inflation protection can increase the Pool, while claims payments will reduce the amount of the Policy Lifetime Maximum.

*\*Please see page 11 for definition of Guaranteed Increase Feature.*

## Coverage

Once benefit eligibility has been determined, most long-term care services will be reimbursed at 80% of the eligible charge incurred up to the Policy Lifetime Maximum.

Services reimbursed up to 80% of Actual Eligible Charges are:

- Nursing Home Care
- Care in an Assisted Living or Residential Health Care Facility
- Care in an Adult Foster Home or Board and Care Facility
- Hospice Care (Facility or Home-Based): Not subject to Elimination Period
- Respite Care (regardless of site of care)
- Bed Reservation
- Home Health Care (referred to as Home Care in CA)
- Homemaker Services
- Personal Care
- Adult Day Care

Prudential LTC Evolution long-term care insurance will cover the services listed above. Clients may select the provider they wish as long as licensure and Plan of Care requirements are met. They do not have to select services at the time of purchase.

### **The Calendar Day Elimination Period (CDEP)**

The Calendar Day Elimination Period (CDEP), which is also known as the Benefit Waiting Period (BWP) in some states, is cumulative and needs to be met only once in a lifetime. It does not need to be satisfied to use the Starter Benefit, Home Support Services, or Hospice Care benefits. The CDEP will begin on the date the insured is certified by a Licensed Health Care Practitioner as having a Chronic Illness or Disability.

The CDEP is counted in 90 calendar days. Each day the Chronic Illness or Disability continues counts towards satisfying the CDEP.

The client is not required to receive services for a day to qualify. Each day will count in satisfying the CDEP whether or not a qualified long-term care service is used or whether charges were incurred.

Unlike most other “traditional” LTC policies, the client is not required to select an Elimination Period at time of application. LTC Evolution’s CDEP is fixed at 90 calendar days.

## Starter Benefit (Paid in Cash)

The Prudential LTC Evolution policy provides a Starter Benefit that is **paid in cash** to help clients cover expenses during the Calendar Day Elimination Period.

If the client submits a claim that is approved, \$1,500 per month can be paid during the Calendar Day Elimination Period. After the Calendar Day Elimination Period is satisfied, claims for formal care can begin or—if preferred—the client can elect to continue receiving the Starter Benefit of \$1,500 per month for up to a maximum of 12 months in all.

(NOTE: Certain states may require a 24-month maximum benefit.)

## Home Support Services

When it comes to providing quality long-term care coverage, assisting clients to stay at home for as long as possible is one of the priorities of Prudential LTC Evolution. That's why Prudential offers the Home Support Services feature to cover items that are important in helping clients maintain independence.

Home Support Services benefits are designed to provide coverage to make staying at home possible. Clients can use this benefit to purchase things like a personal emergency response system or to make home modifications (ramps, grab bars in the bathroom, etc.). It can also be used to provide caregiver training to the client's informal caregiver on transferring techniques, giving a bed bath, and use of assistive devices. With this training, family members and other unpaid caregivers may be able to meet the needs of the client at home more effectively.

This feature provides funds for:

- Assistive Devices or Technology
- Caregiver Training
- Durable Medical Equipment
- Emergency Medical Response System
- Home Modifications
- Private Care Manager
- Transportation Services

The Home Support Services benefit reimburses your client for 100% of the Actual Eligible Charges incurred up to the Home Support Services Lifetime Maximum of \$10,000 and may be used prior to meeting the Calendar Day Elimination Period. Claims against Home Support Services reduce the Policy Lifetime Maximum.

## **Guaranteed Increase Feature (Built In)**

Under the Guaranteed Increase Feature (GIF), an increase in coverage will occur every five years enabling the client to purchase additional coverage without further underwriting. Policy benefits will be increased by 25% of the Policy Lifetime Maximum then in effect on that Policy Anniversary (not including any prior benefit increases applied under this Guaranteed Issue Feature, and excluding any amounts paid on claim).

For example, assume the Original Policy Lifetime Maximum is \$100,000. On the fifth policy anniversary and every subsequent fifth anniversary (until the policy anniversary coincides with or exceeds the insured's 76th birthday), the Policy Lifetime Maximum will increase by \$25,000. In this example, the Policy Lifetime Maximum will increase to \$125,000 on the 5th policy anniversary, \$150,000 on the 10th policy anniversary, \$175,000 on the 15th policy anniversary, and so on until the insured reaches age 76.

Your client will be notified in writing prior to each increase. The increase will be deemed to be accepted and will take effect automatically unless a written declination is received. No evidence of insurability is required. Premiums for each increased portion of benefits will be based on the client's age at the time of the increase. Increases are made even if the client has met the benefit eligibility criteria or is on claim.

## **Automatic Compound Increase Options**

With Prudential LTC Evolution, there are two additional inflation protection options:

- 3% Automatic Compound Increase Option—On each policy anniversary date, the client's Policy Benefits will automatically increase by 3% of their previous year's Policy Benefits under this optional rider. There is no limit to the growth of the Policy Benefits.
- 5% Automatic Compound Increase Option—On each policy anniversary date, the client's Policy Benefits will automatically increase by 5% of their previous year's Policy Benefits under this optional rider. There is no limit to the growth of the Policy Benefits.

