



KEMPER SENIOR SOLUTIONS

Insurance Benefits Provided by Reserve National Insurance Company

APPLICANT section containing fields for Full Legal Name of Proposed Insured, Gender, Social Security No., Date of Birth, Legal Residence Address, Mailing Address, Phone No., and E-mail.

HOME HEALTH CARE INDEMNITY POLICY

HOME OFFICE USE: Policy Number(s)

UNDERWRITING section with 7 questions regarding insurance history, Medicaid, and physical ability, each with Yes/No checkboxes.

Payment Mode: Annual Monthly (Automated Bank Account Withdrawal)

Table with 2 columns: Policy Description (Base Policy, Base Policy + Extra Benefit Rider, Base Policy + Inflation Benefit Rider, Base Policy + Extra Benefit Rider + Inflation Benefit Rider) and Initial Premium \$.

AGREEMENTS & SIGNATURES

IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto will be the basis for and be a part of any insurance issued...

| | |
|---|--|
| If accepted by the Company, the applicant requests coverage to be effective: <input type="checkbox"/> Date of Application <input type="checkbox"/> Date of Issue <input type="checkbox"/> Other _____ | Policy to be Delivered to: <input type="checkbox"/> Applicant <input type="checkbox"/> Agent |
|---|--|

If eligible for Medicare, I have received a "Guide to Health Insurance for People With Medicare" and the "Important Notice to Persons on Medicare." **Yes** **No**

I have received: Potential Rate Increase Disclosure Form Long-Term Care Insurance Personal Worksheet "A Shopper's Guide to Long-Term Care Insurance" "Things You Should Know Before You Buy Long-Term Care Insurance"

Protection Against Unintentional Lapse: I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of the Home Health Care policy for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. I elect NOT to designate any person to receive such notice.

Name _____ Phone No. ____/____/____
 Mailing Address _____

Street
City
State
Zip

The sum of \$ _____ *, which is the **Annual** **Monthly** initial premium for the policy(ies) applied for, has been **Paid to** **Authorized as a draft on my account by** "Kemper Senior Solutions."
 * This must match the Initial Premium on the front side of this application.

Caution: If your answers on this application are incorrect or untrue, Reserve National Insurance Company may have the right to deny benefits or rescind your policy.

I have reviewed the outline of coverage and the explanation of nonforfeiture benefits and Reject Accept the nonforfeiture option.

I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of this policy, with and without inflation protection. I realize that based on current health care trends, the benefits provided by a long-term care plan which does not have meaningful inflation protection may be significantly diminished in terms of real value to me, depending on the amount of time which elapses between the date I purchase the policy and the date on which I first become eligible to use them. Specifically, I have reviewed the Policy with and without inflation protection, and I Reject Accept inflation protection.

Signed at: _____

City
State
Date: _____

Signature of Proposed Insured _____

Agent: I certify that I asked each question of the applicant personally and the answers have been accurately recorded hereon.

Agents shall list any other health insurance policies and certificates they have sold to the applicant. _____

(a) List policies and certificates sold which are still in force. _____

(b) List policies and certificates sold in the past five (5) years which are no longer in force. _____

Agents shall list any other health insurance policies or certificates the applicant has in force. _____

Signature of Producer
Producer Number
Date

Print Producer Name
Agency Name

BANK DRAFT AUTHORIZATION

Please complete the separate bank draft authorization form.
Note to Producer: The bank draft authorization form is available on the Kemper Senior Solutions forms portal.



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FOR THE STATE OF TEXAS

Long-Term Care Insurance Potential Rate Increase Disclosure Form

1. Premium rate that is applicable to you and that will be in effect until a request is made and filed with the Texas Department of Insurance for an increase is shown on the application. The premium for this coverage will be shown on the schedule page of your policy.
2. If your rates are changed, the new rates will become effective on the next anniversary date. The new rates will remain in effect until another request is made and filed with the Texas Department of Insurance. You have the right to receive a revised premium rate if the premium is changed.
3. This long-term care coverage is Guaranteed Renewable. This means that the rates for this coverage may be increased in the future. Your rates **CANNOT** be increased due to declining health, but your rates may go up based on the experience of all insureds with a policy similar to yours.
4. If you receive a premium rate increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:
 - (a) Pay the increased premium and continue your coverage in force as is.
 - (b) Reduce your coverage benefits to a level such that your premiums will not increase.
 - (c) Exercise your long-term care nonforfeiture option, if purchased. This option is available for purchase for an additional premium.
 - (d) Exercise your contingent nonforfeiture rights - See No. 5. This option is available if you do not purchase a long-term care nonforfeiture option mentioned in (c) above.

