Lincoln Financial Group®

The Lincoln National Life Insurance Company
(the "Company")
A Stock Company
Administrator Mailing Address: PO Box 21008, Greensboro, NC 27420-1008
(800) 962-1654

Long-Term Care Insurance Outline of Coverage

For Long-Term Care Benefits Rider LTCBR-892

NOTICE TO OWNER: THIS RIDER IS AN APPROVED LONG-TERM CARE INSURANCE RIDER UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS RIDER WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE.

FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER (800) 434-0222.

TAXATION: This contract for long-term care insurance is intended to be a federally qualified long-term care insurance contract and may qualify you for federal and state tax benefits.

NOTICE TO BUYER: The Long-Term Care Benefits Rider described in this outline may not cover all of the costs associated with long-term care incurred by the Insured during the period of coverage. The buyer is advised to review carefully all policy and Rider limitations.

CAUTION: The issuance of the Long-Term Care Benefits Rider is based on the responses to the questions on your application for the Long-Term Care Benefits Rider and the policy to which it is attached. A copy of your application will be attached to any issued policy. If any answers in your application are misstated or untrue, the Company has the right to deny benefits or rescind your coverage. The best time to clear up any questions as to the accuracy of any answers in your application is now, before a claim arises! If, for any reason, any answers are incorrect, contact the Company at the Administrator Mailing Address shown above.

1. INDIVIDUAL COVERAGE.

The Long-Term Care Benefits Rider (the "Rider") is attached to, and made a part of, an individual life insurance policy.

2. PURPOSE OF OUTLINE OF COVERAGE.

This Outline of Coverage provides a very brief description of the important features of the Rider. You should compare this Outline of Coverage to outlines of coverage for other policies and riders available to you.

This is not an insurance contract, but only a summary of coverage. Only the Rider and the individual life insurance policy to which it is attached contain the governing contractual provisions. This means that the Rider and the policy set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR POLICY AND RIDER CAREFULLY AND IN THEIR ENTIRETY!

3. TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.

Renewability

THIS RIDER IS NON-CANCELABLE. for the lifetime of the Insured as long as the Policy and this Rider remain In Force. We cannot change any of the terms of this Rider on our own and cannot increase the Monthly Rider Charge. This Rider will remain In Force for as long as the Policy remains In Force, subject to the "Termination of Rider" and "Incontestability" provisions.

Waiver of Premium

This Rider does not contain a waiver of premium or waiver of rider charge provision.

4. TERMS UNDER WHICH THE COMPANY MAY INCREASE RIDER CHARGE RATES.

The Company cannot increase the rate shown in your policy that is used to calculate the monthly rider charge.

5. TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND RIDER CHARGES REFUNDED.

The Rider may be returned for any reason to the insurance agent through whom it was purchased, to any other insurance agent of the Company, or to the Company at the Administrator Mailing Address shown above within 30 days after its receipt. If returned, the Rider will be considered void from the Policy Date and the Company will refund all charges deducted for the Rider as a credit to the policy within 30 days of the return.

The monthly rider charge deducted for this Rider on the Monthly Anniversary Day immediately preceding the date the Insured dies or the date policy and Rider terminate at your request will be returned as a credit to the policy, as described in the Rider's "Termination of Rider" provision. If the policy and Rider terminate on a Monthly Anniversary Day, no rider charges will be returned.

6. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from the Company upon request. Neither the Company nor its agents represent Medicare, the federal government or any state government.

7. LONG-TERM CARE COVERAGE.

Policies and riders of this category are designed to provide coverage for 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 in a Nursing Facility, in the community, or in the home.

The Rider provides coverage by reimbursing costs incurred by the Insured during the period of coverage for the Covered Services listed in the Rider, subject to the terms and conditions of the Rider.

