

SERFF Tracking Number: GEFA-125531891 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
Company Tracking Number: 41568W 03/01/08
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Personal Worksheet 2008
Project Name/Number: Personal Worksheet 2008/41568

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Personal Worksheet 2008

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-125531891 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38453

Co Tr Num: 41568W 03/01/08

State Status: Approved-Closed

Co Status:

Reviewer(s): Marie Bennett, Harris Shearer

Authors: June Lipscomb, Jeanette Mai

Disposition Date: 06/11/2008

Date Submitted: 03/19/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Personal Worksheet 2008

Project Number: 41568

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/11/2008

State Status Changed: 06/11/2008

Corresponding Filing Tracking Number:

Filing Description:

FORM DESCRIPTION

41568W 03/01/08 Long Term Care Insurance Personal Worksheet

42422W 03/01/08 Long Term Care Insurance Personal Worksheet

81944 03/01/08 Long Term Care Insurance Personal Worksheet

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are submitting the above-referenced individual long-term care insurance forms on an informational basis. The forms

SERFF Tracking Number: *GEFA-125531891* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *38453*
Company Tracking Number: *41568W 03/01/08*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Personal Worksheet 2008*
Project Name/Number: *Personal Worksheet 2008/41568*

are also being filed concurrently in our domicile state of Delaware.

These forms are to replace Personal Worksheets, 41568W 10/01/07, 42422W 10/01/07 and 81944 10/01/07, submitted to your Department on 8/27/07. As that filing is still pending in your state, we respectfully request that it be withdrawn from further review. (GEFA –125272057 State Tracking # 36730).

The Rate Increase History has been revised to include a complete listing of the applicable policy forms included in our recent rate increase currently being filed/implemented in all states. Consequently, the Rate Increase History will not require any periodic updates.

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.

Sincerely,

Jeanette Mai
Sr. Product Contract Consultant
Jeanette.Mai@genworth.com
804-922-5639

Company and Contact

Filing Contact Information

Jeanette Mai, Contract Analyst
6630 W Broad Street
Richmond, VA 23230-1700

jeanette.mai@genworth.com
(804) 922-5639 [Phone]
(804) 281-6285[FAX]

SERFF Tracking Number: GEFA-125531891 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
Company Tracking Number: 41568W 03/01/08
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Personal Worksheet 2008
Project Name/Number: Personal Worksheet 2008/41568

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-125531891 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
Company Tracking Number: 41568W 03/01/08
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Personal Worksheet 2008
Project Name/Number: Personal Worksheet 2008/41568

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: \$50 X 3= \$150
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$150.00	03/19/2008	18784523

SERFF Tracking Number: GEFA-125531891 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
Company Tracking Number: 41568W 03/01/08
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Personal Worksheet 2008
Project Name/Number: Personal Worksheet 2008/41568

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	06/11/2008	06/11/2008

SERFF Tracking Number: *GEFA-125531891* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *38453*
Company Tracking Number: *41568W 03/01/08*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Personal Worksheet 2008*
Project Name/Number: *Personal Worksheet 2008/41568*

Disposition

Disposition Date: 06/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-125531891 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
 Company Tracking Number: 41568W 03/01/08
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Personal Worksheet 2008
 Project Name/Number: Personal Worksheet 2008/41568

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
Form	Personal Worksheet		Yes
Form	Personal Worksheet		Yes
Form	Personal Worksheet		Yes

SERFF Tracking Number: GEFA-125531891 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
 Company Tracking Number: 41568W 03/01/08
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Personal Worksheet 2008
 Project Name/Number: Personal Worksheet 2008/41568

Form Schedule

Lead Form Number: 41568

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	41568W 03/01/08	Other	Personal Worksheet	Revised	Replaced Form #: 41568W 10/01/07 Previous Filing #: GEFA-125272057	0	41568W_030108_gnw.pdf
	81944 03/01/08	Other	Personal Worksheet	Revised	Replaced Form #: 81944 10/01/07 Previous Filing #: GEFA-125272057	0	81944_030108_gnw.pdf
	42422W 03/01/08	Other	Personal Worksheet	Revised	Replaced Form #: 42422W 10/01/07 Previous Filing #: GEFA-125272057	0	42422W_030108_gnw.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 policy form series 7048 since 2007. The company has not raised its rates on this policy form series 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. *Following is a summary of the rate increases:*

