It’s about living life on your terms.

SignatureCare® 500
Contents

1 | The need for long term care affects the entire family.
4 | The New York State Partnership Program
7 | SignatureCare® 500 New York State Partnership Base Policy
10 | Added value
11 | SignatureCare® Optional Riders
14 | At claim time…
The need for long term care affects the entire family.

The need for long term care (LTC) can happen to anyone…at any time. It could be you, your spouse/partner, a parent, or even a sibling. The need for long term care may result from a lengthy, chronic illness or a severe cognitive impairment. However, something as unexpected as an accident or injury could also trigger the need for long term care.

Many important questions arise:

Who will take care of me?
Will I be able to stay at home?
How will I pay for care?

The choices you make today could impact your future lifestyle, and the quality of life you experience. Now, while you’re healthy, is the time to think about and plan for those unexpected things that can happen in life.

Who will take care of me?

A need for long term care may have a substantial impact on your relationships with family or friends. Sacrifices may be made to provide for your care. Family or friends may have to give up free time, spend less time with their family, and take on the stress and physical strain of becoming your caregiver. In addition, those caregivers may need to take time off work or cut back on their work schedule, adding financial strain.

Long term care insurance (LTCi) can help relieve the emotional and financial strains that often accompany the need for care. The benefits that you may receive from your policy can help you get the care that you need and allow you to focus on spending quality time with your family and friends.

What is the likelihood of needing care?

Americans are living longer than ever before. That means you – or your parents – could maintain good health and independence for many years. However, with longer life expectancy comes an increasing level of health conditions associated with aging. Thirty-six percent of 75-84 year olds reported having a limitation of activity caused by chronic conditions.

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What does long term care cost?

Long term care services can be very expensive. In New York, home care from a home health care aide averages $22 per hour. While getting care at home you will still have ordinary home and living expenses. The average cost in New York for a room in a private nursing home is $122,275 annually and can be even more in other areas of the country.

Where is long term care provided?

Long term care may take place at home or in assisted living facilities and it can also be provided in a community setting, in a nursing home or in a hospice facility. People with long term care needs may initially receive assistance at home or in community based settings before moving into more intensive care settings.

Long term care insurance, depending on the type of policy purchased, may provide more choices and control over where and how you receive care. This may mean you could stay at home and remain an integral part of family activity.

How will you pay for care?

You may begin paying for long term care services on your own, but find that your savings will only cover a limited amount of care. You may plan to rely on your health insurance or government programs, like Medicare or Medicaid, to help you.

Long term care typically isn’t covered by traditional health insurance plans. Medicare generally provides for long term care if it is part of a rehabilitative plan or skilled care. Medicaid only pays after you meet eligibility requirements, including significant restrictions on income and assets.

<table>
<thead>
<tr>
<th>Year</th>
<th>Nursing Home Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$122,275</td>
</tr>
<tr>
<td>2010</td>
<td>$128,389</td>
</tr>
<tr>
<td>2015</td>
<td>$163,860</td>
</tr>
<tr>
<td>2020</td>
<td>$209,132</td>
</tr>
<tr>
<td>2025</td>
<td>$266,911</td>
</tr>
</tbody>
</table>

Why should you consider long term care insurance?

Long term care insurance is one option that can help you plan for the high cost of care.

While you may also receive support from family or loved ones, one way to help ensure that you receive the type of care you want – in the setting you choose – is through a comprehensive long term care insurance policy from Massachusetts Mutual Life Insurance Company (MassMutual). This policy can help you:

- Protect your assets, retirement funds, and your estate – including your home.
- Maintain your spouse/partner’s standard of living, financial security, and peace of mind.
- Help relieve family and friends from the burden of providing for your care.
- Preserve your independence, by giving you the option to receive care at home.
- Give you more choices and control over your care.

There’s a clear advantage to buying long term care insurance at a younger age. You are more apt to be healthy and qualify for coverage and premiums are generally lower.
The New York State Partnership Program

The New York State Partnership for Long-Term Care is a joint effort by State government and the private insurance industry and New York State Medicaid Extended Coverage that helps you plan to meet your future long-term care needs without depleting all of your assets to pay for care. The program allows New Yorkers to protect some or all of their assets (depending on the insurance policy purchased), if their long-term care needs extend beyond the period covered by their private insurance policy.

- **Total Asset Protection** policies allow policyholders to protect all of their assets when they apply for Medicaid Extended Coverage.
- **Dollar for Dollar Asset Protection** policies allow policyholders to establish asset protection based on the amount of benefits paid from the policy when they apply for Medicaid Extended Coverage.

**Special Requirements**

In addition to the standards that all long term care insurance policies must meet, Partnership policies must satisfy certain additional requirements designed to help residents.

- A required minimum Daily Benefit Amount (DBA) that assures that the benefits are meaningful when you need them. The minimum DBA, which is determined annually, is the initial amount of coverage an applicant must purchase in a New York State Partnership policy in order to earn Total Asset Protection or Dollar for Dollar Asset Protection.
- An automatic 5% benefit increase compounded each year to keep up with inflation if the issue age is 79 years or younger.
- Coverage for an extensive array of home care services in addition to nursing home care. Home care benefits must include home health care, personal care, assisted living care, skilled nursing care and adult day care.
Medicaid Extended Coverage

Medicaid Extended Coverage is provided by the State of New York (not MassMutual). Individuals who purchase Partnership policies, subsequently use the benefits according to the conditions of the program, including the duration requirements, may apply for Medicaid Extended Coverage.

An insured with a Total Asset Protection policy may apply for Medicaid Extended Coverage with protection of any amount of resources (assets) and is therefore exempt from any penalty associated with the transfer of resources (assets). With a Total Asset Protection policy, the insured may sell, transfer, and/or spend resources (assets) before, during, and after applying for Medicaid Extended Coverage without affecting his/her eligibility for Medicaid as long as he/she exhausts the policy minimum duration period.

An insured with a Dollar for Dollar Asset Protection policy may apply for Medicaid Extended Coverage without regard to resources (assets) equal to the amount of insurance benefits paid out under his/her Partnership insurance policy as long as the policy minimum duration period is satisfied. However, any amount of unprotected resources (assets) in excess of the allowable Medicaid resource level as well as transfers for an uncompensated value may affect your eligibility for Medicaid Extended Coverage.

Although Medicaid does not consider protected resources (assets) in determining eligibility for Medicaid Extended Coverage, an applicant’s eligibility is determined based on unprotected resources (assets), income, and the cost of the care received. Therefore, if your income is too high and/or your unprotected resources (assets) are in excess of allowable Medicaid resource levels, you may not qualify for Medicaid Extended Coverage.

Here’s how it works

Design your policy and pay premiums.
You design your Partnership long term care insurance policy according to your needs and ability to pay. You pay the insurance premiums, generally until you need the care.

Have a long term care need.
Once you need long term care and you meet the benefit eligibility criteria (also known as the insured event) and elimination period for the policy, MassMutual will pay benefits based on the policy terms you selected. MassMutual will continue to pay benefits as long as you need long term care and continue to be eligible for benefits, or until all obligations of the policy, usually measure in number of years or a preset dollar amount, are met.

Share benefits with covered partner.
At an additional cost, covered partners can share a separate pool of benefits if each partner buys their own MassMutual policy and one partner depletes their benefits and still needs care. With this type of policy, keep in mind that only the covered partner who actually uses the benefits will earn Medicaid Extended Coverage.

Apply for Medicaid Extended Coverage.
If you continue to need long term care after you have satisfied the policy minimum duration period you may apply to your local Department of Social Services for Medicaid Extended Coverage. When determining your eligibility, the Department of Social Services will look at whether you have a total asset protection or dollar for dollar asset protection.
policy. Once you are eligible for Medicaid Extended Coverage, you will be able to receive services covered under the New York State Medicaid Extended Coverage program. These services could be less than or more than the services provided to you under your Partnership insurance policy.

**Residency requirements**
The New York State Partnership program helps New York State residents finance their long term care needs. For this reason, you as the insured must reside in New York State to purchase a New York State Partnership policy.

