BENCHMARK ASSISTED LIVING, LLC

Policy Number: 079504 Long term care insurance

WHO NEEDS LONG TERM CARE INSURANCE?

Maybe you!

- If you are hoping to set up a financial plan for a worry-free retirement
- If you worry about being a burden to your family
- If you don't have family members to take care of you
- If you want to remain independent for as long as you are able

WHY BUY NOW?

As an Associate, you may purchase coverage during the enrollment period without having to fill out a medical questionnaire, as long as you do not choose benefits that exceed the Guarantee Issue limits. Your enrollment kit contains complete information on the Guarantee Issue limits. If you wait to enroll, you will need to fill out the medical questionnaire and may not be accepted into the plan.

Guarantee Issue means that you do not have to fill out a medical questionnaire.

The younger you are when you buy Unum's Long Term Care Insurance, the lower the cost. The rate is based on your age at the time of purchase. If you change employers or retire, you can still keep your coverage at affordable group rates.

PLAN HIGHLIGHTS

Who Can Apply?

- Associates Executive, Senior Management and Full-time Corporate Office Associates
- Family Members Spouses, domestic partner, adult children, siblings, parents (in-law) and grandparents (in-law) ages 18 to 80 may apply with medical underwriting.

Guarantee Issue — Effective Dates

Active Associates — may enroll on a Guarantee Issue basis during the enrollment period.

Newly Hired Associates — once eligible for this plan, will have 31 days to sign up for Guarantee Issue coverage. Please check with your employer for your effective date.

Medical Underwriting — Effective Dates

Associates — Your employer funded basic plan, as well as additional benefit amounts of up to and including \$6,000 and a Facility Benefit Duration of 2 or 6 years, is being offered on a Guarantee Issue basis. This does not require completion of the Medical Questionnaire if you apply during your initial eligibility period. The Medical Questionnaire is required if enrolling after your initial eligibility period or if you choose to buy \$7,000, \$8,000, \$9,000 or the Lifetime Duration coverage.

Eligible Family Members— must complete a medical questionnaire, and in some instances, a face-to-face assessment may be required.

The effective date for all those needing medical underwriting will vary based on the date of approval into the plan.

Levels of Care

Long Term Care Facility: is a Nursing Facility, Assisted Living Facility, hospice, rehabilitation, Alzheimer's or residential care facility, licensed as appropriate. A Long Term Care Facility benefit is payable for skilled intermediate or custodial care.

Professional Home and Community Care: includes nursing care, therapist, homemaker services, and any other services provided by/through a licensed Home Health Care Agency. Or care by a Licensed Home Health Care Professional (licensed therapist, RN, LPN, LVN); or care provided by a family member who is a regular Associate of the Licensed Home Health Care Agency or Adult Day Care Facility.

Total Choice Home Care: includes nursing care, therapist, homemaker services provided by professionals and non-professionals including family members and friends.

International Benefits: will pay 75% of the home care benefit amount up to the lesser of the lifetime maximum benefit or 72 months regardless of who provides the care or where the care is provided.

Benefit Increase: 5% Simple, your monthly benefit amount will increase each year by 5% of the original LTC Facility Monthly Benefit. Your pool of benefit dollars will also increase by 5%.

Non-forfeiture 3 Year Shortened Benefit Period: if your coverage ends after it has been in force for three full consecutive years, you will be eligible for a non-forfeiture benefit. This provision will provide a benefit credit equal to the total premium paid, minus any claims paid, but not less than one month of benefits.

- The national average cost of a private room in a nursing home is about \$70,000 a year¹. In some regions, it can cost twice that amount.
- The average hourly rate for a home health aide is \$25. Based on this rate, four hours of home health aide services daily would total about \$35,500 a year².
- The average base rate for a private room in assisted living care is about \$33,300 a year³.

Elimination Period: your plan's elimination period of 90 days is the amount of time you must wait before benefits become payable. This time period can be accumulated over a period of 730 days and need to be satisfied only once during the life of your plan.

Benefits are paid at 1/30th of the monthly benefit amount for each day care or services are received.

CHOOSING YOUR PLAN

When considering the plan that is the best for you, ask yourself these questions:

- Where do I want to receive care?
- How much money do I want for care?
- How long do I want the care to last?

