

SERFF Tracking Number: LTCG-126401219 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 44209
Company Tracking Number: GWNEWHIREAR
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth New Hire Advertising Filing/GWNEWHIREAR

Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: Genworth Group Long Term Care Insurance
TOI: LTC03G Group Long Term Care
Sub-TOI: LTC03G.001 Qualified
Filing Type: Advertisement
SERFF Tr Num: LTCG-126401219 State: Arkansas
SERFF Status: Closed-Filed
Co Tr Num: GWNEWHIREAR
Author: Timothy Cassidy
Date Submitted: 11/30/2009
State Tr Num: 44209
State Status: Closed
Reviewer(s): Marie Bennett
Disposition Date: 12/09/2009
Disposition Status: Filed
Implementation Date:
Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: Genworth New Hire Advertising Filing
Project Number: GWNEWHIREAR
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 12/09/2009
Deemer Date:
Submitted By: Timothy Cassidy
Filing Description:
Please see attached cover letter.

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: The materials will shortly be submitted to Delaware, Genworth's state of domicile, for approval.
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer, Association, Trust, Other
Explanation for Other Group Market Type: Labor Unions
State Status Changed: 12/09/2009
Created By: Timothy Cassidy
Corresponding Filing Tracking Number:

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: \$175.00
 Retaliatory? No
 Fee Explanation: 7 pieces at \$25 per piece totals \$175
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$175.00	11/30/2009	32360441

SERFF Tracking Number: *LTCG-126401219* State: *Arkansas*
Filing Company: *Genworth Life Insurance Company* State Tracking Number: *44209*
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Product Name: *Genworth Group Long Term Care Insurance*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	12/09/2009	12/09/2009

SERFF Tracking Number: *LTCG-126401219* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *44209*
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Disposition

Disposition Date: 12/09/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *LTCG-126401219* State: *Arkansas*
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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	New Hire Flyer (Non-Core plans)		Yes
Form	New Hire Flyer (Core plans)		Yes
Form	New Hire Presentation Slides		Yes
Form	New Hire Announcement (Non-Core plans)		Yes
Form	New Hire Announcement (Core plans)		Yes
Form	New Hire Reminder (Non-Core plans)		Yes
Form	New Hire Reminder (Core plans)		Yes

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Form Schedule

Lead Form Number: 47485 09/09/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	47485 09/09/09	Advertising	New Hire Flyer (Non-Core plans)	Initial		0.000	47485_09090 9_FILE.pdf
	47486 09/09/09	Advertising	New Hire Flyer (Core plans)	Initial		0.000	47486_09090 9_FILE .pdf
	47487 09/09/09	Advertising	New Hire Presentation Slides	Initial		0.000	47487 090909 _FILE.pdf
	47488 04/03/09	Advertising	New Hire Announcement (Non-Core plans)	Initial		0.000	47488_04030 9_FILE.pdf
	47489 04/03/09	Advertising	New Hire Announcement (Core plans)	Initial		0.000	47489_04030 9_FILE.pdf
	47490 04/03/09	Advertising	New Hire Reminder (Non-Core plans)	Initial		0.000	47490_04030 9_FILE.pdf
	47491 04/03/09	Advertising	New Hire Reminder (Core plans)	Initial		0.000	47491_04030 9_FILE.pdf

Help protect your future from life's uncertainties

1 [Group Name Logo]

3 GROUP LONG TERM CARE INSURANCE PROGRAM



3 Why add long term care insurance to your [employee/member/retiree] benefits?

The need

1/3 Long term care insurance enhances [Group Name's] benefit offerings by meeting a largely unrecognized need many of us may have. It pays for covered expenses for long term care services whether they are received at home, in the community or in a nursing facility. Here are a few points to consider:

- 7 in 10 of us will likely need some kind of long term care as we get older.¹
- These expenses aren't covered by either our disability or health insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of our savings.

The cost

3 Today, a private room in [Richmond VA] nursing facility averages [\$XX,XXX]² a year [and costs are rising]. Since typical stays can average three years, a long term care situation could cost [hundreds of thousands of dollars/almost [\$XXX,XXX]], particularly if the cost of care continues to increase.³

The opportunity

1/3 As [a/an] [newly hired/active/retired] [Group Name] [employee/member], you [and your spouse/eligible family member] can now buy this coverage at competitive group rates[with [no medical underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose,] for the first [XX] days of your [employment/membership/retirement date].

1 What are your basic choices?

Step 1: Choose a [Daily] Benefit

1 This is the maximum amount you'll be reimbursed each [day/month] for covered long term care expenses. You have [3] available choices:

1 [Daily] Benefit Choices	Will Reimburse Up to This Amount For Covered:		
	Home Care	Assisted Living Care	Nursing Facility Care
\$[100/[day]]	\$ [50/[day]]	\$ [100/[day]]	\$ [100/[day]]
1 \$[200/[day]]	\$ [100/[day]]	\$ [200/[day]]	\$ [200/[day]]
\$[300/[day]]	\$ [150/[day]]	\$ [300/[day]]	\$ [300/[day]]
3 [Richmond, VA] cost of care ²	\$ [106/[day]]	\$ [103/[day]]	\$ [190/[day]]

Seven in ten of us will likely need some kind of long term care as we get older¹

For more information or to enroll:

2 **[Go to:**
1 **[www.genworth.com/**
groupltc.]
 Use Group ID: [XXXX]
 and Access Code: [XXXX]]

1 **or Call:**
[XXX XXX.XXXX]
 To speak with a Program expert or to order an information kit.
2 [(available [month/day/
3 year]]

Step 2: Select Your Total Coverage Amount

This is the total amount of money available to pay covered long term care expenses for the lifetime of your coverage. You have several choices available to you – depending on the [[daily]/monthly] benefit you selected.

1

1 [Daily] Benefit Choices	Total Coverage Choices		
1 \$[100/[day]]	\$ [109,500]	\$ [182,500]	\$ [365,000]
\$[200/[day]]	\$ [219,000]	\$ [365,000]	\$ [730,000]
\$[300/[day]]	\$ [328,000]	\$ [547,000]	\$ [1,095,000]

1 **Step 3: Choose a Benefit Increase Option**

This program offers [3] Benefit Increase Options to help you protect against the rising cost of care:

2 [Buy More Coverage Over Time

Every three years, as long as you're not in claim status, you'll be offered the chance to buy more coverage without answering any medical questions. The premium for the increase will be based on your age at the time you increased your benefits. If you decline the increase two consecutive times, future offers will not be made.]

2/3 [Automatic [5%] Increase for Life - Compound

Your [Daily] Benefit and Total Coverage will automatically increase by [5%] compound every year. **The increases in benefits will not increase your premium.]**

2 [Automatic Increase for Life - Age Adjusted

Your [Daily] Benefit and Total Coverage will automatically increase by 5% compound every year up to age 66. Thereafter, it will increase every coverage anniversary by 5% on a simple basis. The increases in benefits will not increase your premium.]

A simple solution can fit your needs and budget

It's easy to apply for coverage – and it may be more affordable than you think. You can tailor a plan to meet your individual needs and your pocketbook.

2 [Call the toll -free number and speak with a Program Expert [or go to the dedicated website] to get a personalized quote.]

2 1 [With the [new] [Group Name] Group Long Term Care Insurance Program, a [45] year old can purchase comprehensive coverage starting at [\$XX.XX] per month.⁴

3

A sampling of additional available plans for a [45] year old.			
1 [Daily] Benefit	\$ [100]	\$ [200]	\$ [300]
Total Coverage	\$ [109,500]	\$[219,000]	\$[328,500]
Monthly Premium	\$ [XX]	\$[YY]	\$[ZZ]

3

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

² [2008] Genworth Annual Cost of Care Survey, conducted by CareScout, [April 2008].

³ Long Term Care Financing: Policy Options for the Future. Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.

[⁴ Assumes the "Buy more coverage over time" benefit increase option [and does not include the optional non-forfeiture benefit.]]

2

Details about benefits, costs, limitations, and exclusions can be found in the outline of coverage.

Group Long Term Care Insurance underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046. Form numbers can vary by state, including a state specific variation. [For example, in Idaho, the certificate form number may read 7046CERT-ID, and in Pennsylvania, 7046CERT-PA.]

1

Help protect your future from life's uncertainties

1 [Group Name Logo]

GROUP LONG TERM CARE INSURANCE PROGRAM



1 Your long term care insurance benefit
As [a/an] [newly hired/active/retired] [Group Name] [employee/member], [Group Name] is providing a generous benefit... employer paid group long term care insurance.

1 Long term care insurance enhances [Group Name's] benefit offerings by meeting a need many of us may have. It pays for covered expenses for long term care services whether at home, in the community or in a nursing facility. A few points to consider:

- 7 in 10 of us will likely need some kind of long term care as we get older.¹
- These expenses aren't covered by either our disability or health insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services will have to come out of our savings.

3 Today, a private room in [Richmond, VA] nursing facilities averages [\$XX,XXX]² a year [and costs are rising.] Since an average stay is approximately 3 years³, a long term care situation could cost [hundreds of thousands of dollars/almost [\$xxx,xxx]].

1 Your core coverage, paid for by [group name] as long as you are an [employee/member], consists of:

- 1** • Up to [\$75] a [day/month] for your [daily/monthly] benefit.
- A total coverage amount of [\$82,125].
- [Buy more coverage over time] benefit increase option.

An opportunity to increase your coverage

1 Your core plan is designed to provide basic protection. But under the [Group Name] Program you [and your spouse] have the opportunity to get additional coverage, with [no underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose,] during the first [XX] days of your [employment/membership/retirement]. **2** [Group Name] will apply the same contribution they would have paid for your core plan, to reduce your buy up premiums. **3**

1 Step 1: Choose a Buy Up [Daily/Monthly] Benefit

If you want to add to your coverage, you have [3] available choices.

