

QuietCare®

TAX-QUALIFIED
LONG-TERM CARE INSURANCE



Northwestern Long Term Care
Insurance Company™

A Northwestern Mutual Company

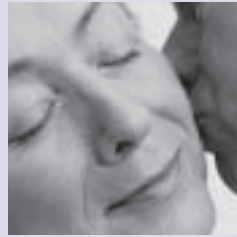


table of contents

Are you and your family protected? **1**

What is long-term care? **1**

What are your options for long-term care? **2**

Where can you receive care? **4**

Customizing your policy **6**

Optional benefits **8**

 Inflation protection options **8**

 Survivorship benefit **11**

 Paid-up non-forfeiture benefit **11**

Additional policy features **12**

Available discounts **13**

How you become eligible for benefits **14**

Additional policy provisions **15**

Exclusions and limitations **16**

State-specific features and provisions **17**

Northwestern Long Term Care Insurance Company strength **18**

QuietCare® worksheet **19**

protection

ARE YOU AND YOUR FAMILY PROTECTED?

We spend our lifetime working hard and saving for the future to ensure our security and the security of our family. To further strengthen the security we've established, we buy insurance to protect ourselves, our loved ones and our other important assets.

We buy property insurance on our homes and automobiles. We purchase disability income, life and health insurance to protect ourselves and those who depend upon us financially.

However, we may forget to include long-term care insurance in our planning.

Thanks to advances in medical science, most of us will live well into our golden years. Consequently, it's important to think in terms of the quality of that longer lifetime. And, when it comes to the quality of our lives, maintaining control over our own circumstances will become more and more meaningful with every passing year.

We cannot predict the future, but we could eventually need caregiving services on a long-term basis. And the cost of receiving these services can jeopardize not only our lifestyle but also our family's lifestyle and the financial security we've spent our lifetime establishing.



What is long-term care?

Long-term care encompasses services provided to individuals suffering from a chronic illness, disabling condition or cognitive impairment. These services are generally needed for an extended period of time and may not “cure” or “heal” the patient. They focus on helping the individual with routine activities such as bathing, dressing and eating.

Services may be provided in your home, in your community, in an alternate living facility or in a nursing home. The range of services is broad in scope and can be provided by personal care providers, such as home health aides, or by professional care providers, such as registered nurses and physical therapists.

options

Historically, family members have taken on the responsibility of caring for their aging parents. However, today we're having fewer children, families are relocating and women have full-time careers. What are your options should you ever need long-term care?

Your spouse

Will your spouse be healthy enough to provide you with long-term care?

When a spouse provides care, more often than not it is the wife who cares for her husband. When private insurance pays for long-term care, caregivers can spend more quality time with and enhance the emotional well-being of an elder who has a disability. In addition, two-thirds of caregivers indicate that long-term care insurance also reduces stress?

Your children

Do you have children?

If so, is it a preferred option for both you and your children that they care for you?

Do they live nearby?

If not, would one of you be willing to move in order for them to care for you?

Do they work?

Juggling caregiving and work responsibilities is a common practice that can result in caregivers arriving late and leaving early from their jobs, taking time off during the day or working weekends.

In addition, the sacrifices that informal caregivers routinely make during midlife – a peak earning period – reduce lifetime earnings and retirement savings.

Do they have their own children?

Raising children is a full-time job. Have you considered how much time your children may have to care for you?



Medicaid⁴

Medicaid is a state-administered government-funded program that pays health care expenses for low-income individuals. If eligibility requirements are met, Medicaid can pay for nursing facility and limited home health care services. **The recipient must meet the state's eligibility requirements.**

Medicare

A common misconception is that Medicare pays for all medical conditions. The fact is that Medicare is more like major medical insurance. It is designed to pay primarily for **acute conditions** such as broken bones and heart attacks. Such conditions are usually treated in a hospital or in a skilled nursing facility.

Medicare primarily pays medical benefits, but generally pays limited or no long-term care benefits for **chronic conditions** such as Alzheimer's disease, osteoporosis, Parkinson's disease and severe arthritis.

Chronic medical conditions evolve over a longer period of time and generally require custodial (non-skilled) care in the home, in the community, in alternate living facilities or in nursing facilities. Medicare generally doesn't pay for custodial care.

To qualify for Medicare-covered skilled care, you must meet certain conditions when you get out of the hospital. Some Medicare Advantage Plans may offer limited skilled nursing facility and skilled home care if the care is medically necessary.²

If the necessary conditions are met, skilled nursing facility services are covered as follows:¹

DAYS	YOU PAY	MEDICARE PAYS
1-20	Nothing	Everything
21-100	\$128.00 per day	Balance
101+	Everything	Nothing

Based on 2007 figures.

The federal Medicare program...

...paid for only 20 percent of all long-term care spending in 2005.

Source: "National Spending for Long Term Care," Georgetown University Long-Term Care Financing Project, February 2007.

Your income and assets

Could your income and assets pay for your long-term care expenses? From 1990 to 1995, nursing home costs rose 6.25 percent a year; a government study forecasts that home health and nursing home costs will rise 5.8 percent a year through 2010.³

Long-term care insurance

Long-term care insurance is designed to reimburse some of the costs of receiving various levels of care for chronic conditions either in your home, in the community, in alternate living facilities or in nursing homes. This gives you more options over when, where, how much and what type of care you can receive.

