

The **Federal** Long Term Care Insurance Program



BOOK TWO

Additional Information



The **Federal** Long Term Care Insurance Program™

Table of Contents

Where to find more information	2
Questions and answers	3
Benefits and Features Worksheet	5
Glossary	9

Note: Glossary terms appear in **bold** at first usage. To look up a term, see the Glossary section beginning on page 9.

Have questions?

Visit us at **www.LTCFEDS.com**

or call us at **1-800-LTC-FEDS**

(1-800-582-3337) (TTY 1-800-843-3557)

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC



Where to find more information

We understand that you may have more questions about **long term care** and long term care insurance in order for you to be able to make a decision on applying for Federal Long Term Care Insurance Program (FLTCIP) coverage. To assist you, we are providing the enclosed National Association of Insurance Commissioners' (NAIC) *A Shopper's Guide to Long-Term Care Insurance*. You'll find information ranging from the basics of long term care to information about long term care insurance and even long term care insurance shopping tips.

You may also research other venues such as the U.S. Department of Health and Human Services' National Clearinghouse for Long-Term Care Information, **www.longtermcare.gov**, that may provide additional information and resources to help you and your family plan for future long term care needs.

Our program consultants can also direct you to more consumer information about long term care from outside resources or answer any questions you may have. You can reach us at 1-800-LTC-FEDS (1-800-582-3337) (TTY 1-800-843-3557).

You'll find a wealth of information about the FLTCIP in Frequently Asked Questions on **www.LTCFEDS.com**. The entire website, including answers to Frequently Asked Questions, was developed in conjunction with and approved by the U.S. Office of Personnel Management. You can learn more about:

- ▶ Eligibility
- ▶ Applying for coverage
- ▶ Increasing and decreasing coverage
- ▶ The basics of long term care
- ▶ Plan **benefits** and features
- ▶ Consumer protections
- ▶ The contract
- ▶ Cost/paying for coverage
- ▶ Tax benefits

Q. How and when can premiums be raised?

- A.** Premiums are not guaranteed. Your premium will not change because you get older or your health changes or for any other reasons related solely to you. However, your premiums may increase if you are among a group of enrollees whose premium is determined to be inadequate. While the group policy is in effect, OPM must approve the change.

Q. Have FLTCIP premiums ever been raised?

- A.** Effective January 2010, John Hancock raised FLTCIP rates by up to 25% for enrollees with the **Automatic Compound Inflation Option** who purchased coverage at age 69 or younger. While there are no current plans to increase premium rates in the future, premiums are not guaranteed to remain at today's rates.

Q. If I cancel my coverage, can I receive a refund of all premiums I've paid since I enrolled in the 8-F5/B?

- A.** As with other insurance products, you cannot receive a refund of FLTCIP premiums because the premiums you have paid provided insurance coverage for you all along. At any point since your original purchase, if you had been eligible for benefits and had satisfied your **waiting period**, you would have received benefits.

The Benefit Booklet that you receive when you enroll is your contractual statement of benefits. It explains when a premium refund is allowed:

- ▶ if you cancel during your **free look** period when first approved for coverage; or
 - ▶ if you've already paid premiums for a time period that occurs after the effective date of your cancellation.
- There are no provisions in the booklet or in the law and regulations governing the FLTCIP for refunds under any other circumstances.

Q. What does it mean if a long term care insurance plan is tax-qualified?

- A.** Congress passed the **Health Insurance Portability and Accountability Act (HIPAA)** in 1996 to ensure that long term care insurance policies that meet certain standards receive favorable tax benefits. For these tax-qualified long term care insurance plans, benefits you receive are not considered taxable income and you can deduct long term care insurance premiums as medical expenses to the extent that your total qualified medical expenses exceed 7.5% of your annual adjusted gross income. (The amount of the deduction is subject to other Internal Revenue Service limits by age.) For more information on the Federal tax deductibility of long term care insurance premiums, visit us at www.LTCFEDS.com/tax.

