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## *LIAM Special...*

# Balancing Wealth Transfer Goals And Chronic Illness Risks

**M**ore and more clients face multiple issues as they near or enter retirement. Some common issues include the need for tax-efficient financial vehicles for wealth transfer while maintaining sufficient assets to help pay for potential expenses related to chronic illness.

For example, let's say you have two clients, Harold and Wendy. They are in their mid-sixties, have significant net worth, and want to leave a legacy to their three children and six grandchildren, in addition to leaving some money to their community foundation. While discussing their wealth transfer plan, you discover Harold and Wendy have concerns about chronic illness—concerns that are well-founded.

According to the U.S. Department of Health and Human Services (HHS), 70 percent of Americans age 65 and older will require some type of care for chronic illness, generally defined as an illness involving significant cognitive impairment such as Alzheimer's disease and/or the inability to perform two or more activities of daily living (e.g., bathing, dressing, eating, toileting, transferring and continence).

The costs of care for a chronic illness varies depending upon the level of care necessary and area of the country; however, the costs can be substantial, easily exceeding tens of thousands of dollars per year.

According to the HHS, in 2010 the average national costs for chronic care in the United States were as follows:

- ✓ \$205 a day for a semi-private room in a nursing home (\$74,825 per year)
- ✓ \$229 a day for a private room in a nursing home (\$83,585 per year)
- ✓ \$3,293 a month for one bedroom unit in an assisted living facility (\$39,516 per year)
- ✓ \$21 an hour for a home health aide (\$30,660 per year for 4 hours per day)

Given these costs, Harold and Wendy should be concerned about whether they will have sufficient funds to cover the cost of care. By putting the proper planning in place, they can ensure that the impact to their other planning can be minimized.

For couples like Harold and Wendy, advisors should take into consideration many coverage options and determine sources of money to help offset costs associated with chronic illness, including health insurance, long term care insurance and, interestingly, life insurance.

**Today, the industry is creating innovative life insurance products and riders that meet multiple needs to help clients balance their financial planning issues in the overall context of their estate planning.**

For example, many carriers now offer a variety of riders designed to provide access to life insurance policy proceeds in the event the insured becomes chronically ill. While designs vary, a typical rider is designed as an accelerated death benefit rider. But keep in mind that these riders are

typically available for an additional charge and may be separately underwritten.

The maximum monthly benefit is commonly the lesser of a small percentage of the death benefit (e.g., 2 percent) or a per diem limit established by the IRS (\$320 per day in 2013). Some riders may advance up to a maximum of 100 percent of a policy's net death benefit when the insured is certified chronically or terminally ill by a licensed health care practitioner and meets the terms of the rider. If the rider is designed as an accelerated death benefit, any benefits paid will reduce the ultimate death benefit dollar for dollar.

Thus, if Harold buys a policy with a \$500,000 death benefit and accelerates a total of \$100,000 for expenses related to a chronic illness, the death benefit payable to Harold's beneficiary would be \$400,000. Of course, if Harold were to accelerate all of the death benefit for chronic illness expenses, his beneficiary would not receive a death benefit.

Usually, a client must meet some sort of initial qualification and may need to meet annual re-certification/qualification, depending on the rider terms. As mentioned before, generally a client/insured must have a significant cognitive impairment or the inability to perform activities of daily living—and the medical condition is most likely expected to last for the rest of the client's life.

While these life insurance riders are not substitutes for long term care insurance and comprehensive planning, life insurance with such riders may be of significant

use to clients such as Harold and Wendy because they provide another source of funds which may be used to pay expenses for chronic illness.

When evaluating life insurance policies with a rider that can provide for chronic illness expenses, there are many important considerations about how and to whom the funds may be paid. While this article does not cover all the options and/or issues, some important areas of focus include the following.

**First, consider whether the rider is an indemnity style rider or reimbursement-style.** With an indemnity rider, once the insured qualifies for benefits, no receipts are required and there is no waiting period. Conversely, with a reimbursement rider, the insured may be required to submit receipts from the chronic illness provider to receive reimbursement.

**Second, consider whether there are exclusions for family caregivers.** It may be important for many clients to have the option to be cared for at home, and it may be likely that family members will render that care. Clients such as Harold and Wendy may prefer to have a rider that will not exclude payment to family members.

**Third, consider whether and to what extent ongoing policy charges are waived once chronic illness rider benefits begin.**

**Fourth, clients should consult other advisors, including attorneys or accountants, to coordinate these policies and riders with their overall estate plans** and to ensure that receiving such benefits will not exclude them from being eligible for

Medicare or other government programs. A tax advisor can also determine whether benefits under the rider are taxable or considered tax-free under Section 101(g) of the Internal Revenue Code.

For clients such as Harold and Wendy, life insurance offers several advantages in addition to the potential benefits from a chronic illness rider, which is the focus of this article. These benefits may significantly help clients achieve their planning goals.

Again, let's assume that Harold and Wendy each own a policy with a chronic illness rider. When they die, the policy's death benefit will provide monies to fulfill their wealth transfer plans, benefiting their family and community. If they become chronically or terminally ill, they may choose to accelerate the death benefit according to the terms of the rider and receive income to help them avoid liquidating other assets that may have more meaning to the family.

For example, if Harold and Wendy have a vacation home that is important to pass down to the family, they may want to protect against selling the vacation home. Having other sources of money to access may help them avoid such a sale in the event they become chronically ill.

