

SERFF Tracking Number: LTCG-126182461 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 42624  
Company Tracking Number:  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Genworth Group Long Term Care  
Project Name/Number: Advertising Kit /

## Filing at a Glance

Company: Genworth Life Insurance Company  
Product Name: Genworth Group Long Term Care SERFF Tr Num: LTCG-126182461 State: ArkansasLH  
TOI: LTC03G Group Long Term Care SERFF Status: Closed State Tr Num: 42624  
Sub-TOI: LTC03G.001 Qualified Co Tr Num: State Status: Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett  
Author: Timothy Cassidy Disposition Date: 06/15/2009  
Date Submitted: 06/09/2009 Disposition Status: Filed-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Advertising Kit Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: The filing will be submitted shortly to 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: 06/15/2009 Explanation for Other Group Market Type: Labor Unions  
Deemer Date: State Status Changed: 06/15/2009  
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: 70025 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: \$575.00  
 Retaliatory? No  
 Fee Explanation: 23 advertising pieces filed at rate of \$25 per piece totals \$575  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$575.00	06/09/2009	28445714

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Marie Bennett	06/15/2009	06/15/2009

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## **Disposition**

Disposition Date: 06/15/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	Third Party Filer Authorization Letter		Yes
<b>Supporting Document</b>	Explanation of Variability		Yes
<b>Form</b>	Program Announcement - PPR		Yes
<b>Form</b>	Program Announcement - ACC		Yes
<b>Form</b>	Rate Quote Letter - PPR		Yes
<b>Form</b>	Rate Quote Letter - ACC		Yes
<b>Form</b>	Sample Rate Quote Letter - PPR		Yes
<b>Form</b>	Sample Rate Quote Letter - ACC		Yes
<b>Form</b>	Plan Today LTC Booklet - PPR		Yes
<b>Form</b>	Plan Today LTC Booklet - ACC		Yes
<b>Form</b>	Program Reminder - PPR		Yes
<b>Form</b>	Program Reminder - ACC		Yes
<b>Form</b>	Poster w and w/o photo - PPR		Yes
<b>Form</b>	Poster w and w/o photo - ACC		Yes
<b>Form</b>	Table Tent w and w/o photo - PPR		Yes
<b>Form</b>	Table Tent w and w/o photo - ACC		Yes
<b>Form</b>	Cover Letter for LTC Booklet - PPR		Yes
<b>Form</b>	Cover Letter for LTC Booklet - ACC		Yes
<b>Form</b>	Outer Envelope - Letter		Yes
<b>Form</b>	Large Outer Envelope		Yes
<b>Form</b>	Outer Envelope - Rate Quote Envelope		Yes
<b>Form</b>	E-mail announcement - PPR		Yes
<b>Form</b>	E-mail announcement - ACC		Yes
<b>Form</b>	E-mail reminder - PPR		Yes
<b>Form</b>	Email reminder - ACC		Yes

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## Form Schedule

Lead Form Number: 46866 06/01/09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	46866 06/01/09	Advertising	Program Announcement - PPR	Initial		0	46866_06010 9_Highlight Filed.pdf
	46869 06/01/09	Advertising	Program Announcement - ACC	Initial		0	46869_06010 9_Highlight Filed.pdf
	46872 06/01/09	Advertising	Rate Quote Letter - PPR	Initial		0	46872_06010 9_Highlight Filed.pdf
	46873 06/01/09	Advertising	Rate Quote Letter - ACC	Initial		0	46873_06010 9_Highlight Filed.pdf
	47979 06/01/09	Advertising	Sample Rate Quote Letter - PPR	Initial		0	47979_06010 9_Highlight filed.pdf
	47980 06/01/09	Advertising	Sample Rate Quote Letter - ACC	Initial		0	47980_06010 9_Highlight filed.pdf
	46870 06/01/09	Advertising	Plan Today LTC Booklet - PPR	Initial		0	46870_06010 9_Highlight Filed.pdf
	46871 06/01/09	Advertising	Plan Today LTC Booklet - ACC	Initial		0	46871_06010 9_Highlight Filed.pdf
	46874 06/01/09	Advertising	Program Reminder - PPR	Initial		0	46874_06010 9_Highlight Filed.pdf
	46893 06/01/09	Advertising	Program Reminder - ACC	Initial		0	46893_06010 9_Highlight Filed.pdf
	46880 06/01/09	Advertising	Poster w and w/o photo - PPR	Initial		0	46880_06010 9_Highlight