Policy Form Series	Years Available for sale	Percentage of Increase	Effective Year
* 6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8% **	2007-2008
* 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-1998	0-9% **	2007-2008
* 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12% **	2007-2008
* 7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007	1997-2003	0-11% **	2007-2008

*Note: Not every policy form series was available in every state

**Varies by state

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 2007 was \$74,806, but this figure varies across the country. In ten years the national average annual cost would be about \$121,851, 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.

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 <i>mm/dd/yyyy</i>
Applicant B Signature X	Printed Name	Date <i>mm/dd/yyyy</i>

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

Agent's Signature X	Agent's Printed Name	Date <i>mm/dd/yyyy</i>
-------------------------------	----------------------	------------------------

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 <i>mm/dd/yyyy</i>	Applicant B Signature X	Date <i>mm/dd/yyyy</i>
-----------------------------------	------------------------	-----------------------------------	------------------------

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 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. *Following is a summary of the rate increases:*

Policy Form Series	Years Available for sale	Percentage of Increase	Effective Year
* 6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%**	2007-2008
* 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-1998	0-9%**	2007-2008
* 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12%**	2007-2008
* 7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007	1997-2003	0-11%**	2007-2008

*Note: Not every policy form series was available in every state

**Varies by state

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 2007 was \$74,806 (\$205 per day), but this figure varies across the country. In ten years the national average annual cost would be about \$121,851, if costs increase 5% annually.

What Elimination Period are you considering?

Number of days

Approximate cost for that period of care: \$

[\$205 (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.

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 <i>mm/dd/yyyy</i>
Applicant B Signature X	Printed Name	Date <i>mm/dd/yyyy</i>

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

Agent's Signature X	Agent's Printed Name	Date <i>mm/dd/yyyy</i>
-------------------------------	----------------------	------------------------

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 <i>mm/dd/yyyy</i>	Applicant B Signature X	Date <i>mm/dd/yyyy</i>
-----------------------------------	------------------------	-----------------------------------	------------------------

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. *Following is a summary of the rate increases:*

Policy Form Series	Years Available for sale	Percentage of Increase	Effective Year
* 6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%**	2007-2008
* 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-1998	0-9%**	2007-2008
* 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12%**	2007-2008
* 7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007	1997-2003	0-11%**	2007-2008

*Note: Not every policy form series was available in every state

**Varies by state

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 2007 was \$74,806 (\$205 per day), but this figure varies across the country. In ten years the national average annual cost would be about \$121,851, if costs increase 5% annually.

What Elimination Period are you considering?

Number of days

Approximate cost for that period of care: \$

[\$205 (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.

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 <i>mm/dd/yyyy</i>
Applicant B Signature X	Printed Name	Date <i>mm/dd/yyyy</i>

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

Agent's Signature X	Agent's Printed Name	Date <i>mm/dd/yyyy</i>
-------------------------------	----------------------	------------------------

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 <i>mm/dd/yyyy</i>	Applicant B Signature X	Date <i>mm/dd/yyyy</i>
-----------------------------------	------------------------	-----------------------------------	------------------------

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.

<i>SERFF Tracking Number:</i>	<i>GEFA-125531891</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38453</i>
<i>Company Tracking Number:</i>	<i>41568W 03/01/08</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Personal Worksheet 2008</i>		
<i>Project Name/Number:</i>	<i>Personal Worksheet 2008/41568</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-125531891 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 38453
Company Tracking Number: 41568W 03/01/08
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Personal Worksheet 2008
Project Name/Number: Personal Worksheet 2008/41568

Supporting Document Schedules

Review Status:
Bypassed -Name: Certification/Notice 03/10/2008
Bypass Reason: n/a
Comments:

Review Status:
Bypassed -Name: Application 03/10/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 03/10/2008
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 03/10/2008
Bypass Reason: N/A
Comments: