



GUARDIAN®

Long Term Care Insurance is underwritten by

**BERKSHIRE LIFE
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*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of
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Care ProVider

Long Term Care Insurance

Helping protect the quality of life for you and the people you love

The Guardian Life Insurance Company of America
7 Hanover Square, New York, NY 10004

Berkshire Life Insurance Company of America
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Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Maryland, Massachusetts, Minnesota, Missouri, Montana, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Washington, Wisconsin

This brochure is not a contract. It is intended solely to provide a general description of Care ProVider Long Term Care Insurance. Product provisions and features may vary from state to state and some of the benefits illustrated here may not be available in your state. Please refer to the special supplement (if applicable) enclosed with this brochure to describe any variations for your state. Long Term Care Insurance provided by Policy Series BG01P (06/04) et. al. (In ID, BG01P (06/04)-ID, in NC, BG01P (06/04)-NC, in PA, BG01P (06/04)-PA, and in TX, BG01P (06/04)-TX), underwritten by Berkshire Life Insurance Company of America, Pittsfield, MA, a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY. Your Outline of Coverage will provide you with a brief summary of coverage, but only the actual insurance policy contains the governing contractual provisions, exclusions and limitations. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policy may be continued in force, contact your licensed insurance representative.





I have hopes and dreams for my family that go well beyond my lifetime. I want my spouse to be taken care of and not have to worry, my children to feel secure, and my grandchildren to achieve their goals. Because my long term care needs could affect all of us – financially, socially, physically – I want a policy that can help to meet all of our needs. Care ProVider Long Term Care Insurance does that.

Planning for long term care needs

Help protect the quality of life for you and the people you love.

As you prepare for the future, you make choices that help assure your financial well-being, provide lifestyle advantages and accommodate the many different paths life can take. Considering long term care insurance is an important part of that process.

It is very possible that you or your spouse may someday need assistance with the basics of living. The phrase long term care is used to describe assistance with daily activities including getting dressed, bathing, eating, moving from place to place, and using the bathroom. Long term care can take place at home, in an assisted living facility, in a nursing home, or in the community through special programs.

The chance that any individual will require long term care at some time is substantial. In fact, people of age 65 face at least a 40% lifetime risk of needing long term care.¹

Unfortunately, many people do not take the step you are taking now – looking at ways to prepare for possible long term care needs. The fact is, long term care can be expensive. A year in a nursing home is estimated to cost a national average of \$50,000 with some areas easily costing twice that amount, and just three visits a week by a home care aide can add up to \$12,000 a year with skilled help costing much more.² Therefore, good planning is critical in protecting your independence, your assets and your choices.

^{1,2} *A Guide to Long-Term Care Insurance*,
© 2002 Health Insurance Association of America.



Is long term care insurance the answer for you?

Many people have questions about long term care insurance. These products have been created to address the fact that Americans are living longer than ever before. They also respond to some of the needs and preferences people have when it comes to taking care of themselves, a loved one or their family.

I may never need long term care.

Is buying long term care insurance a wise choice for me?

It is true that you may never need long term care. But, in 2002, about 7 million men and women over the age of 65 will require services from a nursing home or home or community based program.³ By the year 2020, 12 million older Americans will require long term care.⁴ The longer you live, the greater the possibility that you will someday need assistance with the basics of everyday living.

Can't I utilize Medicare or Medicaid for my long term care needs?

Long term care can use your retirement savings and other assets very quickly. Many people hope to take advantage of Medicare or Medicaid in the event of long term care needs. However, Medicare pays only approximately 12% of all nursing home costs overall, and these are for short-term skilled nursing home stays following hospitalization.⁵ Medicare pays for home care only for short-term unstable conditions, not for the longer-term assistance that long term care insurance is designed to cover.

To be eligible for Medicaid, you must meet a range of federal and state guidelines regarding your assets and income. This may mean that you would have to spend most of your own money before qualifying for Medicaid at all. (Requirements vary by state.) Once you are dependent on Medicare or Medicaid, you will be paid only for approved charges, and will be limited to their approved facilities for care. Long term care insurance allows you to control your care and your destiny.

^{3,4} *A Guide to Long-Term Care Insurance*,
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⁵ *A Guide to Long-Term Care Insurance*,
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Is long term care insurance the answer for you?

My biggest fear is becoming a burden to my family.

Long term care insurance can help you relieve the financial and physical burdens of care your family might otherwise face. The ongoing care of a family member can be difficult for your children or spouse, both financially and emotionally. We understand that the concept of having a child or spouse assist you with eating, bathing or toileting is nearly unthinkable for many people. With an appropriate Care ProVider Long Term Care Insurance plan, you will not have to rely on your family for these very personal aspects of self-care. You can select a policy that provides ongoing care even if you remain at home, which many people prefer to do. What's more, with a long term care insurance policy, you protect your ability to select a facility that meets your needs and standards in the event that you can no longer easily stay at home.

I am married, and my spouse and I want to look out for each other's future well-being. How will a spouse cope – physically, emotionally and financially – if one of us becomes ill and requires expensive long term care?

