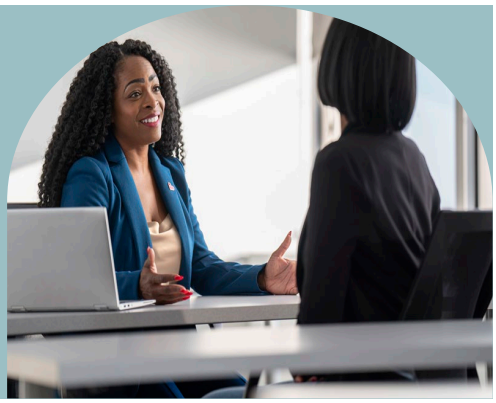
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Long-Term Care Awareness Month 2026



While November is **Long-Term Care Awareness Month,** conversations about long-term care should happen year-round, as it is an important part of protecting a family's financial security. Neglecting long-term care could create financial, emotional and physical hardship for clients and family members. These awareness resources can be used throughout the year for proactive conversations.

Click on images or links to access these tools.

The Long-Term Care Numbers That Really Matter

Extended Care by the Numbers

It's not just the risks - it's the consequences.

People insure against risks from natural disasters, home fires and car accidents. Yet they often overlook the consequences of not planning for one of the largest risks that can impact families —extended care.

This updated consumer-approved flyer doesn't focus on the odds of needing care, as much as it showcases the consequences of a care event. These stats back up statements about the physical, emotional and financial impact on caregivers, and the reasons why someone should plan today for longevity.

Extended Care by the Numbers (31747) has been updated to reframe "long-term care" as extended care. State specific versions are no longer required. This piece replaces the previous versions (#31425 series).


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It's not the risks—it's the consequences

People insure against risks from natural disasters, home fires and car accidents. Yet we often overlook a large risk that can impact families financially, physically and emotionally—long-term care.

1 in 400 Chances of being in a house fire[1]

1 in 39 Chances of being in a car crash[2]

1 in 2 Odds of an extended care event in your lifetime[3]

Planning often means looking beyond the odds of something happening and instead creating a strategy in case it does happen. Creating a long-term care strategy today may help you and your loved ones prepare for some of the common consequences of needing long-term care.

The impact of caregiving

82% Of unpaid caregivers struggle with mental health[4]

26 Hours a week on average devoted to caregiving[5]

2X The likelihood of disability-related work leave for caregivers[6]

40-90% Retirement savings deficit by age 65 vs. non-caregivers[7]

$7,200 Average annual caregiver out-of-pocket expense[7]

50% Of caregivers are living paycheck-to-paycheck[8]

[1]National Fire Protection Association, Home Structure Fires, accessed August 28, 2026, https://www.nfpa.org/education-and-research/research/nfpa-research/fire-statistical-reports/home-structure-fires; Federal Reserve Bank of St. Louis, "Total Households [TTLHH]," FRED, accessed August 28, 2026, https://fred.stlouisfed.org/series/TTLHH.

[2]National Highway Traffic Safety Administration, (2025), Quick facts 2024, U.S. Department of Transportation, https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813820; Hedges & Company, (2025), Number of licensed drivers in the US, https://hedgescompany.com/blog/2024/01/number-of-licensed-drivers-us/

[3]"Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief, ASPE, U.S. Department of Health and Human Services, August 2022

[4]Study: 82 percent of unpaid caregivers suffer mental health struggles - McKnight's Long-Term Care News

[5]12th Annual Guardian Workplace Benefits Study, 2023.

[6]"America's Unseen Workforce", Columbia University Mailman School of Public Health, October 2024

[7]lisa-institute-upenn-how-longevity-affects-financial-planning-ti-november-2023.pdf

[8]

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Extended Care by the Numbers (31747)
Client use

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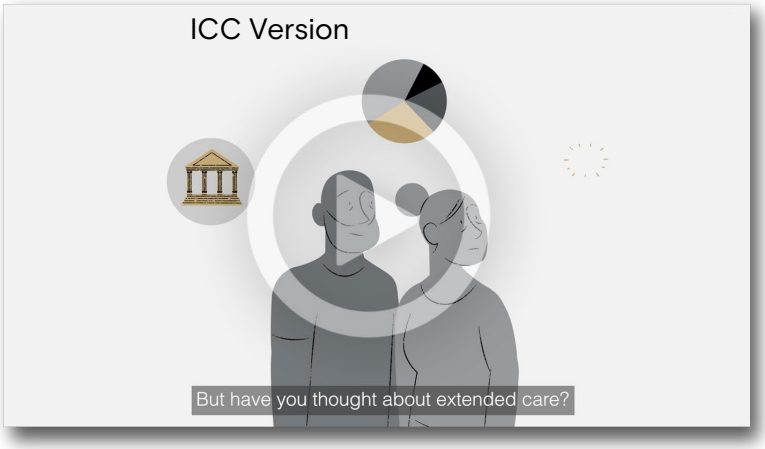
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Extended Care Consumer Video

At Thrivent, we believe **every financial plan should include a written extended care strategy and a way to fund it.**

That funding may come from a mix of client assets, income, family support, and-when appropriate-long-term care insurance.

Now, **you can share Thrivent's consumer-approved video** that clearly explains our point of view on extended care planning in **under three minutes.** This video makes it simple to start the extended care conversation-and strengthen every financial plan you deliver.