The premiums for each of these two options are based on the insured's age at the time of application and do not increase because of the periodic benefit increases provided by these options. If either of these Increase options is selected, the built-in Guaranteed Increase Feature described above will no longer apply to the client's policy.

Inflation protection is an important feature of any long-term care insurance policy. The table that follows shows the two Prudential LTC Evolution inflation protection options and what each of them could mean to the client in terms of available coverage over time.

### Prudential LTC Evolution—Benefit Increase Features/Options

Assume Initial Policy Lifetime Maximum of \$100,000

Policy Anniversary	GIF	3% Compound	5% Compound
1st	\$100,000	\$103,000	\$105,000
2nd	\$100,000	\$106,090	\$110,250
3rd	\$100,000	\$109,273	\$115,763
4th	\$100,000	\$112,551	\$121,551
5th	\$125,000	\$115,927	\$127,628
10th	\$150,000	\$134,392	\$162,889
15th	\$175,000	\$155,797	\$207,893
20th	\$200,000	\$180,611	\$265,330
25th	\$225,000	\$209,378	\$338,635
30th	\$250,000	\$242,726	\$432,194
35th	\$275,000	\$281,386	\$551,602
40th	\$300,000	\$326,204	\$703,999
45th	\$325,000	\$378,160	\$898,501
50th	\$350,000	\$438,391	\$1,146,740
55th	\$375,000	\$508,215	\$1,463,563

*Note: GIF offers cease once the insured's policy anniversary date coincides with his/her 76th birthday.*

When determining which option to recommend for the client, you should consider how far into the future the client's need for long-term care may arise. All states require the client to be offered the 5% Automatic Compound Increase Option Rider.

Clients are not required to apply for the 5% Compound Increase Option Rider, but it must be offered. Clients who do not select it are required by state regulation to sign a statement on the applications that they are "rejecting inflation protection."

## **Waiver of Premiums**

Premiums will be waived when both the benefit eligibility criteria and the Calendar Day Elimination Period are satisfied. They will continue to be waived as long as the client is eligible for benefits under his/her policy. Premium waiver will begin on the day following the date the Calendar Day Elimination Period is met.

## **Alternate Plan of Care**

As the need for long-term care has grown, so have the types of services to meet that need. Thirty years ago, nursing homes predominated, and home health care was scarce. Ten years ago, nursing home services were still prominent, but home care and the choices for care in the community had grown tremendously. Today, assisted living facilities/residential health care facilities are again changing the way long-term care is delivered. Tomorrow there may be other services.

Because it is impossible to predict what new forms of long-term care are likely to be developed in the years ahead or what the specific needs of each client might be, the Prudential LTC Evolution Alternate Plan of Care feature enhances the value of the client's coverage by being open to consideration of a claim for services designed to help your client function independently at home or for stays in facilities not otherwise covered.

In order for benefits to be paid under the Alternate Plan of Care provision, the client, the client's Health Care Practitioner and Prudential must agree that benefits should be payable.

## **Prudential Benefit and Resource Information Services**

Benefit and Resource services focus on process assistance. These services involve such issues as how to make a claim, establishing eligibility, and generally helping the client through the administrative requirements of accessing benefits efficiently and effectively. Benefit and Resource Information Services are provided by or arranged by Prudential's Long-Term Care Customer Service Center.

The Prudential Long-Term Care Resource Center is your client's source for information about finding providers, reviews, quality ratings, and discounts to long-term care providers in his/her area. This service is available online through the Prudential.com website.

This benefit does not reduce the Policy Lifetime Maximum and is not subject to the Calendar Day Elimination Period.

## **Private Care Consultant**

Private Care Consultant services focus not on the mechanics of providing care and claiming benefits, but rather on supporting the client and his/her family on a level that goes beyond direct provision of care.

To guide the client through what may be difficult times, Prudential LTC Evolution provides funds to pay for the services of an independent patient/family advocate. The Private Care Consultant is selected and retained solely by the client and is not connected with Prudential.

While a Private Care Consultant can provide some of the services covered under the Prudential Benefit and Resource Information Services Benefit such as locating long-term care providers, this person's primary concern is giving practical support for the emotional needs of your clients and their families: Types of assistance include counseling, education, and personal oversight of care quality. For example, the patient/family advocate may be someone who can visit the client's home and suggest or arrange for changes to make it more comfortable. Or, the advocate could keep out-of-town family members up-to-date on care issues, concerns, or options. Having someone on site can be vital in keeping caring but separated families in touch with the well-being of their loved one.

## **Bed Reservation**

If the client is in a facility and must leave for a period of time (for any reason), this benefit will be payable if it is the facility's customary practice to charge a separate fee to retain the client's bed while he/she is absent from the facility. This allows the facility to hold the client's bed until the client returns.

The Bed Reservation Benefit reduces the Policy Lifetime Maximum and is subject to the Calendar Day Elimination Period. The Bed Reservation Benefit may not be claimed on the same day as services for facility or home care.

## Non-Forfeiture Rider

**(If elected, this rider must be purchased at original policy issue)**

The Shortened Benefit Period Rider is the optional Non-Forfeiture Benefit available under the Prudential LTC Evolution long-term care insurance policy. If the client selects this option and the policy ends due to nonpayment of premium, and neither of the two following conditions applies, coverage under the policy may be extended.

