

SERFF Tracking Number: GEFA-125981219 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 41299
 Company Tracking Number: 46682EM 47351-52
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Multi Life Advertising
 Project Name/Number: Multi Life Ad Filing/46682EM 47351-52

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Multi Life Advertising

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: GEFA-125981219 State: ArkansasLH

SERFF Status: Closed State Tr Num: 41299

Co Tr Num: 46682EM 47351-52 State Status: Filed-Closed

Co Status: Reviewer(s): Marie Bennett

Authors: Marcia Chalfant, Andy Disposition Date: 01/15/2009

Zimmerman, Kathleen Hamby

Date Submitted: 01/09/2009 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Multi Life Ad Filing

Project Number: 46682EM 47351-52

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Will be filed in DE, our state of domicile.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/15/2009

State Status Changed: 01/15/2009

Corresponding Filing Tracking Number:

Filing Description:

46682M 12/02/08 Employee Advantage Invitation to Inquire

46682E 12/02/08 Features & Benefits Invitation to Contract

47351 Plan Illustration – Core/Buy-up Invitation to Contract

47352 Plan Illustration - Voluntary Invitation to Contract

Market Type: Group

Group Market Size: Small

Group Market Type: Employer

Deemer Date:

On behalf of Genworth Life Insurance Company we submit, for your information and approval, copies of our advertising

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material intended for use with our Group Long Term Care Insurance product on policy form series 7050 that was approved by Arkansas on September 11, 2008 and subsequently.

This material is new and does not replace any existing material. It is designed for use for small employer groups whether accessed directly by the eligible person or with the assistance of a licensed producer. Our Explanation of Variability is enclosed which defines the variables for the bracketed text in these forms.

Form 46682M 12/02/08, our Employee Advantage brochure, is designed for use with the Features and Benefits brochure. It provides educational material on the costs and risk of long term care, and introduces the way the group long term care insurance program works.

Form 46682E 12/02/08, our Features and Benefits brochure, provides a description of the benefit options available to the eligible person, and will be customized based on the plan options available under the group policy. When form 46682E is provided to the eligible person, the plan illustration (form 47352) will be included as well.

The outline of coverage will be provided if the application is taken at the time this brochure is delivered.

Form 47351 is an illustration of the plan available to the individual employee and paid for by the employer under the group policy. If a spouse or domestic partner is eligible under the terms of the group policy, the illustration could contain the information on a similar plan for the spouse. The illustration is computer generated and will include only the details of coverage that are part of the group plan design, and are appropriate to the individual for whom the illustration is created.

Form 47352 is an illustration of the plans available to the individual under the group policy. The illustration is computer generated and will include only the details of coverage based on the terms of the specific group policy. This form will be used when coverage is voluntary. Not all parts of the illustration will always be included. The following outlines the different illustrations that could be included for an individual:

§ Quote Summary: Includes regional cost of care information and proposed benefits for the eligible employee, and if spouses are eligible, for the spouse.

§ Combined Summary: Includes specific plan amounts based on the proposal for the individual, and if spouses are eligible, for the spouse.

§ Individual Summary: Includes specific plan options provided for the individual.

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§ Benefit Options Comparison: Compares the proposed benefits and premiums against other options available under the group policy. For example, the Facility Maximum amount shown in the suggest plan options would be compared against other available benefit amounts, showing the adjusted premium with the change made. Only the options in the group policy would be illustrated.

§ Benefit Increase Comparison: These charts show the impact that a particular benefit increase option would have on the daily or monthly maximum, and the coverage maximum. Only those benefit increase options available under the group policy would be illustrated.

§ Plan Options Comparison: Compares the premium for the proposed benefits for the eligible person against premiums for different plan configurations. Only those plan design elements available under the group policy would be illustrated.

§ Cost of Waiting Comparison: Compares the proposed benefit and premiums for the date prepared to benefit and premium amounts at specific times in the future.

§ Break-even Analysis: A chart designed to show the number of days or months of long term care that the premiums paid over time could provide, if used for care, assuming the daily or monthly benefit is used in its entirety for long term care services

§ Payment Options Comparison: Compares the different premium payment options. Only included if alternate payment methods are available under the group contract, and only the available options will be included.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, our Group Compliance Leader, is available to meet with the Department to address any issues as they are identified. Thank you for your time and consideration of our request.

Company and Contact

Filing Contact Information

Marcia Chalfant, Policy Contract Analyst marcia.chalfant@genworth.com
6620 W Broad Street (804) 922-5085 [Phone]
Richmond, VA 23230 (804) 281-6285[FAX]

Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware
6610 W Broad Street Group Code: 350 Company Type: LifeHealth &
Annuity
Richmond, VA 23230 Group Name: State ID Number:

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(804) 281-6600 ext. [Phone]

FEIN Number: 91-6027719

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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: \$25 per each of 6 ads
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$150.00	01/09/2009	24931668

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	01/15/2009	01/15/2009

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Disposition

Disposition Date: 01/15/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variability		Yes
Form	Features & Benefits Brochure		Yes
Form	Employee Advantage Brochure		Yes
Form	Illustration Core/Buy Up Employer Paid		Yes
Form	Illustration Voluntary		Yes
Form	Cover A for Illustration		Yes
Form	Cover B for Illustration		Yes

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Form Schedule

Lead Form Number: 46682E

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	46682E 12/02/08	Advertising	Features & Benefits Brochure	Initial		0	46682E_120208_filing with variables.pdf
	46682M 12/02/08	Advertising	Employee Advantage Brochure	Initial		0	46682M_120208_filing with variables.pdf
	47351	Advertising	Illustration Core/Buy Up Employer Paid	Initial		0	47351 Core Illustration w Variables FILE.pdf
	47352	Advertising	Illustration Voluntary	Initial		0	47352 STD Individual Voluntary Illustration w Variables FILE.pdf
	47351A	Advertising	Cover A for Illustration	Initial		0	47351 ALTERNATE COVER A.pdf
	47351B	Advertising	Cover B for Illustration	Initial		0	47351 ALTERNATE COVER B.pdf



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LONG TERM CARE BUSINESS SOLUTIONS
[DESIGNING YOUR PLAN/
YOUR PERSONAL OPTIONS]

FEATURES AND BENEFITS
FOR GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

LONG TERM CARE INSURANCE

Long term care insurance can be a practical and affordable way to pay the costs of long term care services. It can also help you:

- Maintain control over how you spend your savings
- Have a choice in who provides your care — and where
- Afford higher quality care for a longer period of time

With the right long term care insurance in place, you can take comfort in knowing that you've taken the next step toward a more secure and independent future.

DESIGNING YOUR PLAN

THE BASICS

3

[Monthly/Daily] Maximum

Your [monthly/daily] maximum is the maximum amount your plan will reimburse each [month] for covered long term care expenses.

\$_____ / [month/day]

[Available from \$3000 – \$9000 per month in \$1500 increments.]

2

[TIP: Choose a [monthly/daily] maximum that comes close to covering today's cost of care where you plan to retire.]

3

[Benefit Multiplier]/[Coverage Maximum]

The [benefit multiplier], along with your [monthly/daily] maximum, determines the total amount of money available to help pay covered expenses for the lifetime of your coverage:

$$[\text{Monthly/Daily Maximum}] \times [\text{Benefit Multiplier}] = \text{Your [Coverage Maximum]}$$

[24/730

36/1095

48/1460

60/1825]

2

[Tip: In selecting your [Coverage Maximum], consider the average costs of care, your individual needs and family situation to help determine what is right for you.]

Elimination Period

Your elimination period determines when covered expenses can be reimbursed under your plan. It is a period of time that must elapse before benefits begin. [Starting with the first day you incur a covered expense and you are chronically ill, [for the calendar day elimination period,] each day you remain chronically ill will satisfy the requirement.] [Starting with the first day you incur a covered expense and you are chronically ill, [for the service day elimination period,] each day that you continue to be chronically ill and receive covered long term care will meet this requirement.] [You select the length of the elimination period that will apply to your coverage.]

1/3

[XX [service/calendar] days]

[30 [service/calendar] days

90 [service/calendar] days

180 [service/calendar] days]

3

2

3

2

2

2

[TIP: To keep premium costs down, consider a longer elimination period.] You only have to satisfy the elimination period once in your lifetime.

2

[No Elimination Period for Home & Community Care]

There is no waiting period before benefits begin if you are receiving home or community care. Your reimbursements can start as soon as you incur an expense.]

[Included]

2

DESIGNING YOUR PLAN *(continued)*

OPTIONAL FEATURES *Your Premiums vary based on the features you select, as well as your age.*

3
2

Benefit Increase Options

Benefit increase options help ensure your coverage keeps pace with the rising cost of care over time. If a benefit increase option is selected, both your [monthly/daily] maximum and your total [Coverage Maximum] will increase on an equal or compound basis — depending on your selection. Increases will [not] be reduced by benefits paid.

- [None
- [5% for life – equal
- [3% for life – compound
- [5% for life – compound]

2

2

[Premium Payment Period

You can pay premiums over the lifetime of your coverage or accelerate payment in order to “pay up” premiums over a shorter time period.]

[Pay to age 65 is available for applicants ages 55 and younger.]

- [Lifetime
- [10-pay
- [Pay to Age 65]

2/3

2

[Graded Return of Premium at Death

If you die before age 65, your beneficiaries will receive 100% of the premiums paid (less any claims paid). Beginning at age 65, the percent of premiums returned will reduce by 10% each year until you reach age 75.]

- [Yes
- [No] [*Select only one Return of Premium Option*]

2/3

2

[Full Return of Premium at Death

If you die after you’ve had coverage for at least 10 years, your beneficiaries will receive 100% of the premiums paid (less claims paid).]

[Return of Premium Option[s is/are] available for applicants ages 64 and younger.]

- [Yes
- [No]

2

[Optional Nonforfeiture

If you stop making premium payments after 3 years, this optional nonforfeiture benefit enables you to continue coverage with a reduced [Coverage Maximum]. Coverage automatically includes a contingent nonforfeiture benefit. Details for contingent nonforfeiture are found in the Potential Rate Disclosure form included with your application.]