For many people, one of the biggest worries about aging is becoming ill and using up the couple's money. A husband or wife may be concerned that he or she will not leave enough to take care of the spouse later on.

Care ProVider Long Term Care Insurance can help assure that the care one spouse may require does not drain a couple's assets. Wise options may include creating a joint policy and adding features such as a paid-up survivor option to eliminate or reduce policy premiums for a surviving spouse. A joint policy – which may be purchased for spouses or any two members of the same household – may be a more cost-effective option than purchasing two individual policies.



Is long term care insurance the answer for you?

I am not sure if this is the best time to buy long term care insurance. Should I wait?

Of course, most of us need to balance our investments and expenses carefully, and long term care insurance has to be factored in with many other responsibilities. But it is important to note that long term care insurance is generally less expensive for younger buyers than for older ones. In addition, it is smart to buy long term care insurance while you are relatively young and healthy. Unfortunately, once a person's health declines, he or she may become ineligible for long term care insurance. The simple answer is this: the right time to buy long term care insurance is when you can afford it, and before you need it. Your licensed insurance representative can work with you to help create a Care ProVider policy that meets your needs and suits your budget.

Are the benefits of long term care insurance only important for our later years?

In fact, no. About 40% of the people needing long term care are adults between ages 18 and 64, who may have had an accident, a stroke, or developed multiple sclerosis or another illness.⁶ Most people are unprepared for the high ongoing costs of this care, and it can present real difficulties for a younger family. The benefits of long term care insurance work for a younger person just as they do for a senior.

I want to pass my assets on to my kids – not to a nursing home.

The flexible options of a Care ProVider Long Term Care Insurance policy can help you protect your nest egg. Not only will you have the comfort of knowing that you can pass your assets along to your spouse or children, but also that, should your own long term care needs be temporary, you will have money left to enjoy when you recover.



⁶ 2002 Long-Term Care Planning Handbook, Federal Handbooks, Inc.

Is long term care insurance the answer for you?

I am a business owner. Can my business help fund Care ProVider Long Term Care Insurance?

The purchase of long term care insurance by employers, for themselves and for employees, is fast becoming more popular. Recent legislation has provided new tax incentives to businesses offering long term care insurance to employees. In addition, employers can often elect to pay their own premiums while they are active in the business, then be free of payments during their retirement years.

There are many other financial advantages to offering long term care coverage in a business setting. Employer-sponsored plans can be structured so that premiums are paid through payroll deduction or health reimbursement accounts. Employers benefit from increased productivity when employees do not serve as primary caretakers for their parents and spouses.

As an employer, you are concerned about helping employees build and protect their assets, and in doing the same for yourself. With average life spans increasing, long term care insurance has become a critical component of any business owner's financial plan.

The right time to buy long term care insurance is when you can afford it, and before you need it.



Long term care insurance is a critical component in planning today.



Designing **YOUR** Care ProVider Long Term Care Insurance Plan

Our core policy design and its many options allow you, together with your licensed insurance representative, to design a plan that meets your needs effectively and is affordable for you now and in the future.



About the basic Care ProVider Long Term Care Insurance policy

Care ProVider policies are designed to be tax-qualified

This means that subject to certain limitations, the premiums paid for Care ProVider policies may be eligible for federal and state tax deductions and benefits paid are generally not taxable.

How benefits are paid

Benefits are paid as reimbursements for covered long term care expenses. The benefits are calculated as reimbursements up to a daily benefit amount, which you select when you purchase the plan.

Your total benefit amount

Working with your licensed insurance representative, you can select the amount of coverage that is right for you. The maximum benefit amount you can receive during your lifetime will be equal to the daily benefit amount you select when you purchase the policy multiplied by 365 and then by the number of years of coverage you select. When you collect reimbursements, they are simply subtracted from your total benefit amount. The balance remains available for future use. (There are a few benefits offered that are not subtracted from the total benefit amount, and these are specified below.)

Creating a joint policy

For an additional premium, a joint policy can be created for spouses or any two members of the same household. To achieve this, we issue a single policy that provides benefits for both covered individuals. Importantly, the premium for your joint policy may be substantially less than if spouses or two household members each purchased individual policies.

Types of Care covered

We offer comprehensive policies, for an additional premium, which include home and community care services in addition to facility services. We also offer policies for facility services only.

