



Prudential

Andrew J. Mako
Senior Vice President
Long-Term Care Insurance

The Prudential Insurance Company of America
Long-Term Care Insurance
Customer Service Center
P.O. Box 8519
Philadelphia, PA, 19101-8519

Date

First Name Last Name

Street Address

City, State Zip

Re: Policy Number (I000000000)

ILTC1 Prudential Long-Term CareSM Insurance

Notice of long-term care insurance premium increase

Dear First Name Last Name:

You may recall that we first wrote to you on (DATE) to inform you about the premium increase for your Prudential ILTC1 Long-Term Care Insurance policy. At that time, we told you we would provide you with additional details and some options for you to consider.

The premium increase for your policy is __%, meaning that your (mode) premium of \$_____ will change to \$_____. This rate increase will take effect on (date). If you are currently using the electronic funds transfer (“EFT”) premium payment method, this change will be automatic. If you are receiving bills, you will see this change reflected in the bill preceding the effective date of the new premium rate. We understand that this rate increase impacts you financially, but we hope that you will continue to appreciate the value of your long-term care insurance coverage. This premium rate increase is necessary for Prudential to continue to provide the quality LTC insurance coverage that our customers have come to expect. We have kept the increase as low as reasonably possible with the hope of minimizing the impact on you. However, it is possible that, as we continue to regularly review the experience on these ILTC1 policies, another increase may be needed in the future.

You have a number of important options to consider with regard to your LTC insurance coverage and premium requirements. We urge you to consider each carefully. If you continue to pay your (mode) premium at the increased rate listed above, the coverage provided under your policy will remain the same. In the alternative, we have set forth a number of options below that may allow you to reduce the amount that your premium increases by electing to decrease the amount of coverage you receive under your policy.

Options to Reduce the Impact of the Premium Rate Increase

- You may drop your optional Cash Benefit Rider and revert your policy to a reimbursement plan. This change would result in a new premium of \$X,XXX.XX per (mode).
- You may decrease your Daily Maximum amount from \$XXX to \$YYY. This change would result in a new premium of \$X,XXX.XX per (mode).¹
- You may decrease your Lifetime Maximum benefit amount from X years to Y years. This change would result in a new premium of \$X,XXX.XX per (mode).
- You may increase your Benefit Waiting Period from X days to Y days. This change would result in a new premium of \$X,XXX.XX per (mode).

Please note the above are just some options and the premium changes shown above apply where you elect one of them. If you wish to select more than one of these options, you would need to call us so we could tell you what the actual premium would be. You may wish to consider other options as well. Our dedicated call center staff will be able to help you with information about the range of options you might wish to consider. The premium amounts cited in this letter do not reflect benefit changes that may be pending at this time.

In the event you would like to make one or more of the benefit changes noted above, please complete the attached Long-Term Care Insurance Change Request Form and return it to the address noted on the form.

We understand that you are faced with an important decision and that you may require guidance to select the option that is most appropriate for you. If you have questions or concerns after reviewing this letter, please call our Long-Term Care Call Center using our dedicated customer service toll free line at 877-214-6583. We have a staff of well-trained individuals ready to assist you with this important change. The dedicated customer service line is available Monday through Friday during normal business hours, 8am to 8pm Eastern time.

We appreciate having you as a customer and we look forward to continuing to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew J. Mako". The signature is written over a large, light gray "DRAFT" watermark.

Andrew J. Mako
Senior Vice President

*Please note, if you are currently on claim and therefore not paying premiums due to the Waiver of Premium provision in your policy, this premium rate increase will not impact you until such a time as you are no longer on claim and return to premium paying status.

1 Subject to any applicable state and/or partnership regulatory minimum benefit requirements.

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[Contingent Non-Forfeiture Alternative]

[In addition to the options described above, you also have the option to exercise a non-forfeiture right. Under this option, no further premium payments are due and you will still have the same benefits, elimination period, and daily benefit maximums that you have now, but your lifetime maximum benefit will be reduced. You can elect this option within 120 days of the premium rate increase by checking the appropriate box on the enclosed Long Term Care Insurance Change Request Form. Or, if we do not hear from you and coverage lapses within this time period, your policy will automatically be converted to a paid-up policy.]

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[Non-Forfeiture Alternative]

[In addition to the options described above, you also have the option to exercise your right under the non-forfeiture rider to change your current policy to paid-up status, but with a shortened benefit period. Under this option, no further premium payments are due and you will still have the same benefits, elimination period, and daily benefit maximums that you have now, but your lifetime maximum benefit will be reduced. You can elect this option by checking the appropriate box on the enclosed Long Term Care Insurance Change Request Form. Or, if we do not hear from you and coverage lapses, your policy will automatically be converted to a paid-up policy.]

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