The Shortened Benefit will NOT take effect if:

- the policy ended before its third anniversary, or
- the client has already received benefits that equal or exceed the total amount of premiums paid for the policy.

Under the Shortened Benefit Period option, benefits will be payable up to a reduced Policy Lifetime Maximum. A reduced Policy Lifetime Maximum means that benefits will be paid for a shortened benefit period. The reduced Policy Lifetime Maximum will equal the greater of:

- 3% of the original Policy Lifetime Maximum at the time of issue up to the Policy Lifetime Maximum in effect on the date the coverage would otherwise have ended; or
- the total amount of premiums paid for the policy, less the sum of all benefits paid on the client's behalf while the policy was in force.

For example, if the client selected a \$100,000 Policy Lifetime Maximum, had no claims, and had paid a premium of \$1,200 for five years, available Shortened Benefit Period coverage would be calculated as follows:

$\$100,000 \times 3\% = \$3,000$  (minimum amount available)

$\$1,200 \times 5 = \$6,000$  - Total Premiums paid prior to termination  
(higher than minimum).

Shortened Benefit Period = \$6,000

### **Contingent Non-Forfeiture Benefit (Built-in)**

Although premiums are intended to be set at stable levels, rate increases are a possibility. Therefore, in the unlikely event that premium increases occur that go beyond certain set percentages and the client feels he/she cannot maintain the policy, this benefit automatically provides a choice of two options:

- lower Policy Lifetime Maximum that will enable the client to receive value for premiums paid, or
- reduced benefit options to keep premium about the same as before the rate increase.

The Contingent Non-Forfeiture Benefit is one of the basic Prudential LTC Evolution benefits. It works as follows: If the client does not have an optional Shortened Benefit Period Rider on his/her policy and there is a substantial increase to the premium as defined below, then he/she may choose to cancel coverage, but have a reduced Policy Lifetime Maximum available for future claims.

The client's other choice under the Contingent Non-Forfeiture Benefit is to select alternative benefits such as a lower Policy Lifetime Maximum, which would result in a lower premium but enable the client to keep the policy in-force.

## Substantial Premium Increase

A Substantial Premium Increase is one that results in a cumulative increase to the Initial Annual Premium that is equal to or exceeds a certain percentage of that premium.

It does not include premium increases that result from a voluntary purchase of additional coverage. The limits of cumulative increase as a percentage of the Initial Annual Premium are based on the client's age as of the Policy Effective Date shown in the Schedule of Policy Benefits. The table below shows the cumulative increase that will trigger the Contingent Non-Forfeiture Provision.

Premium Age	Percent of Increase	Premium Age	Percent of Increase
Less than 30	200%	72	36%
30 – 34	190%	73	34%
35 – 39	170%	74	32%
40 – 44	150%	75	30%
45 – 49	130%	76	28%
50 – 54	110%	77	26%
55 – 59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

## **Shared Care Optional Rider**

**(If elected, this rider must be purchased at original policy issue)**

The Shared Care Rider allows one “Shared Care Partner” to access benefits available under the other “Shared Care Partner’s” Policy once his/her own Policy Lifetime Maximum is exhausted. Furthermore, if one Shared Care Partner dies, the surviving Partner’s Policy Lifetime Maximum will be increased by the amount of the deceased Partner’s remaining Policy Lifetime Maximum, if any.

If one Shared Care Partner exhausts the other’s benefits, the Partner who is not in benefit can purchase a new long-term care insurance policy from Prudential on a guaranteed issue basis with a Policy Lifetime Maximum up to \$300,000. This policy will be rated based on the age of the Partner at the time he/she purchases this new policy and is not available to anyone age 91 or older on the day his/her Policy Lifetime Maximum was exhausted.

In order to access this benefit, certain conditions must be met. Both Shared Care Partners must purchase a policy and this rider and, at the same time, have identical plan designs, including inflation options. This rider is subject to the Calendar Day Elimination Period and reduces the Policy Lifetime Maximum.

## **Premium Increases**

Premiums are based on the client’s age, state of residence, and coverage options chosen. A long-term care insurance policy from Prudential is guaranteed renewable. This means your client has the right to continue the policy so long as premiums are paid on time and the client has not exhausted his/her Policy Lifetime Maximum. Prudential has the right to change premium rates in the future but only on a class basis. An insured’s rates cannot be increased due to his/her increasing age or declining health, nor can it be increased based on how many claims are filed. In most states, Prudential would need to obtain regulatory approval before increasing premiums.

## Spouse/Partner Discount

This discount includes both married individuals and those people who are not married but meet the definition of “Partners.”

Spouse/Partner discounts are also available for Common Law and Partners in civil unions in states where such arrangements are legally recognized (subject to state availability).

One of the following two sets of requirements must be met in order to be eligible for the Partners discount:

Each of the two people who have registered or filed as domestic partners or members of a civil union with a government agency or office where such registration or filing is available.

Or

Each of two people who meet all the criteria listed below:

- Are 18 years of age or older
- Are living together
- Have a serious and committed relationship
- Are not legally married, nor a Domestic Partner to anyone else
- Are “financially interdependent,” meaning both are jointly responsible for the cost of food and housing

Persons potentially eligible under this discount include siblings, parent/child, other familial relationships, domestic partners, or any two individuals of either sex who have established a stable, committed association with the clear and expressed expectation of long-term cohabitation.

