

# Asset Care<sup>®</sup>

**Prepared for:**

Male Age 45

**Presented by:**

Long Term Care Brokers

**Contact Information:**

9 N 9th St., Ste 705, Phila, PA 19107

(866) 582-2765

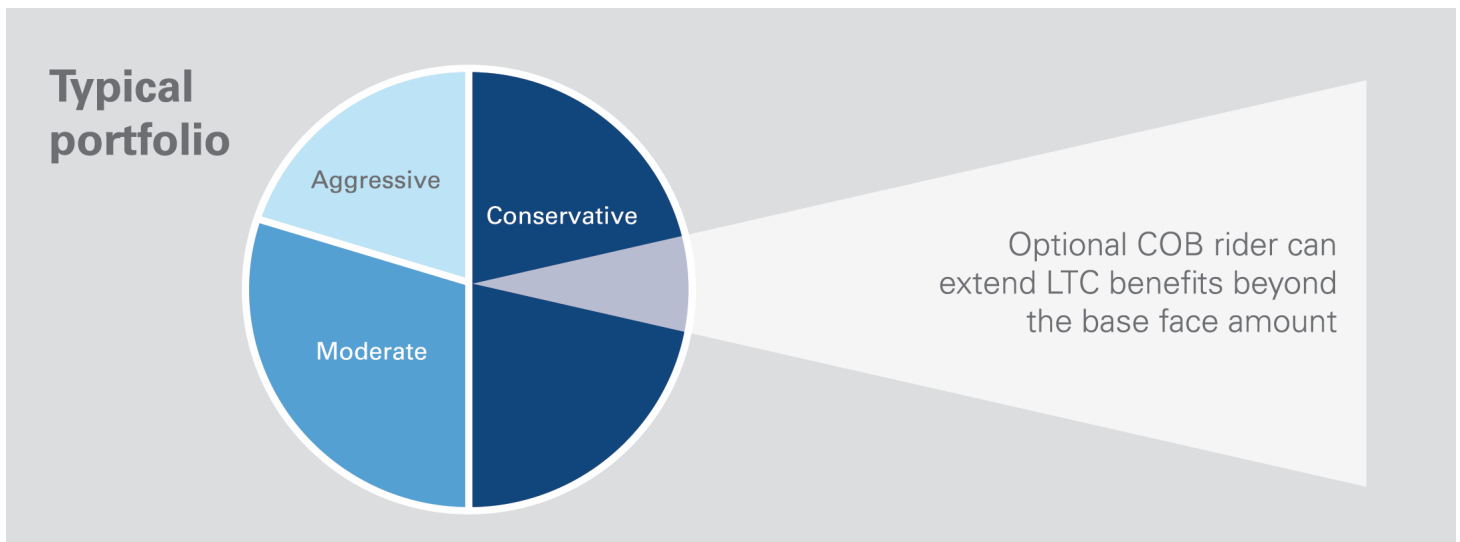
December 30, 2022

<b>NOT A DEPOSIT</b>	<b>NOT FDIC OR NCUA INSURED</b>	<b>NOT BANK OR CREDIT UNION GUARANTEED</b>	<b>NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY</b>	<b>MAY GO DOWN IN VALUE</b>
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*Products and financial services provided by  
THE STATE LIFE INSURANCE COMPANY<sup>®</sup> | a ONEAMERICA<sup>®</sup> company  
One American Square, P.O. Box 406 | Indianapolis, IN 46206-0406*

The contact listed is not an affiliate of the companies of OneAmerica.

# How does Asset Care work?



## More than just nursing home care

Long-term care (LTC) is intended to provide support to those who need assistance due to severe cognitive impairment, or help completing Activities of Daily Living (ADLs) like eating or bathing. Our LTC solutions can help you pay for almost any level of care, ranging from local care during the day to more specialized support:

- Home health care
- Assisted living
- Nursing home
- Adult day care
- Hospice

**Note:** Benefits will be paid monthly up to the monthly benefit limit based on the actual number of days the insured is confined or receiving qualified long-term care services.

## Benefits beyond traditional LTC

This suite of whole life-based products can help you retain your independence, preserve your dignity and leave a legacy for your loved ones by offering:

- Tax-free LTC benefits
- A death benefit
- The option to have your premium returned

## Benefit triggers\*



You cannot perform at least two of six Activities of Daily Living (ADLs), which include bathing, maintaining continence, dressing yourself, eating/feeding yourself, toileting (including getting on and off a toilet) and transferring (for example, from a bed to a chair).