- [Yes
- [No]

2

DESIGNING YOUR PLAN *(continued)*

AUTOMATICALLY INCLUDED IN YOUR PLAN

3	<p>Nursing Facility Benefit</p> <p>Charges for care support services, room and meals provided by the nursing facility are covered up to the [monthly/daily] maximum.</p>	Included
3	<p>Assisted Living Facility Benefit</p> <p>Charges for care support services, room and meals provided by the Assisted Living Facility are covered up to the [monthly/daily] maximum.</p>	Included
3	<p>Home and Community Care Benefit</p> <p>Formal and Informal Care at Home: Charges for home care are covered, including both formal and informal care provided by trained professionals and/or unskilled providers — such as neighbors or friends. You can receive reimbursement for tasks such as homemaker and chore care as well as professional services from a nurse, therapist, or home health aide.</p> <p>Adult Day Care: Charges for care outside the home in a community setting, such as an adult day care center, are covered.</p> <p>The Home and Community Care Benefit reimburses covered charges up to [your monthly/daily] maximum.</p>	Included
3	<p>Home Assistance</p> <p>Helps you stay in your home longer. It provides reimbursement up to 3 times your [monthly/daily] maximum for training for unpaid caregivers, home modifications, and assistive or adaptive equipment.</p>	Included
2	<p>Alternate Care Benefit</p> <p>Coverage is available to pay for long term care services, treatment, equipment or supplies not specifically stated in your Certificate, when agreed to by Genworth Life.</p>	Included
3	<p>[Couples Discount]</p> <p>If you and your spouse/partner apply together you may receive a discount up to [40%] on your premiums.</p> <p>[A discount may also apply if your spouse/partner has existing coverage with Genworth Life.]</p> <p>The discount is subject to underwriting acceptance.]</p>	<p>[<input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No]</p>

DESIGNING YOUR PLAN *(continued)*

AUTOMATICALLY INCLUDED IN YOUR PLAN *(continued)*

	<p>Privileged Care Coordination</p> <p>This free resource helps you identify care and community resources available when you file a claim for benefits.</p>	Included
	<p>Waiver of Premium</p> <p>You will not pay premiums while you're receiving ongoing benefits for care in a nursing facility or an assisted living facility or home and community care.</p>	Included
	<p>Respite Care Benefit</p> <p>Charges for temporary care (at home or in an eligible facility) to give your unpaid, primary caregiver short-term relief can be reimbursed up to the appropriate limit for the type of care. The elimination period doesn't apply to Respite Care Benefits; and respite care cannot be used to satisfy the elimination period.</p>	Included
	<p>Hospice Care Benefit</p> <p>Charges for hospice care (at home or in an eligible facility) to ease the discomfort associated with a terminal illness can be reimbursed up to the appropriate limit for the type of care. The elimination period doesn't apply to Hospice Care Benefits; and hospice care cannot be used to satisfy the elimination period.</p>	Included
2	<p>[International Care Benefit]</p> <p>Charges for care and support services, room and meals in a nursing facility outside the United States can be reimbursed up to 75% of [Monthly/Daily] Benefit for up to [48 months/1460 days].</p>	[Included]
3	<p>Bed Reservation Benefit</p> <p>Charges by the facility to reserve your place while you're temporarily absent can be reimbursed up to your [monthly/daily] maximum for up to [60] days per year.</p>	Included
3	<p>Free Look Period</p> <p>Return your certificate within [30] days if you're not 100% satisfied and any paid premium will be refunded.</p>	Included
1/3		

BENEFIT ELIGIBILITY

BENEFIT QUALIFICATIONS

You must be *chronically ill* —

1. You must need help with at least two of six activities of daily living for at least 90 days.

- Bathing
- Eating
- Dressing
- Toileting
- Continence
- Transferring

OR

2. You require supervision due to a severe cognitive impairment (a significant deterioration in, or loss of, your intellectual capacity), such as Alzheimer's Disease.

The above conditions must be certified by a Licensed Health Care Practitioner and the long term care services must be based on a Plan of Care specific to your needs.



Non-duplication of Benefits

This program will reimburse benefits only for covered expenses that exceed the amount payable or already paid under:

- Medicare, including amounts that would be reimbursed in the absence of a deductible or co-insurance amount.
- [Any state or federal workers' compensation, employer's liability, or occupational disease law.]
- Any other federal, state or government health care programs other than Medicaid.

2

[Coordination with Other Coverage

Benefit payments will be reduced if the total amount payable under your coverage and all other [group] long term care insurance is greater than the actual expenses you incur.]

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2

When Care is Not Covered

For more details on what isn't covered, review the "Exclusions and Limitations" section of the Outline of Coverage. Generally, your plan does not cover items such as room and board, treatment, care, and equipment, etc if:

2

- [You would not be charged if you did not have this insurance.]
- [You receive care or services outside of the United States of America, except as described in the International Coverage Benefit.]
- [Your immediate family provides care [or services that are not covered by an Informal Care benefit.] The care may be covered if the family member provides the care as an employee of the organization that is paid for services and he or she receives only the normal compensation for that job.]
- [You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is incurred.]

Your plan does not cover expenses if you need long term care as the result of:

2

- [War or an act of war, whether declared or undeclared]
- [Attempted suicide or self-inflicted injury]
- [Participating in a felony, riot or insurrection]
- [Service in the armed forces or units auxiliary thereto]
- [Alcoholism, addiction to drugs or narcotics, except for addiction to prescription drugs which you took only as directed by a physician.]



Important Information

The plan selections and features described in this brochure are designed for the Employee Advantage Long Term Care Insurance Program selected by your employer. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations.

Eligibility for this coverage is determined by the Group Policyholder. Each eligible employee must be an actively at work [full time employee working 30 hours per week and at least 18 years old.] Actively at Work means an employee who is performing the usual duties of his/her job at his/her usual place of work as required by the employer. An employee is not actively at work if he or she is unable to perform his/her usual duties due to a sickness, accident or injury, or a leave of absence, a sabbatical, or retirement from the same employer. Additional classes of eligible persons may include family members between the ages of 18 and [80].

[Eligible family members include: **1/2/3**

- [Your spouse (includes a person to whom you are joined by marriage or a legal relationship recognized by state law)] [or domestic partner]
- [Your parents and parents-in-laws]
- [Your grandparents and grandparents-in-law]
- [Your adult children]
- [Your siblings]

All eligible persons must maintain a permanent U.S. residence, and have a valid U.S. Social Security or Tax Identification number. Applications are subject to the underwriting requirements of Genworth Life Insurance Company.

The Group Policy is intended to be a federally tax qualified Long Term Care Insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

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THE VALUE:

Your Employee Advantage Group Long Term Care insurance Program enables you to:

- 2 • Obtain a valuable benefit [at competitive group rates]
- Keep your coverage with you if you leave the group — it's fully portable
- 2 • [Tailor a plan that's personalized to fit your needs and budget]
- Rely on the unmatched depth of experience provided by Genworth Life Insurance Company — a leader in long term care insurance for more than [35] years. 3

Genworth Financial is a proud sponsor of

alzheimer's  association®

the compassion to care, the leadership to conquer

1/3

This [Group Long Term Care Insurance Program] is underwritten by Genworth Life Insurance Company, using policy form series 7050. State variations may apply. Form numbers may vary by state. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, its features and limitations, including any state variations. This material is a solicitation for insurance, and contains only a summary of coverage; the group policy terms and provisions will prevail.

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Genworth
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LONG TERM CARE BUSINESS SOLUTIONS
EMPLOYEE ADVANTAGE

A GROUP LONG TERM CARE INSURANCE PROGRAM

Underwritten by Genworth Life Insurance Company

IT'S A NAME YOU CAN TRUST

Genworth Financial's Long Term Care Insurance Division has been an industry leader since it helped pioneer long term care insurance 35 years ago.

As a pioneer in long term care insurance, Genworth Life has an unmatched depth of experience. Today, [almost a third] of people who own long term care insurance have Genworth Life coverage.⁴ And its commitment to the industry led AARP® to choose Genworth Life as the long term care insurance provider of choice for its [40] million members.

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Genworth Life's commitment can be seen in its:

- Multi-million dollar partnership with the Alzheimer's Association to help find a cure
- Annual Cost of Care survey to help make people aware of just how much they could spend
- Leadership in shaping public policy to address the growing financial issues Americans may face in long term care situations
- Payment of more than [\$4 Billion in long term care claims to more than 96,000 claimants, at a rate of nearly \$2 Million per day.⁵

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⁴ LIMRA [2007] Individual Long Term Care Insurance In Force.

3

⁵ Genworth Life Insurance Company, business operations data, 12/1974 to 06/30/2008.

IT'S THE RIGHT TIME — NOW

Consider the following points as you learn how the Employee Advantage Long Term Care Insurance Program can help your plans for the future. There will never be a better time to sign up for this Program.

- You'll never be younger than you are right now so your premiums for this coverage will never be lower.
- If you wait, not only will you pay higher premiums, but you may run the risk that a future health condition might keep you from qualifying.
- These premiums, and any benefits paid under your insurance are not taxable to you. The Group Policy is designed to meet the requirements for federally tax-qualified long term care insurance.
- Your coverage is portable. If you leave your employer and pay your premiums directly to Genworth Life, you can keep your coverage.
- [• Your spouse and other family members may be eligible to apply.]

Review the attached Features and Benefits information to learn more about your Employee Advantage LTCI Program plan options.

Start the application process today.

[Call [1-XXX-XXX-XXXX] [or access your

Employee Advantage LTCI Program website at

[Genworth/EmployeeAdvantage/groupltci]]

1/2



IT'S YOUR FUTURE

How do you envision your retirement? You may decide to continue working, volunteer in your community, see the world, or spend more time with friends and family.

Long Term Care situations can result from:

Broken bones

Illnesses like multiple sclerosis

Diseases like Alzheimer's or Parkinson's

Strokes and other chronic conditions

However you choose to spend your time, you want to be sure the retirement portfolio you have worked hard to accumulate is there for you when you need it. But have you thought about how your life savings could change if you ever need long term care? Your employer recognizes the financial and emotional burden a long term care event can cause. To help protect you and your family, your employer is adding long term care insurance (LTCI) to your voluntary employee benefits offering.

This flexible LTCI Program offered through Genworth Life Insurance Company (Genworth Life) can help protect your assets and provide options if you ever need to receive long term care services.

What is long term care?

Long term care is assistance with everyday activities such as eating, dressing, or moving in and out of a bed or chair, or supervision for someone with a cognitive impairment.

How can Long Term Care Insurance help?

Unlike health or disability insurance that cover doctor visits or replace lost income, LTCI helps to reimburse charges for care received in your home, in the community, or in a facility.

What do long term care services cost?

Each year, Genworth Financial performs a national cost of care survey. The costs shown below are from the current study (*2008* Genworth Financial Annual Cost of Care Survey).