The discount has two levels. A single married individual or Partner who applies for and is issued a Prudential long-term care insurance policy qualifies for a 15% discount. Two Spouses or Partners who apply for and are issued a Prudential long-term care insurance policy each qualify for a 30% discount on each policy.

## Premium Payment Modes

The client may elect to remit premium in any of the following modes:

- Annual
- Semiannual
- Quarterly
- Monthly (Electronic Fund Transfer only)

For Electronic Funds Transfer (automatic withdrawals from the client's bank account), one month's payment with the application is acceptable. However, two months' premiums ensure that there is no need to back-bill in situations where an effective date misses the transmission to the bank. While the need to back-bill will not happen often, the producer and the client should be aware that it might be necessary. Prudential will notify the client if this is the case.

*\*EFT requires a signed authorization that must be completed on the application. A minimum of two months' premiums are required for applicants who select EFT, except all applicants in California and applicants age 65 and over in New Hampshire where one month's premium is acceptable.*

## Claim Process – How It Works

To begin the claims process, the client or a family member should call **Prudential's Long-Term Care Customer Service Center at 1-800-732-0416** to arrange for an assessment as soon as possible, because this may affect the start of the Calendar Day Elimination Period. You may wish to advise the client that obtaining the benefit eligibility before claims are incurred might prevent having out of pocket expenses that are not covered by the plan.

## Assessment Process—What To Expect

Once notified that your client is interested in accessing benefits under his/her long-term care insurance policy, the client can expect the following:

The Benefit Access Counselor will perform an intake evaluation, discuss the coverage requirements with the client, and arrange for an assessment, if necessary.

If deemed necessary, an assessment vendor will send a nurse to the client's home to assess his/her functional and cognitive abilities. An assessment takes about an hour to perform; it is done at the client's home and convenience at no cost to the client. If the client prefers, his/her own Licensed Health Care Practitioner (LHCP) can perform the assessment. Prudential will send the client's LHCP a copy of the assessment tool used to evaluate functional abilities and cognitive deficits. If the client wants to use his/her own LHCP, the client will need to schedule his/her own appointment, arrange for transportation to the LHCP's office, and the client will be financially responsible for the expense.

Once Prudential receives the results of the assessment, Prudential will determine whether the Policy or Certificate's benefit eligibility criteria have been met and communicate this decision in writing.

Your client will receive a letter, along with a claim form, advising the client of the Benefit Waiting Period or Calendar Day Elimination Period that must be satisfied before claims can be considered.

Once the waiting or elimination period has been met, claims will be considered under the terms and conditions of the client's coverage.

## Plan of Care

If a client is eligible, a written Plan of Care must be developed consistent with the client's needs. A written Plan of Care describes the type, frequency, and anticipated duration of long-term care services that are needed. It must be developed and approved by a Licensed Health Care Practitioner.

Generally, the client can choose his/her own long-term care provider as long as it meets the policy's definition of an eligible provider (which means, if state licensure is required for the types of providers covered under the policy, the provider will need to be licensed).

For claim payment, if the client wants to be reimbursed for his/her eligible charges, the client should submit a claim form and a copy of the provider's bill or itemized statement. For Starter Benefit claims, only the claim form needs to be submitted.

## Policy Exclusions\* (State variations may apply)

The Policy is designed to provide benefits to pay for Qualified Long-Term Care Services. The Policy does not provide benefits for any of the following:

- Illness, treatment or medical conditions arising out of
  - a) War or an act of war, whether declared or undeclared, while insured; or
  - b) Participation in a felony, riot or insurrection; or
  - c) Alcoholism and drug addiction.
- Treatment provided in a government facility, unless payment of the charge is required by law or services provided by any law or governmental plan under which the insured is covered. This does not apply to a state plan under Medicaid or to any law or plan when, by law, its benefits are excess to those of any private insurance program or other non-governmental program.
- Charges for services or supplies in excess of those normally charged by a Provider in the absence of insurance.
- Charges for care or treatment received outside the United States of America, its territories or possessions.

- Charges for care or treatment rendered by a member of the insured's Immediate Family, unless he or she is a Caregiver (other than an Independent Health Care Professional or Independent Care Giver), and he/she receives no compensation other than the normal compensation for employees in his/her job category.
- Charges for any care received while in a hospital, except in a unit specifically designated and licensed as a Nursing Home or Hospice facility.

*\* Exclusions for bullets 2, 3, 4, 5 and 6 do not apply to the Starter Benefit.*

### **Non-Duplication of Medicare Benefits**

Benefits under the Policy are not payable for expenses for Qualified Long-Term Care Services to the extent that:

- Such expenses are reimbursable under Medicare; or
- Such expenses would be reimbursable under Medicare but for the application of a deductible or coinsurance amount.

This provision does not apply if such expenses are reimbursable by Medicare as a secondary payer or to claims for the Starter Benefit.

### **Coordination with other Prudential Individual Long-Term Care Insurance Policies**

Benefits under the Policy may be reduced if we also pay benefits for Eligible Charges under any other Prudential Individual Long-Term Care Insurance Policy. Benefits will be reduced under this Policy only when payment under this Policy and all other Prudential Individual Long-Term Care Insurance Policies combined would exceed the actual amount incurred for Actual Eligible Charges. In no event will we pay more to the insured under this Policy than the difference between actual expenses and the amount payable by other Prudential policies.