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5. Contingent Nonforfeiture Rights

If the premium rate for your policy goes up in the future and you do not buy a long-term care nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

- (a) You will keep some long-term care insurance coverage, if:
- (1) Your premium after the increase exceeds your original premium by the percentage shown, or more, in the table provided on the next page; and
 - (2) You do not pay your premium within 120 days of the increase causing your policy to lapse.
- (b) The amount of coverage, new lifetime maximum benefit amount, etc., you will keep will equal the total amount of premiums you have paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you have paid, the amount of coverage will be that remaining amount.
- (c) Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for ten years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to not pay any more premiums causing your policy to lapse.
- Your "paid-up" policy benefits are \$10,000, provided you have at least \$10,000 of benefits remaining under your policy.

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Contingent Nonforfeiture Cumulative Premium Increase over Initial Premium That Qualifies for Contingent Nonforfeiture Table

Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.

| Issue Age | Percent Increase Over Initial Premium |
|--------------|---------------------------------------|
| 29 and under | 200% |
| 30-34 | 190% |
| 35-39 | 170% |
| 40-44 | 150% |
| 45-49 | 130% |
| 50-54 | 110% |
| 55-59 | 90% |
| 60 | 70% |
| 61 | 66% |
| 62 | 62% |
| 63 | 58% |
| 64 | 54% |
| 65 | 50% |
| 66 | 48% |
| 67 | 46% |
| 68 | 44% |
| 69 | 42% |
| 70 | 40% |
| 71 | 38% |
| 72 | 36% |
| 73 | 34% |
| 74 | 32% |
| 75 | 30% |
| 76 | 28% |
| 77 | 26% |
| 78 | 24% |
| 79 | 22% |
| 80 | 20% |
| 81 | 19% |
| 82 | 18% |
| 83 | 17% |
| 84 | 16% |
| 85 | 15% |
| 86 | 14% |
| 87 | 13% |
| 88 | 12% |
| 89 | 11% |
| 90 and over | 10% |

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6. Fixed or Limited Premium Payment Period

In addition to the contingent nonforfeiture benefits described above, the following reduced "paid-up" contingent nonforfeiture benefit is an option in all policies or certificates that have a fixed or limited premium payment period, even if you selected a nonforfeiture benefit when you bought your policy. If both the reduced "paid-up" benefit AND the contingent nonforfeiture benefit described above are triggered by the same rate increase, you can choose either of the two benefits.

You are eligible for the reduced "paid-up" contingent nonforfeiture benefit when all three conditions shown below are met:

(a) The premium you are required to pay after the increase exceeds your original premium by the same percentage or more shown in the chart below;

Triggers for a Substantial Premium Increase

| <u>Issue Age</u> | <u>Percent Increase Over Initial Premium</u> |
|------------------|--|
| Under 65 | 50% |
| 65 – 80 | 30% |
| Over 80 | 10% |

(b) You stop paying your premiums within 120 days of when the premium increase took effect; AND

(c) The ratio of the number of months you already paid premiums is 40% or more than the number of months you originally agreed to pay.

If you exercise this option your coverage will be converted to reduced "paid-up" status. That means there will be no additional premiums required. Your benefits will change in the following ways:

(1) The total lifetime amount of benefits your reduced paid up policy or certificate will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the policy or certificate becomes paid up by the ratio of the number of months you already paid premiums to the number of months you agreed to pay them.

(2) The daily benefit amounts you purchased will also be adjusted by the same ratio.

If you purchased lifetime benefits, only the daily benefit amounts you purchased will be adjusted by the applicable ratio.



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Example:

- You bought the policy or certificate at age 65 with an annual premium payable for 10 years.
- In the sixth year, you receive a rate increase of 35% and you decide to stop paying premiums.
- Because you have already paid 50% of your total premium payments and that is more than the 40% ratio, your "paid-up" policy or certificate benefits are .45 (.90 times .50) times the total benefit amount that was in effect when you stopped paying your premiums. If you purchased inflation protection, it will not continue to apply to the benefits in the reduced "paid-up" policy or certificate.

Date

Signature of Applicant

Signature of Agent

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Long-Term Care Insurance Personal Worksheet

FOR THE STATE OF TEXAS

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form Number: HHC-TX (Rev.)

The premium for the coverage you are considering will be \$ _____ per month, or \$ _____ per year.

Type of Policy (noncancellable/guaranteed renewable): Guaranteed Renewable

The Company's Right to Increase Premiums:

The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History

We have sold long-term care insurance since 1995 and have sold this policy, Form No. HHC-TX (Rev.) since 2008. We have never raised rates for any long-term care (policy/rider) sold in this state or any other state.

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Questions Related to Your Income

How will you pay each year's premium?

From my Income From my Savings/Investments My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example by 20%?

What is your annual income? (check one) Under \$10,000 \$10-20,000 \$20-30,000
 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

From my Income From my Savings/Investments My Family will Pay

The national average annual cost of care in 2012 was \$43,472 for Home Health Aide Services and \$15,860 for Adult Day Care*, but this figure varies across the country. In ten years the national average annual cost would be about \$260,832 for Home Health Aide Services and \$95,160 for Adult Day Care if costs increase 5% annually.*

The Home Health Care Indemnity Policy provides fixed indemnity amounts for certain services provided in your home as specified in the policy. See the policy and/or Outline of Coverage for details.

* Genworth 2012 Cost of Care Survey. For Home Health Aide Services, these numbers assume an hourly rate multiplied by 44 hours per week, multiplied by 52 weeks. For Adult Day Care, these numbers assume a daily rate multiplied by five days per week, multiplied by 52 weeks. The level of care required in a specific case will depend on many factors, including a patient's diagnosis, condition and age.

What elimination period are you considering?

This policy does not have an elimination period.



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How are you planning to pay for your care during the elimination period? (check one)

- From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

- Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next 10 years? (check one)

- No change Increase Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Questions Related to Your Needs

You must be diagnosed with cognitive impairment or be unable to perform two (2) of the following six (6) activities of daily living (ADLs) – bathing, continence, dressing, eating, toileting, and transferring – prior to your long-term care benefits being triggered. Do you understand this policy limitation? **YES** **NO**

What type of long-term care service do you anticipate utilizing? (check all that apply)

- Nursing home care Assisted living care Home health care Adult day care
 Hospice care Respite care other services

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Disclosure Statement

| |
|--|
| <input type="checkbox"/> The answers to the questions above describe my financial situation. OR <input type="checkbox"/> I choose not to complete this information. (Choose one.) |
| <input type="checkbox"/> I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future. |

Signed: _____
(Applicant) (Date)

I explained to the applicant the importance of completing this information.

Signed: _____
(Agent) (Date)

Agent's Printed Name: _____

In order for us to process your application, please return this signed statement to Reserve National Insurance Company, along with your application.

The company may contact you to verify your answers.



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Things You Should Know Before You Buy Long-Term Care Insurance

| | |
|---------------------------------|---|
| Long-Term Care Insurance | <ul style="list-style-type: none"> • A long-term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it. • You should not buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future. |
| | <ul style="list-style-type: none"> • The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs. |
| Medicare | <ul style="list-style-type: none"> • Medicare does not pay for most long-term care. |
| Medicaid | <ul style="list-style-type: none"> • Medicaid will generally pay for long-term care if you have very little income and few assets. You probably should not buy this policy if you are now eligible for Medicaid. • Many people become eligible for Medicaid after they have used up their own financial resources by paying for long-term care services. • When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets. • Your choice of long-term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency at 1-800-252-8263 or call 211. |
| Shopper's Guide | <ul style="list-style-type: none"> • Make sure the insurance company or agent gives you a copy of a booklet entitled "Long-Term Care Insurance" published by the Texas Department of Insurance. Read it carefully. If you have decided to apply for long-term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy. |

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| | |
|-------------------|--|
| Counseling | <ul style="list-style-type: none"> The Texas Health Information Counseling and Advocacy Program (HICAP) offers free one-to-one counseling services, concerning whether a long-term care insurance is a suitable option for you, that can be accessed through the toll free number 1-800-252-9250. For insurance agent, insurance company and any other long-term care insurance information, you may call the Consumer Help Line of the Texas Department of Insurance at 1-800-252-3439. |
| Facilities | <ul style="list-style-type: none"> Some long-term care insurance contracts provide for benefit payments in certain facilities only if the facilities are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move into a different state from where they purchased their long-term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy. |

 Date

 Signature of Applicant

 Signature of Agent

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IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Table with 4 columns: Insurer Name, Contractor Policy #, Insured or Annuitant, Replaced (R) or Financing (F). Rows 1, 2, 3.

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____.

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name Date

Producer's Signature and Printed Name Date

(Continued on Reverse Side)

(Complete this form if the applicant has existing life insurance or annuity contracts in force.)

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

- PREMIUMS:** Are they affordable?
Could they change?
You're older—are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?
New policies usually take longer to build cash values and to pay dividends.
- POLICY VALUES:** Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?
If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- INSURABILITY:** You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.
- IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**
How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?
- IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**
Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?
- OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**
What are the tax consequences of buying the new policy?
Is this a tax free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with your existing company?