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					filed.pdf
46881	Advertising Poster w and w/o	Initial	0	46881_06010	
06/01/09	photo - ACC			9_Highlight	filed.pdf
46884	Advertising Table Tent w and w/olnitial		0	46884_06010	
06/01/09	photo - PPR			9_Highlight	filed.pdf
46885	Advertising Table Tent w and w/olnitial		0	46885_06010	
06/01/09	photo - ACC			9_Highlight	filed.pdf
46951	Advertising Cover Letter for LTC Initial		0	46951_06010	
06/01/09	Booklet - PPR			9_Highlight	filed.pdf
46959	Advertising Cover Letter for LTC Initial		0	46959_06010	
06/01/09	Booklet - ACC			9_Highlight	filed.pdf
46960	Advertising Outer Envelope -	Initial	0	46960_06010	
06/01/09	Letter			9_filed.pdf	
46960B	Advertising Large Outer	Initial	0	46960B_0601	
06/01/09	Envelope			09_filed.pdf	
46960C	Advertising Outer Envelope -	Initial	0	46960C_0601	
06/01/09	Rate Quote Envelope			09_filed.pdf	
46883	Advertising E-mail	Initial	0	46883_06010	
06/01/09	announcement - PPR			9_Highlight	filed.pdf
46898	Advertising E-mail	Initial	0	46898_06010	
06/01/09	announcement -			9_Highlight	filed.pdf
	ACC				
46882	Advertising E-mail reminder -	Initial	0	46882_06010	
06/01/09	PPR			9_Highlight	filed.pdf
46897	Advertising Email reminder -	Initial	0	46897_06010	
06/01/09	ACC			9_Highlight	filed.pdf



[Group Name] [voluntary] [employee/  
member/retiree] benefits [now] include 2  
Group Long Term Care Insurance

1 [ Genworth Life Insurance Company ]

1 2 [ENROLL BETWEEN MONTH, DAY AND MONTH, DAY]

3 Dear [Carrie],

1 2 3 [Group Name] is pleased to announce an important [new] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

**Why long term care insurance?**

3 [We/They] believe long term care insurance is an essential part of any sound financial plan. It covers expenses for long term care whether received at home, in the community or in a nursing facility. It can help you:

- Protect the savings you've worked hard to accumulate as part of your retirement plan.
- Protect you and your family from the cost and burden of providing care.
- Control how and where you receive care — even allowing you to stay in your own home if your situation allows.

Long term care insurance complements your other benefit offerings by meeting a need many of us may have someday. Seven in ten of us may need long term care services after we reach age 65<sup>1</sup> and neither health nor disability insurance are designed to cover these expenses. Relying on government programs may not be a viable solution either.

**Is it right for you?**

1 3 Building a sound financial plan for your future is likely a top priority; but have you considered how important a role long term care insurance can play? Take this opportunity to learn what it can do for you. As a [Group Name] [eligible employee/member/retiree], you can now apply for this valuable coverage at competitive group rates. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group]/Group Name].

**Next steps:**

- Watch your mail for [your personalized premium quote/additional information].
- [ • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online. Use Group ID: [XXXXXX] and Access Code: [XXXX], or ]
- Call [888 888.8888] to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

3 [The website and][T/t]he free information kit contain the details of this Program, including costs, benefits, and any restrictions that apply.

3 [Carrie], I encourage you to learn all you can about this Program and consider how this benefit may strengthen your financial plan ... There may never be a better time!

Sincerely,

1 [Signature]

1 3 [Title], [Genworth Life Insurance Company]

2 3 1 [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/ or 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.]

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

1 3 This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

# 1 [ Genworth Life Insurance Company ]

1 2 [ENROLL BETWEEN MONTH, DAY AND MONTH, DAY]

3 Dear [John],

1 2 3 [Group Name] is pleased to announce an important [new] [employee/member/retiree] benefit, Group Long Term Care  
3 Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit, based on its history of leadership and experience in the long term care insurance industry.

