

# LIVING NEEDS BENEFIT<sup>SM</sup> RIDER

<b>Rider</b>	<i>Living Needs Benefit</i> <sup>SM</sup> Rider
<b>Overview</b>	<p>The Living Needs Benefit is a feature available at no additional premium* on most of our single life permanent and level term life insurance policies. It was designed to add flexibility to the payment of specified claims by advancing part of the death benefit (a) if the insured: has been confined (b) to an eligible nursing home for at least six months and is expected to be permanently confined; is terminally ill and has a life expectancy of six months or less; (c) or requires an organ transplant and would have only six months or less to live without the transplant procedure. (See State Variations section later in this highlighter for additional information.)</p> <p>The <i>Living Needs Benefit</i> is an accelerated payment of life insurance proceeds. It is not intended or designed to provide health or long-term care insurance. Funds can be used for any purpose. You must provide disclosures whenever you add the Living Needs Benefit to new or inforce business. (See Disclosure section)</p> <p>NOTE: The <i>Living Needs Benefit</i> is referred to as the "Settlement Options to Provide Acceleration of Death Benefits" in the contract.</p> <p>The tax consequences of the <i>Living Needs Benefit</i> are detailed later in this highlighter.</p> <p>*When a claim is paid under the <i>Living Needs Benefit</i>, a reduction for early payment is applied and a processing fee of up to \$150 for the first policy, and for each additional policy used for the same claim, will be deducted.</p>

## Product Description

<b>Terminal Illness Option</b>	The <i>Living Needs Benefit</i> provides for an advance of funds from the client's life insurance policy, if the insured becomes terminally ill, with a life expectancy of six months or less.
<b>Nursing Home Option</b>	The Nursing Home Option, if included, provides for an advance of funds from the policy if the insured has been confined to an eligible nursing home for six months and is expected to remain there for the remainder of his or her life.
<b>Benefit Amount</b>	<p>The entire contract may be accelerated (except in Connecticut). After the actuarial reduction is applied, the LNB amounts paid to policyowners who are accelerating the entire contract are, in most cases, between 70% and 80% of the death benefit for the full Nursing Home Option and between 90% and 95% for the full Terminal Illness Option. The policyowner generally has a choice of receiving the benefit in monthly installments or in a lump sum. Partial claims may be available.</p> <p>The death benefit under the following riders is included in the calculation of the LNB amount at claim time: Level Term riders in the convertible period, PUA Rider, PruStyle Rider, Designer Rider, AIPT Rider, Estate/Legacy Select Special Rider, and Custom Rider. These riders, as well as any other riders on the insured, will terminate if the full amount of the death benefit is accelerated under the Living Needs Benefit. Riders on lives other than the insured are not included in the calculation and will remain inforce with no further premium due. If a partial claim is made, the premiums and insurance amounts of the base policy and the riders (other than Accidental Death Benefit) will be appropriately reduced. Riders on lives other than the insured are not reduced.</p>

## Eligibility

	<p>Except in Massachusetts and Washington and as specified for certain term policies mentioned below, the Living Needs Benefit can be added to existing contracts or future policies covering a single life. The policyowner must have at least a "threshold" amount of eligible insurance on the insured. The applicable threshold can be satisfied by aggregating eligible contracts.</p> <p>Aggregate death benefits must meet the thresholds described below.</p> <p><b>Basic Threshold:</b></p> <p>\$50,000 for issue ages 0 - 60 for policyowners with no eligible policies issued before 1/26/90 (5/15/92 for N.Y.)</p> <p><b>Concession Threshold:</b></p> <p>\$25,000 for policyowners with an eligible policy issued before 1/26/90 (5/15/92 for N.Y.). This threshold also applies if the insured's issue age is 61 and over.</p> <p>The Economatc Benefit, which is part of the Custom Classic Life policy, can be considered when determining if the threshold has been met.</p> <p>The Adjustable Insurance Benefit amount provided by the PruStyle Rider, Estate Select Special Rider, Legacy Select Special Rider, and Custom Rider will be counted toward the threshold.</p> <p>Once the appropriate threshold is met, all eligible in force and future policies can include the LNB Rider no matter what the amount of insurance.</p> <p>The Living Needs Benefit can be included at issue or added after issue on eligible term policies only if the term policy is convertible and, for after issue requests, is currently in the conversion period.</p>
<p><b>Maximum Policy Face Amount</b></p>	<p>Living Needs Benefit is available on policies of any face amount if the above threshold amounts are met.</p>
<p><b>Underwriting Requirements</b></p>	<p>There are no special underwriting requirements to add LNB to new issues or inforce policies.</p>
<p><b>Issue Ages</b></p>	<p>No special requirements except as noted in "Eligibility" above.</p>
<p><b>Rating Classes</b></p>	<p>All</p>

## Applying for *Living Needs Benefit*

### New Business

The Applicant must read the disclosures contained in the disclosure brochure (ORD 87246, or applicable state variations) which must be provided to the client when discussing LNB.

#### **When using Life Express or PXB:**

Check the "Acceleration of Death Benefits (Living Needs Benefit)" box in the product information section of the worksheet.

If the client is adding the *Living Needs Benefit* to inforce contracts as well as new business, you must indicate in the comments section (for PXB remarks section) that the owner wants to add the *Living Needs Benefit* to all eligible inforce policies. You must provide the policy numbers.

#### **When using EA:**

Select "Y" next to "Accelerated Death Benefit (*Living Needs Benefit*)" for Requested Options Benefits on the Product Screen.

If the client is adding the *Living Needs Benefit* to inforce contracts as well as new business, you must inform the underwriter by including a note in the memo section. The note should read "Add the *Living Needs Benefit* to all eligible inforce policies" and then list the inforce policy numbers.

#### **When using the paper application process:**

Check the "Acceleration of Death Benefits" (*Living Needs Benefit*) box in the "Coverage" Section of The Life Application (Section C).

If the client is adding the *Living Needs Benefit* to inforce contracts as well as new business you must write the words "Add the *Living Needs Benefit* to all eligible inforce policies," in the Special Requests Box. (Section G)

In the "Remarks" space of the Supplementary Information section of the life application write: "Add *Living Needs Benefit* to the following policies." List the inforce policy numbers and face amounts.

### Inforce

Any after issue requests to add the *Living Needs Benefit* to an existing policy(ies) requires submission of the policy change form, (COMB 84800S). The appropriate box under "add" should be checked and all eligible inforce contracts should be listed in the open space. The client is required to sign the form.

In New York, special wording is also required in the open space. All New York offices have been provided with a stamp with the regional wording. The wording should read: "I am aware that (1) receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable; and (2) a reduction will be applied to determine any accelerated death benefit payable and a \$150 administration charge will be deducted at the time of payment."

## Claim Considerations

<b>Claim Requirements</b>	<p>A claim can be made by the policyowner if the insured has been confined to an eligible nursing home for at least six months and is expected to be permanently confined; or is terminally ill and has a life expectancy of six months or less; or requires an organ transplant and would have only six months or less to live without the transplant procedure. Satisfactory evidence from the insured's physician must be provided.</p>
<b>Processing Fee</b>	<p>When a claim is paid, a processing fee of up to \$150 for the first policy and for each additional policy used for the same claim will be deducted (as well as a reduction for early payment).</p>
<b>Option to Make a Claim</b>	<p>If the insured becomes eligible for the benefit to be paid, the policyowner can decide to make a claim for the <i>Living Needs Benefit</i> or leave the policy intact.</p>
<b>Remaining Death Benefit</b>	<p>In most cases, if the maximum benefit amount is claimed, the policy will terminate. If a partial benefit payment is claimed (Note: a partial benefit is NOT available in Kentucky on Living Needs Benefit riders issued on or after 1/1/2008), the life insurance policy can continue with a reduced death benefit and lower premiums. See the rider for any restrictions which apply to partial Living Needs Benefit claims.</p> <p>When only a portion of the option is elected, the insured's death benefit of the life insurance policy will be reduced proportionately, and will continue to provide a reduced death benefit for the beneficiary. The premiums, values (including any Contract Fund) and amount of insurance will be appropriately reduced. Any dividends if any payable in the future will also be appropriately reduced.</p>
<b>Payment Period</b>	<p>Once payment(s) begin, they will continue for the period designated and agreed to by the policyowner at claim time.</p>
<b>Disclosure</b>	<p>The "Get the Most out of Your Life Insurance" brochure (ORD 87246 or applicable State variations) must be presented to clients and applicants whenever the <i>Living Needs Benefit</i> is added to a new or inforce policy. (See State Variations section at the end of this highlighter regarding appropriate version of the brochure.)</p>
<b>Cancellation</b>	<p>The benefit may be permanently removed from the policy at any time prior to claim at the policyowner's request. Once removed it cannot be reattached to the policy.</p>
<b>Medicare, SSI and Medicaid</b>	<p>Medicare is not affected by LNB whether or not a claim is paid. Supplemental Security Income (SSI) and Medicaid can only be affected if the policyowner receives the benefit payment. Social Security will count LNB payments as part of the policyowner's income when they figure out if they can pay SSI, and, if so, how much they can pay. Therefore, the <i>Living Needs Benefit</i> payment may lower the SSI amount or make someone ineligible for Medicaid.</p>

## Tax Consequences

Accelerated death benefits which are paid from a life insurance contract, such as our *Living Needs Benefit*, are generally excludable from Federal income tax as long as the insured satisfies the tax law definition of "terminally ill" or "chronically ill."