Benefits are available for the following types of care:

Care	Coverage
Facility Care	For stays in a qualified nursing facility or assisted living facility, your policy will pay 100% of actual expenses incurred up to the daily benefit selected.
Bed reservation	The policy will pay 100% of the actual expenses you incur, up to the daily benefit, to maintain your reserved bed in a nursing facility or assisted living facility in the event that you are temporarily absent from the facility. This benefit is payable up to 30 days in a calendar year.
Waiver of premium	This provision allows you to stop paying premiums during the time you are receiving facility care benefits. The waiver of premium begins after you have been in a nursing or assisted living facility for 90 days. At this time, the premiums you paid since you began your stay in the facility are refunded to you. If you leave the nursing or assisted living facility, you begin to pay your regularly scheduled premiums again.
Home and Community Care	Adding home and community coverage creates a policy that covers both facility care and home and community care services. This policy will pay 100% of actual expenses incurred, up to the daily benefit selected, for the following: <ul style="list-style-type: none"> • home health care, including homemaker services, provided through a home health care agency (licensed nurse, therapist or home health aide) or by an independent home health caregiver • adult day care • hospice care • caregiver training (the lifetime maximum for this benefit is five times the daily benefit selected) • A \$50 per month benefit for an emergency response system when you are receiving benefits for home and community care services
Alternative plan of care: Home modification, equipment and special care services	If you are chronically ill and otherwise eligible for benefits, we will consider paying benefits for an alternative plan of care agreed to by you, your licensed health care practitioner and us. Benefits may include temporary home modification (such as rails or ramps), equipment purchases or rentals, or care services not normally covered under home and community care services. This benefit has a lifetime maximum of 50 times the daily benefit selected.

Care	Coverage
Respite care	With the home and community care added to the policy, the policy will pay to relieve the primary caregiver in your home, so that he or she can enjoy some time off. The benefit payable is the actual expense you incur up to the daily benefit selected for respite care that may be delivered through home and community care services, a nursing facility or an assisted living facility. The maximum benefit for respite care is 30 days per calendar year.
Optional personal care advisor	We make it easier for you to take full advantage of your benefits. A personal care advisor is available through a toll-free number to help you determine eligibility for benefits, appropriate levels of care and available care and service programs and facilities in your area. No benefits are subtracted from the maximum benefit amount for this service and you are not required to use this service in order to file a claim.
Optional care coordination	If you need additional assistance after contacting the personal care advisor, our care coordinator, who is a registered nurse, can help. The coordinator can help develop your plan of care, arrange and monitor care and help with claims documentation. No benefits are subtracted from the maximum benefit amount for this service and you are not required to use this service in order to file a claim.
Coverage outside the U.S.	If you are eligible for benefits, we provide up to 30 days of coverage per year for care covered under the policy that takes place outside the United States, its territories or Canada.
Eligibility	<p>To be eligible for Care ProVider long term care insurance benefits, you must qualify as a chronically ill individual. This means that within the previous 12 months, a licensed health care practitioner has certified that a plan of care is needed for one of the following reasons:</p> <ul style="list-style-type: none"> • You are not able to perform two or more activities of daily living without substantial assistance (these activities include bathing, maintaining continence, using the toilet, dressing, eating, and moving into or out of a bed, chair or wheelchair) and it is expected that these disabilities will last at least 90 days; • You have suffered severe cognitive impairment (such as Alzheimer’s disease or similar forms of irreversible dementia) and need substantial supervision to help assure your health and safety and that of others.
Pre-existing conditions	Many times, an individual applying for a policy may have a pre-existing health condition. Some insurers will not cover you for long term care needs brought about by a condition you told us about when you apply. When you are issued a Care ProVider Long Term Care Insurance policy, it will cover the pre-existing conditions you detailed in your health history while applying. This means that you do not have to worry that an existing condition will not be covered when you need services.

Customizing your plan

We offer a range of choices and optional policy benefits to help assure that your plan precisely meets your needs.

An alternative plan of care may make it feasible to stay at home longer.

⁷ 2002 Long-Term Care Planning Handbook, Federal Handbooks, Inc.

Daily benefit amount

The costs of care vary by geographic region and by facility. In selecting a daily benefit amount, which can range from \$50 to \$300 per day, in \$10 increments, you should consider the cost of assisted living and nursing care in your region. These facility services are likely to be more expensive than home care.

When benefits begin

Most company's policies include an elimination period (waiting period) before benefit payments begin. With Care ProVider Long Term Care Insurance, you can choose whether or not you want a waiting period. If not, benefits will become payable immediately. Or, you can select a waiting period of 30, 90 or 180 days before benefits begin. If you use some of the waiting period while receiving covered care, those days are deducted from your remaining waiting period. This means that if you recover, then need to collect benefits again later, your waiting period has been reduced by the number of days you used the last time.

How long benefits last

While more than half of those going into a nursing home will have stays of less than 90 days, those who remain in nursing homes will stay an average of 2.5 to 3 years.⁷ Of course, any individual's experience could vary significantly. With the Care ProVider Long Term Care Insurance policy, you can select how long you want your benefits to pay for long term care, whether at home or in a nursing or assisted living facility. The choices include lifetime, three, four or five years.

With optional care coordination, we make it easier for you to take full advantage of your benefits.



Additional policy options

We will work with you to tailor your Care ProVider Long Term Care Insurance policy to respond to your specific priorities and concerns. The options described below can help. Each is available for an additional premium.



