



*Penn Treaty  
Network America  
Insurance Company<sup>SM</sup>*

*Offering  
Protection  
To  
Individuals  
With  
Substandard  
Health  
Conditions*

# *Secured Risk Nursing Facility<sup>SM</sup> Policy*

*A Tax - Qualified Policy*

# Who Qualifies For This Policy

*43% of all seniors over age 65 will spend some time in a nursing facility.<sup>1</sup>  
7 out of 10 couples reaching age 65 can expect at least one partner to be  
confined to a nursing facility.<sup>2</sup>*

1. New England Journal of Medicine, 2/2/91 2. Wall Street Journal, 4/23/90

Nursing facility insurance is available to provide the coverage you need, protecting you against the potential financially devastating cost of entering a nursing facility. Unfortunately, in the past, people with certain medical conditions may have found it difficult to purchase insurance protection against these costs. If you thought it would be difficult to obtain nursing facility coverage because of your health, you may qualify for this Secured Risk Nursing Facility<sup>SM</sup> Policy. This policy will provide coverage for care in a nursing facility.

## Basic Policy Features

- ☑ Pays up to 100% of the Maximum Daily Benefit for Assisted Living and Personal Care Facilities, as well as Skilled Nursing Care Facilities, Intermediate and Custodial Care.
- ☑ \$50 or \$70 Per Day.
- ☑ 1 or 2 Year Benefit Period.
- ☑ Pre-Existing Conditions Covered after Six Months.
- ☑ No Prior Hospitalization is Required.
- ☑ Guaranteed Renewable for Life.
- ☑ Premiums Do Not Increase with Age.
- ☑ 120 Day Elimination Period.
- ☑ 10% Marital Discount.



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# *Additional Optional Benefits To Choose*

## **Lifetime Inflation Benefit Rider**

This rider provides for an increase of the selected Maximum Daily Benefit Amount by 5%, compounded annually, on each anniversary date for the lifetime of the policy.

## **Nonforfeiture Benefit Rider**

**If this policy lapses** because you discontinue paying the premium, you will be entitled to keep a portion of the coverage offered by the policy even after it lapses. This reduced paid-up coverage shall remain valid and in force for as long as you shall live. This policy must be in force for a minimum of 3 years before this benefit is available. Thereafter, the benefits will increase with each additional year the policy is renewed.

## *Qualifying For Benefits*

A Licensed Health Care Practitioner Certifies that you are Chronically Ill, which is defined as: being unable to perform *two out of six* "Activities of Daily Living" (bathing, dressing, eating, toileting, transferring, continence) without substantial assistance from another individual for a period of at least 90 days,

*OR*



Requiring substantial supervision due to Severe Cognitive Impairment.

## TAX-QUALIFICATIONS

If your medical expenses, including your Long Term Care premiums, exceed 7.5% of your adjusted gross income, you may claim the premiums as tax deductions.\* The maximum eligible amount of tax deductible premium is:

<u>Age at end of Taxable Year 2001</u>	<u>Maximum Eligible Amount for 2001</u>
40 or Less	\$230
41-50	\$430
51-60	\$860
61-70	\$2,290
71 & Over	\$2,860

**These amounts are to be adjusted annually to reflect changes in the medical care component of the Consumer Price Index.**

**\*Subject to limitations, consult with your tax advisor for further information.**

## REGIONAL OFFICES

Home Office:  
3440 Lehigh Street  
Allentown, PA 18103  
(800) 362-0700

California Regional Office:  
2291 W. March Lane  
Suite D 205  
Stockton, CA 95207  
(800) 367-1987

*This brochure is an illustration, not a contract.  
Consult your Outline of Coverage for a complete description of benefits and riders available to you.*

[www.penn treaty.com](http://www.penn treaty.com)

## RECEIPT

Received from \_\_\_\_\_ a payment of \$\_\_\_\_\_ in connection with an application for insurance with Penn Treaty Network America Insurance Company<sup>SM</sup>. This receipt is not valid unless signed by an Agent of the Company and payment, made whether by check, draft or money order and is good and collectible.

**Please make checks payable to: PENN TREATY NETWORK AMERICA INSURANCE COMPANY<sup>SM</sup>  
NOT TO ANY INDIVIDUAL, AGENT OR AGENCY!**

Signature of Agent \_\_\_\_\_

Dated at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_