Of course, there are no guarantees. No matter how well Harold and Wendy plan, there may be circumstances in which they will need to adjust their plans and goals. Nevertheless, by incorporating a life insurance policy with a rider that pays for costs related to a chronic illness into their overall plan, clients may help manage this risk. 🌐



## COMPARISON

### Life Insurance with an optional Chronic Illness and/or Terminal Illness Rider

Two components for full protection.

1. Terminal illness
2. Chronic illness

Each works differently from one another but combined give you protection should you suffer a chronic or terminal illness.

TERMINAL

CHRONIC



## MANY PROMINENT CARRIERS OFFER PRODUCTS THAT PROVIDE DEATH BENEFIT AND CHRONIC ILLNESS CARE PROTECTION.

Which product or carrier is appropriate for your client depends on a variety of factors. Use the accompanying charts to help you evaluate the differences and similarities between these products.

#### Life Insurance with an optional Chronic Illness, Long-Term Care, and or Terminal Illness Rider

#### Hybrid Life Products

#### Life Insurance with BenefitAccess vs. Life Insurance with optional Chronic Illness and/or Terminal Illness Rider

Prudential, Lincoln National, John Hancock, Genworth, Pacific Life, Penn Mutual

#### Life Insurance with BenefitAccess vs. Life Insurance with optional Chronic Illness and/or Terminal Illness Rider

Protective, Transamerica, American General, AXA, Minnesota Life

#### Life Insurance with BenefitAccess vs. Hybrid Life Products (Product that offer both Life Insurance and Long-Term Care Benefits)



COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH AN OPTIONAL CHRONIC ILLNESS, LONG-TERM CARE, AND OR TERMINAL ILLNESS RIDER

	Rider Name	Product Type	No Waiting Period	Pays for Family Care/No professional care required	Full DB Available for Acceleration	Permanent Lapse Protection <sup>2</sup>	No Restrictions on Benefit Use	Offer Benefit with Full Option B	No Health License Required to sell rider
Prudential	BenefitAccess Rider	Indemnity	✓	✓	✓	✓	✓	✓	✓
John Hancock <sup>3</sup>	Long-Term Care (LTC) Rider	Reimbursement			✓				
Protective <sup>3</sup>	ExtendCare Rider	Indemnity		✓	✓	✓	✓		✓
Penn Mutual	Chronic Illness Accelerated Benefit Rider	Indemnity		✓			✓	✓	✓
Pacific Life	Premier Living Benefits Rider	Indemnity	✓	✓	✓		✓	✓	✓
Lincoln National	LifeEnhance Accelerated Benefits Rider	Indemnity	✓	✓	✓	✓	✓	✓	✓
Genworth	Accelerated Benefit Rider for Long-Term Care Services	Reimbursement			✓				
AXA	Long-Term Care Services Rider	Indemnity			✓			✓	
Transamerica	Long-Term Care Rider	Indemnity			✓	✓			
American General	Accelerated Access Solution Chronic Illness Accelerated Death Benefit Rider	Indemnity		✓	✓	✓	✓	✓	✓
Minnesota Life	Long-Term Care Agreement	Indemnity		✓	✓		✓		

HYBRID LIFE PRODUCTS (products that offer both Life Insurance and Long-Term Care Benefits)

	Product Name	Product Type	No Waiting Period	Pays for Family Care/No professional care required	Full DB Available for Acceleration	Permanent Lapse Protection	No Restrictions on Benefit Use	Offer Benefit with Full Option B	No Health License Required to sell rider
Lincoln National <sup>3</sup>	MoneyGuard II	Reimbursement	✓		✓	✓			
Genworth <sup>3,4</sup>	Total Living Coverage	Reimbursement		✓	✓	✓			
Pacific Life <sup>4</sup>	PremierCare Advantage	Reimbursement			✓	✓			
Nationwide	YourLife CareMatters	Indemnity		✓ <sup>5</sup>	✓	✓			

<sup>1</sup>Family Care means that the insured does not need to receive professional, qualified LTC services to be eligible for benefits, and there are no restrictions if a family member is the caregiver.

<sup>2</sup>With Prudential, while on chronic illness claim, the policy is protected from lapse, through waiver of policy and rider charges. If the chronic illness claim continues for 25+ months, the policy is permanently protected from lapse, even if the client later comes off claim. If the client comes off claim within 25 months of initially going on claim they may need to make additional premium payments to keep the policy from lapsing.

<sup>3</sup>Terminal Illness Benefits available through another rider the carrier has available.

<sup>4</sup>Genworth and Pacific Life only offer single-premium products; therefore, policies are not subject to potential lapse.

<sup>5</sup>Paying a family member may have tax implications.

For complete information about the specifics of the products included here, please refer to the tables on the pages that follow.

COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. LIFE INSURANCE WITH OPTIONAL CHRONIC ILLNESS AND/OR TERMINAL ILLNESS RIDER

