

SERFF Tracking Number: GEFA-125272057 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 36730
Company Tracking Number: 41568W 10/01/07
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Personal Worksheets
Project Name/Number: Personal Worksheets/41568W 10/01/07

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Personal Worksheets

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-125272057 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 36730

Co Tr Num: 41568W 10/01/07

State Status: Withdrawn

Co Status:

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Brenda Bond, Ronald

Disposition Date: 06/16/2008

Jackson, June Lipscomb, Jeanette

Mai

Date Submitted: 08/27/2007

Disposition Status: Withdrawn

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Personal Worksheets

Project Number: 41568W 10/01/07

Requested Filing Mode: Informational

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed 08-24-2007 in DE

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/16/2008

State Status Changed: 06/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

GENWORTH LIFE INSURANCE COMPANY

Individual Long Term Care Insurance

NAIC # 70025 FEIN 91-6027719

INFORMATIONAL FILING

SERFF Tracking Number: *GEFA-125272057* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *36730*
Company Tracking Number: *41568W 10/01/07*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Personal Worksheets*
Project Name/Number: *Personal Worksheets/41568W 10/01/07*

FORM DESCRIPTION

41568W 10/01/07 Long Term Care Insurance Personal Worksheet

42422W 10/01/07 Long Term Care Insurance Personal Worksheet

We are submitting the above-referenced individual long-term care insurance forms on an informational basis. The forms are also being filed concurrently in our domicile state of Delaware.

These forms are updated versions of our previously filed Individual Long Term Care Personal Worksheets. These worksheets are completed at the point of sale as part of the policy application process. They have been revised to include details of our Company's proposed premium rate increases, which are currently being filed for approval in all applicable states.

As the rate filing is currently pending state's approvals, details of the rate increase amount have been completed only with approvals received to date and other states will be added as those approvals are received. In all other respects the enclosed forms are submitted in final format.

We are also including any applicable certifications and filing fees.

To the best of our knowledge and belief this submission is in compliance with all relevant statutes and regulations of your state and does not contain any provisions previously disapproved by your Department. However, please let me know if you should have any questions or comments.

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
Richmond, VA 23230

brenda.bond@genworth.com
(804) 922-5133 [Phone]
(804) 281-6916[FAX]

SERFF Tracking Number: GEFA-125272057 State: Arkansas
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Product Name: Personal Worksheets
Project Name/Number: Personal Worksheets/41568W 10/01/07

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street

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

CoCode: 70025
Group Code: 350

Group Name:
FEIN Number: 91-6027719

State of Domicile: Delaware
Company Type: LifeHealth &
Annuity
State ID Number:

SERFF Tracking Number: GEFA-125272057 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: 2*50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	08/27/2007	15300264

SERFF Tracking Number: GEFA-125272057 State: Arkansas
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 Product Name: Personal Worksheets
 Project Name/Number: Personal Worksheets/41568W 10/01/07

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Rosalind Minor (FM)	06/16/2008	06/16/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Long Term Care Insurance Personal Worksheet	Form	Brenda Bond	08/28/2007	08/28/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Withdraw filing	Note To Reviewer	Jeanette Mai	06/12/2008	06/12/2008

SERFF Tracking Number: *GEFA-125272057* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *36730*
Company Tracking Number: *41568W 10/01/07*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Personal Worksheets*
Project Name/Number: *Personal Worksheets/41568W 10/01/07*

Disposition

Disposition Date: 06/16/2008

Implementation Date:

Status: Withdrawn

Comment: As per your request of 6/12/08, this filing is being withdrawn.

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-125272057 State: Arkansas
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 Product Name: Personal Worksheets
 Project Name/Number: Personal Worksheets/41568W 10/01/07

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Withdrawn	Yes
Supporting Document	Application	Withdrawn	Yes
Supporting Document	Health - Actuarial Justification	Withdrawn	Yes
Supporting Document	Outline of Coverage	Withdrawn	Yes
Form	Long Term Care Insurance Personal Worksheet	Withdrawn	Yes
Form	Long Term Care Insurance Personal Worksheet	Withdrawn	Yes
Form	Long Term Care Insurance Personal Worksheet	Withdrawn	Yes

SERFF Tracking Number: *GEFA-125272057* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *36730*
Company Tracking Number: *41568W 10/01/07*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Personal Worksheets*
Project Name/Number: *Personal Worksheets/41568W 10/01/07*

Note To Reviewer

Created By:

Jeanette Mai on 06/12/2008 08:51 AM

Subject:

Request to Withdraw filing

Comments:

We respectfully request withdrawal of this filing. We have since submitted updated versions of these Personal Worksheets to your Department and have received your approval on 6/11/08.

Thank You.

Jeanette Mai
Contracts Analyst

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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Personal Worksheets
 Project Name/Number: Personal Worksheets/41568W 10/01/07

Amendment Letter

Amendment Date:
 Submitted Date: 08/28/2007

Comments:
 Adding additional personal worksheet.