Employer paid plan for the Associate	
Level of Care:	Long Term Care Facility and 100% Professional Home & Community Care
Monthly Benefit:	\$1,000 Long Term Care Facility/ 100% Professional Home & Community Care
Benefit Duration:	2 Years Long Term Care Facility/ 100% Professional Home & Community Care
Non Forfeiture:	3 Year Shortened Benefit Period

^{1 2 3}Georgetown University, Long Term Care Financing Project, "National Spending for Long Term Care Fact Sheet," January 2007. The base rate usually covers the room, meals, housekeeping, laundry, and personal assistance with activities of daily living; a person may pay more for additional services such as therapies or medications.

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AVAILABLE OPTIONS FOR YOU AND YOUR ELIGIBLE FAMILY MEMBERS:

Long Term Care Facility (LTC Facility)

Monthly Benefit Amount: \$1,000 to \$9,000

Assisted Living Facility Benefit Percent:

100% of the LTC Facility Monthly Benefit Amount

Professional Home and Community Care Percent:

Based on 100% of the LTC Facility Monthly Benefit Amount

Total Choice Home Care Benefit Percent:

50% of the LTC Facility Monthly Benefit Amount

3 Year Shortened Benefit Period Non-forfeiture:

Inflation Protection:

5% Simple Benefit Increase

Long Term Care Facility Benefit Duration:

2 Years, 6 Years or Lifetime Duration

Elimination Period:

90 days

WHAT'S THE COST?

Your individual cost for insurance will depend on your age, the plan and the options you choose. Here are some representative costs for your employer paid plan of \$1,000 Long Term Care Facility Monthly Benefit Amount, 100% Professional Home and Community Care, 3 Year Shortened Benefit Period, 90 day Elimination Period and a Benefit Duration of 2 years.

Monthly Premium Based On:		
Age	\$1,000 Employer Paid Plan	
	for Associates	
35	\$ 3.40	
40	\$ 4.10	
45	\$ 5.60	
50	\$ 7.50	
55	\$ 11.00	
60	\$ 15.50	
65	\$ 26.70	
70	\$ 40.80	

You can see that the younger you are when you purchase the insurance, the lower the cost. Rates will not go up because you grow older.

LIMITATIONS & EXCLUSIONS

There are some instances when we will not pay a benefit for a Chronic Illness caused by war or act of war, whether declared or undeclared; intentional self-inflicted injuries or attempted suicide, while sane; commissions of a crime or attempting to commit a crime under law; treatment for alcohol or drug detoxification or alcohol or drug rehabilitation; any period of time you are confined in a hospital.

For more information or to enroll, please contact your human resources department for an enrollment kit or visit your enrollment website at www.BenchmarkLTCenroll.com.

WHY CHOOSE UNUM FOR YOUR LONG TERM CARE COVERAGE?

The Unum brand represents the resources of several insuring companies including Unum Life Insurance Company of America. Combined, they have more than a century of insurance experience. Marketing under the Unum brand, these companies provide a wide range of Long Term Care Insurance solutions designed to help preserve the assets of individuals and groups from the financial effects of illness and injury. According to Long Term Care Insurance Sales and In force Annual Reports published by the Life Insurance Marketing Research Association (LIMRA), Unum consistently ranks among the nations top providers of Long Term Care Insurance.

You are eligible for Long Term Care benefits when a Licensed Health Care Practitioner certifies that you have lost the ability to perform at least two of six Activities of Daily Living (ADLs) for a period expected to last at least 90 days, or you suffer severe cognitive impairment (like Alzheimer's Disease), after your effective date of coverage. Care must be provided pursuant to a plan of care prescribed by a Licensed Health Care Practitioner.

The ADLs are bathing, dressing, toileting, transferring, continence and eating.

ADDITIONAL THINGS YOU SHOULD KNOW

You have 30 days to review your certificate after it is delivered to you. During that time, if you are not completely satisfied, simply return the certificate, along with a written request for withdrawal, to your Plan Administrator and we will refund all premium paid for your coverage.

There is a 31 day grace period after the premium due date. If premium is not paid within this time notification will be given to your third party designee who will have 30 days to pay the premium after which time coverage will terminate.

As long as you pay your premiums on time, your coverage can never be canceled. We reserve the right to change premiums for this policy. To do so, we must change premiums for all similar policies issued in your state on this policy form.

This policy is intended to be a qualified Long Term Care Insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986.

This policy is not intended to be a complete description of the Long Term Care policy and some coverage options may not be available in all states. For a complete description, refer to policy forms GLTC04 or RGLTC04 or contact your Unum representative.

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