



LifeSecure Insurance Company  
Policyholder Support  
P.O. Box 1019 Brighton, MI 48116  
Fax: 877.226.0925

[Mailing Date]

**Important Notice: Upcoming Long  
Term Care Premium Rate Increase**

[Policyholder Name]  
[Address]  
[City, State and Zip]

Policy Number: [      ]

**This is not a bill - you do not need to send any payment to us at this time.**

Dear [Policyholder Name]:

After a careful review, we have found that a premium increase is necessary to continue providing your long term care coverage. Your premium is not being increased due to changes in your personal health, age or claims history. We recognize and value your loyalty to LifeSecure for your long term care insurance needs. We are grateful to have earned your trust over the years, and we are committed to providing you with quality long term care coverage at affordable rates.

Our decision to increase premium rates was made after thoroughly evaluating a variety of factors that impact premium rates. This increase applies to everyone who purchased a policy under a specific policy series and was filed or approved by the state in which your policy was issued. We maintain the right to raise premiums in the future. Any such increase would be in accordance with the requirements of the state in which your policy was issued.

**What this means to you:**

The rate increase will go into effect on the first premium due date on or after the Increase Effective Date listed in the table below, unless your premium is currently being waived because of your claim status. If your premium is currently being waived you will not be affected by this rate increase until your premium is no longer being waived.

The following chart represents the upcoming change to your premium. If you pay your premium through a payroll deduction, the new premium will be in effect for the first premium due on or after the Increase Effective Date. If we do not hear from you by the effective date shown below, your new premium will go into effect.

If you have received, recently accepted, or are expecting to receive a Guaranteed Future Purchase Offer, the new premium shown below may not reflect the increased premium for that offer.

Your Current Premium	Your New Premium	Percentage of Increase	Increase Effective Date
[Current Premium] [Current Premium Mode]	[New Premium] [Current Premium Mode]	[%]	[Effective Date]

Your current plan may meet the requirements for Partnership Plan Certification providing you with asset protection. If you decide to change your benefits, this may affect that status.

We hope you keep your long term care policy. It provides great peace of mind in knowing that if you need long term care, you won't have to bear the cost burden all on your own. [We understand if you would like to explore other options to continue your coverage. The enclosed Selection Form outlines some options that may be available to you.] It may be best for you to contact us directly to discuss specific options for your coverage. We want to answer any questions you might have. Please call our Policyholder Support team at 888.575.8246 or e-mail us at [phs@yourlifesecond.com](mailto:phs@yourlifesecond.com).

Sincerely,

LifeSecure Policyholder Support

LS-0827 ST 09/17

[Insured's Name] PREMIUM INCREASE SELECTION OPTION FORM Policy Number: [ ]

Please evaluate your options carefully before making your selection. If you prefer an alternative to accepting the rate increase, please complete this form and return it to us at the address above or by secured fax. If you do not select an option below, the premium increase will take effect.

☐ **Reduce my coverage so that my new premium payments will stay approximately the same as my current payment**

If you want to keep your premium payment close to the amount it is now, you can reduce your Benefit Bank from [\$ current BB] to [\$ new BB]. Your Monthly Benefit Access Limit will be reduced from [\$ current MBAL] to [\$ new MBAL]. Please note that the Benefit Bank amounts shown have not been reduced by any claims that have been paid or are payable. Your new premium would be [\$ new premium] [payment mode]. If you choose this option, in order for your next invoice to reflect your new benefit amounts and premium, we must receive this completed form within 30 days from the date of the letter you received regarding this rate increase. If we receive this form after 30 days have passed, your next bill may show the increased premium. **Note: You will not be able to increase your benefits back to the original amounts after selecting this option. This offer is based on your current benefits. If your benefits have changed, the Monthly Benefit Access Limit and Benefit Bank may be different than those shown above. ]**

☐ **Exercise the Contingent Non-Forfeiture Benefit**

You have the option to convert your coverage to a "paid-up" status with a lesser Benefit Bank.

☐ **STANDARD OPTION**

Your Benefit Bank will be reduced to the greater of: (a) one hundred percent (100%) of the sum of all premiums paid, excluding any waived premiums; or (b) one times (1x) Your Monthly Benefit Access Limit in effect at the time of conversion. The revised Benefit Bank is reduced by the sum of all benefits previously paid to You. Your Monthly Benefit Access Limit will remain at the dollar amount in effect at the time of conversion, restricted only by the amount of Your revised Benefit Bank.