	Prudential	Lincoln National	John Hancock	Genworth	Pacific Life	Penn Mutual
<b>Rider Name</b>	BenefitAccess Rider	LifeEnhance Accelerated Benefits Rider	Long-Term Care (LTC) Rider	Long-Term Care Rider	Premier Living Benefits Rider	Chronic Illness Accelerated Benefit Rider
<b>Tax Qualified Status</b>	IRC 101(g)	IRC 101(g)	IRC 7702B(b)	IRC 7702B(b)	IRC 101(g)	IRC 101(g)
<b>Rider Type</b>	Chronic/terminal illness rider	Chronic/terminal illness rider	Long-term care rider	Long-term care rider	Chronic illness rider	Chronic illness rider
<b>Product Availability</b>	PruLife Founders Plus, VUL Protector, PruLife Universal Protector, PruLife Custom Premier II	LifeGuarantee UL 2013, LifeReserve Indexed UL Accumulator 2014, VULone-2014	Accumulation UL 09, Accumulation IUL 14, Accumulation VUL 14, Protection VUL 12, Protection UL 13, Protection IUL 13, UL-G 13, Premier Life	Asset Builder Index UL, Foundation Builder Index UL	Pacific Indexed Accumulator 4, Pacific Indexed Performer LT, Pacific Prime VUL, Pacific Select VUL, Versa-Flex NLG UL, Versa-Flex PRO II UL, Pacific Prime UL-NLG UL, Pacific Prime IUL, Pacific Prime UL	Accumulation Builder II Indexed UL, Guaranteed Protection UL, Flexible Choice WL, Diversified Growth VUL, Survivorship Plus Indexed UL; can be added to qualifying in-force policies
<b>Accident and Health License Requirement</b>	NO	NO	YES	YES	NO	NO
<b>Eligibility</b>	Certified by licensed health care practitioner that the insured is unable to perform 2 out of 6 Activities of Daily Living (ADL) for at least 90 days or requires substantial supervision and protection from threats to health and safety due to a severe cognitive impairment, and that the condition is expected to last the rest of the insured's life.	Written certification by a licensed health care practitioner within the preceding 12 months that the insured is chronically ill and unable to perform (without substantial assistance from another individual) at least 2 Activities of Daily Living (ADLs) for a period of at least 90 days due to a loss of functional capacity. ADLs include: bathing, continence, dressing, eating, toileting, and transferring <b>OR requiring substantial supervision from another individual to protect the insured from threats to health and safety due to severe cognitive impairment AND according to certification from a licensed health care practitioner, services are likely to be needed for the rest of the insured's life.</b>	Written certification from a licensed health care practitioner that the life insured is chronically ill as defined in the rider (the life insured must be unable to perform 2 of the 6 ADL's without substantial assistance or is found to have a severe cognitive impairment that threatens their health or safety. The six ADLs are bathing, eating, continence, toileting, dressing, and transferring) and is receiving qualified long-term care services under a current plan of care. Further documentation includes written proof of loss for the life of the insured.	The insured must (1) be certified as chronically ill by a licensed health care practitioner and be unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living because of the loss of functional capacity for a period of at least 90 days or (2) require substantial supervision for protection from threats to health and safety because of severe cognitive impairment. The long-term care services must be provided pursuant to a plan of care described in the rider. The services, which are defined in the rider, are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative, and maintenance or personal care services.	Written proof by a licensed health care practitioner that the insured has been certified as chronically ill and is unable to perform without substantial assistance from another individual at least two Activities of Daily Living due to a loss of functional capacity or must require substantial supervision to protect the individual from threats to health and safety due to severe cognitive impairment and that the condition(s) is expected to be permanent.	Access to this benefit is subject to a waiting period that in most states is two years. After that time, a licensed healthcare practitioner must certify that the policyholder is unable to perform two of the six Activities of Daily Living or suffered from a severe cognitive impairment for at least 90 consecutive days within the previous 12 months. Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring.
<b>Issue Ages</b>	20 – 80	20 – 80	20 – 75	18 – 65	18 – 75 (Varies by product)	20 – 85

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. LIFE INSURANCE WITH OPTIONAL CHRONIC ILLNESS AND/OR TERMINAL ILLNESS RIDER *(continued)*

	Prudential	Lincoln National	John Hancock	Genworth	Pacific Life	Penn Mutual
<b>Benefit Payment Options</b>	Monthly indemnity, annual lump sum, or one-time lump sum <i>(One-time for terminal illness only)</i>	Monthly indemnity, or one-time lump sum	Either 1%, 2% or 4% in Monthly Acceleration Percentage (MAP) of the total benefit pool (from 1% to 100% of the face amount)	Monthly reimbursement available in 2, 3 or 4 year coverage periods	Monthly indemnity or annual lump sum	Indemnity <i>(Available in systematic monthly, quarterly, semi-annual, or annual periodic payments)</i>
<b>Maximum Monthly Benefit</b>	Maximum monthly benefit is 2% of the death benefit, not to exceed: 1) IRS limit at time of claim 2) IRS per diem limit at policy issue, compounded at 4% annually	The lesser of either 2% of the original benefit amount or the IRS per diem limit times the number of days in the month	\$50,000	\$25,000	Up to 2% of the eligible death benefit (24% if annually) of the policy at the time of initial claim up to 125% of IRS per diem limit. Entire death benefit may be accelerated up to the lifetime maximum of \$1.5 million	Least of 2% of the death benefit at the time of the election, \$20,000 or IRS per diem
<b>Maximum Total Benefit</b>	The death benefit of the policy at the time of initial claim. The maximum is \$5 million and applies on an aggregate basis if multiple policies are owned by the insured.	\$5 Million <i>(Ages 20 – 69)</i> \$2 Million <i>(Ages 70 – 80)</i>	Varies by Monthly Acceleration Percentage (MAP): \$5 Million for 1% MAP, \$2.5 Million for 2% MAP, \$1.25 Million for 4% MAP	\$1 Million	\$1.5 Million	Lesser of 24% of specified amount at issue or \$240,000 with a lifetime maximum of \$5 Million
<b>Restrictions on Use of Benefit</b>	No limitations on benefit use, once benefit eligibility requirements are met	No limitations on benefit use, once benefit eligibility requirements are met	Benefit payments will only cover qualifying long-term care costs actually incurred including home health care, assisted living facility, adult day care center, nursing home, hospice center and bed hold benefit for up to 21 days per policy year, up to selected monthly benefit	Benefit payments will only cover qualifying long-term care costs actually incurred including home and community care, assisted living facilities, nursing home facility, home modifications and equipment, adult day care, cost of caregiver training, hospice care and facility, respite care to relieve qualified caregivers	No limitations on benefit use, once benefit eligibility requirements are met	No limitations on benefit use, once benefit eligibility requirements are met
<b>Elimination Period</b>	NONE	NONE	100 Days <i>(Need not be consecutive)</i>	90 Days <i>(Need not be consecutive)</i>	NONE	90 days <i>Elimination period (consecutive) and 2 years waiting period from the time the policy is issued with the rider or the time the rider is added to the policy before a claim can be made (but varies by state)</i>
<b>Residual Death Benefit</b>	NONE	NONE	NONE	NONE	Any death benefit remaining when policyowner elects less than 100% of acceleration for claim	\$50,000 after maximum acceleration of death benefit