### New York State Partnership-qualified policy designs

<table>
<thead>
<tr>
<th>Policy Design</th>
<th>Total Asset 100</th>
<th>Dollar for Dollar 100</th>
<th>Dollar for Dollar 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Benefit Amount (DBA)</td>
<td>MassMutual offers a DBA from $230 to $500 per day. Available in $10 increments.³</td>
<td>Pays 100% Facility &amp; Home Care DBA</td>
<td>Pays 100% Facility &amp; Home Care DBA</td>
</tr>
<tr>
<td>Elimination Period</td>
<td>30, 60 or 90 service days</td>
<td>30 or 60 service days</td>
<td>30 or 60 service days</td>
</tr>
<tr>
<td>Benefit Periods</td>
<td>4 years, 5 years, 6 years, 10 years or Lifetime</td>
<td>2 years</td>
<td>1.5 years</td>
</tr>
<tr>
<td>Required Riders</td>
<td>5% Compound Inflation Protection is required if the issue age is 79 or younger.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Benefits for New York State Policyholders

Your New York State Partnership policy will pay benefits anywhere in the United States, based on the terms of the policy you selected. During the Extended Medicaid Coverage component of a New York Partnership policy, the policyholder must be a New York state resident in order to receive New York State Medicaid Extended Coverage. New York Partnership policyholders who relocate to another state will not be eligible for Medicaid Extended Coverage unless they return to New York as residents.

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³ The minimum policy duration will depend on the policy design selected and is determined by the State of New York. Additional information may be found on the New York State Long Term Care Partnership website at http://www.nyspltc.org/expansion.htm.

⁴ The New York State Partnership Program establishes a minimum DBA. In 2010 it is $229, this figure will increase annually. The DBA is available in $10 increments, up to $500 per day (up to $400 per day if the Indemnity Benefit Rider is added to the Policy). MassMutual will adjust the DBA as necessary.
MassMutual’s SignatureCare 500 New York State Partnership Long Term Care Insurance provides you the freedom to design a policy that helps meet your unique and changing needs while helping you protect your assets, your family, and your future. Partnership Policy provisions and benefits are listed below.

**Base policy design**
SignatureCare offers a Comprehensive (Facility and Home Care Services) policy design to help meet your personal needs.

**Comprehensive policy**
Once you have satisfied the Elimination Period and are eligible for benefits, the Comprehensive Policy pays 100% of the actual expenses you incur for both Facility Services and Home Care Services, up to the Daily Benefit Amount (DBA) you select. This policy provides you with the independence to receive care in a familiar home or community based setting. Base benefits of the Comprehensive Policy include benefits for Facility Services plus benefits for Home Care Services and Respite Care as well as Additional Care Services that include Caregiver Training, Ambulance Services and an Emergency Response System.ª

**Facility Services Benefit**
This benefit reimburses for expenses incurred for qualified long term care services (including skilled, intermediate or custodial, and nursing care), provided in a Nursing Home or Assisted Living Facility. It also pays for maintenance or personal care service performed in an Assisted Living Facility and Hospice Care provided in a Hospice Facility.

**Facility Bed Reservation Benefit**
This benefit reserves your bed in a Facility in the event of a temporary absence from the facility. We will reimburse you the actual daily charges you incur up to your DBA for a maximum of 20 times the DBA per policy year.

**Home Care Services Benefit (HCS)**
Depending on the policy selected, this benefit reimburses 100% of your actual expenses up to the DBA you select, for care provided by a licensed or certified (where required) home health care agency, independent home health caregiver, or for care provided through adult day care programs and hospice care facilities. The Dollar for Dollar 50 policy reimburses up to 50% of the DBA for HCS and the Dollar for Dollar 100 and the Total Asset 100 policies reimburse up to the DBA for HCS. This benefit is not payable on days on which a benefit is payable for Facility Services.

This benefit reimburses you for services provided by licensed or certified (where required) home care providers including:

- Professional Nurse (RN, LPN, LVN)
- Physical Therapist
- Speech Therapist
- Respiratory Therapist
- Occupational Therapist
- Home Health Aide

ª Availability of Caregiver Training, Ambulance Services, and Additional Care Services depends on policy selected.
Additional Care Services Benefit

Under the Additional Care Services Benefit, once you are eligible for benefits under your base policy, we will work with you and your licensed health care practitioner to determine if Additional Care Services are appropriate for your situation. Additional Care Services includes medical and non-medical services, such as oxygen tanks or modifications to your home for handicap accessibility. The maximum benefit available under Additional Care Services will vary depending on the policy selected.

Caregiver Training Benefit

Additionally, we will reimburse you for training provided to your informal caregiver (unpaid, non-professional), up to a lifetime maximum of five times your Daily Benefit Amount (DBA).