## 3 Why long term care insurance?

3 [We/They] believe long term care insurance enhances your [employee/member/retiree] benefits by meeting a need many of us may have someday. It covers expenses for long term care, whether received at home, in the community, or in a nursing facility. Here are a few points to consider:

- Seven in ten of us will likely need some kind of long term care as we grow older.<sup>1</sup>
- 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.

## Is it right for you?

1 3 It's more important than ever to find ways to take personal control of your finances and your future. Take advantage  
1 3 1 of this opportunity to learn what long term care insurance can do to help protect your financial future. As a [Group Name] [eligible employee/member/retiree], you can now apply for this valuable coverage at competitive group rates. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group]/Group Name].

## 3 Next steps:

- Watch your mail for [your personalized premium quote/additional information].
- [ • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online. Use Group ID: [XXXXX] and Access Code: [XXXX], or ]
- Call [888 888.8888], to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

3 [The website and][T/t]he free information kit contain the details of this Program, including costs, benefits, and any restrictions that apply.

3 [John], I encourage you to take a few minutes to learn about this Program, evaluate your choices, and find a plan that helps meet your needs.

Sincerely,

1 [Signature]  
1 3 [Title], [Genworth Life Insurance Company]

2 3 1 [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/ or 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.]

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# 1 [ Genworth Life Insurance Company ]

# 1 [Group Rates Personalized Plan]

## Help protect what matters – your family, your finances and your future

### A PERSONAL QUOTE: GROUP LONG TERM CARE INSURANCE FOR [CARRIE MURRAY]

Dear [Carrie],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro area, State]/State] nursing facility averages [\$XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could potentially cost [hundreds of thousands of dollars/at least [\$xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most of us would rather not rely upon.

#### A solution to fit your needs and budget

Under [the [Group Name/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of choices available to tailor a plan that suits your individual needs and your pocketbook. Based on your [current] age of [xx]/age as of [date]], here are your monthly costs for a select range<sup>3</sup> of available options.

<b>[Group Name's/This] Program offers coverage for [Carrie Murray] starting at [\$XX.XX] per month.</b>	[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

#### Learn more!

Now that you've seen just how competitive your premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help strengthen your financial plan...

[ • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) for details about this Program or to enroll online. Use Group ID: [XXXXXX] and Access Code: [XXX], or

- Call **888 888.8888** to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

[The website and] [T/t]he free information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that apply. I encourage you to take a few minutes to review them, and see how this Program can work for you.

Sincerely,

[Signature]  
[Title], [Genworth Life Insurance Company]

F.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group]/ Group Name].

<sup>1</sup> [2008] Genworth Financial Annual Cost of Care survey [, conducted by CareScout, [04/08]].

<sup>2</sup> "Long Term Care Financing: Policy Options for the Future." Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [[75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and [does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] days applies.

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

1 [ Genworth Life Insurance Company ]

Help protect your future from one of life's uncertainties

A PERSONAL QUOTE: GROUP LONG TERM CARE INSURANCE FOR [JOHN O'LEARY]

Dear [John],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area,State]/State] nursing facility averages [\$XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could potentially cost [hundreds of thousands of dollars/at least [\$xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon.

A simple solution to fit your budget

Under [the [Group Name/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your pocketbook. Based on your [current] age of [xx]/age as of [date]], here are your monthly costs for a select range<sup>3</sup> of available options.

[Group Name's/This] Program offers coverage for [John O'Leary] starting at [\$XX.XX] per month.

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

Get the facts, fast.

Now that you've seen just how competitive your premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

[ • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) for details about this Program or to enroll online. Use Group ID: [XXXXX] and Access Code: [XXX], or

- Call [888 888.8888] to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

[The website and] [T/t]he free information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that apply. I encourage you to take a few minutes to review them, and see how this Program can work for you.

Sincerely,

[Signature]  
[Title], [Genworth Life Insurance Company]

P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group]/ Group Name].

<sup>1</sup> [2008] Genworth Financial Annual Cost of Care survey [, conducted by CareScout, [04/08]].