Seven in ten of us will likely need some kind of long term care as we get older¹

1 [Daily] Benefit Choices	Will Reimburse Up to This Amount For Covered:		
	Home Care	Assisted Living Care	Nursing Facility Care
[\$100/[day]]	\$ [50/[day]]	\$ [100/[day]]	\$ [100/[day]]
[\$200/[day]]	\$ [100/[day]]	\$ [200/[day]]	\$ [200/[day]]
[\$300/[day]]	\$ [150/[day]]	\$ [300/[day]]	\$ [300/[day]]
3 [Richmond, VA] cost of care ²	\$ [106/[day]]	\$ [103/[day]]	\$ [190/[day]]

Step 2: Choose a Buy Up Total Coverage Amount

2 You have [several] Total Coverage Amount choices available, depending on the [Daily/Monthly] Benefit you chose. **1**

1 [Daily] Benefit Choices	Total Coverage Choices		
1 \$[100/[day]]	\$ [109,500]	\$ [182,500]	\$ [365,000]
\$[200/[day]]	\$ [219,000]	\$ [365,000]	\$ [730,000]
\$[300/[day]]	\$ [328,000]	\$ [547,000]	\$ [1,095,000]

Step 3: Select a Buy Up Benefit Increase Option

1 This program offers [3] additional Benefit Increase Options to help you protect against the rising cost of care:

1 [Buy More Coverage Over Time]

Every three years, as long as you're not in claim status, you'll be offered the chance to buy more coverage without answering any medical questions. The premium for the increase will be based on your age at the time you increased your benefits. If you decline the increase two consecutive times, future offers will not be made.]

1 [Automatic [5%] Increase for Life – Compound]

Your [Daily] Benefit and Total Coverage will automatically increase by [5%] compound every year. **The increases in benefits will not increase your premium.]**

[Automatic Increase for Life – Age Adjusted]

1 Your [Daily] Benefit and Total Coverage will automatically increase by 5% compound every year up to age 66. Thereafter, it will increase every coverage anniversary by 5% on a simple basis. The increases in benefits will not increase your premium.]

A simple solution can fit your needs and budget

It's easy to apply for coverage – and it may be more affordable than you think. You can tailor a plan to meet your individual needs and your pocketbook.

2 [Call the toll-free number and speak with a Program Expert [or go to the dedicated website] to get a personalized quote.] **2**

2 [With the [new] [Group Name] Group Long Term Care Insurance Program, a [45] year old can purchase comprehensive coverage starting at [XX.XX] per month⁴ **1**

1 A sampling of additional available plans for a [45] year old. **3**

1 [Daily] Benefit	\$ [100]	\$ [200]	\$ [300]
Total Coverage	\$ [109,500]	\$[219,000]	\$[328,500]
Monthly Premium	\$ [XX]	\$[YY]	\$[ZZ]

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

3 ² [2008] Genworth Annual Cost of Care Survey, conducted by CareScout, [April 2008].

³ Long Term Care Financing: Policy Options for the Future. Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.

2 ⁴ Assumes the "Buy more coverage over time" benefit increase option [and does not include the optional non-forfeiture benefit.]

Details about benefits, costs, limitations, and exclusions can be found in the outline of coverage.

Group Long Term Care Insurance is underwritten by Genworth Life Insurance Company. This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series 7046. Form numbers can vary by state, including a state specific variation. [For example, in Idaho, the certificate form number may read 7046CERT-ID, and in Pennsylvania, 7046CERT-PA.] **1**
2

For more information or to enroll:

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

1 Use Group ID: [XXXX] and Access Code: [XXXX]

1 or Call: [XXX XXX.XXXX]

To speak with a Program expert or to order an information kit.

2 [(available [month/day/year]



1 2
3 2

- Welcome. I'm [presenter name] [representing Genworth Life Insurance Company]. We're here to discuss [a new]/[an] important [voluntary] benefit, Group Long Term Care Insurance.

1

- [Group Name] has decided to include as part of its benefits, a Group Long Term Care Insurance Program because it recognizes how important it is for you and your families to plan for the possibility of a long term care situation and to understand how this unique benefit may help in that planning.

3

2 1

- It should take about [30] minutes to go over the program, and we'll leave some time for questions at the end. [If there are questions we don't cover, [[Presenter name] from Genworth Life Insurance Company, will be here after the meeting to answer them].

2

- If you want more details including benefit descriptions, exclusions and limitations, you can find them either [at the website], in the information kit, or by calling the toll free number. We'll tell you how to get to each of them later in the presentation.

[Today's Topics] 2

- [1]** [Why People Buy LTC Insurance]
- [2]** [Myths and Realities]
- [3]** [Cost of Care] 3 1
- [4]** [What is Covered-Plan Details]
- [5]** Summary and Next Steps

1

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REVIEW AGENDA

2 2

- [I also want to tell you that I am [not] a licensed agent;]
- And I want to remind you that Genworth Life Insurance Company is the insurance company who provides the coverage.

[Reasons People Buy Long Term Care Insurance

2

- Help **protect retirement savings** they have put aside
- Help **protect family** and friends from the burdens of care giving
- Help **maintain choice** of where they receive their care
- Help them **stay in their homes** for as long as possible
- Help them maintain a level of **control and independence** in their lives]



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2

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Based on formal and informal discussions with our customers, these seem to be the key reasons why people consider long term care insurance:

- Some people want to keep from having to use their savings to pay for long term care. If you think about it, long term care costs could be considered a significant threats to retirement savings.
- Others, especially those who have been caregivers, want to protect their loved ones from having to go through the financial and emotional difficulties that occur when caring for someone with a chronic condition.
- Some want to make sure options are available, when the time comes, to make choices of where and from whom to receive care.
- There are also people who do not want to be in a Nursing Home and prefer to receive long term care in their homes.
- And people also want to preserve their independence and quality of life to the extent possible.

2

[Myths and Reality

It won't happen to me	MYTH
My insurance already covers this	MYTH
The government will pay	MYTH
I can pay for this out of my savings	MYTH
I can rely on my family	MYTH
It's too expensive]	MYTH

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There are many misconceptions about long term care and long term care insurance. Knowing the realities might help you better understand whether long term care insurance might be for you.

1. People think “it won’t happen to me”:

Long term care situations happen far more often than people think. A Georgetown University Report shows that 7 in 10 people who reach age 65 will need some long term care during their lives.*

2. My insurance will cover me:

Many people think either they are covered either by their disability insurance or their health insurance. But...:Disability Insurance is designed to replace a portion of your income and is usually used to pay for basic living expenses, and Health Insurance is designed to cover short term acute care such as hospital stays, operations, prescription drugs and doctors visits, but usually pays little or nothing toward long term care.

3. Perhaps the biggest misconception is that the government will pay for long term care:

The reality: These programs are limited

- Medicare has significant limitations on the long term care services it covers.
- Medicaid requires that you have little income and that you divest a significant portion of your assets.

4. Many people think they can pay for this out of their savings

The reality: It is very difficult to save the amount necessary to cover long term care expenses

5. Some people think they can rely on family or friends to provide that care...

But that’s not really a good option in most cases. Care giving can be very difficult. People who have been through it talk about the time and energy required and the physical and emotional strain.

6. Long term care insurance is too expensive

Coverage to help you address the costs of long term care is more affordable than most people think—and usually preferable to the alternative of no coverage.

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

What Does Long Term Care Insurance Cover?

Long term care insurance covers the costs of services that help people perform everyday activities* they may have difficulty doing or may need substantial supervision for.

Long term care situations can result from:

- Injuries caused by accidents
- Strokes
- Diseases like Alzheimer's, Parkinson's or MS
- And other chronic conditions

* Activities include Bathing; Dressing; Eating; Continence; Toileting; and Transferring. Severe cognitive impairment that requires substantial supervision also qualifies.

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4

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We've discussed why you might want to consider long term care insurance, and what some of the realities are when it comes to long term care, but exactly what does long term care insurance cover?

[Read the first paragraph.]

Long term care insurance covers expenses for the kind of help and care you would need if you can no longer perform 2 of 6 everyday activities like bathing, dressing, and even eating without assistance, and that situation is expected to last at least 90 days; or you have a severe cognitive impairment like Alzheimer's disease where you need substantial supervision.

- In either case, the condition must be certified by a licensed healthcare professional.

You can also see there are a variety of potential causes for long term care situations, even for working-aged people.

1

[Metro area/State] Costs of Care

2

3

3

3

	ANNUAL COSTS ⁺	COSTS+ FOR 3 YEARS OF CARE
HOME CARE *	[\$19,240]	[\$57,720]
ASSISTED LIVING FACILITY**	[\$34,000]	[\$102,000]
NURSING HOME FACILITY***	[\$66,850]	[\$200,550]

* Based on [20 hours] of [homecare] provided by a [non-licensed but certified provider] @ [\$20.25] per hour;
 ** Based on the median cost of a private room in an assisted living facility in [Metro area/State]
 *** Based on the median cost of [a semi-private room] in a nursing home in [Metro area/State]
 + Costs shown are based on the [2009] Genworth Cost of Care Survey, [conducted by CareScout, April 2009]

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1

Long term care can be expensive no matter where you live and no matter where you receive it. Here are median annual cost of care figures for [State, county, city zip code] for home care -where most people prefer to stay - for assisted living care and lastly for nursing home care.

Some studies - including our own claims data - indicate that 3 year plans may be sufficient for the length of time long term care is needed. The National Clearinghouse for Long Term Care Information¹ indicates “that on average someone aged 65 today will need some long term care for 3 years.”

In evaluating the amount of coverage that is right for you, take into consideration that long term care is provided in a variety of settings including home care, assisted living facilities and nursing homes.

Of course, care for certain kinds of chronic illnesses, like Alzheimer’s Disease, can last significantly longer, so the choice of how much of your potential care you want to cover with insurance is up to you.

¹ The National Clearinghouse for Long Term Care Information - “Own Your Future” website, U.S. Department of Health and Human Services, October 2008.