Ways to use this video:

- Play it at the start of client workshops-especially *The 4 Truths About Extended Care* presentation.
- Add your state-specific link to email signatures during **Long-Term Care Awareness Month** in November.
- Send it before extended care planning meetings to set the stage for your discussion.
- Pair it with the *Written Strategy for Extended Care* form to engage clients proactively.
- Show it during in-person meetings to introduce the conversation.
- Add it to your website's long-term care page.
- Play it in your office or lobby for clients waiting to meet with you.
- Mail clients a handwritten note with the video link-and maybe some popcorn-inviting them to watch it and start thinking about their wishes.

Click a link below to open the video, then copy and paste the URL into an email to send it to a client.

ICC States: AK, AL, AR, CO, GA, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

Non-ICC States: AZ, CT, DC, DE, FL, HI, IN, MT, ND, NJ, and SD.

California

There is no New York version as Thrivent does not offer a solution in New York.

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The Foundational Plan approach

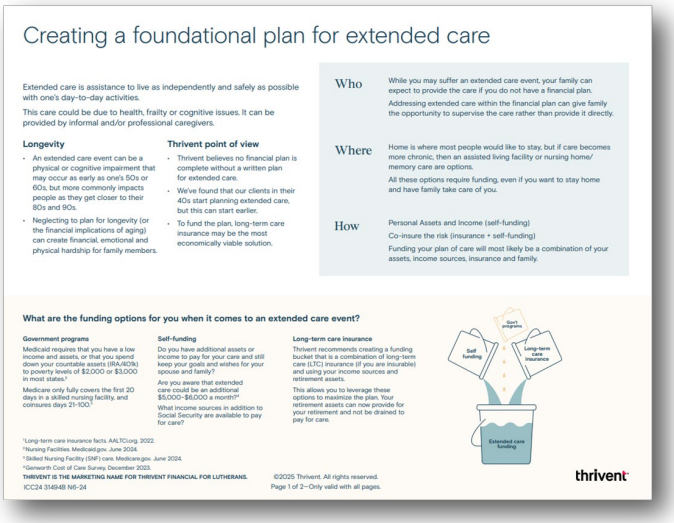
Our Foundational Plan approach is designed to help start proactive planning discussions. It provides a high-level overview of Extended Care planning, the need for a Written Strategy and offers sample premiums for a co-funding approach. It's meant to generate interest from a prospect to set up a meeting for a deeper discussion and customized plan design.

ICC States: AK, AL, AR, CO, GA, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

Non-ICC States: AZ, CT, DC, DE, FL, HI, IN, MT, ND, NJ, and SD.

California

Hawaii



Creating a foundational plan for extended care

Extended care is assistance to live as independently and safely as possible with one's day-to-day activities.

This care could be due to health, frailty or cognitive issues. It can be provided by informal and/or professional caregivers.

Longevity

- An extended care event can be a physical or cognitive impairment that may occur as early as one's 50s or 60s, but more commonly impacts people as they get closer to their 80s and 90s.
- Neglecting to plan for longevity (or the financial implications of aging) can create financial, emotional and physical hardship for family members.

Thrivent point of view

- Thrivent believes no financial plan is complete without a written plan for extended care.
- We've found that our clients in their 40s start planning extended care, but this can start earlier.
- To fund the plan, long-term care insurance may be the most economically viable solution.

Who While you may suffer an extended care event, your family can expect to provide the care if you do not have a financial plan. Addressing extended care within the financial plan can give family the opportunity to supervise the care rather than provide it directly.

Where Home is where most people would like to stay, but if care becomes more chronic, then an assisted living facility or nursing home/ memory care are options. All these options require funding, even if you want to stay home and have family take care of you.

How Personal Assets and Income (self-funding) Co-insure the risk (insurance + self-funding) Funding your plan of care will most likely be a combination of your assets, income sources, insurance and family.

What are the funding options for you when it comes to an extended care event?

Government programs
Medicaid requires that you have a low income and assets, or that you spend down your countable assets (IRA/401k) to poverty levels of $2,000 or $3,000 in most states.[1]
Medicare only fully covers the first 20 days in a skilled nursing facility, and coinsures days 21–100.[2]

Self-funding
Do you have additional assets or income to pay for your care and still keep your goals and wishes for your spouse and family?
Are you aware that extended care could be an additional $5,000–$6,000 a month?[3]
What income sources in addition to Social Security are available to pay for care?

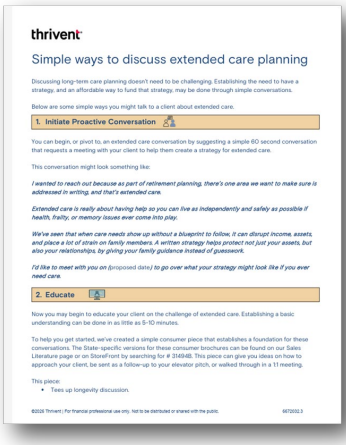
Long-term care insurance
Thrivent recommends creating a funding bucket that is a combination of long-term care (LTC) insurance (if you are insurable) and using your income sources and retirement assets.
This allows you to leverage these options to maximize the plan. Your retirement assets can now provide for your retirement and not be drained to pay for care.

[1] Long-term care insurance facts. AALTCI.org. 2022.
[2] Nursing Facilities. Medicaid.gov. June 2024.
[3] Skilled Nursing Facility (SNF) care. Medicare.gov. June 2024.
[4] Genworth Cost of Care Survey. December 2023.

THRIVENT IS THE MARKETING NAME FOR THRIVENT FINANCIAL FOR LUTHERANS.
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Simple ways to discuss extended care planning

Discussing long-term care planning doesn't need to be challenging. Establishing the need to have a strategy, and an affordable way to fund that strategy, may be done through simple conversations.

Below are some simple ways you might talk to a client about extended care.