Under a tax-qualified plan, benefits are payable when a **licensed health care practitioner** certifies that you are unable to perform at least two **activities of daily living** without **substantial assistance** for a period expected to last at least 90 days. You are also eligible for benefits if you require **substantial supervision** to protect yourself due to a **severe cognitive impairment** such as **Alzheimer's disease**.

The FLTCIP is designed to be Federally tax-qualified. See Book 1 for specific eligibility for benefits requirements under the FLTCIP.



Questions and answers

Q. What are the FLTCIP's lapse rates?

- A. A lapse is the cancellation of coverage due to the non-payment of premiums. Lapse rates can be an important component of the pricing of long term care insurance plans, where premium from lapsed policies is assumed to help pay the cost of other enrollees' future benefits. Use of a high lapse rate assumption in setting premiums can result in a lower-priced product and the use of a low lapse rate assumption in setting premiums can result in a higher-priced product.

The FLTCIP's annual lapse rates experience is shown in the following table:

Voluntary annual lapse rates by issue age

Issue age		30 years	40 years	45 years	50 years	55 years	60 years	65 years	70 years	80 years
Policy year	1	6.64%	4.58%	4.00%	3.78%	3.71%	3.49%	2.89%	2.08%	2.54%
	2	4.67%	2.74%	2.09%	1.77%	1.65%	1.41%	1.18%	0.98%	1.18%
	3	3.68%	2.20%	1.68%	1.41%	1.28%	0.92%	0.72%	0.63%	0.96%
	4	2.40%	1.44%	1.13%	0.98%	0.90%	0.66%	0.48%	0.49%	0.89%
	5	1.56%	0.94%	0.69%	0.54%	0.50%	0.43%	0.26%	0.36%	0.75%
	6+	1.25%	0.83%	0.63%	0.48%	0.44%	0.38%	0.25%	0.35%	0.75%



Benefits and Features Worksheet

For your convenience, we've included a benefits and features worksheet to help you make an informed decision if you are shopping around for long term care insurance coverage. This worksheet lists FLTCIP 2.0 benefits and features with a blank column that you can use to note the benefits of another long term care insurance plan (under the Policy 2 column) for a side-by-side comparison. If you need assistance with the worksheet or want financial ratings or other information on competing long term care insurance plans, please call us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557) to speak with one of our Certified Long Term Care Insurance Consultants.

You may also visit us online at **www.LTCFEDS.com** for additional information about the FLTCIP or to use our interactive calculators. The premium calculator provides premium quotes based on your age and choice of benefits. The cost of care in your area calculator provides the average cost of care in the city of your choice.

	The Federal Long Term Care Insurance Program	Policy 2*
Insurance company information		
Company name	John Hancock Life & Health Insurance Company (Sponsored by the U.S. Office of Personnel Management (OPM) Administered by Long Term Care Partners, LLC)	
Is the company licensed in your state?	Yes**	<input type="checkbox"/> Yes No
Rating by insurance rating services***	John Hancock Life & Health Insurance Company For the most recent financial ratings, please visit www.LTCFEDS.com/JH/	
Coverage		
Reimbursement levels/ covered services	Comprehensive plan <ul style="list-style-type: none"> ▶ Nursing home care and assisted living facility covered up to 100% of the daily benefit amount (DBA) ▶ Home care and adult day care covered up to 100% of DBA ▶ Informal care provided by family members covered up to 100% of DBA with a 500 day maximum lifetime benefit (MLB) ▶ Informal caregivers can be family members who did not normally live in your home at the time you became eligible for benefits. 	
Daily benefit amount (DBA)	Choice of: ▶ \$100 ▶ \$150 ▶ \$200 ▶ \$250 ▶ \$300 ▶ \$350 ▶ \$400 ▶ \$450 DBA choices are in \$50 increments	

* Other companies' policies may have features not included on this worksheet or use different names for their features.

** Individual retail policy options and features may vary by state or may not be available in your state. The Federal Long Term Care Insurance Program is a group program regulated by the Federal government, and because of this fact, there are no variations in the FLTCIP by states.

*** The rating refers only to the overall financial status of the company and is not a recommendation of the specific policy provisions, rates, or practices of the insurance company.