[How Does Long Term Care Insurance Work?²

It provides a “pool of money” or Total Coverage Amount that can help pay for long term care services when and where needed:



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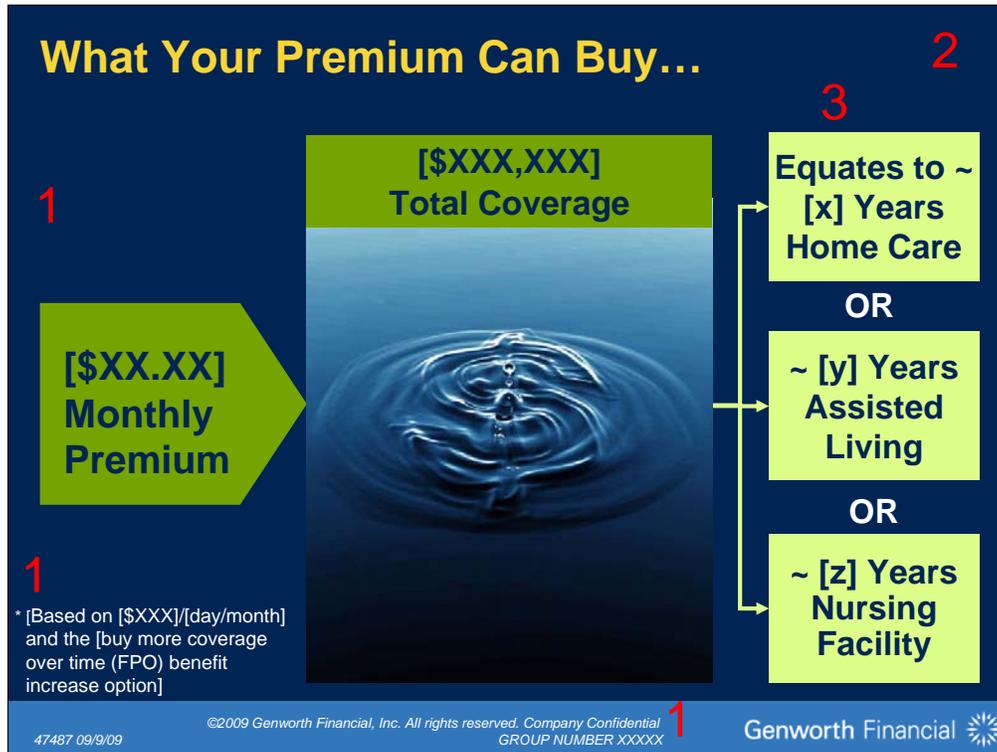
6

1 Genworth Financial 

- A key question is “How does Long Term Care insurance work?”. A simple answer is that it provides a pool of money that can be used to help reimburse the cost of your care in a variety of settings.
- It is important to note that long term care insurance doesn’t just pay for nursing home care. In fact, Genworth Life claims data indicates that most of the claims are for home and community care*, where most people would prefer to be.
- So, that pool of money can be used to pay for care and equipment:
 - At home and in the community (including adult day care)
 - In an assisted living facility
 - In a nursing home
 - And for things like wheelchair ramps and home monitoring systems.
- Specific limits apply to benefits and can be reviewed at the website, in the information kit and in the outline of coverage.

* Genworth Life Insurance Company, business operations data, as of [June 30, 2009]

3



2 . THIS SLIDE WILL BE DELETED IF CORE PLAN OFFERED

- Another key question is “What would I pay for long term care insurance, and what would I get in the way of benefits?”
- Here’s an example of how much a [45] year old could pay on a monthly basis under this Group Program and what that would result in:

- 1**
- 1 3**
- A Total Coverage amount that acts like a pool of money, of \$[XXX,XXX]* which, in [Metro area state/state] today, equates to approximately:
 - [X] years of home care**
 - [Y] years in an assisted living facility**
 - [Z] years on a nursing home---or combinations of each of those**

2 1 [It is important to remember that when the [Daily/Monthly] cost of care in your area exceeds your plan’s [Daily/Monthly] Maximum, the plan pays only up to the [Daily/Monthly] maximum. You would be responsible for the difference.]

- We’ll talk about coverage maximums and their importance more in a minute.
- Some things to consider:
 - The years of care represent averages compiled from Genworth’s Cost of Care study; the actual costs you incur may be more or less than these.
 - And these costs are based on today’s costs, not the costs 20 or 30 years in the future. We’ll talk about future care costs in a few minutes.

1 *Assumes a [Daily/Monthly] coverage of [\$XXX/YYYYY] and a total coverage of [\$ZZZ,ZZZ];

3 ** [2009] Genworth Cost of Care Survey, conducted by CareScout [April, 2009].

Plan Example Summary – Age [45] 2

	3	[LEVEL 1]	[LEVEL 2]	[LEVEL 3]
PREMIUM 1	3	[\$XX.XX]	[\$YY.YY]	[\$ZZ.ZZ]
TOTAL COVERAGE 1		[\$XXX,XXX]	[\$YYY,YYY]	[\$ZZZ,ZZZ]
PAYS UP TO:				
• Facility Care 1		[\$100/day]	[\$150/day]	[\$200/day]
• Home Care		[\$60/day]	[\$90/day]	[\$120/day]

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2

[THIS SLIDE WILL BE DELETED IF CORE PLAN OFFERED]

1/3

- In summary, the Group Program has [two/three/four] coverage levels:

[– [Level 1]: Provides less coverage, but is more affordable]

[– [Level 2]: Provides coverage that aligns closely with current, approximate costs for care in your area]

[– [Level 3]: Provides more extensive coverage, but higher monthly premiums]

[– Additional plan levels may be available – carefully review your Information Kit for details]

2/3

- These plan levels were designed with today's costs of care in your area, in mind. We will be discussing ways to protect against cost of care increases in a few minutes.

- All of these Coverage Levels come with an option to buy more coverage over time, (the future purchase option or FPO). It is available as a standard feature in all plan designs.

[Core Plan: Employer-Paid Basic Coverage]
 For actively at work, [full-time] employees on the program effective date ([mo/day/yr]), or new hires within [30] days of hire date...

1 [XXX.XX] Employer-Paid Monthly Premium*

2 [XXX,XXX] Total Coverage under Core Plan

3 Equates to ~ [x] Years Home Care*

OR

~ [y] Years Assisted Living*

OR

~ [z] Years Nursing Facility*

2 [You can increase your coverage by paying an additional premium for buy up options]

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2 [This slide will be included ONLY if a core plan design is available to the group.]

1 This plan has a very important feature. [Group name] has decided to pay for basic long term care coverage (a core plan) for [all employees/members/partners] [and their spouse/partners.]

1 3 As the above chart indicates the core plan will provide a Total Coverage Amount that acts like a pool of money, of \$[XXX,XXX]* which, in [Metro area state/state] today, equates to approximately:

- [X] years of home care**
- [Y] years in an assisted living facility**
- [Z] years on a nursing home---or combinations of each of those**

[It is important to remember that when the [Daily/Monthly] cost of care in your area exceeds your plan's [Daily/Monthly] Maximum, the plan pays only up to the [Daily/Monthly] maximum. You would be responsible for the difference.]

– We'll talk about coverage maximums and their importance more in a minute.

While this basic coverage is provided at no cost to you, if you are an [employee] [or their spouse/partner], you also have the choice of applying the company paid premium to buy more comprehensive coverage, making that coverage more affordable.

- 1**
- 3**
- Assumes a [Daily/Monthly] coverage of [\$XXX/YYYYY] and a total coverage of [\$ZZZ,ZZZ];

** [2009] Genworth Cost of Care Survey, conducted by CareScout [April, 2009].

[Buy-up Examples Summary – Age [45] ³ ²

	[LEVEL 1]	[LEVEL 2]	[LEVEL 3]
YOUR PREMIUM	[\$XX.XX]	[\$YY.YY]	[\$ZZ.ZZ]
TOTAL COVERAGE (INCLUDING CORE)	[\$XXX,XXX]	[\$YYY,YYY]	[\$ZZZ,ZZZ]
PAYS UP TO:			
• Facility Care	[\$XXX/day]	[\$YYY/day]	[\$ZZZ/day]
• Home Care	[\$XX/day]	[\$YY/day]	[\$ZZ/day]

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47487 09/9/09 GROUP NUMBER XXXXX 10 Genworth Financial

² [This slide will be included ONLY if a core plan design is available to the group]

- ³ • On top of your core coverage, you have [two-five] buy up coverage levels to choose from:
 - [[Level 1]: Provides basic coverage, but is more affordable]
 - [[Level 2]: Provides coverage that aligns closely with current, approximate costs of care in your area]
 - [[Level 3]: Provides more extensive coverage, but higher monthly premiums]]
 - [Additional plan levels may be available – carefully review your Information Kit for details]

^{2/3}

- These plan levels were designed with today's costs of care in your area, in mind. We will be discussing how to protect against cost of care increases in a few minutes.

- ² • [All of these Coverage Levels come with an option to buy more coverage over time, (the future purchase options or FPO). It is available as a standard feature in all plan designs.]

Benefit Increase Options - Age [45] 2

Option #x 1 3 Buy more coverage over time (FPO)	Option #x [Automatic Increases to Age [70]]	Option #x [Automatic Increases for Life]
<p>[Can grow to: ~ [\$XXX,XXX**]]</p> <p>1 Can grow to ~ [\$XXX,XXX*]</p> <ul style="list-style-type: none"> • Premiums go up over time • Costs less at issue] 	<p>[Automatically Grows to ~ [\$ YYY,YYY]</p> <ul style="list-style-type: none"> • No decisions required • Premiums don't increase due to the benefit increases 	<p>[Automatically Grows to ~ [\$ ZZZ,ZZZ]</p> <ul style="list-style-type: none"> • No decisions required • Premiums don't increase due to the benefit increases
<p>1 \$[XXX,XXX] TODAY- Age [45] 3</p>		
<p>* [If you accept FPO every 6 years to age [80]]</p> <p>** [If you accept FPO every 3 years to age [80]] 2</p>		<p>NOTE: Our Automatic Increase benefits are available as riders for an additional premium.</p>

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So going back to our [Level 2] coverage example... what would happen to our [\$xxx,xxx] pool of money under each of the [three] options by the time our [45] year old reached age [80]?