1. Initiate Proactive Conversation

You can begin, or pivot to, an extended care conversation by suggesting a simple 60 second conversation that requests a meeting with your client to help them create a strategy for extended care.

This conversation might look something like:

I wanted to reach out because as part of retirement planning, there's one area we want to make sure is addressed in writing, and that's extended care.

Extended care is really about having help so you can live as independently and safely as possible if health, frailty, or memory issues ever come into play.

We've seen that when care needs show up without a blueprint to follow, it can disrupt income, assets, and place a lot of strain on family members. A written strategy helps protect not just your assets, but also your relationships, by giving your family guidance instead of guesswork.

I'd like to meet with you on (proposed date) *to go over what your strategy might look like if you ever need care.*

2. Educate

Now you may begin to educate your client on the challenge of extended care. Establishing a basic understanding can be done in as little as 5-10 minutes.

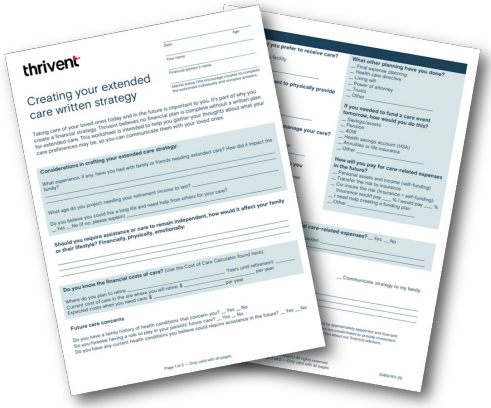
To help you get started, we've created a simple consumer piece that establishes a foundation for these conversations. The State-specific versions for these consumer brochures can be found on our Sales Literature page or on StoreFront by searching for # 3149AB. This piece can give you ideas on how to approach your client, be sent as a follow-up to your elevator pitch, or walked through in a 1:1 meeting.

This piece:

- Tees up longevity discussion.

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Simple ways to discuss Extended Care
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Creating your extended care written strategy

Taking care of your loved ones today and in the future is important to you. It's part of why you created a financial strategy. Thrivent believes no financial plan is complete without a written plan for extended care. This worksheet is intended to help you get your thoughts about what your care preferences may be, so you can communicate them with your loved ones.

Considerations in crafting your extended care strategy:

What other planning have you done?
— Power of attorney
— Trusts
— Other

If you needed to fund a care event tomorrow, how would you do this?
— Pension boosts
— Annuities
— Health savings account (HSA)
— Annuities or life insurance
— Other

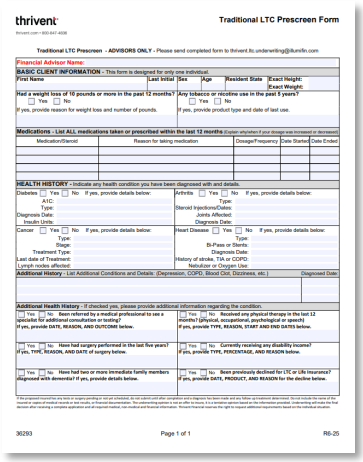
How will you pay for care-related expenses in the future?
— Personal assets and income (self-funding)
— Transfer the risk to insurance
— Co-insure the risk (insurance + self-funding)
— I need help creating a funding plan.
— Other

Do you know the financial costs of care? (Use the Cost of Care Calculator found here)

Future care concerns

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3484-KY-25

Written Strategy for Extended Care
Client use



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Traditional LTC Prescreen Form

Traditional LTC Prescreen - ADVISORS ONLY - Please send completed form to thrivent.ltc.underwriting@illumifin.com

Financial Advisor Name:

BASIC CLIENT INFORMATION - This form is designed for only one individual.

First Name | Last Initial | Sex | Age | Resident State | Exact Height: | Exact Weight:

Had a weight loss of 10 pounds or more in the past 12 months? ☐ Yes ☐ No
If yes, provide reason for weight loss and number of pounds.

Any tobacco or nicotine use in the past 5 years? ☐ Yes ☐ No
If yes, provide product type and date of last use.

Medications - List ALL medications taken or prescribed within the last 12 months (Explain why/when if your dosage was increased or decreased)

Medication/Steroid	Reason for taking medication	Dosage/Frequency	Date Started	Date Ended

HEALTH HISTORY - Indicate any health condition you have been diagnosed with and details.

Diabetes ☐ Yes ☐ No If yes, provide details below:
A1C:
Type:
Diagnosis Date:
Insulin Units:

Arthritis ☐ Yes ☐ No If yes, provide details below:
Type:
Steroid Injections/Dates:
Joints Affected:
Diagnosis Date:

Cancer ☐ Yes ☐ No If yes, provide details below:
Type:
Stage:
Treatment Type:
Last date of Treatment:
Lymph nodes affected:

Heart Disease ☐ Yes ☐ No If yes, provide details below:
Type:
Bi-Pass or Stents:
Diagnosis Date:

History of stroke, TIA or COPD:
Nebulizer or Oxygen Use

Additional History - List Additional Conditions and Details: (Depression, COPD, Blood Clot, Dizziness, etc.) | Diagnosed Date:

Additional Health History - If checked yes, please provide additional information regarding the condition:

☐ Yes ☐ No **Been referred by a medical professional to see a specialist for additional consultation or testing?** If yes, provide DATE, REASON, AND OUTCOME below.

☐ Yes ☐ No **Received any physical therapy in the last 12 months? (physical, occupational, psychological or speech)** If yes, provide TYPE, REASON, START AND END DATES below.

☐ Yes ☐ No **Have had surgery performed in the last five years?** If yes, TYPE, REASON, AND DATE of surgery below.

