

Key Considerations

- Why would clients buy?
- Why would you offer it?
- What is the alternative?

A Look At LTC Insurance Persistency
 American Association for Long-Term Care Insurance
 Aggregate Industry Persistency
 2015 - 2019
96%
(including policy lapse and mortality deaths of policyholders)
 See Latest LTC Data - Facts - Costs
www.AALICI.org / LTCfacts-2021

Market Demand

Long-Term Care Insurance New Policy Sales
 American Association for Long-Term Care Insurance
 Traditional LTC Insurance Policies Only

Year	Policy Sales
1995	~100,000
2000	200,000
2005	150,000
2010	215,000
2015	110,000
2020	40,000

See Latest LTC Data - Facts - Costs
www.AALICI.org / LTCfacts-2021

of Policies
332,667,585 Pop
.18% of Pop

Year	Number of policies in force
2015	~350,000
2016	~450,000
2017	~480,000
2018	~550,000
2019	~650,000

Source: AALTCI Best data and research, reprinted with permission, published 01/07/2021

See Latest LTC Data - Facts - Costs
[www.AALTCI.org / LTCFacts2021](http://www.AALTCI.org/LTCFacts2021)

Why was the
 Cares Fund
 passed?

Based on our best estimates, the 2021 reports show:

- The Old-Age and Survivors Insurance (OASI) Trust Fund, which pays retirement and survivors benefits, will be able to pay scheduled benefits on a timely basis until 2033, one year earlier than reported last year. At that time, the fund's reserves will become depleted and continuing tax income will be sufficient to pay 76 percent of scheduled benefits.
- The Disability Insurance (DI) Trust Fund, which pays disability benefits, will be able to pay scheduled benefits until 2057, 8 years earlier than in last year's report. At that time, the fund's reserves will become depleted and continuing tax income will be sufficient to pay 91 percent of scheduled benefits.
- The OASI and DI funds are separate entities under law. The report also presents information that combines the reserves of these two funds in order to illustrate the actuarial status of the Social Security program as a whole. The hypothetical combined OASI and DI funds would be able to pay scheduled benefits on a timely basis until 2034, one year earlier than reported last year. At that time, the combined funds' reserves will become depleted and continuing tax income will be sufficient to pay 78 percent of scheduled benefits.
- The Hospital Insurance (HI) Trust Fund, or Medicare Part A, which helps pay for services such as inpatient hospital care, will be able to pay scheduled benefits until 2026, the same year as reported last year. At that time, the fund's reserves will become depleted and continuing total program income will be sufficient to pay 91 percent of total scheduled benefits.
- The Supplemental Medical Insurance (SMI) Trust Fund has two accounts: Part B, which helps pay for services such as physician and outpatient hospital care, and Part D, which covers prescription drug benefits. SMI is adequately financed into the indefinite future because current law provides financing from general revenues and beneficiary premiums each year to meet the next year's expected costs. Due to these funding provisions and the rapid growth of its costs, SMI will place steadily increasing demands on both taxpayers and beneficiaries.

Emotional & Social Burdens

• Who wants to tell their story?



Optional Services on fee basis:

- Medication Management - includes set up, administration up to four (4) times daily, and nurse monitoring services (5 points) **Level of Care A - \$815.00**
- Daily insulin administration via insulin pen (3 points) **Level of Care B - \$1125.00**
- Daily physical assistance with dressing one per day (3 points) **Level of Care C - \$1430.00**
- Daily physical assistance with dressing two per day (4 points) **Level of Care D - \$1640.00**
- Daily physical assistance with grooming (1 point)
- Specialized transfer assistance (2 points) **Level of Care E - \$1945.00**
- 1 person ambulating assistance (2 points) **Level of Care F - \$2260.00**
- 2 person ambulating assistance (3 points) **Level of Care G - \$2575.00**
- Mechanical lift assistance with toileting (2 points) **Level of Care H - \$2890.00**
- Physical assistance with toileting one per day (2 points)
- Physical assistance with toileting two per day (5 points)
- Incontinence assistance/toileting schedule (2 points)
- Assist with monitoring of glucose once per day (1 point)
- Blood pressure, pulse and weight checks once per day (1 point)
- Assist with monitoring of glucose more than once per day (3 points)
- Blood pressure, pulse, or weight more than once per day (2 points)
- Assist with Teds Stockings (1 point)
- Assist with Jobst stockings (2 points)
- Assist with Oxygen (4 points)

