

| | Policy A | Policy B | Policy C |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| 1. Does the policy cover the following levels of care: Nursing home care? Assisted living? Home health care? | Yes No Yes No Yes No | Yes No Yes No Yes No | Yes No Yes No Yes No |
| 2. What is the maximum daily benefit for Nursing home care? Assisted living? Home health care? | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| 3. Are there limits on the amount the policy will pay during a lifetime? | Yes No | Yes No | Yes No |
| 4. What is the age restriction on buying a policy? | _____ | _____ | _____ |
| 5. Does the policy have inflation protection? | Yes No | Yes No | Yes No |
| 6. Does the policy have limitations on preexisting conditions? | Yes No | Yes No | Yes No |
| 7. What is the waiting period? | _____ | _____ | _____ |
| 8. Is Alzheimer's disease covered if it develops after the policy is purchased? | Yes No | Yes No | Yes No |
| 9. Does the policy have a limit on the length of coverage for each period of confinement? What is the limit? | Yes No _____ | Yes No _____ | Yes No _____ |
| 10. Is prior hospitalization required before benefits begin for Nursing home care? Assisted living? Home health care? | Yes No Yes No Yes No | Yes No Yes No Yes No | Yes No Yes No Yes No |
| 11. Is there a limit on the number of days for which benefits will be paid? What is the limit? | Yes No _____ | Yes No _____ | Yes No _____ |
| 12. Are premiums waived while benefits are being paid? | Yes No | Yes No | Yes No |
| 13. Is the policy guaranteed renewable? | Yes No | Yes No | Yes No |
| 14. Can the policy be canceled because of age or declining health? | Yes No | Yes No | Yes No |
| 15. Will you retain a level of coverage if you do cancel? | Yes No | Yes No | Yes No |
| 16. Do you have the right to return the policy within 30 days? | Yes No | Yes No | Yes No |
| 17. Monthly premiums | _____ | _____ | _____ |