



Individual Long-Term Care – Multi-Life Programs for LTC3SM

EMPLOYER SPONSORED PROGRAM (ESP)

Initial Case Size Requirement

- Employer Carve Outs: 3-9 employees, 100% Class Participation Required (Title, Income, or Tenure)
- Employer groups of 10-250 lives: minimum participation of 10 lives (spouses count)
- Employer groups of 250 to 500 lives: a minimum participation of 5% (spouses count)

Please note: Home Office approval required on all groups. Eligible employees must work a minimum of 25 hours per week.

Issue Ages

18-79

Discounts

- 10% ESP discount employees
- 10% ESP discount non-employee spouse/partner
- 5% ESP discount eligible family members: parents, in-laws, aunts, uncles, siblings, grandparents, grandparents-in-law, and children ages 18 and older
- 30% Both Spouse/Partner discount
- 15% Single Spouse/Partner discount

Underwriting

- **Simplified:** Employees only, ages 18-70, must stay within ESP Benefit parameters
- **Full:** Employee buy-ups, non-employee spouse/partner and other eligible family members

Simplified Underwriting Questions

1. Do you use a: walker, oxygen, respirator, or kidney dialysis?
2. Within the past 12 months have you: used adult day care, needed home health care, or been medically advised to enter or been confined to nursing home, assisted living facility, or other LTC facility?
3. Do you currently need assistance or supervision by another person in performing any of the following activities: bathing, eating, toileting, bowel or bladder control, moving in and out of bed or chair, dressing, or taking your medication?
4. Have you had, do you currently have, or have you ever been diagnosed as having any of the following medical conditions:
 - a. Organic Brain Syndrome, Dementia, Senility, Confusion, Memory Loss, or Alzheimer's Disease?
 - b. Metastatic Cancer (cancer that has spread from original site or location)?
 - c. Multiple Sclerosis (MS), Muscular Dystrophy, Multiple Transient Ischemic Attacks (TIA), Parkinson's Disease, Amyotrophic Lateral Sclerosis, Stroke, or Cerebrovascular Accident (CVA)?

The above conditions are uninsurable.

State variations may apply.

Features and Benefits

Every policy includes the following:

- Waiver of Premium
- Respite Care
- Bed Reservation
- Hospice Care
- Calendar Day Elimination Period
- Restoration of Benefits
- Cash Alternative
- Home Support Services
- Private Care Consultant
- International Coverage
- Alternate Plan of Care
- Benefit and Information Resource Services
- Contingent Non-Forfeiture Benefit

The employer/employee may select from the following options available with modified underwriting.*

- Facility Daily Benefit: \$50 – \$300
- Home Care Daily Benefit: 50%, 75%, 100% or 150%**
- Benefit Periods: 2, 3, 4, 5, or 6 years
- Home Care Payment Options: Daily, Monthly, Flexible Cash or Cash
- Inflation Protection Options: None, 5% Simple, 5% Guaranteed Purchase Option, 5% Compound 2x Max, 5% Compound No Max
- Elimination Period: 60, 90, 120, 180, or 365 days
- Payment Options: Lifetime, Paid-up to age 65 (below age 55) or 10-pay (ages 40+), Premium reduction at age 65

* Available options may vary by state.

** 150% Home Care available on plans with a Facility Daily Benefit of up to \$200.

Optional Riders

Shared Care Benefit Shortened Benefit Period
Survivor Waiver of Premium Return of Premium Upon Death Benefit

Buy-up options available with full underwriting include:

- Facility Daily Benefit more than \$300
- Home Care Daily Benefit of 150% and Facility Daily Benefit of \$200+
- 30-Day Elimination Period
- Joint Waiver of Premium
- 10-Year Benefit Period
- Unlimited Benefit Period

Please note: Unlimited Lifetime Maximum Benefit is not available in combination with the Cash Benefit Option with LTC3.

Billing Options

Direct Billing: EFT, Quarterly, Semi-Annual or Annual modes.

List Bill: Monthly only. Minimum of 10 lives required (spouses can be included in this count).