If the insured qualifies for the Terminal Illness Option and the Organ Transplant Option (other than the Florida Vital Organ Transplant Option), proceeds advanced to the policyowner under the *Living Needs Benefit* are generally free from Federal income tax whether they are advanced in a lump sum or are made in periodic payments.

*Living Needs Benefits* paid under the Florida Vital Organ Transplant Option are excludable from Federal income tax if a physician certifies that the insured is reasonably expected to die within 24 months without the transplant procedure.

If the insured qualifies for the Nursing Home Option and a licensed health care practitioner certifies that the Insured meets the tax law definition of "chronically ill," the *Living Needs Benefits* paid to the policyowner are generally excludable from Federal taxable income. Annual certification must be provided to us in order to qualify for this exclusion. However, there are some limits to the excludable amount depending on actual expenses incurred and benefits received from sources other than the *Living Needs Benefit*. In addition, there are special considerations when the payments are made to a taxpayer other than the insured in the case of business-related policies. We recommend that the policyowner consult with a tax advisor or attorney about how a claim for the *Living Needs Benefit* may impact his or her personal situation.

## Markets/Prospects

The *Living Needs Benefit* should be discussed with all individuals considering a purchase of permanent or level term life insurance. (For an exception, see Minnesota, Massachusetts and Washington state variation below). The *Living Needs Benefit* should appeal to anyone, no matter what age, who is aware of the financially draining situation created by a terminal illness or permanent nursing home stay.

## State Variations

**Connecticut:** The Connecticut rider restricts the amount that can be accelerated to no more than 75% of the death benefit. When the reduction is applied, the maximum benefit the client can receive is, in most cases, 50% to 60% of the death benefit for the Nursing Home Option and 65% to 70% for the Terminal Illness Option. The Nursing Home Option must be paid out in a lump-sum. A special version of the disclosure brochure is required (ORD 87246CT, IFS-A122103).

**Florida:** Organ transplant is a separate special option. The vital organ transplant benefit option provides for an accelerated payment of the policy's death benefit proceeds in the event that the insured has recently undergone a heart, liver, heart-lung, or bone marrow transplant. The following requirements must be met:

- ▶ The transplant must be performed in a facility licensed or approved as an organ transplant center by the state in which it is located.
- ▶ The claim must be received within 90 days after the date the transplant was performed.

## State Variations (con't)

The policyowner can select the amount he/she wishes to receive, up to the lesser of the cost of the transplant, 75% of the convertible proceeds as defined in the riders, or \$250,000.

**Kansas:** A special version of the brochure is required (ORD 87246KS, IFS-A154385).

**Kentucky:** A special version of the brochure is required (ORD 87246KY, IFS-A148684).

**Massachusetts:** Effective 7/1/2003 LNB can no longer be added to any policy.

**Michigan:** A special version of the brochure is required (ORD 87246MI, IFS-A135156). The Nursing Home Option is called Option A and the Terminal Illness Option is called Option B.

**Minnesota:** LNB cannot be offered to or discussed with persons over age 65 until one year after issue. Any ads or sales promotion must be approved by the state insurance department.

**New York:** Organ transplant is a separate special option. In order to qualify for the organ transplant option, the insured's life expectancy must be 6 months or less unless he or she receives a vital organ transplant. The Nursing Home Option is not available. The Terminal Illness Option can only be paid in a lump sum, monthly installments are not permitted. The minimum benefit amount accelerated under the option must be at least enough to provide the lesser of: 25% of the policy face amount or \$50,000. A special version of the brochure is required (ORD 87246 NY/DC, 0152642-0000100).

If a Living Needs Benefit Illustration is provided, it must be the New York-approved generic illustration. Copies of this two-page illustration are available from the Field Office Forms Data Base. The form number is 97948 NY.

**Ohio:** A special version of the brochure is required (ORD 87246 OH, IFS-A153189).

**Oregon:** Term policies must have Waiver of Premium to add the *Living Needs Benefit*.

**Wash., D.C.:** The Nursing Home Option is not available. A special version of the brochure is required (ORD 87246 NY/DC, 0152642-00001-00).

**Washington:** Effective 6/22/2009, LNB can no longer be added to any policy either at or after issue).

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New policies must meet certain face amount requirements before the *Living Needs Benefit* will be added to the contract. When a claim is paid under this rider, a reduction for early payment is applied and a \$150 processing fee is deducted. Each additional policy used for the same claim will have an additional processing fee of up to \$150. Receipt of accelerated benefits may be taxable; assistance should be sought from a personal tax advisor. Receipt of the accelerated death benefit may affect eligibility for public assistance programs. The *Living Needs Benefit* is not available in Massachusetts and Washington and available on a restricted basis in Florida and is not available in Minnesota to new purchasers over age 65 until the policy has been in force for one year, and the nursing home option is not available in New York or the District of Columbia.

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