8. BENEFITS PROVIDED BY THE RIDER.

The LTC Benefit Limit and Maximum Monthly LTC Benefit under the Rider are equal to the greatest of the separately calculated reference values (Base, Market, and, while the Value Protection Rider is in force, Protected), as described in the "Determination of Rider Benefits" section of the Rider. **Unless you request a decrease in the Policy's Specified Amount or a partial surrender (i.e. withdrawal) under the policy, the LTC Benefit Limit will never be less than the Initial LTC Benefit Limit shown in your policy minus the sum of any benefits paid under the Rider, and the Maximum Monthly LTC Benefit will never be less than the Initial Maximum Monthly LTC Benefit shown in your policy.**

Benefits under the Rider are first paid by accelerating both the policy's Specified Amount and Accumulation Value until the Specified Amount and Accumulation Value have both been reduced to zero, then continue subject to the terms and conditions of the Rider until the Rider's LTC Benefit Limit equals zero.

Once all Benefit Conditions listed in the Rider and in the “Eligibility for Payment of Benefits” section below are satisfied, the Company will pay an amount not to exceed the Rider’s Maximum Monthly LTC Benefit each month until the LTC Benefit Limit equals zero to:

a. reimburse the costs incurred and actually paid by the Insured for any Covered Service or combination of Covered Services (other than Caregiver Training); and

b. pay Flexible Care Cash benefits, as described in the Rider; subject to the terms and conditions of the Rider.

There is no deductible period or elimination period which must be satisfied in order to be eligible for benefits under this Rider.

The amount payable for all Caregiver Training provided while the Rider is in force is limited to no more than the Caregiver Training Benefit Limit shown in your policy. Benefits paid for Caregiver Training will not reduce the available Maximum Monthly LTC Benefit for that month or the LTC Benefit Limit under the Rider.

Subject to the terms and conditions of the Rider and the policy to which it is attached, the following Covered Services may be available for reimbursement to the extent that such services are Qualified Long-Term Care Services prescribed in the Plan of Care:

INSTITUTIONAL BENEFITS

Residential Care Facility Services

Qualified Long-Term Care Services, including room and board, provided to the Insured while he or she is confined to an Residential Care Facility. A Residential Care Facility is a facility, or a distinctly separate section of a facility, that is licensed or certified to operate as a Residential Care Facility under the laws of the state or jurisdiction in which it is located and provides care for Chronically Ill individuals. If the state or jurisdiction does not license or certify Residential Care Facilities, then the facility must meet the criteria described in the Rider.

Bed Reservation

The expense incurred by the Insured to reserve the Insured’s bed in a Nursing Facility while he or she is temporarily absent during a stay in a Nursing Facility and is charged to reserve accommodations. The temporary absence can be for any reason with the exception of discharge. This includes, but is not limited to, a hospital stay or spending time with family. This benefit is limited to no more than a total of 30 days each calendar year. The amount payable for Bed Reservation cannot exceed 1/30th of the Rider’s Maximum Monthly LTC Benefit for each day that the bed is reserved.

Nursing Facility Care Services

Qualified Long-Term Care Services, including room and board, provided to the Insured while he or she is confined to a Nursing Facility. A Nursing Facility is a facility or distinctly separate area, section or wing of a hospital or other institution that is licensed or certified to operate as a Nursing Facility under the laws of the state or jurisdiction in which it is located. If the state or jurisdiction does not license or certify Nursing Facilities, then the facility must meet the criteria described in the Rider.

NON-INSTITUTIONAL BENEFITS

Adult Day Care Services

Medical or non-medical care on less than a 24-hour basis, provided in a licensed facility outside of the residence, for persons in need of personal services, supervision, protection, or assistance in sustaining daily needs, including Eating, Bathing, Dressing, ambulating, Transferring, Toileting, and taking medications.

Care Planning Services

Services provided for the Insured by a Care Planning Agency under the direction of a Licensed Health Care Practitioner. A Care Planning Agency is an agency or organization which is primarily engaged in providing care planning on behalf of its clients. The agency or organization must be licensed as a Care Planning Agency by the appropriate licensing agency in the state or jurisdiction in which care is to be received, if the state or jurisdiction licenses such agencies. If the state or jurisdiction does not license Care Planning Agencies, then the agency must meet the criteria described in the Rider.

