

QuietCare[®]

Tax-Qualified
Long-Term Care Insurance

California



Northwestern Long Term Care
Insurance Company[™]

A Northwestern Mutual Company

90-2483-79 LTC (0113)



*Financial security is the confidence
that comes from taking action today to provide for tomorrow.*

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Some people spend their lifetime working hard and saving for the future to ensure their security and the security of their family. They purchase life insurance or disability income products, invest in stocks and contribute to retirement funds. Financial security may mean different things to different people, but for many it is a major objective in their lives.

While we cannot predict what the future may bring, we can start to plan for it so we can continue to be in control of our futures and our financial security. There are several significant issues we need to consider when thinking about our futures – specifically when thinking about possibly needing long-term care.

The combination of longer lives, family demographics, increasing cost of long-term care, and unexpected lifetime events heighten the need to protect our financial security from the potential cost of receiving long-term care.

Long-term care

Long-term care refers to services that individuals suffering from a chronic illness, disabling condition, or cognitive impairment rely upon. These services are generally needed for an extended period of time and may not “cure” or “heal” the individual receiving them. Long-term care services help with routine activities such as bathing, dressing, and eating.

Living longer due to:

- advances in medicine and healthcare
- healthier lifestyles

People are living longer which may increase the chance of needing long-term care.

Increasing cost of care

- Home health care
- Residential care facility
- Private room in a nursing home

The current and future cost of long-term care can be significant.

Expecting the Unexpected

Individuals of any age may experience the need for long-term care due to:

- a chronic illness like Multiple Sclerosis
- a cognitive impairment including early onset dementia, or
- the results of an accident like paralysis

By starting to consider our options early in life while in good health, we can help protect against the unexpected need for care now and in the future.

YOUR OPTIONS

Here are some options to consider should you ever need long-term care.

It's important to consider all options and resources available to you for long-term care assistance.

Family

Family members usually take on the responsibility of caring for a loved one. Given the option, would you prefer that your family was there for support, not as primary care providers?

It may be equally difficult for adult children to take on the long-term care needs of a parent. Relocation may be necessary, but even when the child is nearby, juggling care-giving and work responsibilities may result in scheduling conflicts with their employers, time away from work, and less time spent with their own children.

Disability income insurance

A fundamental building block to a sound financial security plan, disability income insurance is designed to protect your ability to receive an income should you become sick or injured and unable to work. It is designed to replace lost income and pay for every day expenses, such as your mortgage and bills. In situations where a disability also requires long-term care services, your routine living expenses may remain relatively constant but the additional expenses specifically related to an injury or illness can add up. Disability income insurance is not specifically designed to provide the funds for the additional cost of long-term care services.

Medicare and health insurance

For most Americans, Medicare becomes our health insurance at age 65. It is designed to pay for medically necessary skilled care for acute, short-term conditions such as broken bones, emergency surgery or a heart attack. Chronic medical conditions evolve over longer periods of time and generally require non-skilled and non-medical care. **“Medicare and most health insurance plans, including Medigap (Medicare Supplement Insurance) policies don't pay for this type of care, also called 'custodial care'.”¹**

However, under Medicare Part A, if you meet certain criteria after being discharged from the hospital, skilled nursing facility services are covered as follows:

Days	You Pay	Medicare Pays
1-20	Nothing	Everything
21-100	\$144.50/day	Balance
101+	Everything	Nothing

Based on 2012 figures.

¹ “Medicare and You 2012,” Department of Health and Human Services, 2012.

Medicaid

Medicaid² 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.

Your income and assets

Could your income and assets pay for long-term care expenses now and in the future? Historically, long-term care costs have risen yearly.

Long-term care insurance

Only 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, at a Residential Care Facility or in a nursing home. This gives you **options as to when, where, how much, and what type of care you can receive.**

Long-term care insurance helps to reimburse for potential costs and should be considered an integral part of any retirement plan. It may help **preserve your income and assets** by helping reimburse for your care through your policy.

