



Home Office: Madison, WI

Long Term Care Administrative Office: LifeCare Assurance Company; PO Box 4243, Woodland Hills, CA 91365-4243
888.505.2332 • Fax 818.887.4595 • www.ngl-essentialtc.com

SHARED BENEFIT AMOUNT RIDER

READ THIS RIDER CAREFULLY. It is a part of a legal contract between You and Us.

This rider is part of the Policy. The Effective Date for this rider is shown on the Policy Schedule of the attached Policy. It is issued in consideration of Your application and premium paid by You for this rider. All definitions, provisions, Limitations and Exclusions of the Policy apply to this rider unless changed by this rider.

All references below to benefits shown on the Policy Schedule will include any benefit increases due to an inflation protection rider, if attached to Your Policy.

Shared Benefit Amount

In the event either or both of You exhaust Your Benefit Amount under the Policy and You otherwise satisfy the Payment of Benefits provision, a joint Shared Benefit Amount will become accessible to You. The Shared Benefit Amount will be equal to the Benefit Amount shown on the Policy Schedule and will be payable for covered Qualified Long Term Care Services You receive. This Shared Benefit Amount may be accessed by either or both insureds while there is a remaining Shared Benefit Amount available.

Payment will be the actual daily Facility Care Services or Home and Community Care Services charges You incur, up to the Daily Benefit shown on the Policy Schedule. We will subtract benefits We pay from the Shared Benefit Amount.

Termination

This rider will terminate when the Policy is continued under the provisions of any nonforfeiture benefit.

This rider will terminate on the date We receive the request from You (both insureds under joint coverage) at Our Long Term Care Administrative Office to cancel this rider or Your Policy (or a later date specified by You in the cancellation request).

Subject to the additional terms as described in the Policy Termination provision of the Policy, Your coverage will end on the date the total of all benefits payable under the Shared Benefit Amount shown on the Policy Schedule have been paid to You. If only one of You has exhausted the Shared Benefit Amount and the other insured has a remaining Benefit Amount payable under the Policy, coverage will continue for that insured. Once benefits are exhausted, the premium for the rider will no longer be charged.

If one of You dies, any benefits remaining under the Shared Benefit Amount will be payable to the remaining insured, should the remaining insured be eligible for benefits, subject to the conditions outlined above.

Your Right to Examine Rider

If You are not satisfied with this rider, You may return it to Us at Our Long Term Care Administrative Office or any authorized agent or agency within 30 days from the date You receive it. We will then refund any premium You have paid for this rider within 30 days of Our receipt of the returned rider. The refund will be sent directly to the payer, and this rider will be considered never to have been in effect.

Executed for the Company at its Home Office in Madison, WI.


President


Secretary