Benefits and Features Worksheet

	The Federal Long Term Care Insurance Program	Policy 2*
Coverage		
Benefit period	Choice of: <ul style="list-style-type: none"> ▶ 2 years (730 days) ▶ 3 years (1,095 days) ▶ 5 years (1,825 days) ▶ Unlimited 	
Inflation protection options	Choice of: The Automatic Compound Inflation Option (ACIO) 4% or 5% compounded annually <ul style="list-style-type: none"> ▶ On each anniversary date of your original effective date (or the effective date you change to this option), your DBA and the remaining portion of your MLB will automatically increase at a rate of 4% or 5% depending upon your selection. or The Future Purchase Option <ul style="list-style-type: none"> ▶ Every two years, benefits increase with a corresponding increase in premium. The increase in benefits is based on the change in the Department of Labor's Consumer Price Index for All Urban Consumers (CPI-U). You may decline these biennial offers with a written rejection. 	
Stay-at-home benefit	The stay-at-home benefit is payable up to 30 times the DBA. Stay-at-home services include: <ul style="list-style-type: none"> ▶ caregiver training payable up to 7 times the DBA ▶ care planning visits ▶ home modifications ▶ emergency medical response system ▶ durable medical equipment ▶ home safety checks The stay-at-home benefit can be used at any time while you are meeting the benefit eligibility requirements, including during the waiting period. Any benefits paid under this provision will not reduce your MLB.	
Care coordination services	Our care coordinators are licensed health care practitioners who provide the following services at no additional charge to you: <ul style="list-style-type: none"> ▶ provide general information about long term care services ▶ assess and approve your need for long term care services ▶ develop a plan for long term care services ▶ monitor and reassess from time to time the long term care services that you receive ▶ provide access to discounts for services, when available No waiting period requirement	

Benefits and Features Worksheet

	The Federal Long Term Care Insurance Program	Policy 2*
Coverage		
Alternate plan of care	An alternate plan of care can be established if the care coordinator approves alternatives to the current plan that are both appropriate for your care and cost effective. It may provide benefits for services or treatment not otherwise covered under the plan. Benefits paid reduce the maximum lifetime benefit (MLB).	
Bed reservations	60 days per calendar year	
Hospice care	Care in a hospice facility or at home covered up to 100% of your DBA No waiting period requirement	
Respite care	<ul style="list-style-type: none"> ▶ Respite care in a nursing home, assisted living facility, or hospice facility ▶ Respite care by a formal or informal caregiver at home ▶ Respite care at an adult day care center Covered up to 30 times the daily benefit amount (DBA) per calendar year No waiting period requirement	
Waiting period	90 calendar days, no incurred expenses required during that time Only needs to be met once during your lifetime	
Benefit triggers	Dependencies in 2 or more of the 6 activities of daily living (ADLs), including standby or hands-on assistance with bathing, dressing, eating, transferring, toileting, and continence due to a loss of functional capacity that is expected to continue for at least 90 days or separate cognitive impairment trigger	
Waiver of premium	You will not have to pay your premium if you are eligible for benefits and have satisfied the waiting period requirement. We will also waive your premium if you are eligible for benefits and receiving hospice care.	
Return of premium upon death	No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Independent third party claims appeal	Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nonforfeiture feature	A contingent nonforfeiture feature that provides paid-up long term care insurance coverage for a shortened benefit period if coverage lapses after an increase in premiums beyond a certain level as specified by the National Association of Insurance Commissioners (NAIC).	
Portability	Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed renewable	Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Other companies' policies may have features not included on this worksheet or use different names for their features.