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. LIFE INSURANCE WITH OPTIONAL CHRONIC ILLNESS AND/OR TERMINAL ILLNESS RIDER *(continued)*

	Prudential	Lincoln National	John Hancock	Genworth	Pacific Life	Penn Mutual
<b>Rider Charge</b>	Monthly deductions	Monthly deductions <i>(adds approximately 6% increase to base product target)</i>	Monthly deductions <i>(Treated as non-taxable distributions that reduce cost basis)</i>	Monthly deductions <i>(Treated as non-taxable distributions that reduce cost basis) which may be subject to change after the first 5 policy years; Guaranteed Monthly Risk Rates for this rider cannot exceed 50% of the Current Monthly Risk Rates</i>	NONE	NONE <i>(subject to discount factors)</i>
<b>Recertification Required</b>	Yes, annually	Yes, annually	NO	NO	Yes, annually	Yes, annually
<b>Claim Impact on Death Benefit</b>	Dollar-for-dollar reduction	Proportional reduction	Dollar-for-dollar reduction	Proportional reduction	Greater than dollar-for-dollar reduction; reduced with discount factor	Greater than dollar-for-dollar reduction; reduced with discount factor
<b>Claim Impact on Policy Values</b>	Proportional reduction	Proportional reduction	Proportional reduction	Proportional reduction	Proportional reduction	Proportional reduction
<b>International Benefits</b>	YES <i>(The insured must meet the terms and conditions of the rider including certification and recertification in the U.S. every 12 months by a U.S. licensed healthcare practitioner in accordance with IRS guidelines)</i>	NONE	NONE	YES <i>(Pays for covered LTC costs for up to: 4 years if insured travels abroad or resides outside of the U.S., 50% of the accelerated monthly maximum benefit for out-of-country nursing facility care, 25% of the accelerated monthly maximum benefit for home and community care services abroad for no more than 365 service days. No benefit will be paid after 4 years from the first claim. Assisted living facility coverage and privileged care coordination services are not available outside the U.S.)</i>	NONE	NONE
<b>Provides Benefits In The Event of Terminal Illness</b>	YES <i>(Provides for benefit if the Insured becomes terminally ill and has a life expectancy of 6* months or less)</i> <i>* CA: 12 months</i>	YES <i>(Provides for benefit if the Insured becomes terminally ill and has a life expectancy of 12 months or less)</i>	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. LIFE INSURANCE WITH OPTIONAL CHRONIC ILLNESS AND/OR TERMINAL ILLNESS RIDER (continued)

