

SERFF Tracking Number: LTCG-126347908 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 43816
Company Tracking Number: GWPRODKITAR
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth Product Kit Filing/GWPRODKITAR

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Genworth Group Long Term Care Insurance SERFF Tr Num: LTCG-126347908 State: Arkansas

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 43816

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: GWPRODKITAR

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Author: Timothy Cassidy

Disposition Date: 11/16/2009

Date Submitted: 10/16/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Genworth Product Kit Filing

Status of Filing in Domicile: Pending

Project Number: GWPRODKITAR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The filing is pending with Delaware, Genworth's state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Trust, Other

Filing Status Changed: 11/16/2009

Explanation for Other Group Market Type:

Labor Unions

Deemer Date:

State Status Changed: 11/16/2009

Submitted By: Timothy Cassidy

Created By: Timothy Cassidy

Filing Description:

Corresponding Filing Tracking Number:

Please see attached cover letter.

Company and Contact

Filing Contact Information

Timothy Cassidy, Compliance Manager

tcassidy@ltcg.com

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5 Commonwealth Road 508-651-8800 [Phone] 24 [Ext]
 Suite 2B 508-651-8804 [FAX]
 Natick, MA 01760

Filing Company Information

(This filing was made by a third party - longtermcaregroup)

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6620 West Broad Street	Group Code: 350	Company Type: Life, Health & Annuity
Building 4	Group Name:	State ID Number:
Richmond, VA 23230	FEIN Number: 91-6027719	
(804) 922-5085 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$25 per piece for a total of \$150.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$150.00	10/16/2009	31341610

SERFF Tracking Number: *LTCG-126347908* State: *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	11/16/2009	11/16/2009

SERFF Tracking Number: *LTCG-126347908* *State:* *Arkansas*
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Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Third Party Filer Authorization		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Explanation of Variability		Yes
Form	Kit Folder		Yes
Form	How Much Will This Program Cost You?		Yes
	Pamphlet		
Form	What Does This Program Cover? Booklet		Yes
Form	How Do You Apply? Booklet		Yes
Form	Is This Program Right For You? Booklet		Yes
Form	What Are Your Premiums? Pamphlet		Yes

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Form Schedule

Lead Form Number: 46969 07/01/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	46969 07/01/09	Advertising	Kit Folder	Initial		0.000	46969_070109_FOLDER - FILE COPY.pdf
	47799 07/01/09	Advertising	How Much Will This Program Cost You? Pamphlet	Initial		0.000	47799_070109_Personal Quote - FILE COPY.pdf
	47801 08/05/09	Advertising	What Does This Program Cover? Booklet	Initial		0.000	47801_080509_Coverage Brochure - FILE COPY2.pdf
	47803 07/01/09	Advertising	How Do You Apply? Booklet	Initial		0.000	47803_070109_ How to Apply FILE COPY.pdf
	47804 07/01/09	Advertising	Is This Program Right For You? Booklet	Initial		0.000	47804_070109-Is it Right for You - FILE COPY.pdf
	48034 07/01/09	Advertising	What Are Your Premiums? Pamphlet	Initial		0.000	48034_070109_Premiums Book_FILE COPY.pdf

How much will this Program cost you?

Provides you with customized costs for select Program options. [To see rates for all options, visit www.genworth.com/groupltc] Then enter your Group ID and Access Code.]

2

1

What else do you need to know?

Enclosed is your Outline of Coverage, *A Shopper's Guide to Long Term Care Insurance*, *What are your premium rates?* and other important disclosures concerning this Program.

← See side pocket for additional information.

THE POWER TO DECIDE FOR YOURSELF

This Information Kit can help answer the following questions:

Is this Program right for you?

What does this Program cover?

How do you apply?

How much will this Program cost you?

What else do you need to know?

2

For details about this Program [or to enroll online]:

2

1

[Go to www.genworth.com/groupltc] Enter your Group ID and Access Code.]

1

Call [800 416.3624]

Talk to a program expert.

GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This kit contains educational information about long term care and long term care insurance. It is part of the announcement of a long term care insurance program now available to you. Insurance is provided using policy form series 7046. Due to state variations, the actual form numbers may vary, and can include a state specific abbreviation. Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al.] [Florida, 7046POL-FL, et al.] [Georgia, 7046POL-GA, et al.] [Hawaii, 7046POL and 7046CERT-HI.] [Idaho, 7046POL and 7046CERT-ID.] [Indiana, 7046POL-IN, et al] [Kansas, 7046POL-KS, et al.] [Louisiana, 7046POL-LA, et al.] [Maryland, 7046POL-MD, et al.] [North Carolina, 7046POL-NC, et al.] [Oklahoma, 7046POL and 7046CERT-OK.] [Pennsylvania, 7046POL-PA, et al.] [Virginia, 7046POL-VA, et al]

1

2

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Help protect what matters – your family, your finances, your future.

GROUP LONG TERM CARE INSURANCE

INFORMATION AND ENROLLMENT KIT

46969 07/01/09

All the information you need to know about this Group Long Term Care Insurance Program is in this kit.

Is this Program right for you?

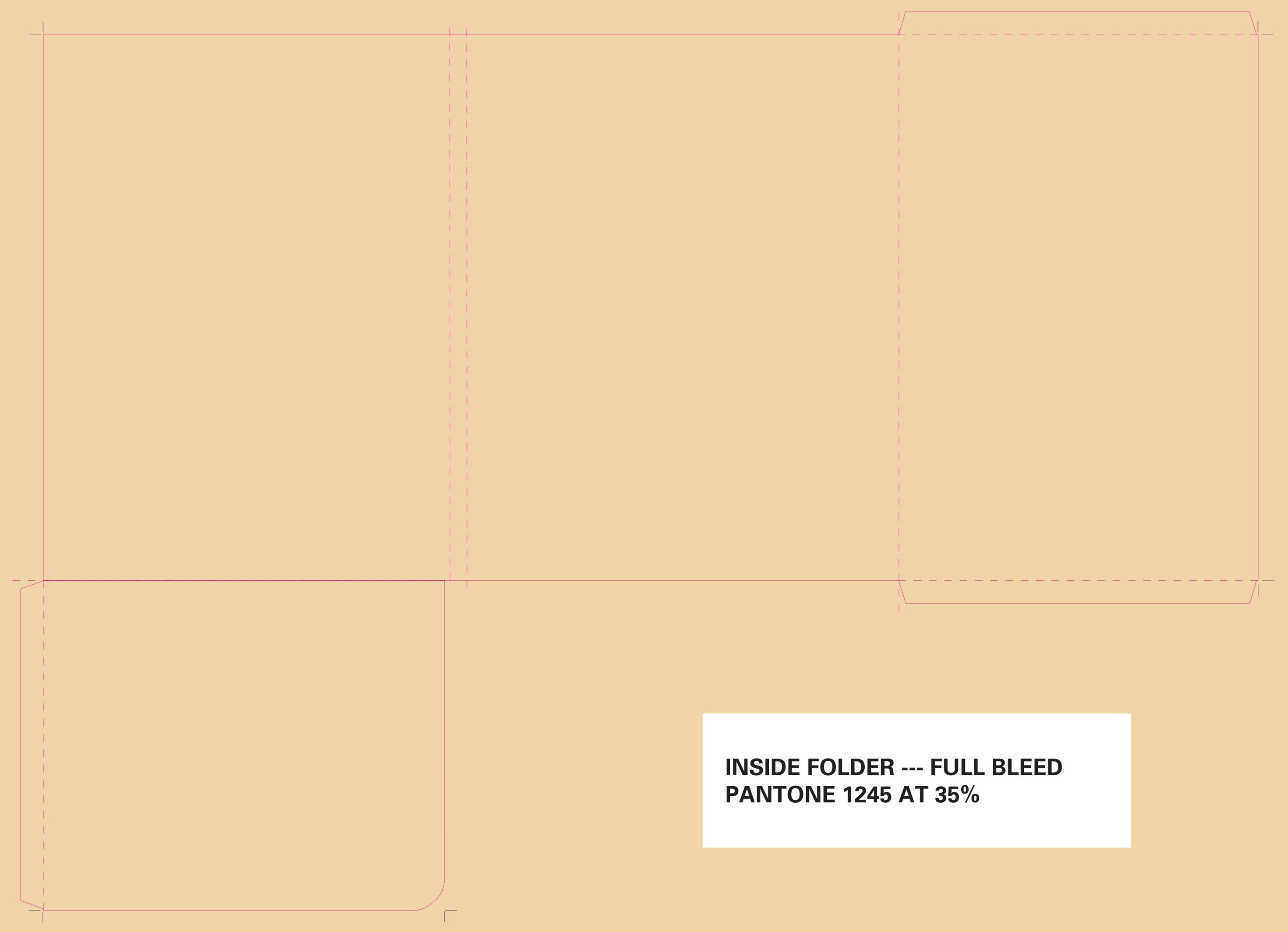
An overview of the key issues to think about when considering this Program.

What does this Program cover?

Explains your choices and gives rules of thumb to help you choose.

How do you apply?

The forms you need to apply for the Program, along with instructions for submitting them and a toll free number to call with questions



**INSIDE FOLDER --- FULL BLEED
PANTONE 1245 AT 35%**



[Group Name Logo]

This material contains information about long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. The plan options and premium costs 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 premiums will never increase individually due to changes in your health status or your age. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

How much will this Program cost you ?

GROUP LONG TERM CARE INSURANCE PROGRAM

1

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX], on policy form series [7046]. Due to state variations, the actual form numbers may vary, and can include a state specific abbreviation. Examples include the following:

2

3

[Delaware, 7046POL and 7046CERT-DE, et al,] [Florida, 7046POL-FL, et al,] [Georgia, 7046POL-GA, et al,] [Hawaii, 7046POL and 7046CERT-HI,] [Idaho, 7046POL and 7046CERT-ID,] [Indiana, 7046POL-IN, et al] [Kansas, 7046POL-KS, et al,] [Louisiana, 7046POL-LA, et al,] [Maryland, 7046POL-MD,et al,] [North Carolina, 7046POL-NC, et al,] [Oklahoma, 7046POL and 7046CERT-OK,] [Pennsylvania, 7046POL-PA, et al,] [Virginia, 7046POL-VA, et al]

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**INSURANCE UNDERWRITTEN BY
GENWORTH LIFE INSURANCE COMPANY**

A long term care insurance quote for [Carrie Murray]

1

How much coverage do you need?

To help determine how much long term care coverage might be appropriate, you need to know the cost of long term care in your area – or the area where you might retire. For perspective, Genworth Life Insurance Company (Genworth Life) experience indicates the average long term care claim to be about 3 years.