Caregiver Training

Training given to the Insured's unpaid caregiver by a properly accredited medical or instructional institution or by a qualified individual, such as a licensed nurse, to provide the unpaid caregiver with the knowledge and skills necessary to care for the Chronically Ill Insured. The amount payable for Caregiver Training is limited to no more than the Caregiver Training Benefit Limit shown in your policy.

Home Health Care Services

Services which are prescribed in the Insured's Plan of Care and provided to the Chronically Ill Insured, including part-time and intermittent skilled nursing services, Substantial Assistance with the Activities of Daily Living, and Substantial Supervision required due to a Severe Cognitive Impairment. Home Health Care Services may also include Personal Care Services and Homemaker Services that are incidental to Substantial Assistance with Activities of Daily Living or Substantial Supervision due to a Severe Cognitive Impairment.

A Home Health Care Agency is an entity or organization which provides Home Health Care Services that is Medicare certified, licensed by the California Department of Social Services as a Home Care Organization, or licensed as a Home Health Care Agency in the state or jurisdiction in which Home Health Care Services are provided. The entity must meet at least one of the licensing, accrediting or certification criteria described in the Rider. If an entity does not meet one or more of those criteria, then it must satisfy all of the conditions listed in the Rider in order to qualify as a Home Health Care Agency.

Personal Care Services

Assistance with the Activities of Daily Living, including the Instrumental Activities of Daily Living, provided by a skilled or unskilled person under a Plan of Care developed by a physician or a multidisciplinary team under medical direction. "Instrumental activities of daily living" include using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, laundry, and light housekeeping.

Homemaker Services

Assistance with activities, necessary to or consistent with the Insured's ability to remain in his or her residence, that is provided by a skilled or unskilled person, under a Plan of care developed by a physician or a multidisciplinary team under medical direction.

Hospice Services

Outpatient services not paid by Medicare that are designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and to provide supportive care to the Insured's primary unpaid caregiver and the Insured's family. Care may be provided by a skilled or unskilled person under a Plan of Care developed by a physician or a multidisciplinary team under medical direction.

Respite Care Services

Short-term care services provided for the Insured in an institution, in the Insured's Home as defined in the Rider, or in a community-based program that is designed to relieve a primary care giver in the home. This benefit is limited to no more than a total of 21 days each calendar year. The amount payable for each day of Respite Care Services cannot exceed 1/30th of the Rider's Maximum Monthly LTC Benefit.

Alternative Care Services

Long-Term Care Services that are not covered under any of the Covered Services listed above, but which are prescribed in the Insured's Alternate Plan of Care and which the Insured, the Insured's Licensed Health Care Practitioner and the Company all agree meet the Insured's long-term care needs as described in the Rider.

Non-Continual Services

Services which are received by the Insured on a non-recurring basis, such as expenses for durable medical equipment or for modifications to the Insured's Home as defined in the Rider to accommodate a wheelchair or other device, that are prescribed in the Insured's Plan of Care, and which the Insured, the Insured's Licensed Health Care Practitioner and the Company all agree would be the most appropriate and cost-effective way to meet the Insured's long-term care needs. The total amount payable for Non-Continual Services in any calendar year cannot exceed the Rider's Maximum Monthly LTC Benefit.

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

The following Benefit Conditions must be met to qualify for benefits under the Rider:

a. The total benefits paid to date under the Rider must not have reduced the LTC Benefit Limit to zero.

b. The Insured must be Chronically Ill as defined in the Rider and below.

c. A Licensed Health Care Practitioner, independent of the insurer, shall certify that the insured meets the definition of "Chronically Ill individual."

