



**Group Long Term Care Insurance
Potential Rate Increase Disclosure Form**

1. **Premium Rate:** The premium rate sheet that is applicable to you and that will be in effect until a request is made and filed / approved for an increase (depending on state law or regulation) can be found in your enrollment kit.
2. **The premium for your coverage will be shown on your schedule of benefits or confirmation of coverage, whichever is applicable .**
3. **Premium Rate Adjustments:** Any change in premium rate will be effective on the group policy anniversary date.
4. **Potential Rate Revisions: Your coverage is Guaranteed Renewable.** This means that the rates for your coverage may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to the one under which you have coverage.

If you receive a premium rate increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your coverage in force as is.
- Reduce your coverage benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option may be available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.*

***Contingent Nonforfeiture**

If the premium rate for the group policy under which your coverage is written goes up in the future and the policy does not include nonforfeiture as a standard provision or you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. If your coverage includes a contingent nonforfeiture provision, here is how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- (a) Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- (b) You lapse (not pay more premiums) within 120 days of the increase;

The amount of coverage (i.e. new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you have paid since your certificate of coverage was first issued. If you have already received benefits under the group policy, so that the remaining maximum benefit amount is less than the total amount of premiums you have paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this contingent nonforfeiture option your coverage with this reduced maximum benefit amount will be considered "paid up" with no further premiums due.

Example: You bought this coverage at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium. In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse your coverage (not pay any more premiums). Your paid-up benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your coverage).

Contingent NonForfeiture

Cumulative Premium Increase over Initial Premium that qualifies for Contingent Nonforfeiture.

Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.

| Issue Age | Percent Increase Over Initial Premium |
|--------------|---------------------------------------|
| 29 and under | 200% |
| 30-34 | 190% |
| 35-39 | 170% |
| 40-44 | 150% |
| 45-49 | 130% |
| 50-54 | 110% |
| 55-59 | 90% |
| 60 | 70% |
| 61 | 66% |
| 62 | 62% |
| 63 | 58% |
| 64 | 54% |
| 65 | 50% |
| 66 | 48% |
| 67 | 46% |
| 68 | 44% |
| 69 | 42% |
| 70 | 40% |
| 71 | 38% |
| 72 | 36% |
| 73 | 34% |
| 74 | 32% |
| 75 | 30% |
| 76 | 28% |
| 77 | 26% |
| 78 | 24% |
| 79 | 22% |
| 80 | 20% |
| 81 | 19% |
| 82 | 18% |
| 83 | 17% |
| 84 | 16% |
| 85 | 15% |
| 86 | 14% |
| 87 | 13% |
| 88 | 12% |
| 89 | 11% |
| 90 and over | 10% |



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ACKNOWLEDGEMENT OF DISCLOSURE OF RATING PRACTICES

Long Term Care insurance regulations require that we provide certain information about policies that may be subject to rate increases in the future. This information can be found in the Potential Rate Increase Disclosure Form and Personal Worksheet that were given to you.

Long Term Care insurance regulations also require that we obtain a signed acknowledgement that you have received this information.

I have received the Potential Rate Increase Disclosure Form and Personal Worksheet.

Signed: _____
(Applicant) (Date)

(Please Print Name) (Social Security Number)

Complete if applying through Employer offer.

(Name of Employer) (Group Policy Number, if available)

Please sign and return this form to: Unum Life Insurance Company of America
Long Term Care Underwriting
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