3 1

[Use next paragraph for FPO]

- With the Buy More coverage option, your total coverage could grow as high as [\$xxx.xxx] by the time you reach age [80], if you took every offer. A more realistic scenario might have you taking every other offer providing you with coverage of about [\$XXX,XXX] by age [80]. The pluses for this option are that it costs less at issue and it gives you the choice as to whether to take the offer depending on your circumstances at that time. Premiums for the increase are based on your age and on the premiums in effect under the Group Policy at the time of the increase. The minus is, because you pay for the increase in your benefits at the time it occurs, your total premiums paid could eventually exceed premiums paid under the other Benefit Increase Option[s]. You should also know that after two declines in a row you'll need to be underwritten to increase your benefits. **[Use next paragraph for Automatic 5% increases to age 70]**
- If you choose [option #x - automatic increases to age [70]] - your total coverage could increase to approximately [\$YYY,YYY] by age [70] and would remain there for the life of your coverage. The plus to this option is it provides good coverage and your premiums do not increase with each benefit increase. The minus is that, while this option is affordable, automatic increases to your benefits end at age 70.

1

[Use next paragraph for Automatic 5% increases for life - compound]

- If you chose [option #x - 5% automatic increases for life-] your total coverage could reach more than [\$ZZZ,ZZZ] by the time you reached age [80] and would continue to increase on a compound basis, for the life of your coverage. The plus to this is it provides the most expansive coverage and your premiums do not increase with each benefit increase. The minus is, it costs the most at time of issue, and may not be affordable to some consumers.

1

1

[Benefit Increase options continue next slide]

Benefit Increase Options - Age [45] 2

Option #X [For ages under XX, 5% Compound to 66, then 5% Simple]	Option #X [Automatic 5% Simple Increases for Life]	Option #X [Automatic 3% Increases for Life]
<p>[Automatically Grows ~ \$[AAA,AAA]</p> <ul style="list-style-type: none"> • No decisions required • Premiums stay level • Compounds early years • Simple growth later 	<p>[Automatically Grows ~ \$[BBB.BBB]</p> <ul style="list-style-type: none"> • No decisions required • Premiums will not increase due to benefit increases • Slower growing] 	<p>[Automatically Grows ~ \$[CCC,CCC]</p> <ul style="list-style-type: none"> • No decisions required • Premiums will not increase due to benefit increases • Less expensive compounding]
<p>1 \$[XXX,XXX] TODAY- Age [45] 3</p>		

NOTE: Our Automatic Increase benefits are available as riders for an additional premium.

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[Use next paragraph for Age Adjusted 5% Compounded to Age 66, then 5% Simple]

- If you choose [option #x – 5% Compounded to Age 66, then 5% Simple -] your total coverage could reach more than [\$AAA,AAA] by the time you reached age [80] and would continue to increase for the life of your coverage. Coverage grows less quickly after age 66 because of the change from a compound to a simple increase basis. The plus to this is in the early years, you'll get the power of compound increases, with a lower cost than some other compound options. Your premiums do not increase with each benefit increase.. The minus is, coverage will grow slower after age 66 than benefit increase options that always grow on a compounded basis.

[Use next paragraph for Automatic 5% increase for life-simple]

- If you chose [option #x – 5% simple for life-] your total coverage could reach more than [\$BBB,BBB] by the time you reached age [80] and would continue to increase on a simple basis for the life of your coverage. The plus to this is it provides an annual increase in in your benefits, and your premiums do not increase with each benefit increase. The minus is it will grow slower than benefit increase options that grow on a compounded basis.

[Use next paragraph for Automatic 3% increases for life-compound]

- If you chose [option #x – 3% automatic increases for life-] your total coverage could reach more than [\$CCC,CCC] by the time you reached age [80] and would continue to increase for the life of your coverage. The plus to this is it provides the power of compounding but with a more affordable premium, and your premiums do not increase with each benefit increase. The minus is your benefits increase at a slower rate than with the 5% automatic option.

You can go to the premium pages in the information kits, or go to your dedicated web site [(provide URL)] to determine the specific premiums for each option at your age.

Who is eligible to apply?

You are eligible for this program if you are [a/an]:

- [Actively at work,] [full time] [or] [part-time] [working at least [xx] hours per [week] [employee/member in good standing/benefit eligible retiree]
- [Eligible [employee's/member's/retiree's] spouse [or domestic partner] under age 80]
- [Eligible [employee's/member's] parents and parents-in-law under age 80]
- [Eligible [employee's/member's] grandparents and grandparents-in-law under age 80]

And have a permanent US residence, and a valid Social Security or Tax Identification number from the US government.

3 1

3

3 1

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13

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1

- [EE's must be actively-at-work to apply – [Retirees must be benefit eligible] – [Member must be in good-standing]

1

- [Employee's/member's/retiree's] spouse [or domestic partner],

2

- [Employee's/member's] [parents and parents-in-law,] [grandparents and grandparents-in-law] must be under age [80] to apply]

- [For a person to qualify as a domestic partner, we use the following criteria -- two people who:

- are and have been living together for 3 consecutive years in a committed relationship as partners or family members sharing basic living expenses; and

- are not married to each other, or to anyone else; and

2

- if related, belong to the same generation of the same family (e.g. brothers, sisters, cousins)]

OR]

- [Two people who are in a relationship legally recognized by a state or local government]

- **Remember, your coverage is subject to our acceptance of your application**

Next Steps...

For [[XX days] from your [hire/new member] date/during your active status] you have [no medical underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose].

[Apply on the Website: genworth.com/groupltc] OR] Call Customer Service: [1 800.416.3624]

Group ID: [XXXXXX]
Access code: [yyyyyyy]

Important details about this Program are explained in the Outline of Coverage, available [on the [Group Name] web site] [or] [in the [Group Name] Information Kit]

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14

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- So what are the next steps:
- 2 3 • Take action. [You can enroll at the group website. The website is easy to use, and all the information you'll need to enroll is there.] If you enroll within [XX] days of your [hire/new member] date you have [no medical underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose].
- 2 3 • [Or if you want more information] [—you can find that at the web site, or if you feel more comfortable talking to someone to answer your questions you can do that.] [C]call the customer service toll free number. Information kits are available there [too].
- 3 • Finally make sure that you remember to mail completed and signed forms by [end date] to take advantage of the [no/streamlined] underwriting available during the initial enrollment period.
- 2 • And other family members are eligible. Encourage them to [visit the website, or] call.

Details You Should Know

- There is an elimination or waiting period that works like a deductible
- [There is no Return of Premium if you don't use the benefits]
- Rates are designed and priced for long term stability-however they could increase
- Care not covered includes:

[Care by immediate family member except under the Informal Care Benefit]

[Care for which no charge is made in the absence of insurance]

[Care by Veterans Administration or other government facility]

[Care outside US except as covered by the International Benefit]

[Care resulting from your alcoholism or addiction to drugs or narcotics]

[Care resulting from war or act of war, war or act of war, attempted suicide or self-inflicted injury, your participation in a riot, felony or insurrection]

[Care covered by workers comp, occupational disease act , or similar law]

Non-duplication and coordination –

Only pays for coverage amounts over and above Medicare, or other state programs except Medicaid

[Won't, in combination with other [group] long term care insurance, pay more than expenses incurred.]

Important details are explained in the Outline of Coverage, available in your [Information Kit] [or on the [Employer] Group Long Term Care Insurance web site]

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47487 09/9/09

1 Elimination period (EP) - Most long term care insurance has a waiting period before you can begin to receive benefits. This plan's is [90][calendar/service] days. This works just like a deductible on your car insurance and on some health plans today, and is there to help keep premiums affordable. The EP only has to be met once per lifetime, and [you don't need to receive long term care services each day of the elimination period;] [however,] you do need meet the qualifications for benefits and receive at least [one/90] day [s] of covered care. **3**

2 [Another question people ask is can they get the premiums back, if they don't use the coverage. A feature like that would also add to the cost of the program and it was decided that to keep it more affordable, that would not be included.]

A third question many people have is can premiums be raised in the future. We cannot tell you they can't, but the premiums for this program have been carefully designed based on conservative assumptions to remain stable over time. The insurance company does have the right to increase premiums in the future, however, if any change to the rates were to be made, it would be applied to everyone in a class or state. Once your coverage is in force, your premiums can't be increased based on changes to your age or your health.

Like other insurance, Long Term Care Insurance does contain limits on coverage. Here are some of the most important limits that affect the way benefits are administered. With respect to what isn't covered under the Group Program, --Presenter reads exclusions, non-duplication and coordination.]

Please refer to the outline of coverage and other important documents in the available information kit [and on the web site] for additional details on this Program.

2

Additional Disclosures

- This insurance program is underwritten by Genworth Life Insurance Company
- Coverage is provided under group policy [xxxxx] issued to [group sponsor] using policy form series 7046 1
- Coverage is intended to be tax qualified under IRS code 7702(b)(B)
- State variations may apply. Refer to your outline of coverage for coverage definitions, benefits, features, exclusions and limitations.
- This material is part of a solicitation for Group Long Term Care insurance

Read disclosures



I want to thank you for your attention and now I am open to any questions you may have.

Help protect your future from one of life's uncertainties

1 [Group Name Logo]

3 GROUP LONG TERM CARE INSURANCE PROGRAM

1/3 Your [employee/member/retiree] benefits [now] 2 include Group Long Term Care Insurance

1/2 [ENROLLMENT PERIOD: MONTH DAY TO MONTH, DAY].

1/3 As [a/an] [newly hired/active/retired] [Group name] [employee/member], you [and your spouse/eligible family members] can now apply for our [Group Long Term Care Insurance Program] with [no underwriting/] [or] [streamlined underwriting] [depending on your age and the plan you choose], if you apply during the first [xxx] days of your [employment/membership/retirement date].