If the client is insured under more than one Prudential Individual Long-Term Care Insurance Policy with a similar Coordination provision, the policy with the earliest effective date will be deemed primary and will pay its benefits first. Thereafter, payment will be made under any additional policy (secondary coverage) in order of effective date, from the earliest to the latest. A Prudential policy without a similar Coordination provision will pay first, without any reduction in its benefits.

This provision does not apply to claims for the Starter Benefit.

## Marketing Long-Term Care Insurance

### Presale Issues: Things To Know Before Selling Prudential LTC Evolution

#### Licensure

Agent licensure and appointment status is checked for all states once the application is received by Prudential and again after the policy has been issued (before commissions are paid).

To solicit long-term care insurance, producers must hold the appropriate state insurance license (most likely Life & Health) in the state the applicant resides in and the state where the solicitation, negotiation and the sale of Long-Term Care products takes place.

**For Career Producers Only:** Pass the appropriate Long-Term Care on Prudential Learning Network (PLN).

#### Additional Requirements

Certain states require additional licensing, testing, or education prior to marketing, selling, soliciting, or otherwise contacting a person for the purpose of marketing long-term care insurance. You may be required by law to demonstrate your knowledge of long-term care insurance, other related topics, and the appropriateness of such insurance by passing a test required by the state and maintaining appropriate licenses.

As part of the Deficit Reduction Act of 2005, states must assure that producers selling Partnership policies receive training and demonstrate an understanding of Partnership policies and their relationship to public and private coverage of long-term care. To that end, states are beginning to require that producers complete specific training (as of a defined effective date) prior to selling, soliciting, or negotiating a Partnership policy.

In addition, many states are also implementing training requirements as they adopt the NAIC Long-Term Care Insurance Model Act. These states require producers to complete specific training prior to selling, soliciting, or negotiating any LTC insurance policy (Partnership or non-Partnership). Please note that some of these states are implementing these training requirements without implementing a Partnership program.

Prudential has negotiated a special deal with LTCiTraining.com to make sure producers have easy access to any required state NAIC/Partnership training requirements.

- To receive training, go to [www.ltcitraining.com/pru](http://www.ltcitraining.com/pru)
  1. Click to enroll
  2. Enter Prudential Broker/Agent Writing Number
  3. Select a state\*
  4. Enter your personal information
  5. Check off course box and CE credit box (if applicable)
  6. Create User Name and Password
  7. Enter credit card information
  8. Begin course
- Training may also be completed via any other provider of your choice that offers this state-approved training.
- Completion certificate must be submitted with first LTC application in that state.

*\*Course availability in each state is subject to change as states adopt the NAIC model language. Look for Prudential communications that provide updates or access the LTCiTraining.com site for information on availability.*

**Pre-Appointment States**—In certain jurisdictions producers must be appointed prior to the solicitation, negotiation, or sale of insurance (GA, NC, PA, and UT).

**Concurrent Submission States**—All remaining states can submit licensing paperwork at the same time the application is submitted, except WA, KS and TX. **Florida** must submit evidence of existing Florida appointment with another carrier. **North Carolina** requires Med Sup/LTC, Life & Health. In **New York**, an agent producer license and not a broker type license is required.

## Product Availability

Prudential LTC Evolution long-term care insurance is being filed in all states although certain benefits or options may vary. Prudential uses the client's State of Residence as the criteria to determine which products are available, which forms to use and which state variations will apply.

## Sales Practices

Producers selling Prudential LTC Evolution long-term care insurance must adhere to the following established sales practices:

- Establish marketing procedures to assure that any comparison of policies will be fair and accurate.
- Establish marketing procedures to assure excessive insurance is not sold or issued.
- Use only Prudential approved marketing material.
- Identify whether a prospective applicant for long-term care insurance already has any accident and sickness or long-term care insurance policies, as well as the types and amounts of any such insurance. If the applicant has existing long-term care insurance and does not intend to replace this coverage, consider whether the existing coverage is an indemnity or expense incurred plan, and review the relationship of cost of care and maintaining the existing coverage against total benefits. Excessive insurance is costly and unnecessary and applicants should be advised accordingly.

In addition to general unfair trade practices that apply to all products sold, the following acts and practices are prohibited:

**Twisting:** Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.

**High-pressure tactics:** Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.

**Cold lead advertising:** Making use, directly or indirectly, of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance producer or insurance company.

### **State Suitability Requirements**

To determine whether a sale is suitable, you must consider the following points:

- The ability to pay for the proposed coverage—not just now, given the applicant’s present financial situation, but in the future
- The applicant’s goals or needs with respect to long-term care and the advantages and disadvantages of insurance to meet these goals or needs
- The values, benefits, and costs of the applicant’s existing insurance, if any, when compared to the values, benefits, and costs of the recommended purchase or replacement

Before recommending a long-term care insurance product, you should do a complete needs analysis to determine if there is indeed a need.

Three basic questions to help determine a need are:

- Do they already have long-term care insurance coverage?
- Can they afford it?
- Which policy might be appropriate?

To determine the client's need, review and consider income, assets, and the regional cost of nursing homes and in home care.