Benefits and Features Worksheet

	The Federal Long Term Care Insurance Program	Policy 2*
Coverage		
International benefits	<p>We will pay benefits for covered services you receive outside the United States. When you receive such services, we will pay benefits up to 80% of the benefit amounts shown on your Schedule of Benefits.</p> <p>If your Schedule of Benefits shows that you have a 2, 3, or 5 year benefit period, 80% of your MLB can be used for covered services you receive outside the United States; the remaining 20% will be available for covered services you receive in the United States.</p> <p>If your Schedule of Benefits shows that you have an unlimited benefit period, benefits payable for any covered services you receive outside the United States will be limited to 10 years. For such services, your MLB will be equal to 3,650 days (10 years) times 80% of your daily benefit amount. Your MLB for covered services you receive in the United States will remain unlimited.</p>	
Benefits payable for preexisting conditions	Once you are enrolled and you become eligible for benefits, benefits are payable even if the need for services results from a preexisting condition. There are, however, requirements about when a preexisting condition must be disclosed during the application process.	
Payment options	<ul style="list-style-type: none"> ▶ Payroll or annuity/pension deduction ▶ Automatic bank withdrawal ▶ Direct billing 	
Premium guarantee	<p>Premiums are not guaranteed.</p> <p>Your premium will not change because you get older or your health changes or for any other reason related solely to you. We may only increase your premium if you are among a group of enrollees whose premium is determined to be inadequate. While the group policy is in effect, OPM must approve the change.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax-qualified	Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal benefits	A spousal discount is built into the group rates to benefit all enrollees; however, the FLTCIP does not offer a "shared care" benefit or separate discount for spouses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
No war exclusion	Coverage under the FLTCIP does not have a war exclusion. As a result, benefits may be payable for conditions due to war or acts of war, declared or undeclared, or service in the armed forces or auxiliary units. There is also no catastrophic coverage limitation.	

* Other companies' policies may have features not included on this worksheet or use different names for their features.

The definitions contained in this glossary are intended to assist you in understanding some of the terminology used in this Information Kit and online. If a defined term differs from the one used in your Benefit Booklet, the definition in the Benefit Booklet supersedes.

abbreviated underwriting: when the long term care insurance application asks few health-related questions designed to determine who may be immediately eligible for benefits or eligible for benefits within a short period of time. In the FLTCIP, the following groups are eligible for abbreviated underwriting:

- ▶ new and newly eligible employees and their spouses applying within 60 days of their hire/eligibility date
- ▶ new spouses of eligible employees applying within 60 days of their marriage

Certain conditions or combinations of conditions will prevent some people from being approved for coverage.

activities of daily living (ADLs): the basic activities of caring for oneself, such as eating, dressing, bathing, toileting (using the bathroom), transferring (moving back and forth from a bed to a chair), and continence. Insurance companies use the inability to perform a specified number of ADLs to help determine eligibility for long term care benefits. The FLTCIP uses the inability to perform at least two of the ADLs listed above. See complete definition for each ADL within this glossary.

acute care: care provided by a doctor or other health care professional designed to treat or cure an illness, wound, or condition. Long term care is not acute care.

adult day care: a program of activities and services provided to individuals in need of long term care. It is a helpful option for individuals living at home whose family caregivers work and who require someone to be with them throughout the day.

alternate plan of care: in certain circumstances, benefits for services that are not specifically covered under a long term care insurance plan can be authorized.

Alzheimer's disease: a progressive neurological disease that affects brain functions, including short-term memory loss, inability to reason, the deterioration of language, and the inability to care for oneself.

assisted living facility: a licensed residential facility that provides room, board, and 24-hour personal care to individuals with long term care needs. It is an important care option for individuals who are not able to manage at home but do not need the level of skilled care provided in a nursing home.

Automatic Compound Inflation Option: an inflation protection feature where benefits increase by a fixed percentage each year. Premiums do not increase annually as a result. (However, premiums are not guaranteed.) Under the FLTCIP, on each anniversary of your original effective date (or of the date you switch to the option), your daily benefit amount (DBA) and the remaining portion of your maximum lifetime benefit (MLB) will automatically increase at a rate of 4% or 5% compounded annually, depending on the option you select.

bathing: an activity of daily living—getting into a tub or shower; and getting out of a tub or shower; and washing one's body in a tub, shower, or by sponge bath; and washing one's hair in a tub, shower, or sink.

bed reservations: a benefit that pays a nursing home, assisted living facility, or hospice facility to hold an insured's bed during a temporary absence so that the insured may return to the facility. The FLTCIP bed reservation benefit covers up to 60 days per calendar year.

benefits: payment an insurance company makes for a service covered under an insurance plan.

