Move confidently into the future

MEMBERS® Long-Term Care Insurance
MEMBERS Care Choice Plan is a comprehensive long-term care insurance policy that reimburses you for qualified care at your home or at a care facility. The plan offers tremendous flexibility in personalizing a long-term care plan to help you preserve your independence in retirement.

**Preserve your independence**

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**Backed by the financial strength of a trusted business partner.**

Your MEMBERS® Long-Term Care Insurance is underwritten and guaranteed by CUNA Mutual Insurance Society (CMIS), and backed by its financial strength and claims-paying ability. The company is a leading provider of financial services to financial institutions and their valued customers worldwide. With more than 70 years of market commitment, the CMIS vision is unwavering: to deliver excellent service, market-driven innovation and best-in-class products as a trusted business partner. CMIS, a Fortune 1000 company, reported assets of $12.2 billion, liabilities of $11.2 billion and a policyowner surplus of $1.0 billion as of December 31, 2007.

The company’s positive performance is reflected in current ratings of AA- (Very Strong), fourth-highest rating out of 24, for claims-paying ability by Fitch Ratings as of February 25, 2008; and A (Excellent), third-highest rating out of 16, by A.M. Best for financial stability and operating performance as of January 30, 2008. Ratings refer to the company’s overall financial strength; they are not a recommendation of specific contract provisions, rates or practices.
Home and community care

You may prefer to stay in your own home and community while you receive long-term care. The MEMBERS Care Choice Plan is designed to make it possible. Your base policy pays benefits for:

- Home care
- Home health care
- Adult day care
- Out-patient hospice care
- Respite care
- Substitute services

To help you manage costs, some care can be provided by non-agency, non-licensed care providers.

Homemaker services

When you become eligible for benefits, your policy helps cover housekeeping and home services if you are unable to perform them yourself. These include meal preparation, laundry, light housekeeping, shopping for necessities and transportation to essential services, such as doctor appointments. A non-certified provider can perform these services.

Stay at home benefits

We’ll pay for certain costs to help allow you to stay at home. These include:

- Training for an unpaid caregiver, such as a relative or friend, to help care for you
- Durable medical equipment
- Home modification, such as a ramp or stair lift, assistive devices or technology
- Emergency response system¹

Facility care

If you choose to receive care away from home, your base policy provides benefits for:

- Nursing facilities. Living at a skilled care facility with skilled nursing care around the clock for medical, physical or cognitive impairment, including Alzheimer’s disease.
- Assisted living facilities². Apartment-like living, with full-time staff to cook meals, clean and help with other daily tasks.
- Hospice care facilities. Hospice care involves a coordinated team of medical and support professionals and services for both you and your family.

¹ Emergency response system benefit not available in Massachusetts.
² Residential living facilities in Maryland.
Care coordination

The advantage of this benefit is that you receive the knowledge and training of an experienced care coordinator. This individual is responsible for ensuring that you receive quality care. He or she will:

- Work with you, your family and your physician to evaluate your situation and prepare a plan of care
- Coordinate care services
- Provide information about available care services
- Periodically review and update your plan of care

You may use one of our trained, experienced care coordinators. Or you may select your own licensed health care practitioner, such as a registered nurse or doctor, to coordinate your care.

Qualifying for benefits

You are eligible for benefits when you are unable to perform two or more of the following activities of daily living and are expected to need assistance for 90 days or more:

- Bathing
- Eating
- Dressing
- Continence
- Toileting
- Transferring or moving from place to place

You also qualify for benefits if you have a severe cognitive impairment, such as Alzheimer’s disease.
Policy benefits

10-year rate guarantee
We guarantee that your premiums will not change for any reason for the first 10 policy years.1

Guaranteed renewable coverage
Once you become insured, we guarantee that your coverage cannot be canceled except for non-payment of premiums.

Waiver of premiums
Once you have satisfied your elimination period, your premiums will be waived as long as you are receiving benefits. In addition, if your spouse or partner2 has the same policy,3 we will waive the premiums for their policy too. Not available for a partner in ID, LA and KS.

Future purchase option
Given the uncertainty of future costs, you have the opportunity to purchase additional coverage regardless of your health. You have the option to increase coverage by 10% at ages 55 and 70, and by 15% at ages 60 and 65, as long as you are not receiving qualified long-term care at the time. This choice is not available if you select the limited payment option or are over age 70 on your policy effective date.

Worldwide coverage
Travel with confidence. Your coverage applies to qualified care expenses you incur outside of the United States. The lifetime maximum for this benefit is equal to 365 days.

Healthy lifestyle discount
Based on your age and health status, you may be eligible to receive a discount on your annual premiums. A preferred discount of 10% is available to those age 74 and younger based on your health. A Healthy lifestyle discount of 15% is available to those under age 65 based on a review of your regular activity and medical records.