1/3

Why consider long term care insurance?

It pays for covered expenses for long term care services received at home, in the community or in a nursing facility. Here are a few quick points to consider:

- Seven out of ten of us will likely need some kind of long term care as we grow older.¹
- Neither health nor disability insurance will cover this kind of care.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of your savings or income.

Take advantage of this opportunity to learn what long term care insurance can do to help protect your financial future. As a [Group Name] eligible [full-time/part-time], [employee/member/retiree], you can now get this coverage at competitive group rates. Coverage under this Program is portable, so it can move with you if you [change jobs, retire or] leave [Group Name].

1/3

Sincerely,

1 [Signature]

1 [Title] [Group Name]

1/3

[P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting/] [or] [you have streamlined underwriting] [depending on your age and the plan you choose], if you are an eligible [full-time/part-time] [actively-at-work employee] [member in good standing] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

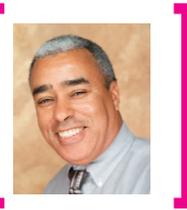
¹ "Long Term Care Financing: Policy Options for the Future" Feder, Komisar and Friedland; June 2007; Health Policy Institute, Georgetown University

2 [Details about benefits, costs, limitations, and exclusions can be found in the outline of coverage.]

2/1

[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series 7046, underwritten by Genworth Life Insurance Company.]

1



A message from 1 [company executive]

I encourage you to get the facts about this Program, evaluate your choices and find a plan that helps meet your needs.

Learn More

2 [(links to Group website)]

[To see what this could mean 2 for you, go to:

www.genworth.com/grouplctc.

Group ID: [XXXXX]

Access Code: [XXXXX]

- Learn more
- Get a quote
- [Enroll online]

To speak with a Program expert, call [888 888.8888]. 1

Help protect your future from one of life's uncertainties

1 [Group Name Logo]

GROUP LONG TERM CARE INSURANCE PROGRAM

1/3 Your [employee/member/retiree] benefits [now] 2 include Group Long Term Care Insurance

1/2 [ENROLLMENT PERIOD: MONTH DAY TO MONTH, DAY].

1/3 As [a/an] [new/active] [Group Name] [employee/member/retiree], you are eligible to enroll in the [Group Name] Group Long Term Care Insurance Program. Under this Program [Group Name] will pay the premium for your base level of coverage (Core Plan), for as long as you are [a/an] [employee/member in good standing/eligible retiree].

2/1 Your Core Plan is designed to provide basic coverage.[But the [Group Name] Program also provides you with the opportunity to buy additional coverage (buy-up options) with 3/2 [no underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose], during the [first] [xx] [days/time] you are a [new/active] [employee/member/eligible retiree]. If you choose additional coverage, [Group Name] will apply the 1/3 same contribution they would have paid for your core plan to reduce your buy-up premiums.]

Why consider long term care insurance?

It pays for covered expenses for long term care services received at home, in the community or in a nursing facility. Here are a few quick points to consider:

- Seven out of ten of us will likely need some kind of long term care as we grow older¹.
- Neither health nor disability insurance will cover this kind of care.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of your savings or income.

1/3 Take advantage of this opportunity to learn what long term care insurance can do to help protect your financial future. As a [Group Name] eligible [full-time/part-time], [employee/active member/retiree], you can benefit from [group name] paying for your basic coverage or you can apply their contribution to buy more coverage at a reduced premium. Coverage under this Program is portable, so it can move with you if you [change jobs, retire or] leave [Group Name].

Sincerely,

1 [Signature]
1 [Title] [Group Name]

2 [P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting/] [or] [you have streamlined underwriting] [depending on your age and the plan you choose], if you are an eligible [full-time/part-time] [actively-at-work employee] [member in good standing/retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] 1/3

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

2 [Details about benefits, costs, limitations, and exclusions can be found in the outline of coverage.]

2 [This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series 7046, underwritten by Genworth Life Insurance Company.] 1



A message from [company executive] 1

I encourage you to get the facts about this Program, evaluate your choices and find a plan that helps meet your needs.

Learn More 2

[[links to Group website]]

[To see what this could mean for you, go to: 2

www.genworth.com/groupltc.

Group ID: [XXXXX] 1

Access Code: [XXXXX] 1

- Learn more
- Get a quote
- [Enroll online] 2

To speak with a Program expert, call [888 888.8888]. 1

There is still time...

1 [Group Name Logo]

3 GROUP LONG TERM CARE INSURANCE PROGRAM

Help protect your financial future.

1/2 [ENROLLMENT PERIOD ENDS: [MONTH, DAY].]

1 Dear [Associates],

1/3 As [a/an] [newly hired/active/retired] [Group Name] [employee/member], the deadline to enroll in your Group Long Term Care Program is drawing near. This offer is not an annual opportunity, so you may not get this chance again. You have until [Month Day, Year] to enroll [with no medical underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose].*

Sincerely,

1 [Signature]
1 [Title]

2 [*With this Group Long Term Care Program, [there is no medical underwriting] [or] [you have streamlined underwriting] [depending on your age and the plan you choose,] if you are an eligible [full-time/part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

2 [Details about benefits, costs, limitations, and exclusions can be found in the outline of coverage.]

2 [This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series **7046**, underwritten by Genworth Life Insurance Company.]

47490 04/03/09



A message from
[company executive]

1

If you haven't already done so, I encourage you to get the facts about this Program, evaluate your choices and find a plan that helps meet your needs.

Enroll Now

[[links to Group website]]

2

To speak with a Program expert, call [888 888.8888]

1

There is still time...

1 [Group Name Logo]

GROUP LONG TERM CARE INSURANCE PROGRAM

Help protect your financial future.

1 **ENROLLMENT PERIOD ENDS: [MONTH, DAY].** **2**

1 Dear [Associates],

1/3 As a new [Group Name] [employee/member/retiree], the deadline to enroll in your [employer/sponsor] paid Group Long Term Care Insurance Program is drawing near.

1/2 You have until [Month Day, Year] to enroll in this Program, and to select additional long term care insurance coverage (buy up option) [with no medical underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose].*

Because this is not an annual opportunity, you may not get this chance again.

Sincerely,

1 [Signature]

1 [Title]

2 [*With this Group Long Term Care Program, [there is no medical underwriting] [or] [you have streamlined underwriting] [depending on your age and the plan you choose,] if you are an eligible [full-time/part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

2 [Details about benefits, costs, limitations, and exclusions can be found in the outline of coverage.]

2/1 [This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series **7046**, underwritten by Genworth Life Insurance Company.]



1
A message from
[company executive]

If you haven't already done so, I encourage you to get the facts about this Program, evaluate your choices and find a plan that helps meet your needs.

2
Enroll Now

[[links to Group website]]

1
To speak with a Program expert, call **[888 888.8888]**

SERFF Tracking Number: LTCG-126401219 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 44209
Company Tracking Number: GWNEWHIREAR
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Genworth Group Long Term Care Insurance
Project Name/Number: Genworth New Hire Advertising Filing/GWNEWHIREAR

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 Letter 47485etal.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variability Comments: Attachment: EOV 47485 11-2009.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 that reads "Paul J. Loveland".

Paul J. Loveland
Vice President
Genworth Life Insurance Company



Long Term Care Group, Inc.

November 30, 2009

Arkansas Department of Insurance
Advertising Unit

ATTN: Advertising Review

**Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025
Group Long Term Care Insurance New Hire Marketing Materials
Form Number 47485 09/09/09, et al**

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company, we at Long Term Care Group, Inc. (LTCG) submit, for your review and 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 group long term care insurance under policy form series 7046, approved for use in your state on September 13, 2005 and subsequently. This material is intended for use with those eligible under issued group contracts.

There are different types of advertising in this submission that fall into the following general categories. One version of each print advertising piece is for use with fully voluntary plans (Non-Core plans); the other for use with programs that include an employer-paid share of the coverage (Core plans).

Announcements and reminders: This material consists of invitations to inquire and includes announcements and reminders that could be either electronic or print. The following forms fall into this category:

- Announcements: 47488 04/03/09 and 47489 04/03/09
- Reminders: 47490 04/03/09 and 47491 04/03/09.

Product information: This material is designed to introduce the product offering to newly eligible persons and directs them to get more information either from the product kit, the customer service center, or the case specific website. These forms are invitations to contract:

- Form 47485 09/09/09 is for use with fully voluntary plans
- Form 47486 09/09/09 is for use with programs that include an employer-paid share of the coverage.

When either form is used, we will also use the previously submitted form 49177 07/30/09 which describes the limitations and exclusions for the coverage. This form was approved by your Department on October 5, 2009 under SERFF file number LTCG-126317278, Arkansas file number 43598.

Form number 47487 09/09/09, is an employee presentation that is designed to introduce the program to newly eligible persons at orientation meetings. It includes educational material on long term care and long term care insurance, as well as general descriptions of the group product offering. It directs the individual to the website or information kit for more information and on how to apply.

Variable material is bracketed. The Explanation of Variability describes each bracketed variable. Variables in the material account for changes that are available to the Group Policyholder for plan design or are necessary due to administrative information or timelines. Genworth Life also utilizes variables for the statistics that appear with respect to the cost of care and to its operations. These statistics are always based on the same source. The statistics for cost of care are based on the Genworth Annual Cost of Care Survey. We believe showing the current cost is a critical effort to permit those eligible to be able to make an informed decision concerning long term care insurance. With respect to statistics involving company operations, since the information is published and within the company's control, Genworth Life believes it is most transparent to provide the most recently published data available at print time.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth's Group Compliance Leader, is available to you to address any issues as they are identified.

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.