Protecting yourself against inflation

With the Care ProVider policy, you can help protect against ongoing increases in health care costs. You can select a 3 percent or 5 percent annual increase in the previous year's daily benefit. This amount will be compounded for life, as long as the policy remains in force, with a corresponding increase in the total benefit amount available to you. Importantly, the benefits will continue to increase each year even if you are receiving benefits. *(Compound 3% or Compound 5% Inflation Protection Riders)*

Turning your premiums into a tool to help provide for your spouse or other heirs

If you elect this option and die while the policy is in force (or if you have a policy with joint coverage and are the second to die) the total premiums you have paid, minus any claim benefits you have received, will be paid to a beneficiary of your choice. Many people like this option because it helps the family recapture their premiums if they have never needed to collect any claim payments. *(Return of Premium Rider)*

Changing the way benefits are paid from reimbursement to indemnity

You may want your benefits changed from reimbursement to indemnity. This means that you will receive the full daily benefit amount you selected from your Care ProVider policy while you are receiving benefits, regardless of expenses incurred. You or someone you select can then use the funds as needed to pay care providers. *(Indemnity Benefit Rider)*

Additional policy options

Electing your best premium payment option

The Care ProVider Long Term Care Insurance policy is designed to provide you with excellent options for premium payment. You can simply continue paying the premiums over time, which provides the lowest monthly cost. Alternately, if you are 55 or younger, you can elect to pay your premiums only until you are 65. (*Paid-up at Age 65 Premium Payment Endorsement*) Or, you may be able to elect a ten-year payment option, which is a good choice if you are over 55 but want to have a limited duration for the premium payments. (*10-Year Premium Payment Endorsement*) The option you choose will depend primarily on how you want to manage your finances now and in the future. Your licensed insurance representative can help you compare the available choices.

Creating a flexible care plan that helps you live at home with your spouse or family

You may be able to elect to receive benefits, as indemnity only, and for care to include home and community service care services that are provided by a non-professional, unpaid family member or friend. Your licensed insurance representative can work with you to determine if this choice is available and suitable for you. (*Personal Caregiver Rider*)

Changing daily home and community care services benefits to a monthly basis

If your home and community care benefits are likely to vary widely day-to-day but balance out over each month, the option of changing reimbursements to measure monthly rather than daily expenses may work well for you. Your licensed insurance representative can work with you to determine if this choice is available and suitable for you. (*Monthly Benefit Rider*)



Additional policy options

Having premiums waived when receiving home and community care services

With the combined facility and home and community care coverage, you may want to select our option to have your premiums waived while receiving these specific services. With this optional feature, your premiums are waived after 90 days of home and community care services. The waiver is retroactive back to the first day of your claim. *(Waiver of Premium Rider)*

Restoration of benefits

With this option, you can recapture benefit dollars you have used and put them back into your total benefit amount. These used benefit dollars can be restored after 180 days of not requiring and not collecting any benefits. Benefits can be restored up to twice the original benefit amount. People who have selected a lifetime benefit period will not need to purchase this policy option. *(Restoration of Benefits Rider)*

Making financial management easier for a surviving spouse by ending or reducing premiums when the first partner dies

With this option, if you have completed ten full years of owning a joint policy, and you or your spouse die, the policy and its riders will be considered to be paid up, and no more premiums will be charged. In addition, if you or your spouse die before the end of the tenth policy year, the premium paid by the surviving spouse will be appropriately adjusted for the balance of the ten-year period. *(Paid-up Survivor Benefit Rider)*

Protecting your coverage in the event that you can no longer pay premiums

Should your policy lapse after it has been in force for three years or more, this option will allow you, under such circumstances, to collect benefits according to the provisions of your policy, up to the greater of the amount in premiums that you have paid to date or thirty times the daily benefit you had in place at the time of the lapse. *(Shortened Benefit Period Nonforfeiture Rider)*



Putting aside concerns about long term care

Making a decision about long term care insurance is a wise step to make. Of course, most of us do not like to think about aging or the possibility of either ourselves or our spouse needing long term care. But having long term care insurance effectively removes the worry about many of the financial and emotional issues surrounding this very common life situation. Perhaps you will never need care. Perhaps you will. With long term care insurance, you know that, whatever life may bring, you are prepared.

Limitations and Exclusions

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment, or service(s):

- provided to you by a person in your Family;
- provided outside the United States or its territories, or Canada, except where coverage outside the U.S. is previously described under Types of care covered;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of Mental or Nervous Disorders.

Non-Duplication of Benefits

Benefits are not payable under this Policy for (a) expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or (b) for any other state or federal worker's compensation plan or other governmental program (except Medicaid).

For purposes of satisfying the Elimination Period, days on which you satisfy the conditions on Eligibility for Payment of Benefits, but coverage is excluded due to Non-Duplication of Benefits, will count toward satisfaction of the Elimination Period.

Important note: This information is intended as a general overview and is not intended to provide tax or legal advice. Please consult a tax or legal advisor for specific advice about your situation.



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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to COLORADO (Policy forms **BG01P(06/04)-CO, et al.** and Optional Riders and Endorsements)*

Colorado Basic and Standard Long Term Care Plans

In Colorado, both a Basic Long Term Care Plan and a Standard Long Term Care Plan are required to be presented to you along with our Care ProVider Series.