National Annual Projected Cost of Long-Term Care Services (assuming a 5.8 percent annual increase in costs)⁶

	2007	2037
Home health aide (\$200/8-hour day)	\$73,000	\$396,180
Nursing home facility (\$181/day semi-private room)	\$66,065	\$358,543

In 2007, a 55-year-old would have to accumulate over \$1,000,000 to pay for three years in a nursing home by the time he or she reached age 85. To reach this goal, he or she would have to save more than \$10,000 a year for the next 30 years (and earn a 7 percent return after taxes) to cover such costs.

Note: These figures provide national averages. See your financial representative (a licensed agent) for the average cost of care in your area.

¹ Also referred to as Medi-Cal in California and MassHealth in Massachusetts.

² "Medicare and You 2005," Department of Health and Human Services, 2005.

³ "What Does Long-Term Care Cost?", National Clearinghouse for Long-Term Care Information, U.S. Department of Health and Human Services, http://www.longtermcare.gov/LTC/Main_Site/Paying_LTC/Costs_Of_Care/Costs_Of_Care.aspx, January, 2008

choices

LONG-TERM CARE IS MORE THAN CARE RECEIVED IN A NURSING HOME

QuietCare® long-term care insurance offered through Northwestern Long Term Care Insurance Company⁴ (Northwestern Long Term Care), helps you plan for the ability to afford options such as...



Care in your home

Home care services can be an alternative to receiving care in a facility setting. Home health-care-eligible providers include qualified home health-care agencies or certain qualifying independent care providers which deliver care in your home, the home of a friend or relative, or a community-based residential facility.

Qualified home health-care agencies must be licensed and/or certified by the state⁵ and provide care by one or more of the following qualified home health-care providers:⁶

- Registered nurses
- Licensed vocational nurses
- Physical therapists
- Licensed or certified social workers
- Certified nursing assistants
- Licensed practical nurses
- Occupational therapists
- Speech therapists
- Certified home health aides

An **immediate family member** may provide care if he or she meets the above criteria and is providing such care as an employee of a qualified home health-care agency.

You can also receive care through an **independent care provider**, who is a person not affiliated with a home health-care agency but otherwise meets the definition of a qualified home health-care provider as indicated above. A family member cannot be an independent care provider.

Homemaker services are support services necessary to remain in the home, such as meal preparation, laundry, light housekeeping and supervision of taking medications. Incidental homemaker services may be delivered by a home health-care-eligible provider if provided by the same individual and on the same visit as other qualified long-term care services.

⁴ This policy does not qualify for Medicaid asset protection under the Partnership programs in certain states. In MA, certain restrictions apply. Please see page 17 for details.

⁵ In states that do not license or certify these providers, other guidelines may apply.

⁶ Providers may vary by state.

Caregiver training

When you are receiving care in your home, it can sometimes be to your advantage to have a friend or family member receive training that teaches them how to better care for you. The Caregiver Training Benefit allows for a certain dollar amount from your policy to be applied toward such training.

Care in your community

If you need long-term care and are able to rely on informal assistance from a friend or family member, community care services can allow your informal caregiver time during the day to work or take care of other needs. Community care includes appropriate adult day care facilities that offer a group program that provides health, social and related support services in a facility.

An alternate plan of care

A stay in a nursing home or alternate living facility might be avoided or postponed through the development of an alternate plan of care.

Such a plan may reimburse costs for services and devices that could keep you in your home, such as durable medical equipment, home modifications or long-term care services that did not yet exist when your policy was issued. A written agreement between a licensed health-care practitioner, yourself and Northwestern Long Term Care Insurance Company is required.

Care in an alternate living facility

If the type or frequency of care you need cannot feasibly be provided in your home, care in an alternate living facility may be a better option for you. An alternate living facility primarily provides ongoing care, sometimes in an apartment-like setting, on a 24-hour basis. Such facilities may include assisted living, Alzheimer's care, adult foster care, personal care or community-based residential facilities (or similar terms) and may be freestanding or part of a larger facility such as an adult congregate living facility.

Care in a nursing home

Sometimes care in a nursing home is needed. A nursing home is a facility that is primarily in the business of providing licensed nursing care (skilled, intermediate and custodial) to inpatients on a 24-hour-a-day basis.

Hospice Care

Hospice care is intended for those in the final stages of needing care services. Hospice Care Services include inpatient and outpatient services that provide end of life care while alleviating the physical, emotional and social discomforts of the terminally ill. The daily benefit will be payable prior to the Beginning Date if all other requirements for benefits are met and you are receiving hospice care. A licensed physician must certify the terminal illness and the length of the illness to be six months or less. Hospice care can be provided under a hospice care program that is state/federally certified and may be provided in the home, home of a friend or home of a relative. Hospice care that is covered by Medicare is subject to the limitation for governmental benefits payable. Reimbursed expenses for hospice care will not count in meeting the Elimination Period.



customize

MEETING YOUR SPECIFIC NEEDS

You can customize your QuietCare® policy to meet your specific needs and preferences. When customizing your policy, it is important that you understand the cost of care in your area.

QuietCare® may be purchased between the ages of 18 and 79.

One: Maximum Daily Limit

Select a Maximum Daily Limit from \$50⁷ to \$400⁸ per day, in \$10 increments. QuietCare® will pay the actual charges, up to your selected Maximum Daily Limit.