Sincerely,



Timothy P. Cassidy
Compliance Manager

FORMS LISTING
GROUP LONG TERM CARE INSURANCE NEW HIRE CAMPAIGN

For Use with Policy Form Series 7046

Form Number	Title	Type of Solicitation
47485 09/09/09	New Hire Flyer (Non-Core plans)	Invitation to contract
47486 09/09/09	New hire Flyer (Core plans)	Invitation to contract
47487 09/09/09	New Hire Presentation slides	Invitation to contract
47488 04/03/09	New Hire Announcement (Non-Core plans)	Invitation to inquire
47489 04/03/09	New Hire Announcement (Core plans)	Invitation to inquire
47490 04/03/09	New Hire Reminder (Non-Core plans)	Invitation to inquire
47491 04/03/09	New Hire Reminder (Core plans)	Invitation to inquire

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
Administrator: 1= Case Specific; 2= In or Out text; 3= Substitute text

Form	Title	Variable Text [***]	Explanation	Var Type
47485	New Hire Flyer	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		Title Line	A [Group name] and insert Voluntarybased on policyholder preference	3
		[employee/member/retiree[voluntary]]	Insert employee for employer group, member for association, retiree based on case specifics, using appropriate syntax	3
		[Group Name]	Insert group name; include voluntary at policyholder option	1 3
		[Richmond VA/VA] nursing facility	Insert Metro area and /or state location based on eligible person's address	3
		[\$XX,XXX] a year	Insert cost of care for eligible person's address based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[and costs are rising]	Include if accurate based on cost of care survey data.	2
		[hundreds of thousands of dollars/almost[\$XXX,XXX]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars	3
		As [a/an][newly hired/active/retired] [Group Name][employee/member], you [and your spouse/eligible family members]	Varies based on case specific requirements	1 3
		[no medical underwriting][or][streamlined underwriting][depending on your age and the plan you choose,] .	Varies based on case specific requirements	2
		for the first [XX] days of your [employment/membership/retirement date]	Varies based on case specific requirements	1 3
	chart 1	Choose a [daily] benefit	Varies based on case specific requirements	1
		[day/month]	Varies based on case specific requirements	1
		[3] available choices	Determined based on group plan design	1
		[Daily]Benefit Choices	Determined based on group plan design	1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
		[\$100/[day]	All chart numbers depicting available daily or monthly benefits and whether a plan is daily or monthly will be based in case specific requiremetns	1
		[Richmond, VA]	Varies based on case specific details	3
		[\$106/[day]][\$103/[day]][\$190/[day]]	Varies based on cost of specific care, in location	3
chart 2		[daily/monthly]	Varies based on case specific details	1
		[Daily]Benefit Choices	Varies based on case specific details	1
		[\$100/[day]][\$109,500]	Varies based on case specific details	1
		[3] Benefit Increase Options	Varies based on case specific details; only available options will be included	1 2
		[Daily/Monthly] [5/3]%	Varies based on case specific details	1
		[Daily]Monthly;	Varies based on case specific details	1
		Call the toll-free number....[or go to the dedicated website]....quote]	In or out depending on whether there is a web site and toll free number	2 2
		[With the new [Group Name] long term care Insurance\$[ZZ]].	Premium quote section in or out	2
		for a [45] year old	Varies based on age demographic of eligible class	3
chart 3		[Daily] Benefit, [\$100/[day]][\$109,500]\$\$[XX]	Plan design and monthly premiums vary based on case specific details. Sample age for premiums shown vary based on age demographic of the group	1
		[• Go to[www.genworth.com/group]tc] to learn more about this Program or to enroll on line. Use Group ID [XXXXX] and Access code [XXXX], or]	In or out depending on whether group has a web site; URL may change on a group specific basis; insert group specific ID and access code	2 3 1 1
		[888-888-8888]	Varies based on case specific requirements	1
		[(available [month/day/year]]	In or out depending on availability; substitute dates when it will become available	2 3
		[2008] Genworth Annual Cost of Care Survey, conducted by CareScout [April 2008].	Varies by date for most recently published survey prior to publication date.	3 3

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
		[Assumes the Buy More coverage over time....[and does not include the optional non-forfeiture benefit.]]	Varies based on case specific details	2 1
		Group Policy number [xxxxx]	Varies based on case specific details	1
		[For example in Idaho....7046CERT PA]	Cert language in or out depending on situs state.	2
47486	New Hire Core Flyer	[Group Name/ Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		[a/an] [newly hired/active/retired]	Varies based on case specific requirements; adjust syntax as appropriate	1
		[Group Name]	Varies based on case specific details	1
		[employee/member]	Varies based on case specific requirements	1
		[Group Name's]	Varies based on case specific details	1
		[Richmond VA/VA] nursing facility	Varies based on location of eligible person's address	3
		[\$XX,XXX] a year	Cost of care based on Genworth Annual Cost of Care Survey	3
		[and costs are rising]	Include if accurate based on cost of care survey data.	2
		[hundreds of thousands of dollars/almost[\$XXX,XXX]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars	3
		[Group Name]	Varies based on case specific details	1
		[Employee/Member]	Varies based on case specific requirements	1
		Up to [\$75] a [day/month] for your [daily/monthly] benefit	Varies based on case specific requirements	1 1 1
		A total coverage amount of [\$82,125]	Varies based on case specific details	1
		[Buy more coverage over time] benefit increase option	Varies based on case specific details	1
		[Group Name]	Varies based on case specific details	1
		[and your spouse]	In or out based on eligible classes of group policy	2
		[no medical underwriting][or][streamlined underwriting][depending on your age and the plan you choose,] .	Varies based on case specific requirements	2

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
chart 1		for the first [XX] days of your [employment/membership/retirement]	Varies based on case specific requirements	1
		Choose a Buy Up [daily/monthly] benefit [day/month]	Varies based on case specific requirements	1
		[3] available choices	Varies based on case specific requirements	1
		[Daily/Monthly] Benefit Choices	Determined based on group plan design	1
		[\$100/[day/month]	All chart numbers depicting available daily or monthly benefits and whether a plan is daily or monthly will be based in case specific requiremetns	1
chart 2		[Richmond, VA]	Varies based on case specific details	3
		[\$106/[day/month]][\$103/[day/month]]	Varies based on cost of specific care, in location	3
		[\$190/[day/month]]		
		[several]	In or out based on number of choices	2
		[daily/monthly]	Varies based on case specific details	1
		[Daily]Benefit Choices	Varies based on case specific details	1
		[\$100/[day]][\$109,500]	Varies based on case specific details	1
		[3] Benefit Increase Options	Varies based on case specific details; only available options will be included	1 2
		[Daily/Monthly] [5/3]%	Varies based on case specific details	1
		[Daily]Monthly;	Varies based on case specific details	1
chart 3		Call the toll-free number....[or go to the dedicated website]....quote]	In or out depending on whether there is a web site and toll free number	2 2
		[With the new [Group Name] long term care Insurance\$[ZZ]].	Premium quote section in or out	2
		for a [45] year old	Varies based on age demographic of eligible class	3
		[Daily] Benefit, [\$100/[day]][\$109,500]][\$XX]	Plan design and monthly premiums vary based on case specific details. Sample age for premiums shown vary based on age demographic of the group	1
		[• Go to[www.genworth.com/group] to learn more about this Program or to enroll on line. Use Group ID [XXXXX] and Access code [XXXX], or]	In or out depending on whether group has a web site; URL may change on a group specific basis; insert group specific ID and access code	2 1
		[888-888-8888]	Varies based on case specific requirements	1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
		[(available [month/day/year]]	In or out depending on availability; substitute dates when it will become available	2 3
		[2008] Genworth Annual Cost of Care Survey, conducted by CareScout [April 2008].	Varies by date for most recently published survey prior to publication date.	3 3
		[Assumes the Buy More coverage over time....[and does not include the optional non-forfeiture benefit.]]	Varies based on case specific details	2 1
		Group Policy number [xxxxx]	Varies based on case specific details	1
		[For example in Idaho....7046CERT PA]	Cert language in or out depending on situs state.	2
47488	New Hire Announcement Email	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		Title Line	A [Group name] and insert Voluntarybased on policyholder preference	1 3
		[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	1 3
		[now]	Insert "now" if this is a new benefit to the group.	2
		[ENROLLMENT PERIOD: MONTH, DAY, YEAR TO MONTH DAY, YEAR]	Varies based on case specific details; may be deleted	1 2
		As [a/an][newly hired/active/retired] [Group Name][employee/member], you [and your spouse/eligible family members]	Varies based on case specific requirements	1 3
		[Group Long Term Care Insurance Program]	Add "Voluntary" to description based on group preference	1 3
		[no medical underwriting][or][streamlined underwriting][depending on your age and the plan you choose,] .	Varies based on case specific requirements; only those items appropriate to the group will appear	3 2
		during the first [XX] days of your [employment/membership/retirement date]	Varies based on case specific details	1 3
		A message from [Company Executive]	Varies based on case specific details	1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
		[Learn More] links to group website	In or out depending on whether group has a web site.	2
		[www.genworth.com/grouplrc . Group ID [XXXXX] Access code [XXXX]	In or out depending on whether group has a web site;insert group specific ID and access code	2 1 1
		[Enroll on line]	In or out depending if there is a group website	2
		[888-888-8888]	Insert on a case specific basis	1
		[Group Name] eligible [full time/part time][employee/member/retiree]	Varies based on case specific requirements	1 3
		[change jobs, retire or] leave the [group].	Varies based on case specific requirements	1 3
		[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert Title of signee	1
		[P.S. With the Group Long Term Care Insurance Program [there is no medical underwriting] [or,] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/part-time] [actively at work employee][member in good standing]under age [XX] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]	PS is in or out depending on group underwriting at the time of mailing; Varies based on case specific requirements	2 1 3
		[Details about benefits, costs, limitations, and exclusions can be found in the Outline of Coverage]	In or out depending on whether materials come from group or Genworth	2
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX],	In or out depending on whether it comes from Employer or Genworth; Group policy number varies by group	2 1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
47489	New Hire Core Announcement Email	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		[employee/member/retiree]	Varies based on case specific details	1 3
		[now]	Insert "now" if this is a new benefit to the group.	2
		[ENROLLMENT PERIOD: MONTH, DAY, YEAR TO MONTH DAY, YEAR]	Varies based on case specific details; may be deleted	1 2
		[new/ newly hired/ active/ retired]	Varies based on case specific details	1 3
		[employee/member/retiree]		
		[Group Name]	Varies based on case specific details	1
		[a/an][employee/member/retiree]	Varies based on case specific requirements	1 3
		But the buy-up premiums..	Varies based on case specific details; will not appear if there is not a buy-up option	2
		[Group Name]	Varies based on case specific details	1
		[no medical underwriting][or][streamlined underwriting][depending on your age and the plan you choose,] .	Varies based on case specific requirements; only those items appropriate to the group will appear	3 2
		during the first [XX] days of your		
		[employment/membership/retirement date]	Varies based on case specific details	1 3
		[Group Name]	Varies based on case specific details	1
		[full-time/part-time]	Varies based on case specific details	1 3
		[employee/active member/eligible retiree]	Varies based on case specific details	1 3
		[Group Name]	Varies based on case specific details	1
		[change jobs, retire or] leave the [group name].	Varies based on case specific requirements	1 3
		[Learn More] links to group website	In or out depending on whether group has a web site.	2
		[www.genworth.com/grouplrc . Group ID [XXXXX] Access code [XXXX]	In or out depending on whether group has a web site;insert group specific ID and access code	2 1 1
[Enroll on line]	In or out depending if there is a group website	2		
[888-888-8888]	Varies based on case specific details	1		
[Group Name] eligible [full time/part time][employee/member/retiree]]	Varies based on case specific requirements	1 3		