   1. An insured has the option of submitting a certification to the insurer or submitting a notice of claim and requesting that the insurer conduct the assessment. If the insured requests that the insurer conduct the assessment, the insurer shall provide an independent Licensed Health Care Practitioner to conduct the assessment. If a health care practitioner makes a determination, pursuant to this section, that an insured does not meet the definition of "chronically ill individual," the insurer shall notify the insured that the insured shall be entitled to a second assessment by a licensed health care practitioner, upon request, who shall personally examine the insured. The requirement for a second assessment shall not apply if the initial assessment was performed by a practitioner who otherwise meets the requirements of this section and who personally examined the insured.

   2. The assessments shall be performed promptly with the certification completed as quickly as possible to ensure that an insured's benefits are not delayed.

3. A Licensed Health Care Practitioner shall develop a written Plan of Care after personally examining the insured.
4. The costs to have a Licensed Health Care Practitioner certify that an insured meets, or continues to meet, the definition of "Chronically Ill individual," or to prepare written plans of care shall not count against the lifetime maximum of the policy or certificate.
5. In order to be considered "independent of the insurer," a Licensed Health Hare Practitioner shall not be an employee of the insurer and shall not be compensated in any manner that is linked to the outcome of the certification.

d. Once every 12 months after a Licensed Health Care Practitioner initially certifies that the Insured is Chronically Ill, and for as long as the Insured continues to be Chronically Ill, a Licensed Health Care Practitioner must again:
   1. certify to us that the Insured is Chronically Ill; and
   2. either prescribe a new Plan of Care, or reconfirm the existing Plan of Care.

There is no deductible period or elimination period which must be satisfied in order to be eligible for benefits under the rider.

"**Chronically Ill**" ("Chronic Illness") means a state of health where the Insured has been certified by a Licensed Health Practitioner in the preceding 12 months as :

a. unable to perform, without Standby or Hands-on Assistance as defined below from another individual, at least 2 of the Activities of Daily Living described below:
   1. for a period of at least 90 days; and
   2. as a result of loss of functional capacity; or
b. requires Substantial Supervision to protect the Insured from threats to health and safety caused by a Severe Cognitive Impairment, as defined below.

The term "Chronically Ill" shall not include an Insured who otherwise meets the requirements stated above unless, within the preceding 12 month period, a Licensed Health Care Practitioner has certified that the Insured meets the requirements of this provision.

The 6 "**Activities of Daily Living**" are:

a. **Bathing:** Washing oneself by sponge bath or in either a tub or shower, including the act of getting into or out of the tub or shower.
b. **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
c. **Dressing:** Putting on and taking off all essential items of clothing and any necessary braces, fasteners or artificial limbs.
d. **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
e. **Toileting:** Getting to and from the toilet, getting on or off the toilet, and performing associated personal hygiene.
f. **Transferring:** The ability to move into or out of a bed, a chair, or wheelchair.

"**Severe Cognitive Impairment**" means severe deterioration or loss in the Insured's intellectual capacity which requires Substantial Supervision to protect one's self from threats to health and safety. Cognitive Impairment is measured by clinical evidence and standardized tests which reliably measure impairment in one's:

1. the Insured's short- or long-term memory;
2. the Insured's orientation as to person, such as who they are, place, such as their location, and time, such as day, date, and year; and
3. the Insured's deductive or abstract reasoning.

Such loss of intellectual capacity can result from the following covered conditions: Alzheimer's disease, Parkinson's disease, senile dementia or other nervous or mental disorders.

"**Substantial Assistance**" means Hands-on Assistance, and Standby Assistance as defined in the Rider.

"**Substantial Supervision**" means continual supervision which may include cueing by verbal prompting, gestures, or other demonstrations by another person that is necessary to protect the Insured from threats to his or her health or safety arising from the Insured's Severe Cognitive Impairment (such as may result from wandering).

Flexible Care Cash Benefits

Flexible Care Cash is available for up to 7 days per week to provide assistance with paying for Qualified Long-Term Care Services while the Insured is residing in their Home, such as care provided by an Informal Caregiver, subject to the terms and conditions described in the Rider. Receipts for services provided on days for which Flexible Care Cash is requested are not required for payment.