A [semi-private] room in a [nursing home] now averages more than [\$5,600 per month nationally.] That's [more than [\$67,000 a year]. Since typical stays can average three years,¹ your care today could cost [more than \$200,000].

Many people think the government will pay for long term care expenses. Consider the following about these government programs:

- Medicare generally covers skilled nursing home care after a hospital stay of at least three days and its coverage for other long term care services is very limited.
- Medicaid does contribute towards long term care, but requires recipients to use their income to pay for care and most of their assets to qualify. The savings you've worked hard to build up may have to be spent down.



¹ "Long Term Care Financing: Policy Options for the Future." Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University.

42% of people receiving long term care services are under age 65.²

Receiving care

If the day comes that you need care, coverage is provided in a range of settings:

Home and Community: Many people prefer to stay in the comfort of their own home if they need long term care. Your Employee Advantage LTCI Program can help pay for:

- Nurse and therapist visits
- Home health aides and personal care attendants
- Homemaker services such as preparing meals and doing laundry
- Adult day care
- Medical monitoring equipment
- Hospice care
- Care giver training for a friend or neighbor or other person who provides care

Assisted Living Facility: If your care needs cannot be met in your own home, you may consider care in an Assisted Living Facility. Charges for things like your room, meals, and care support services are eligible under the Program.

Nursing Facility: The Program helps to reimburse room charges in a nursing facility for all levels of care — skilled, intermediate, and custodial — as well as private duty nursing care.

Designing your coverage

There are three basic choices you should consider when designing coverage to meet your specific needs.

1. Your [Monthly/Daily] Maximum is the maximum amount your plan will reimburse each month for covered long term care expenses. **1/3**

[TIP: Choose a [Monthly/Daily] Maximum that comes close to covering today's cost of care where you plan to retire.] **2/3**

2. The [Benefit Multiplier], along with your {monthly/daily] maximum, determines the total amount of money available to help pay covered expenses for the lifetime of your coverage: **3**

$$\text{[Monthly/Daily Maximum]} \times \text{[Benefit Multiplier]} = \text{Your [Coverage Maximum]} \quad \mathbf{3}$$

[Tip: In selecting your Coverage Maximum, consider the average costs of care, your individual needs and family situation to help determine what is right for you.] **2**

3. You can choose to customize your coverage by including extra features like increasing benefits to keep pace with inflation. See the Features and Benefits brochure for your available options.

Portability: Your Employee Advantage LTCI plan is portable. If you leave your employer for any reason, you can keep your valuable coverage by paying premiums directly to Genworth Life.

Your Outline Of Coverage describes the benefits, as well as any restrictions that may apply to your coverage.

² "Long Term Care Financing: Policy Options for the Future." Page 7. Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University.

Qualifying for benefits

You may qualify for benefits if a licensed health care practitioner certifies that you are chronically ill. A chronically ill person needs, either:

- Substantial assistance with at least two of six activities of daily living (bathing, eating, dressing, toileting, continence, and transferring — e.g. moving from a bed to a chair) for at least 90 days.

OR

- Substantial supervision due to a severe cognitive impairment, (significant deterioration in or loss of intellectual capacity). For example, a person with Alzheimer's Disease may need such supervision.

[XX days] Elimination Period: Your elimination period determines when covered expenses can be reimbursed under your plan. It is a period of time that must elapse before benefits begin. [Starting with the first day you incur a covered expense and you are chronically ill, [for the calendar day elimination period,] each day you remain chronically ill will satisfy the requirement.] [Starting with the first day you incur a covered expense and you are chronically ill, [for the service day elimination period,] each day that you continue to be chronically ill and receive covered long term care will meet this requirement.] [You select the length of the elimination period that applies to your coverage.] You only have to satisfy the elimination period once in your lifetime.



Added value at the time of claim

Genworth Life has paid more claims than other insurance companies.³ The company is noted for “best in class” claims servicing. This servicing includes access to negotiated discounts for long term care providers and a team of Privileged Care Coordinators.

The Privileged Care Coordination team can assist you in identifying your long term care needs and the community resources available. Their services are automatically part of your Program and come at no additional cost to you. You are not required to use this team of coordinators. You can, at your own expense, choose a Licensed Health Care Practitioner to provide similar services.

This experience is what allows Genworth Life to be your resource when you need them most — at time of claim.

³ Genworth Life Insurance Company, business operations data, 12/1974 to 06/30/2008.

Genworth Financial is a proud sponsor of

alzheimer's  association®

the compassion to care, the leadership to conquer

This pamphlet describes the Employee Advantage Long Term Care Insurance Program available for qualified employees. It is not a contract of insurance. Coverage is provided under the Group Long Term Care Insurance Policy issued to your employer by Genworth Life Insurance Company, using policy form series 7050. Only the group policy provisions will govern.

Coverage for an individual is subject to underwriting acceptance by Genworth Life Insurance Company, according to its requirements. Each eligible person who becomes insured will receive a Certificate of Insurance. State variations may apply. Details of coverage, including benefits, limitations and exclusions are also set forth in your Outline of Coverage.

Reference to tax status is not intended as tax advice. Please consult with your tax advisor with respect to any tax implications.

State Partnerships for Long Term Care: Your state may recognize this coverage as Qualified Long Term Care Insurance under a Long Term Care Partnership Program. If so, you will receive appropriate disclosure of the status of your coverage, and what it means to you.

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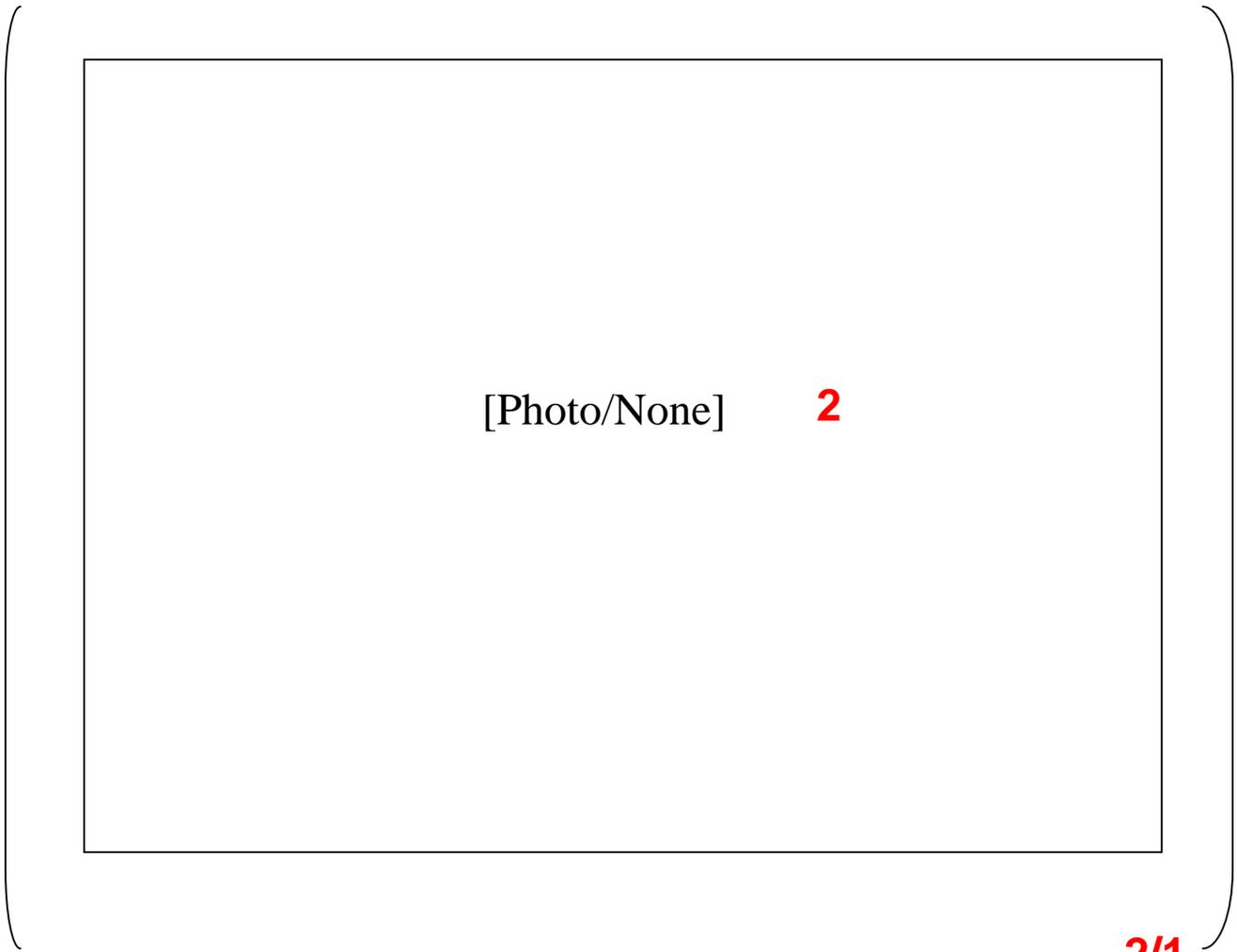
2

[LONG TERM CARE BUSINESS SOLUTIONS/ NONE]

Offered by Genworth Financial

1/3

[ABC Company] EXECUTIVE SERIES / EMPLOYEE ADVANTAGE/NONE /GROUP LONG TERM CARE INSURANCE PROGRAM]



[Photo/None]

2

2/1

2/1

[Prepared For:]

[Client:] [Norma Clark]
 [Spouse/Partner:] [Johnny Clark]
 [Address:] [123 Main St]
 [Richmond, VA 23233]

[Presented By:]

[Agent:] [LTC Agent Name]
 [Organization:] [Genworth Financial]
 [Address:] [6620 W Broad Street]
 [Richmond, VA 23220]
 [License #:] [XXXY]
 [Phone:] [(804) 484-7204]
 [Fax:] [(804) 922-5172]
 [Email:] [Norma.clark@genworth.com]

[This material is part of a solicitation for insurance. An agent or Genworth Life may contact you.]