☐ Yes ☐ No **Currently receiving any disability income?** If yes, provide TYPE, PERCENTAGE, AND REASON below.

☐ Yes ☐ No **Have had two or more immediate family members diagnosed with dementia?** If yes, provide details below.

☐ Yes ☐ No **Been previously declined for LTC or Life insurance?** If yes, provide DATE, PRODUCT, AND REASON for the decline below.

* If the proposed insured has any tests or surgery pending or not yet scheduled, do not submit until after completion and a diagnosis has been made and any follow up treatment determined. Do not include the name of the proposed insured on any tests or lab requisitions. Thrivent Financial does not receive any compensation for your referral to a medical provider. Thrivent may consider the results of the decision after receiving a complete application and all required medical, non-medical and financial information. Thrivent Financial reserves the right to request additional requirements based on the individual situation.

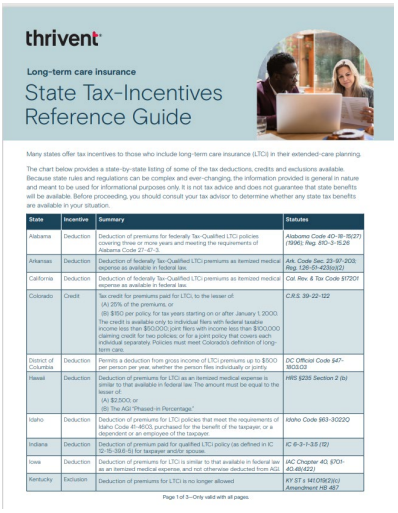
36293 Page 1 of 1 R6-25

Health Prescreen Form
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Conversation Resources – Tax Efficiency


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Long-term care insurance

State Tax-Incentives Reference Guide

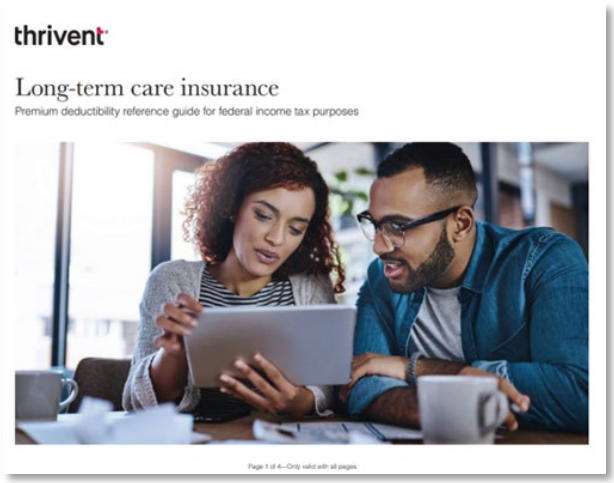
Many states offer tax incentives to those who include long-term care insurance (LTCi) in their extended-care planning.

The chart below provides a state-by-state listing of some of the tax deductions, credits and exclusions available. Because state rules and regulations can be complex and ever-changing, the information provided is general in nature and meant to be used for informational purposes only. It is not tax advice and does not guarantee that state benefits will be available. Before proceeding, you should consult your tax advisor to determine whether any state tax benefits are available in your situation.

State	Incentive	Summary	Statutes
Alabama	Deduction	Deduction of premiums for federally Tax-Qualified LTCi policies covering three or more years and meeting the requirements of Alabama Code 27-47-3.	*Alabama Code 40-18-15(27) (1996); Reg. 810-3-15.26*
Arkansas	Deduction	Deduction of federally Tax-Qualified LTCi premiums as itemized medical expense as available in federal law.	*Ark. Code Sec. 23-87-203; Reg. 126-51-403(a)(2).*
California	Deduction	Deduction of federally Tax-Qualified LTCi premiums as itemized medical expense as available in federal law.	*Cal. Rev. & Tax Code §17201*
Colorado	Credit	Tax credit for premiums paid for LTCi, to the lesser of: (A) 25% of the premiums, or (B) $150 per policy for tax years starting on or after January 1, 2000. The credit is available only to individual filers with federal taxable income less than $50,000; joint filers with income less than $100,000 claiming credit for two policies; or for a joint policy that covers each individual separately. Policies must meet Colorado's definition of long-term care.	*C.R.S. 39-22-122*
District of Columbia	Deduction	Permits a deduction from gross income of LTCi premiums up to $500 per person per year, whether the person files individually or jointly.	*DC Official Code §47-1803.03*
Hawaii	Deduction	Deduction of premiums for LTCi as an itemized medical expense is similar to that available in federal law. The amount must be equal to the lesser of: (A) $2,500, or (B) The AGI "Phased-in Percentage."	*HRS §235 Section 2 (b)*
Idaho	Deduction	Deduction of premiums for LTCi policies that meet the requirements of Idaho Code 41-4603, purchased for the benefit of the taxpayer, or a dependent or an employee of the taxpayer.	*Idaho Code §63-3022O*
Indiana	Deduction	Deduction of premium paid for qualified LTCi policy (as defined in IC 12-15-39.6-5) for taxpayer and/or spouse.	*IC 6-3-1-3.5 (12)*
Iowa	Deduction	Deduction of premiums for LTCi is similar to that available in federal law as an itemized medical expense, and not otherwise deducted from AGI.	*IAC Chapter 40, §701-40.49(422)*
Kentucky	Exclusion	Deduction of premiums for LTCi is no longer allowed.	*KY ST s 141.0151(2)(c) Amendment HB 487*

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State Tax Incentives
Client use