Flexible Care Cash is available only on days when no Covered Services are being reimbursed under the Rider. The amount of Flexible Care Cash payable for each day is equal to the lesser of:

a. 1/60th of the Rider's Maximum Monthly LTC Benefit; or
b. the Per Diem Limit as defined in the Rider in effect on the date a claim is approved.

International Benefits

The Rider provides for benefits for Nursing Facility Care Services or Residential Care Facility Services received outside of the United States or its territories and possessions (collectively, "United States"), subject to the terms and conditions described in the Rider. The amount payable each calendar month for such services is limited to the Rider's Maximum Monthly LTC Benefit. The only Covered Services payable, when received outside the United States, are benefits for Nursing Facility Care Services or Residential Care Facility Services.

International Benefits are limited to no more than a total of 36 months of payments by us while the Rider is in force.

9. LIMITATIONS AND EXCLUSIONS.

Pre-Existing Conditions

The Rider does not exclude pre-existing conditions.

Non-eligible Facilities or Providers

The Rider does not cover services provided by a facility or an agency that does not meet the Rider's definition for such facility or agency, except as provided under Alternative Care Services. Unless specifically noted in the Rider, the Rider does not cover services provided by unlicensed providers. Except as provided in the "Flexible Care Cash Benefits" provision, the Rider does not cover services provided by an Immediate Family Member as defined in the Rider unless the Immediate Family Member providing the service meets the criteria described in the Rider.

Non-eligible Levels of Care

The Rider only provides benefits for services that are Qualified Long-Term Care Services as defined in the Rider which are prescribed in the Plan of Care. The Rider does not provide benefits for services which do not meet those criteria.

Exclusions, Exceptions and Limitations

The Rider will not provide benefits for:

a. treatment or care for alcoholism or drug addiction;

b. Illness, treatment, or a medical condition arising out of an attempt at suicide, whether or not the person had mental capacity to control what he or she was doing, or intentionally self-inflicted injury;

c. treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law;

d. loss to the extent that benefits are payable under any of the following:

   1. Medicare, including that which would have been payable but for the application of a deductible or a coinsurance amount, or any other governmental programs, except Medi-Cal or Medicaid;
   2. state or Federal workers' compensation laws;
   3. employer's liability laws;
   4. occupational disease laws; and
   5. any motor vehicle no-fault laws;

e. confinement or care received outside the United States or its territories and possessions, other than benefits for Nursing Facility Care Services and Residential Care Facility Services as described in the "International Benefits" provision below;

f. services provided by an Immediate Family Member, except as provided in the "Flexible Care Cash Benefits" provision, unless the Immediate Family Member providing the service meets the criteria described in the Rider; and

g. services for which no charge is or would normally be made in the absence of insurance.

Reduction of Benefit Payment Due to Debt

A benefit paid under the Rider will be first used to repay a portion of any outstanding Debt, as described in the Rider.

THE LONG-TERM CARE BENEFITS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG- TERM CARE NEEDS.

10. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the cost of long-term care services will likely increase over time, you should consider whether and how the benefits provided under the Rider may be adjusted.

Market LTC Values

The LTC Benefit Limit and Maximum Monthly LTC Benefit under your Rider may increase if your policy's Accumulation Value increases, as described in the Rider. A "Market LTC Limit Value" and a "Market Maximum Monthly LTC Value" are calculated on a daily basis based on that day's Accumulation Value under your policy. The greatest of all the calculated reference values (Base, Market, and while the Value Protection Rider is in force, Protected) are used to determine the LTC Benefit Limit and Maximum Monthly LTC Benefit under the Rider, as described in the "Determination of Rider Benefits" section of the Rider.

Increases in Policy Specified Amount

If your Rider is not issued with the right to purchase annual Optional Inflation Protection increases, or if that right terminates as described in the Rider, the LTC Benefit Limit and Maximum Monthly LTC Benefit under your Rider can be increased if you request, and we approve, an increase in your policy's Specified Amount. A request to increase your policy's Specified Amount is subject to evidence of insurability and the terms and conditions described in the policy.

