

## TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

This Contract is intended to be a federally tax-qualified long term care insurance contract as defined under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

We have issued this Contract in consideration of the statements made in your signed application and your payment of the initial premium. We will pay the benefits described in this Contract, subject to all of its provisions.

**Read This Contract Carefully** It is a legal contract between you and the Company.

**Thirty Day Review Period** You may return this Contract within 30 days after receiving it, or within 30 days of its Effective Date, whichever is later, if you are dissatisfied for any reason. You may return it to the agent from whom it was purchased or to the Company. We will void this Contract and mail a refund of the premium you paid within 10 days of receipt.

**Effective Date** This Contract begins at 12:01 AM on the Effective Date shown on the current Policy Schedule. This Contract ends at 12:01 AM according to the terms of this Contract.

**Check Your Application** **Caution - The issuance of this long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application is attached. If your responses are incorrect or untrue, we have the right to deny benefits or rescind this Contract, subject to the Incontestability provision under the General Policy Provisions section. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number at the top of this page.**

**This Contract Covers Qualified Long Term Care Services** **Qualified Long Term Care Services** are defined as care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit; and services provided to you through Home Health Care Services, Adult Day Services, or Hospice Care Services under the Home and Community Care Benefit.

**This Contract is Not a Medicare Supplement Contract** If you are eligible for Medicare, you may request the Guide to Health Insurance for People with Medicare available from us.

**Renewal Conditions** **THIS QUALIFIED LONG TERM CARE INSURANCE CONTRACT IS GUARANTEED RENEWABLE.** To renew this Contract, you must pay the premium due by the premium due date or within the Grace Period. We cannot refuse to renew this Contract if the premium is paid on time. Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for this Contract, subject to the approval of the state insurance department, only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

**Notice to Buyer** This Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

**Signed for the Company at Its Home Office on the Date of Issue**

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

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## GUIDE TO POLICY BENEFITS AND PROVISIONS

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A summary of your benefits follows. Please refer to the current Policy Schedule for a list of the Riders and optional benefits which provide you with additional benefits. Section titles, provision titles, and terms used on the Policy Schedule, and terms defined in the Glossary, are capitalized throughout this Contract to help you easily recognize them.

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## POLICY SCHEDULE

This section provides information that is specific to the benefits that you have chosen. Most of these terms are capitalized throughout this Contract to help you easily recognize them.

<b>Policy Benefits</b>	Facility Care Daily Benefit:	Up to \$ [150]
	[Home and Community Care Daily Benefit (\$[150] x [100]%):	Up to \$ [150]
	[Home and Community Care Monthly Benefit (\$[150] x [100]% x 30):	Up to \$ [4,500]
	Benefit Period:	[5] years
	Maximum Caregiver Training Benefit (5 x \$[200]):	\$ [1,000]
	Maximum Lifetime Benefit (\$[200] x [5] x 365):	\$ [365,000]
	Elimination Period:	[90] days
	Respite Facility Care Daily Benefit:	Up to \$ [200]
	Respite Home and Community Care Daily Benefit:	Up to \$ [200]
<b>[Optional Benefits Elected]</b>	Monthly Indemnity Benefit option]	
<b>[Optional Benefits Elected]</b>	Monthly Indemnity Benefit (\$[200] x [25]% = \$[50] x 30):	\$1,500]
<b>[Rider Benefits Elected]</b>	International Coverage Benefit Rider] [5% Lifetime Compound Benefit Increase Rider]	
<b>[Rider Benefits Elected]</b>	International Coverage Maximum Lifetime Benefit (\$[200] x 70% x 730):	\$102,200]
<b>Cost of Benefits</b>	Annualized cost for this policy without Rider and/or Optional Benefits:	[\$ cost of policy]
	[Annualized cost for the Rider and/or Optional Benefits:]	[\$ cost]
	[Total annualized cost of this policy with Rider and/or Optional Benefits:]	[\$ cost]
<b>Premium Summary</b>	Mode of Payment:	[annual]
	Modal Premium:	\$ [1,200]
	Total annual premium if Mode of Payment is:	
	[annual	\$ [1,200]
	semi-annual	\$ [1,248]
	quarterly	\$ [1,272]
	monthly EFT	\$ [1,252.80]
	monthly bill	\$ [1,296]
	monthly credit card	\$ [???]
<b>General Policy Information</b>	Policy Number:	[1234567]
	Insured:	[John Doe]
	Issue Age of Insured (age last birthday):	[50]
	[Insured Spouse:	Jane Doe]
	Effective Date:	[M/D/Y]
	Policy Schedule Date (this Policy Schedule replaces any previously issued Policy Schedule):	[M/D/Y]
	Duplicate Contract Fee:	\$ [25]
	[Coverage Enhancement Rider Initial Option Date Range:	[M/Y] – [M/Y]
	[Coverage Enhancement Rider Termination Date:	[M/D/Y]

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## ELIGIBILITY FOR THE PAYMENT OF BENEFITS

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This section explains how you become eligible to receive Benefit Payments.

- Eligibility for Benefits** To be eligible for the benefits shown on the current Policy Schedule and in this Contract, you must be Chronically Ill. The Chronic Illness must have begun after the Effective Date.
- Limitations or Conditions on Eligibility for Benefits** To receive Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following:
- (a) this Contract must be In Force, except if the Extension of Benefits provision under the General Policy Provisions section applies;
  - (b) you must have satisfied the Elimination Period, unless otherwise stated;
  - (c) you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner; and
  - (d) You must provide proof of such Chronic Illness as shown in the Claim Procedures section.
- Benefit Payments** We will pay up to the Facility Care Daily Benefit or Home and Community Care [Daily] [Monthly] Benefit shown on the current Policy Schedule for actual expenses incurred.
- Benefits End** Benefit Payments will end if we do not receive Continued Proof of Loss or on the earliest of:
- (a) the date on which you are no longer Chronically Ill;
  - (b) the date you have exhausted the Maximum Lifetime Benefit, or the date this Contract Terminates, except if the Extension of Benefits provision under the General Policy Provisions section applies; or
  - (c) the date the certification that you are Chronically Ill from your Licensed Health Care Practitioner expires.

The following are definitions of special terms used in this section.

- Chronically Ill, Chronic Illness** You are Chronically Ill if you have been certified, within the previous 12 months, but after the Effective Date, by a Licensed Health Care Practitioner as:
- (a) being unable to perform without Substantial Assistance at least two Activities of Daily Living (ADLs) and Substantial Assistance is expected to be required for a period of at least 90 continuous days; or
  - (b) requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.
- Activities of Daily Living, ADLs** ADLs are the following:
- (a) Bathing. Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
  - (b) Continence. The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
  - (c) Dressing. Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
  - (d) Eating. Feeding yourself by getting food into your body from a receptacle, such as a plate, cup or table, or by feeding tube or intravenously.
  - (e) Toileting. Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
  - (f) Transferring. Moving into or out of a bed, chair, or wheelchair.

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## ELIGIBILITY FOR THE PAYMENT OF BENEFITS (CONTINUED)

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**Severe Cognitive Impairment**

The deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:

- (a) short or long term memory;
- (b) orientation as to people, such as who you are, places, such as where you are, or time, such as day, date and year;
- (c) judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or
- (d) deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

**Substantial Assistance**

Stand-by or hands-on assistance without which you would not be able to safely and completely perform the ADL. Stand-by assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the ADL. Hands-on assistance means direct physical assistance of another person.

**Substantial Supervision**

Requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

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## FACILITY CARE BENEFIT

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This section describes benefits for care received in a Nursing Facility or Assisted Living Facility.