	Prudential	Protective		Transamerica	American General	AXA	Minnesota Life
<b>Rider Name</b>	<b>BenefitAccess Rider</b>	<b>Chronic Illness Accelerated Death Benefit Rider</b>	<b>ExtendCare Rider</b>	<b>Long-Term Care Rider</b>	<b>Accelerated Access Solution Chronic Illness Accelerated Death Benefit Rider</b>	<b>Long-Term Care Services Rider</b>	<b>Long-Term Care Agreement</b>
<b>Tax Qualified Status</b>	IRC 101(g)	IRC 101(g)	IRC 101(g)	IRC 7702B(b)	IRC 101(g)	7702B(b)—LTC; 101((g)(5))—Accelerated Death Benefit	IRC 7702B(b)
<b>Rider Type</b>	Chronic/terminal illness rider	Chronic illness rider	Chronic illness rider	Long-term care rider	Chronic illness rider	Long-term care rider	Long-term care rider
<b>Product Availability</b>	PruLife Founders Plus, VUL Protector, PruLife Universal Protector, PruLife Custom Premier II	ProClassic UL	Indexed Choice UL, Advantage Choice UL, Custom Choice UL	TransACE 2013, Transamerica Journey VUL	AG Secure Lifetime GUL II, Elite Index II	Athena UL, BrightLife Grow Indexed UL, BrightLife Protect Indexed UL, Incentive Life Optimizer II VUL, Incentive Life Legacy II VUL	Eclipse Indexed Life, Eclipse Protector Indexed Life, Accumulator VUL, Accumulator UL
<b>Accident and Health License Requirement</b>	NO	NO	NO	YES	NO	YES	YES
<b>Eligibility</b>	Certified by licensed health care practitioner that the insured is unable to perform 2 out of 6 Activities of Daily Living (ADL) for at least 90 days or requires substantial supervision and protection from threats to health and safety due to a severe cognitive impairment, and that the condition is expected to last the rest of the insured's life.	Must be certified by a licensed health care practitioner within the past 12 months that the Insured is chronically ill, defined as either unable to perform at least two Activities of Daily Living without assistance for at least 90 days, or requiring substantial supervision for protection from health and safety threats due to severe cognitive impairment.	Must be certified by a licensed health care practitioner within the past 12 months that the Insured is chronically ill, defined as either unable to perform at least two Activities of Daily Living without assistance for at least 90 days, or requiring substantial supervision for protection from health and safety threats due to severe cognitive impairment.	Subject to the insured (1) being certified by a licensed health care practitioner as being chronically ill as defined in the rider (being unable to perform, without substantial assistance from another individual, at least 2 out of the 6 Activities of Daily Living (ADLs) for an expected period of at least 90 days due to a loss of functional capacity; or requiring substantial supervision to protect the Insured from threats to health and safety due to severe cognitive impairment); (2) receiving qualified long-term care services covered under the rider and specified in a plan of care; (3) having an approved current Plan of Care and written proof of loss.	In addition to completion of a 90-day elimination period, one of the following health impairment criteria must be met: Certification by a qualified practitioner that the insured is chronically ill and is permanently unable to perform, without substantial assistance from another person, two of the Activities of Daily Living (ADLs – bathing, continence, dressing, eating, toileting, transferring); Requires substantial supervision from threats to health and safety due to a severe cognitive impairment (similar to Alzheimer's and similar forms of irreversible dementia) that is measured by clinical evidence and standardized tests measuring short-term or long-term memory, orientation as to people, places, or time, and deductive or abstract reasoning.	Insured must be certified by a licensed health care practitioner as being chronically ill as defined in the Rider (1. Being unable to perform without substantial assistance from another person at least two Activities of Daily Living such as bathing, continence, dressing, eating, toileting, and transferring due to a loss of functional capacity for a period of at least 90 days; or 2. Requiring substantial supervision to protect such individual from threats to health and safety due to cognitive impairment); be receiving qualified long-term care services pursuant to a plan of care prescribed by the practitioner; and provide proof of loss.	Policyholder must be certified by a licensed health care practitioner (a physician, a registered nurse, or a licensed social worker) as chronically ill and (1) unable to perform, without substantial assistance, at least two Activities of Daily Living for an expected period of at least 90 days due to the loss of functional capacity. Activities of Daily Living include eating, bathing, toileting, continence, dressing, and transferring; or (2) having a severe cognitive impairment.

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. LIFE INSURANCE WITH OPTIONAL CHRONIC ILLNESS AND/OR TERMINAL ILLNESS RIDER (continued)

	Prudential	Protective		Transamerica	American General	AXA	Minnesota Life
<b>Issue Ages</b>	20 – 80	20 – 80	20 – 80	18 – 75	18 – 80	20 – 75	20 – 80
<b>Benefit Payment Options</b>	Monthly indemnity, annual lump sum, or one-time lump sum <i>(One-time for terminal illness only)</i>	Monthly indemnity, or annual lump sum	Monthly indemnity, or annual lump sum	Monthly indemnity	Monthly indemnity <i>(3 Payout Options: IRS maximum per diem amount in effect at the time claim begins; 2% of specified benefit amount; 4% of specified benefit amount)</i>	Monthly indemnity <i>(Lesser of 1%, 2% or 3% of specified benefit amount or 200% (100% in NY) of HIPAA per diem limit times 30)</i>	Monthly indemnity
<b>Maximum Monthly Benefit</b>	Maximum monthly benefit is 2% of the death benefit, not to exceed: 1) IRS limit at time of claim 2) IRS per diem limit at policy issue, compounded at 4% annually	\$1,000 \$2,500 \$5,000 \$7,500 <i>(available only with \$150,000 minimum face amount)</i>	\$1,000 – \$9,900 Monthly <i>(selected by insured at the time of issue and cannot exceed 5% of base policy face amount—may not exceed HIPAA per diem limits)</i>	Lesser of 2% of the specified amount or IRS per diem limit	2% of accelerated benefit amount	\$50,000	Lesser of 2% or 4% of the specified amount or IRS per diem limit
<b>Maximum Total Benefit</b>	The death benefit of the policy at the time of initial claim. The maximum is \$5 million and applies on an aggregate basis if multiple policies are owned by the insured.	Lesser of \$1 million or 90% of the death benefit	\$5 Million	\$1 Million	\$1.5 Million <i>(Election of 100% of specified benefit)</i> \$3 Million <i>(Election of 50% of specified benefit)</i>	\$5 Million <i>(1% LTC Benefit)</i> \$2.5 Million <i>(2% LTC Benefit)</i> \$1,666,666 <i>(3% LTC Benefit)</i>	\$5 Million
<b>Restrictions on Use of Benefit</b>	No limitations on benefit use, once benefit eligibility requirements are met	No limitations on benefit use, once benefit eligibility requirements are met	No limitations on benefit use, once benefit eligibility requirements are met	Benefit payments will only cover qualifying long-term care costs actually incurred including one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital such as: (a) a long-term care facility; (b) an adult day care center; (c) a hospice care facility; or (d) the home	No limitations on benefit use, once benefit eligibility requirements are met	Benefit payments will only cover qualifying long-term care costs actually incurred including services received by insured while chronically ill and confined to a long-term care facility (other than the acute care unit of a hospital) that provides skilled nursing care, intermediate care, or custodial care; assisted living facility; hospice care facility; home health care provider or adult day care	No limitations on benefit use, once benefit eligibility requirements are met
<b>Elimination Period</b>	NONE	90 or 365 Days <i>(Consecutive)</i>	90 or 365 Days <i>(Consecutive)</i>	90 Days <i>(Need not be consecutive)</i>	90 Days <i>(Consecutive)</i>	90 Days <i>(Within a consecutive 24 month period)</i>	90 Days <i>(Need not be consecutive)</i>

