

Release of Liability
Rejection of Inflation Protection

I/we, have reviewed the attached information concerning the values of inflation protection in a long term care insurance policy.

I/we are also aware that costs of care are expected to increase at a rate of approximately 5% compounded annually.

I/we choose to reject the inflation option and understand that I/we would pay the difference between the policy benefits and the future costs of care from our assets and income.

Witness: _____

Agent