



KEMPER SENIOR SOLUTIONS
P.O. Box 269010
Oklahoma City, Oklahoma 73126

KEMPER SENIOR SOLUTIONS

Long-Term Care Insurance Personal Worksheet

FOR THE STATE OF TEXAS

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. But 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 policy.

Premium Information

Policy Form Number: HHC-TX (Rev.)

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

Type of Policy (noncancellable/guaranteed renewable): Guaranteed Renewable

The Company's Right to Increase Premiums:

The company has a 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

We have sold long-term care insurance since 1995 and have sold this policy, Form No. HHC-TX (Rev.) since 2008. We have never raised rates for any long-term care (policy/rider) sold in this state or any other state.

Insurance Benefits Provided by **Reserve National Insurance Company**
A **Kemper Life & Health** Company



KEMPER SENIOR SOLUTIONS

Questions Related to Your Income

How will you pay each year's premium?

From my Income From my Savings/Investments My Family will Pay

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

What is your annual income? (check one) Under \$10,000 \$10-20,000 \$20-30,000
 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

No change Increase Decrease

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

Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

From my Income From my Savings/Investments My Family will Pay

The national average annual cost of care in 2012 was \$43,472 for Home Health Aide Services and \$15,860 for Adult Day Care*, but this figure varies across the country. In ten years the national average annual cost would be about \$260,832 for Home Health Aide Services and \$95,160 for Adult Day Care if costs increase 5% annually.*

The Home Health Care Indemnity Policy provides fixed indemnity amounts for certain services provided in your home as specified in the policy. See the policy and/or Outline of Coverage for details.

* Genworth 2012 Cost of Care Survey. For Home Health Aide Services, these numbers assume an hourly rate multiplied by 44 hours per week, multiplied by 52 weeks. For Adult Day Care, these numbers assume a daily rate multiplied by five days per week, multiplied by 52 weeks. The level of care required in a specific case will depend on many factors, including a patient's diagnosis, condition and age.

What elimination period are you considering?

This policy does not have an elimination period.



KEMPER SENIOR SOLUTIONS
P.O. Box 269010
Oklahoma City, Oklahoma 73126

KEMPER SENIOR SOLUTIONS

How are you planning to pay for your care during the elimination period? (check one)

- From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

- Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next 10 years? (check one)

- No change Increase Decrease

If you are buying this policy 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.

Questions Related to Your Needs

You must be diagnosed with cognitive impairment or be unable to perform two (2) of the following six (6) activities of daily living (ADLs) – bathing, continence, dressing, eating, toileting, and transferring – prior to your long-term care benefits being triggered. Do you understand this policy limitation? **YES** **NO**

What type of long-term care service do you anticipate utilizing? (check all that apply)

- Nursing home care Assisted living care Home health care Adult day care
 Hospice care Respite care other services

Insurance Benefits Provided by **Reserve National Insurance Company**
A **Kemper Life & Health** Company



KEMPER SENIOR SOLUTIONS
P.O. Box 269010
Oklahoma City, Oklahoma 73126

KEMPER SENIOR SOLUTIONS

Disclosure Statement

<input type="checkbox"/> The answers to the questions above describe my financial situation. OR <input type="checkbox"/> I choose not to complete this information. (Check one.)
<input type="checkbox"/> I acknowledge that the carrier and/or its agent (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.

Signed: _____
(Applicant) (Date)

I explained to the applicant the importance of completing this information.

Signed: _____
(Agent) (Date)

Agent's Printed Name: _____

In order for us to process your application, please return this signed statement to Reserve National Insurance Company, along with your application.

The company may contact you to verify your answers.