Ambulance Services Benefit

This benefit will reimburse you for costs associated with ambulance transportation for a permanent transfer to a Facility or a temporary transfer to or from a Facility to receive respite care. Ambulance Benefit reimbursements are payable while you are receiving Home Care Services (HCS) benefits and are in addition to your selected DBA. The maximum benefit per policy year is 4 times the DBA.

Emergency Response System Benefit

The Emergency Response System Benefit is available, up to one half of the DBA per month, to help defray the cost of systems such as personal service to alert authorities when you are in need of help. Emergency Response System reimbursements are payable while you are receiving HCS benefits and are in addition to your DBA.

Respite Care Benefit

Respite Care provides temporary relief to an informal caregiver who is providing your care. The reimbursement may be for care provided in your home, a Facility, or through a community based program. No Elimination Period is required. The benefit payable will be the actual daily charges you incur for services covered under your policy, up to the DBA. The maximum benefit payable is 14 times the DBA per policy year.

Regarding the type of policy you choose, you have the added security of knowing as long as you continue to pay your required premiums, your policy cannot be cancelled. In addition, there are no limitations on pre-existing conditions. Premiums may change subject to the approval of the appropriate regulatory authority of the state in which the policy was issued.

7 Not available with Dollar for Dollar 50 Asset Protection policy.
Customizing your policy

**Daily Benefit Amount**

This is the maximum amount your policy reimburses on any day that Facility Services and/or Home Care Services (HCS) are received. The New York State Partnership Program establishes a minimum Daily Benefit Amount (DBA). In 2010 the minimum DBA is $229, this figure will increase annually. MassMutual offers a DBA from $230 to $500 per day (unless the Indemnity Benefit Rider is added to the Policy), available in $10 increments. Please refer to the New York State Partnership Qualified Policy Designs chart on page 6 for details.

**Elimination Period**

This is the number of days that you must receive either Facility Services or HCS before reimbursement begins under the policy. For each day you receive covered services we will credit one day towards the satisfaction of the elimination period. SignatureCare offers a choice of 30, 60, or 90 day Elimination Periods, and once you have satisfied your selected Elimination Period, no further Elimination Period is required for future benefits, if coverage is received within the United States. It is not necessary to satisfy the Elimination Period in order to use the Respite Care Benefit.

**Total Benefit Amount**

The Total Benefit Amount available over the life of the policy is determined by your choice of benefit period (1.5 years, 2 years, 4 years, 5 years, 6 years, 10 years, Lifetime) and the DBA. The Total Benefit Amount is equal to 365 times the number of years in the benefit period times the DBA and is unlimited with the Lifetime selection.

For example: If you choose a $300 DBA and 5-year Benefit Period your policy would provide an initial base value of $547,500 (365x5x$300= $547,500).

**Payment Options**

In addition to a Lifetime Premium payment option, you can obtain paid-up coverage after 10 years (10 Year Premium) or choose paid-up coverage at age 65 (Paid Up at Age 65 Premium).

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90 day Elimination Period is only available with the Total Asset 100 policy.
Availability depends on policy selected
Certain age restrictions may apply.
Added value

Covered Partner Discount\textsuperscript{11}
This 25% discount applies to each policy when both partners meet the criteria for the covered partner discount.\textsuperscript{12} Both partners must be approved and both must maintain coverage beyond the free look period.

Partner Discount\textsuperscript{11}
This 5% discount applies to the policy if it is sold to one member of a couple meeting the criteria for a covered partner.\textsuperscript{12}

Dividends\textsuperscript{13}
Because MassMutual’s long term care insurance is a participating product, your policy may be credited with dividends. Due to the tax qualified nature of these policies, any dividends credited to the policy will first be used to reduce your future premiums and then to increase your future benefits.

\textsuperscript{11} Discounts subject to state approval.

\textsuperscript{12} To be eligible for the Covered Partner Discount or Partner Discount applicant(s) must certify that they are legally married or part of a civil union recognized by the state in which the Policy is issued; or certify that they have been living together in a committed relationship as partners or as family members.

\textsuperscript{13} Dividends are not anticipated to be credited before the later of either the policy anniversary date after you turn 65 or the 10th policy anniversary date. Dividends will be used first to reduce future premiums or, if not in premium paying status, to increase future benefits. \textbf{Dividends are not guaranteed.}
We offer a variety of riders, for an additional cost, that can be used to customize a policy to meet your individual needs. The availability of riders may be limited by the base policy selected.