You require care as a result of a severe cognitive impairment (such as Alzheimer's disease).

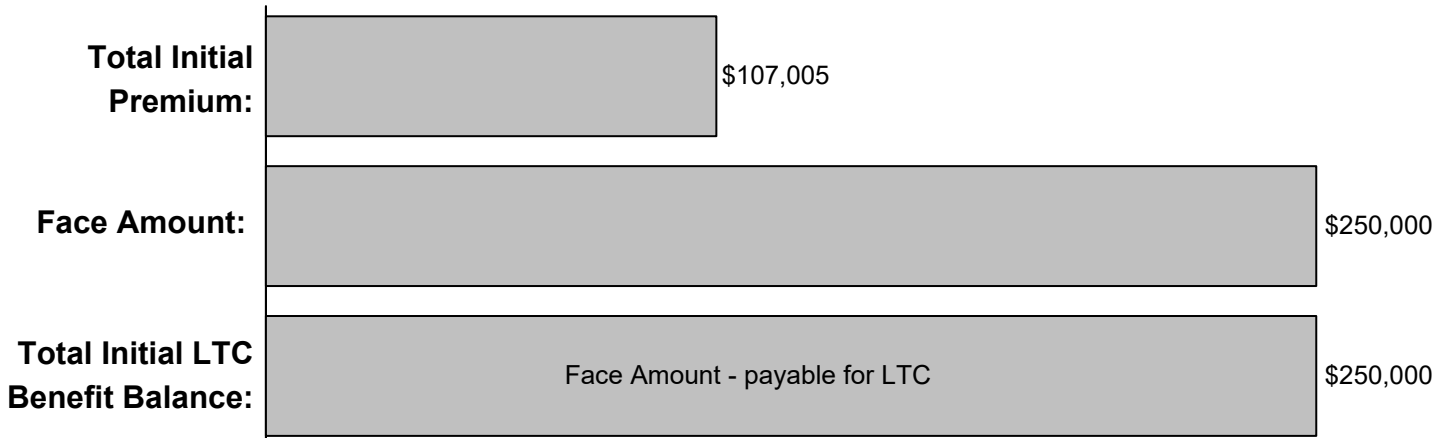
\*To be eligible for benefits, the insured must be a chronically ill individual with qualified long-term care services provided pursuant to a plan of care prescribed by a licensed health care practitioner.

## Elimination Period

90 days is the elimination period to access LTC benefits once you have a benefit trigger. However, Home Health Care is available after 0 days.

**Note:** Not all features and benefits of the policy are shown here. For additional details of all features and benefits, please see the policy.

**State:** PA  
**Prepared for:** Male Age 45  
 Male, 45  
 Class: Non-Tobacco



**Initial LTC Benefit Limit, Per Individual:** \$5,000 Monthly  
 \$60,000 Annually

### Premiums:

Single Pay Life Premium - \$104,518  
 Single Pay LTC Premium - \$2,488  
 ROP Premium\*\*\* - \$107,005  
 Total Initial Premium - \$107,005

### Features and Benefits:

Benefit Period - 50 Months AOB<sup>1</sup>  
 Inflation Option - 0% AOB<sup>1</sup>  
 Inflation Duration - N/A  
 Guaranteed Return of Premium  
 Guaranteed Cash Value