Maximum Daily Limits

\$ _____ NURSING HOMES and ALTERNATE LIVING FACILITIES

- **Nursing Homes:** Includes skilled, intermediate and custodial care.
- **Alternate Living Facilities:** Includes assisted living, Alzheimer's care, adult foster care and community-based residential facilities.

Home Health Care and Community Care – QuietCare® will pay the actual charges, up to your choice of 50 percent¹⁴ or 100 percent of your selected Maximum Daily Limit.

\$ _____ HOME HEALTH CARE and COMMUNITY CARE

- **Home Health Care:** Includes licensed care provided through either an agency or an independent care provider.
- **Community Care:** Includes certain types of community-based care, such as adult day care centers.

Two: Beginning Date and Elimination Period

Benefits are payable as of the Beginning Date, which is the day following the completion of the Elimination Period. The Elimination Period is the number of weeks the insured incurs Qualifying Expenses before benefits begin to be payable. If you have at least one day of qualifying expenses during a calendar week (Sunday through Saturday), the entire week will count toward the Elimination Period. In addition, expenses for Qualified Long-Term Care Services incurred in countries other than the United States and Canada may also be used to satisfy the Elimination Period. (Georgia has an 8 week Elimination Period):

____ 6 Weeks ____ 12 Weeks ____ 25 Weeks⁹

- **Qualified expenses count toward satisfying the Elimination Period regardless of the amount incurred per day and whether that amount is reimbursed by other sources such as Medicare.**
- **Once you have satisfied a week toward your Elimination Period, you will never have to satisfy it again.**
- **Once you have satisfied your Elimination Period requirement, you will never have to satisfy it again. As long as there are qualifying expenses covered by the policy, benefits will be paid.**

The amount of benefits provided depends upon the plan selected, and the premium will vary depending on the amount of benefits which are selected.

⁷ \$60 in Wisconsin, \$100 in New York.

⁸ \$500 in AK, CT, MA, NH, NJ, NY, \$300 in FL.

⁹ Not available in all states.

Three: Benefit Period

How long do you want to receive benefits? Your choices are:

- _____ Lifetime (Unlimited)
- _____ Six years (2,190 days)
- _____ Three years (1,095 days)

The Benefit Account Value

The Benefit Account Value is the maximum total amount payable for qualifying expenses for the duration of the policy. If you choose either a three- or six-year Benefit Period, the Benefit Account Value is determined by multiplying the amount of your selected Maximum Daily Limit by the number of days in the selected Benefit Period.

For example: If your selected Maximum Daily Limit is \$160 per day and you choose a three-year Benefit Period, then your Benefit Account Value would be:

\$160 PER DAY X THREE YEARS (1,095 DAYS) = \$175,200

If your daily cost of care is less than your selected Maximum Daily Limit or you do not incur long-term care expenses on a daily basis, then the unused portion can be used to extend the period of time your coverage will last.

If you select a *Lifetime* Benefit Period, the Benefit Account Value is unlimited.



How long do you want to receive benefits?

Your selections

_____ Maximum Daily Limit **X** _____ Benefit Period Days **=** _____ Benefit Account Value

Note: Certain state insurance departments require variations in terminology to some policy features. The new terms for the features do not change how the features operate. Such changes may be "Adult Day Health Care Centers" or "Adult Day Care Facilities" replacing "Adult Day Care Centers," "Assisted Living Facilities" replacing "Alternate Living Facilities," "Elimination Period" replacing "Beginning Date," and "Lifetime Maximum Dollar Amount" or "Maximum Lifetime Benefit" replacing "Benefit Account Value."

optional benefits

INFLATION PROTECTION

For an additional cost, you may choose from any of the following optional benefits:



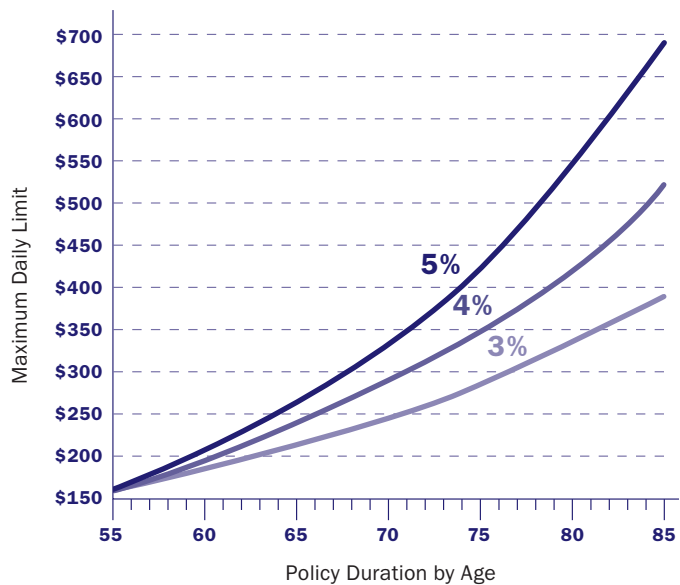
Inflation protection options¹⁰

Since long-term care insurance is usually a “future” benefit, the actual cost of providing care at a future date is likely to be higher than it is today. QuietCare® offers two ways for your benefits to increase.