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
		[change jobs, retire or] leave the [group].	Varies based on case specific requirements	1 3
		[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert Title of signee	1
		[P.S. With ...the same terms.]	PS is in or out based on case specific requirements.	2
		[there is no medical underwriting] [or,] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/part-time][actively at work employee][member in good standing]under age [XX]	Varies based on case specific requirements.	1 3
		[Details about benefits, costs, limitations, and exclusions can be found in the Outline of Coverage]	In or out depending on whether materials come from group or Genworth; and whether there is a buy up offer in the announcement.	2
		[This material is part of a solicitation for GroupLong Term Care Insurance under Group Policy number [XXXXX].]	In or out depending on whether it comes from Employer or Genworth; Group policy number varies by group	2 1
47490	New Hire Reminder E Mail	[Group Name/ Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		Title Line	A [Group name] and insert Voluntarybased on policyholder preference	1 3
		A message from [Company Executive]	Insert name and photo of group executive if available	1 2
		[ENROLLMENT PERIOD ENDS: MONTH DAY][YEAR]	Varies based on case specific details; may be deleted	1 2
		[Associates]	Varies based on case specific details	1
		[a/an][new/ newly hired/ active/ retired]	Varies based on case specific requirements	3
		[employee/member]		
		[Group Name]	Insert group name	1
		[Month/Day/Year]	Substitute depending on plan sponsor	1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
		[no medical underwriting][or][streamlined underwriting][depending on your age and the plan you choose,] .	Insert each or not based on case specific requirements	1 3
		[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
		[Title]	Title of signee	1
		[Enroll Now] links to group website	In or out depending on whether group has a web site.	2
		[* With the Group long Term Care Insurance Program ... same terms"	In or out based on case specific requirements	2
		[there is no medical underwriting] [or,] [you have streamlined underwriting] [depending on your age and the plan you choose]	Varies based on case specific requirements	1 3
		if you are an eligible [full-time/part-time][actively at work employee][member in good standing]under age [XX]	Varies based on case specific details	1 3
		[888-888-8888]	Varies based on case specific details	1
		[Details about ...of Coverage]	In or out depending on whether materials come from group or Genworth	2
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX],	In or out depending on whether it comes from Employer or Genworth; Group policy number varies by group	2 1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
47491	New Hire Core Reminder E Mail	[Group Name Logo]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
		A message from [Company Executive]	Insert name, and photo if available, of group executive]	1
		[ENROLLMENT PERIOD ENDS: MONTH DAY][YEAR]	Insert group enrollment period, may be deleted if association	1 2
		[Associates]	Varies based on case specific details	1
		[Group Name]	Varies based on case specific details	1
		[employee/member/retiree]	Varies based on case specific details	1 3
		[employer/sponsor] paid	Varies based on case specific details	1 3
		[Month/Day/Year]	Varies based on case specific details	1
		[no medical underwriting][or][streamlined underwriting][depending on your age and the plan you choose,] .	Insert each or not depending on underwriting of the group	2 1
		[Enroll Now] links to group website	In or out depending on whether group has a web site.	2
		[888-888-8888]	Insert on a case specific basis	1
		[Signature]	Varies based on case specific details	1
		[Title]	Varies based on case specific details	1
		* With the Group long Term Care Insurance Program ... same terms"	In or out based on case specific requirements	2
		[there is no medical underwriting] [or,] [you have streamlined underwriting] [depending on your age and the plan you choose]	Varies based on case specific requirements	1 3
		if you are an eligible [full-time/part-time] [actively at work employee][member in good standing] under age [XX]	Varies based on case specific details	1 3
		[Details aboutof Coverage]	In or out depending on whether materials come from group or Genworth	2
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX],	In or out depending on whether it comes from Employer or Genworth; Group policy number varies by group	2 1

Genworth Life Insurance Company
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Form	Title	Variable Text [***]	Explanation	Var Type
47487	New Hire Powerpoint Slides			
Title Slide		[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
Title Slide		[new/active][hires/members/retirees][February 2009]	substitute depending on group and timing of enrollment period	3 3
Title Slide		Group number [xxxxx]	Insert depending on group	1
Title Notes		[presenter name][representing Genworth Life Insurance Company]	Substitute presenter name; insert if a Genworth Life representative;	1 2
Title Notes		[a [new]/[an][voluntary]	Substitute if a new benefit; substitute voluntary if group considers this a non-ERISA benefit.	3 2
Title Notes		[Group Name]	Insert group name	1
Title Notes		[30]	Change depending on length of presentation	3
Title Notes		[if there are questions...[presenter name]...]	In or out depending on group and presenter	2 1
Title Notes		you can find them either [at the website], in the information kit, or by calling the toll free number	In or out depending on if the group has a dedicated website available.	2
slide #1		[Today's topics.....	Slide in or out depending on time allocated by group policyholder	2
slide #1		[1] Why People buy Long term care Insurance]	Substitute #s and topics depending on length presentation desired by group	3 1
slide #1		Group number [xxxxx]	Insert depending on group	1
Notes #1		[I am [not] an agent]	In or out depending on whether presenter is company representative of is licensed	2 2
slide #2		[Reasons.....lives]	Slide in or out depending on time allocated by group policyholder	2
slide #2		Group number [xxxxx]	Insert depending on group	1
slide #3		[Myths...expensive]	Slide in or out depending on time allocated by group policyholder	2
slide #3		Group number [xxxxx]	Insert depending on group	1
slide #4		Group number [xxxxx]	Insert depending on group	1

Genworth Life Insurance Company
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Form	Title	Variable Text [***]	Explanation	Var Type
slide #5		[State.....\$[XXX,XXX]	Slide in or out depending on time allocated by group policyholder	2
slide #5		[Metro Area, State/State]	Substitute depending on group location	3
slide #5		[\$[XX,XXX] \$[XX,XXX] \$[XX,XXX]]	Substitute depending on cost of care in group location	3
slide #5		Based on [20 hours] of [homecare] provided by a [non-licensed but certified provider] @ [\$20.25] per hour;	Substitute depending on cost of care in group location, and type of care reported based on that in the group location	3
slide #5		Based on the annual cost of [a semi-private room] in a nursing home in the state of [State name]	Substitute depending on cost of care in group location	3
slide #5		[2009] Genworth Cost of Care Survey, [conducted by CareScout, April 2009]	Substitute Year used for survey	3
slide #5		Group number [xxxxx]	Insert depending on group	1
Notes #5		[Metro Area, State/State]	Substitute depending on group location	3
slide #6		[How does longwork]	Slide in or out depending on time allocated by group policyholder	2
slide #6		Group number [xxxxx]	Insert depending on group	1
Notes #6		[June 30, 2009]	Substitute current year used for claims statement	3
slide #7		[What Your Premium.....]	Slide in or out if Core Plan is offered	2
slide #7		[\$XXX,XXX] Total Coverage;[\$XX.XX] Monthly Premium;~[x] Years Home Care; ~ [y] Years Assisted Living; ~ [z] Years Nursing Facility	Amounts vary based on the plan design, the location of the group, and cost of care in that area	3 1
slide #7		[Based on [\$XXX]/[day/month] and the [buy more coverage over time (FPO) benefit increase option]	Plan design and premium are based on the specifics of the group policy	1
slide #7		Group number [xxxxx]	Insert depending on group	1
Notes #7		[45] year old	Varies based on age demographic of eligible class	3
Notes #7		of [\$XXX,XXX] in [Metro Area state/ State]	Amounts vary based on the plan design, and the location of the group	1 3
Notes #7		[X] years; [Y] years; [Z] years	Length of time varies based on plan designs available and cost of care in area.	1 3