**Facility Care Benefit** If you are confined in a Nursing Facility or an Assisted Living Facility, we will pay up to the Facility Care Daily Benefit shown on the current Policy Schedule for each day of care received in the Nursing Facility or Assisted Living Facility. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section.

**Eligible Facility Care Expenses** Eligible Facility Care Expenses include charges incurred for:  
(a) room and board; and  
(b) your care while confined in the facility.

This does not include charges incurred for:  
(a) physician's services;  
(b) medications, both prescription and nonprescription;  
(c) incontinence and other medical supplies;  
(d) guest meals;  
(e) beauty and barbershop;  
(f) gift shop;  
(g) cable television;  
(h) long-distance telephone; and  
(i) other ancillary charges.

The following are definitions of special terms used in this section.

**Nursing Facility** A facility or institution, either separate or a distinct part of another health care facility, which is operated pursuant to law, providing the following such care as described:  
(a) provides an organized, 24-hour program of services consistent with the needs of its residents under the supervision of a Physician;  
(b) provides medical and nursing services, as needed, under the supervision of a Physician or RN; and  
(c) maintains a daily medical record on each patient.

Nursing Facility does not include:  
(a) your Home;  
(b) Hospitals;  
(c) convalescent homes, board and rest homes, homes for aged, residential care facilities, domiciliary and retired care facilities, or training centers;  
(d) any facility where the patient is not required to pay;  
(e) an Assisted Living Facility; or  
(f) facilities otherwise excluded in this Contract.

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## FACILITY CARE BENEFIT (CONTINUED)

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### **Assisted Living Facility**

A facility licensed or certified with the appropriate state agency to provide the care described below, or, if not licensed or certified, a facility which is engaged primarily in providing ongoing care and related services in one location, and which meets all of the following criteria:

- (a) has at least one trained staff member on duty 24 hours per day;
- (b) provides continuous room and board;
- (c) provides Substantial Assistance or Substantial Supervision required by residents due to their inability to perform the Activities of Daily Living or due to a Severe Cognitive Impairment;
- (d) has formal arrangements for the services of a Physician or RN in case of an emergency; and
- (e) has formal procedures in place to manage all medical emergencies and medical needs, including the handling and dispensing of prescription and non-prescription drugs and medical treatments.

Assisted Living Facility includes dementia care facilities that meet the above requirements.

Assisted Living Facility does not include:

- (a) your Home;
- (b) Hospitals;
- (c) independent living facilities or congregate housing for adults;
- (d) any facility where the patient is not required to pay;
- (e) a Nursing Facility; or
- (f) facilities otherwise excluded in this Contract.

The following describes additional information required to pay your claim under the Facility Care Benefit.

### **Proof of Loss for Facility Care Benefits**

In addition to the information described in the Claim Procedures section of this Contract, Proof of Loss for Facility Care Benefits must also include:

- (a) Proof of licensure, certification, or accreditation if required under state law; and
- (b) Copies of invoices or statements that document dates of confinement and charges.

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## HOME AND COMMUNITY CARE BENEFIT

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This section describes benefits for care received in your Home or when you are not confined in a Nursing Facility or Assisted Living Facility.

### **Home and Community Care Benefit**

We will pay up to the Home and Community Care [Daily] [Monthly] Benefit shown on the current Policy Schedule for the following covered Home and Community Care services:

- (a) Home Health Care Services;
- (b) Adult Day Services; and
- (c) Hospice Care Services.

The purpose of these services must be primarily to give needed assistance to you as a result of your being Chronically III.

You are eligible for this benefit as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section.

### **Eligible Home and Community Care Expenses**

Eligible Home and Community Care Expenses include charges incurred from:

- (a) a Home Health Care Agency;
- (b) an Adult Day Services program;
- (c) a Hospice Care Services program; and
- (d) a caregiver who is employed by you who is an RN or nurse; a speech, occupational, physical, or respiratory therapist; or a Home Health Aide.

This does not include charges incurred for:

- (a) physician's services;
- (b) outpatient therapy in a Hospital or rehabilitation facility;
- (c) medications, both prescription and nonprescription;
- (d) incontinence and other medical supplies;
- (e) massage therapy, reflexology, acupuncture, and similar alternative healing services;
- (f) care provided to you by an Immediate Family Member or someone living in your Home; and
- (g) housekeeper or housecleaning services when no other services are being provided as a result of your being Chronically III.

The following are definitions of special terms used in this section.

### **Home Health Care Services**

Medical and nonmedical services provided in the Home that are intended to support frail, impaired, or other disabled adults who are not capable of independent living.

Home Health Care Services may be provided by a Home Health Care Agency, a health care registry, or an independent provider who is privately employed by you. Home Health Care Services include:

- (a) professional nursing care services by an RN or nurse licensed under state law, if any;
- (b) non-medical care services from a Home Health Aide licensed or certified under state law, if any, or from an individual with appropriate experience in necessary caregiving procedures; and
- (c) therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed under state law, if any.

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## HOME AND COMMUNITY CARE BENEFIT (CONTINUED)

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Home Health Care Services may also include assistance with homemaker services that are necessary to support your ability to remain in your Home, including assisting you with using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, doing your laundry, and light housekeeping. Homemaker services must be performed by the same individual assisting you with the Activities of Daily Living or providing supervision because you have a Severe Cognitive Impairment and must be provided during the same visit.

**Home Health Care Agency**

A Hospital, agency, or other provider licensed, certified, or accredited under state law, if such licensing or accreditation is required, to provide Home Health Care Services.

**Home Health Aide**

A person, other than an RN or nurse, who provides needed assistance to you as a result of your being Chronically Ill. A Home Health Aide must be duly licensed or certified under state law, if any, and must act within the scope of his or her license or certification at the time the treatment or service is performed.

**Adult Day Services**

Community based services, operated pursuant to law, provided in a group setting outside the Home that are intended to support frail, impaired, or other disabled adults who are not capable of full-time independent living. These services must include:

- (a) care for six or more individuals during the day;
- (b) health-related services; and
- (c) recreational and social services.

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**Hospice Care Services**

Services provided in the event of a diagnosis of a terminal illness. Hospice Care Services help you, your primary caregiver, and your family member(s) with the physical, social, and spiritual needs brought about by your terminal illness. Hospice Care Services may be provided in your Home or in a hospice care facility.

The following describes additional information required to pay your claim under the Home and Community Care Benefit.

**Proof of Loss for Home and Community Care Benefits**

In addition to the information described in the Claim Procedures section of this Contract, Proof of Loss for Home and Community Care Benefits must also include:

- (a) Proof of licensure, certification, or accreditation, if required under state law;
- (b) Copies of invoices or statements that document dates of service and hours of care each day;
- (c) Copies of daily notes or nursing flow sheets; and
- (d) Copies of your cancelled checks for payment of caregiver services for independent providers who are employed by you.

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## ADDITIONAL BENEFITS

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This section describes the additional benefits included in this Contract.

### **Waiver of Premium Benefit**

If you are Chronically Ill and have satisfied the Elimination Period, we will waive your premium as it comes due, subject to the Eligibility for the Payment of Benefits section.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Premiums will not be waived if you are only receiving benefits under the Alternative Plan of Care Benefit, Caregiver Training Benefit, Respite Care Benefit, or Care Coordination Advisor Benefit.

### **Respite Care Benefit**

If you are Chronically Ill and are normally cared for by an informal caregiver, we will pay Respite Care Benefits for:

- (a) the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Respite Facility Care Daily Benefit shown on the current Policy Schedule; or
- (b) the actual expenses you incur for each day you receive Home and Community Care, up to the Respite Home and Community Care Daily Benefit shown on the current Policy Schedule.