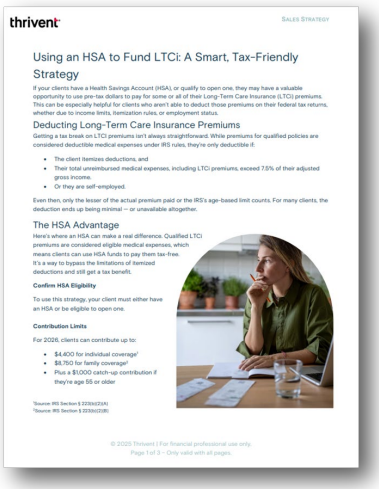

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Long-term care insurance

Premium deductibility reference guide for federal income tax purposes

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Tax Deductibility Guide
Client use


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Sales Strategy

Using an HSA to Fund LTCi: A Smart, Tax-Friendly Strategy

If your clients have a Health Savings Account (HSA), or qualify to open one, they may have a valuable opportunity to use pre-tax dollars to pay for some or all of their Long-Term Care Insurance (LTCi) premiums. This can be especially helpful for clients who aren't able to deduct those premiums on their federal tax returns, whether due to income limits, itemization rules, or employment status.

Deducting Long-Term Care Insurance Premiums

Getting a tax break on LTCi premiums isn't always straightforward. While premiums for qualified policies are considered deductible medical expenses under IRS rules, they're only deductible if:

- The client itemizes deductions, and
- Their total unreimbursed medical expenses, including LTCi premiums, exceed 7.5% of their adjusted gross income.
- Or they are self-employed.

Even then, only the lesser of the actual premium paid or the IRS's age-based limit counts. For many clients, the deduction ends up being minimal — or unavailable altogether.

The HSA Advantage

Here's where an HSA can make a real difference. Qualified LTCi premiums are considered eligible medical expenses, which means clients can use HSA funds to pay them tax-free. It's a way to bypass the limitations of itemized deductions and still get a tax benefit.

Confirm HSA Eligibility

To use this strategy, your client must either have an HSA or be eligible to open one.

Contribution Limits

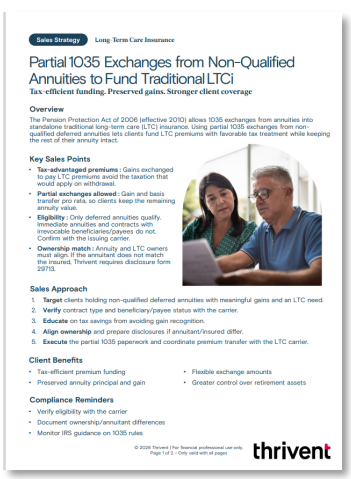
For 2026, clients can contribute up to:

- $4,400 for individual coverage[1]
- $8,750 for family coverage[2]
- Plus a $1,000 catch-up contribution if they're age 55 or older

[1]Source: IRS Section § 223(b)(2)(A)
[2]Source: IRS Section § 223(b)(2)(B)

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Using HSAs to Fund LTCi
Producer Use


Sales Strategy Long-Term Care Insurance

Partial 1035 Exchanges from Non-Qualified Annuities to Fund Traditional LTCi

Tax-efficient funding. Preserved gains. Stronger client coverage

Overview

The Pension Protection Act of 2006 (effective 2010) allows 1035 exchanges from annuities into standalone traditional long-term care (LTC) insurance. Using partial 1035 exchanges from non-qualified deferred annuities lets clients fund LTC premiums with favorable tax treatment while keeping the rest of their annuity intact.

Key Sales Points

- **Tax-advantaged premiums :** Gains exchanged to pay LTC premiums avoid the taxation that would apply on withdrawal.
- **Partial exchanges allowed :** Gain and basis transfer pro rata, so clients keep the remaining annuity value.
- **Eligibility :** Only deferred annuities qualify. Immediate annuities and contracts with irrevocable beneficiaries/payees do not. Confirm with the issuing carrier.
- **Ownership match :** Annuity and LTC owners must align. If the annuitant does not match the insured, Thrivent requires disclosure form 29713.

Sales Approach

1. **Target** clients holding non-qualified deferred annuities with meaningful gains and an LTC need.
2. **Verify** contract type and beneficiary/payee status with the carrier.
3. **Educate** on tax savings from avoiding gain recognition.
4. **Align ownership** and prepare disclosures if annuitant/insured differ.
5. **Execute** the partial 1035 paperwork and coordinate premium transfer with the LTC carrier.

Client Benefits

- Tax-efficient premium funding
- Preserved annuity principal and gain
- Flexible exchange amounts
- Greater control over retirement assets

Compliance Reminders

- Verify eligibility with the carrier
- Document ownership/annuitant differences
- Monitor IRS guidance on 1035 rules

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Using Partial 1035 Exchanges to Fund LTCi
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Conversation Resources – Consumer Workshops

This workshop shows attendees how developing an extended care strategy may help them:

- Preserve independence
- Protect income and assets
- Reassure family about the future



Audience
- Pre-Retired (51-64)
- Retired (65+)

State-Specific Materials
- Presenters must be licensed in the states they are presenting in/to.
- Ensure that you are using only the appropriate materials for your state as these materials are state filed.
- This is crucial if offering a workshop or webinar across multiple states.
- Slides and content must not be modified.

Click the links below to download the appropriate state-approved materials.

