

NEW YORK LIFE INSURANCE COMPANY - NAIC 66915

LTC Partnership - Comprehensive - Tax Qualified

POLICY FORM: 21156(0102)

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

| 1Yr | 2Yrs | 3Yrs | 4Yrs | 5Yrs | 6Yrs | 7Yrs | Lifetime | Other |
|-----|------|------|------|------|------|------|----------|-------|
| YES | YES | YES | YES | YES | NO | YES | NO | YES |

MPB Company Notes: 365 (Number of Days) times the Nursing Facility Daily Benefit = 365, 730, 1095, 1460, 1825, 2555 or 3650. Other Notes: A half-year plan is available as a downgrade option.

2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| \$170 | \$400 | \$1 | YES | NO | NO | NO | NO |

NHB Company Notes: Enter Notes: None reported by the company.

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

| 100% | 90% | 80% | 75% | 70% | Other |
|------|-----|-----|-----|-----|-------|
| YES | NO | NO | NO | YES | NO |

RCFE Company Notes: Enter Notes: None reported by the company.

4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

| 100% | 90% | 80% | 75% | 70% | 60% | 50% | None | Other |
|------|-----|-----|-----|-----|-----|-----|------|-------|
| YES | YES | YES | NO | YES | YES | YES | NO | NO |

HCB Company Notes: Enter Notes: None reported by the company.

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| | | | | | | YES | |

HCBO Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.

6. Qualification for Benefits (QB)

| QB_2_OF_6 | QB_2_OF_7 | QB_OTH1 | QB_MN | QB_CI | QB_90DR | QB_OTH2 |
|-----------|-----------|---------|-------|-------|---------|---------|
| YES | NO | NO | NO | YES | NO | NO |

QB Company Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

7. Elimination Period (EP) = In days Select all that applies.

| | | | | | | | | |
|----|----|-----|----|-----|-----|----------|---------|-------|
| 0 | 20 | 30 | 60 | 90 | 100 | CALENDAR | SERVICE | Other |
| NO | NO | YES | NO | YES | NO | NO | YES | NO |

EP Company Notes: Enter Notes: None reported by the company.

8. Inflation Protection (IP)

| | | | | |
|---|-------------|-----------|----------------------------|-------|
| IP Methodology | 5% Compound | 5% Simple | Guaranteed Purchase Option | Other |
| Explain IP Methodology: None reported by the company. | YES | YES | NO | NO |

IP Company Notes: Enter Notes: The Simple 5% inflation option is only available to Insureds issued at age 70 and above

9. Waiver of Premium (WAVP)

Enter Notes: Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until benefits are no longer being received.

NEW YORK LIFE INSURANCE COMPANY - NAIC 66915

Long Term Care Insurance Rates

POLICY FORM: 21156(0102)

LTC Partnership - Comprehensive - Tax Qualified

| | 30 Day Elimination Period - Service | | | | 90 Day Elimination Period - Service | | | |
|-----------|---|---|--|--|---|---|--|--|
| ISSUE AGE | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION |
| 50 | | \$1,634 | | | | \$1,420 | | |
| 55 | | \$2,181 | | | | \$1,895 | | |
| 60 | | \$2,644 | | | | \$2,295 | | |
| 65 | | \$3,413 | | | | \$2,957 | | |
| 70 | | \$4,593 | | | | \$3,979 | | |
| 75 | | \$6,670 | | | | \$5,782 | | |
| 80 | | | | | | | | |

Customer Service Telephone Number: (800) 224 - 4582