Spouse/partner discount
If you and your spouse or partner are both issued a policy, you each save 35% of the premium (15% discount if only one of you is issued a policy).4

Limited payment option
Choose to pay up your policy at age 65 or 10 years after issue, whichever comes later. At the end of the limited pay period, your policy will be paid up and you will not be required to make any additional premium payments.5

Potential tax advantages
You may be able to deduct a portion of your premiums, and insurance benefits are not considered taxable income. Always consult with your tax advisor regarding your personal situation.

1 Rate guarantee first year only in FL and WI; three years in GA and TN. No guarantee in CT.

2 Spouse/partner is defined in most states as: a. the person to whom you are legally married; or b. any civil union partner, domestic partner, reciprocal beneficiary or other term defined by law for your state of residence to mean a person with equal rights to that of a spouse; or c. the person with whom you have had a committed relationship for at least five years. Committed relationship means you both lived in the same dwelling unit and have shared the living expenses. A parent-child relationship does not qualify.

3 You and your spouse or partner are covered under policies with us that have the same form number and are issued within one year of each other.

4 The spouse/partner discount is referred to as a household discount in KS. The spouse/partner discount is 30% in NJ if one or two policies are issued. Partner discount not available in SD and LA.

5 Not available in FL, TX and WA. Not available with lifetime benefits in TN.

All of the above features and benefits may vary based on your state availability. For more details, refer to your Outline of Coverage.
Purchase additional benefits

Protect against inflation
The 3% Lifetime Compound Inflation Protection Rider increases your maximum monthly benefit amount by 3% annually, thereby increasing your “pool of money” for the duration of the policy. Not available in PA or WI.

The 5% Inflation Protection Rider provides a choice of Compounding or Simple increases to your monthly benefits on an annual basis. Increases will also be made to your “pool of money” for the duration of your policy based on the option you select. The 5% Simple option is not available in WI.

Share benefits with your spouse/partner
The Shared Extended Expense Rider provides a third “pool of money” that either spouse/partner can use to pay for care if either exhausts their initial “pool.” Both policies must have the same maximum monthly benefit amount, benefit period and inflation rider, if any. Not available for a partner in ID, LA and KS.

Increase your stay at home benefits
The Living At Home Rider provides additional funds equal to 5/3 times the home and community care maximum monthly benefit. These funds can be used for:

- Caregiver training
- Durable medical equipment
- Home and vehicle modifications
- Emergency response
- Assistive devices or technology

1 Policy must be in force 5 years in MD, two years in NM.

Receive home care benefits sooner
The Home and Community Care 10-Day Elimination Period Rider reduces your elimination period to only 10 days for home and community care.

Days that benefits are paid due to this rider count toward the facility benefit elimination period.

Choose to have your premiums refunded at death
Upon your death, the Refund of Premium At Death Rider pays your estate an amount equal to the total of premiums paid, less claims incurred. Choose this benefit through age 75 or for your entire lifetime. Not available in PA or WA.

Waive your premiums upon the death of your spouse/partner
The Spouse/Partner Waiver of Premium At Death Rider waives the premium on your policy for the rest of your life if your spouse/partner dies after 10 years. Both parties must purchase the rider to receive this benefit. Not available for a partner in ID, LA and KS.

Protect against missed premiums
The Nonforfeiture Benefit Rider provides a reduced paid-up benefit at lapse after the policy has been in force at least 3 consecutive years.1

Protect against depleted benefits
The Restoration of Maximum Benefits Rider refills your “pool of money” if it is partially depleted by a period of care. The rider requires a 180-day, treatment-free interval after a period of care is completed before your maximum benefit is restored.

All of the above features and benefits may vary based on your state availability. For more details, refer to your Outline of Coverage.
**Comprehensive policy benefits**

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¹ One year not allowed in AZ, CT, GA, KY, MD, MA, NH, NV, OR, SD.  
² 180-day elimination not available in CT, GA, KS, SD, VT.  
³ 0% home care not available in CT, HI, MA, MN, OR, PA, TX. 100% home care is automatically included in RI.

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*All of the above features and benefits may vary based on your state availability. For more details, refer to your Outline of Coverage.*
Exclusions

Benefit payments will not be made for expenses incurred for any of the following:

1. Alcoholism and drug addiction.
2. Illness, treatment or medical condition arising out of:
   a. war or act of war (whether declared or undeclared)*;
   b. participation in a felony, riot or insurrection;
   c. service in the armed forces or units auxiliary thereto; or
   d. suicide (sane or insane), attempted suicide or intentionally self-inflicted injury.
3. Treatment provided in a government facility (unless otherwise required by law).
4. Confinement in a hospital, except a nursing facility or hospice that is a distinct part of the hospital.
5. Services for which no charge is normally made in the absence of insurance.

We will not pay benefits for expenses incurred that are reimbursable under any of the following:

a. Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount;
   b. a governmental program (except Medicaid);
   c. any state or federal workers’ compensation, employer’s liability or occupational disease law; or
   d. any motor vehicle no-fault law.

These exclusions may not apply in all states and may vary depending on the state in which you live at the time of policy issue. The policy you receive once you are insured will contain the exact exclusions for your state. If you move to another state, the state guidelines where the policy was originally issued will apply. *In Oklahoma – a. war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.