ICC States AK, AL, AR, CO, GA, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

Non-ICC States
AZ, CT, DC, DE, FL, HI, IN, MT, NJ, ND and SD

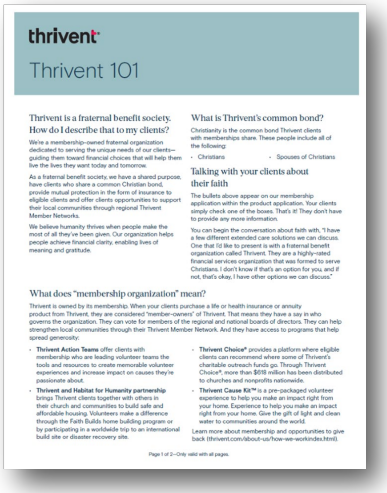
California

Handouts:
- Written Strategy for Extended Care
- Extended Care by the Numbers

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Tools to Tell Thrivent's Story



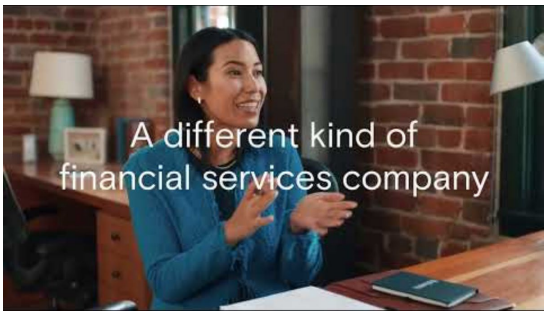
Thrivent 101
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Membership Benefits Brochure
Consumer Use



Power of Membership Video
Consumer Use



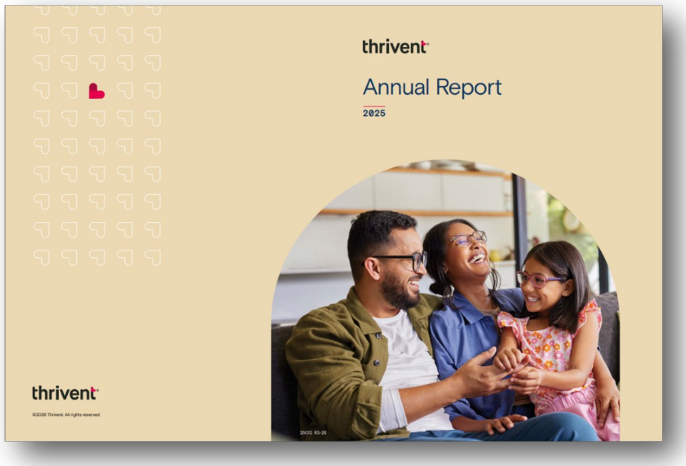
A different kind of financial services company video
Consumer Use

Click a link to open the video, then copy and paste the URL into an email to send it to a client.

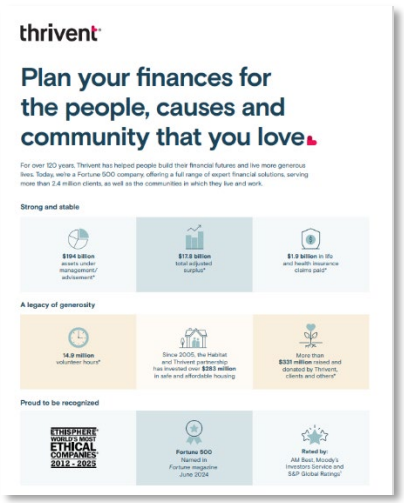
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Strength and Stability



Annual Report
Consumer Use



Thrivent Highlights
Consumer Use



Strength and Commitment
Consumer Use



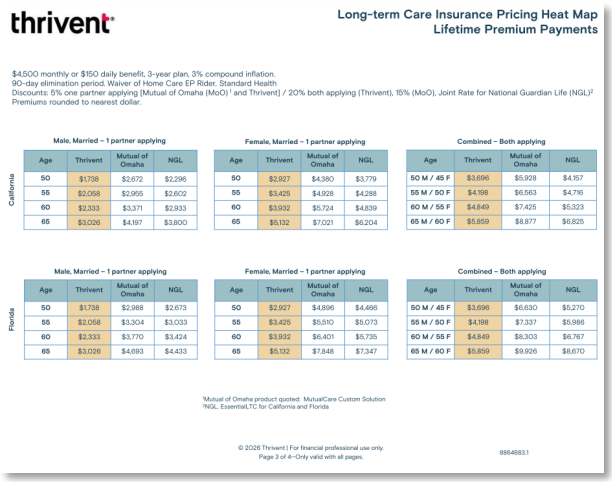
Client and Community Impact
Consumer Use

ICC States (Approved for use in: AK, AL, AR, CO, GA, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY)
Non-ICC States (CT, DC, DE, HI, IN, MT, NJ, ND, SD)
Arizona
California
Florida

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Competitive Positioning



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Long-term Care Insurance Pricing Heat Map
Lifetime Premium Payments

$4,500 monthly or $150 daily benefit, 3-year plan, 3% compound inflation.
90-day elimination period. Waiver of Home Care EP Rider, Standard Health
Discounts: 5% one partner applying [Mutual of Omaha (MoO)[1] and Thrivent] / 20% both applying (Thrivent), 15% (MoO), Joint Rate for National Guardian Life (NGL)[2]
Premiums rounded to nearest dollar.