**Inflation Protection**

It may be years before you use your long term care insurance policy, so you can help to protect against inflation with the compound inflation protection rider.

**Compound Inflation Protection Rider**

The purchase of this rider is mandatory through age 79 for all long term care policies intended to qualify under the New York State Partnership Long Term Care Program. The purchase of this rider increases the Daily Benefit Amount (DBA) by 5% per year on a compound basis for the life of the policy, even while you are receiving benefits. Your premiums will remain the same as your DBA increases.

**Protection for Covered Partners**

**Shared Care Rider**

This optional rider establishes a third pool of money to be used by you or your covered partner in the event that either of you exhausts the Total Benefit Amount of your individual policy. The use of the third pool by you will not deplete the Total Benefit Amount of your covered partner’s policy. To purchase this rider both you and your covered partner must purchase and maintain identical policies (including all riders and endorsements).

For example:

If you and your covered partner purchase identical policies with a DBA of $300 and a Benefit Period of 5 years, the Total Benefit Amount will be $547,500 (365x5x$300= $547,500) for each insured. Shared Total Benefit Amount of $547,500 will also be available from which both partners can draw from if the Total Benefit Amount under their individual policy is exhausted.

**Paid-Up Survivor Benefit Rider**

If you purchase a policy and both of the following occur:

- the end of the 10th policy year, and
- the death of your covered partner

The policy and any attached riders will be paid-up and no further premiums will be due for the surviving insured. This optional rider is not available with the 10-year or the paid-up at age 65 premium payment option.

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14 This rider is not available with the Dollar for Dollar Asset Protection policy or the Lifetime benefit period.

15 The Shared Total Benefit Amount will increase in accordance with any inflation protection riders attached to the policy and cannot be restored by the Restoration of Benefits Rider.

16 Only available with Total Asset 100 Total Asset Protection policy.
Home Care Services (HCS)

**HCS Waiver of Elimination Period Rider**
This optional rider reimburses HCS benefits while the Elimination Period is being satisfied.

**HCS Monthly Benefit Rider**
This optional rider changes the amount reimbursable under HCS coverage from a Daily Benefit Amount (DBA) to a Monthly Benefit Amount, equal to 31 times the DBA less any Facility Service Benefits received during that calendar month. This rider gives you more flexibility to pay for services you may not receive every day. For instance, if you need occupational therapy three times per week, this feature allows the cost to be covered on a monthly rather than daily basis.

For example:
If your DBA is $300, this benefit will allow you to be reimbursed up to $9,300 per month, rather than $300 per day. This allows you to have more flexibility with the timing of your care services.

Other Protection Riders

**Indemnity Benefit Rider**
With this option, for each day you are eligible to receive reimbursement for Facility Services or Home and Community Based Services under your policy, your benefit will be your Daily Benefit Amount (DBA) regardless of the actual expense you incur. The maximum DBA available with this option is $400. This option is not available in combination with the HCS Monthly Benefit Rider.

**Enhanced Elimination Period Rider**
This optional rider allows you to progress more quickly through the Elimination Period. If you receive care in a Facility or through Home Care Services (HCS) at least once during any 7 calendar day period (Sunday through Saturday), 7 days will be counted toward satisfying the Elimination Period. Once the Elimination Period is satisfied, no future Elimination Period is required.

**Shortened Benefit Period Nonforfeiture Rider**
If you lapse your policy after it has been in force for at least three years, your coverage will continue under this optional rider. However, the new Total Benefit Amount is limited to the greater of the total of all of the premiums paid prior to the date of lapse, or 30 times the Daily Benefit Amount (DBA) in effect at the time of lapse. Benefits will be paid normally until the new benefit amount described above is exhausted or until you die. Upon your death, there is no return of any unpaid benefit amount.

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17 Not available with Dollar for Dollar 50 Asset Protection policy.
18 Only available with Total Asset 100 Total Asset Protection policy. The Indemnity Benefit Rider is not available with the Home Care Services Monthly Benefit Rider.
Return of Premium$^{19}$

We offer two riders that provide for a return of premium on the policy.