☐ **LIMITED PAY OPTION**

Your revised Monthly Benefit Access Limit and Benefit Bank will be determined by multiplying the amounts prior to the reduction by 90% times the ratio of the number of months that premiums have been paid, divided by the number of months that premiums are payable. The revised Benefit Bank is reduced by the sum of all benefits previously paid to You.]

If you elect this exercise this benefit, no further Guaranteed Future Purchase Offers will be available and no future increases under any Inflation Protection Benefit will occur. Premiums can no longer be paid and benefits cannot be increased. If your coverage lapses due to cancellation or nonpayment of premium any time between the date of this letter and 120 days following the due date of the first increased premium, you will have automatically chosen this option, whether or not you selected it on this form.]

☐ **Exercise the Lapse Protection Benefit**

You have the option to convert your coverage to a "paid-up" status with a lesser Benefit Bank. Your Benefit Bank will be reduced to the greater of: (a) one hundred percent (100%) of the sum of all premiums paid, excluding any waived premiums; or (b) one times (1x) Your Monthly Benefit Access Limit in effect at the time of conversion. The revised Benefit Bank is reduced by the sum of all benefits previously paid to you. Your Monthly Benefit Access Limit will remain at the dollar amount in effect at the time of conversion, restricted only by the amount of Your revised Benefit Bank.

If you elect this option, no further Guaranteed Future Purchase Offers will be available and no future increases under any Inflation Protection Benefit will occur. Premiums can no longer be paid and benefits cannot be increased. If your policy lapses at any time due to cancellation or nonpayment of premium, you will have automatically chosen this option, whether or not you selected it on this form. ]

I have carefully reviewed the enclosed information and understand my options. I authorize LifeSecure to amend my coverage as indicated on this form.

Policyholder's Signature

Policyholder's Printed Name

Date

Current Email Address (Optional)

Current Address

City, State and Zip

Current Telephone Number

**FREQUENTLY ASKED QUESTIONS**  
**Premium Increase****1. Why is my long term care insurance Policy premium increasing?**

LifeSecure is committed to providing You with quality long term care coverage at affordable rates. We continually look for ways to manage costs for our policyholders. After a careful review, We have found that it is necessary to increase premiums.

Our decision to increase premium rates was made after thoroughly evaluating a variety of factors that impact premium rates. This premium increase applies to everyone with the same type of policy series. Your premium rate was not increased due to changes in Your personal health, age or claims history. The increase is in accordance with the legal requirements of the state in which Your Policy was issued.

**2. Will there be additional premium increases in the future?**

It is possible that long term care premiums could increase in the future. We will continue to monitor the factors that impact premium rates and will notify You if any other adjustments are needed. Any increase to Your premiums would be made in accordance with the requirements of the state in which Your Policy was issued.

**3. What do I need to do to make a decision about my level of coverage?**

If You want to keep Your Policy in force as it is now and pay the increased premium, no action is required. If You want to explore other coverage options, there may be options that will allow You to keep some coverage in force.

If a selection form is enclosed, please review Your available option(s) now. If You decide to choose one of the options listed there, send Us the completed selection form. If We do not receive Your selection form within 30 days from the date of the letter, the first bill that You receive on or after the Increase Effective Date may show the increased premium.

Whether or not a selection form is enclosed here, We may have other options that will allow You to keep coverage in force at reduced levels without paying the increased premium. We are happy to discuss all of Your options. Please contact Us at 888.575.8246, by e-mail at [phs@yourlifesecure.com](mailto:phs@yourlifesecure.com), or by fax at 877.226.0925. We are standing by to help.

**4. What happens if I decide to pay the increased premiums and keep my current coverage at the same level?**

Simply pay the new premium that is due on or after the Increase Effective Date.

- If You pay by Direct Bill, Your new premium will be shown in the first bill that is due after the Increase Effective Date shown on Your letter.
- If You pay premium with an electronic funds transfer (EFT) from a checking or savings account or credit card, the increased premium will be deducted from the first bill due after the Increase Effective Date.
- If You pay Your premium through payroll deduction, Your employer will be notified of the new premium amount, beginning with the first bill due after the Increase Effective Date.