Optional Inflation Protection

If your Rider is issued with the right to purchase Optional Inflation Protection, you can purchase a 5% compound Optional Inflation Protection increase on each Policy Anniversary, with no evidence of insurability. Every annual Optional Inflation Protection increase purchased by you will be factored into the calculation of the benefits under your Rider, as described in the Rider.

This right to purchase an annual Optional Inflation Protection increase will not terminate as long as the following conditions are satisfied:

a. you continue to purchase each year's Optional Inflation Protection increase;

b. your Rider's LTC Benefit Limit is greater than zero; and

c. your Rider remains in force.

If your right to purchase annual Optional Inflation Protection increases terminates as described in the Rider, any previously purchased Optional Inflation Protection increases will continue to be included in the calculation of benefits under your Rider. The rate used to calculate the monthly rider charge will be reduced, as described in the Rider.

If you reject the right to purchase Optional Inflation Protection increases on the application for the Rider, you will not be able to purchase Optional Inflation Protection increases.

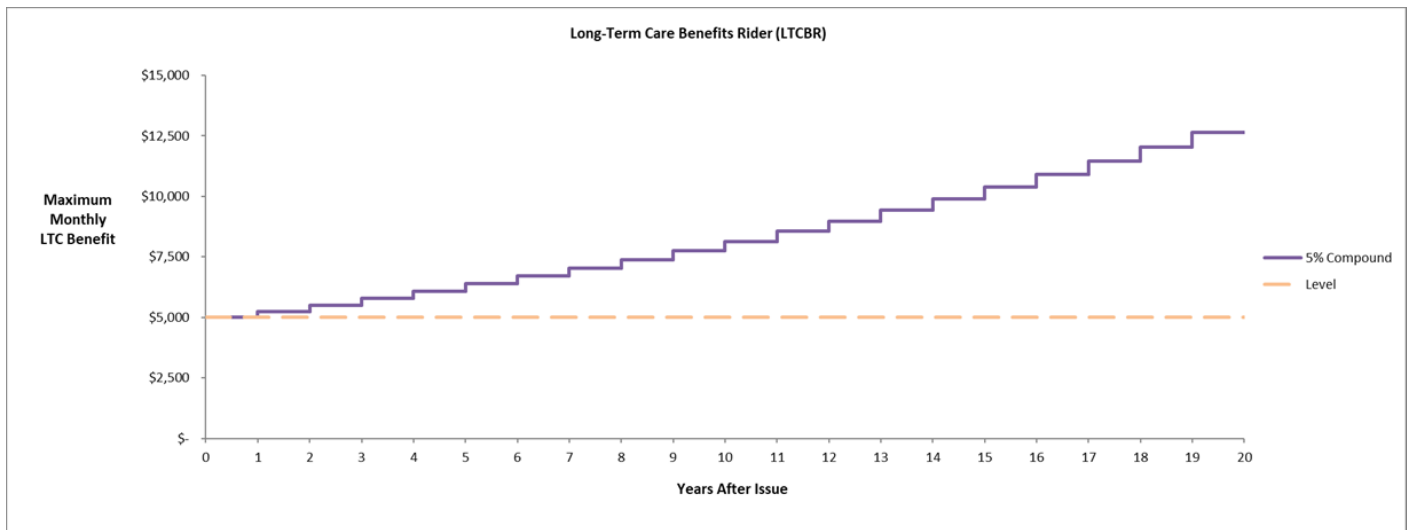
Monthly Rider Charge

Your monthly rider charge is calculated based on the LTC Benefit Limit in effect on each Monthly Anniversary Day. The rate shown in your policy that is used to calculate the monthly rider charge will not increase when you purchase an Optional Inflation Protection increase, when you request an increase in your policy's Specified Amount, or if the LTC Benefit Limit under your Rider increases as a result of an increase in your policy's Accumulation Value. However, the monthly rider charge for your Rider will increase at that time to reflect the additional benefits.