California

Male, Married – 1 partner applying

Age	Thrivent	Mutual of Omaha	NGL
50	$1,738	$2,672	$2,296
55	$2,058	$2,955	$2,602
60	$2,333	$3,371	$2,933
65	$3,026	$4,197	$3,800

Female, Married – 1 partner applying

Age	Thrivent	Mutual of Omaha	NGL
50	$2,927	$4,380	$3,779
55	$3,425	$4,928	$4,288
60	$3,932	$5,724	$4,839
65	$5,132	$7,021	$6,204

Combined – Both applying

Age	Thrivent	Mutual of Omaha	NGL
50 M / 45 F	$3,696	$5,928	$4,157
55 M / 50 F	$4,198	$6,563	$4,716
60 M / 55 F	$4,849	$7,425	$5,323
65 M / 60 F	$5,859	$8,877	$6,825

Florida

Male, Married – 1 partner applying

Age	Thrivent	Mutual of Omaha	NGL
50	$1,738	$2,988	$2,673
55	$2,058	$3,304	$3,033
60	$2,333	$3,770	$3,424
65	$3,026	$4,693	$4,433

Female, Married – 1 partner applying

Age	Thrivent	Mutual of Omaha	NGL
50	$2,927	$4,896	$4,466
55	$3,425	$5,510	$5,073
60	$3,932	$6,401	$5,735
65	$5,132	$7,848	$7,347

Combined – Both applying

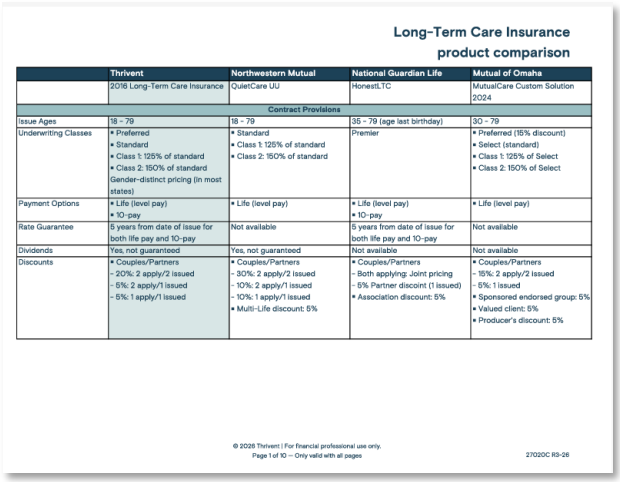
Age	Thrivent	Mutual of Omaha	NGL
50 M / 45 F	$3,696	$6,630	$5,270
55 M / 50 F	$4,198	$7,337	$5,986
60 M / 55 F	$4,849	$8,303	$6,767
65 M / 60 F	$5,859	$9,926	$8,670

[1]Mutual of Omaha product quoted: MutualCare Custom Solution
[2]NGL: EssentialLTC for California and Florida

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Pricing Heatmap
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Long-Term Care Insurance
product comparison

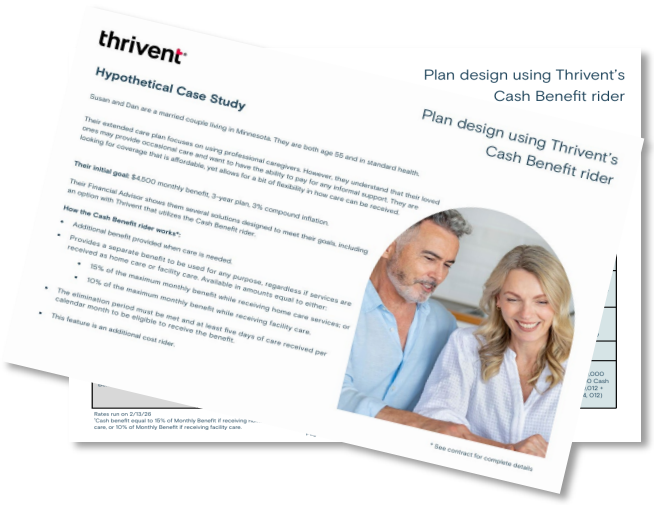
	Thrivent	Northwestern Mutual	National Guardian Life	Mutual of Omaha
	2016 Long-Term Care Insurance	QuietCare UU	HonestLTC	MutualCare Custom Solution 2024
Contract Provisions				
Issue Ages	18 – 79	18 – 79	35 – 79 (age last birthday)	30 – 79
Underwriting Classes	• Preferred • Standard • Class 1: 125% of standard • Class 2: 150% of standard Gender-distinct pricing (in most states)	• Standard • Class 1: 125% of standard • Class 2: 150% of standard	Premier	• Preferred (15% discount) • Select (standard) • Class 1: 125% of Select • Class 2: 150% of Select
Payment Options	• Life (level pay) • 10-pay	• Life (level pay)	• Life (level pay) • 10-pay	• Life (level pay)
Rate Guarantee	5 years from date of issue for both life pay and 10-pay	Not available	5 years from date of issue for both life pay and 10-pay	Not available
Dividends	Yes, not guaranteed	Yes, not guaranteed	Not available	Not available
Discounts	• Couples/Partners – 20%: 2 apply/2 issued – 5%: 2 apply/1 issued – 5%: 1 apply/1 issued	• Couples/Partners – 30%: 2 apply/2 issued – 10%: 2 apply/1 issued – 10%: 1 apply/1 issued • Multi-Life discount: 5%	• Couples/Partners – Both applying: Joint pricing – 5% Partner discount (1 issued) • Association discount: 5%	• Couples/Partners – 15%: 2 apply/2 issued – 5%: 1 issued • Sponsored endorsed group: 5% • Valued client: 5% • Producer's discount: 5%

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Benefit Competitive Comparison
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Sales strategies using unique riders



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Hypothetical Case Study

Plan design using Thrivent's Cash Benefit rider

Susan and Dan are a married couple living in Minnesota. They are both age 55 and in standard health.

Their extended care plan focuses on using professional caregivers. However, they understand that their loved ones may provide occasional care and want to have the ability to pay for any informal support. They are looking for coverage that is affordable, yet allows for a bit of flexibility in how care can be received.

Their initial goal: $4,500 monthly benefit, 3-year plan, 3% compound inflation.