The state of Colorado has defined the Basic Long Term Care Plan as being suitable for sale to persons with moderate incomes and the Standard Long Term Care Plan as suitable for persons with middle or high incomes. Both are intended as TAX-QUALIFIED plans. The following lists the benefits available under each of these plans. No other benefits, features, premium discounts, or options are available under these plans other than those specifically listed:

	<u>BASIC</u>	<u>STANDARD</u>
Facility Care Services or Home Care Services Daily Benefit:	Actual expenses incurred up to \$110 per day	Actual expenses incurred up to \$110 per day
Elimination Period:	60 days	60 days
Benefit Amount:	\$115,000	\$192,000

Additional Benefits Included in both Plans:	Waiver of Premium Bed Reservation Case Management Services Home Modification and Supportive Equipment Caregiver Training Respite Care Services Hospice Care Services Alternative Plan of Care
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Optional Benefits Available under both Plans:	Compound 5% Inflation Protection Shortened Benefit Period Nonforfeiture
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If Home and Community Care (“HCC”), referenced on page 10, is selected, the policy will also provide a Waiver of Premium Benefit for HCC. Therefore, the Waiver of Premium Benefit Rider, referenced on page 19, is not applicable. HCC also includes homemaker services, and Maintenance or Personal Care Services.

Respite Care is included in those services listed under Home and Community Care on page 10.

The 180 day elimination waiting period referenced on page 12 is not available.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to DELAWARE (Policy forms **BG01P(06/04)-DE, et al.** and Optional Riders and Endorsements)*

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

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Benefits and Premium amounts will vary according to the coverage selected.

All references to **Nursing Facility** are replaced by the term, **Nursing Home**.

Under Joint Coverage as described on pages 5 & 8, additional premium is not required for this coverage. The same premium rate will apply to both individual and joint coverage.

The Paid-Up Survivor Benefit Rider, referenced on pages 5 & 19, is not available.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

The section, entitled **Non-Duplication of Benefits**, also on page 20 of the Brochure, is deleted and replaced with the following:

Non-Duplication of Benefits

Benefits are not payable under this Policy for (a) expenses incurred to the extent that such expenses are reimbursable under Medicare or would so be reimbursable but for the application of a deductible or coinsurance amount; or (b) for any other state of federal worker's compensation plan or similar plan, or other governmental program (except Medicaid).

For the purposes of satisfying the Elimination Period, days on which you are eligible for benefits, but coverage is excluded due to the Effect on Benefits Due to Medicare or Other Governmental Programs provision, will count toward satisfaction of the Elimination Period.

The long term care insurance policy described in the Brochure is **guaranteed renewable**. This means you have the right, subject to the terms of the policy, to continue the policy as long as you pay your premiums on time. Berkshire Life Insurance Company of America cannot change any of the terms of the policy on its own, except that, in the future, it may increase the premium you pay.

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In the **Waiver of Premium** provision referenced on page 10, the third sentence is revised as follows: At this time, the premiums you paid since you began your stay in a facility will be applied to any future renewal premium that may become due.

For the **Elimination Period** (referenced on page 12):

- the 180-day elimination period is not available;
- If Home and Community Care Services is selected, the maximum elimination period is reduced to 60 days.

The Shortened Benefit Period Nonforfeiture Rider referenced on page 19 is called the **Shortened Benefit Rider**.

For the **Non-Duplication of Benefits** (referenced on page 20), the following statement is added:

“The Policy will provide for covered expenses that exceed the amount paid or payable under Medicare.”

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to HAWAII (Policy forms **BG01P(06/04)-HI, et al.** and Optional Riders and Endorsements*

In the **Waiver of Premium** provision referenced on page 10, the refund of unearned premiums is **not** available.

The **Personal Caregiver Rider** referenced on page 19 is **not** available.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

In the **Waiver of Premium Rider** referenced on page 19, the refund of unearned premiums is **not** available.

In the **Limitations and Exclusions** provision referenced on page 20, the first bullet point is revised as follows:

- provided to you by a person in your immediate Family.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to IDAHO (Policy forms **BG01P(06/04)-ID, et al.** and Optional Riders and Endorsements)*

The 3 % Compound Inflation Protection Rider referenced on page 15 is not available.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to ILLINOIS (Policy forms **BG01P(06/04)-IL, et al.** and Optional Riders and Endorsements)*

All references to Long Term Care Insurance Policy are replaced by the term, Traditional Long Term Care Insurance Policy.

All references to “licensed insurance representative” are replaced by the term, “licensed insurance producer”.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

The last “bulleted” item listed under the Limitations and Exclusions section on page 20 is deleted and replaced with the following:

- provided in facilities operated primarily for the treatment of Mental or Nervous disorders. However, this shall not operate to exclude coverage for loss which results from Alzheimer’s or any other demonstrable organic disease such as senile dementia.

The section, entitled Non-Duplication of Benefits, also on page 20 of the Brochure, is deleted and replaced with the following:

Effect on Benefits Due to Medicare or Other Governmental Programs

Benefits are not payable under this Policy for (a) expenses incurred to the extent that such expenses are reimbursable under Medicare or would so be reimbursable but for the application of a deductible or coinsurance amount; or (b) for any other state of federal worker’s compensation plan, or other governmental program (except Medicaid).