- **Return of Premium on Death Rider**: If you are the policy owner and insured and you die while your policy is in force, we will reimburse your beneficiary the total premiums you have paid, less all the benefits paid under the policy.

- **Full Return of Premium on Death Rider**: If you are the policy owner and the insured and you die while your policy is in force, we will reimburse your beneficiary the total premiums you have paid under the policy, regardless of benefits paid out.

If you have not designated a beneficiary, reimbursements will be made to your estate.

Restoration of Benefits Rider$^{20}$

If you make a claim and subsequently recover, we will restore the Total Benefit Amount to the original amount, after adjusting for the effects of any inflation riders attached to the policy. Benefits may be restored more than once, as long as the Total Benefit Amount has not been exhausted. The maximum amount that can be restored over the life of the policy is equal to the original Total Benefit Amount. This rider is not available with the Lifetime benefit period.

For more information on SignatureCare® 500, or any of MassMutual’s suite of insurance products, contact your MassMutual financial professional.

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$^{19}$ Only available with Total Asset 100 Total Asset Protection policy.

$^{20}$ Not available with Dollar for Dollar 50 Asset Protection policy.
At claim time...

**Benefit eligibility**

Provided all other eligibility requirements have been met, you will be eligible for SignatureCare benefits if, and within the last 12 months, a Licensed Health Care Practitioner certifies that you are chronically ill. A chronic illness is defined as:

- You are unable to perform at least 2 of 6 Activities of Daily Living (ADLs) due to loss of functional capacity. This means you require assistance in at least 2 of the following ADLs, bathing, eating, dressing, transferring, toileting or continence, for a period expected to last at least 90 days.

-- or --

- You have a Severe Cognitive Impairment. This means you require continual supervision due to a deterioration or loss of intellectual capacity. This includes Alzheimer’s disease or similar forms of irreversible dementia.

**Premium waiver**

Premiums will be waived once you begin receiving, and for as long as you continue to receive, Facility Service benefits or Home Care Services (HCS) benefits under the policy.

Premiums will resume when you are no longer receiving benefits for Facility Services or HCS at least once every week.

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21 Subject to all the terms and provisions of the policy.

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**Personal Care Management**

If you have any questions regarding your coverage, you can call the Information and Referral Service toll free phone number that is listed on the “Your Policy Schedule” page of the policy. There is also a Consultation service that can provide you with assistance and advice in selecting and obtaining long term care services. Alternately, you have the option to seek consultation services from an entity other than Massachusetts Mutual Life Insurance Company. This benefit is equal to two (2) days of Facility Services per calendar year.
Since 1851, Massachusetts Mutual Life Insurance Company has been operating for the benefit of our members and policyholders.

For 158 years, we’ve made business decisions based on their need. Our mutuality, along with our long-term business approach, has helped keep us strong. In 2000, we expanded our broad portfolio of products to include long term care insurance.
Limitations and exclusions
No benefits will be reimbursed and the Elimination Period will not be satisfied for any confinement, care, treatment, or service(s):

- provided by a Family Member;
- provided outside of the United States and its possessions;
- for which You or the Insured 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 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 services for which benefits are provided by 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 are eligible for benefits, but coverage is excluded due to the Non-Duplication of Benefits provision, will count toward satisfaction of the Elimination Period.
The information provided is not written or intended as tax or legal advice and may not be relied on for purposes of avoiding any Federal tax penalties. MassMutual, its employees and representatives are not authorized to give tax or legal advice. Individuals are encouraged to seek advice from their own tax or legal counsel.

Long term care insurance policy provided by Policy Form MM506-P-NYP, MM507-P-NYP, MM508-P-NYP, and MM510-P-NYP and issued by MassMutual, Springfield MA 01111-0001. For costs and further details of coverage contact your agent or MassMutual at 800-272-2216 for a referral to an agent and an insurance agent will contact you. The purpose of this material is the solicitation of insurance.

The coverage advertised complies with New York State (NYS) requirements for participation in the NYS Partnership for Long Term Care Program (NYSPLTC). However, NYS and the NYSPLTC do not take part in specific insurer marketing plans, and do not endorse specific insurers or their policies/certificates. This brochure is intended solely to provide an overview of the SignatureCare policy for the New York Long-Term Care Partnership Program. It is not a contract and if there is a discrepancy the terms of the policy govern.