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ACKNOWLEDGEMENT OF NONDUPLICATION
PLEASE READ CAREFULLY BEFORE SIGNING

I, _____ certify that I
(Agent's Name)
have done the following:

- 1. Informed the undersigned applicant of the right to have all existing health insurance policies presently in force reviewed by me to determine whether duplicate coverage will occur with the issuance of this policy.
2. Reviewed the policies listed below and have found that duplications WILL or WILL NOT (circle one) occur with the issuance of the applied for policy.

Table with 3 columns: COMPANY, POLICY NUMBER#, TYPE OF POLICY. Includes a (Form Number) header.

Check One:

- a. _____ Duplication will not occur because the above-listed polic(y)(ies)# _____ will be replaced by the applied-for policy _____ (form number). Justification for the replacement is (explain benefit to consumer)
b. _____ No health policies in force at this time.
c. _____ Applicant has elected not to have the polic(y)(ies) reviewed.

DATE AGENT/COMPANY REPRESENTATIVE

NOTICE TO CONSUMERS
Age 65 and Older
This Notice is required by the State Board of Insurance because of its concern that some consumers may buy unnecessary coverage or may replace their coverage needlessly.
1. PURCHASING MORE THAN ONE POLICY OF EACH OF THE FOLLOWING TYPES MAY BE UNNECESSARY AND COSTLY:
O SPECIFIED DISEASE (CANCER, STROKE, ETC.)
O HOSPITAL INDEMNITY
O BASIC HOSPITAL EXPENSE OR BASIC MEDICAL EXPENSE (THESE POLICIES ARE TYPIFIED BY A SCHEDULED BENEFIT PER ILLNESS)
O LONG TERM CARE
THE TEXAS STATE BOARD OF INSURANCE CANNOT SAY WHETHER YOU SHOULD OR SHOULD NOT PURCHASE ANY OR ALL OF THESE POLICY TYPES, THE DECISION IS YOURS ALONE AND SHOULD BE DETERMINED BY YOUR NEEDS AND CIRCUMSTANCES.
2. IF YOU HAVE MORE THAN ONE POLICY IN ANY OF THE ABOVE CATEGORIES, THE STATE BOARD OF INSURANCE SUGGESTS THAT YOU GET A SECOND OPINION FROM SOMEONE YOU TRUST AS TO WHETHER YOU NEED MORE THAN ONE OF THESE POLICIES.
3. IF YOU REPLACE EXISTING HEALTH INSURANCE POLICIES YOU MAY LOSE COVERAGE DURING A PERIOD OF TIME THAT NEW EXCLUSIONS, REDUCTIONS, LIMITATIONS, OR WAITING PERIODS MUST BE SERVED.
4. THE STATE BOARD OF INSURANCE STRONGLY URGES YOU TO ALLOW YOUR INSURANCE AGENT OR COMPANY TO REVIEW ALL YOUR CURRENT HEALTH POLICIES PRIOR TO REPLACING EXISTING HEALTH COVERAGE OR PURCHASING ADDITIONAL HEALTH COVERAGE.

I certify that my right to have all my existing health policies examined has been explained to me by the agent named above.

_____ I have been informed that the policy for which I am applying WILL or WILL NOT (circle one) result in duplicate coverage.

_____ I have chosen to waive my right to have my policies reviewed to determine if they unnecessarily duplicate each other.

I have read the attached notice. Dated this _____ day of _____, 20_____.

APPLICANT



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P.O. Box 269010
Oklahoma City, Oklahoma 73126

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Applicant's Name Printed: _____

Policy Form Applied For: _____

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal law provides us to inform you that this insurance duplicates Medicare benefits in some situations.

- * This insurance provides benefits primarily for covered home care services.
- * In some situations, Medicare will cover some health related services in your home and hospice care which may also be covered by this insurance.
- * This insurance does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Neither Medicare nor Medicare Supplement insurance provides benefits for most services in your home.

Before You Buy This Insurance

- √ Check the coverage in **all** health insurance policies you already have.
- √ For more information about long term care insurance, review the *Shopper's Guide to Long Term Care Insurance*, available from the insurance company.
- √ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- √ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

(Agent's Signature)

Reserve National Insurance Company
Home Office:
601 East Britton Rd.
Oklahoma City, Oklahoma 73114-7710

(Applicant's Signature)

(Date)

[For use when an applicant for Form HHC-TX (Rev.) is eligible for Medicare]

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