The purpose of this benefit is to temporarily relieve an informal caregiver who is providing care to you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

### **Bed Reservation Benefit**

If you are receiving Benefit Payments and are confined in a Nursing Facility or an Assisted Living Facility, we will continue to pay the Facility Care Daily Benefit [and Monthly Indemnity Benefit] shown on the current Policy Schedule as if you were still confined in the Nursing Facility or the Assisted Living Facility if you:

- (a) become hospitalized or temporarily leave the Nursing Facility or the Assisted Living Facility; and
- (b) are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations.

This benefit is subject to the Eligibility for the Payment of Benefits section. However, if the Elimination Period has not been satisfied, we will count each day that you are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations toward the Elimination Period.

This benefit is available for a maximum of 60 days per calendar year.

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## ADDITIONAL BENEFITS (CONTINUED)

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### Caregiver Training Benefit

If you are Chronically Ill, we will pay up to the Maximum Caregiver Training Benefit shown on the current Policy Schedule for expenses incurred for an informal caregiver to receive training to take care of you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

### Alternative Plan of Care Benefit

The Alternative Plan of Care Benefit provides benefits for services which may include: equipment purchases or rentals; permanent or temporary modifications to your Home, such as ramps or rails; or care services not normally covered under other benefit provisions in this policy. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

We will pay the Alternative Plan of Care Benefit if:

- (a) you are Chronically Ill;
- (b) you, your Licensed Health Care Practitioner, and we agree the Alternative Plan of Care Benefit is: (1) medically acceptable; and (2) the most cost efficient manner in which to provide benefits for your claim under this Contract;
- (c) you have not exhausted the Maximum Lifetime Benefit; and
- (d) you agree that you will not receive payments for any other benefits under this Contract while the Alternative Plan of Care Benefit is being paid, unless otherwise agreed to by you and us.

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. We will count each day that has been multiplied by the Facility Care Daily Benefit toward the Elimination Period.

### Care Coordination Advisor Benefit

If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under this Contract. This service will not accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of care coordination will not be used to satisfy the Elimination Period.

### [Monthly Indemnity Benefit

The Monthly Indemnity Benefit amount is shown on the current Policy Schedule. This amount will be paid in any month that you receive Benefit Payments under the Facility Care Benefit or Home and Community Care Benefit.

Benefits paid directly to the insured and not determined by the expenses incurred may be subject to taxation by the Internal Revenue Service and may cause this Contract to lose its status as a federally tax-qualified long term care insurance contract.]

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## ADDITIONAL BENEFITS (CONTINUED)

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**[Return of Premium  
Upon Death Benefit**

If this Contract Terminates because of your death, we will pay a Return of Premium Upon Death Benefit to your Beneficiary, or to your estate if no Beneficiary has been designated.

The Return of Premium Upon Death Benefit is equal to the total of premiums paid for this Contract, excluding any premiums waived, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, excluding any premiums waived, this Return of Premium Upon Death Benefit will be zero.]

**[Full Return of Premium  
Upon Death Benefit**

If this Contract Terminates because of your death, we will pay a Full Return of Premium Upon Death Benefit to your Beneficiary or to your estate if no Beneficiary has been designated. The Full Return of Premium Upon Death Benefit is equal to the total of premiums paid for this Contract, excluding any premiums waived.]

**[Restoration of Benefits**

If benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored to the amount shown on the current Policy Schedule plus increases per your benefit increase rider, if any, if, for a period of 180 consecutive days:

- (a) this Contract is In Force;
- (b) you are not receiving Benefit Payments; and
- (c) you are no longer Chronically Ill.

The Maximum Lifetime Benefit may be restored an unlimited number of times.]

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## LIMITATIONS AND EXCLUSIONS

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This section describes the benefits that are not payable even if you would otherwise qualify for benefits under this Contract.

**Limitations and Exclusions**

No benefits will be paid for any confinement, care, treatment, or service(s):

- (a) for alcoholism or drug addiction.
- (b) that result from participating in a felony, a riot or an insurrection.
- (c) that result from an act of war, declared or undeclared, or during service in the armed forces.
- (d) that result from your intentionally self-inflicted injury.
- (e) provided outside the 50 states of the United States, the District of Columbia, or Canada[, except as described in the International Coverage Benefit Rider].
- (f) provided to you by an Immediate Family Member or someone living in your Home.
- (g) for which you have no financial liability or that are provided at no charge in the absence of insurance.
- (h) that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

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## CLAIM PROCEDURES

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This section describes our claims process and how to file a claim. We will evaluate your claim based upon the information you provide us and other information we gather about your claim.

### Notice of Claim

You, or someone acting on your behalf, must give us Notice of Claim for benefits within 30 days after the date of loss, or as soon as reasonably possible.

Write or call us at the address or telephone number shown on the first page of this policy to notify us of your claim. In order to sufficiently identify you, the written notice should include your name, policy number, and the address to which the Claim Form should be sent.

### Claim Form

We, upon receipt of Notice of Claim, will send you a Claim Form within 15 days to use in filing the Proof of Loss or if needed to determine Continued Proof of Loss. By completing all the items on the Claim Form and sending the required information to the address on the form, you will help us to expedite the processing of your claim.

If you, or anyone acting on your behalf, do not receive our Claim Form within 15 days of notifying us, you may file the Proof of Loss without our Claim Form by sending us a letter which describes the character and extent of your Chronic Illness. The letter should include the following information:

- (a) your name and address;
- (b) the name and address of your Licensed Health Care Practitioner(s);
- (c) the basis on which you are claiming benefits as described under the Eligibility for the Payment of Benefits section;
- (d) the date the Chronic Illness began;
- (e) the cause of the Chronic Illness;
- (f) the extent of the Chronic Illness, including restrictions and limitations preventing you from performing ADLs;
- (g) a written certification, completed within the previous 12 months by a Licensed Health Care Practitioner, verifying that you are Chronically Ill;
- (h) the name and address of any Hospital or institution where you have received treatment, and/or the name and address of any health care provider who has treated you, including all attending Physicians; and
- (i) a written Plan of Care.

### Proof of Loss

You will be considered to have provided Proof of Loss when we receive a Claim Form or a letter, as described in the Claim Form provision above, with any applicable statements and bills for covered care services which include the date, nature, and charges for all services.

Proof of Loss must be sent to us within 90 days after the date of loss. If it is not possible to give us timely Proof of Loss, we will not reduce or deny your claim if Proof of Loss is filed as soon as you reasonably can provide the information to us. Unless you are not legally competent, the required Proof of Loss must be given to us no later than one year from the date Proof of Loss would have otherwise been required.

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## CLAIM PROCEDURES (CONTINUED)

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To verify that you are eligible to receive Benefit Payments, one or more of the following, relating to your Chronic Illness, may also be required at our expense:

- (a) a personal interview with you, or an assessment of you, relating to your Chronic Illness;
- (b) a personal interview with your caregiver;
- (c) a Physician's statement, including confirmation that the services are medically acceptable, and/or copies of relevant medical records from any Physician or health care provider involved in your care;
- (d) any other proof we deem necessary.

**Continued Proof of Loss** Once we have verified that you are eligible to receive Benefit Payments, you will be considered to have provided Continued Proof of Loss when we receive regular statements and bills for covered care services, which include the date, nature, and charges for all services. We may also request, at least annually or as often as reasonably necessary, a completed supplemental Claim Form, which will include a request for an updated Plan of Care.