Long-term care insurance can be **designed to fit a wide range of needs and budget.** With some decisions it may pay to wait, but the earlier you decide to include long-term care insurance in your overall plan, the lower your premium and the higher the likelihood you will medically qualify for the coverage.

² Also referred to as Medi-Cal in California, MassHealth in Massachusetts, and TennCare Medicaid in Tennessee.



ASSISTANCE CHOICES

QuietCare®, long-term care insurance offered through Northwestern Long Term Care Insurance Company (Northwestern),³ 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 state⁴ and provide care by one or more of the following qualified home health-care providers.⁵

- Registered nurses
- Licensed practical nurses
- Physical therapists
- Licensed vocational nurses
- Occupational therapists
- Speech therapists
- Licensed or certified social workers
- Certified home health aides⁶
- Certified nursing assistants

An **immediate family** member may provide care if he or she meets the criteria for a home-health care provider 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. QuietCare does not cover family members as independent care providers.

Homemaker services⁷ 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.

³ This policy does not qualify for Medicaid asset protection under the Partnership programs in certain states.

⁴ In states that do not license or certify these providers, other guidelines may apply.

⁵ Providers may vary by state.

⁶ Some states do not certify home health aides.

⁷ Homemaker and personal care services can be provided by skilled or unskilled persons.

Care in your community

If you need long-term care services 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.

Care in a residential care facility

If the type or frequency of care you need cannot feasibly be provided in your home, care in a residential care facility may be a better option for you. A residential care facility primarily provides ongoing care on a 24-hour basis. Such facilities may include 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 monthly benefit will be available prior to satisfying the Elimination Period if all other requirements for benefits are met and you are receiving hospice care. Hospice care that is covered by Medicare is subject to a limitation for governmental benefits available.

An Alternate Plan Of Care

A stay in a nursing home or residential care facility might be avoided or postponed through the development of an alternate plan of care. Such a plan may reimburse costs for services that could keep you in your home.

A written agreement between a licensed health-care practitioner, yourself, and Northwestern Long Term Care Insurance Company is required.

THE CARE YOU WANT

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.

Maximum Monthly Limit

Select a Maximum Monthly Limit from \$1,500 to \$12,000 per month, in \$100 increments. QuietCare® will reimburse the actual expenses incurred for eligible long-term care providers in your home, care in the community, care in a Residential Care Facility or care in a Nursing Home, up to your selected Maximum Monthly Limit.

\$ _____

Elimination Period

The Elimination Period is the number of weeks the insured incurs Qualifying Expenses before benefits begin to be available. 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 up to 25 weeks of the Elimination Period.

- _____ 6 weeks
- _____ 12 weeks
- _____ 25 weeks⁸
- _____ 52 weeks⁸

- 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.
- Weeks counting toward the Elimination Period need not be consecutive nor met within a specified period of time.
- Once you have satisfied your Elimination Period requirement, you will never have to satisfy it again, regardless of whether there are separate claim intervals. As long as there are qualifying expenses covered by the policy, benefits will be available.

Benefit Period*

How long do you want to receive benefits? Your choices are six years or three years.

If your monthly cost of care is less than your selected Maximum Monthly 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.

The Maximum Lifetime Benefit

The Maximum Lifetime Benefit is the maximum total amount reimbursable for qualifying expenses for the duration of the policy. If you choose either a three- or six- year Benefit Period, the Maximum Lifetime Benefit is determined by multiplying the amount of your selected Maximum Monthly Limit by the number of months in the selected Benefit Period.

For example: If your selected Maximum Monthly Limit is \$4800 per month and you choose a three-year Benefit Period, then your Maximum Lifetime Benefit would be:

\$4800 per month X three years (36 months) = \$172,800

_____ 6 years (72 months)
_____ 3 years (36 months)

\$ _____ X _____ = \$ _____
Maximum Monthly Limit Benefit Period (in months) Maximum Lifetime Benefit

BENEFITS

*There to help you and your family
when you need it most*

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 to facilitate assessments of 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 a local provider, community and health resources
- Monitoring and periodically reassessing your need for long-term care and your plan of care.

Waiver of premium

Premiums on your policy will be waived when you are determined to have a need for long-term care. Premiums will be waived until the next policy anniversary.

Premiums will not be waived if there is no longer a need for long-term care. You may keep the policy at that time if you resume payment of premiums. 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 a residential care facility and need to leave for whatever reason, QuietCare® will reimburse your room and board expenses each calendar year up to your Maximum Monthly Limit if an expense is incurred to hold your space.

*The maximum amount of Bed Reservation expense covered in each calendar year is equal to the value of the Maximum Monthly Limit as of the end of the calendar year. The sum of all benefits paid for the duration of the policy, including the monthly benefit as well as benefits paid for the Hospice Care Benefit, Respite Care Benefit, Caregiver Training Benefit, Bed Reservation Benefit, and Homemaker Services Benefit will never be greater than the Maximum Lifetime Benefit. Benefits are paid in the form of reimbursement unless otherwise specified.

Caregiver training benefit

When you are receiving care in your home, it can sometimes be advantageous to have a friend or family member receive training that teaches them how to better care for you. The Caregiver Training Benefit is equal to 20% of the Maximum Monthly Limit in effect at the time of first use to be applied toward such training.

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, primary caregiver (such as a family member). Benefits can be available prior to satisfying the Elimination Period if all other requirements for benefits have been met. However, if benefits for Respite care are reimbursed for more than 2 days during a week, that week will not count for purposes of meeting the Elimination Period. Respite care must be part of the plan of care and benefits are available for a maximum of 30 days per calendar year, in a total amount up to the value of the Maximum Monthly Limit as of the end of the calendar year.

ELIGIBILITY REQUIREMENTS

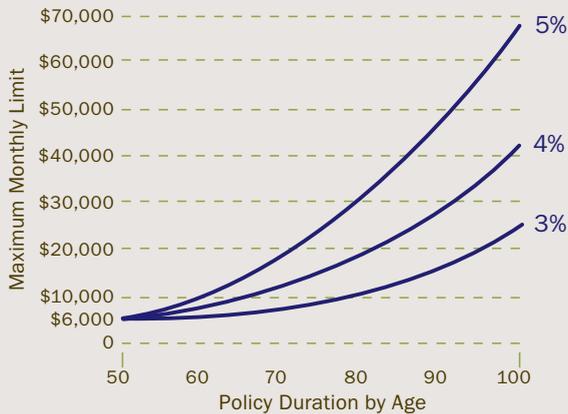
Northwestern Long Term Care Insurance Company will begin to reimburse qualifying expenses for Hospice Care, Respite Care, and Caregiver Training before satisfying the Elimination Period. Other expenses will be reimbursed upon satisfying the Elimination Period requirement and when the company has determined that:

- A licensed health-care practitioner has certified (within the last 12 months) 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, residential care 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. Benefits are not reimbursable for the time the Insured has Qualifying Expenses before satisfying the Elimination Period, except as provided by the Hospice Care, Respite Care and Caregiver Training benefits.

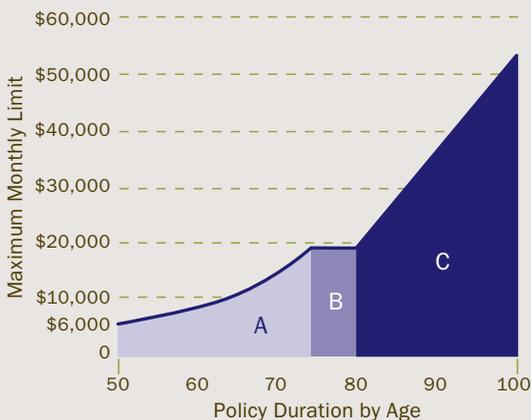
OPTIONAL POLICY BENEFITS

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

1. ABI Indexing Options Benefit



2. AAPB Indexing Benefit



- 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 Monthly Limit indexed due to claim, and your premium will be waived.
- (This example assumes acceptance of 5 percent increases through age 74, no increases accepted ages 75-79, and indexing of Maximum Monthly Limit beginning at age 80 due to a claim.)