Automatic benefit increase (ABI)

Choose an amount of 3 percent, 4 percent or 5 percent¹¹ by which you want your Maximum Daily Limit and remaining Benefit Account Value to increase on a compounded annual basis at each policy anniversary. **The cost of future coverage increases is built in and will not cause your original premium to increase after issue.**

ABI Indexing Options Benefit Comparison



- Age 55, 91 Day Beginning Date, Lifetime (Unlimited) Benefit Period
- Maximum Daily Limit – \$160 Nursing Home and Alternate Living Facility, \$160 Home Health and Community Care

¹⁰ Due to the guaranteed renewability of this product, premiums will only be changed if all policies of the same form in your class are changed and, in most states, if your state insurance department approves the change.

¹¹ 3% and 4% not available in HI, ID, IN, NC, PA, TN, TX. Indexing of less than 5% is not considered “inflation protection” in all states.

Automatic additional purchase benefit (AAPB)¹²

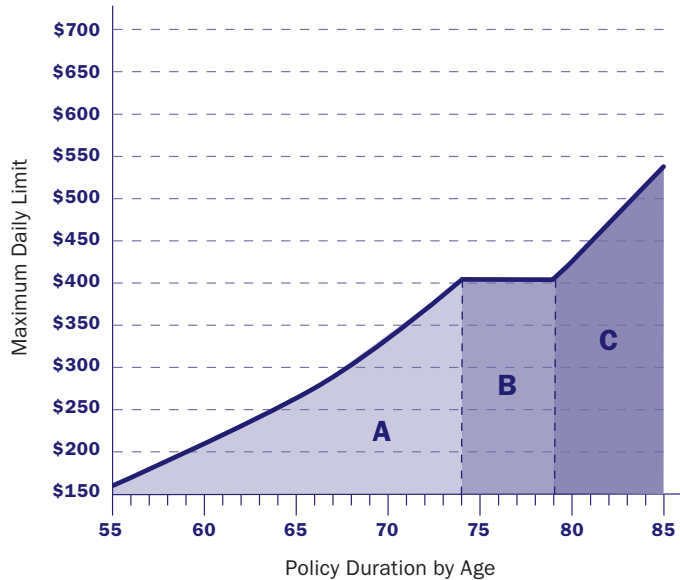
This option allows the amount of your Maximum Daily Limit and remaining Benefit Account Value to increase by 5 percent compounded per policy year on each policy anniversary date, up to age 85 (or for 10 years, if later)¹³ without any additional underwriting.

You decide whether or not to accept a future increase. On each policy anniversary when benefits increase, an additional premium based on attained age rates will be payable.

- On refusal of an increase, the coverage and premium levels remain at the prior year's amounts. Increase offers will continue the next year.
- After a second increase is refused, no further increases in coverage are offered.
- Once benefits are payable, coverage increases on the policy anniversary and there is no age or duration limit to these increases.

Also, coverage increases continue while you are eligible for benefits regardless of whether or not you have refused any increases.

AAPB Indexing Benefit Comparison



- A** 5 percent increases accepted.
- B** 5 percent increases at age 75 and 76 declined by insured. Future increases only occur while on claim.
- C** Maximum Daily Limit indexed due to claim, and your premium will be waived.
- Age 55, 91 Day Beginning Date, Lifetime (Unlimited) Benefit Period, Indexing at 5 percent Compounded Annually
- Maximum Daily Limit – \$160 Nursing Home and Alternate Living Facility, \$160 Home Health and Community Care

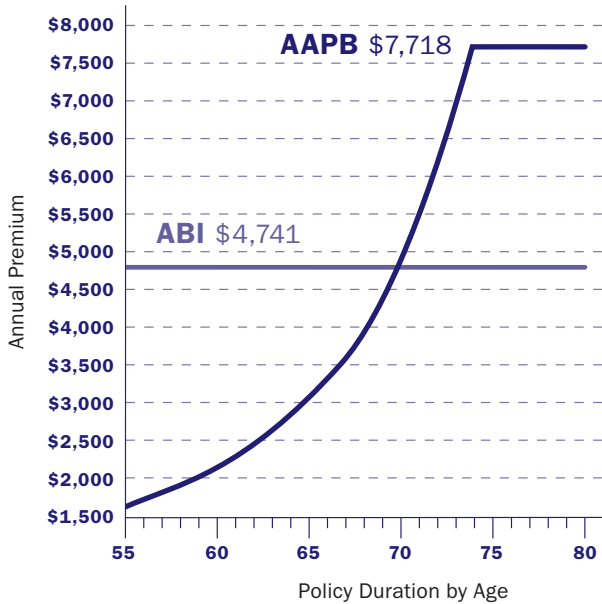
(This graphic example assumes acceptance of 5 percent increases through age 74, no increases accepted ages 75-79, and indexing of Maximum Daily Limit beginning at age 80 due to a claim.)

¹² In Pennsylvania, this benefit is referred to as "Optional Additional Purchase Benefit Rider."
¹³ No age or duration limits in CT, IN, MD, PA, TX.

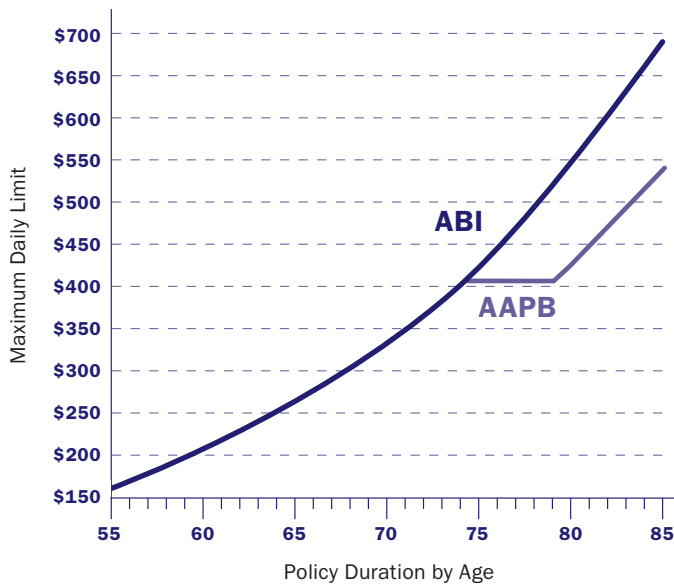
optional benefits

INFLATION PROTECTION continued

Premium Comparison



Maximum Daily Limit Comparison



- Age 55, 91 Day Beginning Date, Lifetime (Unlimited) Benefit Period, Indexing at 5 percent Compounded Annually.
- Maximum Daily Limit - \$160 Nursing Home and Alternate Living Facility, \$160 Home Health and Community Care.
- Assumes acceptance of 5 percent increases on AAPB through age 74, no increases accepted ages 75-79, and indexing of Maximum Daily Limit beginning at age 80 due to a claim.
- Premiums are waived while benefits are being received.

optional benefits

ADDITIONAL OPTIONAL BENEFITS

Survivorship Benefit¹⁴

With the Survivorship Benefit, your QuietCare® policy will become paid up so that no future premiums will be due on your policy after the death of your spouse or companion provided that:

- You and your spouse or companion each have a QuietCare® policy with this Survivorship Benefit; *and*
- This Benefit has not terminated due to your written request or for nonpayment of premium.

Premiums will be due for at least the first seven years that this benefit is in force even if your spouse or companion dies during that time.

Paid-Up Non-Forfeiture Benefit

With this benefit, a special Benefit Account Value will be determined if the premiums stop being paid on or after the third anniversary. It will be equal to¹⁵ the greater of:

- 100 percent of premiums paid to date, including any waived premiums and premiums paid for additional benefits; *or*
- 30 times the Maximum Daily Limit.

An adjustment may be made to ensure that the total benefit amount paid over the life of the policy does not exceed what would have been payable at the time premiums stopped being paid.

The Maximum Daily Limits under this benefit are based on the daily limits available at the time you stopped paying premiums. Regular eligibility requirements must be met in order to receive benefits.



¹⁴ Not available in New Jersey.

¹⁵ In Maryland, the special Benefit Account Value will be determined after the fifth policy anniversary, not the third. This Benefit Account Value will be based on your age when the Non-Forfeiture Benefit becomes effective and the sum of all premiums you paid for policy.

features

ADDITIONAL POLICY FEATURES

Waiver of premium

Premiums on your policy will be waived when you are determined to have a need for long-term care – either needing hands-on or stand by assistance with at least two Activities of Daily Living (ADLs) or needing substantial supervision due to a severe cognitive impairment. Premiums will be waived until the next policy anniversary. If a premium is waived on the policy anniversary, the annual premium is waived. Premiums will not be waived after there is no longer a need for long-term care. For those who have a need for long-term care while outside the United States and Canada, premiums will be waived until the next policy anniversary, and up to one additional policy anniversary.

Bed reservation

If you are in a nursing home or an alternate living facility and need to leave for whatever reason, QuietCare® will cover your room and board expenses up to your Maximum Daily Limit if an expense is incurred to hold your space. This additional coverage is available for up to 30¹⁶ days per calendar year.

Caregiver training benefit

A benefit amount equal to five times the Maximum Daily Limit is payable for training an informal caregiver. This benefit can be paid prior to satisfying the Elimination Period; however, a day of expenses will not count toward satisfying the Elimination Period. The Caregiver Training Benefit will not be paid to train a caregiver who will be paid to care for you.

Claim Assistance Services

You may elect to use the services of a Licensed Health Care Practitioner appointed by the Company to provide Claim Assistance Services. Claim Assistance Services are intended to facilitate assessments of the benefit eligibility and assist you in the claims process. Examples include:

- Assessing the need for long-term care and developing an appropriate plan of care

- Assisting in the completion of claim forms
- Providing annual certification of a need for long-term care
- Providing information on local provider, community and health resources
- Monitoring and periodic reassessments of your need for long term care and your plan of care

Claim Assistance Services are available at the company's expense and will not reduce the Benefit Account Value. Claim Assistance Services may be used prior to the Beginning Date. In all cases, you choose whether or not to use these Claim Assistance Services, and you select the providers of your care.

Dividends

Your policy is participating. Any dividends will be used to reduce future premiums, or if not so used will be paid upon your death or cancellation of the policy.¹⁷

Respite care

Respite care is care provided by one of the appropriate providers of care and is intended to give temporary relief to an informal caregiver. Benefits can be paid prior to the Beginning Date if all other requirements for benefits have been met. When respite care is paid, it does not count as a day of expenses for purposes of satisfying the Elimination Period. Respite care must be part of the plan of care, and benefits are available for a maximum of 30¹⁶ days per calendar year.

Alternate plan of care

If you would otherwise require qualified long-term care services from an appropriate provider of care, QuietCare® may provide benefits through other means under a written plan of care. This plan of care must be agreed upon by you, a licensed health-care practitioner and Northwestern Long Term Care Insurance Company.

¹⁶ 21 days in some states.

¹⁷ Neither the existence nor the amount of a dividend is guaranteed in any given year. Decisions with respect to the determination and allocation of divisible surplus are left to the discretion and sound business judgment of the Board of Directors. There is no guaranteed specific method or formula for the determination and allocation of divisible surplus. Northwestern Long Term Care Insurance Company's approach is subject to change.

discounts

AVAILABLE DISCOUNTS

Spousal Discount¹⁸

If both you and your spouse qualify for a QuietCare® long-term care insurance policy, both of you will receive a 15 percent Spousal Discount.

Companion Discount¹⁹

If both you and your companion qualify for a QuietCare® long-term care insurance policy, both of you will receive a 15 percent Companion Discount. The Companion Discount is not available when the Spousal Discount applies.

A companion relationship is defined as a committed relationship of two unrelated people or two family members of the same generation as evidenced by having lived together for at least two years and intending to continue to do so.

MultiLife²⁰

A 5 percent MultiLife Discount is available on all policies issued to members of eligible employers, associations or affinity groups including spouses, parents, parents-in-law and retirees.

The MultiLife Discount is available in addition to the Spousal or Companion Discount.



¹⁸ In Montana, spousal discounts are not available. A caregiver discount is available in Montana only. Please see your financial representative (a licensed insurance agent) for more information.

¹⁹ Not available in all states.

²⁰ Policies issued in PA, NJ and NY with the MultiLife Discount have the form number RS.LTC.ML.(1101). In NJ the MultiLife Discount is available for ages 40 and above only.

eligibility

HOW YOU BECOME ELIGIBLE FOR BENEFITS

Eligibility requirements (Qualifying Expenses)

Northwestern Long Term Care Insurance Company will begin to reimburse expenses upon satisfying the Beginning Date requirement and when Northwestern Long Term Care Insurance Company has determined that:

- Within the last 12 months, a licensed health-care practitioner has certified a need for either:

Hands-on or Standby Assistance from another person to perform at least two out of the six “Activities of Daily Living” for an expected period of at least 90 days due to a loss of functional capacity. The six activities of daily living are:

- Bathing
- Dressing
- Toileting
- Transferring
- Continence
- Eating

OR Substantial supervision to protect the insured from threats to health and safety due to a severe cognitive impairment.

- Expenses are incurred for qualified long-term care services pursuant to a plan of care prescribed by a licensed health-care practitioner and are received from appropriate providers of care such as home health-care agencies, qualified independent care providers, adult day care facilities, alternate living facilities or nursing homes;
- Satisfactory proof of loss is provided to the Company; and
- The benefits are not subject to exclusion under the terms of the policy.



additional provisions

ADDITIONAL POLICY PROVISIONS

Guaranteed renewable

Your QuietCare® policy will stay in force as long as premiums are paid when due.

The policy can neither be cancelled nor have its terms, other than premiums, changed by Northwestern Long Term Care Insurance Company.

Premiums may be changed only if the premiums for all policies of the same form in your class are changed. In most states, your state's insurance department must approve rate increases.

Regular reinstatement

Subject to company requirements, your QuietCare® policy may be reinstated within one year²¹ after the due date of an overdue premium. You will be required to provide evidence of insurability and pay all unpaid premiums.

Reinstatement for unintentional lapse

If your QuietCare® policy lapses as a result of either functional or severe cognitive impairment, you may reinstate the policy within five months of the expiration of the grace period. You will need to provide satisfactory proof of this loss and will be required to pay all unpaid premiums.



Northwestern Mutual's home office is located in Milwaukee, WI.

Right to return

You may return the policy for any reason within 30 days after you receive it. The policy may be returned to your financial representative (a licensed insurance agent) or to Northwestern's administrative office at P.O. Box 5709, Hopkins, MN 55343-5709. Any premium paid will be refunded.

Operation of the policy with other coverage²²

If benefits payable under QuietCare® and any other coverage for long-term care are greater than actual expenses, the daily benefit payable may be adjusted. However, the Benefit Account Value will not be reduced because of other coverage.

²¹ 6 months in South Dakota.

²² Not applicable in all states.

exclusions

EXCLUSIONS & LIMITATIONS

QuietCare® does NOT pay long-term care benefits for care:

- Of alcoholism or drug addiction, which includes drug and alcohol abuse or chemical dependency.²³ (This does not apply to medications taken as prescribed by a physician.)
- That is received outside of the United States or the country of Canada.
- That is provided by an immediate family member unless the family member provides such care as an employee of a qualified home health-care agency.
- That is reimbursable under any federal, state or governmental health-care plan or law except Medicaid, unless required by law. The contract cannot reimburse expenses that are reimbursable, or would be reimbursable except for the application of a deductible or coinsurance amount, under Medicare.

For determining the benefit payable, the insured's expenses will be reduced by the expenses subject to this limitation. However, the days of qualifying expenses paid for by a governmental health-care plan or law may be accumulated to satisfy the Beginning Date.

- That is normally provided at no charge in the absence of insurance.