Continued Proof of Loss must be sent to us within 90 days after the end of each period for which we are liable. If it is not possible to give us timely Continued Proof of Loss, we will not reduce or deny your claim if Continued Proof of Loss is filed as soon as you reasonably can provide the information to us. Unless you are not legally competent, the required Continued Proof of Loss must be given to us no later than one year from the date Continued Proof of Loss would have otherwise been required.

At our expense, we may also require one or more of the following:

- (a) a personal interview with you, or an assessment of you, relating to your Chronic Illness;
- (b) a personal interview with your caregiver;
- (c) a Physician's statement, including confirmation that the services are medically acceptable, and/or copies of relevant medical records from any Physician or health care provider involved in your care;
- (d) any other proof we deem necessary.

**Time of Payment of Claims** Benefits payable for any loss, other than loss for which we provide periodic payment, will be paid immediately after we receive and verify Proof of Loss or Continued Proof of Loss. Benefits payable for loss for which we provide periodic payment will be paid at least monthly after we receive and verify Proof of Loss or Continued Proof of Loss, and will continue until the Maximum Lifetime Benefit is exhausted. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.

If we do not pay benefits, either in whole or in part, upon receipt of written Proof of Loss, we will provide timely written notice, as required by law, to you to explain our reasons for not paying the claim. The letter will also provide you with an itemization of any documents or other information needed to process the claim or any portion not paid.

**Payment of Claims** All benefits are paid to you or your assignee. Any benefits unpaid at your death will be paid to your Beneficiary.

**Overpayment of Claims** If benefits have been overpaid, you have the responsibility to return any overpayments. We have the right to recover by offsetting against any amounts otherwise payable to you under this Contract.

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## CLAIM PROCEDURES (CONTINUED)

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<b>Unpaid Premium</b>	Upon the payment of a claim under this Contract, any premium due and unpaid will be deducted from the claim payment.
<b>Physical Examination</b>	We have the right, at our expense, to have you examined to determine your Eligibility for Benefits when and as often as reasonably necessary while a claim is pending.
<b>Denial of Claims</b>	If you receive written notice that we are not paying benefits, either in whole or in part, as described in the Time of Payment of Claims provision, you or your representative may request, in writing, an explanation of our reasons for not paying benefits. Within 60 days of the written request, we will provide a written explanation and make available all directly related information, unless such disclosure is prohibited under state or federal law.
<b>Claim Appeal Procedure</b>	<p>If you believe that our claim decision is in error, you may appeal our decision and we will reconsider your claim. Send us a written request, no special form is required, explaining why you feel we should change our decision. Your written request must be submitted within 60 days, or as soon as reasonably possible, of your receipt of the explanation of benefits of your claim. You may authorize someone else to act for you in this process.</p> <p>Your written request should include your name and policy number as well as the names, addresses and telephone numbers of any persons or organizations you believe we should contact to learn more about the claim under reconsideration.</p> <p>Once we have completed our review, we will notify you immediately of our decision. We will pay you any benefits we determine to be due to you as a result of our reconsideration. This notification will be sent to you no later than 30 days after receipt of your written request for appeal. If we require more than 30 days, we will notify you of the reasons for the delay. Our final decision on your appeal does not prevent you from taking further action.</p>
<b>Legal Action</b>	No Legal Action may be brought to recover benefits under this Contract within 60 days after Proof of Loss has been given. No action may be brought more than three years after the time Proof of Loss is required to be given.

**SPECIMEN**

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## GENERAL POLICY PROVISIONS

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<b>Entire Contract</b>	The Entire Contract consists of this policy, the attached copy of the application, any attached Endorsements, and any attached Riders.
<b>Contract Changes</b>	<p>No change in coverage will be valid until approved by our President, together with our Secretary, and unless such approval is endorsed or attached to this Contract.</p> <p>No agent has authority to change this Contract or waive any of its provisions.</p>
<b>Conformity with State Laws</b>	Any provision of this Contract which, on its Effective Date, conflicts with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of those laws.
<b>Incontestability</b>	<p>We issued this Contract based on the information you provided in the application. All statements made by you are considered representations and not warranties. Any misrepresentation may cause this Contract to be voided or rescinded, or a claim to be denied.</p> <p>If this Contract has been In Force for less than six months, upon a showing of misrepresentation that is material to the acceptance of coverage, we may rescind this Contract or deny an otherwise valid claim on this Contract.</p> <p>If this Contract has been In Force for at least six months, but less than two years, upon a showing of misrepresentation that is both material to the acceptance of coverage and that pertains to the condition for which benefits are sought, we may rescind this Contract or deny an otherwise valid claim on this Contract.</p> <p>After this Contract has been In Force for two years, it is not contestable upon the grounds of misrepresentation alone. After two years, this Contract may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.</p>
<b>Misstatement of Age</b>	If your age was understated at the time this Contract was issued, we will pay only such benefits as the premium paid would have purchased at the correct age. If your age was overstated at the time this Contract was issued, we will refund any excess premium paid when we have been notified of this fact. Our liability is limited to refunding premium paid, if according to the correct age, this Contract would not have been issued, and this Contract will be voided as of the Effective Date.
<b>Paying Premiums</b>	Renewal Premiums are due at the beginning of each Mode of Payment interval from the Effective Date. Payments must be made to us. You may change the Mode of Payment on your Policy Anniversary if you notify us.
<b>Grace Period</b>	This Contract has a 65-day Grace Period. If a Renewal Premium is not paid on or before the date it is due, it may be paid during the following 65 days. This Contract will stay In Force during the Grace Period. To keep this Contract In Force with no gap in coverage, you must pay your premium within the Grace Period. If your premium remains unpaid after 65 days, this Contract will Terminate.
<b>Unintended Lapse Protection</b>	<p>You have the right to elect a third party designee for us to notify before this Contract Terminates due to nonpayment of premium.</p> <p>If the Renewal Premium remains unpaid 30 days into the Grace Period, we will mail, by postage paid, first-class US mail, a notice to you and your third party designee, if elected, stating that this Contract is about to Lapse. Notice is considered to have been given as of five days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium.</p>

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## GENERAL POLICY PROVISIONS (CONTINUED)

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**Termination, Terminate,  
Terminates, Terminated**

This Contract will Terminate and your coverage will end on the earliest of:

- (a) the date you have exhausted the Maximum Lifetime Benefit;
- (b) the date this Contract Lapses due to nonpayment of premium;
- (c) the date this Contract is Cancelled by you, except if the Extension of Benefits provision applies; or
- (d) the date of your death.

**Cancellation, Cancel,  
Cancelled**

You may Cancel this Contract at any time by delivering or mailing written notice of Cancellation to us at the address shown on the first page of this policy. Cancellation will be effective upon receipt of such notice or on such later date as may be specified in such notice. If this Contract is Cancelled, the following provisions do not apply: Grace Period, Unintended Lapse Protection, and Waiver of Premium Benefit. The Cancellation will be without prejudice to any claim originating before the effective date of such Cancellation.

**Return of Unearned  
Premium**

Upon Cancellation, we will return to you any unearned premium as of the later of:

- (a) the date we receive your written request to Cancel this Contract in our home office; or
- (b) a later date specified in your written request to Cancel this Contract.

Upon your death, we will return any unearned premium for this Contract to your Beneficiary.

We will return this unearned premium within 30 days of your written request to Cancel this Contract, or within 30 days of receipt of proof of your death.

**Reinstatement**

If this Contract Lapses, you may request to Reinstate this Contract to restore coverage. You must submit an application to determine your eligibility for Reinstatement within five months of the date of Lapse. You will be given a conditional receipt for any premium submitted with the application.

If we do not approve your application, we will notify you in writing within 45 days from the date of your application and refund any premium that was submitted with the application. If we do not notify you within 45 days of our approval, this Contract will be Reinstated on the 45<sup>th</sup> day after the date of the conditional receipt. Your coverage will be Reinstated, subject to evidence of insurability and receipt of all past due and unpaid premiums.

This Contract will be Reinstated as of the last premium due date if we approve your application for Reinstatement and all premiums due are received. The Reinstated Contract will cover only loss due to an injury sustained after the date of Reinstatement and loss due to a sickness that begins more than 10 days after the Reinstatement. In all other aspects, your rights and ours will be the same as before this Contract Terminated, subject to any provisions endorsed or attached in connection with the Reinstatement.

**Reinstatement due to  
Chronic Illness**

If this Contract Lapses due to nonpayment of premium due to a Chronic Illness that began before Lapse, you may request to Reinstate this Contract, within five months of the date of Lapse, by submitting:

- (a) proof of such Chronic Illness, certified by a Licensed Health Care Practitioner; and
- (b) payment of all past due premiums.

If we Reinstate this Contract after nonpayment of premium due to Chronic Illness:

- (a) the Reinstatement will not require any evidence of insurability.
- (b) there will be no gaps in coverage. Coverage will be a continuation of that provided before Reinstatement. This provision does not apply if this Contract has been Terminated due to any reason other than Lapse due to Chronic Illness.
- (c) premium is due from the date of the last premium payment, at the rate which would have been in effect had this Contract remained In Force. Payment must be made within 15 days of our written request to you.

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## GENERAL POLICY PROVISIONS (CONTINUED)

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### Maximum Lifetime Benefit

The total amount we will pay in your lifetime for all benefits, other than the Waiver of Premium Benefit and Care Coordination Advisor Benefit, provided by this Contract. The Maximum Lifetime Benefit is shown on the current Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period, in years, times 365. The Facility Care Daily Benefit and Benefit Period are shown on the current Policy Schedule.

All benefits paid under this Contract accumulate toward the Maximum Lifetime Benefit, unless otherwise stated. [However, for Home and Community Care Benefits, only an amount up to [30 times] the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit.]

[Any benefits paid before a Restoration of Benefits will not accumulate toward the restored Maximum Lifetime Benefit.]

### Right to Reduce Benefits

You have the right, exercisable any time after the first Policy Year, to lower the premium for this Contract by reducing the Facility Care Daily Benefit and/or Benefit Period, which in turn reduces the [Monthly Indemnity Benefit,] Home and Community Care [Daily] [Monthly] Benefit and Maximum Lifetime Benefit. Premium may also be reduced by increasing the Elimination Period. The new Facility Care Daily Benefit and Benefit Period must meet the minimum amounts allowable for this Contract. The new Elimination Period may not exceed the maximum amount allowable for this Contract. Your premium will be based on the reduced benefits and your age at the time this Contract was originally issued.

### Extension of Benefits

If you are confined in a Nursing Facility or an Assisted Living Facility while this Contract is In Force, and such confinement continues without interruption after this Contract Terminates, Benefit Payments will continue until the earliest of:

- (a) the date that you are no longer Chronically Ill;
- (b) the date the certification that you are Chronically Ill from your Licensed Health Care Practitioner expires; or
- (c) the date you have exhausted the Maximum Lifetime Benefit.

Benefit Payments are subject to all other provisions of this Contract.

### Change of Beneficiary

You may change the Beneficiary at any time by giving us written notice. A change will not be effective until recorded by us. Once recorded, the change will apply as of the date the request was signed. We will not be liable for any action taken or payment made before a Beneficiary change is recorded. The Beneficiary's consent is not required to change this Contract or the Beneficiary, unless the designation of the Beneficiary is irrevocable.

### Duplicate Contract

If you have misplaced this Contract and wish to request a duplicate copy, you will be assessed a fee. This fee is shown on the current Policy Schedule.

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## GLOSSARY

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This section provides the meaning of special terms used throughout this Contract. Most of these terms are capitalized throughout this Contract to help you easily recognize them.

<b>We, Our, Us or the Company</b>	Allianz Life Insurance Company of North America, whether these terms are capitalized or not.
<b>You, Your or Yourself</b>	The person who is insured under this Contract, as shown on the current Policy Schedule, and is solely entitled to exercise all rights of this Contract, whether these terms are capitalized or not.
<b>Beneficiary</b>	The person or persons or entity named on the application, if any, unless later changed in writing; or the person or persons or entity designated as such in a written notice to us. The Beneficiary, or your estate if no Beneficiary has been designated, will receive any unassigned benefit payments, unearned premium, or any Rider benefits due upon your death.
<b>Class</b>	A population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.
<b>Contract</b>	This policy, the attached copy of the application, any attached Endorsements, and any attached Riders are the Contract.
<b>Effective Date</b>	The date when coverage starts under this Contract, as shown on the current Policy Schedule. This date determines Policy Anniversaries and Policy Years.
<b>[Elimination Period {service day definition}</b>	<p>The period of time that must be satisfied before we will pay you benefits and is the number of covered service days in which you:</p> <ul style="list-style-type: none"><li>(a) are Chronically Ill;</li><li>(b) have received care in either a Nursing Facility or Assisted Living Facility, or have received Home and Community Care; and</li><li>(c) have not received Benefit Payments under this Contract.</li></ul> <p>The Elimination Period is shown on the current Policy Schedule. Each day of covered services under this Contract counts toward the Elimination Period. The Elimination Period must only be satisfied once in your lifetime.]</p>
<b>[Elimination Period {calendar day definition}</b>	<p>The period of time that must be satisfied before we will pay you benefits and is the number of calendar days in which you:</p> <ul style="list-style-type: none"><li>(a) are Chronically Ill;</li><li>(b) have not received Benefit Payments under this Contract.</li></ul> <p>The Elimination Period is shown on the current Policy Schedule. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill counts toward the Elimination Period. The Elimination Period must only be satisfied once in your lifetime.]</p>
<b>Endorsement</b>	An attachment to this policy that may provide an additional benefit or amend this Contract.
<b>Home</b>	Any place where you reside, except a Nursing Facility, Assisted Living Facility, dementia care facility, hospice facility, or Hospital.

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## GLOSSARY (CONTINUED)

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<b>Hospital</b>	An institution or facility that is: (a) licensed as a Hospital by the proper authority of the state in which it is located; or (b) accredited as a Hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or (c) operated as a Hospital pursuant to law.
<b>Immediate Family Member</b>	Includes your spouse; and your spouse's or your: daughter, daughter-in-law, son, son-in-law, parent, sister, brother, grandparent or grandchild; and the same degree of relationship as effected by a common law marriage, domestic partnership, or civil union if recognized in the state where you reside.
<b>In Force</b>	The period between the Effective Date and Termination of this Contract.
<b>Lapse, Lapses, or Lapsed</b>	Termination of this Contract due to insufficient premium payment. Refer to the Grace Period and Unintended Lapse Protection provisions under the General Policy Provisions section.
<b>Licensed Health Care Practitioner</b>	<p>A person who is a Physician, as defined in section 1861(r)(1) of the Social Security Act, a Registered Professional Nurse, a Licensed Social Worker, or other individual who meets such requirements as prescribed by the Secretary of the Treasury.</p> <p>The Licensed Health Care Practitioner must not be an Immediate Family Member. Neither the Licensed Health Care Practitioner nor any Immediate Family Member of the Licensed Health Care Practitioner can be an owner or in any way control the operation of a Nursing Facility, Assisted Living Facility, or Home Health Care Agency in which you receive care or treatment unless preauthorized by the Company.</p>
<b>Licensed Social Worker</b>	<p>A person who is licensed by the state, if required, and acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.</p> <p>We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under this Contract.</p>
<b>Medicare</b>	The program under the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 and any later amendments or substitutes thereof.
<b>Physician</b>	<p>A person who:</p> <p>(a) is licensed to practice medicine and surgery and prescribe and administer drugs; (b) is legally qualified as a medical practitioner and required to be recognized, under this Contract for insurance purposes, according to applicable state insurance laws; or (c) meets the requirements of section 1861(r)(1) of the Social Security Act.</p> <p>We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under this Contract.</p>

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## GLOSSARY (CONTINUED)

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<b>Plan of Care</b>	<p>A written plan prescribed by a Licensed Health Care Practitioner developed in consultation with you, based upon an assessment indicating that you are Chronically Ill. The Plan of Care should recommend the frequency and type of Qualified Long Term Care Services most suitable to meet your need for Substantial Assistance or Substantial Supervision, and the most appropriate type of providers for such services. A Plan of Care must be confirmed in writing at least annually, or as often as reasonably necessary when changes to your Chronic Illness necessitate revisions to the Plan of Care to ensure your needs continue to be appropriately met. All Qualified Long Term Care Services covered under this Contract must be consistent with the Plan of Care.</p>
<b>Policy Anniversary</b>	<p>The day and month that corresponds to the day and month of the Effective Date that occurs on the same day and month in a specified year. The Effective Date is shown on the current Policy Schedule.</p>
<b>Policy Year</b>	<p>The period starting on a Policy Anniversary and ending on the day before the next Policy Anniversary. This is before Termination of this Contract.</p>
<b>Qualified Long Term Care Services</b>	<p>Care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit; and services provided to you through Home Health Care Services, Adult Day Services, or Hospice Care Services under the Home and Community Care Benefit.</p>
<b>Registered Professional Nurse, RN</b>	<p>A duly licensed registered nurse acting within the scope of his or her license at the time the treatment or service is performed.</p> <p>We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under this Contract.</p>
<b>Renewal Premium</b>	<p>The Modal Premium due to keep this Contract In Force. The Modal Premium and the Mode of Payment are shown on the current Policy Schedule.</p>
<b>Rider</b>	<p>An attachment to this policy that provides an additional benefit.</p>

**Allianz Life Insurance Company of North America**  
[5701 Golden Hills Drive  
Minneapolis, MN 55416-1297]

[800/950-1962]

**SPECIMEN**

**TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY**

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER

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**This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definition

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

### Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.
2. [The Monthly Indemnity Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.]
3. [The Indemnity Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.]
4. The Maximum Lifetime Benefit will be increased by 3% of the Remaining Lifetime Benefit.

The annual increases will occur even if benefits are being paid.

If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.

### Cancellation

If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Compound Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER

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**This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definition

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

### Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary.
2. [The Monthly Indemnity Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary.]
3. [The Indemnity Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary.]
4. The Maximum Lifetime Benefit will be increased by 4% of the Remaining Lifetime Benefit.

The annual increases will occur even if benefits are being paid.

If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.

### Cancellation

If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Compound Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER

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**This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definition

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

### Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
2. [The Monthly Indemnity Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.]
3. [The Indemnity Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.]
4. The Maximum Lifetime Benefit will be increased by 5% of the Remaining Lifetime Benefit.

The annual increases will occur even if benefits are being paid.

If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.

### Cancellation

If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Compound Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## CONTINGENT BENEFIT UPON LAPSE RIDER

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**This Rider provides benefits if a substantial premium increase occurs, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Definition**                      **Substantial Premium Increase** is an increase in the premium rates under the Contract, which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, plus the annual premium for any increases to coverage elected by you, as set forth in the Triggers for Substantial Premium Increase Table on the next page. We will notify you in writing at least 60 days before your premium changes.

**Contingent Benefit Upon Lapse**                      If the Contract has been In Force, and we increase the premium rates under the Contract, which results in a Substantial Premium Increase, then the following options are available under the Contract:

1. The Facility Care Daily Benefit and/or the Benefit Period shown on the current Policy Schedule may be reduced as described in the "Right to Reduce Benefits" provision under the General Policy Provisions section in the policy; or
2. The Contract may be converted to a paid-up status with the Shortened Benefit Period described below. This option may be elected at any time within 120 days of a Substantial Premium Increase, as described above. In addition, if the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

**Shortened Benefit Period**                      Your coverage will continue and the Facility Care Daily Benefit will be payable based on the Facility Care Daily Benefit shown on the Policy Schedule, and any previous increases due to a benefit increase Rider, in effect on the date of conversion to a paid-up status or Lapse. No further benefit increases will occur under any benefit increase Rider, if attached to the policy.

**SPECIMEN**

The Maximum Lifetime Benefit becomes equal to the greater of: (a) the total of premiums paid for the policy and all Riders; or (b) thirty times the Facility Care Daily Benefit in effect on the date of conversion to a paid-up status or Lapse. This adjusted benefit amount replaces the Maximum Lifetime Benefit in effect on the date of conversion to a paid-up status or Lapse. Any benefits paid to you after the Contract is converted to a paid-up status or Lapses will be subtracted from this new Maximum Lifetime Benefit.

Your coverage under this Rider is subject to the same policy benefit provisions, Elimination Period, Limitations and Exclusions, and all other provisions of the policy and attached Riders and Endorsements that were in effect prior to the date of conversion to a paid-up status or Lapse, except any benefit increase Rider, if attached to the policy.

**Triggers for Substantial Premium Increases Table**

<b>Issue Age</b>	<b>Percent Increase Over Initial Premium</b>
18-29	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

**SPECIMEN**

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## COVERAGE ENHANCEMENT RIDER

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**This Rider provides you the option, every five years, to enhance your coverage without underwriting.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definitions

**Daily Benefit** is the Facility Care Daily Benefit [and Home and Community Care Daily Benefit].

**[Monthly Benefit** is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit] [Indemnity Benefit].]

**Option Date** is the fifth Policy Anniversary, and each subsequent fifth Policy Anniversary.

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

### Enhancement Option

On the Option Date, the following Enhancement Option is available without underwriting at an additional premium:

Increase the Daily Benefit [and Monthly Benefit] to reflect the increase in the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care (Consumer Price Index). The increase in the Consumer Price Index for the first Option Date is for the five-year period shown on the Policy Schedule. The same months will be used in determining the five-year period for subsequent Option Dates.

The increase in the Daily Benefit [and Monthly Benefit], if any, is the amount that will make the cumulative increase in the Daily Benefit [and Monthly Benefit], for the five-year period ending on the Option Date, the lesser of the increase in the Consumer Price Index or [50%], but not less than [15%].

The Maximum Lifetime Benefit will increase by the same percentage of the Remaining Lifetime Benefit.

If the publication of the Consumer Price Index is discontinued or if its calculation is changed substantially, we will substitute a comparable index.

This Enhancement Option must be elected in writing on the form that we provide. The amount of the premium increase will be indicated on this form. This form will be sent to you at least 60 days before the Option Date and must be returned to us at our Home Office at least 30 days before the Option Date.

This Enhancement Option will not be available if you were Chronically Ill or received any Benefit Payments in the two years before the Option Date.