2

TITLE PLATE COVERS

2
2/3

[
[LONG TERM CARE BUSINESS SOLUTIONS
Offered by GENWORTH FINANCIAL]

[EXECUTIVE SERIES/EMPLOYEE ADVANTAGE]

AN EMPLOYER PAID
GROUP LONG TERM CARE INSURANCE PROGRAM
Underwritten by Genworth Life Insurance Company]

2
2/3

[
[LONG TERM CARE BUSINESS SOLUTIONS
Offered by GENWORTH FINANCIAL]

[EXECUTIVE SERIES/EMPLOYEE ADVANTAGE]

AN EMPLOYER PAID
GROUP LONG TERM CARE INSURANCE PROGRAM
Underwritten by Genworth Life Insurance Company]

2 [LONG TERM CARE BUSINESS SOLUTIONS/NONE]

Offered by Genworth Financial

2/3 [[ABC COMPANY] EXECUTIVE SERIES/EMPLOYEE ADVANTAGE/NONE
GROUP LONG TERM CARE INSURANCE PROGRAM]

2 [COMBINED] SUMMARY

Plan Options	1 [Valued Customer]	[Spouse/Partner] 1/2
[Coverage Maximum:]	[\$XX,XXX]	[\$XX,XXX]
3 [Daily/Monthly] Maximum:	[\$X,XXX][Daily/Monthly]	[\$X,XXX][Daily/Monthly]
[Benefit Multiplier:]	[XX Months]	[XX Months]
[Elimination Period:]	[XX [Calendar] Days]	[XX [Calendar] Days]
Benefit Increase Option:	[X% compound]	[X% compound]
[Restoration Benefit:]	[Included]	[Included]
[Survivorship Benefit:]	[10-Year]	[10-Year]
[Non-forfeiture Benefit:]	[Included]	[Included]
[Return of Premium Benefit:]	[Graded]	[Graded]
Premium Payment Period:	[Limited Pay]	[Limited Pay]
Home Care Type:	[Formal and Informal]	[Formal and Informal]
[Home Care Percentage:]	[XXX%]	[XXX%]
[Bed Reservation Benefit:]	[XX Days]	[XX Days]
[International Care Benefit:]	[Included]	[Included]
[Respite Care Benefit:]	[XX days]	[XX days]
Assisted Living Facility Benefit:	[Included]	[Included]
[Assisted Living Facility Percentage:]	[XXX%]	[XXX%]
Waiver of Premium:	[Nursing Home Only]	[Nursing Home Only]
[Informal Care Benefit:]	[Included]	[Included]
[Shared Coverage Option:]	[Joint Coverage Rider]	[Joint Coverage Rider]
[Transition Benefit:]	[None]	[None]
[Deductible:]	[None]	[None]
[Covered Percentage:]	[None]	[None]
[0-Day Home Care Elimination Period:]	[None]	[None]
Premium Payment Mode:	[Annual]	[Annual]
2/1 [[Modal Premium	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
[Couple's Discount (XX%)]	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
Total Modal Premium:	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
3 [Group/Multi Life] Discount (xx%):	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
Subtotal Modal Premium	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
Employer Paid Modal Premium	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]

2 [[Combined] Modal Premium:] [\$xx,xxxxx]

2 **[Modal Premium Disclosure:** Premiums are calculated on an annual basis. Annual premiums are paid at the beginning of each coverage year. Premiums can be paid over the course of the coverage year, using modal premiums. If premiums are paid over the course of the year instead of at the beginning of the year, there are additional charges. These charges can be likened to an interest rate charged if the annual premium was financed over the course of the year.]

IMPORTANT NOTES:

The Covered Percentage for Home and Community Care Benefits and Assisted Living Facility Benefits are a percentage of the [Daily/Monthly/Nursing/ Facility] Maximum.

[Calculation of increases due to inflation is affected by benefit payments.]

[The Couples Discount is XX% when 2 apply and only 1 becomes insured.]

[[The Preferred Health and] Couples Discount[s] [is/are] subject to underwriting acceptance.]

Premium dollar amounts may be rounded for the purposes of this illustration.

Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company
Prepared [XX/XX/XXXX]

2 [LONG TERM CARE BUSINESS SOLUTIONS/ NONE]

Offered by Genworth Financial

1/2/3

[[ABC COMPANY] **EXECUTIVE SERIES/EMPLOYEE ADVANTAGE/NONE/**
GROUP LONG TERM CARE INSURANCE PROGRAM]]

3/1 This illustration provides information on coverage [provided/available] to you under the [ABC COMPANY] Group Long Term Care Insurance Program. It is not a contract of insurance. Coverage is subject to the underwriting requirements of Genworth Life Insurance Company. Each eligible person who becomes insured will receive a Certificate of Insurance. The plan options and premiums shown in this illustration are based on those available under the Group Program.

1 The Group Program is available under Group Policy [XXXXXX] issued to [[ABC COMPANY]], and is underwritten by Genworth Life Insurance Company, using policy form series 7050. State variations may apply. Form numbers may vary by state. Details of coverage, including benefits, limitations and exclusions are set forth in the [Features & Benefits **3** brochure/Outline of Coverage] which accompanies this illustration.

Premiums shown are subject to the terms and conditions of the Group Policy and may change in the future. While Genworth Life Insurance Company reserves the right to raise future premiums by group and class [after xx year rate guarantee period],**2/1** your premiums will never increase individually due to changes in your health status or your age.

Coverage under the Group Policy is intended to be qualified long term care insurance under federal tax law (IRC 7720B). You should consult your tax advisor to determine the income tax implications of paying premiums and receiving benefit payments.

2 [This material is part of a solicitation for insurance. An agent or Genworth Life may contact you.]

2 [LONG TERM CARE BUSINESS SOLUTIONS/NONS]

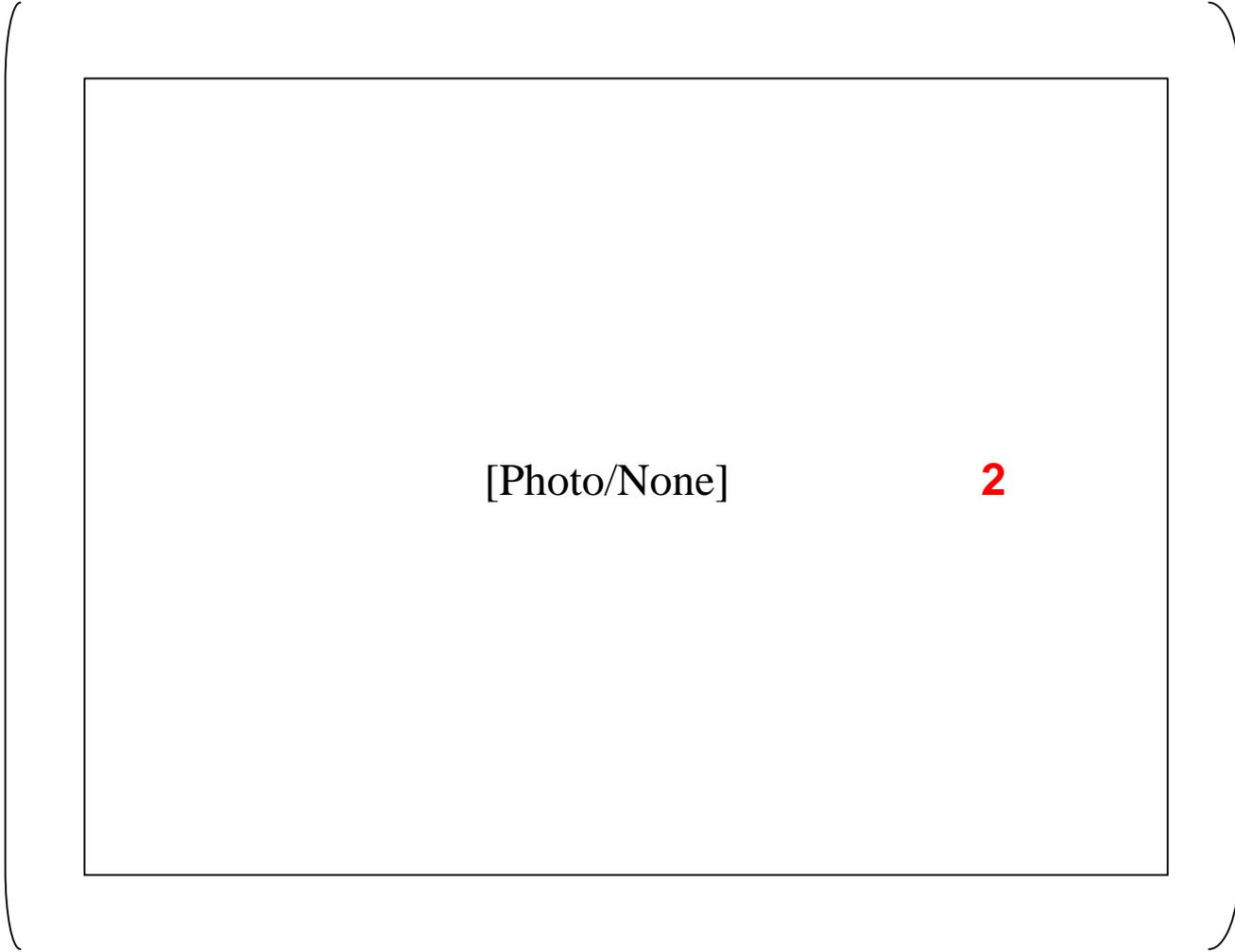
Offered by Genworth Financial

1/2/3

[[ABC Company] EXECUTIVE SERIES/EMPLOYEE ADVANTAGE/
GROUP LONG TERM CARE INSURANCE PROGRAM]

1/2

[CORE PLAN/CORE – BUY-UP/VOLUNTARY PLAN/COMBINATION PLAN/None]



[Photo/None]

2

Prepared For:

1 [Client:] [Norma Clark]
 [Spouse/Partner:] [Johnny Clark]
 [Address:] [123 Main St]
 [Richmond, VA 23233]

Presented By:

[Agent:] [LTC Agent Name] **2/1**
 [Organization:] [Genworth Financial]
 [Address:] [6620 W Broad Street]
 [Richmond, VA 23220]
 [License #:] [XXXY]
 [Phone:] [(804) 484-7204]
 [Fax:] [(804) 922-5172]
 [Email:] [Norma.clark@genworth.com]

ALTERNATE TITLE PLATE COVER

2

2/3

2

2

[
[LONG TERM CARE BUSINESS SOLUTIONS
 Offered by GENWORTH FINANCIAL]

[EXECUTIVE SERIES/EMPLOYEE ADVANTAGE]

 [AN EMPLOYER PAID]
 [A] GROUP LONG TERM CARE INSURANCE PROGRAM
 Underwritten by Genworth Life Insurance Company]

ALTERNATE TITLE PLATE COVER

2

2/3

2

2

[
[LONG TERM CARE BUSINESS SOLUTIONS
 Offered by GENWORTH FINANCIAL]

[EXECUTIVE SERIES/EMPLOYEE ADVANTAGE]

 [AN EMPLOYER PAID]
 [A] GROUP LONG TERM CARE INSURANCE PROGRAM
 Underwritten by Genworth Life Insurance Company]

1

	[Prepared For:]		[Presented By:]	2/1
[Client:]	[Norma Clark]	[Agent:]	[LTC Agent Name]	
[Spouse/Partner:]	[Johnny Clark]	[Organization:]	[Genworth Financial]	
[Address:]	[123 Main St]	[Address:]	[6620 W Broad Street]	
	[Richmond, VA 23233]		[Richmond, VA 23220]	
		[License #:]	[XXXY]	
		[Phone:]	[(804) 484-7204]	
		[Fax:]	[(804) 922-5172]	
		[Email:]	[Norma.clark@genworth.com]	

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

QUOTE SUMMARY

COST OF CARE

Based on the [2008] Genworth Financial Annual Cost of Care Survey, the average annual cost of care for a [Semi-Private] Room in a [Nursing Home] in [Location] is [\$XX,XXX.XX]. If we assume a [5%] inflation rate each year for the next 30 years the cost would be estimated as follows.