Changed Items:
Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
81944 10/01/07	Other	Long Term Care Insurance Personal Worksheet	Initial				0	81944_10010 7_preprint.pdf

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Form Schedule

Lead Form Number: 41568W

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn	41568W 10/01/07	Other	Long Term Care Insurance Personal Worksheet	Initial		0	41568W_100 107_preprint. pdf
Withdrawn	42422W 10/01/07	Other	Long Term Care Insurance Personal Worksheet	Initial		0	42422W_100 107_preprint. pdf
Withdrawn	81944 10/01/07	Other	Long Term Care Insurance Personal Worksheet	Initial		0	81944_10010 7_preprint.pdf

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and *ask* you to fill out the rest to help you and the company decide if you should buy this policy.

SECTION A

Premium Information

The premium for the coverage you are considering will be: (Complete *only* the premium for the desired payment frequency.)

\$ _____ annually \$ _____ semi-annually \$ _____ quarterly \$ _____ monthly

Type of Policy Guaranteed renewable.

The Company's Right to Increase Premiums The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History The company has sold long-term care insurance since 1974 and has sold this policy since 2007. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *See page 2 of this Worksheet for a summary of the rate increases.*

Questions Related to Your Income

How will you pay each year's premium? From my Income From my Savings/Investments My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

Yes No — *If you have not considered this possibility, please do not proceed with the application until doing so.*

SECTION B

What is your annual income? (check one)

Under \$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your income to change in the next 10 years? (check one) No change Increase Decrease

If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, how will you pay for the difference between future costs and your daily benefit amount?

From my Income From my Savings/Investments My Family will Pay

The national average annual cost of care in 2005 was \$69,400 (\$190 per day), but this figure varies across the country. In ten years the national average annual cost would be about \$113,100 if costs increase 5% annually.

What Deductible Amount are you considering? _____ Amount

How are you planning to pay for your care before your deductible is met? (check one)

From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

Stay about the same Increase Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

RATE INCREASE HISTORY

	YEARS AVAILABLE FOR SALE	INCREASE AMOUNT	YEAR
Policy Form Series 6465			
AK	1987-1989	8%	2007
Policy Form Series 50001, 50021, 6484			
AK	1989-1996	9%	2007
Policy Form Series 7000, 7020			
AK	1996-1998	12%	2007
Policy Form Series 7030			
AK	1998-2001	11%	2007

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LONG TERM CARE INSURANCE PERSONAL WORKSHEET *continued*

DISCLOSURE STATEMENT

- Check one:** The answers to the preceding questions accurately describe my financial situation.
 I choose not to complete this information (in section B on the prior page), and I have signed the Verification of Financial Non-Disclosure below.

NOTE: Section A on the prior page must be completed even if you do not disclose your financial information.

Check the box to acknowledge you have read the following statement and sign below.

- (this box must be checked) I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures.
I understand that the rates for this policy may increase in the future.

Applicant A Signature X	Printed Name	Date mm/dd/yyyy
Applicant B Signature X	Printed Name	Date mm/dd/yyyy

I explained to the applicant the importance of completing this information.

Agent's Signature X	Agent's Printed Name	Date mm/dd/yyyy
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Complete this section ONLY if your agent has advised you that this policy may not be suitable for you.

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Applicant A Signature X	Date mm/dd/yyyy	Applicant B Signature X	Date mm/dd/yyyy
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In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and *ask* you to fill out the rest to help you and the company decide if you should buy this policy.

SECTION A

Premium Information

Policy Form #: **7042 Rev** or state equivalent **7044 Rev** or state equivalent

The premium for the coverage you are considering will be: (Complete *only* the premium for the desired payment frequency.)

\$ annually \$ semi-annually \$ quarterly \$ monthly

Type of Policy Guaranteed renewable.

The Company's Right to Increase Premiums The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History The company has sold long-term care insurance since 1974 and has sold this policy since 2007. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *See page 2 of this Worksheet for a summary of the rate increases.*

Questions Related to Your Income

How will you pay each year's premium? From my Income From my Savings/Investments My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

Yes No — *If you have not considered this possibility, please do not proceed with the application until doing so.*

SECTION B

What is your annual income? (check one)

Under \$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your income to change in the next 10 years? (check one) No change Increase Decrease

If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, how will you pay for the difference between future costs and your daily benefit amount?

From my Income From my Savings/Investments My Family will Pay

The national average annual cost of care in 2005 was \$69,400 (\$190 per day), but this figure varies across the country. In ten years the national average annual cost would be about \$113,100 if costs increase 5% annually.

What Elimination Period are you considering?