### Termination

This Rider will terminate on the Coverage Enhancement Rider Termination Date shown on the current Policy Schedule. Any future coverage enhancements will be subject to underwriting approval.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

**SPECIMEN**

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## COVERAGE ENHANCEMENT RIDER

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**This Rider provides you the option, every five years, to enhance your coverage without underwriting.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definitions

**Daily Benefit** is the Facility Care Daily Benefit [and Home and Community Care Daily Benefit].

**Monthly Benefit** is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit].

**Option Date** is the fifth Policy Anniversary, and each subsequent fifth Policy Anniversary.

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

### Enhancement Options

On the Option Date, any of the following Enhancement Options are available without underwriting at an additional premium:

1. Increase the Daily Benefit [and Monthly Benefit] to reflect the increase in the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care (Consumer Price Index). The increase in the Consumer Price Index for the first Option Date is for the five-year period shown on the Policy Schedule. The same months will be used in determining the five-year period for subsequent Option Dates.

The increase in the Daily Benefit [and Monthly Benefit], if any, is the amount that will make the cumulative increase in the Daily Benefit [and Monthly Benefit], for the five-year period ending on the Option Date, the lesser of the increase in the Consumer Price Index or [50%], but not less than [15%].

The Maximum Lifetime Benefit will increase by the same percentage of the Remaining Lifetime Benefit.

If the publication of the Consumer Price Index is discontinued or if its calculation is changed substantially, we will substitute a comparable index;

2. Decrease the Elimination Period to the next available Elimination Period; and
3. Increase the Benefit Period to the next available Benefit Period. However, the Benefit Period may not be increased to the Lifetime Benefit Period.

The Enhancement Options must be elected in writing on the form that we provide. The amount of the premium increase will be indicated on this form. This form will be sent to you at least 60 days before the Option Date and must be returned to us at our Home Office at least 30 days before the Option Date.

The Enhancement Options will not be available if you were Chronically Ill or received any Benefit Payments in the two years before the Option Date.

**Termination**

This Rider will terminate on the Coverage Enhancement Rider Termination Date shown on the current Policy Schedule. Any future coverage enhancements will be subject to underwriting approval.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

**SPECIMEN**

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]



# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## HOUSEHOLD DISCOUNT RIDER

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**This Rider provides a premium discount because you are living with someone who has or is issued an Allianz Life Insurance Company of North America long term care insurance Contract, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Definition** Household Insured is someone with whom you are living who has or is issued an Allianz Life Insurance Company of North America long term care insurance Contract that is still In Force.

**Household Discount Benefit** This Rider provides a premium discount because you are living with a Household Insured.

**Cancellation** The Household Discount Rider will not terminate due to the death of the Household Insured while the Contract is In Force.

This Rider must be cancelled if you are no longer living with the Household Insured, except due to the death of the Household Insured while the Contract is In Force, by providing written notice of Cancellation to us.

**Termination** This Rider will terminate and coverage under this Rider will end on the earliest of:  
(a) the date of Cancellation of this Rider;  
(b) the date the Household Insured cancels their Household Discount Rider;  
(c) the date the Contract Terminates; or  
(d) the date the Household Insured's contract terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Household Discount Benefit.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## INTERNATIONAL COVERAGE BENEFIT RIDER

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**This Rider provides benefits if you are outside the fifty states of the United States, the District of Columbia, or Canada, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definitions

**International Coverage Maximum Lifetime Benefit** is the total amount we will pay in your lifetime for all benefits, other than the Waiver of Premium Benefit, provided under the International Coverage Benefit. The International Coverage Maximum Lifetime Benefit is shown on the current Policy Schedule.

**International Coverage Remaining Lifetime Benefit** on the current Policy Anniversary is the International Coverage Maximum Lifetime Benefit, if any, on the previous Policy Anniversary less the total of all applicable claims paid up to the current Policy Anniversary.

### International Coverage Benefit

If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract, while you are outside the fifty states of the United States, the District of Columbia, or Canada, we will pay the International Coverage Benefit if:

- (a) You are in a designated country as defined in the Visa Waiver Program (VWP);
- (b) You are eligible for Benefit Payments;
- (c) You provide us with Proof of Loss and a properly completed Claim Form;
- (d) You provide us with a written certification, completed within the previous 12 months by a similarly accredited Physician or Registered Professional Nurse, verifying that you are Chronically Ill; and
- (e) You provide us with a written Plan of Care.

For Qualified Long Term Care Services received outside the fifty states of the United States, the District of Columbia, or Canada, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or 70% of the Home and Community Care [Daily] [Monthly] Benefit. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section in the policy.

All benefits paid under the International Coverage Benefit accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. No further benefits will be paid under the International Coverage Benefit once the Maximum Lifetime Benefit or the International Coverage Maximum Lifetime Benefit has been exhausted.

All required documentation must be provided to us in English. Any benefits paid will be paid in United States currency.

Under this Rider, no benefits will be payable for the following optional benefits or Riders, if attached to the policy: Monthly Indemnity Benefit, Restoration of Benefits, Waiver of Home and Community Care Elimination Period Rider, Full Indemnity Benefit Rider, Spousal Shared Care Rider, and Spousal Waiver of Premium Rider.

For a list of designated countries, as defined in the Visa Waiver Program, please write or call us at the address or telephone number shown on the first page of the policy. If the Visa Waiver Program is discontinued, the succeeding, or a similar, program will apply.

**Compound  
Benefit Increase  
Riders**

If there is a compound benefit increase Rider attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased as follows:

The International Coverage Maximum Lifetime Benefit will be increased by the applicable percentage of the International Coverage Remaining Lifetime Benefit. Any limits or increases specified by the compound benefit increase Rider also apply to increases to the International Coverage Maximum Lifetime Benefit. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

**Simple Benefit  
Increase Rider**

If the Simple Benefit Increase Rider is attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased.

The amount of the increase is equal to the International Coverage Remaining Lifetime Benefit multiplied by 5% of the Facility Care Daily Benefit shown on the current Policy Schedule, and divided by the Facility Care Daily Benefit before its concurrent increase. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## MARRIED DISCOUNT RIDER

---

**This Rider provides a premium discount because you are married, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Married Discount Benefit**

This Rider provides you with a premium discount because you are married.

The Married Discount Rider will not terminate due to the death of your spouse while the Contract is In Force.

**Cancellation**

This Rider must be cancelled if you are no longer married (except due to the death of your spouse while the Contract is In Force) by providing written notice of Cancellation to us.

**Termination**

This Rider will Terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider; or
- the date the Contract Terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Married Discount Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## PAID UP AT AGE 65 RIDER

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**This Rider provides you with a paid-up Contract once you have paid the required premium until age 65.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Paid Up at Age 65 Option** To renew the Contract, you must pay the premium due by the premium due date or within the Grace Period.

If you have paid the required premium each year until the first Policy Anniversary following your 65<sup>th</sup> birthday, this Rider will provide you with a paid-up Contract. Premium paid includes premium waived under the Waiver of Premium Benefit provision under the Additional Benefits section in the policy.

The Contract will then be automatically renewed for the rest of your life with no further premium due.

**SPECIMEN**

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## SHORTENED BENEFIT RIDER

---

**This Rider provides limited benefits even after the Contract Lapses,  
subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definitions

**Maximum Shortened Benefit Period Amount** is the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract.

### Shortened Benefit

If the Contract has been In Force and premiums have been paid for at least three full Policy Years, and then the Contract Lapses, this Rider will provide a Shortened Benefit equal to the Maximum Shortened Benefit Period Amount.