1

[METRO AREA, STATE/STATE] COST OF CARE*			
	HOME CARE	ASSISTED LIVING FACILITY CARE	NURSING FACILITY CARE
1 YEAR:	\$ [106,000]	\$ [103,000]	\$ [190,000]
3 YEARS:	\$ [318,000]	\$ [309,000]	\$ [570,000]
[Daily/Monthly]:	\$ [106/3230]	\$ [103/3140]	\$ [190/5750]

3

* 2008 Genworth Cost of Care Survey, conducted by CareScout [04/09]

How should you make coverage choices?

1

Use these rules of thumb to help evaluate your plan choices:

1

1 Choose a [Daily/Monthly] Benefit that comes close to covering today's cost of care in [Metro Area, State/State].

2

2 Consider a Total Coverage amount that will provide at least three years of [assisted living or home care] in [Metro Area, State/State].

2

3 Select a Benefit Increase Option that can help your coverage keep pace with the [rising] cost of care and fit your budget.

How can you build a plan that fits your needs?

Get all the information you need to build a plan with features that are right for you.

2

1

• Go to [www.genworth.com/groupltc.] Enter your Group ID: [XXXXXXX] and Access Code: [XXXXXX]. You can find answers to your questions about the Program and enroll online.]

1

• Call [1 XXX XXX.XXX]. Use this toll free customer service line to speak to an expert on the [Group Name] Program.

• Review the brochure in the Information Kit: *What does this Program cover?* It can help you understand your choices and your costs.

1

Based on [your current] age of [xx]/age as of [date], below are monthly costs for a range of options available to you.

1

1

1

1

1 [DAILY/MONTHLY] BENEFIT CHOICES	2 TOTAL COVERAGE CHOICES	3 BENEFIT INCREASE CHOICES	[YOUR] MONTHLY COST
[\$ 100]	[\$ 109,500]	[Buy more coverage over time]	[\$ 00.00]
		[Automatic [5%] for Life-compound]	[\$ 00.00]
		[Age adjusted]	[\$ 00.00]
[\$ 185,500]	[\$ 365,000]	[Buy more coverage over time]	[\$ 00.00]
		[Automatic [5%] for Life-compound]	[\$ 00.00]
		[Age adjusted]	[\$ 00.00]
[\$ 200]	[\$ 219,000]	[Buy more coverage over time]	[\$ 00.00]
		[Automatic [5%] for Life-compound]	[\$ 00.00]
		[Age adjusted]	[\$ 00.00]
[\$ 365,000]	[\$ 730,000]	[Buy more coverage over time]	[\$ 00.00]
		[Automatic [5%] for Life-compound]	[\$ 00.00]
		[Age adjusted]	[\$ 00.00]
[\$ 300]	[\$ 328,000]	[Buy more coverage over time]	[\$ 00.00]
		[Automatic [5%] for Life-compound]	[\$ 00.00]
		[Age adjusted]	[\$ 00.00]
[\$ 547,000]	[\$ 1,095,000]	[Buy more coverage over time]	[\$ 00.00]
		[Automatic [5%] for Life-compound]	[\$ 00.00]
		[Age adjusted]	[\$ 00.00]

1

1

3

2

3

[The [Group Name] Program offers other additional options. To find your cost for these options, [go to www.genworth.com/groupltc] [or] [S/s]ee [*What are your premium rates?*] in the Information Kit.]

1

[Group Name Logo]

What does this Program cover?

GROUP LONG TERM CARE INSURANCE PROGRAM



Underwritten by
Genworth Life Insurance Company

The Program

1 [Group Name] Group Long Term Care Insurance Program

By now, you may realize how important long term care insurance can be to your financial plan. But you may still have questions about exactly what this Program offers and how it can be tailored to fit your particular needs. This brochure is designed to offer detailed information about this Program and to answer many of those questions, including:

What does this Program cover?page 1

What are your basic choices and
how should you decide?page 2

What is included at no additional cost?page [6]

How much will your basic choices cost?page [7]

What additional options do you have?page [8]

How do you qualify for benefits?page [12]

What should you do next?page [13]



Coverage

What does this Program cover?

If you need help with some of the basic daily activities we often take for granted (like eating, bathing or dressing) or you need supervision due to a cognitive impairment like Alzheimer's, you could need long term care. Unlike health or disability insurance, long term care insurance helps reimburse the expenses you might incur to obtain such care. It can cover long term care you receive in your home, in an assisted living facility, or in a nursing home.

Care at home and in the community

This Program can help reimburse expenses for care and support you receive at home and in the community, including:

- Nurse and therapist visits
- Homemaker services
- Medical monitoring equipment
- Training for those who provide care
- Adult day care

2 [It may also help reimburse for the cost of services from independent providers, friends or family members who provide care to help you stay in your home.]

Care in an assisted living facility

Assisted living may be an answer if you need help with daily activities and prefer a community setting. This Program helps cover expenses for:

- Personal care services
- Medication monitoring
- Room and board charges

Care in a nursing facility

If you have a condition that requires 24-hour access to a higher level of care, you may need a nursing facility. This Program helps pay for:

- All levels of care – including skilled, intermediate and custodial care
- Private-duty nurses and therapist services
- Room and board charges

40% of people currently receiving long-term care are adults 18 to 64 years old.

*"US Department of Health and Human Services;
National Clearinghouse for Long Term Care
Information, 2008.*

Basic Choices

What are your basic choices and how should you decide?

Everyone's needs are different and, ultimately, your personal priorities must guide your choices. However, there are some rules of thumb that may help you with decision making. As you decide, keep in mind that for many people, having some protection is better than having no protection.

2

[[Employer/Sponsor]-paid Core Plan with buy-up options

Recognizing the important role long term care insurance can play in helping protect your savings and your financial future, [Group Name] is paying for a base amount of coverage (the Core Plan) for eligible [employees/retirees/members][and][their spouses/[or][domestic] partners].

1

Your [employer/sponsor-paid] Core Plan consists of:

1

- *[Daily/Monthly] Benefit of [\$XX,XXX]*
- *Total Coverage Amount of [\$XX,XXX]*
- *[Buy more coverage over time] Benefit Increase Option.*

1

Your Core Plan will pay up to [50%] of the [Daily/Monthly] Benefit for Home Care, 100% for Assisted Living care and 100% for Nursing Home care. If you want to purchase additional coverage, there are several "buy-up options" from which to choose.]

The three basic choices you need to make:

1

1. Which [Daily/Monthly] [Benefit/buy-up option] is right for you?
2. Which Total Coverage [Amount/buy-up option] is best for you?
3. Which Benefit Increase [Option/buy-up option] should you choose?

1. [Daily/Monthly] Benefit [Choices/Buy-Up Options]

1

Your [Daily/Monthly] Benefit is the maximum amount your plan will reimburse each [day/month] for covered long term care expenses.

1

The table indicates the [three] choices available to you with the [Group Name] Group Long Term Care Insurance Program. You will be reimbursed up to [50%] of your [Daily/Monthly] Benefit for Home Care, 100% for Assisted Living, and 100% for Nursing Home care.

1

For an idea of how much [daily/monthly] coverage you may need, the rule of thumb shows current costs for care at home, in assisted living facilities, and in nursing homes in your area.

1

2. Total Coverage Amount [Choices/Buy-Up Options]

1

This is the total amount available for the lifetime of your coverage. It is a "pool of money" that can reimburse you for covered care expenses until it is exhausted, as long as your coverage remains in effect.

Your Total Coverage choices are related to the [Daily/Monthly] Benefit you select. See the rule of thumb for a way to think about how much total coverage you may need.

1

[On average, a 65-year old today will need some long term care services for three years.]

2

US Department of Health and Human Services; National Clearinghouse for Long Term Care Information, 2008.]

1 [DAILY/MONTHLY] [BENEFIT CHOICES/BUY-UP OPTIONS] [FOR CARRIE MURRAY] 2

YOUR [DAILY] BENEFIT [CHOICES]	HOME CARE	ASSISTED LIVING	NURSING HOME
[\$ [XXX/day] =	\$ [XX/day]	\$ [XX/day]	\$ [XXX/day]
[\$ [XXX/day] =	\$ [XXX/day]	\$ [XXX/day]	\$ [XXX/day]
[\$ [XXX/day] =	\$ [XXX/day]	\$ [XXX/day]	\$ [XXX/day]
[\$ [XXX/day] =	\$ [XXX/day]	\$ [XXX/day]	\$ [XXX/day]
[\$ [XXX/day] =	\$ [XXX/day]	\$ [XXX/day]	\$ [XXX/day]

RULE OF THUMB

Choose a [Daily/Monthly] Benefit that comes close to covering the cost of care in [Metro Area, State/State]. If cost is a concern, choose a [Daily/Monthly] Benefit that comes close to covering current home care or assisted living costs in your area.

Cost for a [day/month] of care in [Metro Area, State/State]¹

- Home care: \$ [XXX/XXXX]
- Assisted living care: \$ [XXX/XXXX]
- Nursing home care: \$ [XXX/XXXX]

1 TOTAL COVERAGE AMOUNT [CHOICES/BUY-UP OPTIONS] [FOR CARRIE MURRAY] 2

YOUR [DAILY] BENEFIT	TOTAL COVERAGE [CHOICES]				
[\$ [XXX/day] =	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
[\$ [XXX/day] =	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
[\$ [XXX/day] =	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
[\$ [XXX/day] =	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
[\$ [XXX/day] =	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]

RULE OF THUMB

Consider your needs, family situation, financial resources and family health history to estimate how long this coverage should last. Ideally, your Total Coverage Amount would help provide at least [three] years of home or assisted living care in your area.

Cost for [3] years of care in [Metro Area, State/State]¹

- Home care: \$ [XXX,XXX]
- Assisted living care: \$ [XXX,XXX]
- Nursing home care: \$ [XXX,XXX]

¹ [2009] Genworth Cost of Care Survey . conducted by CareScout, [04/09]: Costs for [Metro Area, State/State]

Basic Choices

2

[To compare the costs and benefits of the Benefit Increase Options available to you go to: www.genworth.com/groupltc;]
[Group ID: [XXXX]; Access Code: [XXXX]] and use the Benefit Increase comparison tool.]

1

3. Benefit Increase Options

3

Your [Daily/Monthly] Benefit and Total Coverage Amounts may be sufficient today, but long term care expenses, like many other costs, are likely to increase in the future. Choosing a Benefit Increase Option can help ensure your coverage keeps pace with the rising costs of care. Automatic benefit increase options can be included in your plan for an additional cost.

