

SERFF Tracking Number: GEFA-125931819 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 41068  
Company Tracking Number:  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: LTC Partnership-Group  
Project Name/Number: LTC Partnership-Group/7046Pol

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: LTC Partnership-Group

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-125931819 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41068

Co Tr Num:

State Status: Filed-Closed

Co Status:

Reviewer(s): Marie Bennett

Authors: June Lipscomb, Jeanette  
Mai, Camisha Jones

Disposition Date: 12/19/2008

Date Submitted: 12/08/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Partnership-Group

Project Number: 7046Pol

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,  
Discretionary, Trust

Filing Status Changed: 12/19/2008

State Status Changed: 12/19/2008

Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

We are submitting a copy of group policy/certificate, 7046POL / 7046CERT-AR, for certification as a qualified Partnership Policy/Certificate under the Arkansas Long Term Care Partnership Program. This policy/certificate has been previously approved by your state on 9/17/2008.

Enclosed is the completed Partnership Certification Form. Also, we use form 40521 12/14/07, which notifies the certificate holders of the existence of the Partnership Program and provides information about the Program.

Policy form 7046POL is a group master policy approved in Arkansas. Policy form number 7046CERT-AR is the

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certificate that describes the coverage that persons insured under the group policy has. When the group master policy is issued in Arkansas, Arkansas residents who are insured under the group policy will receive form 7046CERT-AR.

There are other variations of Policy Form Series 7046POL approved in all other states. If the group master policy is situated in another state, but the individual insured is a resident of Arkansas, the Arkansas resident will receive the form 7046CERT approved in the situs state. For example, if the group master policy is issued in the District of Columbia, Arkansas residents who are insured under that policy will receive the version of form 7046CERT that was approved in the District of Columbia (form 7046CERT-DC).

It is our belief that Arkansas residents who (a) receive the variation of form 7046CERT that was approved in the situs state and (b) select the appropriate inflation protection should be eligible for the Arkansas Long Term Care Partnership Program. We have therefore noted the following in our certification:

"Certificates issued to Arkansas residents, pursuant to group master policies issued to eligible groups outside of Arkansas on policy form series 7046 (as approved in the situs state of the group), are included in this certification, and will qualify for the Arkansas Long Term Care Partnership Program."

We believe that inclusion of such persons in the Arkansas Long Term Care Partnership Program is in the public interest.

We would like to specifically draw your attention to the inflation protection riders.

All persons eligible under the Group Policy will be offered our automatic benefit increase rider that provides 5% compound increases annually for life, form 7046CPDINFRDR. If they reject that offer, they can select one of our other benefit increase riders.

We also offer a rider that provides 5% simple automatic increases, form 7046INFSMRDR, which, if selected by persons at ages 61 and over, would qualify those individuals for the Partnership Program.

In addition, we have included a number of other inflation protection riders, which were approved by your state on 9/17/08. We believe these riders qualify purchasers at all ages for the Partnership Program; provided the rate of

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increase is at least 3%. Some of these riders adjust the inflation protection as the insured crosses the ages at which the Partnership Program requirements change. For example the 7046 ABI-61/76 rider provides the insured 5% Compound increases until he or she reaches age 61 at which time the rider may provide 5% simple increases based on the amount in effect at that time; and adjusts again when the person reaches age 76 to 3% simple. Under another rider, 7046 ABI-C76, the compounded increases stop at age 76.

The riders are as follows:

- 7046 ABI-61/76 Automatic Benefit Increase Rider – Age Adjusted Protection 61 and 76
- 7046 ABI-C76 Automatic Benefit Increase Rider – Compound to Age 76
- 7046 ABI-C65 Automatic Benefit Increase Rider – Compound to Age 65, Simple Thereafter
- 7046 ABI-C61/76 Automatic Benefit Increase Rider – Age Adjusted Compound Protection 61 and 76

These riders offer an adequate amount of coverage at a more affordable price. We feel strongly that this will encourage participation in your Partnership Program. Consequently, we hope you will agree that the Partnership rules can be interpreted as allowing purchasers of these riders to qualify for the Partnership Program, regardless of the age at the time of issue

## Company and Contact

### Filing Contact Information

Camisha Jones, Compliance Analyst  
6630 W. Broad Street  
Richmond, VA 23230

Camisha.Jones@genworth.com  
(804) 281-6182 [Phone]  
(804) 281-6285[FAX]

### Filing Company Information

Genworth Life Insurance Company  
6610 W Broad Street

CoCode: 70025  
Group Code: 350

State of Domicile: Delaware  
Company Type: LifeHealth &  
Annuity

Richmond, VA 23230  
(804) 281-6600 ext. [Phone]

Group Name:  
FEIN Number: 91-6027719

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	12/08/2008	24383476

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	12/19/2008	12/19/2008

### Objection Letters and Response Letters

#### Objection Letters

#### Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Harris Shearer	12/11/2008	12/11/2008	Camisha Jones	12/12/2008	12/12/2008

*SERFF Tracking Number:*      *GEFA-125931819*                      *State:*                      *Arkansas*  
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## **Disposition**

Disposition Date: 12/19/2008

Implementation Date:

Status: Filed

Comment: The attached Issuer Certification Form is accepted subject to use of Arkansas approved certificates of insurance for Arkansas insureds.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Issuer Certification		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/11/2008  
Submitted Date 12/11/2008  
Respond By Date 01/09/2009

Dear Camisha Jones,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Cover Letter (Supporting Document)

Comment: AR Rule 23-79-109(B)(2) requires "... group certificates to be delivered or issued for delivery in this state shall be filed with and approved by the commissioner." The scenario outlined in your cover letter is not acceptable.

Please amend cover letter to certify that only certificates approved for use in Arkansas will be delivered to Arkansas consumers.

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 12/12/2008  
Submitted Date 12/12/2008

Dear Marie Bennett,

### Comments:

### Response 1

Comments: Dear Mr. Shearer,

In response to your Objection letter, we have amended the cover letter removing the out of state language.

If you have any further questions or concerns, please contact me immediately.

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Sincerely,  
Camisha Jones

**Related Objection 1**

Applies To:

- Cover Letter (Supporting Document)

Comment:

AR Rule 23-79-109(B)(2) requires "... group certificates to be delivered or issued for delivery in this state shall be filed with and approved by the commissioner." The scenario outlined in your cover letter is not acceptable.

Please amend cover letter to certify that only certificates approved for use in Arkansas will be delivered to Arkansas consumers.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Cover Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Camisha Jones, Jeanette Mai, June Lipscomb

*SERFF Tracking Number:*      *GEFA-125931819*

*State:*      *Arkansas*

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*Sub-TOI:*      *LTC03G.001 Qualified*

*Product Name:*      *LTC Partnership-Group*

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b> Certification/Notice	<b>Review Status:</b>	12/04/2008
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Application	<b>Review Status:</b>	12/04/2008
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Health - Actuarial Justification	<b>Review Status:</b>	12/04/2008
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		
<b>Bypassed -Name:</b> Outline of Coverage	<b>Review Status:</b>	12/04/2008
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		
<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b>	12/12/2008
<b>Comments:</b>		
<b>Attachment:</b> AR 7046POL prt COVER Letter.pdf		
<b>Satisfied -Name:</b> Issuer Certification	<b>Review Status:</b>	12/08/2008
<b>Comments:</b>		
<b>Attachment:</b> Issuer Certification (7046Pol).pdf		



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
www.genworth.com

December 12, 2008

Arkansas Division of Insurance

**Re: GENWORTH LIFE INSURANCE COMPANY  
Group Long Term Care Insurance  
NAIC # 70025            FEIN 91-6027719**

**Description**

**Long Term Care Insurance Partnership Program  
Form: 7046POL/7046CERT-AR et al**

Dear Sirs:

We are submitting a copy of group policy/certificate, 7046POL / 7046CERT-AR, for certification as a qualified Partnership Policy/Certificate under the Arkansas Long Term Care Partnership Program. This policy/certificate has been previously approved by your state on 9/17/2008.

Enclosed is the completed Partnership Certification Form. Also, we use form 40521 12/14/07, which notifies the certificate holders of the existence of the Partnership Program and provides information about the Program.

Policy form 7046POL is a group master policy approved in Arkansas. Policy form number 7046CERT-AR is the certificate that describes the coverage that persons insured under the group policy has. When the group master policy is issued in Arkansas, Arkansas residents who are insured under the group policy will receive form 7046CERT-AR.

We would like to specifically draw your attention to the inflation protection riders.

All persons eligible under the Group Policy will be offered our automatic benefit increase rider that provides 5% compound increases annually for life, form 7046CPDINFRDR. If they reject that offer, they can select one of our other benefit increase riders.

We also offer a rider that provides 5% simple automatic increases, form 7046INFSMPRDR, which, if selected by persons at ages 61 and over, would qualify those individuals for the Partnership Program.

In addition, we have included a number of other inflation protection riders, which were approved by your state on 9/17/08. We believe these riders qualify purchasers at all ages for the Partnership Program; provided the rate of increase is at least 3%. Some of these riders adjust the inflation protection as the insured crosses the ages at which the Partnership Program requirements change. For example the 7046 ABI-61/76 rider provides the insured 5% Compound increases until he or she reaches age 61 at which time the rider may provide 5% simple increases based on the amount in effect at that time; and adjusts again when the person reaches age 76 to 3% simple. Under another rider, 7046 ABI-C76, the compounded increases stop at age 76.



The riders are as follows:

7046 ABI-61/76 Automatic Benefit Increase Rider – Age Adjusted Protection 61 and 76  
7046 ABI-C76 Automatic Benefit Increase Rider – Compound to Age 76  
7046 ABI-C65 Automatic Benefit Increase Rider – Compound to Age 65, Simple Thereafter  
7046 ABI-C61/76 Automatic Benefit Increase Rider – Age Adjusted Compound Protection 61 and 76

These riders offer an adequate amount of coverage at a more affordable price. We feel strongly that this will encourage participation in your Partnership Program. Consequently, we hope you will agree that the Partnership rules can be interpreted as allowing purchasers of these riders to qualify for the Partnership Program, regardless of the age at the time of issue.

Should you have any questions or comments regarding this submission, please feel free to contact me.

Sincerely,

*Camisha Jones*

Camisha Jones  
Contracts Analyst  
Long Term Care Contracts Division  
[Camisha.Jones@genworth.com](mailto:Camisha.Jones@genworth.com)  
804-281-6182

**APPENDIX C  
ISSUER CERTIFICATION FORM**

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, e.g., as it introduces new long-term care insurance policy forms for issuance.

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**I. GENERAL INFORMATION**

**A. Name, address and telephone number of issuer:**

**Genworth Life Insurance Company  
6620 West Broad St.  
Richmond, VA 23230  
888-436-9678**

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

**Camisha Jones  
6620 West Broad St.  
Richmond, VA 23230  
804-281-6182**

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

7046Pol et al and 7046CERT-AR

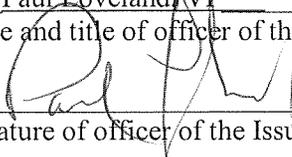
Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

**II. CERTIFICATIONS**

- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

12/5/2008  
Date

Paul Loveland, VP  
Name and title of officer of the Issuer

  
Signature of officer of the Issuer

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## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Cover Letter	12/08/2008	AR 7046POL prt COVER Letter.pdf



6620 West Broad Street  
Building 4  
Richmond, VA 23230  
www.genworth.com

December 8, 2008

Arkansas Division of Insurance

**Re: GENWORTH LIFE INSURANCE COMPANY  
Group Long Term Care Insurance  
NAIC # 70025            FEIN 91-6027719**

**Description  
Long Term Care Insurance Partnership Program  
Form: 7046POL/7046CERT-AR et al**

Dear Sirs:

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Should you have any questions or comments regarding this submission, please feel free to contact me.

Sincerely,

*Camisha Jones*

Camisha Jones  
Contracts Analyst  
Long Term Care Contracts Division  
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804-281-6182