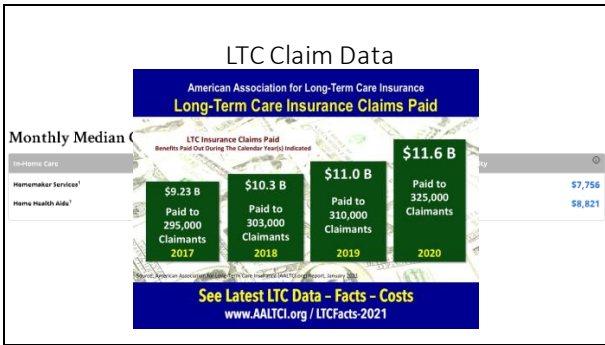
\$5805

	Cost Of Care		
	In Home	Res Care	Med Care
Projected Net Value for Date Long Term Care (LTC) Starts	\$266.2	\$266.2	\$266.2
Assets (\$K)			
Liabilities (\$K)			
Savings & Investments (Projected)			
Exempt Tax Savings (Last 6 Months)	\$900.00	4.2	4.2
Total Net Worth = \$1,380.00			
What if Net Worth =			

Cost – What Constitutes Wages?

Based on the proposed regulations, all of the following are deemed to be wages subject to withholdings; however, may be subject to change once the final regulations are issued:

- o Salary or hourly wages;
- o Cash value of goods or services given in the place of money;
- o Commissions or piecework;
- o Bonuses;
- o Cash value of gifts or prizes;
- o Cash value of meals and lodging when given as compensation;
- o Holiday pay; Paid time off, including vacation leave and sick leave, as well as associated cash outs (except for supplemental benefit payments provided by the employer);
- o Separation pay including, but not limited to, severance pay, termination pay, and wages in lieu of notice;
- o Value of stocks at the time of transfer to the employee if given as part of a compensation package;
- o Compensation for use of specialty equipment, performance of special duties, or working particular shifts; and
- o Stipends / per diem unless provided to cover a past or future cost incurred by the employee as a result of the performance of the employee's expected job functions.



Cares Fund Benefits

- \$36,500 of LIFETIME LTC benefit
- .58% of all earned wages while working
- 3 of 10 Activities of Daily Living (ADL's)
- 10-year vesting except 3 of 6 if needing care
- Benefits MUST be received in WA

Estimated Future Cost of Long-Term Care Services

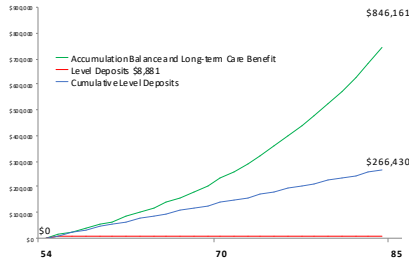
Assuming daily long-term care costs of \$300 and an annual inflation rate of 3 %, the estimated future costs of long-term care services beginning in 31 years are:

Year	Andrea's Age	Estimated Daily Long-Term Care Costs	Estimated Annual Long-Term Care Costs
31	85	750	273,759
32	86	773	281,972
33	87	796	290,431

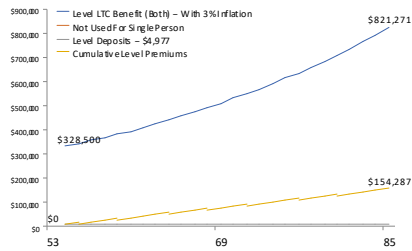
Future estimated long-term care costs for 3 years: \$846,161
 Value of current long-term care savings in 31 years at 6 % net after-tax return: - \$0

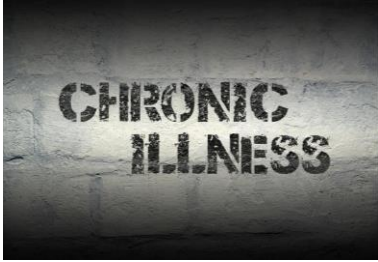
Future unfunded long-term care costs in 31 years: \$846,161