**SPECIMEN**  
No further increases will occur under any benefit increase Rider after the date the Contract Lapses. Also, all other Riders will terminate on the date the Contract Lapses, and no further benefits will be payable from those Riders. The Facility Care Daily Benefit or Home and Community Care Daily Benefit payable under this Rider will be the daily benefit amount in effect on the date the Contract Lapses.

Benefits payable under this Rider are subject to the same Elimination Period and all provisions of the Contract that would have been in effect had the Contract not Lapsed.

Under the shortened benefit period, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the Maximum Shortened Benefit Period Amount.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Charles Kavitsky]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## SIMPLE BENEFIT INCREASE RIDER

---

**This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Definition**

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

**Lifetime Simple Benefit Increase**

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 5% of the amount shown on the current Policy Schedule.
2. [The Monthly Indemnity Benefit will be increased by 5% of the amount shown on the current Policy Schedule.]
3. [The Indemnity Benefit will be increased by 5% of the amount shown on the current Policy Schedule.]
4. The Maximum Lifetime Benefit will also increase. The amount of the increase is equal to the Remaining Lifetime Benefit, multiplied by 5% of the Facility Care Daily Benefit shown on the current Policy Schedule, and divided by the Facility Care Daily Benefit before its increase in #1 above.

**SPECIMEN**

The annual increases will occur even if benefits are being paid.

**Cancellation**

If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Simple Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary]

[Mark Zesbaugh]  
[President]  
and Chief Legal Officer]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## SPOUSAL DISCOUNT RIDER

---

**This Rider provides a premium discount because both you and your spouse were issued Contracts, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Spousal Discount Benefit** This Rider provides you with a premium discount because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts.

The Spousal Discount Rider will not terminate due to the death of the Insured Spouse.

**Cancellation** This Rider must be cancelled if you are no longer living with or married to the Insured Spouse (except due to the death of the Insured Spouse while the Contract is In Force) by providing written notice of Cancellation to us.

**Termination** This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Discount Rider;
- the date the Contract Terminates; or
- the date the Insured Spouse's contract terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Spousal Discount Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Charles Kavitsky]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## SPOUSAL SHARED CARE RIDER

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**This Rider allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

<b>Definition</b>	<b>Spousal Shared Care Benefit Amount</b> is equal to the Maximum Lifetime Benefit, less the total of all claims paid, [less 365 times the Facility Care Daily Benefit,] in effect at the time of claim. This amount will be disclosed on the consent form.
<b>Spousal Shared Care Benefit</b>	If you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent form, up to their spousal shared care benefit amount. <b>SPECIMEN</b> If the Insured Spouse exhausts his/her maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent form, up to the Spousal Shared Care Benefit Amount.
<b>Death of Insured Spouse</b>	Upon receipt of proof of death of the Insured Spouse, we will increase the Maximum Lifetime Benefit by the amount of the Insured Spouse's spousal shared care benefit amount, if any. We will provide you with written verification of the new Maximum Lifetime Benefit. Your premium will remain unchanged.
<b>Cancellation</b>	This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.
<b>Termination</b>	This Rider will terminate and coverage under this Rider will end on the earliest of: (a) the date of Cancellation of this Rider; (b) the date the Insured Spouse cancels their Spousal Shared Care Rider; (c) the date of Termination of the Spousal Discount Rider; or (d) the date of termination of the Insured Spouse's Spousal Discount Rider.
<b>Restoration of Benefits</b>	The Restoration of Benefits option does not extend to this Rider. If the Restoration of Benefits option is included in the Contract, the Maximum Lifetime Benefit will only be restored to the extent that you have accessed benefits under the Contract subject to the provisions of the Restoration of Benefits option. Benefits accessed under the Contract by the Insured Spouse will not be restored.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## SPOUSAL SURVIVORSHIP RIDER

---

**This Rider provides you with a paid-up Contract if both your and your spouse's Contract has been In Force for 10 years and then your spouse dies, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Paid Up Survivorship Benefit**

The premiums for the Contract will be paid up if:

- the Contract is In Force for 10 Policy Years;
- the Insured Spouse's contract is in force for 10 policy years; and
- the Insured Spouse dies.

**Cancellation**

This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

**Termination**

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Survivorship Rider;
- the date of Termination of the Spousal Discount Rider; or
- the date the Insured Spouse's Spousal Discount Rider terminates.

**SPECIMEN**

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## SPOUSAL WAIVER OF PREMIUM RIDER

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**This Rider waives your premium as it comes due if your spouse's premiums are being waived, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Spousal Waiver Benefit** If the Insured Spouse's premiums are being waived, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment currently in effect.

**Cancellation** This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

**Termination** This Rider will terminate and coverage under this Rider will end on the earliest of:

- (a) the date of Cancellation of this Rider;
- (b) the date the Insured Spouse cancels their Spousal Waiver of Premium Rider;
- (c) the date of Termination of the Spousal Discount Rider; or
- (d) the date of termination of the Insured Spouse's Spousal Discount Rider.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## TEN-YEAR PREMIUM PAYMENT RIDER

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**This Rider provides you with a paid-up Contract once you have paid the required premium for 10 years.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the contract except as stated in this Rider.

**Ten-Year  
Premium  
Payment Option**

To renew the Contract, you must pay the premium due by the premium due date or within the Grace Period.

Once you have paid the required premium for ten Policy Years, this Rider will provide you with a paid-up Contract. Premium paid includes premium waived under the Waiver of Premium Benefit provision under the Additional Benefits section in the policy.

The Contract will then be automatically renewed for the rest of your life with no further premium due.

**SPECIMEN**

Signed for the Company at the Home Office and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## TWO TIMES COMPOUND BENEFIT INCREASE RIDER

---

**This Rider increases your benefits for a limited number of years to provide some protection against the rising cost of long term care, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

### Definition

**Daily Benefit** is the Facility Care Daily Benefit [and Home and Community Care Daily Benefit].

**[Monthly Benefit** is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit] [Indemnity Benefit].]

**Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

**SPECIMEN**

### Two Times Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will increase as follows:

1. The Daily Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary.
2. [The Monthly Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary.]
3. The Maximum Lifetime Benefit will be increased by 5% of the Remaining Lifetime Benefit.

Annual increases will occur each year until the current Daily Benefit [and Monthly Benefit] first exceeds two times the original Daily Benefit [and Monthly Benefit]. No increases will occur beyond this time.

The annual increases will occur even if benefits are being paid.

If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.

### Cancellation

If you Cancel this Rider, you will forfeit all increases provided under the Two Times Compound Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]

# ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

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## WAIVER OF HOME AND COMMUNITY CARE ELIMINATION PERIOD RIDER

---

**This Rider waives the Elimination Period if you are receiving Home and Community Care, subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Home and Community  
Care Waiver of  
Elimination Period  
Benefit**

The Elimination Period will be waived while you are Chronically III and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and Community Care will count toward the Elimination Period.

You must satisfy the remainder of the Elimination Period, if any, to be eligible for Benefit Payments under the Facility Care Benefit.

If you have fully satisfied the Elimination Period for the Facility Care Benefit, the premium charge for this Rider will cease.

**Waiver of Premium  
Benefit**

If you are Chronically III, we will waive your premium as it comes due beginning with the first premium due after the first day that you receive Home and Community Care.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically III. Once you recover and are no longer Chronically III, you must pay each premium that comes due according to the Mode of Payment currently in effect.

**SPECIMEN**

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[Suzanne J. Pepin]  
[Senior Vice President, Secretary  
and Chief Legal Officer]

[Mark Zesbaugh]  
[President]