As part of meeting state suitability requirements, the producer must provide the client with a copy of "*Things You Should Know Before You Buy Long-Term Care Insurance*" and in some states, the "*Potential Rate Increase Disclosure Form.*" The producer may also be required to present the "*Long-Term Care Insurance Personal Worksheet*" (may vary by state) to the applicant at or prior to completing an application in these states where required.

**Contact Prudential for a list of states that have adopted the NAIC requirements for suitability.**

The completed Personal Worksheet must be returned to Prudential together with the application in those states where required. Prudential will use the answers on the Personal Worksheet together with its suitability standards to determine whether issuing long-term care insurance coverage to an applicant is appropriate.

If the applicant declines to provide his/her financial information on the "*Long-Term Care Personal Worksheet*" OR if the applicant is below the threshold of suitability, a letter will be sent out advising the applicant that he/she may not be suitable for LTC coverage. The applicant will be given 60 days to respond in writing to Prudential advising whether or not he/she would still like to purchase LTC coverage. A policy will not be issued unless such a letter has been received by Prudential.

## **Selling: Things To Know When Selling Prudential LTC Evolution**

### **Forms And Compliance For Regular Application Submission**

Applications and other related sales material should be selected based on the client's state of residence, since the policy documents issued to the client will also be based on state of residence.

The Producer's Statement, which is part of the application, is the place to indicate additional information regarding agent requests, such as an alternate mailing address.

The application should contain a valid U.S. address in the state of application.

The producer must be appropriately licensed as a resident producer, or hold a non-resident producer license for the client's residence state. The Producer Statement form also provides questions to verify you have met continuing education requirements (where applicable).

## Completing the Application

As stipulated in the Producer's Statement, producers should meet with applicants to verify the applicant's health and mental status. However, occasionally circumstances dictate that the producer cannot be present when the application is taken. On a case-by-case basis, with prior approval of the Underwriting Department, exceptions will be considered. If such an exception is granted, a face-to-face assessment with a cognitive evaluation may be required. Please indicate on the Producer's Statement that a face-to-face meeting did not take place.

The information the producer gathers and the observations he/she makes during the visit with a client are critical in helping the underwriter make a sound judgment.

As a matter of practice it is expected producers will meet with their clients to take the long-term care insurance application in person and witness client signature(s). This enables the producer to carry out good Field Underwriting by observing the prospective insureds in their home and surroundings.

Completing the application accurately and thoroughly is essential, as it becomes a part of the contract when a policy is issued. Failure to complete all portions of the application may result in unnecessary delays while the missing information is being obtained.

### General Instructions:

- Please read all questions carefully.
- Use black ink to record complete responses.
- Print all information and be certain that all required signatures are obtained.
- Indicate if this application is for a new policy, coverage change, or reinstatement.
- Please be certain to mail completed applications and all required forms to Prudential as soon as possible to expedite processing.

The following is a guide for completing each part of the application:

## 1. Applicant Information

Using the form approved for use in the applicant's state of residence, print complete name and title as they should appear on the policy. This section is important for identification and statistical purposes, as well as conveyance of when and where to contact the applicant. If applicable, information regarding the Spouse or Partner should also be included.

## 2. Insurance History

Provide details regarding any other insurance coverage and replacement intentions. This information is required to meet company and state mandates. In those states where Prudential has been approved to sell Partnership policies, any conversion from a regular long-term care insurance policy to a Partnership-approved policy is considered to be a replacement.

If the policy is a replacement, the producer must complete and provide the client with the form "*Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance.*"

## 3. Medical History

**Part 1: Insurability Profile**—This section is critical to determine whether the applicant is eligible to be considered for issuance of coverage. Please be sure each question is carefully reviewed. **IF THE APPLICANT ANSWERS "YES" TO ANY OF THESE QUESTIONS, WE RECOMMEND YOU DO NOT SUBMIT THE APPLICATION.\***

*\*State Exceptions: Kansas and Virginia require submission of the Application, regardless of response.*

**Part 2: Personal Profile**—Non-medical information and information regarding activity are important adjuncts to the medical history. The Primary Care Doctor's name, address, phone number, and date and reason last seen are necessary to request medical records, as is verification that a doctor has been seen in the past two years.

**Part 3: Health Profile**—This section serves to outline the applicant's medical history. Every question should be answered either "Yes" or "No." Any "YES" answers require complete details, dates, physicians' names, addresses, and phone numbers. If more space is needed, please use the additional Medical Information page and an 8½" × 11" sheet of paper if necessary. When using an additional sheet of paper include the applicant's name, social security number, and signature on the paper, as well as your own name, signature, and the date.

**Part 4: Medications**—This section lists all medications the applicant is taking; why the medication is being taken; the dose and frequency; and how long the medication has been taken. Indicate if the Primary Care Physician prescribes the medication or, if not, give the name, address, and phone number of the prescribing physician. If the applicant is taking more than seven medications, an Additional Medical Information Page is provided for your convenience.

#### **4. Notification Of Unintentional Lapse**

The ability for applicants to designate a third party for notification in the event of unintentional lapse is required on all applications. This section must be completed even if the applicant does not wish to name a designee. Make sure your client understands the importance of designating a third party for this notification before signing this form.