benefit period: the length of time the insurance will last if the insured receives care every day that is reimbursed at a level equal to the daily benefit amount (DBA). If the reimbursement is less than the DBA, the insurance will last longer than the benefit period. The benefit period is used together with the DBA to calculate the maximum lifetime benefit.

care coordination: services such as information, advice, and arranging of long term care by a professional care coordinator. In the FLTCIP, care coordination services are provided by registered nurses or licensed social workers and are available to enrollees and their qualified relatives.

caregiver training: training given to an informal provider who has not received formal training or has no experience providing this type of care.





chronic care: care provided to help maintain daily function. There is no expectation that the care recipient will improve or recover. Long term care is chronic care.

community-based services: local services (such as home-delivered meals and adult day care) that allow a person to remain independent and in their own home.

continence: maintaining control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, performing associated personal hygiene (including caring for catheter or colostomy bag).

contingent nonforfeiture: a FLTCIP feature that provides paid-up long term care insurance coverage for a shortened benefit period if coverage lapses after an increase in premiums beyond a certain level as specified by the National Association of Insurance Commissioners (NAIC).

custodial care: services aimed at maintaining health and/or preventing deterioration in functional status provided on an extended basis. Long term care includes custodial care.

daily benefit amount (DBA): this is the maximum amount the insurance will pay for a single day of long term care services. The FLTCIP offers daily benefit amounts from \$100 to \$450 in \$50 increments.

dressings: an activity of daily living—putting on any necessary item of clothing (including undergarments) and any necessary braces, fasteners, or artificial limbs; and taking off any necessary item of clothing (including undergarments) and any necessary braces, fasteners, or artificial limbs.

eating: an activity of daily living—feeding yourself by getting food into your mouth from a container (such as a plate or cup), including use of utensils when appropriate (such as a spoon or fork); or when unable to feed yourself from a container, feeding yourself by a feeding tube or intravenously.

elimination period (deductible): see waiting period.

exclusions: specific conditions or circumstances for which the insurance will not provide benefits.

family members: means spouse, child (natural, step-, or adopted), parent, sibling, in-law, or grandchild for purposes of determining whether benefits are payable for formal and informal caregivers.

FLTCIP 1.0: the Federal Long Term Care Insurance Program's long term care insurance plan prior to October 1, 2009.

FLTCIP 2.0: the Federal Long Term Care Insurance Program's long term care insurance plan introduced on October 1, 2009.

formal care: care that is provided by a home health care aide or homemaker arranged or supervised by a home care agency or care that is provided by a nurse or therapist.

free look: a provision that allows the insured to return a policy to the company within 30 days of issue for a full refund.

full underwriting: when applicants will have to answer numerous health-related questions designed to determine who may be immediately eligible for benefits or eligible for benefits within a short period of time. It may also include a review of medical records and/or an interview with a nurse. This is the type of underwriting that applicants would undergo if they applied for an individual policy in the private market. FLTCIP applicants undergo full underwriting with the exception of the following groups:

- ▶ new and newly eligible employees and their spouses applying within 60 days of their hire/eligibility date
- ▶ new spouses of eligible employees applying within 60 days of their marriage

Certain conditions or combinations of conditions will prevent some people from being approved for coverage.

Future Purchase Option: the inflation protection feature that allows the insured to periodically purchase additional coverage without proof of good health. The FLTCIP Future Purchase Option increases benefits every other year with a corresponding increase in premiums. With FLTCIP 2.0, the insured may decline the Future Purchase Option an unlimited number of times. (However, premiums are not guaranteed.)

guaranteed renewable: a feature of tax-qualified long term care insurance plans whereby an insurance company cannot cancel or fail to renew coverage because of a change in a person's health or age. As long as premiums are paid and benefits have not been exhausted, coverage will continue. When a plan is guaranteed renewable, premiums may be changed for a class or classes of enrollees only.