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Form	Title	Variable Text [***]	Explanation	Var Type
Notes #7		[It is important to remember [daily/monthly]difference]	In or out depending on whether the cost of care exceeds amounts available under the group policy.	2 1
Notes #7		[Daily/Monthly coverage of \$[XXX/YYYY/] and total Coverage of [\$ZZZ,ZZZ]	Amounts vary based on the plan design	1
Notes #7		[2009] [04/2009]	Substitute current year used for Cost of Care Survey	3
slide #8		[Plan....[\$XXX] per day]	Slide in or out if Core Plan is offered	2
slide #8		Age [45]	Substitute depending on age of group	3
		[Level 1]	Substitute words level, example, plan or nothing	3
slide #8		[\$XX.XX], [\$YY.YY], [\$ZZ.ZZ]	Insert depending on group plan	1
slide #8		[\$XXX,XXX], [\$YYY,YYY], [\$ZZZ,ZZZ]	Insert depending on group plan	1
slide #8		[\$XXX/day] [\$XX/day]	Insert depending on group plan	1
slide #8		Group number [xxxxx]	Insert depending on group	1
Notes #8		[two to five]	Number of plans/levels available based on case specific material	1 3
Notes #8		[Level 1] [Level 2] [Level 3]	All levels may not be available. Substitute words for level, e.g., option, plan or nothing	
Notes #8		[Additional [plans/levels/options] may be available – carefully review your Information Kit for details	In or out, based on number of plans available	2
slide #9		[Core....options	Slide in or out depending on whether Core Plan is part of Group Policy	2
slide #9		[actively at work/active], [full-time/ and part time] [employees/members/retirees] on the program effective date, ([month/day/year.]) [or within [30] days of hire date]...	Varies based on case specific requirements	3 1
slide #9		[X] years; [Y] years; [Z] years	Varies based on case specific requirements	1 3
slide #9		[\$XXX,XXX] Your Core plan Total Coverage	Varies based on case specific requirements	1
slide #9		[\$XX.XX] Employer paid Monthly Premium*	Varies based on case specific details	1

Genworth Life Insurance Company
Explanation of Variability - Forms 47485 060509 et al
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Form	Title	Variable Text [***]	Explanation	Var Type
slide #9		[Based on [\$XXX]/[day/month] and the [buy more coverage over time (FPO) benefit increase option]	Varies based on case specific details	1
slide #9		[You can increase your coverage....options]	In or out depending on whether add'l benefit increase options are included in the plan	2
slide #9		Group number [xxxxx]	Insert depending on group	1
Notes #9		[Group Name] [All employees/members/retirees][and their spouse partners]	Varies based on case specific requirements	1 3
Notes #9		[X] years; [Y] years; [Z] years; [STATE NAME]	Varies based on Core Plan amount and cost of care at location used for Group Policy	1 3
Notes #9		[employee/member/retiree][or their spouse/partner]	Varies based on case specific requirements	1 3
		[Daily/Monthly coverage of [\$XXX/YYYY/] and total Coverage of [\$ZZZ,ZZZ]	Varies based on case specific requirements	1
Notes #9		[2009] [April 2009]	Substitute Year used for survey	3
slide #10		[Buy-Up....[\$ZZZ/day]	Slide in only if Core Plan Buy-up option available	2
slide #10		Age [45]	Varies based on age demographic of eligible class	3
slide #10		[Level 1] [Level 2] [Level 3]	Substitute words level, example, plan or nothing	3
slide #10		[\$XX.XX], [\$YY.YY], [\$ZZ.ZZ]	Varies based on case specific details	1
slide #10		[\$XXX,XXX], [\$YYY,YYY], [\$ZZZ,ZZZ]	Varies based on case specific details	1
slide #10		[\$100/day] [\$60/day]	Varies based on case specific details	1
slide #10		Group number [xxxxx]	Insert depending on group	1
Notes #10		[two to five]	Number of plans/levels available based on case specific material	1 3
Notes #10		[Level 1] [Level 2] [Level 3]	All levels may not be available. Substitute words for level, e.g., option, plan or nothing	2 3
Notes #10		[Additional [plans/levels/options] may be available – carefully review your Information Kit for details]	In or out, based on number of plans available	2
Slide #11		[Benefit Increase.....premium]	Slide in or out depending on whether program is Core Plan only	2

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Form	Title	Variable Text [***]	Explanation	Var Type
Slide #11		Age [45]	Varies based on age demographic of eligible class	3
Slide #11		[Buy more coverage over time (FPO)];[Automatic Increases to Age [70]];[Automatic Increases for Life]	Varies based on case specific requirements	1 3
Slide #11		[Can grow to: ~ [\$XXX,XXX**];[AutomaticallyGrows to~ [\$YYY,YYY];[AutomaticallyGrows to ~ [\$ZZZ,ZZZ]	Varies based on case specific requirements	1
Slide #11		[XXX,XXX] age [45]	Varies based on case specific requirements; age is based on average age of group	1 3
Slide # 11		[If you accept FPO every 6 years to age [80]];[If you accept FPO every 3 years to age [80]]	Varies based on case specific requirements; age is based on average age of group	2
Slide # 11		Group number [xxxxx]	Insert depending on group	1
Notes #11		[level 2];	Substitute words level, example, plan or nothing	3
Notes # 11		[\$xxx,xxx] pool of money; [three] [45] year old; age [80]	Varies based on case specific requirements; age is based on average age of group	1
Notes # 11		[use next paragraph for FPO]	Varies based on case specific details	1 2
Notes # 11		[use next paragraph for Automatic increases ot age 70]	Varies based on case specific details	1 2
Notes # 11		[use next paragraph for Automatic increases for Life-compound]	Varies based on case specific details	1 2
Slide # 12		[Benefit.....premium]	Slide in or out depending on whether program is Core Plan only	2
Slide #12		Age [45]	Varies based on age demographic of eligible class	3
Slide #12		[For Ages under [xx], 5% Compound to Age 66, 5% Simple thereafter];[Automatic 5% simple Increases for Life];[Automatic 3% Increases for Life]	Insert depending on group plan	1 2

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Form	Title	Variable Text [***]	Explanation	Var Type
Slide #12		[AutomaticallyGrows to: ~XXX,XXX];[AutomaticallyGrows to~ [\$ YYY,YYY];[AutomaticallyGrows to ~ [\$ ZZZ,ZZZ]	Varies based on case specific details; amounts are based on middle tier benefit levels.	1
Slide #12		[XXX,XXX] age [45]	Varies based on case specific details;amounts are based on middle tier benefit levels; age varies based on age demographic of eligible	1 3
Slide #12		Group number [xxxxx]	Insert depending on group	1
Notes # 12		[use next paragraph for Age adjusted 5%compound to Age 66, then 5% simple]	Varies based on case specific details	2
Notes # 12		[use next paragraph for Automatic 5% simple increases for Life]	Varies based on case specific details	2
Notes # 12		[use next paragraph for Automatic 3% increases for Life-compound]	Varies based on case specific details	2
Slide #13		[newly hired employee/active member/retiree] of [group name]	Varies based on case specific details	3 1
Slide #13		[a/an]	Substitute depending on syntax of following word	3
Slide #13		[Actively at work,] [full time/ or part-time] [at least xx hours] [employee/member in good standing/retiree]	Varies based on case specific details	3 1
Slide #13		[Employee/member/retiree] spouse [or domestic partner] under age 80]	Varies based on case specific details	3 1
Slide #13		[Employee/member] parents and parents-in- law under age 80]	Varies based on case specific details	3 1
Slide #13		[Employee/member] grandparents and grandparents-in-law under age 80]	Varies based on case specific details	3 1
Slide #13		Group number [xxxxx]	Insert depending on group	1
Notes #13		[EE's must be actively at work]	Varies based on case specific details	1
Notes #13		[Employee's spouse [or domestic partner].....to apply]	Varies based on case specific details	1
Notes #13		[qualified non-married partners.....cousins)]	Varies based on case specific details	2

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Form	Title	Variable Text [***]	Explanation	Var Type
Notes #13		[Two people in a relationship legally recognized by a state or local government}]	Varies based on case specific details	2
Slide #14		[XX days] from your [hire/new member] date/during your active status]	Varies based on case specific details	1 3 3
Slide #14		[no] [medical underwriting][or] [streamlined] underwriting] during this enrollment opportunity [depending on your age and the plan you choose]:	Varies based on case specific details	1 2
Slide #14		[Apply on the website: or] [genworth.com/groupplc]	Insert depending on whether group has a website	2 3
Slide #14		[1 800.416.3624]	Varies based on case specific details	1
Slide #14		[Group ID: [XXXXXXXX] [Access code: XXXXXX]	Varies based on case specific details	1 1
Slide #14		[on the [Group Name] web site] or [in the [Group Name] Information Kit]	Varies based on case specific requirements	1 2
Slide #14		Group number [xxxxx]	Insert depending on group	1
Notes #14		[If you are ready to enroll[XX] days of your [hire/new member][no medical underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose].	In or out depending on whether there is a web site; substitute language depending on group.	2 3
Notes #14		[—you can find that at the web site, or if you feel more comfortable talking to someone to answer your questions you can do that.]	In or out and substitute depending on whether there is a web site; substitute language depending on group.	2 3
Notes #14		[end date]	Varies based on case specific details	1
Notes #14		[no/streamlined] underwriting	Varies based on case specific details	3
Notes #14		[visit the website, or] call.	In or out depending on whether there is a web site;	2
Slide #15		Details....web site	Insert slide if any of slides 7, 8, 9, 10 or 11 are in the presenation	2
Slide #15		[there is no return of Premium.....	In or out depending on the group plan design	2

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Form	Title	Variable Text [***]	Explanation	Var Type
Slide #15		Care not covered includes: [Care.....act or similar]	Varies based on case specific details	2
Slide #15		[Won't in combinationpay more than expenses incurred]	Varies based on case specific details	2
Slide #15		[Information kit][or on the [Group Name] group long Term Care website	Insert depending on availability of group kit and web site	2
Slide #15		Group number [xxxxx]	Insert depending on group	1
Notes #15		[90][Calendar/service] days.....]	Insert and substitute depending on number of days and type of elimination period under Group Policy	1 3
Notes #15		[Another question.....]	Include if Return of Premium in Group Policy	2
Notes #15		[Another/a third]	Varies based on inclusion of prior paragraph	3
Notes #15		[and on the website]	2	
			Insert depending on availability of group web site	
Slide #16		Group policy number [xxxxx] issued to group sponsor using policy form series [yyyyy]	Varies based on case specific details	1
Slide #16		Group number [xxxxx]	Varies based on case specific details	1