Annual Cost	<u>Today</u> [\$XXXX]	<u>In 10 Years</u> [\$XXXX]	<u>In 20 Years</u> [\$XXXX]	<u>In 30 Years</u> [\$XXXX]
--------------------	---------------------------------	---------------------------------------	---------------------------------------	---------------------------------------

The average length of care, based on Genworth Life Insurance Company claims data between 12/1974 and [6/30/2008], is 2.7] years. Below we have estimated what your cost of care could be if you require Nursing Home care for either [3 or 5 years.]

	<u>Today</u> [\$XXXX]	<u>In 10 Years</u> [\$XXXX]	<u>In 20 Years</u> [\$XXXX]	<u>In 30 Years</u> [\$XXXX]
Cost of Care for [3 Years]				
Cost of Care for [5 Years]				

PROPOSED LONG TERM CARE INSURANCE BENEFIT

1 [Valued Customer]

Below is a Proposed Long Term Care Insurance Plan based on the options you selected of [Benefit Increase Option] and a [Benefit Period/Multiplier] of [60 months (5 Years)].

	<u>Today</u> [\$XXXX]	<u>In 10 Years</u> [\$XXXX]	<u>In 20 Years</u> [\$XXXX]	<u>In 30 Years</u> [\$XXXX]
[Monthly/Daily] Maximum				
[Coverage Maximum/Pool of Money / /Personal Benefit Account]]	[\$XXXX]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Monthly/Quarterly/ Semi-Annual/ Annual] Premium	[\$XXXX]			

[Assumes no Future Purchase Options are accepted./Assumes Future Purchase Options accepted [each/every other] option]
[Calculation of increases due to inflation is affected by benefit payments.]

1/2 [Spouse/Partner]

Below is a Proposed Long Term Care Insurance Plan based on the options you selected of [Benefit Increase Option] and a [Benefit Period/Multiplier] of [60 months (5 Years)].

	<u>Today</u> [\$XXXX]	<u>In 10 Years</u> [\$XXXX]	<u>In 20 Years</u> [\$XXXX]	<u>In 30 Years</u> [\$XXXX]
[Monthly/Daily] Maximum				
[Coverage Maximum/Pool of Money /Personal Benefit Account]]	[\$XXXX]	[\$XXXX]	[\$XXXX]	[\$XXXX]
[Monthly/Quarterly/ Semi-Annual/ Annual] Premium	[\$XXXX]			

[Assumes no Future Purchase Options are accepted./Assumes Future Purchase Options accepted [each/every other] option]
[Calculation of increases due to inflation is affected by benefit payments.]]

Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company
Prepared [XX/XX/20XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

2 [COMBINED] SUMMARY

Plan Options	1	[Valued Customer]	[Spouse/Partner]	1/2
[Coverage Maximum:]		[\$XX,XXX]	[\$XX,XXX]	
[Daily/Monthly] Maximum:		[\$X,XXX][Daily/Monthly]	[\$X,XXX][Daily/Monthly]	1/2
[Benefit Period / Multiplier:]		[XX Months]	[XX Months]	
[Elimination Period:]		[XX [Calendar] Days]	[XX [Calendar] Days]	
Benefit Increase Option:		[X% compound]	[X% compound]	
[Restoration Benefit:]		[Included]	[Included]	
[Survivorship Benefit:]		[10-Year]	[10-Year]	
[Non-forfeiture Benefit:]		[Included]	[Included]	
[Return of Premium Benefit:]		[Graded]	[Graded]	
Premium Payment Period:		[Limited Pay]	[Limited Pay]	
Home Care Type:		[Formal and Informal]	[Formal and Informal]	
[Home Care Percentage:]		[XXX%]	[XXX%]	
[Bed Reservation Benefit:]		[XX Days]	[XX Days]	
[International Care Benefit:]		[Included]	[Included]	
[Respite Care Benefit:]		[XX days]	[XX days]	
Assisted Living Facility Benefit:		[Included]	[Included]	
[Assisted Living Facility Percentage:]		[XXX%]	[XXX%]	
Waiver of Premium:		[Nursing Home Only]	[Nursing Home Only]	
[Informal Care Benefit:]		[Included]	[Included]	
[Shared Coverage Option*:]		[Joint Coverage Rider]	[Joint Coverage Rider]	
[Transition Benefit:]		[None]	[None]	
[Deductible:]		[None]	[None]	
[Covered Percentage:]		[None]	[None]	
[0-Day Home Care Elimination Period:]		[None]	[None]	
Premium Payment Mode:		[Annual]	[Annual]	
Modal Premium		[\$ xx,xxx.xx]	[\$ xx,xxx.xx]	
2 [Preferred Health Discount (XX%)]		[\$ xx,xxx.xx]	[\$ xx,xxx.xx]	
[Couple's Discount (XX%)]		[\$ xx,xxx.xx]	[\$ xx,xxx.xx]	
Total Modal Premium:		[\$ xx,xxx.xx]	[\$ xx,xxx.xx]	
[Group/Multi Life Discount (xx%):]		[\$ xx,xxx.xx]	[\$ xx,xxx.xx]	
Net Modal Premium:		[\$ xx,xxx.xx]	[\$ xx,xxx.xx]	
		[Combined Modal Premium:	[\$xx,xxxxx]]	

Modal Premium Disclosure: Premiums are calculated on an annual basis. Annual premiums are paid at the beginning of each coverage year. Premiums can be paid over the course of the coverage year, using modal premiums. If premiums are paid over the course of the year instead of at the beginning of the year, there are additional charges. These charges can be likened to an interest rate charged if the annual premium was financed over the course of the year.

IMPORTANT NOTES:

- 3** The Covered Percentage for Home and Community Care Benefits and Assisted Living Facility Benefits are a percentage of the [Monthly / Daily / Nursing Facility / Facility] Maximum.
 - 2** [Calculation of increases due to inflation is affected by benefit payments.]
 - 2** [*Benefit criteria includes a claims restriction]
 - 2/1** [The Couples Discount is XX% when 2 apply and only 1 becomes insured.]
 - 2/3** [[The Preferred Health and] Couples Discount[s] [is/are] subject to underwriting acceptance.]
- Premium dollar amounts may be rounded for the purposes of this illustration.

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

Modal Premium Payment Options

Payment Mode	Modal Factor	Annual Percentage Rate	Modal Premium	Yearly Total Payment	Modal Premium	Yearly Total Payment
Annual:	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	([\$x,xxx.xx] x 1)	[\$x,xxx.xx]	([\$x,xxx.xx] x 1)
Semi-Annual:	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	([\$x,xxx.xx] x 1)	[\$x,xxx.xx]	([\$x,xxx.xx] x 2)
Quarterly:	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	([\$x,xxx.xx] x 1)	[\$x,xxx.xx]	([\$x,xxx.xx] x 4)
Monthly (EFT only):	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	([\$x,xxx.xx] x 1)	[\$x,xxx.xx]	([\$x,xxx.xx] x 12)

1

Modal Premium Disclosure: Premiums are calculated on an annual basis. Annual premiums are paid at the beginning of each coverage year. Premiums can be paid over the course of the coverage year, using modal premiums. If premiums are paid over the course of the year instead of at the beginning of the year, there are additional charges. These charges can be likened to an interest rate charged if the annual premium was financed over the course of the year.

2 [LONG TERM CARE BUSINESS SOLUTIONS]
 Offered by Genworth Financial
1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

INDIVIDUAL SUMMARY for [Valued Customer] **1**

Plan Options

2/1

[Coverage Maximum:]	[\$XX,XXX]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum: 3	[\$X,XXX] [Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period/Multiplier:]	[XX Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[XX [Calendar] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[X% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[XXX%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[XX Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[XX days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[XXX%]		

IMPORTANT NOTES:

- 3** The Covered Percentage for Home and Community Care Benefits and Assisted Living Facility Benefits are a percentage of the [Monthly / Daily / Nursing Facility / Facility]] Maximum.
 - 2** [Calculation of increases due to inflation is affected by benefit payments.]
 - 2/1** [The Couples Discount is XX% when 2 apply and only 1 becomes insured.]
 - 1/2** [[The Preferred Health and] Couples Discount[s] [is/are] subject to underwriting acceptance.]
- Premium dollar amounts may be rounded for the purposes of this illustration.

Net Individual Modal Premium Payment Options

Payment Mode	Modal Factor	Annual Percentage Rate	Modal Premium	Yearly Total Payment
Annual:	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 1]
Semi-Annual:	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 2]
Quarterly:	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 4]
Monthly (EFT only):	[x.xx]	[xx.xx%]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 12]

Modal Premium Disclosure: Premiums are calculated on an annual basis. Annual premiums are paid at the beginning of each coverage year. Premiums can be paid over the course of the coverage year, using modal premiums. If premiums are paid over the course of the year instead of at the beginning of the year, there are additional charges. These charges can be likened to an interest rate charged if the annual premium was financed over the course of the year.

Insurance and annuity products:
 • Are not deposits. • Are not insured by the FDIC or any other federal government agency.
 • May decrease in value. • Are not guaranteed by the bank or its affiliates.

2 [LONG TERM CARE BUSINESS SOLUTIONS]
Offered by Genworth Financial
1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

BENEFIT OPTIONS COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options			2/1
[Coverage Maximum:]	[\$XX,XXX]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum: 3	[\$X,XXX] [Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period/Multiplier:]	[XX Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[XX [Calendar/Service] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[X% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[XXX%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[XX Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[XX days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[XXX%]		

This data is intended to show how selecting different benefit options would affect an annual premium. Premium differences illustrated below are based on changing a single option from the illustrated Plan Design and are not cumulative.