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1 [ Genworth Life Insurance Company Logo ]

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

GROUP LONG TERM CARE INSURANCE PROGRAM RATE QUOTE EXAMPLE

Dear [Carrie],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro area, State]/State] nursing facility averages [\$XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years<sup>2</sup>, long term care situation could potentially cost [hundreds of thousands of dollars/at least [\$xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon.

A solution to fit your needs and budget

Under [the [Group Name/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your pocketbook. Based on a [Daily/Monthly] Benefit of [\$xxx] and a Total Coverage of [\$xxxxx], here are the monthly costs for a range of ages.

	AGE	[40]	[50]	[60]
<b>[Group Name's/This] Program offers coverage<sup>3</sup> for [a [40]-year-old] starting at [\$XX.XX] per month.</b>	[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

Learn more!

Now that you've seen just how competitive premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. See how it may help strengthen your financial plan...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) for details about this Program or to enroll online. Use Group ID [XXXXXX] and Access Code [XXX], or
- Call [888 888.8888] to request a free information kit or have an expert on [the [Group Name/this] Program answer your questions.

[The website and] [T/t]he free information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that apply. I encourage you to take a few minutes to review them, and see how this Program can work for you.

Sincerely,

[Signature]  
[Title], [Genworth Life Insurance Company]

P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group/ Group Name].

<sup>1</sup> [2008] Genworth Financial Annual Cost of Care survey[, conducted by CareScout, [04/08]].  
<sup>2</sup> "Long Term Care Financing: Policy Options for the Future." Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.  
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1 [ Genworth Life Insurance Company Logo ]

Help protect your future from one of life's uncertainties

GROUP LONG TERM CARE INSURANCE PROGRAM RATE QUOTE EXAMPLE

Dear [John],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area, State]/State nursing facility averages [\$XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years<sup>2</sup>, a long term care situation could potentially cost [hundreds of thousands of dollars/at least [\$xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon.

A simple solution to fit your budget

Under [the] [Group Name/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your pocketbook. Based on a [Daily/Monthly] Benefit of [\$xxx] and a Total Coverage of [\$xxxxx], here are the monthly costs for a range of ages.

	AGE	[40]	[50]	[60]
<b>[Group Name's/This] Program offers coverage<sup>3</sup> for [a [40]-year-old] starting at [\$XX.XX] per month.</b>	MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

Get the facts, fast.

Now that you've seen just how competitive premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how it may help add some certainty to your financial future...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) for details about this Program or to enroll online. Use Group ID [XXXXXX] and Access Code [XXX], or
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[The website and] [T/t]he free information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that apply. I encourage you to take a few minutes to review them, and see how this Program can work for you.

Sincerely,

[Signature]  
[Title], [Genworth Life Insurance Company]

P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group/ Group Name].

<sup>1</sup> [2008] Genworth Financial Annual Cost of Care survey[, conducted by CareScout, [04/08]].  
<sup>2</sup> "Long Term Care Financing: Policy Options for the Future." Feder, Komisar and Friedland, June 2007. Health Policy Institute, Georgetown University.  
<sup>3</sup> Assumes the ["Buy more coverage over time"] benefit increase protection, [[75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and [does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] days applies.

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

Group Name  
Logo

Plan today  
Help protect tomorrow

GROUP LONG TERM CARE INSURANCE PROGRAM



# Plan today

*You're working hard to ensure your financial plan will allow you to live life on your own terms in retirement. You may be looking forward to enjoying more time with family and friends or pursuing a hobby.*

What would happen if you had an accident, developed a chronic condition, or became ill and needed ongoing assistance?

Do your plans adequately address a critical concern many of us have about our future — that the cost of a long term care situation may deplete the assets you've worked so hard to accumulate?

**2 1 3** During [the] [Group Name's] [initial] enrollment period, you have a chance to get the facts — and understand how this problem may affect your plans, your family, and your future.

## **Living longer has its own set of challenges**

Medical advances help us live longer, but a longer life can bring with it a greater chance of needing some kind of help in the future.

An accident, illness, stroke, or chronic disease can happen at any age. And if it happens to you, you might need long term care.

*Many people think only the elderly need long term care, but here's the reality: 42% of people receiving long term care services are under age 65.<sup>1</sup>*

<sup>1</sup> "Long Term Care Financing: Policy Options for the Future." Page 7. Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University

**Needing care can be costly**

2 The costs for long term care services are high [and keep rising]. Each year, Genworth Financial commissions CareScout to conduct a cost of care study. The costs shown below — and throughout this booklet — are from the current study, [2008] Genworth Financial Annual Cost of Care Survey.