For the purposes of satisfying the Elimination Period, days on which you are eligible for benefits, but coverage is excluded due to the Effect on Benefits Due to Medicare or Other Governmental Programs provision, will count toward satisfaction of the Elimination Period.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to INDIANA (Policy forms **BG01P(06/04)-IN, et al.** and Optional Riders and Endorsements*

The 3 % Compound Inflation Rider referenced on page 15 is not available.

The Personal Caregiver Rider referenced on page 17 is not available.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to KANSAS (Policy forms **BG01P(06/04)-KS, et al.** and Optional Riders and Endorsements)*

Facility Care Services referenced on page 10 of the brochure are provided in a Nursing Facility which includes: skilled nursing home, intermediate nursing care home, assisted living facility and residential health care facility.

The Paid-up at Age 65 Premium Payment Endorsement and the 10-Year Premium Payment Endorsement, referenced on page 17, are available through long term care policy forms

BG02P(06/04)-KS and BG03P(06/04)-KS respectively.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to MARYLAND (Policy forms **BG01P(06/04)-MD, et al.** and *Optional Riders and Endorsements*)*

All references to a **Nursing Facility** include an **Assisted Living Facility**.

The **joint coverage** referenced throughout the brochure is available to spouses only.

Under the **Facility Services Only** plan referenced on page 10, an optional **Hospice Care Program Benefit Rider** is also available. If you become terminally ill, this option pays your actual expenses incurred under this Program, up to the Daily Benefit selected.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure under “Protecting your coverage in the event that you can no longer pay premiums”.

The **Limitations and Exclusions** on page 20 are deleted in their entirety and replaced with the following:

LIMITATIONS AND EXCLUSIONS

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment or service(s):

- provided to you by a person in your Family;
- provided outside the United States or its territories, or Canada;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction;
- provided in facilities operated primarily for the treatment of Mental or Nervous disorders. However, this shall not operate to exclude coverage for loss which results from Alzheimer’s or any other demonstrable organic disease such as senile dementia; or
- for any claim, bill or other demand or request for payment for health care services provided and determined to be furnished as a result of a referral prohibited by § 1-302 of the Health Occupations Article.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to MASSACHUSETTS (Policy forms **BG01P(06/04)-MA, et al.** and Optional Riders and Endorsements)*

The references in the brochure to “**Nursing Facility**” are replaced by “**Nursing Home.**”

Adult Day Care, referenced on page 10, also includes Dementia Day Care and Social Day Care.

Alternative Plan of Care, referenced on pages 10 and 11, is referred to as “**Alternate Plan of Care.**” Also, the reference to a lifetime maximum of 50 times the daily benefit selected is not applicable.

Policies with a **daily benefit amount of \$130 or greater** qualify for MassHealth (Medicaid) Exemptions. Therefore, purchase of the **Paid-up at 65 Premium Payment Endorsement or the 10-Year Premium Payment Endorsement**, referenced on page 17 of the brochure must include the purchase of **the Compound 5% Inflation Protection Rider or the Compound 3% Inflation Protection Rider**, referenced on page 15 of the brochure.

LIMITATIONS AND EXCLUSIONS

The Limitations and Exclusions on page 20 are deleted in their entirety and replaced with the following:

Limitations and Exclusions:

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment or service (s):

- provided to you by a person in your family;
- provided outside of the United States or its territories, or Canada, except that as described under the Coverage Outside the United States in the Policy Benefits section of the Policy.
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug detoxification or rehabilitation; or
- provided in facilities operated primarily for the treatment of mental or nervous disorders, unless Facility Care provided for under the policy is performed in a specific wing or unit of such facility.

The first paragraph of the **Non-duplication of benefits** provision referenced on page 20 is deleted and replaced with the following:

Benefits are not payable under the policy for expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or for any other state or federal worker’s compensation plan.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to MINNESOTA (Policy forms **BG01P(06/04)-MN, et al.** and Optional Riders and Endorsements)*

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

Under the **Limitations and Exclusions**, referenced on page 20, the first bullet point is deleted and replaced with the following:

- provided to you by a person in your immediate family;

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to MISSOURI (Policy forms **BG01P(06/04)-MO, et al.** and Optional Riders and Endorsements)*

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

LIMITATIONS AND EXCLUSIONS

The Limitations and Exclusions on page 20 are deleted in their entirety and replaced with the following:

Limitations and Exclusions

No benefits will be paid for any confinement, care, treatment or service (s):

- provided to you by a person in your family;
- received outside of the United States or its territories, or Canada;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction;
- or
- provided in facilities operated primarily for the treatment of mental or nervous disorders.

However, this shall not operate to exclude coverage for loss which results from Alzheimer's or any other demonstrable organic disease such as senile dementia or mental or nervous disorders resulting from physical injury.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to MONTANA (Policy forms **BG01P(06/04)-MT, et al.** and Optional Riders and Endorsements)*

On page 5, in the second column, the second sentence of the third paragraph is revised as follows:

Wise options may include creating a joint policy and adding features such as a paid-up survivor option to eliminate or reduce policy premiums for a surviving spouse/partner.

