



COMPARE POLICIES

POLICIES:

Insurance Company: _____

Policy TITLE? _____

Is Policy Tax qualified? Yes No

Is Policy Preferred or Standard? _____

Daily Benefit Amount? \$ _____

Years Benefit Provided? # _____

Elimination Period – Days? # _____

Is Elimination Period only one time? Yes No

Benefit Eligibility:

MD Certified Disability? Yes No

Written Plan of Care? Yes No

Waiting Period Satisfied? Yes No

Expense Must be incurred? Yes No

Home and Community Care:

Nurse or Licensed Therapist? Yes No % of Daily Benefit__%

Adult Day Care? Yes No % of Daily Benefit__%

Hospice Care? Yes No % of Daily Benefit__%

Respite Care? Yes No % of Daily Benefit__%

Equipment/Home Modification? Yes No % of Daily Benefit__%

Caregiver Training? Yes No % of Daily Benefit__%

Home Health Aide/Assistant? Yes No % of Daily Benefit__%

Homemaker Service? Yes No % of Daily Benefit__%

(?) Chore Services? Yes No % of Daily Benefit__%



COMPARE POLICIES

Bed Reservation

How many days in Calendar Year?

Yes No _____
% of Daily Benefit _____%

Facility Benefits

What percent of Daily Nursing Facility Benefit? _____%

Assisted Care and Alzheimer's Facility?

Yes No
% of Daily Benefit _____%

Spousal Discount

Is there a Benefit?

Yes No
% of Premium _____%

Waiver of Premium

Is there a Waiver?

Yes No
If Yes, waiting period? _____

Guaranteed Renewable

Guaranteed?

Yes No

Inflation Option

Is there an Inflation Option?

Yes No

Simple or Compound percentage? _____%

Is there a Non-Forfeiture Benefit Option?

Yes No

Is there a Restoration of Benefits?

Yes No

Is there a Pre-Existing Condition limitation?

Yes No

If YES, explain: _____

Any options or special features?

Yes No

If YES, explain: _____

Premium Comparison

\$ _____

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