#### **5. Applicant Agreements**

This section requires the applicant's signature, the producer's signature as witness, and the date. As a matter of practice, it is expected that the producer review in-person these important statements to be certain the client understands them and to witness their signature. If Electronic Funds Transfer is selected, complete the EFT Section under Applicant Agreements. The Applicant must sign the Applicant Agreement page even if EFT is not selected.

#### **6. Producer's Statement**

The Producer's Statement is a very important document. Producers should meet personally with their client(s) to take the long-term care insurance application(s) and witness the signature(s). This enables the producer to carry out good Field Underwriting by observing the potential insured(s) in their home(s) and surroundings. The Producer's Statement is an affirmation of many aspects of Field Underwriting, and it should be completed factually and thoroughly. All information should be recorded whether you think it will impact the underwriting decision or not.

This information is not shared with the applicant. For the convenience of the producer, guidelines to assist with the premium classification are included in the Application Kit. Prudential's Height and Weight Guide is also included.

*Any special instructions for the processing of this application should be noted here.*

## **Application Processing Time**

It generally takes about 30 days to process an application from the date of application until the policy is issued. The bulk of the time is spent awaiting medical records from the applicant's physician(s), should medical requirements be ordered. It is important to establish realistic time frame expectations with the applicant. The producer should help the client understand the importance of underwriting and the value of the medical records in the process.

Additionally, the producer should ask the applicant to notify his/her doctor that medical records will be requested and ask the doctor to expedite fulfilling the request. When the applicant calls the physician with this information, the time it takes to retrieve the medical records is greatly reduced. Also, if a phone or health interview is requested, it is critical that the applicant cooperate in the scheduling of that interview in order to avoid unnecessary delays.

## **Submitting An Application – The Application Checklist**

All questions on the application must be completed accurately and in full. Missing information can cause a delay in processing or result in the application being closed and the money being refunded.

Along with the completed Application and Plan Design Selection forms, the following forms must be submitted:

- Updated HIPAA Authorization is signed
- Producer's Statement is present and complete, with any special instructions notated on this form
- Suitability Forms are present and complete; these forms consist of The Disclosure Form, The Personal Worksheet, and The Potential Rate Increase Disclosure Form (where applicable)
- EFT Form is present and the correct amount is filled in (please make sure the Applicant Agreement page is signed even if the applicant does not select EFT)
- All questions on application are fully completed
- Producer's license/appointment is up-to-date and producer is licensed in the state where the producer resides
- Preferred Health Discount is quoted correctly and sufficient money has been collected

- Request for split commissions is clearly documented
- The most up-to-date application is being used
- The handwriting is legible
- All signatures are present
- Copy of PruQuote Illustration
- A copy of the Conditional Premium Receipt
- Premium Funding Disclosure Form (if applicable)

*\*Please consult the Field Office Forms database for a complete listing of states where the Personal Worksheet is required.*

Completed applications and required forms (when applicable) are to be returned to Prudential in the self-addressed, prepaid envelopes along with the premium payment of full modal premium. **All applications are to be submitted with full modal premiums.**

The address for LTC New Business/Applications is:

<b>Regular Mail</b>	<b>Overnight Address</b>
Prudential LTC/Individual PO Box 8519 Philadelphia, PA 19176-8519	Prudential LTC/Individual 2101 Welsh Road Dresher, PA 19025

**The policy receipt address is:**

Prudential  
Long-Term Care Customer Service Center  
PO Box 8519  
Philadelphia, PA 19176-8519

You may also fax the policy receipt to 877-773-9515, in lieu of mailing.

The address for money received after the policy has been issued (i.e., with policy delivery receipt):

<b>Regular Mail</b>	<b>Overnight Address</b>
Prudential Insurance—ID3 Box #3841 Lockbox ID3, Philadelphia, PA 19178-3841	Wachovia Bank Lockbox #3841 401 Market Street Philadelphia, PA 19106

Call Customer Service with any questions: 800-732-0416.

## Required Forms To Be Left With The Applicant

The following forms must be left with the applicant (make sure you are familiar with the content of these forms and explain them to your client):

**A Shopper's Guide to Long-Term Care Insurance:** The publication "*A Shopper's Guide to Long-Term Care Insurance*" must be provided to all prospective applicants of a long-term care insurance policy. The producer must deliver the Shopper's Guide prior to the presentation of an application. State variations apply.

**Outline of Coverage:** The Producer must deliver a copy of the Outline of Coverage to the client in conjunction with any application. Do not submit the Outline of Coverage with the application to Prudential. When completing the Outline of Coverage, the producer must either fill in the Premium Calculation page manually or provide the client with a printout of the proposal page from the PruQuote program.

**Guide to Health Insurance for People with Medicare:** This must be left with clients age 65 and over.

**Conditional Premium Receipt:** The producer is required to complete the Premium Receipt whenever payment is accepted in consideration of an application for insurance. The receipt shall be signed by the producer and the applicant. A copy should be left behind with the applicant and the other copy should be mailed back to Prudential. State variations apply.

**Authorization for Release of Health-Related Information:** The producer must submit an authorization (which the Applicant must sign) with the application and leave a copy with the applicant for his/her records.

**Federal HIPAA Notice of Privacy Practices:** Under HIPAA, we must provide this notice, which describes how Prudential may use and disclose medical information it may have about a long-term care insurance applicant or insured, and how the individual can access that information.