On page 19, the first full paragraph of the second column is revised as follows:

With this option, if you have completed ten full years of owning a joint policy, and you or your spouse/partner die, the policy and its riders will be considered to be paid up, and no more premiums will be charged. In addition, if you or your spouse/partner die before the end of the tenth policy year, the premium paid by the surviving spouse/partner will be appropriately adjusted for the balance of the ten-year period. (Paid-up Survivor Benefit Rider)

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to NEW JERSEY (Policy forms **BG01P(06/04)-NJ, et al.** and *Optional Riders and Endorsements*)*

All references to term “**joint coverage or joint policy**” shall be replaced with the term “**Additional Insured coverage or Additional Insured Policy**”.

The 10-year and Paid-up at 65 Premium Payment Options, referenced on page 17, are **not** available with the purchase of the Shortened Benefit Period Nonforfeiture rider, referenced on page 19.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

The **Limitations and Exclusions** listed on page 20 is deleted in its entirety and replaced with the following:

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment, or service(s):

- provided to you by a person in your Immediate Family;
- provided outside the United States or its territories, or Canada, except as described under Coverage Outside the United States in the Policy Benefits section of the Policy;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of the disease of alcoholism or drug addiction;

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- provided in facilities operated primarily for the treatment of Mental or Nervous Disorders;
or
- that results from sickness or injury for which benefits are provided under any state or federal workers' compensation plan, or governmental program (except Medicaid).

The first paragraph of the **Non-Duplication of Benefits provision**, referenced on page 20, is **deleted in their entirety and replaced** with the following:

Benefits are not payable under this Policy for expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to NEW YORK (Policy forms **BG01P(06/04)-NY, et al.** and *Optional Riders and Endorsements*)*

All references in the brochure to “**Nursing Facility**” are replaced by “**Nursing Home**”.

All references to “**Home and Community Care**” are replaced by “**Home Care Services**”.

Joint coverage is available for spouses and domestic partners only.

The **Coverage outside the United States** provision, referenced on page 11, is not available.

The Daily Benefit Amounts, referenced on page 12, are available in increments of \$10 from \$100-\$300 within the New York Metropolitan Area (the counties of Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Rockland and Westchester) and \$70-\$300 outside of the New York Metropolitan Area.

The **Paid-up Survivor Benefit Rider**, referenced on page 19, is not available.

The Limitations and Exclusions, referenced on page 20, are deleted and replaced by the following:

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment, or service(s):

- provided to you by a person in your immediate Family or any Secondary Insured named on the Policy Schedule;
- provided while the insured is outside the United States and its possessions;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction; or
- provided in facilities operated primarily for the treatment of Mental or Nervous Disorders.

The first paragraph of **the Non-Duplication of Benefits** provision, referenced on page 20, is deleted and replaced by the following:

Benefits are not payable under the policy for expense incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or for services for which benefits are provided by any other state or federal worker’s compensation plan, or other governmental program (except Medicaid).

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to NORTH CAROLINA (Policy forms **BG01P(06/04)-NC, et al.** and Optional Riders and Endorsements)*

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

The first paragraph of the **Non-Duplication of Benefits section**, referenced on page 20 of the Brochure, is deleted and replaced with the following:

Benefits are not payable under the Policy for:

- expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or;
- any benefits paid or payable under any federal workers' compensation plan, or other governmental program (except Medicaid); or
- occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act but only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to NORTH DAKOTA (Policy forms **BG01P(06/04)-ND, et al.** and Optional Riders and Endorsements)*

The 10-Year Premium Payment Endorsement and the Paid-up at Age 65 Premium Payment Endorsement, referenced on page 17, are available through long term care policy forms BG02P(06/04)-ND and BG03P(06/04)-ND respectively.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to OKLAHOMA (Policy forms **BG01P(06/04)-OK, et al.** and Optional Riders and Endorsements)*

On page 11 of the brochure the term “pre-existing condition” is defined as a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within six (6) months preceding the effective date of coverage of an insured person.

Berkshire Life Insurance Company of America’s Care ProVider long term care insurance covers pre-existing conditions.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to OREGON (Policy forms **BG01P(06/04)-OR, et al.** and Optional Riders and Endorsements)*

Home and Community Care Services will be included in every policy. The reference to “optional” Home and Community Care Services and Facility Services Only coverage on pages 10 is not applicable.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to PENNSYLVANIA (Policy forms **BG01P(06/04)-PA, et al.** and Optional Riders and Endorsements)*

The Facility Care Only Coverage, reference on page 10 of the brochure, **is not available.**

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

The **Limitations and Exclusions** on page 20 are deleted in their entirety and replaced with the following:

LIMITATIONS AND EXCLUSIONS

No benefits will be paid and the Elimination Period will not be satisfied for any confinement, care, treatment or service(s):