Health Insurance Portability and Accountability Act (HIPAA): a 1996 Federal law that specifies conditions under which certain long term care insurance policies qualify for Federal tax advantages.

home care: services provided at home that may include nursing care; occupational, physical, respiratory, and speech therapy; personal care; and homemaker services.

homemaker services: household chores performed for someone unable to do them on their own.

hospice care: services provided by a hospice for the care or management of a terminal illness.

inflation protection: a feature or option that increases the value of benefits over time to keep pace with increasing costs of care.

informal care: care provided by an unlicensed caregiver whose services are not arranged and supervised by a home care agency.

intermediate care: occasional or part-time skilled care.

international benefits: benefits for covered services received outside the United States.

licensed health care practitioner: a physician, registered professional nurse, or licensed social worker.

long term care: personal care and other related services provided on an extended basis to people who need help with activities of daily living or who need supervision due to a severe cognitive impairment. It can be provided at home or in an adult day care center, assisted living facility, or nursing home.

maximum lifetime benefit (MLB): this is the maximum amount of benefits that the insurance coverage could pay. The maximum lifetime benefit can also be referred to as a pool of money. The maximum lifetime benefit is calculated by multiplying the daily benefit amount by the number of days in the benefit period.

Medicaid (Medi-Cal in California): the joint Federal-state program that pays for health care services for individuals who meet their state's poverty guidelines.

medical underwriting: the process of reviewing an individual's health status to determine eligibility for coverage under a long term care insurance plan.

Medicare: a Federal health care program for most adults age 65 and older and certain disabled individuals. It pays for long term care under limited circumstances and for limited periods of time.

nonforfeiture: a feature that provides paid-up long term care insurance coverage for a shortened benefit period if coverage lapses. Contingent nonforfeiture is one type of nonforfeiture benefit and the type that is included in the FLTCIP.

nursing home: a licensed facility that provides 24-hour-a-day room and board, nursing care, and personal care services. Nursing homes also provide medical care, therapy, and other health related services.

plan of care: a plan prescribed by a licensed health care practitioner that identifies ways of meeting the insured's need for long term care services. To receive benefits under the FLTCIP, the insured must have a written plan of care that is approved by a FLTCIP care coordinator.

portable coverage: even if the insured is no longer a member of an eligible group, once the insured has long term care insurance coverage, he/she can keep it as long as the required premium has been paid and the maximum lifetime benefit has not been exhausted.

preexisting condition: an illness or disability for which the insured was treated or advised within a stated time period before applying for a long term care insurance policy. Under the FLTCIP, once a person is insured, benefits are not denied for a preexisting condition provided that the condition was not misrepresented during the process of applying for insurance.

premium: the money paid to an insurance company for coverage.

respite care: services by a substitute caregiver, from a few hours to a few days, to give time off to the regular caregiver.

severe cognitive impairment: a deterioration or loss in intellectual capacity that results in impairment of some or all of the following: short and long term memory; orientation to people, place, and time; deductive and abstract reasoning (including judgment).

skilled care: care provided by a medical professional.

spend down: depletion of income and assets to meet eligibility requirements for Medicaid (Medi-Cal in California).

Glossary



substantial assistance: hands-on or standby help required to perform activities of daily living.

substantial supervision: continual monitoring of a cognitively impaired person.

tax-qualified: conforming to Federal standards that enable the enrollee in a long term care insurance plan to receive Federal tax advantages. The FLTCIP is designed to be a tax-qualified plan.

toileting: an activity of daily living—getting to and from the toilet; and getting on and off the toilet; and performing associated personal hygiene.

transferring: an activity of daily living—getting into a bed, chair, or wheelchair; and getting out of a bed, chair, or wheelchair.

United States: the United States of America and its territories and possessions.

unlimited benefit period: an option under some insurance plans that pays benefits for as long as the insured needs care, subject to the daily benefit amount. An unlimited benefit period is sometimes called a lifetime benefit in other plans.

waiting period: the time between becoming eligible for benefits and when long term care insurance actually begins paying benefits. Sometimes known as an elimination period or a deductible, it helps keep premiums affordable. The longer the waiting period, the lower the premiums. The waiting period can be measured in calendar days or days of service. FLTCIP 2.0 offers a 90-calendar day waiting period.

waiver of premium: a provision of long term care insurance plans that allows the insured to stop paying premiums while receiving benefits.





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*A New Day
for the Civil Service*