

## Exclusions/Exceptions and Limitations

We will not pay benefits for any room and board, care, treatment, services, equipment, or other items for:

- Care or services provided by your Immediate Family unless he or she is a regular employee of an organization which is providing the treatment, service or care and the organization receives the payment for such treatment, service or care;
- Care or services provided by your Immediate Family member unless you are compensating him or her through proceeds from your Flexible Care Benefit;
- Care or services for which no charge is normally made in the absence of insurance;
- Care or services provided outside the United States of America, its territories and possessions, and Canada, except as described in the International Benefit;
- Care or services that result from an attempt at suicide (while sane or insane) or an intentionally self-inflicted injury;
- Care or services that result from war or any act of war (whether declared or undeclared);
- Treatment provided in a government facility (unless otherwise required by law); or services for which benefits are available under Medicare or other governmental program (except Medicaid); or
- Services received while the policy is not in force.

Policies issued by:

**American General Life Insurance Company**

2727-A Allen Parkway, Houston, Texas 77019

American General Long Term Care Insurance Policy Form Number 08000 Series  
Automatic Inflation Protection – Compound for Life Rider Form Number 08002 Series  
Automatic Inflation Protection – Compound for Life Funded With Age Graded Premium Increases  
Rider Form Number 08003 Series  
Automatic Inflation Protection – Compound for Life Funded With Age Graded Premium Increases to Age 65  
Rider Form Number 08004 Series  
Joint Survivor Benefit Rider Form Number 08005 Series  
Joint Waiver of Premium Rider Form Number 08006 Series  
Nonforfeiture Benefit – Shortened Benefit Period Rider Form Number 08007 Series  
Paid-Up Premium Rider Form Number 08008 Series  
Restoration of Benefits Rider Form Number 08009 Series  
Return of Premium at Death Benefit Rider Form Number 08010 Series  
Shared Care Benefit Rider Form Number 08011 Series  
Waiver of Elimination Period for Home and Community Care Benefits Rider Form Number 08012 Series

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by American General Life Insurance Company (AGL) are its responsibility.

AGL does not solicit business in the state of New York. Policies and riders not available in all states.

This is a solicitation for insurance. You may be contacted by an agent.

American General Life Companies, [www.americangeneral.com](http://www.americangeneral.com), is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including AGL.

**Important Note:** All benefits payable are subject to the terms and conditions of the policy, including benefit durations, limitations and exclusions. Not all benefits, discounts, and exclusions apply in every state. Please consult the policy and rider forms and outline of coverage for details.

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*Long Term Care insurance policies issued by:*  
**American General Life Insurance Company**



## **CHART TOPPERS**

American General LTC Insurance

American General LTC. It's not your classic long term care insurance. It can help you maintain your independence, protect your assets and manage your care with the flexibility you need. Let's start the conversation.



**LONG TERM CARE  
INSURANCE**



## Choose your benefits

Craft the policy you want with American General LTC.

### Lifetime Maximum\*

Choose your coverage based on a lifetime maximum:

- \$100,000
- \$250,000
- \$400,000
- \$500,000
- \$600,000
- \$750,000
- \$1 million

### Monthly Maximum\*

Select your monthly benefit amount from \$2,000 to \$12,000 in \$1,000 increments.

### Elimination Period

Once you become eligible to receive benefits, you must wait a certain period of time before you begin to receive your benefits. This is called your Elimination Period.

- Your elimination period is counted by calendar days
- You have a choice of 30, 90, 180 or 365 days
- Your elimination period must be satisfied only once in your lifetime
- You have the option to waive the elimination period for Home and Community Care<sup>1</sup>
- There is no elimination period for the Stay At Home Support Benefit

### Payment Options

We offer you various options, which all make it easier to pay for the coverage that best meets your needs.

- Automatic recurring credit card payments are available with American Express®, MasterCard® and Visa®
- You also have the option to pay via Direct Bill (pay by check) or Automatic Bank Draft
- Payments can be made annually, semi-annually, quarterly or monthly

### Eligible Policy Issue Ages

We issue policies to qualifying applicants from age 21 to age 84.

\* Lifetime maximum and monthly maximum benefit combinations that provide less than 24 months of coverage are not available.

## Standard fare

The following “built-in” benefits enable you to receive care at a facility or, if you prefer, stay home. They include:

### Home and Community Care Benefit

We cover expenses incurred (up to your chosen monthly and lifetime maximum) from a home health care agency, a licensed independent provider and an adult day care center.

