



National Guardian Life Insurance Company (NGL)
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NGL LTCi

STATE VARIATION LISTING

State	State Variation Details	HonestLTC Availability	Partnership
AK		YES	N/A
AL		YES	YES ²
AR		YES	YES ²
AZ		YES	YES ¹
CA	Only one month's premium may be submitted with application. "Home and Community Based Services" known as "Home Care and Community Based Services." "Assisted Living Facility" known as "Residential Care Facility." Separate policy forms issued for Comprehensive and for Nursing Facility and Residential Care Facility Only insurance.	NO*	NO
CO		NO	YES ²
CT	180 day Elimination Period not available.	NO	NO
DC		NO	N/A
DE		NO	YES ²
FL	Facility Care Services Only coverage and Single Premium Payment option not available. Franchise policies for unisex Employer Group rate class and for 5% Association Group premium discount on gender-specific pricing are both available under separate policy forms. "Waiver of Premium Rider" is called "Home and Community Care Services Waiver of Premium Rider."	NO	YES ²
GA		YES	YES ¹
HI		YES	N/A
IA		YES	YES ²
ID		YES	YES ¹
IL		YES	YES ²
IN		NO	NO
KS		YES	YES ¹
KY		YES	YES ²
LA		YES	YES ¹
MA		YES	N/A
MD		YES	YES ¹
ME	Association Groups not available.	YES	YES ¹
MI		YES	YES ¹
MN		YES	YES ¹

Monthly Modal premium factor is .0875 in all states

*Pre-enhancement EssentialLTC product available for CA.

State	State Variation Details	HonestLTC Availability	Partnership
MO		YES	YES ³
MS		YES	N/A
MT		NO	YES ²
NC		YES	YES ²
ND	The Return of Premium Riders are called Death Benefit Riders.	NO	YES ²
NE		YES	YES ¹
NH		YES	YES ¹
NJ	Single Premium Payment option not available. Shortened Benefit Period Nonforfeiture Rider not available with 10-Year Premium Payment option. Second insured referred to as "Additional Insured" - no references should be made to "joint" coverage.	NO	YES ²
NM		YES	YES ¹
NV		YES	YES ¹
NY	NGL LTCi is not offered for sale in New York.		
OH		YES	YES ²
OK		YES	YES ²
OR		YES	YES ²
PA		YES	YES ¹
RI		YES	YES ³
SC		NO	YES ²
SD	Daily Benefit Amount minimum \$100, 180 day Elimination Period not available.	NO	YES ²
TN		YES	YES ¹
TX		YES	YES ¹
UT		YES	N/A
VA		YES	YES ¹
VT	180-day elimination period not available. The lowest Maximum Monthly Benefit Amount is \$2,400.	YES	N/A
WA		YES	YES ²
WI	The lowest Maximum Monthly Benefits amount is \$1,800.	YES	YES ²
WV		YES	YES ¹
WY		YES	YES ¹

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Partnership Compound Inflation Requirements by Age

¹ Age 75 or younger: an inflation protection option must be selected (1% or greater). Age 76 to 79: no inflation protection required.

² Age 75 or younger: a 3%, 4% or 5% inflation protection option must be selected. Age 76 to 79: no inflation protection required.

³ Age 60 or younger: 3%, 4% or 5% inflation protection must be selected. Age 61 to 75: an inflation protection option must be selected (1% or greater). Age 76 to 79: no inflation protection required.