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. LIFE INSURANCE WITH OPTIONAL CHRONIC ILLNESS AND/OR TERMINAL ILLNESS RIDER (continued)

	Prudential	Protective		Transamerica	American General	AXA	Minnesota Life
<b>Residual Death Benefit</b>	NONE	NONE	NONE	Residual death benefit endorsement <i>(Lesser of 10% of the lowest face amount of the base policy from its inception or \$10,000)</i>	NONE	Any death benefit remaining when policyowner elects less than 100% of acceleration for claim	10% of the maximum life insurance face amount up to \$25,000
<b>Rider Charge</b>	Monthly deductions	Monthly deductions	Monthly deductions	Monthly deductions	Monthly deductions	Monthly deductions <i>(Treated as non-taxable distributions that reduce cost basis)</i>	Monthly deductions <i>(Treated as non-taxable distributions that reduce cost basis)</i>
<b>Recertification Required</b>	Yes, annually	Yes, annually	Yes, annually	Yes, every 12 months from the date of the initial or subsequent certification	Yes, annually	Yes, annually	Yes, annually
<b>Claim Impact on Death Benefit</b>	Dollar-for-dollar reduction	Proportional reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction
<b>Claim Impact on Policy Values</b>	Proportional reduction	Proportional reduction	Proportional reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Proportional reduction	Proportional reduction
<b>International Benefits</b>	YES <i>(The insured must meet the terms and conditions of the rider including certification and recertification in the U.S. every 12 months by a U.S. licensed healthcare practitioner in accordance with IRS guidelines)</i>	NONE	NONE	Restricted to United States, District of Columbia, or Canada	NONE	NO <i>(Unless initial and any annual recertifications are completed by a physician licensed in the U.S. For purpose of the exclusion, U.S. is defined as the 50 states, District of Columbia, Puerto Rico, and the U.S. Virgin Islands)</i>	NONE
<b>Provides Benefits In The Event of Terminal Illness</b>	YES <i>(Provides for benefit if the insured becomes terminally ill and has a life expectancy of 6 months or less)</i>	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider <i>(must be included with the chronic illness rider)</i>	Terminal illness benefits available through a separate rider	Terminal illness benefits available through a separate rider

COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

**LIFE INSURANCE WITH BENEFITACCESS VS. HYBRID LIFE PRODUCTS**  
**PRODUCTS THAT OFFER BOTH LIFE INSURANCE AND LONG-TERM CARE BENEFITS**

	Prudential	Lincoln National	Genworth	Pacific Life	Nationwide
<b>Product Name</b>	<b>BenefitAccess Rider</b> <i>(Available on PruLife Founders Plus, VUL Protector, PruLife Universal Protector)</i>	<b>MoneyGuard II</b>	<b>Total Living Coverage</b>	<b>PremierCare Advantage</b>	<b>YourLife CareMatters</b>
<b>Product Type</b>	Chronic/terminal illness rider	Linked benefit	Linked benefit	Linked benefit	Linked benefit
<b>Tax Qualified Status</b>	IRC 101(g)	IRC 7702B(b)	IRC 7702B(b)	IRC 7702B(b)	IRC 7702B(b)
<b>Benefit Type</b>	Indemnity	Reimbursement	Reimbursement	Reimbursement	Indemnity
<b>Accident and Health License Requirement</b>	NO	YES	YES	YES	YES
<b>Eligibility</b>	Certified by licensed health care practitioner that the insured is unable to perform 2 out of 6 Activities of Daily Living (ADL) for at least 90 days or requires substantial supervision and protection from threats to health and safety due to a severe cognitive impairment, and that the condition is expected to last the rest of the insured's life.	The insured is certified as chronically ill (defined as unable to perform at least two of the Activities of Daily Living (ADLs) without substantial assistance from another individual for a period of at least 90 days or as the result of severe cognitive impairment. The ADLs are: bathing, continence, dressing, eating, toileting, and transferring). Care is also provided under a care plan prescribed by a licensed health care practitioner.	The insured must be chronically ill as defined in the rider (refers to a person who has been certified by a licensed health care practitioner as being unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living including bathing, dressing, continence, eating, transferring, and toileting due to a loss of functional capacity for a period of at least 90 days or requiring substantial supervision to protect the person from threats to health and safety due to severe cognitive impairment). The company receives a current eligibility certification for the Insured and must receive ongoing proof which verifies that the covered care the insured is receiving is necessary due to the Insured continually being chronically ill.	The insured must be certified by a licensed health care practitioner as a chronically ill individual (unable to perform at least 2 of 6 Activities of Daily Living—bathing, continence, dressing, eating, toileting, and transferring for a period of at least 90 days; or one who requires substantial supervision to protect the insured from threats to health and safety caused by severe cognitive impairment). The licensed health care practitioner must approve a written plan of care for covered long-term care services that the insured receives while the policy is in force and recertify that the insured is still chronically ill and verify the plan of care once every 12 months thereafter.	A licensed health care practitioner must certify that the Insured is chronically ill, meaning that, the Insured (a) must have a severe cognitive impairment, or (b) is unable to perform two or more of these Activities of Daily Living such as bathing, eating, continence, toileting, dressing, and transferring (moving into or out of a bed, chair, or wheelchair). A 90 calendar day elimination, or waiting, period must be satisfied beginning immediately following the date the insured is certified as chronically ill and begins receiving qualified long-term care services. These days of care or services don't need to be consecutive, but they do need to be accumulated within a continuous period of 730 days. The insured must also receive qualified long-term care services according to a plan of care as prescribed by a licensed health care practitioner. While receiving benefits, the licensed health care practitioner will be asked to recertify the care needs at least once a year.
<b>Issue Ages</b>	20 – 80	40 – 79	18 – 79	30 – 75	40 – 75 <i>(Max age 70 for 6-Year Benefit)</i> <i>(Max age 69 for Single Premium)</i>