Inflation protection options

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:

1. Automatic Benefit Increase (ABI)

Choose a rate of 3%, 4%, or 5%⁹ by which you want your Maximum Monthly Limit and Benefit Account Value to increase on a compounded annual basis on each policy anniversary.

The cost of future coverage increases is built in and will not cause your original premium to increase after issue.¹⁰

⁹ Indexing of less than 5% is not considered “inflation protection” in all states.

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.

2. Automatic Additional Purchase Benefit (AAPB)

This option allows the amount of your Maximum Monthly Limit and Maximum Lifetime Benefit to increase 5% compounded on an annual basis on each policy anniversary date, up to age 85 (or for 10 years, if later) 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.
- If the insured is eligible for the reimbursement of benefits, premiums will be waived under the Waiver of Premium benefit and coverage increases will occur on the policy anniversary regardless of whether prior increases were refused and there is no age or duration limit to these increases.
- A policy change from the Automatic Additional Purchase Benefit (AAPB) to the Automatic Benefit Increase (ABI) at 3%, 4%, or 5% may be done on any policy anniversary

before age 79 ½. As long as AAPB increases are still being offered, no proof of insurability is currently required.

Survivorship benefit

With the Survivorship Benefit,¹¹ 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 been terminated due to your written request or for nonpayment of premium.

Paid-up nonforfeiture benefit

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

- 100% of premiums paid since this benefit was added, including any waived premiums and premiums paid for additional benefits

OR

- 3 times the Maximum Monthly 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 reimbursed at the time premiums stopped being paid.

The Maximum Monthly Limit under this benefit is based on the monthly limit reimbursable at the time you stopped paying premiums. Regular eligibility requirements must be met in order to receive benefits.

* Benefits are paid in the form of reimbursement unless otherwise specified.

¹¹ The Survivorship Benefit is not allowed on any policy that chooses one of the Limited Payment Plan options.

ADDITIONAL INFORMATION

Payment Options, Discounts, and Provisions

Premium payment options

A standard premium payment plan requires premiums to be paid regularly for the life of the policy, unless you become eligible for benefits. Once it is determined that you have a need for long-term care, premiums will be waived.

Discounts

Spousal discount

If both you and your spouse qualify for a QuietCare® long-term care insurance policy, both of you will receive a 30% spousal discount.

If you qualify for a QuietCare® long-term care insurance policy, but your spouse does not, you are still eligible for a 10% spousal discount.

Companion discount

If both you and your companion qualify for a QuietCare® long-term care insurance policy, both of you will receive a 30% companion discount.¹² This discount is not available when the spousal discount applies.

If you qualify for a QuietCare® long-term care insurance policy, but your companion does not, you are still eligible for a 10% companion discount.

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.

MultiLife discount

A 5% MultiLife discount¹³ 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 discount.

¹² Not available in all states.

¹³ Policies issued in NJ, NY, OH and PA with the MultiLife Discount have the form number TT.LTC.ML (1010).

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 year 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.

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/producer) or to Northwestern's administrative office at P.O. Box 64009, St. Paul, MN 55164-3173. Any premium paid will be refunded.

Operation of the policy with other coverage

If benefits available under QuietCare® and any other coverage for long-term care are greater than actual expenses, the monthly benefit available may be adjusted. However, the Benefit Account Value will not be reduced because of other coverage.¹⁴

QuietCare®

may be purchased
between the ages
of 18 and 79.

OUR COMMITMENT

The Northwestern Long-Term Care Advantage

Strength

Financial strength is fundamental to Northwestern Long Term Care Insurance Company's vision for policyowners. Northwestern Long Term Care Insurance Company, a wholly owned subsidiary of The Northwestern Mutual Life Insurance Company (Northwestern Mutual), has unsurpassed industry financial strength ratings from all four major rating services (see chart below).

These third-party ratings provide a professional assessment of our strength and security and represent our promise to pay our claims and meet our obligations. Additionally, benefits of Northwestern Long Term Care Company are 100 percent guaranteed by Northwestern Mutual.

