

SERFF Tracking Number: LTCG-126050190 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 41707  
Company Tracking Number:  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Genworth Group Long Term Care  
Project Name/Number: Transfer Form Filing/

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Genworth Group Long Term Care SERFF Tr Num: LTCG-126050190 State: ArkansasLH

TOI: LTC03G Group Long Term Care

SERFF Status: Closed

State Tr Num: 41707

Sub-TOI: LTC03G.001 Qualified

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Marie Bennett

Author: Timothy Cassidy

Disposition Date: 03/11/2009

Date Submitted: 02/25/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Transfer Form Filing

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing is pending in Delaware, Genworth's state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association, Trust, Other

Filing Status Changed: 03/11/2009

Explanation for Other Group Market Type:

Labor Unions

Deemer Date:

State Status Changed: 03/11/2009

Filing Description:

Corresponding Filing Tracking Number:

Please see attached cover letter.

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## Company and Contact

### Filing Contact Information

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

Timothy Cassidy, Compliance Manager tcassidy@ltcg.com  
 5 Commonwealth Road (508) 651-8800 [Phone]  
 Natick, MA 01760 (508) 651-8804[FAX]

### Filing Company Information

Genworth Life Insurance Company CoCode: 350 State of Domicile: Delaware  
 6620 West Broad Street Group Code: 350 Company Type: Life, Health &  
 Annuity

Building 4  
 Richmond, VA 23230 Group Name: State ID Number:  
 (804) 922-5085 ext. [Phone] FEIN Number: 91-6027719  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: Fee in accordance with Delaware, state of domicile.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	02/25/2009	25946590

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	03/11/2009	03/11/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Company Code	Note To Reviewer	Timothy Cassidy	03/03/2009	03/03/2009

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## **Disposition**

Disposition Date: 03/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *LTCG-126050190* State: *Arkansas*  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	Letter		Yes
<b>Supporting Document</b>	Authorization Letter		Yes
<b>Supporting Document</b>	Acceptance and Certification		Yes
<b>Supporting Document</b>	Acceptance and Certification		Yes
<b>Form</b>	Certification of Eligibility		Yes

SERFF Tracking Number: LTCG-126050190

State: Arkansas

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**Note To Reviewer**

**Created By:**

Timothy Cassidy on 03/03/2009 03:33 PM

**Last Edited By:**

Marie Bennett

**Submitted On:**

03/11/2009 01:43 PM

**Subject:**

Company Code

**Comments:**

Please note that the company code for this filing was incorrectly listed as 350, which is the group code, instead of 70025, which is the company code. Thank you.

Tim Cassidy

SERFF Tracking Number: LTCG-126050190

State: Arkansas

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TOI: LTC03G Group Long Term Care

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## Form Schedule

Lead Form Number: 47362C 02/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	47362C 02/09	Other	Certification of Eligibility	Initial		44	Acceptance & Certification 47362C 02_09.pdf

# CERTIFICATION OF ELIGIBILITY TO GENWORTH LIFE INSURANCE COMPANY

(COMPLETE THIS SECTION ONLY IF YOU SELECT A COVERAGE PLAN AVAILABLE UNDER OPTION 2)

1

I understand that I am eligible for coverage under the [Group Policyholder] Group Long Term Care Insurance Program under Policy No. [XXXXXX], issued by Genworth Life Insurance Company (Genworth Life), only if, as of [Month Day, 20XX], I am not receiving, and am not qualified to receive, payment for long term care benefits pursuant to the terms of [Previous Carrier Full Legal Entity] Group Policy [XXXX-XXXX].

I understand that my coverage with Genworth Life Insurance Company will not take effect in the event that any of the following occur before [Month Day, 20XX]:

- I am receiving payment for long term care insurance benefits under such [Previous Carrier] Policy prior to said effective date, or
- I have been determined to be benefit eligible or otherwise qualified for long term care insurance benefits under such [Previous Carrier] Policy prior to said effective date.

I understand that to purchase coverage from Genworth Life Insurance Company **and** receive the transfer credit, I must continue to pay the required premium contributions for my [Previous Carrier] plan to [Previous Carrier Full Legal Entity] through [Month Day, 20XX].

I also acknowledge the receipt of the following forms: Outline of Coverage, Potential Rate Increase Disclosure, Personal Worksheet, Suitability Disclosure, and a Shopper's Guide to Long Term Care Insurance.

To the best of my knowledge and belief, I am eligible for this coverage as explained above. I understand that the Genworth Life plan selected [under Option 2a or 2b] will take effect on [Month Day, 20XX].

Insured Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

**CAUTION: If your answers on this Certification are incorrect or untrue, Genworth Life Insurance Company may have the right to deny benefits or rescind your coverage.**

**I certify that I have read, or have had read to me, the above Certification and I realize that any false statement or misrepresentation therein may result in loss of coverage under the Group Policy.**

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*Product Name: Genworth Group Long Term Care*

*Project Name/Number: Transfer Form Filing/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LTCCG-126050190

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 41707

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification

**Review Status:**

02/25/2009

**Comments:**

**Attachment:**

Readability Certification 47362ABC PL 02 09.pdf

**Bypassed -Name:** Application

**Review Status:**

02/25/2009

**Bypass Reason:** Not applicable to this filing.

**Comments:**

**Bypassed -Name:** Health - Actuarial Justification

**Review Status:**

02/25/2009

**Bypass Reason:** Not applicable to this filing.

**Comments:**

**Bypassed -Name:** Outline of Coverage

**Review Status:**

02/25/2009

**Bypass Reason:** Not applicable to this filing.

**Comments:**

**Satisfied -Name:** Letter

**Review Status:**

02/25/2009

**Comments:**

**Attachment:**

AR Transfer Form Cover Letter.pdf

**Satisfied -Name:** Authorization Letter

**Review Status:**

02/25/2009

**Comments:**

**Attachment:**

GNW Authorization Letter LTCCG.pdf

SERFF Tracking Number: LTCG-126050190

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Project Name/Number: Transfer Form Filing/

**Review Status:**

**Satisfied -Name:** Acceptance and Certification

02/25/2009

**Comments:**

**Attachment:**

Acceptance & Certification 47362A 02\_09.pdf

**Review Status:**

**Satisfied -Name:** Acceptance and Certification

02/25/2009

**Comments:**

**Attachment:**

Acceptance & Certification 47362B 02\_09.pdf

**GENWORTH LIFE INSURANCE COMPANY**  
**Readability Certification**

This is to certify that the form listed below, when scored together, as used along with the Acceptance Form and the Personal Quote Summary, under the Flesch Reading Ease Test meet your state's minimum requirements with a Flesch score of 44.

<b>Forms</b>	<b>Description</b>
<b>47362C 02/09</b>	<b>Certification of Eligibility</b>
<b>Info: 47362B 02/09</b>	<b>Personal Quote Summary</b>
<b>Info: 47362A 02/09</b>	<b>Acceptance Form</b>



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**Paul Loveland**  
**Vice President**

**February 11, 2009**

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**Date**



Long Term Care Group, Inc.

Timothy P. Cassidy  
Compliance Manager  
5 Commonwealth Road  
Suite 2B  
Natick, MA 01760

February 25, 2009

Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, AR 72201

**Re: ACCIDENT AND HEALTH INSURANCE  
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025  
Group Long Term Care Insurance**  
**Form 47362C 02/09 Certification Form**  
**Form 47362A 02/09 Acceptance Form (Info Attachment; filed  
separately for advertising approval)**  
**Form 47362B 02/09 Personal Quote Summary (Info Attachment; filed  
separately for advertising approval)**

***Submitted Via SERFF***

On behalf of Genworth Life Insurance Company, we at Long Term Care Group, Inc (LTCG) submit, for your review and approval, Certification Form, **number 47362C 02/09**. The form is intended for use with Genworth Life's Group Long Term Care Insurance product forms on policy form series **7046POL** that were approved by Arkansas on September 13, 2005 and subsequently. A letter from Genworth Life authorizing LTCG to file on its behalf is included in the filing.

The Certification Form will be used in the event that Genworth Life is selected as the carrier to provide group long term care insurance that will be offered to eligible classes who may already be enrolled by another carrier. Using this form, the eligible individual confirms his or her understanding of the offer and eligibility status. The Acceptance Form and Personal Quote Summary forms have been submitted for advertising review and approval and are enclosed here for information purposes.

Variable material is bracketed. There are two types of variables in the forms.

Type 1 variables which are case specific, such as:

- Employer Name, existing carrier name and policy and form numbers will vary by client.
- Dates for return as well as for the effective date of transferred coverage will vary by client.
- Only the elements of the products from either carrier that are pertinent will appear as determined from the group contract.

Type 2 variables which may or may not appear, such as reference to optional riders that will only appear if they are part of the specific group coverage.

This form is new and does not replace any forms previously approved.

Delaware Department of Insurance  
February 25, 2009  
Page 2

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, or would like to discuss any of the materials included in this submission, please feel free to contact me at 508-651-8800 or tcassidy@LTCCG.com. My fax number is 508-651-8804.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy P. Cassidy". The signature is written in a cursive style with a horizontal line underneath the name.

Timothy P. Cassidy  
Compliance Manager



Genworth  
Financial

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

Dear Commissioner

Genworth Life Insurance Company and, In New York, Genworth Life Insurance Company of New York hereby authorize Long Term Care Group, Inc. to submit Group Long Term Care insurance filings to state insurance departments on our behalf.

Sincerely,

Paul J. Loveland  
Vice President  
Genworth Life Insurance Company

John Connolly  
Senior Vice President, Long Term Care Division  
Genworth Life Insurance Company of New York



# ACCEPTANCE FORM TO GENWORTH LIFE INSURANCE COMPANY

[PO Box 64010, Saint Paul, MN 55164-0010]  
[Group Policyholder] Group Long Term Care Insurance Program

1

**IF THIS FORM IS NOT RETURNED TO GENWORTH LIFE INSURANCE COMPANY (Genworth Life) BY [MONTH DAY, 20XX] CURRENT COVERAGE WILL REMAIN WITH [PREVIOUS CARRIER FULL LEGAL ENTITY(PREVIOUS CARRIER)].**

**1. Keep my current long term care insurance plan with [Previous Carrier]**

Initial  
Here

I understand the features and benefits of coverage will remain unchanged unless there are amendments necessary to comply with newly enacted state long term care insurance laws or regulations. My premiums will be billed directly by [Previous Carrier]. Since I am not moving my coverage to another plan, I understand there will be no transfer credit.

**2. Purchase a similar plan from Genworth Life and CANCEL my plan with [Previous Carrier]**

[Choose from Option[s] 2a[, 2b or 2c].] Indicate your selection with your initials and cancel my long term care insurance from [Previous Carrier].

Under [this Option/Options [, 2b or 2c] below, Genworth Life Insurance Company will provide similar group long term care insurance that will take effect on [Month Day, 20XX], and will apply *the transfer credit shown in your Personal Rate Quote*. [You may also elect a Benefit Increase Rider or an Optional Nonforfeiture Benefit Rider with Option 2a, 2b, or 2c]. See the Product Comparison for a description of [this/these] benefit option[s].

2

INITIAL BELOW	OPTION	OPTION DESCRIPTION [(Choose only one)]
	2a	Exact [daily/monthly] benefit maximum[, OR
	2b	Next highest offered amount][, OR
	2c	<b>Other plan options</b> I understand that in choosing this option I need to complete the attached application]
		<b>[Optional 5% Compound Automatic Benefit Increase Rider</b> There is an additional premium charge for this rider. I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums, with and without this rider. I realize that based on current health care cost trends, the benefits provided by a long term care plan which does not have meaningful inflation protection may be significantly diminished in terms of real value to me, depending on the amount of time which elapses between the date I purchase the coverage and the date on which I first become eligible to use them. Specifically, I have reviewed the options available, and with respect to this Benefit Increase Rider:  <input type="radio"/> <b>Yes</b> , I accept this Benefit Increase Rider. <input type="radio"/> <b>No</b> , I reject this Benefit Increase rider.]
		<b>[Optional Nonforfeiture Benefit Rider</b> There is an additional premium for this rider. I have reviewed the Outline of Coverage and the explanation of nonforfeiture benefits and  <input type="radio"/> <b>Yes</b> , I accept the Nonforfeiture Benefit Rider. <input type="radio"/> <b>No</b> , I reject the Nonforfeiture Benefit Rider.]

2

2

**[Optional 5% Compound to Age 70 Automatic Benefit Increase Rider**

There is an additional premium for this rider.

**Yes**, I accept this Benefit Increase Rider.       **No**, I reject this Benefit increase Rider.]

**[Optional 3% Compound Automatic Benefit Increase Rider**

There is an additional premium for this rider.

**Yes**, I accept this Benefit Increase Rider.       **No**, I reject this Benefit increase Rider.]

**[Optional 5% Simple Automatic Benefit Increase Rider**

There is an additional premium for this rider.

**Yes**, I accept this Benefit Increase Rider.       **No**, I reject this Benefit increase Rider.]

[Designation of Beneficiary: Complete the information below ONLY if your Plan with [Previous Carrier] included a Return of Premium at Death Benefit.

2

Full Name of Designee (First) (MI) (Last)

Street Address

City State ZIP code Phone Number

You may change our beneficiary at any time by notifying Genworth Life Insurance Company in writing.]

2

**3. Purchase coverage from Genworth Life Insurance Company and RETAIN your long term care insurance from [Previous Carrier]**

Initial here

I wish to apply for additional group long term care insurance from Genworth Life Insurance Company and retain my [Previous Carrier Full Legal Entity] long term care insurance plan. I understand that I will **not** receive a transfer credit. I have completed the attached application form.]

# PERSONAL RATE QUOTE FOR [FIRST NAME] [LAST NAME]

For Group Long Term Care Insurance underwritten by Genworth Life Insurance Company (Genworth Life)

1

	Current [Previous Carrier Full Legal Entity] Plan	Similar Genworth Life Plan with Exact Daily Benefit (2a)	[Similar Genworth Life Plan with Next Highest Daily Benefit (2b)]
<b>[DAILY/MONTHLY] BENEFIT AMOUNT</b>	\$	\$	\$
<b>HOME CARE MAXIMUM</b>	\$	\$	\$
<b>LIFETIME TOTAL COVERAGE</b>	\$	\$	\$
<b>[BENEFIT INCREASE OPTION]</b>	[Future Purchase Inflation Protection] [Automatic Benefit Increase]	[Future Purchase Option] [Automatic Benefit Increase] Optional: \$XX.XX]	[Future Purchase Option] [Automatic Benefit Increase] Optional: \$XX.XX]
<b>[NONFORFEITURE BENEFIT]</b>	[Included]	[Optional - 15% of Total Premium]	[Optional - 15% of Total Premium]
<b>MONTHLY PREMIUM*</b>	\$	\$	\$
<b>[LESS TRANSFER CREDIT]</b>	\$	\$	\$
<b>YOUR COST</b>	\$	\$	\$

2

**[Other Plan Options (2c)]**

The attached application must be completed for options not shown above. [A transfer credit of [\$] will apply if your application is accepted. If your application is not accepted, coverage under Option 2a will go into effect.]