**Gramm-Leach-Bliley Act Privacy Notice:** This Privacy Notice should be left with the applicant. It describes our policies and practices regarding customer information, including the circumstances in which Prudential Financial companies may disclose customer information in order to allow affiliated companies and others to tell our customers about other products and services. It describes how we handle information about our customers, how we protect it, and the choices our customers have.

## **Things You Should Know Before You Buy Long-Term Care Insurance**

### **Potential Rate Increase Disclosure Form**

### **Replacement Notice (if replacement is made)**

### **Health Interview Brochure**

**Premium Funding Disclosure Form Instructions** (if applicable): If the applicant indicates he/she will be paying premiums for the long-term care insurance policy by withdrawing from or liquidating a current life insurance policy or annuity, the applicant must complete this form. It must be signed by the producer and the producer's managing supervisor and submitted together with the application.

## **Replacement**

The Prudential LTC Evolution application and/or Producer's Statement have been designed to include questions to elicit information about whether the applicant has another long-term care insurance policy and whether the purchase of a Prudential LTC Evolution policy will involve replacement of existing coverage.

If a sale involves the applicant's replacement of existing coverage, the producer must furnish the applicant with a Notice to Applicant Regarding Replacement of Accident and Sickness or Long-Term Care Insurance. One copy of the notice is to be retained by the applicant. An additional copy, signed by both the producer and the applicant, must be sent to Prudential with the completed application.

## **Replacement Reporting**

In some states, Prudential is required to annually report the 10% of its producers with the greatest percentages of lapses and replacements. Replacements are measured by the producer's amount of replacement sales as a percent of his/her total annual sales. The lapse rate is determined by the number of lapses of long-term care insurance policies sold by the producer as a percent of his/her annual sales. Reported replacement and lapse rates alone do not constitute a violation of insurance laws or necessarily imply wrongdoing. However, the reports are for the purpose of more closely reviewing producer activities regarding the sale of long-term care insurance.

## Replacement Commissions

Certain states have placed limitations on the amount of commission or compensation payable when a long-term care insurance policy is sold to replace existing coverage. Often the commission is limited to the renewal commission, instead of first year, but there can be exceptions. The states with limitations on commission for replacement sales include Alabama, California, Delaware, Indiana, Kentucky, New York, North Carolina, Pennsylvania, and Wisconsin.

## Post-Sale Issues: After The Prudential LTC Evolution Policy Is Sold

### Policy Delivery

The following must be presented to the insured at policy delivery:

- The policy
- A copy of the application and any amendments
- A schedule of policy benefits
- A policy delivery receipt
- Any state-required forms (Disclosure Statements, etc.)

The producer is expected to deliver the policy in person, in order to visually verify that the applicant's health has not materially changed since taking the application.

The required materials should be delivered to the applicant as soon as possible upon receipt. The policy delivery receipt must be signed and returned to Prudential within 30 days of the effective date. Prepaid Business Reply Envelopes are included in each state policy fulfillment kit.

All policies will be mailed to the producer for delivery to the client.

## **Changes in Benefits**

A request to increase or decrease benefits requires certain forms, as follows:

### **Decrease in Benefits**

Use the Benefit Change Form.

Use the issue age to calculate a reduction in premiums.

There is no medical underwriting required for a decrease.

Once a decrease is processed, any future request for increase requires medical underwriting.

### **Increase in Benefits**

Increases requested within 30 days after the effective date do not require a new medical application and can be done using the Benefit Change Form mentioned above.

Increases requested beyond the 30 days after the effective date may require a new application and underwriting review.

There are limitations on requests to increase benefits. Contact the Underwriting Department for further explanation.

## **Refunds**

If Prudential receives a client's request to cancel coverage, the client may be eligible to receive a prorated refund of any unearned premium. We will determine if such a refund is warranted. Unearned premium refunds are also made upon the death of the client.

## **Reinstatements**

Guidelines may vary by state. Contact your Regional Sales Manager.

## Lapse Due to Chronic Illness or Disability

If, due to a chronic illness or disability, a person's policy lapses because of nonpayment of premiums, a reinstatement can be requested.

- The request must be made within five months of the date premiums were due.
- Prudential must confirm the chronic illness or disability.
- All back premiums must be paid prior to reinstatement.
- Upon reinstatement, the level of coverage will be the same level of coverage that existed prior to the termination.

All benefits paid prior to the reinstatement will count toward the Policy Lifetime Maximum.

## Voluntary Lapse

If the policy lapses because the client voluntarily fails to pay the premium, he/she may be eligible to reinstate the policy. The former client may request reinstatement if the request is made within 90 days of the date the last notice of unpaid premium was given by Prudential. The former client will be required to submit satisfactory evidence of insurability before coverage is reinstated.

The producer should not accept past-due premiums to reinstate a former client without also obtaining an application to request reinstatement.

The Prudential  
Insurance Company  
*of America*

## Long-Term Care Insurance

Prudential LTC Evolution Long-Term Care Insurance is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102 (800 732-0416). The Prudential Insurance Company of America is authorized to conduct business in all U.S. states and the District of Columbia. All insurance policies may not be available in your state. Coverage is issued under policy number GRP 114018; however, policy numbers may vary by state. The Prudential Insurance Company of America is a Prudential Financial company.

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