1

This Program offers [five] Benefit Increase Options to help you protect against rising care costs:

1

- [Buy more coverage over time]
- [Automatic 5% Increase for Life – Compound]
- [Automatic 5% Increase for Life – Age Adjusted]
- [Automatic 3% Increase for Life – Compound]
- [Automatic 5% Increase for Life – Simple]
- [Automatic [5,4,3]% increases until age [70/76]]

1

BENEFIT INCREASE OPTIONS

[Buy more coverage over time – Future Purchase Option

3

Every [three/two] years, as long as you're not in claim status, you will receive an offer to increase your coverage with no medical underwriting. It will increase both your [Daily/Monthly] Benefit and your Total Coverage Amount (less any claims paid) by [5%/3%], compounded annually. The premium for the increase to your coverage will be based on your age at the time of the increase. You will continue to receive these offers unless you decline them [three/two] consecutive times.

3

3

3

2

[This option is automatically included in the cost of your plan unless you select an automatic benefit increase option.]

RULES OF THUMB

Consider this if:

- You prefer lower premiums today.
- You want some control over when your coverage will increase.

This may not fit if:

- You don't want to decide every [three/two] years whether to increase your coverage.
- You don't want a premium increase each time you increase your coverage.]

2

3

3

[Automatic 5% Increase for Life – Compound

Your [Daily/Monthly] Benefit and Total Coverage Amount (less any claims paid) will automatically increase by 5% compound every year. The increases in benefits will not increase your premiums.

Compound increases are calculated on the current amounts and include all previous increases.

Consider this if:

- You want the most comprehensive inflation protection available through this Program.
- You want your coverage to automatically increase each year without increasing your premiums.

This may not fit if:

- You don't want to pay a higher initial premium than you would for other options.]

2

[If long term care costs continue to increase at [the current rate of 5% per year], they will double every 15 years.]

3

[2009] Genworth Cost of Care Survey, conducted by Care Scout [04/09].

3

BENEFIT INCREASE OPTIONS	RULES OF THUMB
<p>[Automatic 5% Increase for Life – Age Adjusted]</p> <p>3 Your [Daily/Monthly] Benefit and Total Coverage Amount (less any claims paid) will automatically increase by 5%, compounded every year up to age 66. After that, it will increase on every coverage anniversary date by 5% on a simple basis. The increases in benefits will not increase your premiums.</p> <p>3 Simple increases are calculated on the [Daily/Monthly] Benefit and Total Coverage Amounts in effect on the coverage anniversary following your 66th birthday. Increases to the Total Coverage Amount are calculated on the unused balance on that anniversary date.</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want your coverage to automatically increase each year without increasing your premiums. • You want compounding in the early years, but at a lower cost than with other compound options. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You don't want to pay a higher initial premium.]
<p>[Automatic [3%/4%] Increase for Life – Compound]</p> <p>3 Your [Daily/Monthly] Benefit and Total Coverage Amount (less any claims paid) will automatically increase by [3%/4%] compound every year. The increases in benefits will not increase your premiums.</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want your coverage to automatically increase each year without increasing your premiums. • You want a more affordable compound option. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You don't want to pay a higher initial premium.]
<p>[Automatic 5% Increase for Life – Simple]</p> <p>3 Your [Daily/Monthly] Benefit and Total Coverage Amount will automatically increase by 5% on a simple basis every year based on your original amounts. The increases in benefits will not increase your premiums.</p> <p>3 Simple increases are calculated on the original [Daily/Monthly] Benefit and Total Coverage Amounts (less any claims paid) .</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want your coverage to automatically increase each year without increasing your premiums. • You want a more affordable automatic option. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You don't want to pay a higher initial premium.]
<p>[Automatic [5/4/3]% Increase Until Age [70/76]</p> <p>3 Your [Daily/Monthly] Benefit and Total Coverage Amount (less any claims paid) will automatically increase [5/4/3]% compound every year until you're age [70/76].</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want your benefits to increase each year without increasing your premiums. [• You don't want to decide every three years whether to increase your coverage.] <p>This may not fit if:</p> <ul style="list-style-type: none"> • You're trying to minimize your premium. • You want your benefit to continue growing past age [70/76].

Plan Features

1

FEATURES INCLUDED IN THE PROGRAM – AT NO ADDITIONAL COST TO YOU

Care Coordination	Helps you identify service providers you may need when you file a claim.	3	
Free Look	Allows you to return your certificate within [30] days if you're not 100% satisfied.	3	
Home Assistance	Reimburses qualified expenses to help you stay in your home – [up to [50] x your Daily Benefit/2X your Monthly Benefit].	3	
Alternate Care	Covers some care situations that might otherwise be excluded.		
Waiver of Premium	Your premiums will be waived as long as you are receiving benefits.		
Adult Day Care	Reimburses qualified expenses for care in a group community setting.		
Hospice Care	Reimburses qualified expenses for hospice care received at home or in a facility.		
2	[Informal Care	Reimburses qualified expenses for caregivers, including family members, who come to your home to provide long term care services.]	
	Respite Care	Reimburses qualified expenses for home or facility care up to [30] days per year to provide the primary caregiver a rest.	3
	Bed Reservation	Reimburses qualified expenses incurred to reserve your place in a facility from which you're temporarily absent for up to [60] days per year.	3
2	[International Coverage	Reimburses qualified expenses for nursing home costs (up to 75% of your [Daily/Monthly] Benefit for 48 months) for care you receive abroad.]	3
	Contingent Non-Forfeiture	Allows you to keep some coverage if premium rates must increase.	
2	[Return of Premium at Death	If you die before age 65 your paid premiums will be returned in full (less any claims paid). After 65, the amount of returned premiums reduces by 10% a year until it reaches zero at age 75. Consult your tax advisor. Payment under this benefit may affect the tax-qualified status of your coverage.]	
2	[Non-Forfeiture Benefit	Lets you keep some coverage, at a reduced amount, if you stop paying premiums.]	

The *Outline of Coverage* section of the Information Kit provides additional detail about benefits.

Your Cost

How much will your basic choices cost?

While you consider your choices, use the following information to help determine which combinations best fit your budget. This table shows your monthly premiums for the most often selected basic choices. Premiums shown are not guaranteed and are based on [age] [XX] [your current age] [as of [date]].

YOUR MONTHLY PREMIUMS FOR SELECT BASIC CHOICES

1	1 [MONTHLY] BENEFIT CHOICES	2 TOTAL COVERAGE CHOICES	3 BENEFIT INCREASE CHOICES	[YOUR] MONTHLY COST
1	[\$ 100]		[Buy more coverage over time]	[\$ 00.00]
1		[\$ 109,500]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
1	1		[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 185,500]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 185,500]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 365,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
	[\$ 200]		[Buy more coverage over time]	[\$ 00.00]
		[\$ 219,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 365,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 730,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
	[\$ 300]		[Buy more coverage over time]	[\$ 00.00]
		[\$ 328,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 547,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]
			[Buy more coverage over time]	[\$ 00.00]
		[\$ 1,095,000]	[Automatic [5%] for Life – Compound]	[\$ 00.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$ 00.00]

1 The [Group Name] Program
 3 [may/ offer[s]] additional options.
 2 To find their cost, [go to
www.genworth.com/groupltc
 1 [using Group ID: [XXXX] and
 [Access Code: [XXXX] [, or]
 [C/c]all 888 888.8888].]

Additional Options

After you make your basic choices you may want to consider additional options to enhance your coverage for an additional cost, or options to reduce your coverage to help better fit your budget.

1 ADDITIONAL OPTIONS TO ENHANCE YOUR COVERAGE	RULES OF THUMB
<p>[Higher [Daily/Monthly] Benefit] Choose an offered [Daily/Monthly] Benefit that comes close to covering more expensive nursing home care costs.]</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want to plan for the most expensive care scenarios. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You think you may not be able to sustain a higher premium payment for the life of your coverage.] <p>2</p>
<p>[Higher Total Coverage Amount] Choose an offered Total Coverage Amount that covers three or more years of care.]</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want to plan for the most expensive care scenarios. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You think you may not be able to sustain a higher premium payment for the life of your coverage.] <p>2</p>
<p>[Increased Percentage of Coverage for Home Care] You may choose to [increase the percentage of your [Daily/Monthly] Benefit that can be used for home care. Choose [60%,][75%,][or][100%].]</p> <p>3</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want a higher percentage of your benefit available for home care. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You want to minimize your current premium payments.] <p>2</p>
<p>[Non-Forfeiture Benefit] If you stop making premium payments after three years, this benefit provides some coverage at a reduced amount.</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want to preserve some coverage if you're not able to continue paying your premiums. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You want to minimize your current premium payments.] <p>2</p>
<p>[Shorter Waiting Period] Your benefits can begin after you have one day of paid service and complete a [30][60] [calendar] day waiting period.]</p> <p>3</p>	<p>Consider this if:</p> <ul style="list-style-type: none"> • You want to minimize your waiting period. <p>This may not fit if:</p> <ul style="list-style-type: none"> • You want to minimize your current premium payments.] <p>2</p>

[70% of people aged 65 and older will need long term care during their lifetimes.]

2

"Long Term Care Over an Uncertain Future: What Can Current Retirees Expect?" Inquiry 42, no. 2 (Winter 2005/2006)]

1 ADDITIONAL OPTIONS THAT CAN REDUCE PREMIUMS

RULES OF THUMB

[Lower [Daily/Monthly] Benefit] 3
 Choose a [Daily/Monthly] Benefit that comes close to covering less expensive home care or assisted living costs. 3

Consider this if:
 • You want to keep your premiums low.
 • You believe that some coverage is better than none.
This may not fit if:
 • You want the Program to reimburse more of your long term care costs.] 2

[Lower Total Coverage Amount]
 Choose a Total Coverage Amount that covers three or fewer years of home care or assisted living care costs.

Consider this if:
 • You want to keep your premiums low.
 • You are willing to pay for some of your care out-of-pocket.
This may not fit if:
 • You want the Program to reimburse more of your long term care costs.] 2

[Reduced Home Care Coverage Percentage]
 Decrease the percentage of your [Daily/Monthly] Benefit that can be used for home care. Choose [50%],[60%] [or] [75%] . 3

Consider this if:
 • You want to keep your premiums low and you are willing to pay for some of your care out-of-pocket.
This may not fit if:
 • You want the Program to reimburse more of your home care expenses.] 2

[Apply with your Spouse]
 [If you and your spouse [/or] domestic partner] [are eligible and] both apply for coverage, you can each receive a [5%, 10%, 15% 20%] discount, even if only one of you is accepted.] 2 3

Consider this if:
 • You want to keep your premiums low.
 • You and your spouse [/or] domestic partner] are both applying for coverage.
This may not fit if:
 • You are not applying for coverage with a spouse [/or] domestic partner.] 2 2

[Longer Waiting Period] 2/3
 Choose to have your benefits begin after [you have completed] [60/90/120] days [of paid service] and your claim has been approved.] 2

Consider this if:
 • You want to keep your premiums low.
 • You are willing to pay some of your initial expenses out-of-pocket.
This may not fit if:
 • You want to begin receiving benefits more quickly.] 2

More to Know...