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
[Nursing] Facility/Facility Maximum] 3	[X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
	[X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
	[X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
	[X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
[Benefit Period/Multiplier]: 3	[24 Months]	[\$XXX.XX]	[\$XXX.XX]
	[36 Months]	[\$XXX.XX]	[\$XXX.XX]
	[48 Months]	[\$XXX.XX]	[\$XXX.XX]
	[60 Months]	[\$XXX.XX]	[\$XXX.XX]
	[72 Months]	[\$XXX.XX]	[\$XXX.XX]
	[96 Months]	[\$XXX.XX]	[\$XXX.XX]
	[120 Months]	[\$XXX.XX]	[\$XXX.XX]
	[Unlimited]	[\$XXX.XX]	[\$XXX.XX]
[Elimination Period :	[30-Day]	[\$XXX.XX]	[\$XXX.XX]
	[60-Day]	[\$XXX.XX]	[\$XXX.XX]
	[90-Day]	[\$XXX.XX]	[\$XXX.XX]
	[180-Day]	[\$XXX.XX]	[\$XXX.XX]
	[365-Day]	[\$XXX.XX]	[\$XXX.XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

2/1

BENEFIT OPTIONS COMPARISON (continued)

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
Benefit Increase Option:	[None]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 3 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 3 years not reduced by Claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 3 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 3 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 3 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 3 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% Equal]	[\$XXX.XX]	[\$XXX.XX]
	[3% Compound]	[\$XXX.XX]	[\$XXX.XX]
	[4% Compound]	[\$XXX.XX]	[\$XXX.XX]
[5% Compound]	[\$XXX.XX]	[\$XXX.XX]	
[5% Adjusted]	[\$XXX.XX]	[\$XXX.XX]	
[Graded]	[\$XXX.XX]	[\$XXX.XX]	
[[Survivorship Benefit:]]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[7 Year]	[\$XXX.XX]	[\$XXX.XX]
	[10 Year]	[\$XXX.XX]	[\$XXX.XX]
[[Return of Premium Benefit:]]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[Graded]	[\$XXX.XX]	[\$XXX.XX]
	[10- Year]	[\$XXX.XX]	[\$XXX.XX]
[[Shared Coverage Option:]]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[With Joint Waiver]	[\$XXX.XX]	[\$XXX.XX]
	[Without Joint Waiver]	[\$XXX.XX]	[\$XXX.XX]
	[Joint Coverage Rider]	[\$XXX.XX]	[\$XXX.XX]
[Waiver of Premium:]	[Nursing Home]	[\$XXX.XX]	[\$XXX.XX]
	[Nursing Home, Assisted Living and Home Care]	[\$XXX.XX]	[\$XXX.XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

2/1

BENEFIT OPTIONS COMPARISON (continued)

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
Home Care Type:	[Formal or Formal & Informal]	[\$XXX.XX]	[\$XXX.XX]
Home Care Percentage:	[50%]	[\$XXX.XX]	[\$XXX.XX]
	[60%]	[\$XXX.XX]	[\$XXX.XX]
	[75%]	[\$XXX.XX]	[\$XXX.XX]
	[100%]	[\$XXX.XX]	[\$XXX.XX]
Assisted Living Facility Benefit:	[Included or Exclude Room]	[\$XXX.XX]	[\$XXX.XX]
Assisted Living Facility Percentage:	[50%]	[\$XXX.XX]	[\$XXX.XX]
	[60%]	[\$XXX.XX]	[\$XXX.XX]
	[75%]	[\$XXX.XX]	[\$XXX.XX]
	[100%]	[\$XXX.XX]	[\$XXX.XX]
Premium Payment Period:	[Lifetime]	[\$XXX.XX]	[\$XXX.XX]
	[10 Pay]	[\$XXX.XX]	[\$XXX.XX]
	[Pay to 65]	[\$XXX.XX]	[\$XXX.XX]
[[Restoration Benefit:]]	[Included or None]	[\$XXX.XX]	[\$XXX.XX]
[[Non-forfeiture Benefit:]]	[Included or None]	[\$XXX.XX]	[\$XXX.XX]
[[Deductible:]]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[[50 – 100] Times Daily]	[\$XXX.XX]	[\$XXX.XX]
	[[1.67 – 3.33] Times Monthly]	[\$XXX.XX]	[\$XXX.XX]
Covered Percentage:	[80% or 100%]	[\$XXX.XX]	[\$XXX.XX]
[[0 Day Homecare Elimination Period:]]	[Included or None]	[\$XXX.XX]	[\$XXX.XX]
[[Informal Care Benefit:]]	[Included or None]	[\$XXX.XX]	[\$XXX.XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

BENEFIT INCREASE COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes.

Plan Options

2/1

[Coverage Maximum:]	[\$xx,xxx]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum:	[\$x,xxx][Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period / Multiplier:]	[xx Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[xx [Calendar] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[x% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[xxx%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[xxx%]		

3 [Monthly / Daily / Nursing Facility / Facility] Maximum assumes that [each / every other] option is accepted. [Coverage Maximum/ Pool of Money /Personal Benefit Account] assumes that all Purchase Options have been accepted, and no benefits have been paid. Balance available in [Coverage Maximum/ Pool of Money /Personal Benefit Account] to pay for benefits will decrease as benefits are paid.

2/1

Policy Year	No Increases		3% FPO every 2 years not reduced by claims		3% FPO every 3 years not reduced by claims	
	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly] Maximum	[Personal Benefit Account]	[Daily/Monthly] Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

BENEFIT INCREASE COMPARISON (CONTINUED)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

2/1

Policy Year	5% FPO every 2 years not reduced by claims		5% FPO every 3 years not reduced by claims		3% FPO every 2 years reduced by claims	
	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Policy Year	3% FPO every 3 years reduced by claims		5% FPO every 2 years reduced by claims		5% FPO every 3 years reduced by claims	
	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Policy Year	3% GPO every 2 years not reduced by claims		3% GPO every 3 years not reduced by claims		5% GPO every 2 years not reduced by claims	
	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Policy Year	5% GPO every 3 years not reduced by claims		3% GPO every 2 years reduced by claims		3% GPO every 3 years reduced by claims	
	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

Prepared [XX/XX/20XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

BENEFIT INCREASE COMPARISON (CONTINUED)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

2/1

**5% GPO every 3 years
reduced by claims**

**5% GPO every 2 years
reduced by claims**

5% Equal

Policy Year	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

[3% Compound]

[4% Compound]

[5% Compound]

Policy Year	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

[5% Adjusted]

[Graded]

Policy Year	[Daily/Monthly]Maximum	[Personal Benefit Account]	[Daily/Monthly]Maximum	[Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

2/1

Plan Options

3 [Coverage Maximum:]	[\$xx,xxx]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum:	[\$x,xxx] [Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period / Multiplier:]	[xx Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[xx [Calendar] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[x% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[xxx%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[xxx%]		

Annual premiums shown below are based on originally selected [Monthly / Daily / Nursing Facility / Facility] Maximum, Optional Benefits and Discounts shown above.

[No Benefit Increases Option]

3

[Benefit Period / Multiplier]

2/1

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[3% FPO every 2 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

Prepared [XX/XX/20XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

2/1

[3% FPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% FPO every 2 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% FPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[3% FPO every 2 years reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

Prepared [XX/XX/20XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

1/2

Your total annual payments will be higher for other modes

[3% FPO every 3 years reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

3

[5% FPO every 2 years reduced by claims]

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

3

[5% FPO every 3 years reduced by claims]

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

3

[3% GPO every 2 years not reduced by claims]

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

1/2

Your total annual payments will be higher for other modes

[3% GPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% GPO every 2 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% GPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[3% GPO every 2 years reduced by claims]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

1/2

Your total annual payments will be higher for other modes

[3% GPO every 3 years reduced by claims]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% GPO every 2 years reduced by claims]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% GPO every 3 years reduced by claims]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% Equal]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

1/2

[3% Compound]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[4% Compound]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% Compound]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

[5% Adjusted]

3 [Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

1/2

Your total annual payments will be higher for other modes

[Graded]

3

[Benefit Period / Multiplier]

Elimination Period	[12 Months]	[24 Months]	[36 Months]	[48 Months]	[60 Months]	[72 Months]	[96 Months]	[120 Months]	[Unlimited]
[30 Days]	[\$xxx.xx]	[\$xxx.xx]							
[60 Days]	[\$xxx.xx]	[\$xxx.xx]							
[90 Days]	[\$xxx.xx]	[\$xxx.xx]							
[180 Days]	[\$xxx.xx]	[\$xxx.xx]							
[365 Days]	[\$xxx.xx]	[\$xxx.xx]							

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

COST OF WAITING for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

2/1

Plan Options

[Coverage Maximum:]	[\$xx,xxx]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum: 3	[\$x,xxx] [Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period / Multiplier]	[xx Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[xx [Calendar] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[x% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[xxx%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[xxx%]		

Based on the options shown above, and assuming that your health would not affect available discounts, this table illustrates how much more you might pay, if you postpone purchasing this coverage.

Values shown include increases in coverage based on your selected Benefit Increase Option, and do not take into consideration the time value of money, i.e., that due to inflation, a dollar in the future has less value than a dollar today.

When Purchased	Age	[Monthly] Benefit Amount	Annualized Premium	If Premium Paid To Age 85 of Proposed Insured	Cost of Waiting
Today	[65]	[\$X,XXX]	[\$X,XXX]	[\$X,XXX]	[\$X]
In 1 Year	[66]	[\$X,XXX]	[\$X,XXX]	[\$X,XXX]	[\$X]
In 5 Years	[70]	[\$X,XXX]	[\$X,XXX]	[\$X,XXX]	[\$X]
In 10 Years	[75]	[\$X,XXX]	[\$X,XXX]	[\$X,XXX]	[\$X]

Reasons to Buy LTC Insurance Now!

Each Year You Wait Means you...

- Have no long term care insurance should you need it.
- May have to choose a higher benefit level to keep up with rising long term care costs.
- Will pay higher premium rates for the same coverage due to your increased age.
- Put yourself at risk of not being in good health and able to qualify for coverage.
- Current plans and benefits may not be available.

- Illustrated plan options and their premiums are available under the [ABC COMPANY] Group Long Term Care Insurance Program and are subject to change.

Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

Prepared [XX/XX/20XX]

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

BREAK EVEN ANALYSIS for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options

2/1

[Coverage Maximum:]	[\$xx,xxx]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum: 3	[\$x,xxx] [Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period / Multiplier]	[xx Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[xx [Calendar] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[x% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[xxx%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[xxx%]		

Number of Years Premiums are Paid	Total Premium Paid	[Monthly/Daily] Benefit	Break Even [Days/Months]
2	[\$X,XXX]	[\$X,XXX]	[XX]
5	[\$X,XXX]	[\$X,XXX]	[XX]
10	[\$X,XXX]	[\$X,XXX]	[XX]
15	[\$X,XXX]	[\$X,XXX]	[XX]
20	[\$X,XXX]	[\$X,XXX]	[XXX]
25	[\$X,XXX]	[\$X,XXX]	[XXX]

1

- 2** The “Break Even Analysis” illustrates the maximum number of [days/months] of care that you could pay for, assuming you use your full [Monthly / Daily / Nursing Facility / Facility] benefit amount for each [day/month], if you were to use only the premiums paid for your coverage as depicted.
- Break Even Days is derived by dividing Total Premium PAID for your coverage over time by the [Monthly / Daily / Nursing Facility / Facility] benefit. All premium amounts shown are rounded to the nearest dollars.

2 [LONG TERM CARE BUSINESS SOLUTIONS]
 Offered by Genworth Financial
1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

PAYMENT OPTIONS COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options

2/1

[Coverage Maximum:]	[\$xx,xxx]	Waiver of Premium:	[Nursing Home Only]
[Daily/Monthly] Maximum: 3	[\$x,xxx] [Daily/Monthly]	[Informal Care Benefit:]	[Included]
[Benefit Period / Multiplier]	[xx Months]	[Shared Coverage Option:]	[Joint Coverage Rider]
[Elimination Period:]	[xx [Calendar] Days]	[Transition Benefit:]	[None]
Benefit Increase Option:	[x% compound]	[Deductible:]	[None]
[Restoration Benefit:]	[Included]	[Covered Percentage:]	[None]
[Survivorship Benefit:]	[10-Year w*]	[0-Day Home Care Elimination Period:]	[None]
[Non-forfeiture Benefit:]	[Included]		
[Return of Premium Benefit:]	[Graded]	Premium Payment Mode:	[Annual]
Premium Payment Period:	[Limited Pay]	Age:	[XX]
Home Care Type:	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[xxx%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	Couple's Discount (XX%)	[\$ xx,xxx.xx]
[International Care Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
Assisted Living Facility Benefit:	[Included]	Net Modal Premium:	[\$ xx,xxx.xx]
[Assisted Living Facility Percentage:]	[xxx%]		

2/1

		Lifetime		10-Pay		Pay-To-65	
YEARS IN FORCE	Age	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up
First Year	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[No]	[N/A]	[N/A]
After 10 Years	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[No]	[N/A]	[N/A]
After 20 Years	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[No]	[N/A]	[N/A]
After 30 Years	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[No]	[N/A]	[N/A]

- This page illustrates the total premiums paid at certain time intervals for the available Premium Payment Options.
- 2/1** When you choose Limited Pay ([10-Pay or Pay-To-65]), Genworth Life has the right to increase premiums during the payment period.
- Premiums shown are not guaranteed.

2 [LONG TERM CARE BUSINESS SOLUTIONS]

Offered by Genworth Financial

1/2/3 [[ABC COMPANY] Executive Series / Employee Advantage /None]

1 This illustration provides information on coverage available to you under the [ABC COMPANY] Group Long Term Care Insurance Program. It is not a contract of insurance. Coverage is subject to the underwriting requirements of Genworth Life Insurance Company. Each eligible person who becomes insured will receive a Certificate of Insurance. The plan options and premiums shown in this illustration are based on those available under the Group Program.

1 The Group Program is available under Group Policy [XXXXXX] issued to [ABC COMPANY], and is underwritten by Genworth Life Insurance Company, using policy form series 7050. State variations may apply. Details of coverage, including benefits, 3 limitations and exclusions are set forth in the [Features & Benefits brochure/Outline of Coverage] which accompanies this illustration.

Premiums shown are subject to the terms and conditions of the Group Policy and may change in the future. While Genworth Life Insurance Company reserves the right to raise future premiums by group and class [after xx year rate guarantee period], your 2/1 premiums will never increase individually due to changes in your health status or your age.

Coverage under the Group Policy is intended to be qualified long term care insurance under federal tax law (IRC 7720B). You should consult your tax advisor to determine the income tax implications of paying premiums and receiving benefit payments.

State Partnerships for Long Term Care: Your state may recognize this coverage as qualified long term care insurance under a Long Term Care Partnership Program. If so, you will receive appropriate disclosure of the status of your coverage, and what it means to you.

2 [This material is part of a solicitation for insurance. An agent or Genworth Life may contact you.]

ALTERNATE PHOTO A – PLAN ILLUSTRATION 47351 OR 47352



LONG TERM CARE BUSINESS SOLUTIONS

EXECUTIVE SERIES

GROUP LONG TERM CARE INSURANCE PROGRAM

Underwritten by Genworth Life Insurance Company

Prepared For:

[Client:] [Norma Clark]
[Spouse/Partner:] [Johnny Clark]
[Address:] [123 Main St]
[Richmond, VA 23233]

[ABC COMPANY] LTCI PROGRAM]

Presented By:

[Agent:] [LTC Agent Name]
[Organization:] [Genworth Financial]
[Address:] [6620 W Broad Street]
[Richmond, VA 23220]

[License #:] [XXXY]
[Phone:] [(804) 484-7204]
[Fax:] [(804) 922-5172]
[Email:] [Norma.clark@genworth.com]

[This material is part of a solicitation for insurance. An agent or Genworth Life may contact you.]

ALTERNATE PHOTO B - - PLAN ILLUSTRATION 47351 OR 47352



LONG TERM CARE BUSINESS SOLUTIONS
EMPLOYEE ADVANTAGE

A GROUP LONG TERM CARE INSURANCE PROGRAM

Underwritten by Genworth Life Insurance Company

Prepared For:

[Client:] [Norma Clark]
[Spouse/Partner:] [Johnny Clark]
[Address:] [123 Main St]
[Richmond, VA 23233]

[ABC COMPANY] LTCI PROGRAM]

Presented By:

[Agent:] [LTC Agent Name]
[Organization:] [Genworth Financial]
[Address:] [6620 W Broad Street]
[Richmond, VA 23220]

[License #:] [XXXY]
[Phone:] [(804) 484-7204]
[Fax:] [(804) 922-5172]
[Email:] [Norma.clark@genworth.com]

[This material is part of a solicitation for insurance. An agent or Genworth Life may contact you.]

<i>SERFF Tracking Number:</i>	<i>GEFA-125981219</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41299</i>
<i>Company Tracking Number:</i>	<i>46682EM 47351-52</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Multi Life Advertising</i>		
<i>Project Name/Number:</i>	<i>Multi Life Ad Filing/46682EM 47351-52</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-125981219 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 41299
Company Tracking Number: 46682EM 47351-52
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Multi Life Advertising
Project Name/Number: Multi Life Ad Filing/46682EM 47351-52

Supporting Document Schedules

Review Status:

Satisfied -Name: Explanation of Variability

01/09/2009

Comments:

Attachment:

STD EXPLANATION OF VARIABILITY 120508 FILED.pdf

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
GROUP LONG TERM CARE INSURANCE ENROLLMENT MATERIALS
SMALL GROUP CAMPAIGNS**

This Explanation of Variability applies to the components of the enrollment materials listed below. Variable material is bracketed. The enrollment materials are generic for use with the sale of group policy form series 7050, previously approved in your state. It includes three types of variability.

Type 1: Variables are either administrative (phone numbers, addresses, etc.) or for the individualized information that is populated with the Group Policyholder's and eligible person's specific data.

Type 2: Variables that will or will not appear, dependent on whether or not the Group Policy includes a specific option.

Type 3: Variables that have substitute text.

Advertising Forms for the purpose of this Explanation of Variability include:

Form Number	Title	Type of Solicitation
46682M 12/02/08	Employee Advantage	Invitation to Inquire
46682E 12/02/08	Features & Benefits	Invitation to Contract
47351	Plan Illustration – Core/Buy-up	Invitation to Contract
47352	Plan Illustration - Voluntary	Invitation to Contract

We have listed the variables for each advertising component in the order in which they appear above.

GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
GROUP LONG TERM CARE INSURANCE PROGRAM

Form 46682M 12/02/08: Employee Advantage Brochure (Invitation to Inquire)

Type 1 Variables:

1. Client specific information, such as policyholder name, eligible classes and plan design elements are based on the terms of the specific group policy.
2. Phone numbers and website addresses can vary.
3. Number of insured persons and the number of AARP members will be current according to the relevant information available as of the date of publication of the brochure.

Type 2 Variables:

1. Reference to contact by an agent or the insurance company will not appear if there is no agent assisted sales for the particular group program.
2. "TIP" language may be deleted in its entirety.
3. Based on the terms of the specific group policy, only the appropriate elimination period language will appear:
 - a. If the individual cannot select the type of elimination period, the bracketed language stating either calendar or service day elimination will not appear.
 - b. If the length of the elimination is to be selected by the individual, the number of days will not be indicated.
 - c. If the individual cannot select the length of the elimination period, the next to last sentence in the description for the elimination period will not appear.
4. Reference to the website will not appear if it is not available for the group case.
5. Reference to the spouse and eligible family members will not appear if they are not eligible under the specific group case.