Self Funding



Traditional Lifetime Pay





Design Type

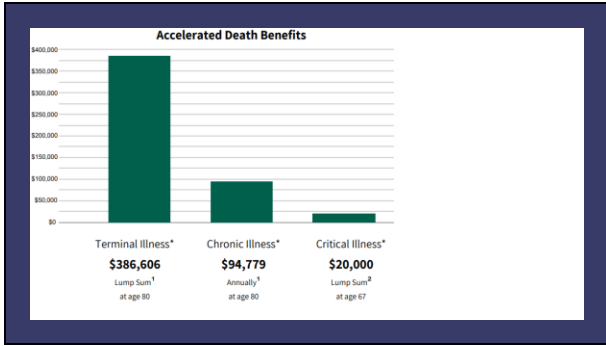
Two:
 Life with
 Chronic,
 Critical and
 Terminal
 Illness

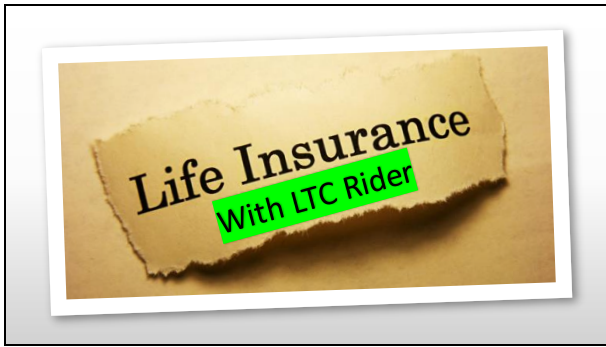
ANY BENEFIT PAID UNDER THIS RIDER WILL IMPACT THE POLICY. THE POLICY AMOUNT, CASH VALUE AND LOAN VALUE WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. THE IMPACT ON THE POLICY IS DISCUSSED IN THE IMPACT ON POLICY PROVISION OF THIS RIDER. YOU SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC ADVICE BEFORE EXERCISING ANY RIGHTS UNDER THIS RIDER. ~~PAYMENTS RECEIVED UNDER THIS CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER ARE NOT PART OF A HEALTH, LONG TERM CARE, OR NURSING HOME INSURANCE POLICY AND MAY NOT BE SUFFICIENT TO COVER MEDICAL, NURSING HOME OR OTHER BILLS.~~

ALL PROVISIONS OF THE POLICY THAT DO NOT CONFLICT WITH THIS RIDER APPLY TO THIS RIDER. WHERE THERE IS ANY CONFLICT BETWEEN THE RIDER PROVISIONS AND THE POLICY PROVISIONS, THE RIDER PROVISIONS PREVAIL.

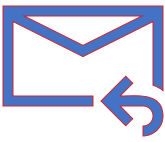
	Account Value	Net Cash Value	Death Benefit
	179,866	167,312	455,828
	171,638	161,410	455,828
	161,876	153,971	455,828
	150,231	145,116	455,828
	136,293	133,968	455,828
A80	119,484	119,484	455,828







End of Year	Age	Contract Premium	Death Benefit	Cash Value	Paid-Up Insurance	Extended Term Insurance Years	Days
1	67	\$26,651.00	\$347,160	\$0.00	\$0	0	0
2	68	26,651.00	347,160	18,677.21	38,882	4	189
3	69	26,651.00	347,160	39,590.13	79,847	7	270
4	70	26,651.00	347,160	61,339.70	119,770	10	35
5	71	26,651.00	347,160	83,960.65	158,652	11	344
6	72	26,651.00	347,160	107,511.98	196,840	13	172
7	73	26,651.00	347,160	132,073.55	234,680	14	308
8	74	26,651.00	347,160	157,746.03	272,173	16	100
9	75	26,651.00	347,160	184,682.18	309,667	18	103
10	76	26,651.00	347,160	213,086.81	347,160	0	0



Total Qualified Care Accelerated Death Benefit payable \$300,000; as Cat. A 5.0% with monthly benefit of \$15,000.00 or Cat. B 2.5% with monthly benefit of \$7,500.00*
 Cost for this benefit is \$1,293.00 and is included in the annual premium.