How do you qualify for benefits?

Qualifying for benefits

You will qualify for benefits if:

- You need help with at least two “activities of daily living” and will likely need it for at least 90 days,
OR
- You are diagnosed with a cognitive impairment that requires supervision.
AND
- A medically licensed healthcare professional certifies that your condition qualifies you.

Waiting Period

Once you qualify for benefits, your benefits will begin after a [60/90]-day elimination period. The elimination period begins on the first day you receive covered long term care services. If you continue to qualify, you will receive benefits for the covered long term care services after [60/90] [calendar/covered-service days.] You will only need to satisfy the elimination period once in your lifetime [and your covered-service days do not need to be consecutive].

Filing a claim

Claims professionals can help you understand the benefits available to you, and how to access them. You’ll receive an 800 number to contact Genworth’s Claims Services. After speaking with a Genworth Intake Nurse, you’ll be contacted by a member of the Care Coordination team. The claim process may include a face to face meeting and needs assessment. The Genworth Care Coordination team can help in developing your plan of care and provide information concerning available long term care resources in your area.

Exclusions and Limitations

Care not covered by this Program

Generally, your plan does not cover items such as room and board, treatment, care, and equipment, if:

- [• 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 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 made to you or your estate.]
- [• You receive or are eligible to receive workers’ compensation benefits, occupational disease act benefits, or similar benefits.]

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

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

Full details of these exclusions and limitations appear in the accompanying outline of coverage. Be sure to review your Outline of Coverage carefully.

3

3

3

2

2

Limitations

Non-Duplication

We will reimburse only for covered expenses that are in excess of what Medicare or other governmental healthcare programs or laws (except Medicaid) pay. Deductibles and coinsurance expenses under Medicare are also excluded from coverage.

2 [Other Coverage

2 Benefits are reduced if the total amount payable under this Program and all other [group] long term care insurance coverage, is greater than the actual expenses you incur.]

For more details on what isn't covered, review the "Exclusions and Limitations" section of the Outline of Coverage.

What else should you consider?

[Your State Long Term Care Partnership Program

2

Your state may recognize this coverage as qualified long term care insurance under a Long Term Care Partnership Program. If your coverage qualifies for Partnership and you apply for Medicaid, such coverage may enable you to keep some of your assets and still qualify for Medicaid. For every dollar of Partnership qualified insurance benefits you receive under this Program, you'll be able to keep an equal amount of your assets. For more information concerning your State's Partnership Program, see "Important Information Regarding LTCI Partnership", in *How do you apply?* in the Information Kit.]

Tax-Qualified Plan

Coverage under the Group Program is intended to be qualified long term care insurance under federal tax law (IRC 7702B). Please consult your tax advisor concerning the impact of tax qualified coverage.

Guaranteed Renewability

Insurance is subject to underwriting approval. Once you're insured, as long as your premiums are paid on time and your benefits have not been exhausted, your coverage is guaranteed renewable and cannot be cancelled by Genworth Life Insurance Company. While Genworth Life reserves the right to raise future premiums by group and class, your premiums will never increase individually due to changes in your health status or your age.

The Next Steps

What should you do next?

1 Now is the time to find answers to any remaining questions and apply for coverage under [Group Name's] Long Term Care Insurance Program.

2 [**[Go to: [www.genworth.com/groupltc]]**

1 **[Use Group ID: [XXXXX] and]**
[Access Code: [XXXXX].]

This website has the information to answer your questions about the Program [and to enroll online today.]]

2 [OR]

1 **Call [888.888.8888]**
Use this toll-free customer service line to speak to an expert on the [Group Name] Program who can answer your questions.

OR

Apply now using the application in this kit.

The *How do you apply?* section in the Information Kit contains easy to follow instructions for completing and submitting a written application.

2

*[Most people would prefer to receive long term care
in their own home if possible.*

*[75%] of our long term care
insurance claims start with home care
and nearly [70%] continue with home care
until the claim ends.*

3

*Genworth Life Insurance Company,
business operations data 12/1974-[12/31/2008]]*

GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This material contains information about long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. The plan options and premium costs shown are subject to the terms and conditions of the Group Policy and may change in the future. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

1

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX], on policy form series 7046. Due to state variations, the actual form numbers may vary, and can include a state specific abbreviation. Examples include the following:

2/1

[Delaware, 7046POL and 7046CERT-DE, et al,] [Florida, 7046POL-FL, et al,] [Georgia, 7046POL-GA, et al,] [Hawaii, 7046POL and 7046CERT-HI,] [Idaho, 7046POL and 7046CERT-ID,] [Indiana, 7046POL-IN, et al] [Kansas, 7046POL-KS, et al,] [Louisiana, 7046POL-LA, et al,] [Maryland, 7046POL-MD,et al,] [North Carolina, 7046POL-NC, et al,] [Oklahoma, 7046POL and 7046CERT-OK,] [Pennsylvania, 7046POL-PA, et al,] [Virginia, 7046POL-VA, et al] This is only a summary of coverage. The terms and provisions of the Group Policy will prevail.

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1 [Group Name Logo]

How do you apply?

GROUP LONG TERM CARE INSURANCE PROGRAM



1

To request additional applications **call [888 888.8888]**

2

[And don't forget – it's easy to apply on line:

1

Go to:[www.genworth.com/groupitc]and use
Group ID [XXXXX] and Access Code [XXXXX].]

Eligibility

1 3 [Group Name] Group Long Term Care Insurance Program

You are eligible to apply for coverage under this Program if you are:

- 1 • [A/An] [actively-at-work*] [full-time][or part-time] [employee/retiree] of [Group Name]]
- A/an [active [service**][contributing] [member][in good standing][or person who otherwise meets the [group name] program eligibility requirements]
- The spouse/[or] [domestic] partner [or] [surviving spouse/[or] [domestic] partner] of an eligible person]
- An adult child of an eligible person] [or spouse/[or] [domestic] partner]
- Adult sibling related to the eligible person, [or spouse/[or] [domestic] partner]
- A parent, parent-in-law, grandparent or grandparent-in-law of an eligible person or [spouse/[or] [domestic] partner,] and
 - Are [between the ages of 18 and [79], [age 18 or older]
 - Maintain a permanent United States residence, and
 - Have an active Social Security Number or tax identification number
- Additional group specific eligibility requirement]

2 1 [*Actively-at-work means an employee who is performing the usual duties of his/her job at the usual place of work as required by the [Group Name/the employer] [on a full-time basis, at least [30] hours per week][and/or][a minimum of X days][or on a part-time basis, at least [15] hours per week.]] 1

2 3 [*Active service means you are able to engage in substantially all of the usual activities of a person in good health of like age and gender, and are not: (1) confined in a hospital, nursing, assisted living or custodial care facility; or (2) receiving home health care services.]

Forms

1 This packet includes applications and required forms for eligible [employees] [members] [retirees][spouses [or domestic partners] of employees who work for][family members of employees who work for] [Group Name] to apply for [voluntary][core][buy up] coverage. 1 3

2 1 [[Group Name] is paying for a base amount of coverage (the Core Plan) for eligible [employees/members [and spouses]]. [You may also purchase additional coverage (Buy-Up Options). If you choose to purchase a Buy-Up Option, the premium will include a credit equal to the amount of the contribution [Group Name] makes for your Core Plan.]] 2

How to apply

3 [Application name] **Application**

[For [employees/members/retirees/spouses/eligible family members] [[under age x]/ [between the ages of x and x]/[over age x]].

1 **2** **3** [Use this application if you have selected any of the following combinations of [Daily/Monthly] Benefit and Total Coverage:

[Monthly Benefit]	Total Coverage Amount			
[\$3,000]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$4,500]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$6,000]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$7,500]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$9,000]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]

2 [*If the plan you want is not available on this chart, see the other application[s] in this booklet.]*

2 **To finalize your plan options complete the Coverage Selection by choosing your:**

- [Daily/Monthly] Benefit]
- Total Coverage Amount
- Benefit Increase Option
- [Home Care Coverage Percentage]
- [Waiting Period]
- [Additional Options]

2 **Don't forget to choose your method of payment:**

- [Payroll deduction]
- [Direct bill]
- [Electronic funds transfer]

2 **[Couple's Discount**

You may be eligible for a couple's discount if you are married or in a relationship legally recognized in your state. [You may qualify if you meet the insurability profile criteria in your application,] and both members of the couple apply at the same time. [Complete *Requirements to Access Special (Couples) Benefits*, and include with your application].

2 **Complete, sign and return the following required forms along with your application:**

- Coverage Selection
- [Premium Payment Authorization Form (when required)]
- [Electronic Fund Transfer (EFT) Authorization (when required)]
- Health Information Authorization
- Long Term Care Insurance Personal Worksheet
- [Designation of Beneficiary for Return of Premium Rider ([when chosen]; not required if beneficiary will be estate)]
- [Requirements to Access Special (Couples) Benefits, if applicable]
- Replacement Notice (when required)
- State specific forms (when required)

2 **Review prior to submitting your application:**

- The Outline of Coverage
- A Shoppers Guide to Long Term Care Insurance
- Things You Should Know Before You Buy Long Term Care Insurance
- Personal Worksheet
- Privacy Notice
- [Important Information Regarding LTCI Partnership]
- LTCI Potential Rate Increase Disclosure Form
- [Other materials that may be required by your state]

1 Call [888 888.8888] with any questions about completing your application.

How to apply

3 [Application name] Application

1 [For [employees/members/retirees/spouses/eligible family members] [[under age x] / [between the ages of x and x]/[over age x]].

1 3 [Use this application if you have selected any of the following combinations of [Daily/Monthly] Benefit and Total Coverage:

[Monthly Benefit]	Total Coverage Amount			
[\$3,000]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$4,500]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$6,000]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$7,500]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]
[\$9,000]	[\$XX,XXX]	[\$XX,XXX]	[N/A*]	[N/A*]

2 [*If the plan you want is not available on this chart, see the other application[s] in this booklet.]