Stability

We take a long-term perspective by placing policyowner interest first and foremost. The pricing of our long-term care insurance reflects low lapse assumptions, which anticipates that our policyowners will keep and use their policies. These low lapse assumptions contribute to better cash flow for investments. This also enables us to invest in a diversified investment portfolio with a long-term horizon, allowing for better stability when short-term fluctuations exist in the market. We are committed to providing a steady, stable and lasting value.

Northwestern Long Term Care Insurance Company ratings¹⁵

Aaa Highest Rating

Moody's Investors Service
December 2012

A++ Highest Rating

A.M. Best Company
April 2013

AAA Highest Rating

Fitch Ratings
December 2012

AA+ Second Highest Rating

Standard & Poor's
June 2012

Ratings are subject to change.

¹⁵ 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 unsurpassed industry financial strength ratings. At the time of this publication, our most current ratings are for the following dates: Moody's Investors Service Aaa (highest), 12/2012; A.M. Best Company A++ (highest), 4/2013; Fitch Ratings AAA (highest), 12/2012; Standard & Poor's AA+ (second highest), 6/2012. Ratings are subject to change.

Value

Long-term care insurance policies issued by Northwestern Long Term Care Insurance Company are “participating” policies, which means that they are eligible for dividends. Our philosophy is to pay the highest level of dividends possible while still maintaining a strong surplus position.¹⁶

As new and enhanced benefits to QuietCare® policies become available in the future, it is our ambition to make sure that existing policyowners are given the opportunity to acquire them at an appropriate premium, whenever possible and practical. This is an important consideration when purchasing a product that may not be needed for 20, 30, or 40 years.

A HISTORY OF VALUE

1998

QuietCare® was first introduced by Northwestern Long Term Care Insurance Company.

2002

All policies, including in-force policies, were made participating. This enhancement offered the opportunity for policyowners to receive a reduction in premium through policy dividends if the product experience proves more favorable than pricing expectations.

The Residential Care Facility benefit was increased to 100% of the nursing home daily limit, and the Caregiver Training Benefit was added. Both of these features were made available to existing policyowners through the Benefit Upgrade Program offer.

2003

The Automatic Additional Purchase Benefit (AAPB) amendment was enhanced and automatically extended to existing policyowners.

2005

Policies were enhanced to include: eliminating the mental health exclusion, allowing benefits for care received in Canada, and increasing the Bed Reservation Benefit and Respite Care Benefit.

2006

Northwestern declared its first dividend.

2008

Policies were enhanced to include: adding a weekly elimination period, formalization of claim assistance services, and an improved waiver of premium.

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.

¹⁶ Northwestern Long Term Care Insurance Company’s approach is subject to change. Any dividend paid will be used to reduce future premiums, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund which may not exceed the aggregate premiums paid. The cumulative premium refund will be paid to the insured at the earlier of cancellation or termination of the policy or death of the insured.

EXCLUSIONS AND LIMITATIONS

QuietCare® does NOT reimburse long-term care benefits for care that is:

- Provided for care of alcoholism or drug addiction. This does not apply to medications taken as prescribed by a physician.
- Received outside of the 50 United States, the District of Columbia or the country of Canada.
- Provided by an immediate family member, unless the family member provides such care as an employee of a qualified home health-care agency.
- 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 available, 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 Elimination Period.

- Normally provided at no charge in the absence of insurance.

After issue, no exclusion will be made for pre-existing conditions.¹⁷
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. You will be contacted by a financial representative (a licensed insurance agent/producer).

¹⁷ 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 within six months preceding the effective date of coverage.

For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your licensed insurance agent/producer or write to the company.

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

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

www.northwesternmutual.com

Long-Term Care Insurance Policy forms TT.LTC.(1010) and TT.LTC.(0213). Form numbers may vary by state.

Long-Term Care Insurance Policy forms TT.LTC.ML.(1010) and TT.LTC.ML.(0213) are only available in New Jersey, New York, Ohio, and Pennsylvania.

Long-Term Care Insurance Policy form TT.LTC.LP.(0213) is only available in Texas.

Long-Term Care Insurance Policy form TT.LTCN.(0213) is only available in Massachusetts.

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