

IMPORTANT INSTRUCTIONS: Prior to submitting this form, all persons requesting coverage must review the important disclosures and information found in a paper enrollment kit. You can request a paper enrollment kit by calling 1-800-227-4165. **DO NOT** submit this form if you have not reviewed those materials.



Underwritten by:
 Unum Life Insurance Company of America
 LTC Department
 2211 Congress Street,
 Portland, Maine 04122

SARASOTA COUNTY GOVERNMENT
Benefit Election Form (FL)
Long Term Care - Policy #123354-004

Your Name: (Last Name, First, Middle Initial)	Social Security Number - - - - -	Date of Birth (MM/DD/YYYY) / /
Street Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire (MM/DD/YYYY) / /
City, State, Zip Code	Home Telephone # ()	Work Telephone # ()

Applicant's Email Address:

Complete the following only if applicant is not the employee

Employee's Name	Employee Social Security No. - - - - -	Employee Date of Birth / /	Employee Date of Hire / /
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All applicants must complete this form. Applicant is:

<input type="checkbox"/> Employee	<input type="checkbox"/> Employee's Parent or Grandparent	<input type="checkbox"/> Sibling (<i>minimum age 18</i>)
<input type="checkbox"/> Employee's Spouse	<input type="checkbox"/> Spouse's Parent or Grandparent	<input type="checkbox"/> Child (<i>minimum age 18</i>)

Plans – Check one

<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home & Community Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Total Choice Home Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home & Community Care • Simple Inflation 	<ul style="list-style-type: none"> • Long Term Care Facility • Total Choice Home Care • Simple Inflation

Facility Monthly Benefit Amount – Check one

<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000
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Facility Benefit Duration – Check one. Note: Duration of benefits may vary depending on where benefits are received.

<input type="checkbox"/> 3 Years	<input type="checkbox"/> 6 Years	<input type="checkbox"/> 10 Years *
<p>➤ *This option exceeds the Guarantee Issue limits and their selection will require completion of the Long Term Care Insurance Application (medical questionnaire).</p> <p>➤ All active employees and newly hired employees who enroll after the Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits must complete the Long Term Care Insurance Application (medical questionnaire).</p> <p>➤ All other applicants must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire) for any selection.</p> <p>➤ A signed Authorization to Request Medical Information (form #6720-03 in the kit) must accompany all medical questionnaires.</p>		

Form is continued on reverse side.

Calculate Your Premium:

Please refer to rate sheet in your kit to determine the rate for the plan chosen.

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \div \$1,000 = \underline{\hspace{2cm}}$$

Rate for plan chosen Monthly benefit amount Your premium

Disclosures:

Massachusetts Residents: You also signify that you have received and read the MassHealth eligibility notice entitled "For Massachusetts Residents Only"- Form #7650-04. The notice is contained in your kit.

Note: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

REQUEST FOR SIGNATURE: Please read this entire form carefully before signing below.

I certify that all statements are true to the best of my knowledge and belief. I have read and understand that, for coverage that does not require me to submit evidence of insurability, loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after my effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to my coverage.

Active Employees & Spouses: I authorize my employer to make the necessary payroll deduction to pay the premium when my insurance becomes effective.

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

All eligible Family Members: Please select payment method: Monthly Automatic Payments (deducted from your checking account – complete Authorization/Agreement for Automatic Payments), **OR**

Billed directly (paper) by the insurance company: Quarterly Semi-Annually Annually

Your premium: \$ _____ (transfer from calculation above)

Applicant's Signature

___/___/___
Date

Employee's Signature
(Required for Spouse Coverage)

___/___/___
Date

Employees & Spouses: Please sign and mail all required signature forms to your employer.
Family Members: Please sign and mail all required signature forms to Unum (address at top of page).
Retain a copy for your records. (J1)

If you have questions about Long Term Care coverage, please call Unum's toll-free number: **1-800-227-4165**.



Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122
(207) 575-2211

**NOTICE TO APPLICANT REGARDING REPLACEMENT
OF ACCIDENT AND SICKNESS OR LONG-TERM CARE INSURANCE**

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with the long-term care insurance policy delivered herewith issued by Unum Life Insurance Company of America. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new insurance. This could result in denial or delay in payment of benefits under the new insurance, whereas a similar claim might have been payable under your present insurance.
2. Your replacement policy or certificate may not contain new preexisting conditions or probationary periods. Your insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy for similar benefits to the extent such time was spent under the original policy.
3. If you are replacing existing long term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present insurance. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Omissions or material misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to Long Term Care Customer Loyalty, Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122 within thirty (30) days if any information is not correct and complete, or if any past medical history has been left out of the application.