To choose the Core Plan only:

- Indicate on Coverage Selection that you choose the “Core Plan Only” option
- Complete the [“Personal Profile/Applicant Information”] section of the Application **3**
- Answer questions [1] [and 2] in the “Insurability Profile” **2**

[To choose a buy-up option:

- Complete the “Personal Profile/Applicant Information” section of the Application
- Answer all questions in the “Insurability Profile”
- To finalize your buy-up coverage, complete your Coverage Selection by choosing your: **3**
 - [- Daily/Monthly][Facility care Maximum] Benefit
 - Total Coverage Amount
 - Benefit Increase Option
 - [- Optional Benefit Choices] **2**
- Don’t forget to choose your method of payment: **2**
 - [- Payroll deduction]
 - Direct bill **2**
 - [- Electronic funds transfer]]

[Couple’s Discount

2 You may be eligible for a couple’s discount if you are married or in a relationship legally recognized in your state. [You may qualify if you meet the insurability profile criteria in your application,] and both members of the couple apply at the same time. [Complete *Requirements to Access Special (Couples) Benefits*, and include with your application].]

Complete, sign and return the following required forms along with your application: **2**

- [Coverage Selection]
- [Premium Payment Authorization Form (when required)]
- [Electronic Fund Transfer (EFT) Authorization (when required)]
- Health Information Authorization
- Long Term Care Insurance Personal Worksheet
- [Designation of Beneficiary for Return of Premium Rider (when chosen); not required if beneficiary will be estate]
- [Requirements to Access Special (Couples) Benefits, if applicable]
- [Replacement Notice (when required)]
- State specific forms (when required)

Review prior to submitting your application: **2**

- The Outline of Coverage
- A Shoppers Guide to Long Term Care Insurance
- Things You Should Know Before You Buy Long Term Care Insurance
- Personal Worksheet
- Privacy Notice
- [Important Information Regarding LTCI Partnership]
- LTCI Potential Rate Increase Disclosure Form
- [Other materials that may be required by your state]

1 Call [888 888.8888] with any questions about completing your application.

GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This brochure contains information about long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you.

Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

1

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1

[Group Name Logo]

Is this Program right for you?

GROUP LONG TERM CARE INSURANCE PROGRAM

GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This brochure contains information about long term care and long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

1

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2

[Delaware, 7046POL and 7046CERT-DE, et al.]

[Florida, 7046POL-FL, et al.] [Georgia, 7046POL-GA, et al.]

3

[Hawaii, 7046POL and 7046CERT-HI,] [Idaho, 7046POL and 7046CERT-ID,] [Indiana, 7046POL-IN, et al]

[Kansas, 7046POL-KS, et al,] [Louisiana, 7046POL-LA, et al,]

[Maryland, 7046POL-MD,et al,] [North Carolina, 7046POL-NC, et al,] [Oklahoma, 7046POL and 7046CERT-OK,]

[Pennsylvania, 7046POL-PA, et al,] [Virginia, 7046POL-VA, et al]

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Plan today

A few minutes now could make a big difference in your financial future.

You made a good decision when you chose to find out more about your group long term care insurance program. But, with all your other priorities, enrolling today may not be at the top of your list. It may seem easier to simply wait and make the decision later.

On the other hand, if you take a few minutes now to answer the following questions, they may help you decide whether long term care insurance is right for you. And that could make all the difference in helping to protect your financial security in the future.

	Y E S	N O
1. Are you concerned that your retirement savings could be impacted by the expense of long term care?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it important for you not to be a burden on family and friends?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you worried about whether government programs will be able to pay for the care you may need?	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you feel confident if you could protect your savings and other assets from the unexpected?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to two or more of these questions, long term care insurance may be right for you. Read on to find out more.

Protect your future

Do you have a realistic plan for your future?

Many of us are concerned about our future financial security. The costs for long term care services continue to increase, whether it's for home care, assisted living or nursing home care.¹ Beyond paying for these services out of your savings, what are your other choices?

Can you rely on family or friends?

Family and friends are very important ... too important for you to risk becoming an emotional or financial burden on them. The idea of them spending too much time and energy away from their lives to take care of you may not be one you want. And, they may not be in a financial position to help pay for others to provide those services. So relying on family and friends to provide all or even the majority of your care may not be desirable.

Can you count on government programs and other insurance?

Many people think Medicare and Medicaid will be there to help them, but that's not necessarily true. Medicare generally covers only 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. And, if you want Medicaid to cover your long term care expenses, you'll most likely have to spend down your savings in order to qualify. So, the savings you've worked so hard to build up may have to be depleted — not quite what you had in mind.

You might also assume that long term care expenses are covered by other types of insurance such as disability or health insurance, but they aren't. Disability insurance replaces lost income when you can't work. Health insurance covers hospital stays, prescription drugs and doctor's visits. Neither will cover the costs of long term care services.

Include long term care insurance in your financial plan

For many people, particularly those who consider themselves planners, long term care insurance is one of the answers. It helps cover the cost of care you might need as the result of an accident or illness that leaves you unable to handle the activities of daily living. It's coverage that is designed so you or your family won't have to jeopardize the savings you've earmarked for other things. But you may still have some questions about this Program and whether now is the right time for you.

¹ [2008] Genworth Cost of Care Survey, conducted by CareScout, [04/08].



The time is now

Is this Program right for you?

Only you can decide. By choosing to enroll in this Program you can be confident that you have created a good path to strengthen your future financial security.

Affordable, quality coverage

You may have heard that long term care insurance is expensive. But take a look at your premiums. Quality coverage under this Group Program may cost much less than you thought. This Program gives you choices. A range of coverage levels is available that can be tailored to where you live, what you can afford and how much protection you want.

Control of your financial plan

Enrolling in this Program can help you close the potential gap in your financial plan. You can relax in the knowledge that you have done what you can to avoid becoming a burden to your family or friends.

And, enrolling will enable you to check this off of your “to do” list and move confidently on to other things you enjoy.

A trusted provider

Genworth Life Insurance Company (Genworth Life) is a provider you can count on. Genworth Life has been an industry leader for more than 30 years, and has more policyholders² and claims paying experience than any other long term care insurer.³

It’s that kind of experience and stability that led [your employer/group name] to chose Genworth Life as your long term care insurance provider. [More importantly, your employer has chosen Genworth Life because they believe it’s the best choice for you.]

² LIMRA [2008] Individual Long Term Care Insurance In Force.]

³ Genworth Life Insurance Company business operations data, as of [06/30/08].

A few minutes today can make all the difference for you and your family tomorrow.

You may think you are still too young to enroll, but actually, the younger you are when you enroll, the lower your premiums will be. Also consider the following: 40% of long term care in this country is provided to working age people aged 18-65.⁴

People often think they can put off the decision to buy long term care insurance until they are older. But considering coverage earlier has advantages:

- You’ll never be younger than you are right now so premiums for this Program may 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.
- This may be your only chance to sign up for a Program like this with group rates and [no medical/streamlined] underwriting.

⁴ “Long Term Care Financing: Policy Options for the Future.” Page 7. Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University.

The chart below shows monthly premiums and total premiums paid to age 80 for a person aged [45] under the [Group Name] Program.

	Monthly premium*	Total paid by age 80	
Enroll today	\$ XXXX	\$ XXXX	3
Wait [5] years	\$ XXXX	\$ XXXX	1
Wait [10] years	\$ XXXX	\$ XXXX	1
Wait [20] years	\$ XXXX	\$ XXXX	

*Assumes a [\$XXX] Daily Benefit; [\$XXXX] Total Coverage; [100%] of the [Daily/Monthly] Benefit available for Assisted Living care; [75%] of the [Daily/Monthly] Benefit available for home care; [XXX] day waiting period; and [Buy more coverage over time] benefit increase option. Premiums shown assume that [each/no] benefit increase option[s] [has been taken] [and that premiums for such purchases are taken from current rate tables for older ages].

These premiums are not guaranteed and the insurer has the right to change rates in the future.

There will never be a better time to enroll than now.

What are your premiums?

GROUP LONG TERM CARE INSURANCE PROGRAM

GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This booklet contains premium information for the Group Long Term Care Insurance Program now available to you. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

Premiums shown are based on the plan options available under this Program. While Genworth Life Insurance Company reserves the right to change future rates for the Group Policy, your premiums will never increase solely due to changes in your age or your health status.

1 This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX], on policy form series 7046. Due to state variations, the actual form numbers may vary, and can include a state specific abbreviation. Examples include the following:

2 [Delaware, 7046POL and 7046CERT-DE, et al,] [Florida, 7046POL-FL, et al,] [Georgia, 7046POL-GA, et al] [Hawaii, 7046POL and 7046CERT-HI,] [Idaho, 7046POL and 7046CERT-ID,] [Indiana, 7046POL-IN, et al] [Kansas, 7046POL-KS, et al] [Louisiana, 7046POL-LA, et al,] [Maryland, 7046POL-MD, et al,] [North Carolina, 7046POL-NC, et al,] [Oklahoma, 7046POL and 7046CERT-OK,] [Pennsylvania, 7046POL-PA, et al,] [Virginia, 7046POL-VA, et al]

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Premiums

[Inside Front Cover]

[Monthly] Premiums for the [Group Name] Group Long Term Care Insurance Program

1 3

Use the following tables to find your premiums for Basic [and selected additional] choices under the [Group Name] Program.

1 2

- 1 Locate the table showing your preferred [Monthly/Daily] Benefit.
- 2 Find the columns showing the Total Coverage Amount and Benefit Increase Option you want.
- 3 Find your age and the premium for your choices.

1

2

[Remember, additional options may be available to you under the [Group Name] Program. To find the premiums for options not shown:

1/3

- 2 Go to: www.genworth.com/groupltc
Use Group ID: [XXXXXX] and Access Code: [XXXXXX]
OR]]

1

- If you have questions or need help:
- 1 Call [1 XXX XXX.XXXX]

1 [Monthly] Premiums for [Group Name] Group Long Term Care Insurance Program

BASIC CHOICES

1 1 \$[6,000] [Daily/Monthly] Benefit

Includes: [90 Day] Waiting period; [75%] of [Monthly] Benefit available for homecare; [Informal care]

1 2 Total Coverage Choice	1 \$[x,xxxx,xxx]			1 \$[x,xxxx,xxx]			1 \$[x,xxxx,xxx]			
	Benefit Increase Options	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]
3 Age										
25	25	25	25	25	25	25	25	25	25	25
30	30	30	30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39	39	39	39
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41	41	41	41	41	41	41	41	41	41	41
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44	44	44	44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48	48	48	48
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52	52	52	52	52	52	52	52	52	52	52
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57	57	57	57	57	57	57	57	57	57	57
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62	62	62	62	62	62	62	62	62	62	62
63	63	63	63	63	63	63	63	63	63	63
64	64	64	64	64	64	64	64	64	64	64
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66	66	66	66	66	66	66	66	66	66	66
67	67	67	67	67	67	67	67	67	67	67
68	68	68	68	68	68	68	68	68	68	68
69	69	69	69	69	69	69	69	69	69	69
70	70	70	70	70	70	70	70	70	70	70
71	71	71	71	71	71	71	71	71	71	71
72	72	72	72	72	72	72	72	72	72	72
73	73	73	73	73	73	73	73	73	73	73
74	74	74	74	74	74	74	74	74	74	74
75	75	75	75	75	75	75	75	75	75	75
76	76	76	76	76	76	76	76	76	76	76
77	77	77	77	77	77	77	77	77	77	77
78	78	78	78	78	78	78	78	78	78	78
79	79	79	79	79	79	79	79	79	79	79