3 3 Today, in [Metro area, State/State], it costs about [\$XX]/hour to have a  
 3 [licensed non certified aide] come to your home. If you need around-the-  
 3 clock care, [a private room] in [a/an] [Metro area, State/State] nursing 3 3  
 3 facility averages [\$XX,XXX] a year. Since typical stays can average three 3  
 3 years, your care could cost [hundreds of thousands of dollars/almost 3  
 [\$XXX,XXX]], particularly if the cost of care continues to increase.<sup>1</sup>

Where will the money to pay for care come from — your savings, your family, the government? These are options most of us would prefer not to rely on. **While you may have the money to cover these costs, is that really how you want to spend it?**

**[METRO AREA, STATE]/STATE COSTS OF CARE**

	ONE YEAR	THREE YEARS OF CARE	
COST	CURRENT	CURRENT	IN [25] YEARS***
HOME CARE*	[\$ XXXX]	[\$ XXXX]	[\$ XXXX]
ASSISTED LIVING FACILITY	[\$ XXXX]	[\$ XXXX]	[\$ XXXX]
NURSING HOME FACILITY**	[\$ XXXX]	[\$ XXXX]	[\$XXXX]

3 \* Based on [XX hours] of [home care] provided by a [licensed non certified provider] @ [\$XX.XX] per hour.  
 3 \*\* Based on the annual cost of [a private room] in a nursing facility in [Metro area, State]/State].  
 3 \*\*\* Projected cost for the year [20XX] based on long term care costs increasing [5%] each year.

# Reality check

## Is your current financial plan enough?

There are many myths and misconceptions about long term care and long term care insurance. Knowing the realities might help you decide whether insurance should be part of your plan.

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MYTH:

*“It won’t happen to me...”*

**REALITY:** People need long term care services far more often than you might think. A Georgetown University report shows that seven in ten people who reach age 65 will need long term care at some point during their lives.<sup>2</sup>

---

MYTH:

*“My insurance will cover me...”*

**REALITY:** Health and disability insurance were not designed to cover the costs for long term care.

- 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.
  - Disability insurance is designed to replace your income and is usually needed to pay for basic living expenses.
- 

MYTH:

*“My friends and family will take care of me...”*

**REALITY:** Caregiving is very difficult. People who go through it are often unprepared for the physical and emotional strain. Consider these issues as you think about whether relying on friends and family would be a good option for you.

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<sup>2</sup> “Long Term Care Financing: Policy Options for the Future.” Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University

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MYTH:

*“The government will pay for it...”*

**REALITY:** Government programs like Medicare and Medicaid may cover some long term care expenses, but there are limitations:

- Medicare is designed to cover healthcare and has significant limitations when it comes to covering long term care.
- Medicaid does pay for long term care but requires recipients to first use most of their assets and income to pay for care.

Many of us question whether these government sponsored programs will be there when we need them.

---

MYTH:

*“My savings will cover the cost...”*

**REALITY:** Your savings and investments may pay for some of your long term care needs. However:

- You are likely planning to use your savings for other purposes.
  - You could need long term care services before you have saved enough money to cover those expenses.
- 

MYTH:

*“Long term care insurance is too expensive...”*

**REALITY:** Coverage to help you address the costs of long term care services may be more affordable than you think — especially if you start early, during your working years.

You can choose a plan to fit your needs, selecting just the features and benefits that are valuable to you.

---

LONG TERM CARE SITUATIONS CAN RESULT FROM:

- BROKEN BONES
- ILLNESSES LIKE MULTIPLE SCLEROSIS
- DISEASES LIKE ALZHEIMER'S OR PARKINSON'S
- STROKES OR OTHER CHRONIC CONDITIONS

### **What does long term care insurance cover ?**

Long term care insurance helps to reimburse charges for services received at home, in the community or in a nursing facility. You'll qualify for these benefits if you find you need help performing any two of the following everyday activities: bathing, dressing, eating, continence, toileting or transferring. You may also qualify for benefits if you suffer from a severe cognitive impairment requiring substantial supervision.