Number of days

Approximate cost for that period of care: \$

[\$190 (national average) X Elimination Period]

How are you planning to pay for your care during the Elimination Period? (check one)

From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

Stay about the same Increase Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

RATE INCREASE HISTORY

	YEARS AVAILABLE FOR SALE	INCREASE AMOUNT	YEAR
Policy Form Series 6465			
AK	1987-1989	8%	2007
Policy Form Series 50001, 50021, 6484			
AK	1989-1996	9%	2007
Policy Form Series 7000, 7020			
AK	1996-1998	12%	2007
Policy Form Series 7030			
AK	1998-2001	11%	2007

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LONG TERM CARE INSURANCE PERSONAL WORKSHEET *continued*

DISCLOSURE STATEMENT

- Check one:** The answers to the preceding questions accurately describe my financial situation.
 I choose not to complete this information (in section B on the prior page), and I have signed the Verification of Financial Non-Disclosure below.

NOTE: Section A on the prior page must be completed even if you do not disclose your financial information.

Check the box to acknowledge you have read the following statement and sign below.

- (this box must be checked) I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures.
I understand that the rates for this policy may increase in the future.

Applicant A Signature X	Printed Name	Date mm/dd/yyyy
Applicant B Signature X	Printed Name	Date mm/dd/yyyy

I explained to the applicant the importance of completing this information.

Agent's Signature X	Agent's Printed Name	Date mm/dd/yyyy
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Complete this section ONLY if your agent has advised you that this policy may not be suitable for you.

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Applicant A Signature X	Date mm/dd/yyyy	Applicant B Signature X	Date mm/dd/yyyy
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In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

SECTION A

Policy Form #: **7042** or state equivalent

7044 or state equivalent

The premium for the coverage you are considering will be:
(Complete **only** the premium for the desired payment frequency.)

\$ _____ annually

\$ _____ semi-annually

\$ _____ quarterly

\$ _____ monthly

Type of Policy

Guaranteed renewable.

The Company's Right to Increase Premiums

The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History

The company has sold long-term care insurance since 1974 and has sold this policy since 2003. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *See page 2 of this Worksheet for a summary of the rate increases.*

Questions Related to Your Income

How will you pay each year's premium?

From my Income

From my Savings\Investments

My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

Yes No — *If you have not considered this possibility, please do not proceed with the application until doing so.*

What is your annual income? (check one)

SECTION B

Under \$10,000

\$10,000-\$20,000

\$20,000-\$30,000

\$30,000-\$50,000

Over \$50,000

How do you expect your income to change in the next 10 years? (check one)

No change

Increase

Decrease

If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one)

Yes

No

If not, how will you pay for the difference between future costs and your daily benefit amount?

From my Income

From my Savings\Investments

My Family will Pay

The national average annual cost of care in 2005 was \$69,400 (\$190 per day), but this figure varies across the country. In ten years the national average annual cost would be about \$113,100 if costs increase 5% annually.

What Elimination Period are you considering? _____ number of days.

Approximate cost for that period of care: \$ _____ [\$190 (national average) x Elimination Period]

How are you planning to pay for your care during the Elimination Period? (check one)

From my Income

From my Savings\Investments

My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings & investments) worth? (check one)

Under \$20,000

\$20,000-\$30,000

\$30,000-\$50,000

Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

Stay about the same

Increase

Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

RATE INCREASE HISTORY

	YEARS AVAILABLE FOR SALE	INCREASE AMOUNT	YEAR
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Policy Form Series 7030			
AK	1998-2001	11%	2007

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Disclosure Statement

- Check one** —> The answers to the preceding questions accurately describe my financial situation.
 —> **-or-**
 I choose not to complete this information (in section B on the prior page), and I have signed the Verification of Financial Non-Disclosure below.

NOTE: Section A on the prior page must be completed even if you do not disclose your financial information.

Check the box to acknowledge you have read the following statement and sign below.

- I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.

↑ (this box must be checked)

X	_____	_____	_____
Applicant A Signature		Printed Name	Date
X	_____	_____	_____
Applicant B Signature		Printed Name	Date

I explained to the applicant the importance of completing this information.

X	_____	_____
Agent's Signature		Date

Agent's Printed Name		

Complete this section ONLY if your agent has advised you that this policy may not be suitable for you.

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

X	_____	_____	X	_____	_____
Applicant A Signature		Date	Applicant B Signature		Date

In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.

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Product Name: *Personal Worksheets*
Project Name/Number: *Personal Worksheets/41568W 10/01/07*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Bypassed -Name:	Certification/Notice	Withdrawn	06/16/2008
Bypass Reason:	Not applicable to this informational filing of personal worksheets.		
Comments:			

		Review Status:	
Bypassed -Name:	Application	Withdrawn	06/16/2008
Bypass Reason:	Not applicable to this informational filing of personal worksheets.		
Comments:			

		Review Status:	
Bypassed -Name:	Health - Actuarial Justification	Withdrawn	06/16/2008
Bypass Reason:	Not applicable to this informational filing of personal worksheets.		
Comments:			

		Review Status:	
Bypassed -Name:	Outline of Coverage	Withdrawn	06/16/2008
Bypass Reason:	Not applicable to this informational filing of personal worksheets.		
Comments:			