The chart below gives examples of the increased monthly rider charge as a result of each annual Optional Inflation Protection increase shown. These examples assume that no benefits have been paid under the Rider, and that there is no increase in the Rider's LTC Benefit Limit as a result of increases in the policy's Accumulation Value, as described in the "Market LTC Values" provision above. Your actual monthly rider charges will be different from the examples shown depending on your sex, issue age, rate class, Initial LTC Benefit Limit, whether or not benefits have been paid under your Rider, and/or if your Rider's LTC Benefit Limit increases as a result of increases in your policy's Accumulation Value.

Monthly Rider Charge after annual 5% Compound Optional Inflation Protection Increase Initial LTC Benefit Limit: $180,000 (Initial Maximum Monthly LTC Benefit: $5,000)			
Male Rate Class: Standard Issue Age: 50	**Monthly LTC Charge Rate** (per $1,000 of LTC Benefit Limit)	**LTC Benefit Limit**	**Monthly Rider Charge**
Issue to 1st Policy Anniversary ("Anniv")	1.04374	$180,000	$187.87
1st Anniv to 2nd Anniv	1.04374	$189,000	$197.27
2nd Anniv to 3rd Anniv	1.04374	$198,450	$207.13
3rd Anniv to 4th Anniv	1.04374	$208,373	$217.49
4th Anniv to 5th Anniv	1.04374	$218,791	$228.36
Female Rate Class: Couples Discount Issue Age: 45	**Monthly LTC Charge Rate** (per $1,000 of LTC Benefit Limit)	**LTC Benefit Limit**	**Monthly Rider Charge**
Issue to 1st Policy Anniversary ("Anniv")	1.42677	$180,000	$256.82
1st Anniv to 2nd Anniv	1.42677	$189,000	$269.66
2nd Anniv to 3rd Anniv	1.42677	$198,450	$283.14
3rd Anniv to 4th Anniv	1.42677	$208,373	$297.30
4th Anniv to 5th Anniv	1.42677	$218,791	$312.16

The graph below provides a comparison of the Maximum Monthly LTC Benefit provided by a Rider where the annual 5% compound Optional Inflation Protection increase was purchased every year for the first 20 Policy Years, versus a Rider with no Optional Inflation Protection increases. These examples assume that no benefits have been paid under the Rider, and that there is no increase in the Rider's Maximum Monthly LTC Benefit as a result of increases in the policy's Accumulation Value or Specified Amount.



11. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.

This Rider will provide benefits for Qualified Long-Term Care Services prescribed in the Plan of Care resulting from a clinical diagnosis of Alzheimer's Disease or related degenerative and dementing illnesses, subject to the terms of this Rider.

12. RIDER CHARGES.

The monthly rider charge for the Rider will be deducted as part of the policy's Monthly Deduction. The rate used to calculate the monthly rider charge for your Rider is shown in your policy.

13. ADDITIONAL FEATURES.

Medical Underwriting

The issuance of this Rider is subject to medical underwriting.

Nonforfeiture

The "Nonforfeiture Benefit" provision in the Rider provides for a limited amount of paid-up long-term care insurance if the policy and Rider terminate after having been in force for at least 3 years, subject to the terms and conditions of the provision. There is no additional charge for this benefit.

14. INFORMATION AND COUNSELING

The California Department of Insurance has prepared a Consumer Guide to Long-Term Care Insurance. This guide can be obtained by calling the Department of Insurance toll-free telephone number. This number is 1-800-927-HELP. Additionally, the Health Insurance Counseling and Advocacy Program (HICAP) administered by the California Department of Aging, provides long-term care insurance counseling to California senior citizens. Call the HICAP toll-free telephone number 1-800-434-0222 for a referral to your local HICAP office.

CONTACT THE STATE AGENCY LISTED IN THE NAIC'S "A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE" IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE LINCOLN NATIONAL LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING THE LONG-TERM CARE BENEFITS RIDER DESCRIBED IN THIS OUTLINE.