Category A: You are in an assisted living or nursing home facility or receiving home health care regularly

Category B: They're in adult daycare; Dropped off and picked up daily

	7702(b)	101(g)	LTC Rider
All values @ A80*			
Death Benefit	\$266,513	\$455,828	\$347,160
LTC Pool Amount	\$562,561	\$109,398	\$300,000
Cash Value	\$266,513	\$119,484	\$236,513
Lump Sum Payment Terminal	\$0	\$386,606	\$0
Monthly Payment	\$11,360	\$7,898	\$15,000
Remaining Death Benefit	\$25,000	\$0	\$173,580

*Based on A66 Male, Preferred NT, 10 payments of \$26,651

Annuity with LTC Rider

- Client benefits
- 1). Turn \$100k into potentially \$300k of LTC on day one.
 - 2). Allows for single or joint coverage
 - 3). Simplified underwriting – only two pages
 - 4). Guaranteed return of premium after nine years
 - 5). Fixed annuity chassis – no medical exams

Fixed Annuity										
With Long-Term Care Benefits										
Hypothetical Illustration - Guaranteed Assumptions										
Insured's Name/Gender/Age		Valued Client/Item/No.01		Premium		\$ 100,000		LTC Rider Monthly Charge (per \$1 of Contract Value)		
Short Annuity Name/Gender/Age		Valued Client/Item/No.01		Withdrawal Charge Period		5 Year		LTC Inflation Rider		
Rate of Issue		Minnesota		Guaranteed Rate Period		1 Year		LTC Noninflation Rider		
								Not Included		
								Not Included		
Contract Year	Insured's Age	Market Rate	Contract Credit	Fixed	Contract Value	Contract Value	Assessment	Assessment	LTC Coverage	Assessment
1	66-66-66-66	3.75%	\$1,708	\$1,802	\$100,234	\$82,215	\$100,234	\$200,468	\$300,703	\$3,341
2	66-66-66-67	1.00%	\$997	\$1,504	\$100,234	\$82,215	\$100,234	\$200,468	\$300,703	\$3,341
3	66-66-66-68	1.00%	\$997	\$1,504	\$100,234	\$82,215	\$100,234	\$200,468	\$300,703	\$3,341
4	66-66-66-69	1.00%	\$997	\$1,504	\$100,234	\$84,230	\$100,234	\$200,468	\$300,703	\$3,341
5	66-66-66-70	1.00%	\$997	\$1,504	\$100,234	\$86,235	\$100,234	\$200,468	\$300,703	\$3,341
6	70-71-70-71	1.00%	\$997	\$1,504	\$100,234	\$88,239	\$100,234	\$200,468	\$300,703	\$3,341
7	73-72-71-71	1.00%	\$997	\$1,504	\$100,234	\$90,237	\$100,234	\$200,468	\$300,703	\$3,341
8	75-74-73-73	1.00%	\$997	\$1,504	\$100,234	\$92,235	\$100,234	\$200,468	\$300,703	\$3,341
9	75-74-73-74	1.00%	\$997	\$1,504	\$100,234	\$94,232	\$100,234	\$200,468	\$300,703	\$3,341
10	75-74-73-75	1.00%	\$997	\$1,504	\$100,234	\$96,230	\$100,234	\$200,468	\$300,703	\$3,341
11	75-74-73-76	1.00%	\$997	\$1,504	\$100,234	\$98,228	\$100,234	\$200,468	\$300,703	\$3,341
12	75-74-73-77	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
13	75-74-73-78	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
14	75-74-73-79	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
15	75-74-73-80	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
16	80-81-80-81	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
17	81-81-81-82	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
18	81-81-81-83	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
19	83-84-83-84	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
20	85-85-84-85	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
21	85-85-84-86	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
22	85-85-84-87	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
23	85-85-84-88	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
24	85-85-84-89	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
25	85-85-84-90	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
26	85-85-84-91	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
27	85-85-84-92	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
28	85-85-84-93	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
29	85-85-84-94	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
30	85-85-84-95	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
31	85-85-84-96	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
32	85-85-84-97	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
33	85-85-84-98	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
34	85-85-84-99	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341
35	85-85-84-100	1.00%	\$997	\$1,504	\$100,234	\$100,234	\$100,234	\$200,468	\$300,703	\$3,341

Approved Insured Health Questions (see questions 1-5 answered "Yes" will be an automatic declin)

1. Are you currently hospitalized, confined to a bed, or residing in an Assisted Living Facility? Yes No

2. In the last 12 months have you applied for any long term care policy or long term care rider that was declined or compromised? Yes No

3. Are you currently using, or in the past 12 months have you used or been medically advised by a Healthcare Professional to use any of the following?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Care in a nursing facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication Decoder
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use mental health services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hospital Stay
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Adult Day Care services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State LTR
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Flights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Care
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other/Other	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnose condition
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Multi-organ care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hospital Care

4. Do you require assistance or supervision in performing any of the following activities?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Tasking medication	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Eating
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Walking	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Walking
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Dressing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Managing your bowel or bladder
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Getting in and out of a chair or bed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Walking

5. In the last 12 months, have you had been diagnosed or treated by a Health Care Professional, been prescribed or taken medication for any of the following?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcoholism or dementia	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Menstrual irregularity
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Recurrent urinary tract infections	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Low Calcium disease (ALS)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	High cholesterol or triglycerides	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hypertension/disease
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed brain dysfunction	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hypertension
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Neural irregularity or irregularity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Multiple sclerosis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Smoking in conjunction with Employment COVID
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Parkinson's disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Paralysis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Organ transplant other than cornea or kidney	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Legal residence in another state with out of state medical residence	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Administrative disorders/diseases such as Epilepsy, Leptos, Systemic Sclerosis, CREST Syndrome, Connective Tissue Disease, Mixed Connective Tissue Disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis

ForeCare Annuity Application - Medical Questionnaire (continued)

6. In the last 12 months have you had been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcoholism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Had a stroke or concussion
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heart System irregularity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Headaches/migraine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heart rate measurement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heartburn
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heartbeat irregularity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Compulsive heart failure
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heart hospitalized overnight 2 or more times	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cardiomyopathy
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Had any fall resulting in a fracture	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

7. In the last 12 months, have you had been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lactation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Respiratory condition requiring hospital admission
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medication disease or other symptoms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any cancer other than non-melanoma skin cancer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis

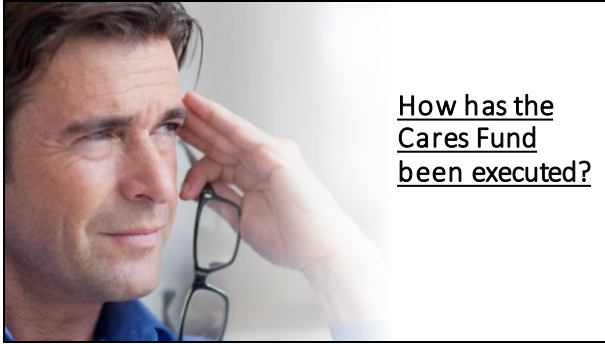
8. In the last 12 months, have you had been diagnosed or treated by a Healthcare Professional, or been prescribed or taken medication for any of the following?

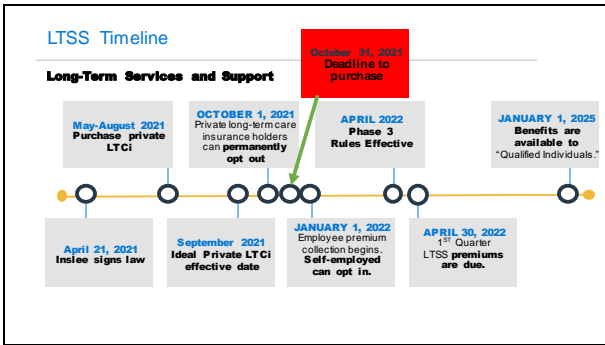
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Taken a history of heart disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Respiratory condition requiring hospital admission
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed coronary heart disease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
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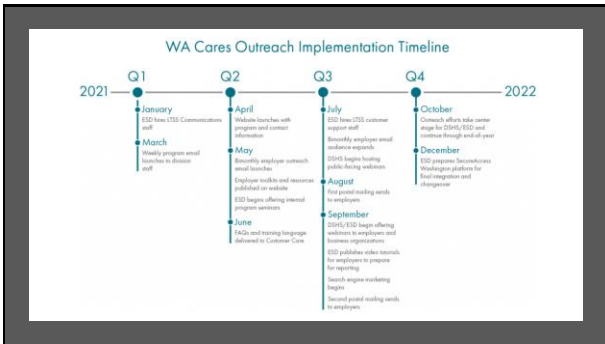
9. Have you been diagnosed or treated by a Healthcare Professional to have any of the following?

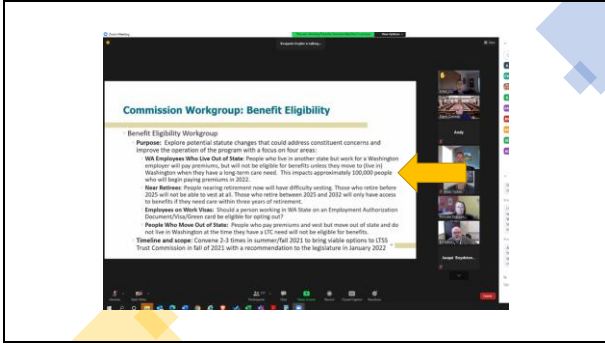
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diagnosed stroke or transient ischemic attack or other circulatory disorder	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke or Multiple Sclerosis

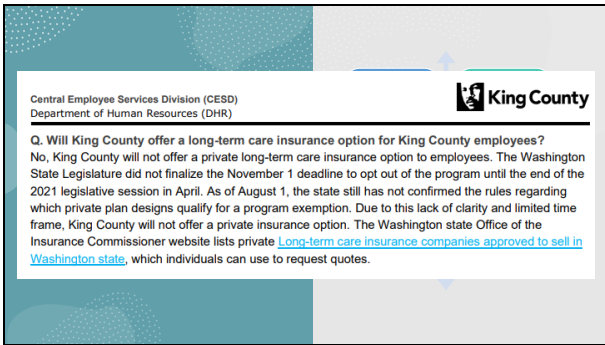
10. Additional information (if any of the above questions are answered "Yes," please list all medications)
















Nationwide is suspending all individual life insurance sales in Washington state until further notice

Nationwide - Nationwide@email-nationwide.com
 Wed 8/12/2021 1:00 PM
 To: Andy Wray <awray@nationalmarketing.com>

 www.nationwide.com

IMPORTANT NOTICE

Nationwide is suspending all individual life insurance sales in Washington state until further notice

The passage of the WA Cares Fund in Washington state has created an opportunity for people to consider obtaining long term care coverage. Because of the increasingly intense interest in Nationwide solutions, the application volume we have received has far exceeded expectations. To provide the best possible experience for all customers, we must notify you of the following change to new business applications in Washington.

Effective immediately, Nationwide is temporarily suspending sales of all individual life insurance products, including Nationwide CareMattersSM, in Washington state until further notice.

All Washington applications received after 5:00 p.m. ET, August 10, 2021 will not be processed. **No exceptions will be made.** At this time, while we are making every

Suspension of all asset-based LTC sales in Washington state

OneAmerica Care Solutions <marketingservices.ind@aulind.oneamericaemailservices.com>
 Fri 8/13/2021 3:19 PM
 To: Andy Wray <awray@nationalmarketing.com>

To view this email as a web page, go [here](#).

August 13, 2021
 Care Solutions Update

Suspension of all asset-based LTC sales in Washington state

We have continued monitoring the risk environment created by the WA Cares Fund, and it is necessary to temporarily suspend sales of ALL OneAmerica[®] company products that meet the definition of long-term care in Washington state effective Aug. 14, 2021. In addition to Asset Care, **communicated earlier this week**, this suspension now includes Annuity Care, Annuity Care II, and

Considerations

- What designs are people purchasing?
 - 18-year-olds
 - 60-year-olds
- Carrier persistency
- Impact on rates?

Conclusions

- Other states?
- Timeframe
- Do we need agents?
- Changes in future?