### **Long term care insurance can help you retain control**

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

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

1 *[The [Group Name]/This] Program offers comprehensive*  
 3 *long term care coverage for [Carrie Murray/[a [45] year old]]*  
 1 1 *starting at [\$xx.xx] per month.[\*] This plan would*  
 1 3 *provide [you with] up to a [\$xxx] [Daily/Monthly] Benefit* 1  
*and [\$xxx,xxx] in Total Coverage.* 1

**Can you pay for long term care out of your savings?**

1 3 Let's continue the example above. If you invested your monthly  
 1 3 premium [\$XX] at [7% (after tax)] instead of purchasing insurance, you'd  
 3 3 be able to save [\$XX,XXX] [over the next 25 years/ by the time you reach  
 age 80]. While that might seem like a lot, that may not be enough to  
 cover [even a/[x] year[s]] in [a/an] [Metro area, State/State] nursing facility. 3

On the other hand, if you decide to purchase insurance, your monthly  
 premium would give you access to [\$XX,XXX] of Total Coverage for quali- 1  
 fied long term care expenses, as soon as your coverage goes into effect.

	TODAY	IN [25] YEARS	
BUY INSURANCE COVERAGE	[\$YYY.YYYI	[\$YYY.YYYY]*[*]I	3 1 3
INVEST THE PREMIUM	[\$XX.XX]	[\$AA,AAA]	1 3

By adding long term care insurance to your financial plan, you'll know  
 you are doing what you can to minimize the chance of becoming  
 a burden on family and friends. To learn more about the details of this  
 Program, including costs, benefits and any restrictions that apply,  
 [visit the [Group Name's] website at [www.webaddress.com] or] call 2 1  
 [888 888.8888]. 1

[\* Based on your age of [XX] as of [12/31/08]] 2 1  
 [\*][\*]This amount can grow over time to help your coverage keep up with the cost of 2 1 3  
 care if you select a [benefit increase/inflation] option. There is an additional premium  
 for these options.

# The provider

## **A name you can trust**

1 Genworth Life Insurance Company (Genworth Life) has been selected  
3 2 to provide Group Long Term Care Insurance for [Group Name]  
[employees/ members/retirees] [and their families]. Genworth Life was  
chosen based on its long term care experience and leadership.

3 With more than 30 years of experience and over one million policyholders,  
3 Genworth Life is a long term care industry leader. Today, almost 1 in [3]  
people who own long term care insurance have Genworth Life coverage.<sup>3</sup>

3 Genworth Life's commitment can be seen in its:  
[• Multi-million dollar partnership with the Alzheimer's Association to  
help find a cure.]  
• Annual Cost of Care survey, to help make people aware of just how  
much they could spend on long term care.  
• Leadership in shaping public policy with federal, state and local  
governments to address the growing financial issues Americans  
may face in long term care situations.

Genworth Life not only has more experience paying claims than other  
long term care insurance companies,<sup>4</sup> but it is also noted for its "best in  
class" claims servicing. This servicing includes access to negotiated dis-  
counts for long term care providers and a network of care coordinators  
who can assist with in planning for long term care in your community.  
Genworth Life will be your resource when you need it most — at time  
of claim.

3 <sup>3</sup> LIMRA [2007] Individual Long Term Care Insurance In Force.

3 <sup>4</sup> Genworth Life company operations as of [dd/mm/yyyy].



# Help protect tomorrow

## The value of Group Long Term Care Insurance

This Group Long Term Care Insurance Program enables you to:

- Obtain a valuable benefit at competitive group rates.
- 2 3 [• Benefit from an easy application process, [without medical underwriting/[or] with streamlined underwriting] [, depending on [your age and] the plan you choose]].<sup>5</sup>
- Keep your coverage with you. If you leave the group and pay the premiums when due — it's fully portable.
  - Tailor a plan that's personalized to fit your needs and your budget.
- 1 2 [• Include your spouse [and other family members] in this valuable Program.]
- 1 3 [The [Group Name] dedicated website and] [T/t]he information kit contain[s] all the details of this Program, including costs, benefits, and any restrictions that may apply. Take time to review them so you can decide whether this Program is right for you.