Case Approval Process

Required forms for case approval:

- Completed Case Approval Form
- Signed Employer Acknowledgment Form

Required information on a case approval form:

- Business name
- Industry type
- Primary contact name, telephone number, and e-mail address
- Age range of employees
- Number of eligible employees
- Suggested effective date
- Years in business
- Voluntary or Employer Paid

Requests for quotes, marketing materials and required approval forms can be directed to:

Prudential Long-Term Care ESP Team: 888-868-9027
E-Mail: LTCESP@prudential.com

To run a group census file in .csv format, please provide the fields below in the following order:

First Name	Last Name	DOB (mm/dd/yyyy)	State	Gender	Marital Status	Salary	Relationship
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Marital Status Codes: S=Single (0%) M=Married Single (15%)
B=Married Joint (30%)[†]

Relationship Codes: E=Employee S=Spouse P=Partner

[†] To receive this discount, both spouses/partners must be approved for coverage.

Please note: Applications cannot be taken or submitted until the case is granted Home Office approval.

Who to partner with?

- Property/Casualty Agents
- Accounting Firms
- Employee Benefit Consultants
- Trade Associations
- Chambers of Commerce
- Elder Care/
Corporate Attorneys

What industry to target?

Favorable:

- Higher Education
- Accounting
- Physicians
- Engineering
- Law Firms

Preferred Employer Profile:

- Paternalistic – usually small- to medium-size employer
- Large concentration of employees in one location
- Associations with strong business focus (e.g., women's professional associations or law firm associations)
- Employers with high retention ratings

Sample Opening Statements:

"I work with businesses to help the owners protect against unexpected personal financial risks and build tax-free cash so that they retire with peace of mind and security."

"I help business owners and key employees build large pools of cash so they are protected from unexpected financial risks and can retire with complete confidence and peace of mind."

Internal Use Only.

The Prudential Insurance Company of America, Newark, NJ.

AFFILIATION/ASSOCIATION PROGRAM

Initial Case Size Requirement

An Affiliation may consist of any size group established for a purpose other than the purchase of insurance with an expectation of producing 5 paid policies within the first 6 months of solicitation. Small Businesses may also qualify for discount.

Discounts

5% Affiliation discount to:

- Group Members
- Retirees of an employer
- Spouse/Partner
- Group members': Parents, parents-in-law, brothers, brothers-in-law, sisters, sisters-in-law, grandparents, grandparents-in-law, children/children-in-law over age 18
- 30% Both Spouse/Partner discount
- 15% Single Spouse/Partner discount

Full Underwriting Only

Features and Benefits*

- **Facility Daily Benefit:** \$50 – \$500
- **Benefit Period:** 2, 3, 4, 5, 6, 10 years or Unlimited
- **Home Care Daily Benefit:** 50%, 75%, 100%, or 150%
- **Home Care Payment Options:** Daily, Monthly, Flex Cash or Cash
- **Elimination Period:** 30, 60, 90, 120, 180 or 365 days
- **Inflation Protection Options:** None, 5% Simple, 5% Guaranteed Purchase Option, 5% Compound No Max or 5% Compound 2x Max
- **Optional Riders:**
 - Joint Waiver
 - Survivor Waiver
 - Return of Premium
 - Shared Care Benefit
 - Shortened Benefit Period
 - Upon Death Benefit

Payment Options: Paid-up to age 65 (below age 55)
10-Pay (ages 40+), Premium Reduction at age 65.

*Offers may vary by state.

Billing Options

- **Direct bill only:** EFT, Quarterly, Semi-Annual, or Annual modes.

Affiliation/Association Approval Process

- Complete the Affiliation Information Fact Sheet.
- Obtain a letter of acknowledgment from the Affiliation Sponsor. Letter must be on the organization's official letterhead stationery and signed by an officer of the group.
- Once these materials are received, LTC Marketing will communicate a decision on the group within 3 to 5 days.

For these forms, contact:

Prudential Long-Term Care ESP Team: 888-868-9027
E-Mail: LTCESP@prudential.com