\*\*\*The amount of premium eligible for return of premium

<sup>1</sup> Acceleration of Benefits

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End of Policy Year	Total Annual Premium	Cash Surrender Value	Death Benefit*	Total LTC Balance	AOB Monthly Benefit Limit
1	\$107,005.00	\$107,005	\$381,228	\$250,000	\$5,000
2	\$0.00	\$107,005	\$369,255	\$250,000	\$5,000
3	\$0.00	\$107,005	\$357,640	\$250,000	\$5,000
4	\$0.00	\$107,005	\$346,390	\$250,000	\$5,000
5	\$0.00	\$107,005	\$335,493	\$250,000	\$5,000
6	\$0.00	\$107,005	\$324,955	\$250,000	\$5,000
7	\$0.00	\$107,005	\$314,798	\$250,000	\$5,000
8	\$0.00	\$107,005	\$305,025	\$250,000	\$5,000
9	\$0.00	\$107,005	\$295,620	\$250,000	\$5,000
10	\$0.00	\$107,005	\$286,558	\$250,000	\$5,000
11	\$0.00	\$107,005	\$277,813	\$250,000	\$5,000
12	\$0.00	\$107,005	\$269,353	\$250,000	\$5,000
13	\$0.00	\$107,005	\$261,170	\$250,000	\$5,000
14	\$0.00	\$107,005	\$253,253	\$250,000	\$5,000
15	\$0.00	\$107,005	\$250,000	\$250,000	\$5,000
20	\$0.00	\$123,485	\$250,000	\$250,000	\$5,000
25	\$0.00	\$142,080	\$250,000	\$250,000	\$5,000
30	\$0.00	\$161,555	\$250,000	\$250,000	\$5,000
35	\$0.00	\$180,753	\$250,000	\$250,000	\$5,000
40	\$0.00	\$198,570	\$250,000	\$250,000	\$5,000
45	\$0.00	\$212,545	\$250,000	\$250,000	\$5,000
50	\$0.00	\$221,468	\$250,000	\$250,000	\$5,000
55	\$0.00	\$228,033	\$250,000	\$250,000	\$5,000
60	\$0.00	\$232,128	\$250,000	\$250,000	\$5,000
65	\$0.00	\$235,675	\$250,000	\$250,000	\$5,000
70	\$0.00	\$238,615	\$250,000	\$250,000	\$5,000
75	\$0.00	\$240,965	\$250,000	\$250,000	\$5,000
76	\$0.00	\$250,000	\$250,000	\$250,000	\$5,000

Table assumes policy and rider remain in force and values have not been decreased by any loan balance or withdrawals made through a given year.

\*The Death Benefit in some early years of the policy may be higher than the Face Amount to reflect IRS regulatory requirements.

\*This illustration reflects life premiums that are paid directly from the policyholder in years 1 through 0.

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### Long-Term Care (LTC) and Inflation Protection Rider (IPR) Options

AOB Duration	AOB IPR	COB Duration	COB IPR	Total Initial Premium (No Inflation)	Total Initial Premium (20 Year IPR)	Total Initial Premium (Lifetime IPR)	
50 Months	None	No COB	No COB	\$107,005	N/A	N/A	
		50 Months	None	\$109,308	N/A	N/A	
			3%	N/A	\$111,383	\$115,195	
			5%	N/A	\$113,218	\$125,720	
	3%	No COB	No COB	N/A	\$118,573	\$141,270	
		50 Months	3%	N/A	\$122,950	\$149,460	
		5%	No COB	No COB	N/A	\$130,755	\$202,943
			50 Months	5%	N/A	\$136,968	\$221,658

The values shown in this table represent LTC premium options and include life premium.

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Policy Number:	N/A	Acceleration of Benefits Duration:	<b>50 Months</b>
Product Funding Option:	<b>Single Premium Cash</b>	AOB Inflation:	<b>None</b>
Payment Period:	<b>Single Pay</b>	Continuation of Benefits:	<b>No</b>
Return of Premium:	<b>Yes</b>	COB Duration:	<b>N/A</b>
Tax Qualification:	<b>N/A</b>	COB Payment Option:	<b>N/A</b>
Input Method:	<b>Initial Monthly LTC Benefit</b>	COB Inflation:	<b>N/A</b>
Premium Amount:	<b>N/A</b>	Include COB Rider in Premium:	<b>N/A</b>
Face Amount:	<b>\$250,000.00</b>	Inflation Protection Duration:	<b>N/A</b>
Monthly LTC Benefit:	<b>\$5,000.00</b>	Premium Drop-In Rider:	<b>N/A</b>
Annuity Premium Amount:	<b>N/A</b>	Total Premium Drop-In Amount:	<b>N/A</b>
Life Premium Amount:	<b>N/A</b>	Nonforfeiture Rider:	<b>No</b>
Policyholder pays Life premium directly:	<b>N/A</b>	Quote Date:	<b>12/31/2022</b>
Starting year 1 through year:	<b>N/A</b>		