- provided to you by a person in your Family;
- provided outside the United States or its territories, or Canada, except as described under Coverage Outside the United States in the Policy Benefits section of this Policy;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction;
- providing duplication of benefits provided under any Motor Vehicle Responsibility Law; or
- provided in facilities operated primarily for the treatment of Mental or Nervous disorders. However, this shall not operate to exclude coverage for loss which results from Alzheimer's or any other demonstrable organic disease such as senile dementia.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to RHODE ISLAND (Policy forms **BG01P(06/04)-RI, et al.** and Optional Riders and Endorsements)*

Home and Community Care Services will be included in every policy. The reference to “optional” Home and Community Care Services and Facility Services Only coverage on pages 10 is not applicable.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to SOUTH CAROLINA (Policy forms **BG01P(06/04)-SC, et al.** and Optional Riders and Endorsements)*

All references in the Brochure to a nursing facility or an assisted living facility also include care in a custodial care facility.

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to SOUTH DAKOTA (Policy forms **BG01P(06/04)-SD** and **BG02P(06/04)-SD** and Optional Riders and Endorsements)*

All references to the term “**representative**” are replaced with the word “**agent**”.

All references to the term “actual” when used in relationship with the word “expenses” on pages 10 and 11 are deleted.

All references to a **joint policy or joint coverage** apply to Policy form BG01P(06/04)-SD.

For the **Elimination Period** (referenced on page 12):

- the 180-day elimination period is not available;

The **Paid-Up Survivor Benefit Rider**, referenced on page 19, is only available with Policy form BG01P(06/04)-SD.

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.

In the **Limitations and Exclusions provision** (referenced on page 20), the first bullet point is deleted and replaced with the following:

- provided to you by a person in your family unless: the family member is a regular employee of the service or care provider furnishing the service or care; the service or care provider receives the payment for the service or care; and the family member receives no compensation other than the normal compensation for an employee in his or her job category.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to TENNESSEE (Policy forms **BG01P(06/04)-TN, et al.** and Optional Riders and Endorsements)*

The 10-year Premium Payment Endorsement, referenced on page 17, is only available if the Shortened Benefit Period Nonforfeiture Rider, referenced on page 19, is also purchased.

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The statistical information included on pages 2 and 6 includes services that may not qualify for coverage or could be covered by other insurance.

Home and Community Care Services will be included in every policy. The reference to “optional” Home and Community Care Services and Facility Services Only coverage on pages 10 is not applicable.

On page 11, under **Pre-existing conditions**, the third sentence is revised to read as follows: “If you are issued a Car ProVider Long Term Care Insurance Policy, it will cover the pre-existing conditions you detailed in your health history while applying.”

For the **Elimination Period** (referenced on page 12):

- the 180-day elimination period is not available;

In the **Limitations and Exclusions provision** (referenced on page 20), the first bullet point is deleted and replaced with the following:

- provided to you by a person in your Family, unless the Family member is a paid employee of the institution in which you are receiving care.

*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to WASHINGTON (Policy forms **BG01P(06/04)-WA, et al.** and Optional Riders and Endorsements)*

Adult Day Care, referenced on page 10, shall be called **Adult Day Health Care**.

ELIGIBILITY

The following bullet is added to Eligibility provision on page 11:

- having a level of disability similar (as determined under regulations prescribed by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described in bullet point 1.

LIMITATIONS AND EXCLUSIONS

The Limitations and Exclusions on page 20 are deleted in their entirety and replaced with the following:

No benefits will be paid for any confinement, care, treatment or service(s):

- provided to you by a person in your Family;
- provided outside the United States or its territories, or Canada, except as described under Coverage Outside the United States in the Policy Benefits section of the Policy;
- for which you have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of chemical dependency;
- provided in facilities operated primarily for the treatment of mental or nervous disorders;
- for care provided by rest cures and routine physical examinations; or
- that results from a sickness or injury for which benefits are provided under any state or federal worker's compensation plan or other governmental program (except Medicaid).

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*This supplement to your brochure will describe the benefits and features of Care ProVider that are unique to WISCONSIN (Policy forms **BG01P(06/04)-WI, et al.** and Optional Riders and Endorsements)*

The references in the brochure to “**Nursing Facility**” are replaced by “**Nursing Home.**”

The **Facility Services Only Policy**, referenced on page 10 of the brochure, will be referred to as a “**Nursing Home Insurance Policy.**”

The **Alternative Plan of Care** benefit, referenced on page 10 of the brochure, is **not available with the Nursing Home Insurance Policy.**

The **Compound 3% Inflation Protection Rider**, referenced on page 15 of the brochure, will be referred to as the “**Compound 3% Benefit Increase Rider.**”

Nonforfeiture Benefits:

If you choose not to select the optional Shortened Benefit Period Nonforfeiture rider described on page 19 of the brochure, a contingent benefit upon lapse will be available if: (a) the policy lapses as described under the Grace Period and Unintentional Lapse provisions of the policy; and (b) the premium rates for the policy are substantially increased. The benefit provided will be in the form of a Shortened Benefit Period as described on page 19 of the Brochure in the Shortened Benefit Period Nonforfeiture rider provision.