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. HYBRID LIFE PRODUCTS *(continued)*

PRODUCTS THAT OFFER BOTH LIFE INSURANCE AND LONG-TERM CARE BENEFITS

	Prudential	Lincoln National	Genworth	Pacific Life	Nationwide
<b>Premium Options</b>	Flexible premiums	Flexible premiums <i>(1 – 10 Years)</i>	Single premium <i>(Additional premiums allowed)</i>	Single premium <i>(Additional premiums allowed)</i>	Single pay, 5-pay, 10-pay
<b>Benefit Payment Options</b>	Monthly indemnity, annual lump sum, or one-time lump sum <i>(One-time for terminal illness only)</i>	2 – 7 years <i>(based on duration of LABR and LEBR options chosen)</i>	Monthly reimbursement choice of 24, 36 or 48 months	Choice of 2 – 8 years	2 – 7 years
<b>Maximum Monthly Benefit</b>	Maximum monthly benefit is 2% of the death benefit, not to exceed: 1) IRS limit at time of claim 2) IRS per diem limit at policy issue, compounded at 4% annually	Initial specified amount at issue plus the LABR inflation benefit limit, if any, divided by the number of months in the LABR duration chosen	\$25,000 Max LTC monthly benefit	The initial monthly maximum benefit is set at policy issue. It equals the policy's face amount divided by 24. This amount will increase on each policy anniversary if an inflation benefit option is elected. The monthly amount reimbursed is the cost of the covered long-term care expenses actually incurred, which may be less than the monthly maximum benefit. The monthly maximum benefit may be pro-rated based on the actual number of days the insured is chronically ill or confined to a facility	\$20,833
<b>Maximum Total Benefit</b>	The death benefit of the policy at the time of initial claim. The maximum is \$5 million and applies on an aggregate basis if multiple policies are owned by the insured.	\$750,000 with 3-year LABR <i>(Long-Term Care Accelerated Benefit Rider)</i> or \$500,000 for a 2-year LABR <i>(Long-Term Care Accelerated Benefit Rider)</i>	\$1.2 Million	\$600,000	\$1.75 Million
<b>Restrictions on Use of Benefit</b>	No limitations on benefit use, once benefit eligibility requirements are met	Benefit payments will only cover qualifying long-term care costs actually incurred including adult day care center; assisted care; bed reservation; care planning services; caregiver training; home health care; hospice care; respite care; skilled nursing home care; alternative care services; non-continual alternative care services or any other qualifying licensed long-term care service.	Benefit Payments will only cover qualifying long-term care costs actually incurred including home and community care, assisted living facilities, nursing home facility, home modifications and equipment, adult day care, cost of caregiver training, hospice care and facility, respite care to relieve qualified caregivers.	Benefit payments will only cover qualifying long-term care costs actually incurred including home health care, care coordination, caregiver training, home modification, durable medical equipment, adult day care facility, nursing home facility, assisted living facility, and facility hospice care.	No limitations on benefit use, once benefit eligibility requirements are met
<b>Elimination Period</b>	NONE	NONE	90 days—facility care or immediate—home care	90 days—facility care or immediate—home care	90 Days <i>(Need not be consecutive, but must be within a continuous period of 730 days)</i>

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COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

LIFE INSURANCE WITH BENEFITACCESS VS. HYBRID LIFE PRODUCTS *(continued)*

PRODUCTS THAT OFFER BOTH LIFE INSURANCE AND LONG-TERM CARE BENEFITS

	Prudential	Lincoln National	Genworth	Pacific Life	Nationwide
<b>Waive Premium if Client is on Claim?</b>	YES <i>(Policy charges will resume if client comes off claim within 25 months, however rider charges do not resume)</i>	YES <i>(Monthly deductions waived during claim if policy would otherwise lapse)</i>	YES <i>(Monthly deductions waived during claim for facility care, home and community care, or hospice care when the care is received in the U.S. The waiver begins with the first monthly deduction following the date such benefits are first paid and ends when the insured is no longer incurring expenses for which payment will be made under the terms of the rider)</i>	YES <i>(Monthly deductions waived during claim if policy would otherwise lapse)</i>	YES <i>(Monthly deductions waived during claim if policy would otherwise lapse)</i>
<b>Residual Death Benefit</b>	NONE	5% of the initial specified amount or \$10,000, whichever is less	Yes, 10% of initial specified amount	Lesser of \$5,000 or 5% of the initial policy face amount	20% of policy specified amount
<b>Rider Charge</b>	Monthly deductions	Monthly deductions <i>(Treated as non-taxable distributions that reduce cost basis)</i>	Monthly deductions (Treated as non-taxable distributions that reduce cost basis) which may be subject to change after the first 5 policy years; guaranteed monthly risk rates for this rider cannot exceed 50% of the current monthly risk rates	YES <i>(Provides for benefit if the insured becomes terminally ill and has a life expectancy of 12 months or less)</i>	Monthly deductions <i>(Treated as non-taxable distributions that reduce cost basis)</i>
<b>Recertification Required</b>	Yes, annually	Yes, annually	Yes, annually	Yes, annually	Yes, annually <i>Recertification only as necessary (at company's expense)</i>
<b>Claim Impact on Death Benefit</b>	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction	Dollar-for-dollar reduction
<b>Claim Impact on Policy Values</b>	Proportional reduction	Proportional reduction	Dollar-for-dollar reduction	Proportional reduction	Dollar-for-dollar reduction

Continued on the next page.