### Client Disclosures:

• OneAmerica® is the marketing name for companies of OneAmerica. Products issued and underwritten by **The State Life Insurance Company® (State Life), Indianapolis, IN**, a OneAmerica® company that offers the Care Solutions product suite. Asset Care form numbers: ICC18 L302 SP, ICC18 R537, ICC18 R538, ICC18 R531. • Asset Care is a whole life insurance or whole life and annuity combination that allows access to 100% of the life policy death benefit for qualifying LTC expenses (paid monthly). • Asset Care is issued and medically underwritten by State Life. Asset Care may require a medical exam depending upon age and face amount. • All guarantees are subject to the claims-paying ability of State Life. Premiums are not guaranteed until the policy is issued. • This is a non-cancellable policy. • Provided content is for overview and informational purposes only and is not intended as and should not be relied upon as individualized tax, legal, fiduciary, or investment advice. • The rates shown for Asset Care are based on several factors including health factors of the proposed insured and optional riders chosen. Quoted rates may vary based on changes in the proposed insured's health status. • A minimum premium amount is required. Care Solutions premiums may be funded with a single premium or, depending on the funding option, paid annually, semi-annually, quarterly, or monthly. There are charges for all modes except annual. • Some optional riders, such as the Continuation of Benefits (COB) Rider for Long-Term Care, are available with this product for additional premium. • Not all ages and/or options are available on this quote. • For additional options, please see your policy or financial services professional. • Exclusions are as follows: A) Care or services: 1. provided by an immediate family member or partner of an insured or owner or for which no charge is normally made in the absence of insurance, unless: (a) Family member is a regular employee of the service or care provider furnishing the service or care; (b) The service or care provider receives the payment for the service or care; and (c) Family member receives no compensation other than the normal compensation for an employee in his or her job category. 2. for which no charge is made in the absence of insurance. 3. That result from an attempt at suicide (while sane or insane) or an intentionally self-inflicted injury 4. Is provided outside of the United States, its territories, and Canada except as specified in the International Facility Benefit provision. (The Continuation of Benefits Rider does not include an International Facility Benefit provision). B) Treatment provided in a governmental facility (unless we are otherwise required by law to pay the benefit); C) Participation in a felony, riot or insurrection or involvement in an illegal occupation; D) Services or supplies for which benefits are available under Medicare or other governmental program (except Medicaid), any State or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; E) Services received while Rider is not in force except as provided in the Extension of Benefits provision. • A pre-existing condition means a condition for which medical treatment was recommended by, or received from, a provider of health care services within six (6) months preceding the issue date. We will not reduce or deny any Claim under this Rider because of a Pre-Existing Condition disclosed on the application. Any loss occurring within six (6) months after the Issue Date with respect to a Pre-Existing Condition not disclosed on the application will not be covered. • The total period of time for making a late payment is 65 days. • The Acceleration of Benefits and Continuation of Benefits Riders are intended to be federally tax-qualified as defined by the Internal Revenue Code of 1986, §7702B(b).

AOB: Acceleration of Benefits Rider  
COB: Continuation of Benefits Rider  
IPR: Inflation Protection Rider

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### A Breakdown of Values - And Potential Tax Deductions

Total Initial Premium Amount:	\$107,005.00
<b>Single Pay Premium:</b>	<b>\$107,005.00</b>
Life Premium:	\$104,517.50
AOB Premium*:	\$2,487.50

Amount to Underwrite: \$145,482.50

*If the Amount to Underwrite is greater than \$500,000, full underwriting (which may involve a paramedical exam, labs, or additional APS/medical records) is required.*

\*These amounts may be tax-deductible according to IRS guidelines. Please consult a tax professional for additional information and advice.

### Administration - Understanding Rounding

With being able to quote different input methods, we sometimes have small differences that occur between what is requested & what is administered. The administration system feeds the values in your policy pages-but some of the values may differ slightly from how you first ran a quote. This is because our system calculates whole dollars of Face Amount.

An example (costs vary):	• \$255,452 Face Amount	(Premium: \$149,998.86 - \$149,999.45)
	• \$255,453 Face Amount	(Premium: \$149,999.46 - \$150,000.02)
	• \$255,454 Face Amount	(Premium: \$150,000.03 - \$150,000.62)

If we receive **\$150,000.00** in premium, you can see from above that this will purchase **\$255,453** of Face Amount. Your client would receive the same benefits for **\$149,999.46** in premium. If a policyholder wants to make sure, to the cent, that they are paying the minimum premium for the benefits they are receiving, this value can be found on the Ledger page of the quote or in the Breakdown of Values section above and that exact amount can be sent to us. Otherwise, the small difference in premium (in this example, **\$0.54**) is not refunded.

### APPLICATION INFORMATION

The following values should be used to complete fields in **Section 6** of the application.

**Item 1-Face Amount:** \$250,000

**Item 2-Product/Funding Selection:** Single Premium with Return of Premium

**Item 5-Inflation Protection:** Signature of owner(s) required for rejection of COB 5% Inflation Option

**Item 8-Total Premium:** \$107,005.00