Type 3 Variables:

5. Reference to the Genworth Financial Annual Cost of Care Survey will reflect the most current data prior to the date of publication of the brochure. The year of the survey and the values for the cost of care will be taken from the latest survey available prior to printing the brochure.
6. Statistics based on the Genworth Financial Annual Cost of Care Survey will reflect the data found in the most current survey prior to printing the brochure.
7. The reference to the type of room or the type of facility for which statistics are provided may vary from that shown as follows:
 - a. Private room may be used in place of semi-private room
 - b. Assisted living facility may be used in place of nursing home.
 - c. A specific locality or state may be used in place of "nationally"
 - d. If assisted living facility is substituted for nursing home, the last sentence will read:
If a stay in an assisted living facility were to last three years, your care today could cost [more than \$XXX,XXX.] and the footnote would be deleted.
8. Titles for case specific plan design features may be changed, based on plan design elements of the specific group policy and the marketing campaign:
 - a. Monthly or Daily for the type of Maximum benefit
 - b. Benefit Period or Benefit Multiplier
 - c. Coverage Maximum or Pool of Money or Personal Benefit Account
9. Based on the terms of the specific group policy, the length and type of the Elimination Period will vary.
10. Statistical information concerning Genworth's status with respect to long term care insurance will be updated to reflect current information according to:
 - a. The most current LIMRA Survey available prior to printing the brochure
 - b. The relevant claims statistics will be based on information current (XX/XX/XXXX) prior to printing the brochure

GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
GROUP LONG TERM CARE INSURANCE PROGRAM

Form 46682E: Features & Benefits Brochure (Invitation to Contract)

Type 1 Variables:

1. Client specific information, such as policyholder and eligible names, address and plan design are based on the specific group policy
2. Phone numbers and website addresses can vary.
3. The definition of the eligible classes will be based on those eligible under the terms of the specific group policy, including full-time requirements, ages, and eligible family members, if any.
4. Back cover reference to Group Long Term Care Insurance Program may be personalized for the group policyholder to read:
 - a. [ABC Company] Group Long Term Care Insurance Program; or
 - b. [ABC Company] Employee Advantage Program
 - c. [ABC Company] Executive Series Program

Type 2 Variables:

1. Reference to contact by an agent or the insurance company will not appear if there is no agent assisted sales for the particular group program.
2. "TIP" language may be deleted in its entirety.
3. Based on the terms of the specific group policy, only the appropriate elimination period language will appear:
 - a. If the individual cannot select the type of elimination period, the bracketed language stating either calendar or service day elimination will not appear.
 - b. If the length of the elimination is to be selected by the individual, the XX days will not be included. Conversely, if the length of the elimination is preset. The XX days will be shown with the time frame selected by the group policyholder.
 - c. If the individual cannot select the length of the elimination period, the next to last sentence in the description for the elimination period will not appear.
4. Based on the terms of the specific group policy, the feature "No Elimination Period for Home & Community Care" may or may not be included.
5. Based on the terms of the specific group policy, only the choices available to the individual for the monthly or daily maximum, the coverage maximum, the elimination period, and the optional features will appear.
6. Based on the terms of the specific group policy, the description of the Benefit Increase Options will delete the word "not" in the last sentence when benefits paid affect the calculation of the benefit increase.
7. Based on the terms of the specific group policy, the feature "Couples Discount" may or may not be included. Based on the amount of discount permitted, the reference to underwriting acceptance may be deleted.
8. Based on the terms of the specific group policy, the feature "International Care Benefit" may or may not be included.
9. Based on the terms of the specific group policy, only the appropriate limitations and exclusions will be included.
10. Based on the terms of the specific group policy, the word "group" may or may not be included in the description of Coordination of Benefits.
11. Reference to the spouse or other eligible family members will not appear if they are not eligible under the terms of the specific group policy.
12. Under "THE VALUE" section of this form, first bullet "at competitive group rates" may be deleted
13. Under "THE VALUE" section of this form, the third bullet may be deleted.

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Type 3 Variables:

1. The title of brochure may vary between Designing Your Plan and Your Personal Options, based on the specific marketing campaign.
2. Titles for case specific plan design features may be changed, based on plan design elements of the specific group policy and the marketing campaign:
 - a. Monthly or Daily, Facility or Nursing Facility for the type of Maximum benefit
 - b. Benefit Period or Benefit Multiplier
 - c. Coverage Maximum or Pool of Money or Personal Benefit Account
2. Based on the terms of the specific group policy, the amount of the Couples Discount may vary.
3. Based on the terms of the specific group policy, the International Care Benefit will show the appropriate terminology for the benefit maximums, daily or monthly, day or months.
4. Based on the terms of the specific group policy, the Bed Reservation Benefit will show the appropriate terminology for the benefit maximum, daily or monthly, and the number of days.
5. Based on the terms of the specific group policy, the free look period may vary from 30, 45, 60 or 90 days.
6. Statistical information concerning Genworth's status with respect to long term care insurance will be updated to reflect current information according to:
 - a. The number of years that Genworth has been in long term care insurance, dating from 1974.
 - b. The most current LIMRA Survey available prior to printing the brochure
 - c. The relevant claims statistics based on the year prior to printing the brochure
7. Based on the specific marketing campaign, any of the following may be substituted for Group Long Term Care Insurance Program:
 - a. [ABC Company] Group Long Term Care Insurance Program
 - b. Your Employee Advantage Long Term Care Insurance Plan
 - c. Your Executive Series Long Term Care Insurance Plan.

Form 47351: Plan Illustration – Core/Buy-up Plans (Invitation to Contract)

Type 1 Variables:

1. Client specific information, such as policyholder names, eligible persons, agents, producers, and plan design elements and discounts, etc., are based on the terms of the specific group policy.
2. Phone numbers and website addresses can vary.

Type 2 Variables:

1. Specific marketing titles may not appear.
2. Title Page: If a title plate is used, text concerning titles of specific marketing campaigns may be deleted.
3. Headers: The marketing campaign titles in the header on each page may or may not appear
4. Personalized information may not appear on the cover.
5. If this form is used to illustrate employer paid plans only, the disclosure concerning solicitation will not appear.
6. The reference to "COMBINED" in the Summary title may be deleted, if only details of coverage for only one individual appear.
7. Spouse/Partner information will be included only if available under the terms of the specific group policy.
8. For employer paid plans, the premium information may or may not appear.
9. The important notes will show as appropriate to the terms of the specific group policy.
10. If a rate guarantee is not a provision of the specific group policy, the reference in the summary information will not appear.

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Type 3 Variables:

1. Alternate marketing titles on the cover and in the headers, such as Long Term Care Solutions, Executive Series or Employee Advantage, Group Long Term Care Insurance Program may be used.
2. Title Page: A photo may be used on the front cover that coincides with the marketing campaign and the specific offer:
 - a. Alternate Cover A for Executive Series
 - b. Alternate Cover B for Employee Advantage
 - c. If no photo is used one of the two title plates will be used.
3. The name of the proposed insured may appear in place of "Valued Customer" and "Spouse/Partner."
4. Titles for case specific plan design features may be changed, based on plan design elements of the specific group policy and the marketing campaign:
 - a. Monthly or Daily, Facility or Nursing Facility for the type of Maximum benefit
 - b. Benefit Period or Benefit Multiplier
 - c. Coverage Maximum or Pool of Money or Personal Benefit Account
5. If coverage is employer-paid, the word "provided" will be used; if coverage is voluntary, the word "available" will be used.

Form 47352: Plan Illustration – Voluntary Plans (Invitation to Contract)

Type 1 Variables:

1. Client specific information, such as policyholder names, eligible classes, agents, producers, and plan design elements, discounts, and rate guarantees, etc., are based on the specific group policy.
2. Phone numbers and website addresses can vary.
3. The summary information at the end of the illustration will contain case specific information based on the specific group policy.

Type 2 Variables:

1. Specific marketing titles may not appear.
2. Title Page: If a title plate is used, text concerning titles of specific marketing campaigns may be deleted.
3. Headers: The marketing campaign titles in the header on each page may or may not appear.
4. Personalized information may not appear on the cover.
5. The reference to "COMBINED" in the Summary title may be deleted, if only details of coverage for only one individual appear.
6. Spouse/Partner information will be included only if available under the terms of the specific group policy.
7. The important notes will show based on the terms of the specific group policy.
8. If a rate guarantee is not a provision of the specific group policy, the reference in the summary information will not appear.
9. All illustrations pertinent to a specific group policy may be included. Alternatively, only certain of the illustrations may be. The following is a list of all illustrations available.
 - Quote Summary: Includes regional cost of care information and proposed benefits for the eligible employee, and if spouses/partners are eligible, for the spouse/partner.
 - Combined Summary: Includes specific plan amounts based on the proposal for the individual, and if spouses/partners are eligible, for the spouse/partner.
 - Individual Summary: Includes specific plan options provided for the individual.
 - Benefit Options Comparison: Compares the proposed benefits and premiums against other options available under the group policy. For example, the Facility Maximum amount shown in the suggest

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plan options would be compared against other available benefit amounts, showing the adjusted premium with the change made. Only the options in the group policy would be illustrated.

- **Benefit Increase Comparison:** These charts show the impact that a particular benefit increase option would have on the daily or monthly maximum, and the coverage maximum. Only those benefit increase options available under the group policy would be illustrated.
- **Plan Options Comparison:** Compares the premium for the proposed benefits for the eligible person against premiums for different plan configurations. Only those plan design elements available under the group policy would be illustrated.
- **Cost of Waiting Comparison:** Compares the proposed benefit and premiums for the date prepared to benefit and premium amounts at specific times in the future.
- **Break-even Analysis:** A chart designed to show the number of days or months of long term care that the premiums paid over time could provide, if used for care, assuming the daily or monthly benefit is used in its entirety for long term care services
- **Payment Options Comparison:** Compares the different premium payment options. Only included if alternate payment methods are available under the group contract, and only the available options will be included.

Type 3 Variables:

1. Alternate marketing titles on the cover and in the headers, such as Long Term Care Solutions, Executive Series or Employee Advantage, Group Long Term Care Insurance Program may be used.
2. Alternate titles reflecting the type of plan may appear:
 - a. Core, if fully paid by the employer
 - b. Core/Buy-Up, or Combination Plan, if the employer pays for a basic plan, and the individual is eligible to purchase additional coverage
 - c. Voluntary, if the employee pays for all coverage.
3. Title Page: A photo cover may be used on the front cover that coincides with the marketing campaign and the specific offer:
 - a. Alternate Cover A for Executive Series
 - b. Alternate Cover B for Employee Advantage
 - c. If no photo is used one of the two title plates will be used
4. The name of the proposed insureds may appear in place of "Valued Customer" and "Spouse/Partner."
5. Titles for case specific plan design features may be changed, based on plan design elements of the specific group policy and the marketing campaign:
 - a. Monthly or Daily, Facility or Nursing Facility for the type of Maximum benefit
 - b. Benefit Period or Benefit Multiplier
 - c. Coverage Maximum or Pool of Money or Personal Benefit Account
6. Reference to the Genworth Financial Annual Cost of Care Survey will reflect the most current survey date prior to the date of publication of the brochure.
7. Statistics based on the Genworth Financial Annual Cost of Care Survey will reflect the date found in the most current survey prior to the date of publication of the brochure.
8. The reference to the type of room or the type of facility for which statistics are provided may vary from that shown as follows:
 - a. Private room may be used in place of semi-private room
 - b. Assisted Living Facility may be used in place of nursing home.
 - c. A specific locality or state may be used in place of "nationally"
9. The summary information at the end of the illustration will contain case specific data; I