- You have the option to waive your elimination period<sup>1</sup>

### Stay At Home Support Benefit

You can use 10 percent of your chosen lifetime maximum benefit amount for:

- **Caregiver Training:** Training for an informal caregiver, such as a family member or friend, to provide care in your home
- **Home Modifications:** Certain labor, equipment or supplies for modifications to your home to help you live at home safely
- **Durable Medical Equipment:** Certain medical equipment you would need to enhance your ability to live independently
- **Respite Care:** Temporary relief for the primary caregiver, who could be a family member or friend, so he or she can take a break
- **Hospice Care:** The care you would need if you were terminally ill

### Facility Care Benefit

Your monthly benefits (up to your chosen monthly and lifetime maximum) are payable for expenses you incur during your stay at a nursing home or an assisted living facility.

### Flexible Care Benefit (Cash Benefit)

You can choose to receive monthly cash benefits (up to 40 percent of your monthly maximum until your lifetime maximum is reached) instead of receiving the Home and Community Care Benefit.

- Use your cash benefit as you see fit
- If you decide that you would rather receive reimbursement payments but want the option to go back to the cash benefit at a later time, you can. You're not locked in, so you're free to change as your needs change.

### Care Coordination

We offer you the expertise of a care coordinator to help you develop a plan of care and locate and coordinate services.

### Waiver of Premium

Premiums are waived while you are receiving benefits.

## Standard fare, cont.

### International Benefit

You can receive a cash benefit for up to two years while you're outside the United States, its territories, possessions and Canada.

### Future Care Benefit

There is no way to predict what types of long term care services will be available in the future. Our Future Care Benefit provides flexibility for us to add coverage benefits for providers, services or treatments that aren't currently covered in the policy but may be available in the future.

## More of what you want

You may purchase additional coverage riders<sup>1</sup> that help you further customize your policy, including:

### Inflation Protection Rider

We help your benefits keep up with inflation with multiple options that accommodate your stage of life and financial situation, including:

- 3% or 5% Compound for Life
- 3% or 5% Compound for Life Funded with Graded Premium Increases
- 3% or 5% Compound for Life Funded with Graded Premium Increases to Age 65

See our Inflation Protection Guide for more details.

### Waiver of Elimination Period for Home and Community Care Benefits Rider

If you meet the eligibility requirements for the payment of benefits and incur covered expenses for home and community care, we waive your elimination period for the Home and Community Care Benefit.

### Shared Care Benefit Rider

You and your spouse or a qualifying household member have access to an extra pool of benefits equal to each of your policies in case either of you exhaust your benefits. You both must maintain identical coverage.

### Joint Waiver of Premium Rider

While one spouse or household member is receiving benefits, neither pays his or her premiums.

### Joint Survivor Benefit Rider

Premiums are waived for the policy and any riders for the surviving spouse or household member if both of you have had coverage for at least ten years and no benefits were paid for the first ten years of coverage.

### Paid-up Premium Rider

This rider allows you to discontinue paying premiums after the first anniversary of the Policy Effective Date following your 65th birthday or the tenth anniversary of your Policy Effective Date, whichever comes later.

## More of what you want, cont.

### Return of Premium at Death Benefit Rider

We will pay the total amount of premiums paid for the policy and any applicable riders, from the Policy Effective Date up to the date of your death (less any benefits paid).

### Restoration of Benefits Rider

Your benefits are restored to your original amount if, after you file a claim, you recover and need no care for a minimum of 180 days.

### Nonforfeiture Benefit Rider

If you stop paying your premium after the third year,<sup>2</sup> your past premiums will still be available to pay for services.

<sup>1</sup> There will be a charge for each rider selected. See the rider for details regarding the benefit descriptions, limitations and exclusions. Rider availability and specifications may vary by state.

<sup>2</sup> First year if Paid-up Premium Rider is elected.



## Bonus track

### Spouse or Household Member Discount

- 10% discount for having a spouse (spouse includes a legally recognized domestic partner) or qualifying household member. Also applies if both apply for a policy, but only one spouse or household member qualifies.
- 20% discount on each policy if both spouses or household members apply and are issued a policy

### Preferred Health Discount

- 10%

## For your protection

### Free-look Period

You have 30 days to return your policy and receive your money back if you're not satisfied.

**Important Note:** All benefits payable are subject to the terms and conditions of the policy, including benefit durations, limitations and exclusions. Not all benefits, discounts, and exclusions apply in every state. Please consult the policy and rider forms and outline of coverage for details.