Their Financial Advisor shows them several solutions designed to meet their goals, including an option with Thrivent that utilizes the Cash Benefit rider.

How the Cash Benefit rider works*:

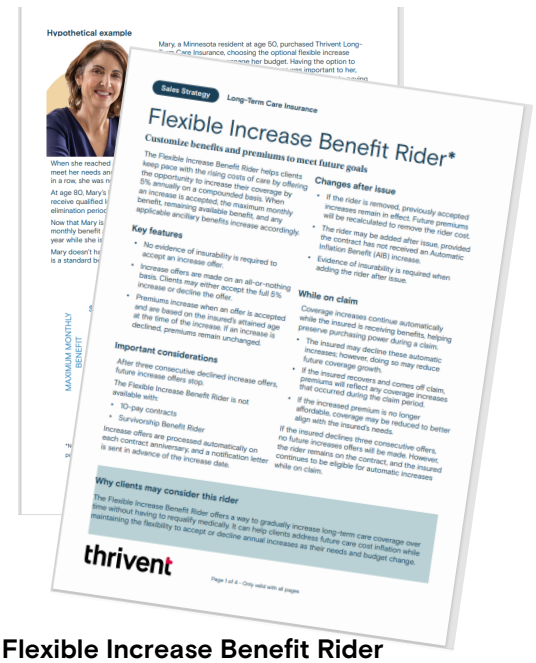
- Additional benefit provided when care is needed.
- Provides a separate benefit to be used for any purpose, regardless if services are received as home care or facility care. Available in amounts equal to either:
  - 15% of the maximum monthly benefit while receiving home care services; or
  - 10% of the maximum monthly benefit while receiving facility care.
- The elimination period must be met and at least five days of care received per calendar month to be eligible to receive the benefit.
- This feature is an additional cost rider.

Plan design using Thrivent's Cash Benefit rider

Rates run on 2/13/26.
*Cash benefit equal to 15% of Monthly Benefit if receiving ho... care, or 10% of Monthly Benefit if receiving facility care.

* See contract for complete details

Plan Design Using Cash Benefit Rider
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Hypothetical example

Mary, a Minnesota resident at age 50, purchased Thrivent Long-... Care Insurance, choosing the optional flexible increase ... to her budget. Having the option to ... important to her.

When she reached ... meet her needs ... in a row, she was n...

At age 80, Mary's ... receive qualified l... elimination period...

Now that Mary is ... monthly benefit ... year while she is...

Mary doesn't h... is a standard b...

Sales Strategy

Long-Term Care Insurance

Flexible Increase Benefit Rider*

Customize benefits and premiums to meet future goals

The Flexible Increase Benefit Rider helps clients keep pace with the rising costs of care by offering the opportunity to increase their coverage by 5% annually on a compounded basis. When an increase is accepted, the maximum monthly benefit, remaining available benefits and any applicable ancillary benefits increase accordingly.

Key features

- No evidence of insurability is required to accept an increase offer.
- Increase offers are made on an all-or-nothing basis. Clients may either accept the full 5% increase or decline the offer.
- Premiums increase when an offer is accepted and are based on the insured's attained age at the time of the increase. If an increase is declined, premiums remain unchanged.

Important considerations

After three consecutive declined increase offers, future increase offers stop.

The Flexible Increase Benefit Rider is not available with:

- 10-pay contracts
- Survivorship Benefit Rider

Increase offers are processed automatically on each contract anniversary, and a notification letter is sent in advance of the increase date.

Changes after issue

- If the rider is removed, previously accepted increases remain in effect. Future premiums will be recalculated to remove the rider cost.
- The rider may be added after issue, provided the contract has not received an Automatic Inflation Benefit (AIB) increase.
- Evidence of insurability is required when adding the rider after issue.

While on claim

Coverage increases continue automatically while the insured is receiving benefits, helping preserve purchasing power during a claim.

- The insured may decline these automatic increases; however, doing so may reduce future coverage growth.
- If the insured recovers and comes off claim, premiums will reflect any coverage increases that occurred during the claim period.
- If the increased premium is no longer affordable, coverage may be reduced to better align with the insured's needs.

If the insured declines three consecutive offers, no future increases offers will be made. However, the rider remains on the contract, and the insured continues to be eligible for automatic increases while on claim.

Why clients may consider this rider

The Flexible Increase Benefit Rider offers a way to gradually increase long-term care coverage over time without having to requalify medically. It can help clients address future care cost inflation while maintaining the flexibility to accept or decline annual increases as their needs and budget change.

MAXIMUM MONTHLY BENEFIT

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Page 1 of 4 – Only valid with all pages

Flexible Increase Benefit Rider
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Additional Resources

Please contact your Thrivent BGA's sales desk to get their point of access to the following websites:

Illustrations

- WinFlex
- iPipeline's iGo
- Stratecision

Applications

- eApp: iPipeline's iGo
- Printable: iPipeline's **FormsPipe**

Additional Marketing Support

Contact the Thrivent LTC sales team at:

BoxLTCBrokerage@Thrivent.com
612-454-4403



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Extended-Care Planning and Training Materials

At-a-glance

Client materials

Product brochure	Select State
Strength and Commitment flyer	Select State
The Four Truths of Long-Term Care Workshop	Select State
The Four Truths of Long-Term Care flyer	Select State
Client underwriting experience flyer	34902
LTCi Premium Deductibility Guide	25089
LTC Foundational Plan	Select State
Written Strategy for Care	31494

Advisor materials

Product guide	29023
At-a-glance	2016 LTC
State variations	State Chart
Competitive comparison	27020C
Underwriting guide	29827
Illustration guide	31289B

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