After issue, no exclusion will be made for pre-existing conditions.²⁴ This is a general list of exclusions. However, state variations may apply.



This brochure is not all-inclusive. The policy provides a complete list of benefits, limitations and exclusions. QuietCare® is an individual tax-qualified long-term care insurance policy that is medically underwritten. This material is produced for the marketing and solicitation of insurance.

²³ In Arizona, California, Connecticut, Louisiana, Minnesota, Oklahoma, South Dakota, and Virginia substance abuse or dependency is alcoholism or drug addiction. Also, it is referred to "Alcoholism or Drug Detoxification" in Massachusetts.

²⁴ A pre-existing condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services preceding the effective date of coverage.

features

STATE-SPECIFIC QUIETCARE® FEATURES & PROVISIONS

In Massachusetts

- Home health-care services may also be provided by personal care providers, which are entities that provide personal care services and meet the provider requirements set forth by the Executive Officer of Elder Affairs.
- QuietCare® policies with a maximum daily limit of \$125 or more are issued with the policy form number RS.LTC.(1101). These policies are intended to satisfy Massachusetts' minimum long-term care insurance coverage requirements for certain asset and liability exemptions under the Massachusetts MassHealth (Medicaid) Program. QuietCare® policies with a maximum daily limit of less than \$125 are issued with the policy form number RS.LTCN.(1101) and are not intended to qualify for the MassHealth program.



strength

STRENGTH & COMMITMENT

Financial strength

Northwestern Long Term Care Insurance Company is a wholly owned subsidiary of The Northwestern Mutual Life Insurance Company.

Northwestern Long Term Care Insurance Company maintains the best possible insurance financial strength ratings from all four major rating services (see chart below).

In addition, the long-term care benefits of Northwestern Long Term Care Insurance Company's insurance policies have been 100 percent guaranteed by The Northwestern Mutual Life Insurance Company, a company for 23 years named America's Most Admired life insurance company in a FORTUNE® Magazine survey.²⁵



The Northwestern Mutual Life Insurance Company home office campus includes three buildings which overlook Lake Michigan.

Several attributes rated in that survey included the quality of products and services, long-term investment value, financial soundness and the wise use of corporate resources.

Our commitment

Our ratings and reputation represent our promise to pay our claims and meet our obligations. Moreover, our third-party ratings provide a professional assessment of Northwestern Mutual's strength and security.

Northwestern Long Term Care Insurance Company ratings.²⁶

A++	AAA	AAA	Aaa
A.M. BEST	STANDARD & POOR'S	FITCH RATINGS	MOODY'S
Superior	Extremely Strong	Extremely Strong	Exceptional
Highest Rating	Highest Rating	Highest Rating	Best Possible Rating

Rest assured in our promise to be there for you when you need us most.

These ratings provide a professional assessment of Northwestern LTC's financial strength and security and represent our promise to pay our claims and meet our obligations. Additionally, benefits of Northwestern LTC policies have been 100 percent guaranteed by Northwestern Mutual.

²⁵ FORTUNE, "America's Most Admired Companies," March 19, 2007.

²⁶ The four agencies listed base ratings on the financial strength of the insurance company. These ratings are not recommendations of specific policy provisions, rates or practices of the insurance company. Since its entrance into the long-term care insurance market in 1998, all four agencies have given Northwestern Long Term Care Insurance Company the best possible insurance financial strength ratings. At the time of this publication, our most current ratings are for the following dates: A.M. Best (July 2007), Fitch Ratings (August 2006), Moody's (March 2006) and Standard & Poor's (November 2007).

worksheet

QUIETCARE® WORKSHEET

Complete this worksheet with your financial representative* to create a customized QuietCare® plan.

	Plan 1	Plan 2
Select one: MAXIMUM DAILY LIMIT	\$ _____ (\$50 ²⁷ – \$400 ²⁸ in \$10 increments)	\$ _____ (\$50 ²⁷ – \$400 ²⁸ in \$10 increments)
Select one: PERCENTAGE OF MAXIMUM DAILY LIMIT for home health and community care	___ 50 percent ²⁹ ___ 100 percent (of Maximum Daily Limit) \$ _____	___ 50 percent ²⁹ ___ 100 percent (of Maximum Daily Limit) \$ _____
ELIMINATION PERIOD	___ 6 Weeks ___ 12 Weeks ___ 25 Weeks ²⁹ ___ Georgia: 8 Weeks only	___ 6 Weeks ___ 12 Weeks ___ 25 Weeks ²⁹ ___ Georgia: 8 Weeks only
Select one: BENEFIT PERIOD	___ Three Years (1,095 Days) ___ Six Years (2,190 Days) ___ Lifetime (Unlimited)	___ Three Years (1,095 Days) ___ Six Years (2,190 Days) ___ Lifetime (Unlimited)
BENEFIT ACCOUNT VALUE = Maximum Daily Limit x Benefit Period Days	\$ _____	\$ _____
Choose from any inflation protection options		
AUTOMATIC BENEFIT INCREASE (ABI) (Choose amount from 3 percent, ³⁰ 4 percent ³² or 5 percent compounded)	___ Yes ___ percent ___ No	___ Yes ___ percent ___ No
OR		
AUTOMATIC ADDITIONAL PURCHASE BENEFIT (AAPB) ³¹ (5 percent compounded)	___ Yes ___ No	___ Yes ___ No
Choose from any additional optional benefits		
SURVIVORSHIP BENEFIT ³²	___ Yes ___ No	___ Yes ___ No
PAID-UP NON-FORFEITURE BENEFIT	___ Yes ___ No	___ Yes ___ No

* A licensed insurance agent.

²⁷ \$60 in Wisconsin, \$100 in New York

²⁸ \$500 in AK, CT, MA, NH, NJ, NY, \$300 in FL

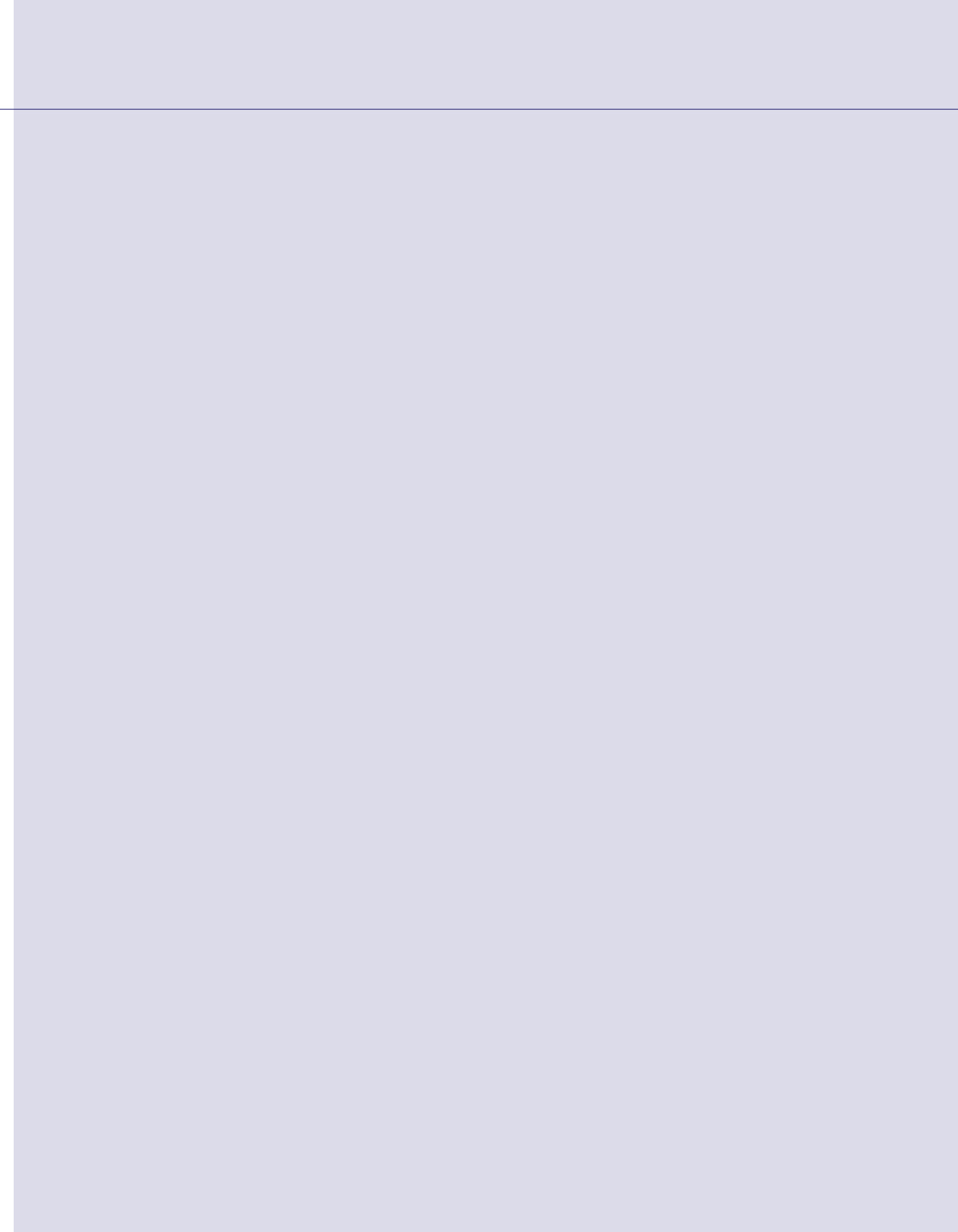
²⁹ Not available in all states.

³⁰ 3 percent and 4 percent not available in DE, HI, ID, IN, NC, OH, PA, TN, TX.

Indexing of less than 5 percent is not considered "inflation protection" in all states.

³¹ In Pennsylvania, this benefit is referred to as "Optional Additional Purchase Benefit Rider."

³² Not available in New Jersey.



for more information

Contact your financial representative*

Your state's insurance department may have additional information, including a buyer's guide, explaining long-term care insurance.

*A licensed insurance agent.

Northwestern Long Term Care
Insurance Company is a subsidiary
of The Northwestern Mutual Life
Insurance Company, Milwaukee, WI
www.nmfn.com

90-2286-43 LTC (0708)

Policy forms RS.LTC.(0708) and RS.LTC.ML.(0708).
Form RS.LTC.ML.(0708) is only available in New Jersey,
New York and Pennsylvania.



**Northwestern Long Term Care
Insurance Company™**

A Northwestern Mutual Company