COMPARISON

LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

**LIFE INSURANCE WITH BENEFITACCESS VS. HYBRID LIFE PRODUCTS** *(continued)*  
**PRODUCTS THAT OFFER BOTH LIFE INSURANCE AND LONG-TERM CARE BENEFITS**

	Prudential	Lincoln National	Genworth	Pacific Life	Nationwide
<b>International Benefits</b>	<p>YES</p> <p><i>(The insured must meet the terms and conditions of the rider including certification and recertification in the U.S. every 12 months by a U.S. licensed healthcare practitioner in accordance with IRS guidelines)</i></p>	<p>Limited to the available maximum monthly benefit if the Insured is confined to a nursing home or assisted living facility outside of the U.S. Requires proof in writing of confinement outside of the U.S. and that the insured has met all of the benefit conditions of the rider (Must be furnished in English). Reserves the right to verify monthly satisfaction of eligibility requirements</p>	<p>Yes</p> <p><i>50% of specified benefit amount</i></p>	<p>The insured must meet the qualification conditions above (documentation required in English)</p> <p>Covers nursing home care only</p> <p>Paid as cash benefit equal to the monthly maximum benefit amount</p> <p>No other benefit is payable during a policy month in which the insured receives the international benefit</p> <p>A maximum benefit limit applies and this benefit may not be available beyond the policy's first 2 years of reimbursing long-term care benefits</p>	<p>International LTC rider benefit payments will be no greater than 50% of the maximum monthly LTC rider benefit amount, until the maximum lifetime LTC rider benefit amount is exhausted, while the insured is receiving care outside of the United States (International LTC rider benefits), and will be paid in U.S. dollars only</p> <p>All Claims information and medical records must be submitted in English. The insured is not required to return to the United States for certification; however, the licensed health care practitioner providing the certification must be licensed to practice in the United States, its territories or possessions</p>
<b>Inflation Protection</b>	<p>NONE</p>	<p>3% or 5% compound</p> <p><i>(Applies to LTC Benefits and not the death benefit)</i></p>	<p>Optional benefit 3% or 5% simple or compound</p>	<p>5% compound interest</p> <p>5% simple interest</p> <p>3% simple interest</p>	<p>3% simple</p> <p>5% compound</p>
<b>Provides Benefits In The Event of Terminal Illness</b>	<p>YES</p> <p><i>(Provides for benefit if the insured becomes terminally ill and has a life expectancy of 6 months or less)</i></p>	<p>Terminal illness benefits available through a separate rider</p>	<p>Terminal illness benefits available through a separate rider</p>	<p>YES</p> <p><i>(Provides for benefit if the insured becomes terminally ill and has a life expectancy of 12 months or less)</i></p>	<p>YES</p> <p><i>(Provides for benefit if the insured becomes terminally ill and has a life expectancy of 12 months or less)</i></p>



## COMPARISON

## LIFE INSURANCE WITH BENEFITACCESS RIDER: A COMPETITIVE COMPARISON

This information was obtained from each company's respective rider contract, as of August 1, 2014. Although we believe it to be accurate as of the time of this printing, we cannot guarantee the accuracy. The BenefitAccess Rider is available for an extra premium. Additional underwriting requirements and limits may also apply. Obtaining benefits under the terms of the rider will reduce and may eliminate the death benefit.

Benefits paid under the BenefitAccess Rider are intended to be treated for federal tax purposes as accelerated life insurance death benefits under IRC §101(g)(1)(b). Tax laws related to the receipt of accelerated death benefits are complex and benefits may be taxable in certain circumstances. Receipt of benefits may affect eligibility for public assistance programs such as Medicaid. Accelerated benefits paid under the terms of the Terminal Illness portion of the rider are subject to a \$150 processing fee (\$100 in Florida). Clients should consult tax and legal advisors prior to initiating any claim.

A licensed health care practitioner must certify that the insured is chronically or terminally ill to qualify for benefits. Chronic illness claims will require recertification by a licensed health care practitioner. Other terms and conditions may apply. This rider is not Long-Term Care (LTC) insurance and it is not intended to replace LTC. The rider may not cover all of the costs associated with chronic or terminal illness. The rider is a life insurance accelerated death benefit product, is generally not subject to health insurance requirements, and may not be available in all states.

Access to policy withdrawals is restricted during periods in which BenefitAccess Chronic Illness benefit payments are being made.

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company and do not apply to any underlying investment options. Policy guarantees and benefits are not backed by the broker/dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

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**Your client should consider the investment objectives, risks, and charges and expenses carefully before investing in the contract, and/or underlying portfolios. The prospectus, and, if available, the summary prospectus, contains this information as well as other important information. A copy of the prospectus(es) may be obtained from prudential.com. Your clients should read the prospectus carefully before investing.**

**It is possible to lose money by investing in securities.**

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