

**COMPREHENSIVE LONG-TERM CARE INSURANCE
OUTLINE OF COVERAGE FOR UU.LTC.(1014) or UU.LTC.SN.(1014)**

**Guaranteed Renewable For Life
Tax Qualified**

THIS POLICY IS AN APPROVED LONG-TERM CARE INSURANCE POLICY UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS POLICY WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE. FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1 (800) 434-0222.

Caution: The issuance of this long-term care insurance policy is based upon your responses to the questions on your application. A copy of your application will be enclosed in the policy. If your answers are incorrect or untrue, the Company has the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact the Company at this address: P. O. Box 64009, St. Paul, Minnesota 55164.

Notice to buyer: This policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to carefully review all policy limitations.

1. The policy is an individual policy of insurance, which was issued in California.

2. PURPOSE OF OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY CAREFULLY!

3. FEDERAL TAX CONSEQUENCES

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

**4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED
RENEWABILITY: THE POLICY IS GUARANTEED RENEWABLE FOR LIFE**

You have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums on time. Northwestern Long Term Care Insurance Company cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

WAIVER OF PREMIUM PROVISIONS

Premiums will be waived when the Insured has a Need for Long-Term Care. If a premium is waived on a policy anniversary, an annual premium will be waived.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS THE COMPANY HAS THE RIGHT TO CHANGE PREMIUMS ON A CLASS BASIS.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED RIGHT TO RETURN POLICY

If for any reason you are dissatisfied with your long-term care policy you have the right to return it within 30 days and receive a full refund. The policy may be returned to the agent through whom it was purchased or to the administration office of the Company at P. O. Box 64009, St. Paul, Minnesota 55164.

PREMIUM REFUND AT DEATH OR CANCELLATION

The Company will refund that portion of any premium paid for a period beyond the date of the Insured's Death or beyond the date of cancellation by the Insured.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company. Neither the Northwestern Long Term Care Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. LONG-TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventative, therapeutic, rehabilitative, maintenance or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The policy provides coverage in the form of a benefit for reimbursement for covered long-term care expenses, subject to policy limitations and waiting periods.

9. BENEFITS PROVIDED BY THE POLICY

To be eligible for payment of benefits, the Company determines that a Licensed Health Care Practitioner has certified within the last 12 months that the Insured is chronically ill (has a Need for Long-Term Care), and qualified services are received from Appropriate Providers of Care. A Need for Long-Term Care means the Insured needs substantial assistance to perform two of the Activities of Daily Living for at least 90 days, or the Insured needs substantial supervision to protect the Insured from threats to health and safety due to a severe cognitive impairment. Substantial assistance means hands-on assistance and standby assistance. The Activities of Daily Living are bathing, continence, dressing, eating, toileting, and transferring. A severe cognitive impairment means a loss or deterioration in intellectual capacity that is comparable to and includes Alzheimer's disease and similar forms of irreversible dementia.

The amount of long-term care benefit payable in a month is the lesser of: (1) the Maximum Monthly Limit; and (2) the Monthly Covered Charge. Benefits are payable as of the Beginning Date, which is the day following the Elimination Period. The Elimination Period is the number of weeks the Insured incurs Qualifying Expenses before benefits begin. If the Insured incurs Qualifying Expenses at least one day in a calendar week, that week will count towards the Elimination Period. The total of benefits payable under the policy will not be greater than the Benefit Account Value.

The Monthly Benefit will also be payable prior to the Beginning Date if the other requirements for benefits to be payable are met, and the Insured is receiving respite care or hospice care. Respite care is care provided in one of the appropriate care settings and is intended to give temporary relief to the informal caregiver. Hospice care is inpatient or outpatient services designed to provide palliative care and alleviate discomforts if the Insured has less than six months' life expectancy.

A benefit of 20 percent of the Monthly Benefit will be available to pay for expenses to train an informal caregiver. This benefit is available prior to or after the Beginning Date.

The Company may apportion and pay dividends annually. Any dividends will be used to reduce future premiums, or if not so used will be refunded at the earlier of the cancellation or termination of the policy or the death of the insured.