1 [Monthly] Premiums for [Group Name] Group Long Term Care Insurance Program

BASIC CHOICES – INCLUDING NON-FORFEITURE BENEFIT

1 1 \$[3,000] [Daily/Monthly] Benefit

Includes: [90 Day] Waiting period; [75%] of [Monthly] Benefit for homecare; [Informal care]

1 2 Total Coverage Choice	1 \$[x,xxxx,xxx]			1 \$[x,xxxx,xxx]			1 \$[x,xxxx,xxx]			
	Benefit Increase Options	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]
3 Age										
25	25	25	25	25	25	25	25	25	25	25
30	30	30	30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39	39	39	39
40	40	40	40	40	40	40	40	40	40	40
41	41	41	41	41	41	41	41	41	41	41
42	42	42	42	42	42	42	42	42	42	42
43	43	43	43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51	51	51	51
52	52	52	52	52	52	52	52	52	52	52
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66	66	66	66	66	66	66	66	66	66	66
67	67	67	67	67	67	67	67	67	67	67
68	68	68	68	68	68	68	68	68	68	68
69	69	69	69	69	69	69	69	69	69	69
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71	71	71	71	71	71	71	71	71	71	71
72	72	72	72	72	72	72	72	72	72	72
73	73	73	73	73	73	73	73	73	73	73
74	74	74	74	74	74	74	74	74	74	74
75	75	75	75	75	75	75	75	75	75	75
76	76	76	76	76	76	76	76	76	76	76
77	77	77	77	77	77	77	77	77	77	77
78	78	78	78	78	78	78	78	78	78	78
79	79	79	79	79	79	79	79	79	79	79

NOTE: Space allocated for
additional rates/explanations

NOTE: Space allocated for
additional rates/explanations

[Inside Back Cover]

SERFF Tracking Number: LTCG-126347908 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 43816
Company Tracking Number: GWPRODKITAR
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth Product Kit Filing/GWPRODKITAR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Third Party Filer Authorization Comments: Attachment: GNW Authorization LTCG Ad File-SIGNED.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR Product Kit Submission Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability Comments: Attachment: Enrollment Kit Variable Matrix FILE 100509.pdf		



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

July 1, 2009

RE: GENWORTH LIFE INSURANCE COMPANY
NAIC# 70025
Authorization for Filing

Dear Commissioner:

Genworth Life Insurance Company again authorized Long Term Care Group, Incorporated (LTCG) to submit Group Long Term Care Insurance filings to state insurance departments on its behalf, effective March 2009.

A handwritten signature in cursive script, appearing to read "Paul J. Loveland".

Paul J. Loveland
Vice President
Genworth Life Insurance Company

LTCG

Long Term Care Group, Inc.

October 16, 2009

Arkansas Department of Insurance
Advertising Unit

**Re: ACCIDENT AND HEALTH INSURANCE ADVERTISING FILING
GENWORTH LIFE INSURANCE COMPANY; NAIC# 70025
Group Long Term Care Insurance Information Kit
Form Number: 46969 07/01/09, et al.
Please see attached forms listing.**

Dear Sir or Madam,

On behalf of Genworth Life Insurance Company, we at Long Term Care Group, Inc. (LTCG) submit, for the Department's approval, the referenced advertising material. A letter from Genworth Life authorizing LTCG to file on its behalf is included in the filing.

This material will be used for Genworth Life's group long term care insurance product under policy form series 7046, approved on September 13, 2005 and subsequently. This material is intended for use by eligible persons under issued group contracts.

The advertising material in this submission is delivered as a packet and the pieces are not stand-alone. The packet is considered an invitation to contract. The information kit includes the following advertisements:

46969 07/01/09 –Kit Folder

All material including the advertising pieces, applications, outlines, and required disclosures will be inserted into this folder.

47799 07/01/09 – How much will this Program cost you?

This pamphlet provides a personalized premium quote for the individual requesting the kit

47801 08/05/09 – What does this Program cover?

This booklet provides details on the coverage, including benefits, features, limitations and exclusions, and the available options for the specific Group Policy.

47803 07/01/09 – How do you apply?

This booklet explains eligibility requirements specific to the group and provides instructions for applying.

47804 07/01/09 – Is this Program right for you?

This booklet provides information concerning how long term care insurance can be helpful and certain items to consider in the decision-making process.

48034 07/01/09 – What are your Premiums?

This pamphlet provides premium tables specific to the available plans under the specific Group Program.

Please note that Genworth utilizes a print on demand system that allows for the case-specific details for each group policy, as well as personalization for the eligible person who requests the kit. Bracketed material is variable. The enclosed Explanation of Variability matrix (EOV – 46969 et al) describes the intent of the variable material. Please note that the matrix also contains the instructions for Genworth’s on-demand printing system that will create the final printed versions of the copy.

If helpful to the Department’s review, Kathy Hamby, Genworth’s Group Compliance Leader, is available to you to address any questions you may have. We trust that you will find our filing to be in order and hope that you will grant your Department’s approval to this submission. If you have any questions, please feel free to contact me at 508-651-8800 or tcassidy@LTCG.com. My fax number is 508-651-8804.

Sincerely,



Timothy P. Cassidy
Compliance Manager

FORMS LISTING
GROUP LONG TERM CARE INSURANCE MARKETING MATERIAL
For Use with Policy Form Series 7046

Form Number	Title	Type of Solicitation
46969 07/01/09	Help Protect what matters....(Folder)	Invitation to contract
47803 07/01/09	How do you apply?	Invitation to contract
47804 07/01/09	Is this Program right for You?	Invitation to contract
47799 07/01/09	How much will this Program cost you?	Invitation to contract
48034 07/01/09	What are your Premiums?	Invitation to contract
47801 08/05/09	What does this Program cover?	Invitation to contract

Genworth Life Insurance Company

Explanation of Variability

Forms 46969 070109 et al

1= Case Specific 2= In or Out text 3= Substitute text

Form	Title	Variable Text [....]	Explanation	Type	
46969	Folder Information and Enrollment Kit	[or enroll on line]]	In or out depending on web site or not	2	
		[[Go to www.Genworth.com/groupitc].....]	In or out depending on web site or not; Different group specific URL may be substituted	2 3	
		Group ID: [XXXXXX] and Access Code {XXXXXX}	Determined based on group	1	
		Call [1 XXX XXX XXXX]	Determined based on group	1	
		Group Policy number [xxxxx], on Policy form series [7046]	Insert depending on group. Policy form [7046] may be substituted for by [7050] if product approved	3	
		Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al][Virginia, 7046POL-VA, et al]	Determined based on state of group situs...non relevant states are removed	3 2	
	To see the rates for all options...Group ID[XXXXXX] and Access Code[XXXX]	In or out depending on web site or not	2 1 1		
47799	How much will this Program cost you? Front Cover	[Group Name Logo]	Insert group name and logo if from program sponsor; or Genworth logo and Genworth Life Insurance Company if from Genworth; or "A [Group name] Voluntary Benefit" based on case specifics	1 3	
		Back Cover	Group Policy number [xxxxx], Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al][Virginia, 7046POL-VA, et al]	Based on case specifics Determined based on case specifics: group situs and ET states...non relevant states are removed	1 1 2
	Inside Front Cover	Heading	[Carrie Murray]	Insert name of recipient or Age 40, 45, 50, 55, 60 or 65 if generic	1
		chart	[Metro Area, State/State] 1 year: \$106,000; 3 year \$316,000; Daily/Monthly \$106/43230.....]	Insert recipients locale and costs of care for that locale based on Genworth Annual Cost of Care Survey. Will be updated annually. Substitute Daily/Monthly depending on plan.	3 1

Genworth Life Insurance Company

Explanation of Variability

Forms 46969 070109 et al

1= Case Specific 2= In or Out text 3= Substitute text

Form	Title	Variable Text [....]	Explanation	Type
	Citation	[2009] Genworth[04/09]	Statistics will be updated from the annual Genworth survey. The year of the survey will also be updated.	3
		[Daily/Monthly]	Substitute Daily/Monthly depending on plan	3
		[Metro Area, State/State]	Insert recipients locale	3
		[Assisted living or homecare]	Either Assisted Living or Home Care will appear	2
		[rising]	In or out depending on if costs continue to rise as indicated in current annual survey	2
	How can you ...	[[Go to www.genworth.com/grouplrc].....]	In or out based on availability of group website; different group specific URL may be substituted	2 1
		Group ID: [XXXXXX] and Access Code [XXXXXX]	Determined based on group	1
		Call [1 XXX XXX XXXX][group name]	Determined based on group	1
	Inside Back Cover			
	Headline	Based on [your current] age [of] [xx]/age as of [date]	Substitute recipient age, or if not available generic age of 40, 45, 50, 55, 60, or 65	3
	chart	[Daily/Monthly] Benefit choices.....	All chart numbers depict available daily or monthly benefits, total coverage choices and benefit increase choices and depend on the case specific plan design	1
	Chart footer	[The [Group] [Group Name][Voluntary]]	Insert group name of program sponsor. Substitute voluntary for groups who consider this program to be non-erisa	1 3
		[Go to www.genworth.com.....]	In or out depending on web site or not; different group specific URL may be substituted	2 3
		[or] S/see [What are your premium rates?]in the Information Kit	Substitute wording depending on whether there is a web site or not	3
47801	What does this Program Cover?	[Group Name Logo]	Insert group name and logo if from program sponsor; or Genworth Life Insurance Company if from Genworth; or "A [Group [name] Voluntary Benefit"	1

Genworth Life Insurance Company

Explanation of Variability

Forms 46969 070109 et al

1= Case Specific 2= In or Out text 3= Substitute text

Form	Title	Variable Text [....]	Explanation	Type
		[Group Name[voluntary]]	Insert group name of program sponsor. Voluntary in or out for groups that consider themselves non-ERISA.	1 2
		Page [6] [7] [8] [12] [13]	Pages numbers may vary based on the number of group variations in the plan design	1
		It may also help re-imburse ...home.]	In or out based on whether Informal care is included in the plan.	2
		[Employer/Sponsor] paid Core plan.....[group name] [eligible employees/retirees/members [and][their spouses]/[or] [[domestic] partners] .	If not Core plan, will not appear. Sponsor, Group name and eligibility based on case specifics.	2 1
		[Employer/Sponsor paid Core plan.	Employer or Sponsor based on case specifics	1
		[Daily/Monthly] [\$0000]	Insert based on group plan design	1
		Total Coverage amount of [\$000,000]	Insert based on group plan design	1
		[ZZZZZ] benefit increase option	Insert based on group plan design	1
		[50%] of the [Daily/Monthly] for home care	Insert appropriate % (50%, 60%, 75%, 100%)based on group plan design	1
		[Daily/Monthly] [Benefit/buy-up option]	Substitute depending on group plan design	1
		[amount/buy-up option]	Substitute depending on whether core	1
		[choices/buy up option]	Substitute depending on whether core	1
		[Daily/Monthly][Choices/buy up options][Daily/Monthly][day/month]	Insert based on group plan design; Substitute depending on whether employer or other type of group	1
		[three] choices [Group Name[voluntary]]	Insert based on group name and plan design	1
		[XX%] of the [Daily/Monthly] for home care	Insert based on group plan design	1
		[Daily/Monthly]	Insert based on group plan design	1
		[Choices/buy up options]	Substitute depending on whether Core plan	1
		[Daily/Monthly]	Insert based on group plan design	1
	Page 3 Header	[On average.....2009]	May be deleted	2
	Chart 1 -Daily/ Monthly	[Daily/Monthly][Benefit Choices/Buy up Options]	Insert based on group plan design; Substitute depending on whether Core Plan	1 3
		[For [Carrie Murray]]	Delete if not personalized; use name of eligible person.	2 1

Genworth Life Insurance Company

Explanation of Variability

Forms 46969 070109 et al

1= Case Specific 2= In or Out text 3= Substitute text

Form	Title	Variable Text [...]	Explanation	Type
chart 1		[Daily/Monthly] Benefit [Choices/Options]	Insert based on group plan design; Substitute depending on whether Core Plan	1 3
chart 1		[\$[XXX/Day]/Month= \$[XX/day/month] \$[XX/day/month] \$[XX/day/month]	Daily or Monthly benefit amounts based on group plan design and what they would cover for home care, assisted living and nursing home care	1
Rules of thumb chart 1		[Daily/Monthly]	Insert based on group plan design	1
		[Metro area, state/State]	Show eligible person's location	1
		[Day/Month]	Insert based on group plan design	1
		[a day/month] of care in [Metro area, state/State]	Substitute based on group plan design and eligible person's location	1
		\$ [XXX,XXX]; \$[XXX,XXX]; \$[XXX,XXX]	Show daily or monthly costs for home care, assisted living care and nursing home care in eligible person's location	3
Chart 2 Total Coverage		[Choices/Buy up Options]	Insert based on group plan design; Substitute depending on whether Core Plan	1 3
		[For [Carrie Murray]]	Delete if not personalized; use eligible ee name.	2 1
chart 2 p 3		[Daily/Monthly] Benefit [Choices/Options]	Benefit based on group plan design; Substitute depending on whether Core Plan	1 3
chart 2 p 3		[\$[XXX/Day]=\$ [XXX,XXX]; \$[XXX,XXX]; \$[XXX,XXX] \$ [XXX,XXX]; \$[XXX,XXX]; {three}]	Indicate Total Coverage choices based on group plan design	1
Rules of thumb chart 2			Substitute 2, 3, 4 , 5 depending on the cost of home or assisted living care in the eligible person's location	3
		[3] years ...in [Metro area, state/State]	Substitute 2, 3, 4 , 5 depending on the cost of home of assisted living care; indicate eligible person's location	3 1
		\$ [XXX,XXX]; \$[XXX,XXX]; \$[XXX,XXX]	Indicate costs for home care, assisted living care and nursing home care over indicated time frame in eligible person's location	3
Citation		[2009] Genworth Annual Cost of Care survey, conducted by CareScout, [04/09] Metro area, State/State	Indicate appropriate year and date of survey; Show eligible person's location.	3

Genworth Life Insurance Company

Explanation of Variability

Forms 46969 070109 et al

1= Case Specific 2= In or Out text 3= Substitute text

Form	Title	Variable Text [....]	Explanation	Type
	Benefit Increase choices		In or out depending on the availability of web site;	2
		[To compare.....tool.]		
		[www.genworth.com/groupltc]; Group ID: [XXXXX] and Access Code {XXXXX}	URL, Group ID and Access Code based on case specifics	1
		[Daily/Monthly]	Based on group plan design	3
		[five]	1, 2, 3, 4, 5 or 6 depending on number of benefit increase choices offered	1
		[A....][B....][C....][D.....][E....]	Insert the benefit increase options offered for the group plan..up to 6 choices.	1
		[Buy More coverage over time.....]	Included based on group plan design; out if not offered	2
		[three/two]	substitute depending on group plan design	3
		[Daily/Monthly]	substitute depending on group plan design	3
		[less any claims paid]	in or out depending on if claims offset used	2
		[5%/3%]	substitute depending on group plan	3
		[three/two]	substitute depending on group plan	3
		[three/two]	substitute depending on group plan	3
		[This option is automatically included.....option.]	In or out based on group plan design.	2
		[Automatic 5% Increase for Life....]	Included based on group plan design; out if not offered	2
		[Daily/Monthly]	substitute depending on group plan	3
	Header - p 5	[If long term care [the current rate of 5% per year].....Survey]	May or may not appear	2
	Citation	[2009] Genworth Annual Cost of Care survey, conducted by CareScout, [04/09]]	Indicate appropriate year and date of survey	3
		[Automatic 5% Increase for Life- Age adjusted.....]	Included based on group plan design; out if not offered	1
		[Daily/Monthly]	substitute depending on group plan	3
		[Daily/Monthly]	substitute depending on group plan	3
		[Automatic [3%/4% Increase for Life....]	insert based on group plan design; out if not offered	1 3
		[Daily/Monthly]	substitute depending on group plan	3
		[three/two]	substitute depending on group plan	3
		[Automatic 5% Increase for Life-[Simple].....]	Included based on group plan design; out if not offered	1

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Form	Title	Variable Text [....]	Explanation	Type
		[Daily/Monthly]	substitute depending on group plan	3
		[Daily/Monthly]	substitute depending on group plan	3
		Automatic [5/4/3]% increase Until Age [70/76]	Included based on group plan design; percents and age based on group plan design	1 3 3
		[Daily/Monthly]	substitute depending on group plan	3
		[5%], [3%][2%]	substitute depending on group plan	3
		Age [70/76]	substitute depending on group plan	3
		[- You don't want to decide....coverage.]	Not included if "Buy More Coverage Over Time" is not offered. Substitute "You want a more affordable option" if other benefit increase options are less affordable.	2 3
		[70/76].	insert based on group plan design	3
	Features Included Chart		Variables of specific features are based on the group plan design	1
	Free Look	[30/45/60] days	substitute based on group plan design	3
	Home Assistance	[Up to [50]X your [Daily benefit/ 2 X your monthly benefit]	substitute based Daily or Monthly plan design	3 3
	Informal Care	[Informal Care.....services]	In or out based on group plan design	2
	Respite Care	[30/21]	substitute based on group plan design	3
	Bed Reservation	[30/60]	substitute based on group plan design	3
	International Benefit		In or out based on group plan design;	2 3
		[Daily/Monthly]	substitute based on Daily or Monthly plan	
	Return of Premium	[Return of Premiumcoverage]	In or out based on group plan design	2
	Nonforfeiture Benefit	[Nonforfeiture.....premiums]	In or out based on group plan design	2
	Your Cost Chart	[age][XX][your current age][as of [date]].	substitute based on age of eligible person or generic age of 40, 45, 50, 55, 60, 65 or 70	3
		[Group Name[voluntary]] [may/offer[s]]	Insert group name; include voluntary at case level; change syntax if group program offers additional choices.	1 2 3
		[go to[www.genworth.com/group]tc] [using Group ID [XXXX] and [Access Code {XXXX}[, or] [C/c]all 1 [XXX.XXX.XXXX]].	In or out if website available for group; Web URL, ID and Access Code determined based on group; Toll free number based on group	2 1

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Form	Title	Variable Text [....]	Explanation	Type
		[Monthly]	Monthly or Daily based on group plan design; daily rates are shown as examples; For example equivalent Monthly rates would be \$3,000; \$6,000; \$9,000.	1
		[\$100] [\$200] [\$200]	Benefit amounts based on group plan design	1
		[\$109,500]; [\$185, 500]; [\$365,000] etc	Total coverage amounts based on group plan design	1
		[Buy More coverage over time.]; [Automatic 5% for Life-Compound];Automatic 5% Increase for Life-Age Adjusted] etc	Benefit Increase Options based on group plan design	1
		[Your] Monthly Cost. [\$00.00]	The monthly cost for these benefits, based on the group rates, and personalized for the prospects date of birth, or substitute "The" for "Your" for a generic age quote	1 3
	Additional Options to Enhance Coverage	Variables and availability of additional options are based on the group plan design		1
		[Higher [Daily/Monthly] Benefit.....]	insert based on group plan design; out if not offered	2
		[Daily/Monthly]	substitute depending on group plan design	3
		[Higher Total Coverage Amount.....]	insert based on group plan design; out if not offered	2
		[Increased Percentage of coverage for Home Care....]	insert based on group plan design; out if not offered	2
		[Daily/Monthly]	substitute depending on group plan design	3
		[60%][75%][100%]	substitute depending on group plan design	3
		[Non-Forfeiture Benefit....]	insert based on group plan design; out if not offered	2
		Shorter Waiting Period...]	insert based on group plan design; out if not offered	2
		[30][60][Calendar]	In or out based on group plan design	3
	Additional Options to Reduce Your Premiums	[70% of people.....[2005/2006]]	Statistics and information updated annually and will be modified if required	3 3
		Variables and availability of additional options are based on the group plan design		1
		[Lower [Daily/Monthly] Benefit.....]	insert based on group plan design; out if not offered	2

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Form	Title	Variable Text [....]	Explanation	Type
		[Daily/Monthly]	Substitute depending on group plan design	3
		[Lower Total Coverage Amount....]	insert based on group plan design; out if not offered	2
		[Reduced Home Care Coverage Percentage....]	insert based on group plan design; out if not offered	2
		[Daily/Monthly]	Substitute based on group plan design	3
		[50%][60%][75%]	Substitute based on group plan design	3
		[Apply with your spouse]	In or out based on group eligible classes	1
		[/[or] domestic] partner] [are eligible and]	In or out if domestic partners are eligible	2
		[5%/10%/15%/20%]	Substitute based on group plan design	3
		[/[or] domestic] partner]	In or out if domestic partners are eligible	2
		Longer Waiting Period...]	insert based on group plan design; out if not offered	2
		[60/90/120] days	Substitute based on group plan design	3
		[you have completed] [60/90/120] days [of paid service]	Substitute if service day	3
	More to know	[60/90]	Substitute depending on group plan	3
		[60/90]	Substitute depending on group plan	3
		[Calendar/covered service days]	Substitute depending on group plan	3
		[and your covered service days...consecutive].	In or out depending on whether service or calendar day	2
	Exclusions and limitations	Bulleted exclusions are bracketed to allow for their removal in those states that do not allow them	Specific exclusions will be based on situs state of group or resident state if extra-territorial; please note that state approved exclusions will appear in this section of the brochure.	2
		[Other coverage...incur.]	Determined based on state of group	2
		[group]	Determined based on state of group	2
		[Your state Partnership....kit.]	Based on whether state has an approved partnership plan	2
	What should I do next?	[Group Name[voluntary]]	Insert group name;	1 3
		[Go to [www.genworth.com/group] [Use [Group ID] [XXXX] and [Access Code] {XXXX}].	In or out if website available for group; Web URL, ID and Access Code determined based on group; Toll free number based on group	2 1

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Form	Title	Variable Text [....]	Explanation	Type
		[or]	In or out depending on if web site is available for group;	2
		[Call [XXX.XXX.XXXX]	Determined based on group	1
		[Group Name]	Insert group name	1
		[Most People[75%]...[70%]...[12/31/2008]]	Statistics updated annually and will be modified if required	3
		Group Policy number [xxxxx], on Policy form series [7046]	Insert depending on group. Policy form [7046] may be substituted for by [7050] if product approved	1 3
		Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al][Virginia, 7046POL-VA, et al]	Determined based on state of group situs...non relevant states are removed	3 2
47803	How do you apply	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth or "A [Group name] Voluntary Benefit" depending on the groups preference.	1
	Back cover	Call [1 XXX XXX XXXX] [And don't forget its easy to apply on line.....Go to: [www.Genworth.com/groupitc] and use Group ID XXXXXX and Access Code [XXXXX]]	Determined based on group In or out if website available for group; Web URL, ID and Access Code determined based on group; Toll free number based on group	1 2 1
	Eligibility	[The [Group Name[voluntary]]	Insert group name of program sponsor. Substitute " Voluntary" for groups who preferr that wording	1 3
		[-[A/an][actively at work*][full time][or part time][employee/retiree] of [Group Name] etc . Including all bulleted eligibility variables.	Subtitute depending on the eligible classes under Group Policy	1
		[Actively-at-work means an employee who is performing by the [Group Name/the employer] [on a full-time basis, at least [30] hours per week][and/or] [a minimum X days][or on a part-time basis, at least [15] hours per [week/month.]]	In or out depending on whether employment is eligibility criteria; substitute based on group specific eligibility requirements.	2 1

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Form	Title	Variable Text [...]	Explanation	Type
		[** Active service means you are able to engage in	In or out depending on whether employment is eligibility criteria for a given class; if not active service may appear for the class.	2
		for eligible [employees] [members] [retirees][spouses [or domestic partners] of employees employees who work for][family members of employees who work for]	Substitute based on eligible classes in the group policy	1
		[Group Name}	Insert group name of program sponsor.	1
		[voluntary][core][buy-up]	Substitute depending on group plan design	3
		[[Group Name] is paying for a base amount of coverage.....	Paragraph is included based on group plan design as a core plan	2 1
		[employees/members and [spouses]]	Substitute depending on group eligibility	1
		[you may also purchase additional coverage....[group name}...plan.}}	in or out depending on group plan design; substitute group name	2 1
	How to apply for Voluntary Plans	[Voluntary Plans]	Page is in or out depending on whether plan is voluntary or not	2
		[Application Name]	Substitute application title based on underwriting requirements for type of applicant	1
		[For [employees/members/retirees/spouses/ eligible family members][[under age xx][[between the ages of x and x]/over age x]]	Include appropriate language based on group specific underwriting and eligibility requirements.	1
		[Use this application if you have selected any of the following combinations of [Daily/Monthly] Benefits and Total Coverage:	Include appropriate language based on group specific underwriting and eligibility requirements applicable to class. Substitute Daily or Monthly based on group plan design	1 3 2
		[If the plan you want is not available on this chart, see other application[s] in this booklet.]	In or out based on specific underwriting and eligibility requirements and group plan design	2

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Form	Title	Variable Text [...]	Explanation	Type
		complete your Coverage Selection by choosing your:[- Daily/Monthly Benefit][- Home Care Coverage percentage][-Waiting period][-Additional Options]	Coverage selection options are in or out based on group plan design	2
		Choose your method of payment [-Payroll Deduction][-Direct Bill][-Electronic Funds Transfer]	Payment methods are in or out based on group plan design	2
		[Couples Discount....application.]	In or out depending on group plan design	2
		Coverage Selection -[Premium Payment Authorization Form] -[Electronic Fund Transfer (EFT) Authorization Form (when required) etc...]	Forms are in or out based on group plan design requirements	2
		Review prior to submitting your application [- Important information regarding LTCi Partnership][-Other materials that may be required by your state]	Forms are in or out depending on whether they are required to complete application or specific state regulation	2
	How to apply Core and Core plus Buy-up plans	Call [888.888.8888]	Based on group specific details	1
		[Core/Core Buy Up plans]	Page is in or out depending on whether plan is Core/Core Buy Up or not	2
		[Application Name]	Substitute application title based on underwriting requirements for type of applicant	3
		[For [employees/members/retirees/spouses/ eligible family members][[under age xx][between the ages of x and x]/over age x]]	Include appropriate language based on group specific underwriting and eligibility requirements.	3
		[Use this application if you have selected any of the following combinations of [Daily/Monthly] Benefits and Total Coverage:see chart for monthly benefit amounts and total coverages offered that required underwriting application.	Include appropriate language based on group specific underwriting and eligibility requirements and type of applicant Substitute Daily or Monthly based on group plan design	1 3

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Form	Title	Variable Text [...]	Explanation	Type
		[If the plan you want is not available on this chart, see other application[s] in this booklet.]	In or out based on specific underwriting and eligibility requirements and group plan design	2
		To choose the Core plan only:Complete the [Personal Profile/Applicant Information"] section.....[-Answer questions[1][and 2] in the "Insurability Profile"]	Substitute appropriate language based on application for the specific applicant and group specific underwriting.	3
		[-Answer questions[1][and 2] in the "Insurability Profile"]	In or out depending on core only or buy up; substitute question numbers based on application and group specific underwriting	2 3
		[To choose a buy-up option.....[Daily/Monthly][Facility care Maximum][Optional Benefit Choices]	In or out depending on core only or buy up;	2
		[Daily/Monthly][Facility care Maximum][Optional Benefit Choices]	Substitute/include based on group plan design	3 2
		Choose your method of payment [-Payroll Deduction][-Direct Bill][-Electronic Funds Transfer]]	In or out depending on group plan design	2
		[Couples Discount....application.]	In or out depending on group plan design	2
		Complete, sign and return the following required forms..... [Coverage Selection] [Premium Payment Authorization Form] [Electronic Fund Transfer (EFT) Authorization From (when required) etc...]	Payment methods are in or out based on group plan design	2
		Review prior to submitting your application ...[-Important information regarding LTCi Partnership][-Other materials that may be required by your state]	In or out depending on whether forms are required to complete application or specific state regulation	2
		Call [888.888.8888]	Based on group specific details	1
		Group Policy number [xxxxx]	Based on group specific details	1
		Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al][Virginia, 7046POL-VA, et al]	Determined based on situs state...non relevant states are removed	1

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Form	Title	Variable Text [....]	Explanation	Type
47804	Is this Program Right for You?	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth or "A [Group name] Voluntary Benefit"	1
		[2008] Genworth Annual Cost of Care survey conducted by CareScout [04/08]]	Substitute new year and date when study updated	3
		[and has more policyholders:]	In or out based on details of LIMRA survey	2
		[your employer/group name]	Substitute your employer or Group Name	3 1
		[2 LIMRA [2008] Individual Long Term Care Insurance In Force.]	In or out based on details of LIMRA survey; revise date with current survey	2 3
		as of [06/30/2008.]	Revise date when information updated	3
		Aged [45]	substitute ages 40, 45, 50, 55, 60 , 65, 70, depending on group	3
		under the [[Group Name[voluntary]]	Insert group name of program sponsor. Substitute "Voluntary" in place of group name	1 3
		Wait [5] [10] [20] years	Substitute depending on age chosen above	3
		[XXXX] monthly premium	Insert based on group rates	1
		[XXXX] total paid to age 80	Insert calculation based on group rates	1
		Assumes [\$xxxx] [daily] benefit; [\$ xxxx total coverage]; [100%]of the [daily/monthly] benefit available for assisted living care; [75%] of the [daily/monthly] benefit available for home care;[buy more coverage over time] benefit increase option	Insert based on group specific plan design	1
		Group Policy number [xxxxx]	Insert based on group policy	1
		Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al][Virginia, 7046POL-VA, et al]	Determined based on state of group situs...non relevant states are removed	2 3

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Form	Title	Variable Text [....]	Explanation	Type	
48034	What are your premiums?	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth or "A [Group name] Voluntary Benefit"	1 3	
		[Group Name[Voluntary]]	Insert group name of program sponsor. Substitute "Voluntary" in place of group name	1 3	
		[Selected additional	Insert if add'l options available in group plan	1 2	
		[Group Name]	Insert group name	1	
		[Monthly/Daily]	Based on group specific details	1	
		[Group Name]	Insert group name	1	
		[[Go to www.genworth.com/grouplrc].....]	In or out depending on web site or not	2 3	
		Group ID, access code, website URL, and phone number	URL, group ID and access code, and phone number based on group specific	1	
		Rate Tables	[Group Name]	Insert group name	1
		[\$3000][Daily/ Monthly][90 day] waiting period;[75%] of [monthly] benefit;[Informal Care]: benefit;	Insert amounts, daily or monthly and benefit types depending on the group plan design.	1	
		Total Coverage Choices {\$xxxxxxx}	Insert available Total Coverage amounts based on group specific plan	1	
		[Buy more coverage over time][Autom 5% for Life comp][Auto 3% for Lilfe comp]	Insert available benefit increase options based on group specific plan	1	
		[\$xx.xx].....	Insert monthly rates for select ages for each of shown Daily or monthly benefits, total coverage amounts and benefit increase options.	1	
		Group Policy number [xxxxx]	Insert based on group policy	1	
		Examples include the following: [Delaware, 7046POL and 7046CERT-DE, et al][Virginia, 7046POL-VA, et al]	Determined based on state of group situs...non relevant states are removed	2 3	