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Unum Life Insurance Company of America
 2211 Congress Street
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**PROTECTION AGAINST UNINTENTIONAL LAPSE
 ADDITIONAL DESIGNATION
 GROUP LONG TERM CARE INSURANCE**

Your Name: _____

Your Social Security Number: _____

Policyholder's Name: _____

Policy Number: _____

You, the insured, will receive notice if any coverage for which you are required to pay the cost is about to terminate because you have not paid the required premiums.

You are required to provide your insurer with a written designation of at least one person, in addition to you, who is to receive the notice of cancellation of your coverage for nonpayment of premium OR sign a waiver electing not to designate a person. You have the right to change these designations. Designation does not constitute acceptance of any liability on the part of the designated person or persons for services provided to you. The designated person or persons will not receive the notice until 30 days after the premium is due and unpaid.

My designations are as follows:

Name: _____

Address: Street/PO Box _____ City, State, Zip Code: _____

Name: _____

Address: Street/PO Box _____ City, State, Zip Code: _____

Insured's Signature: _____ Date: _____

**WAIVER ELECTING NOT TO NAME AN ADDITIONAL DESIGNATION
 FOR PROTECTION AGAINST UNINTENTIONAL LAPSE**

I understand that I have the right to designate at least one person, other than myself, to receive notice of lapse or termination of this long term care insurance policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. **I elect NOT to designate any person to receive such notice.**

Insured's Signature: _____ Date: _____

Please return this form to:
 Group Long Term Care
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, Maine 04122

New Jersey and New York Residents – Age 62 and older: Per New Jersey insurance code C.17:29C-1.2 and §3111 of the New York Insurance Laws, this form shall be delivered to Unum by certified mail, return receipt requested along with the completed Designee Acceptance form (on the back page of this form). Your Designee(s) must accept in writing that they are willing to receive copies of notices of cancellation, non-renewal and conditional renewal from us.

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**DESIGNEE ACCEPTANCE
 LONG TERM CARE INSURANCE**

This form needs to be completed by the Designee, if the named Insured is age 62 or over and a resident of New Jersey or New York.

Insurance Applicant: Please complete this section prior to sending this form to your Designee for signature.

Insured's Name: _____

Policy Number: _____

Prior to issuing a long term care policy; the Insured is required to provide the insurer with a written designation of at least one person, who is to receive the notice of cancellation of this policy for nonpayment of premium, in addition to the insured OR sign a waiver electing not to designate a person. You have been listed as one of the designees. Designation does not constitute acceptance of any liability on the part of the designated person or persons for services provided to the insured.

You must accept in writing that you are willing to receive copies of notices of cancellation, non-renewal and conditional renewal from the insurer. Should you desire to terminate the status as a third party designee, you shall provide written notice to both the insurer and the insured.

Designee's Signature: _____

Print Name: _____

Date: _____

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Unum Life Insurance Company of America
 2211 Congress Street
 Portland, Maine 04122

**LONG TERM CARE INSURANCE
 PERSONAL WORKSHEET**

Applicant Name: _____
 Social Security Number: _____
 Group Policy Number: _____

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. However, long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this long term care insurance coverage.

Premium Information

The premium for the coverage you are considering will be \$ _____ per month, or \$ _____ per year.

Type of Policy - guaranteed renewable.

The Company's Right to Increase Premiums: The company has the right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History: Unum Life Insurance Company of America has sold long term care insurance since 1988; the B.LTC policy series has been sold since 1990, the GLTC95 policy series has been sold since 1997 and the GLTC04 policy has been sold since 2005. The company has not raised its rates on these or similar policy forms in the last ten years.

Questions Related to Your Income

How will you pay each year's premium? (check one)

From My Income From My Savings/Investments My Family Will Pay

Have you considered whether you could afford to keep this coverage if the premiums went up, for example, by 20%?

What is your annual income? (check one) Under \$20,000 \$20-29,999 \$30-50,000
 Over \$50,000

How do you expect your income to change over the next 10 years? No change Increase
 Decrease

If you will be paying premiums with money received only from your income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.

Will you buy inflation protection? * Yes No

* Please refer to your enrollment form to determine if inflation protection is available.

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? My Income My Savings/Investments My Family Will Pay

The national average annual cost of care in a nursing home in 2006 was close to \$74,460¹, but this figure varies across the country. In ten years the national average cost would be about \$115,512 if cost increase 5% annually.

What elimination period are you considering? Number of days _____ Approximate cost \$ _____ for that period of care.

How to enroll

¹ "Using Medicaid to Pay for Nursing Home Care: County Differences Emerge." Agency for Health Care Research and Quality News Release, April, 2009

Long Term Care Personal Worksheet - Continued
Questions Related to Your Savings and Investments

How are you planning to pay for your care during the elimination period?

- From My Income From My Savings/Investments My Family Will Pay

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one) Under \$20,000 \$20-29,999 \$30-50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

- No change Increase Decrease

If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement

Please check one

- The answers to the questions above describe my financial situation.

OR

- I choose not to complete this information. I have reviewed and signed the **Verification of Non-Disclosure of Financial Information** below.

This box must be checked

- I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history, and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**

Signature of Applicant: _____ Date: _____

Applicant's Printed Name: _____ Social Security No. _____

Group Policy Number (if available): _____

Name of Employer (complete if applying through Employer offer): _____

Verification of Non-Disclosure of Financial Information

Complete if applicable

- Yes. I choose not to provide any financial information. I wish to purchase this coverage. Please resume review of my application.

- No. I have decided not to buy long term care insurance coverage at this time.

Signature of Applicant: _____ Date: _____



Long Term Care Insurance Potential Rate Increase Disclosure Form

1. **Premium Rate:** The Premium rate that is applicable to your coverage and that will be in effect until a request is made and approved for an increase is shown on your benefit election form.
2. **The premium rate schedule for the group policy under which your coverage is written will be shown on the rate amendment page of the policy.**
3. **Premium Rate Adjustments:** Any change will be effective on the policy anniversary after the company has provided you at least 45 days written notice before we change premiums.
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. Here's 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.

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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 Non-Forfeiture

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%



Things You Should Know Before You Buy Long Term Care Insurance

- Long Term Care Insurance**
 - A long term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.
 - You should not buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.
 - The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.
- Medicare**
 - Medicare does not pay for most of long term care.
- Medicaid**
 - Medicaid will generally pay for long term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid.
 - Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services.
 - When Medicaid pays your spouse’s nursing home bills, you are allowed to keep your house and furniture, a living allowance and some of your joint assets.
 - Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local and state Medicaid agency.
- Shopper’s Guide**
 - Make sure the insurance company or producer gives you a copy of a booklet called the National Association of Insurance Commissioners’ “Shoppers Guide to Long Term Care Insurance”. Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.
- Counseling**
 - Free counseling and additional information about long term care insurance are available through your state’s insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

State forms to review



FOR MASSACHUSETTS RESIDENTS ONLY

Re: Long-Term Care Insurance Policies Issued in Massachusetts that are Intended to Qualify Insureds for Certain MassHealth Exemptions

The purpose of this notice is to describe the minimum coverage requirements needed to potentially qualify for exemptions from some MassHealth eligibility and recovery rules. Information about these coverage requirements is also available in the publication *Your Options for the Financing of Long-Term Care: A Massachusetts Guide*. The Commissioner of Insurance has instructed all long-term care insurance carriers to provide this notice to clarify the coverage requirements associated with MassHealth exemptions.

Buying long-term care insurance in Massachusetts that meets certain standards may qualify the insured for exemptions from some of the eligibility and recovery rules under the Massachusetts MassHealth (Medicaid) Program. **It is important to note that MassHealth minimum coverage requirements are based upon benefits available as of the day the individual enters a nursing home, not what is available on the day the person buys a policy.**

One of the existing requirements to qualify for MassHealth exemptions is that an individual's long-term care insurance must have benefits available to pay at least \$125 per day for at least 730 days (2 years) of nursing home care as of the day the individual enters a nursing home.

Although a long-term care insurance policy may satisfy the MassHealth minimum coverage requirements at the time it is purchased, if the insured uses the policy to pay for non-nursing home benefits (e.g., home health care, personal care or assisted living benefits), the amount of benefits available to pay for nursing home care may be reduced. Depending upon the original maximum benefit and other benefits that may have been used, the policy may not meet the MassHealth minimum coverage requirements as of the day the individual enters a nursing home.

For example: a person purchased a policy with 730 days of nursing home and home health care coverage and, prior to entering the nursing home, used 100 days of coverage to pay for home health care services. On the day the individual enters the nursing home, the person would have 630 days of coverage left to pay for nursing home care. This is less than the minimum 730 days of nursing home coverage required for certain MassHealth exemptions.

It should also be noted that a long-term care policy with an inflation protection benefit may ultimately satisfy the MassHealth minimum coverage requirements, even if the policy failed to meet the MassHealth minimum coverage requirements on the day it was purchased. For example, a policy that initially had a \$100 per day benefit with an annual inflation adjustment could potentially increase over time to meet the MassHealth minimum coverage requirements as of the day the person enters a nursing home.

Qualifying for insurance benefits is independent from qualifying for an exemption under MassHealth. For more information, contact your agent or read *Your Options for Financing Long-Term Care: A Massachusetts Guide*.

Please be aware that laws may change and the exemptions and the MassHealth minimum coverage requirements that exist today may not necessarily be the same in the future (or might not exist at all).

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IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

(For long term care policies providing both nursing home and non-institutional coverage)

Federal law requires us to inform you that in certain situations this insurance may pay for some care also covered by Medicare.

- This is long term care insurance that provides benefits for covered nursing home and home care services.
- In some situations Medicare pays for short periods of skilled nursing home care, limited home health services and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most long term care expenses.

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about long term care insurance, review the Shopper's Guide to Long Term Care Insurance, available at <http://w3.unum.com/enroll/booklets>. To have a printed copy mailed to you, call 1-877-678-6040.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available at <http://w3.unum.com/enroll/booklets>. To have a printed copy mailed to you, call 1-877-678-6040.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

(For long term care policies providing nursing home only coverage)

Federal law requires us to inform you that in certain situations this insurance may pay for some care also covered by Medicare.

- This insurance provides benefits primarily for covered nursing home services.
- In some situations Medicare pays for short periods of skilled nursing home care and hospice care.
- This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most nursing home expenses.

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about long term care insurance, review the Shopper's Guide to Long Term Care Insurance, available at <http://w3.unum.com/enroll/booklets>. To have a printed copy mailed to you, call 1-877-678-6040.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, at <http://w3.unum.com/enroll/booklets>. To have a printed copy mailed to you, call 1-877-678-6040.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.



Partnership Plan Information

The Group Long Term Care plan offered by your employer is a “Partnership” plan. This will describe just what that means and how it may benefit you.

The Federal Deficit Reduction Act of 2005 authorized states to establish Long Term Care Partnerships. Long Term Care Partnership plans are based on an alliance between the private insurance industry and state governments, and are designed to protect individuals from depleting all of their assets in order to qualify for Medicaid.

Medicaid is a health insurance program jointly administered and funded by the federal and state governments. It provides health care services for eligible low income individuals. People qualify for Medicaid by meeting financial standards and by belonging to a covered group (such as children, the elderly, or individuals who are disabled).

The Long Term Care Partnership is a “dollar for dollar” model. For every dollar of benefits paid out under a LTC Partnership plan, a dollar of personal assets can be protected (disregarded for purposes of Medicaid financial eligibility and estate recovery) if the individual chooses to apply for Medicaid. For example, if an insured has qualified Long Term Care coverage with a lifetime maximum of \$100,000, then \$100,000 of their personal assets will be protected in qualifying for Medicaid should they exhaust their benefits. The asset protection is based on the amount of benefit received, not on the amount of premiums paid or the total value of the coverage.

Specific requirements need to be met in order for the Long Term Care Plan selected to qualify as Partnership coverage, based on the individual’s age (note that inflation options listed below are not all available in all plans):

- For individuals less than age of 61, the plan selected must include Compound Inflation Protection or CPI Benefit Increase;
- For individuals 61 to 75 years old, the plan selected must include some type of inflation protection - Compound Inflation Protection, CPI Benefit Increase, or Simple Benefit Increase;
- For individuals over age 75, any plan selected will qualify as a Partnership plan.

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