10. LIMITATIONS AND EXCLUSIONS

There will be no benefits for:

- a Need for Long-Term Care that is primarily due to alcoholism or drug addiction;
- care which is received outside the 50 United States, the District of Columbia or the country of Canada;
- care which is provided by an Immediate Family Member; unless the family member provides such care as an employee of a Home Health Care Agency;
- any care that may be payable under any federal, state or other governmental health care plan or law, except Medicaid;
- expenses that would normally be provided at no charge in the absence of insurance;
- a Need for Long-Term Care resulting from war or act of war (whether declared or undeclared);
- a Need for Long-Term Care resulting from participation in a felony, riot or insurrection; or
- a Need for Long-Term Care resulting from attempted suicide or intentionally self-inflicted injury.

If benefits payable under the policy and any other coverage for long-term care are greater than actual expenses, the benefit payable may be adjusted.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit level will not increase over time without the purchase of an additional benefit. If elected, the Automatic Benefit Increase or the Automatic Additional Purchase Benefit listed in the Additional Benefits Available for Extra Premium section below may supplement the benefits provided by the basic policy. The guaranteed option to buy additional benefits is under the Additional Benefits section below. The additional benefit increases are made regardless of the Insured's health.

ADDITIONAL BENEFITS AVAILABLE FOR EXTRA PREMIUM

Additional benefits that you elected to be part of your policy are checked in the Benefits and Premiums section below.

- **Automatic Benefit Increase**

The Company will annually increase the Maximum Monthly Limits and the Benefit Account Value. Each increase will be based on the increase percentage shown in the contract. The premium is payable for the life of the policy. Premiums will not increase due to the increase in coverage.

- **Automatic Additional Purchase Benefit**

The Company will annually increase the Maximum Monthly Limits and the Benefit Account Value based on 5% compounded annually. The premium will increase on each policy anniversary when coverage increases.

- **Paid-Up Nonforfeiture Benefit**

Beginning on the third policy anniversary, the Company will provide a Nonforfeiture Benefit if any premium is unpaid at the end of the grace period.

- **Survivorship Benefit**

The Policy will become paid-up on the death of the Insured's Spouse. The Spouse must also have a long-term care policy with this benefit.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

The policy does not exclude coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing diseases.

13. BENEFITS AND PREMIUMS

Maximum Monthly Limit

NURSING HOME (PER MONTH) \$
ASSISTED LIVING FACILITIES (PER MONTH) \$
HOME HEALTH OR ADULT DAY CARE (PER MONTH) \$

ELIMINATION PERIOD (WEEKS OF QUALIFYING EXPENSES)
BENEFIT ACCOUNT VALUE \$
PREMIUM MODE

BASIC POLICY

Premium
\$ _____

ADDITIONAL BENEFITS:

Benefit Increases

Automatic Benefit Increase

\$ _____

OR

Automatic Additional Purchase Benefit

\$ _____

Paid-Up Nonforfeiture Benefit

\$ _____

Survivorship Benefit

\$ _____

TOTAL GROSS PREMIUM

\$ _____

14. ADDITIONAL FEATURES

The policy is medically underwritten.

POLICY CHANGES

The following policy changes are available to you:

- **Reduction in Benefits**

You have the right, exercisable anytime after the first policy year, to retain your policy while lowering the premium in one or more of the following ways: reducing the Maximum Lifetime Benefit, reducing the Maximum Monthly Limit, or lengthening the Beginning Date.

- **Increase in Benefits**

You have the option on each anniversary date to pay an extra premium for increased coverage. The increases available are the Maximum Monthly Limit and the Maximum Lifetime Benefit.

- **Upgrade in Coverage**

If the Company offers a new long-term care insurance policy with benefits or benefit eligibility criteria not included in this policy, the Company gives you an option to upgrade your coverage. The upgrade in coverage will be in the form of either a rider or amendment to this policy or a replacement policy.

INFORMATION AND COUNSELING

The California Department of Insurance has prepared a Consumer Guide to Long-Term Care Insurance. This guide can be obtained by calling the Department of Insurance toll-free telephone number. This number is 1-800-927-HELP. Additionally, the Health Insurance Counseling and Advocacy Program (HICAP) administered by the California Department of Aging, provides long-term care insurance counseling to California Senior Citizens. The HICAP toll-free telephone number is 1-800-434-0222 or you can call your local HICAP Office at: _____

APPEALS PROCEDURE

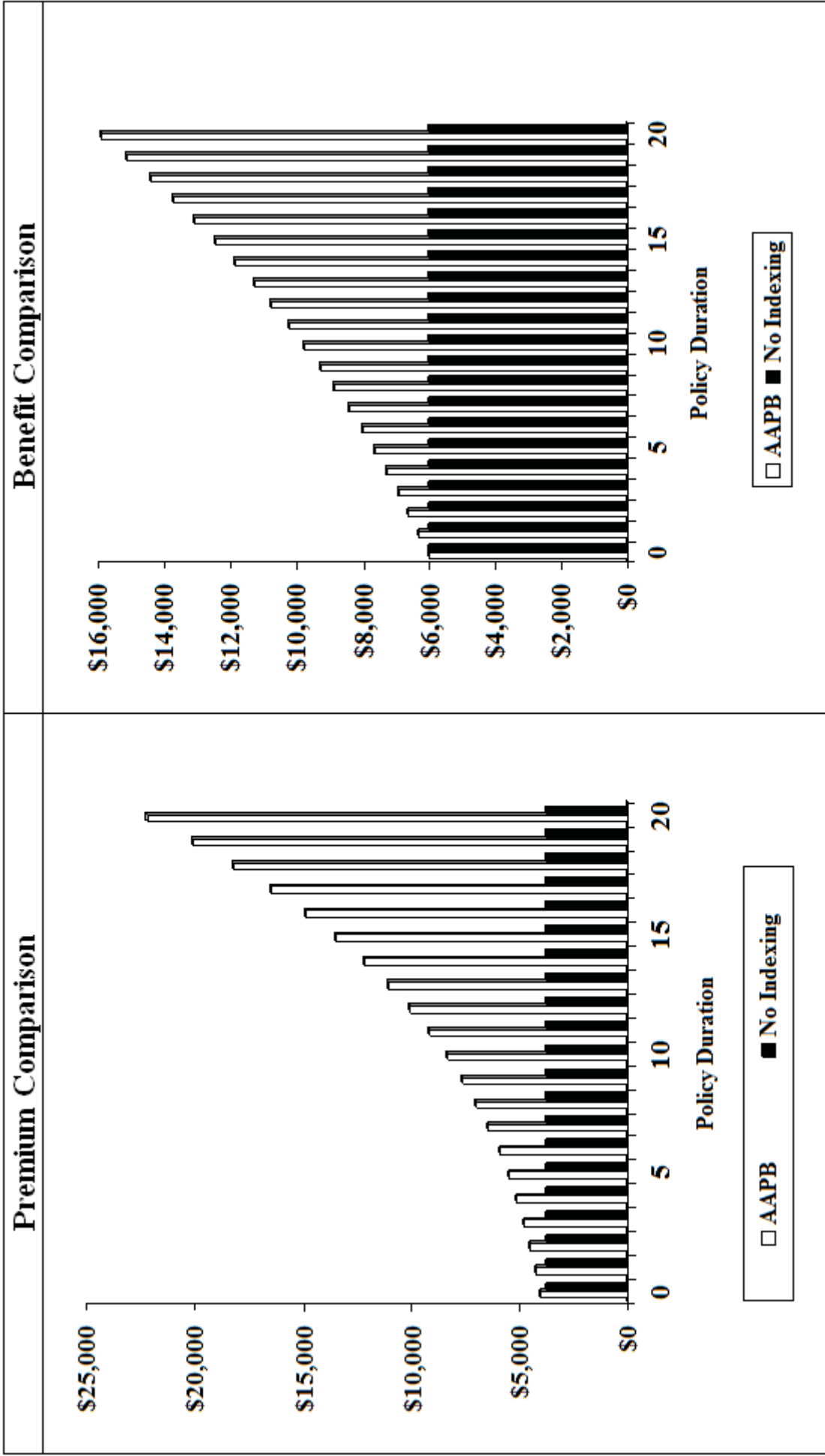
The Insured may submit a written request for review by the Company of the denial of a benefit under the policy. The Company will send the Insured a written explanation of the Company's decision.

Claim inquiries should be directed to the Company's long-term care administration office at P.O. Box 3230, Milwaukee, Wisconsin 53201-3230, (800) 748-9493, or to your nearest general agency.

A specimen individual policy form for each policy form offered in this state is available upon request.

AAPB Indexing Option

Male, Age 65, 12 week Elimination Period, 6 Year Benefit Period
 Maximum Monthly Limit - \$6,000



ABI at 5% Indexing Option

Male, Age 65, 12 week Elimination Period, 6 Year Benefit Period
 Maximum Monthly Limit - \$6,000