**5. What if I do not want to pay the increased premium amount?**

If You do not pay the increased premium by its due date, We will begin the process of terminating Your Policy unless: (1) You have previously purchased the Lapse Protection Benefit or (2) the Contingent Non-Forfeiture Benefit is available and appears on the enclosed selection form.

If You have previously purchased the Lapse Protection Benefit and Your Policy lapses at any time, this option will be deemed elected whether or not You choose it on the selection form.

If the Contingent Non-Forfeiture Benefit is available and Your Policy lapses at any time from now until 120 days following the first due date of the increased premium, You will have automatically chosen this option, whether or not You chose it on the selection form.

**6. *Do I have the option to reduce coverage so that I can keep my current premium payments at around the same level?***

You may have the option to reduce Your Benefit Bank in order to keep Your premium at about the same level it is now. If this option is available, it will appear on Your selection form. Whether or not this option is available, You may have other options that may be available that will allow You to reduce Your coverage. We want to answer any questions You might have. Please call Us at 888.575.8246, fax Us at 877.226.0925, or e-mail Us at [phs@yourlifefecure.com](mailto:phs@yourlifefecure.com).

**7. *What if I have purchased the Lapse Protection Benefit?***

If this option appears on Your selection form, You may choose it. Under this option, Your current Benefit Bank will be reduced to the greater of: (a) one hundred percent (100%) of the sum of all premiums paid, excluding any waived premiums; or (b) one times (1x) Your Monthly Benefit Access Limit in effect at the time of lapse.

The revised Benefit Bank is reduced by the sum of all benefits previously paid to You. Your Monthly Benefit Access Limit will remain at the dollar amount in effect at the time of conversion, restricted only by the amount of Your revised Benefit Bank.

If You choose this option, no further Guaranteed Future Purchase Offers will be available, and no future increases under any Compound Inflation Protection Benefit will occur. Premiums can no longer be paid, and Your remaining Benefit Bank cannot be increased. If this option is available to You and Your coverage lapses for any reason, You will have automatically chosen this option, whether or not You chose it on the selection form.

**8. *What is the "Contingent Non-Forfeiture Benefit?"***

If this option appears on Your selection form, You can convert Your coverage to a paid-up status with a lesser Benefit Bank. Unless You are paying premiums under a Limited Payment Option, Your current Benefit Bank will be reduced to the greater of: (a) one hundred percent (100%) of the sum of all premiums paid, excluding any waived premiums; or (b) one times (1x) Your Monthly Benefit Access Limit in effect at the time of conversion.

The revised Benefit Bank is reduced by the sum of all benefits previously paid to You. Your Monthly Benefit Access Limit will remain at the dollar amount in effect at the time of conversion, restricted only by the amount of Your revised Benefit Bank.

If You are paying premiums under a Limited Payment Option, Your revised Monthly Benefit Access Limit and Benefit Bank will be determined by multiplying the amounts prior to the reduction by 90% times the ratio of the number of months that premiums have been paid, divided by the number of months that premiums are payable.

If You choose this option, no further Guaranteed Future Purchase Offers will be available, and no future increases under any Compound Inflation Protection Benefit will occur. Premiums can no longer be paid and Your remaining Benefit Bank cannot be increased. If this option is available to you, and Your coverage lapses for any reason between now and 120 days following the due date of the first increased premium, You will have automatically chosen this option, whether or not You chose it on the selection form.

**9. *How will my Compound Inflation Protection Benefit be affected if I choose to reduce my coverage so I can keep my premium payments at around the same level?***

If Your coverage includes the 3% Compound Inflation Benefit or the, 5% Compound Inflation Protection Benefit, Your Monthly Benefit Access Limit and Benefit Bank increase on each Policy anniversary at either 3% or 5% for as long as the Option is in force. If You choose to reduce the amount of Your Monthly Benefit Access Limit and Benefit Bank, the automatic increase on Your next Policy anniversary will be calculated based on the reduced amounts.

**10. *My premium is currently being waived because I am receiving benefits under the Policy. How will this premium increase impact me?***

If Your premiums are currently being waived, You will not be affected by this rate increase until Your premiums are no longer waived. Your claims will continue to be paid according to Your current coverage. Once Your premium is no longer being waived, Your premium due will resume at the higher adjusted level.