2 1 3 <sup>5</sup> Depending on your age and the plan you choose, [W/w]ith this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] if you are an eligible [full-time/ or part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply before [end enrollment date]. This is a limited time offer and will not be available each year with the same terms.]

### Take the next step!

Now is a great time to consider this valuable insurance and gain control of what may be one of life's major risks. The younger you are, the lower your costs will be. In addition, the longer you wait, the greater the chance that your health may decline, meaning you may not be able to qualify for coverage.

With the right long term care insurance in place, you can:

- Help protect your family's financial security;
- Have more control over decisions about your care;
- Take comfort knowing that you're confidently moving toward a more secure future.

## 2 For details about this Program [and to enroll online]:

2 1 [• Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc), use Group ID: [XXXX] and Access Code: [XXX], or]

1 • Call [888 888.8888]

1 A [Group Name] Program expert will be available to answer your questions and send you a free information kit.

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

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

1

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX], on policy form series [XXXX].

3

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1

Group Name  
Logo

Help protect your future from  
one of life's uncertainties

GROUP LONG TERM CARE INSURANCE PROGRAM



# Plan today

*In these uncertain times, it is often difficult to manage your plans for the future. You may dream about enjoying time with family and friends, taking vacations, pursuing hobbies and living a comfortable and fulfilling life.*

But, are your plans adequately protected from the impact of an unforeseen accident, illness or chronic disease?

An unexpected long term care event could require you to spend savings and assets you've earmarked for other things like retirement.

2 1 3 During [the] [Group Name's] [initial] enrollment period, you have a chance to get the facts — and decide whether long term care insurance might be a simple way to add some certainty to your financial future.

## **Living longer has its own set of challenges**

Medical advances help us live longer, but a longer life can bring with it a greater chance of needing some kind of help in the future.

An accident, illness, stroke, or chronic disease can happen at any age. And if it happens to you, you might need long term care.

*Many people think only the elderly need long term care, but here's the reality: 42% of people receiving long term care services are under age 65.<sup>1</sup>*

<sup>1</sup> "Long Term Care Financing: Policy Options for the Future." Page 7. Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University

**There is an affordable solution**

2 The costs for long term care services are high [and keep rising]. Each year, Genworth Financial commissions CareScout to conduct a cost of care study. The costs shown below — and throughout this booklet — are from the current study, [2008] Genworth Financial Annual Cost of Care Survey.

3 3 Today, in [Metro area, State]/State], it costs about [\$XX]/hour to have a  
 3 [licensed non certified aide] come to your home. If you need around-  
 3 the-clock care, [a private room] in [a/an] [Metro Area, State]/State] 3 3  
 3 nursing facility averages [\$XX,XXX] a year. Since typical stays can  
 3 average three years, your care could cost [hundreds of thousands of 3  
 dollars/almost [\$XXX,XXX]], particularly if the cost of care continues to  
 increase.<sup>1</sup>

Where will the money to pay for care come from — your savings, your family, the government? These are options most of us would prefer not to rely on.

**[METRO AREA, STATE]/STATE] COSTS OF CARE**

	ONE YEAR	THREE YEARS OF CARE	
COST	CURRENT	CURRENT	IN [25] YEARS***
HOME CARE*	[\$ XXXX]	[\$ XXXX]	[\$ XXXX]
ASSISTED LIVING FACILITY	[\$ XXXX]	[\$ XXXX]	[\$ XXXX]
NURSING HOME FACILITY**	[\$ XXXX]	[\$ XXXX]	[\$ XXXX]

3 \* Based on [XX hours] of [home care] provided by a [licensed non certified provider] @ [\$XX.XX] per hour.

3 \*\* Based on the annual cost of [a private room] in a nursing facility in [Metro Area, State]/State].

3 \*\*\* Projected cost for the year [20XX] based on long term care costs increasing [5%] each year.

# Reality check

## Are you covered?

There are many myths and misconceptions about long term care and long term care insurance. Knowing the realities might help you decide whether insurance should be part of your plan.

---

MYTH:

*“It won’t happen to me...”*

**REALITY:** People need long term care services far more often than you might think. A Georgetown University report shows that seven in ten people who reach age 65 will need long term care at some point during their lives.<sup>2</sup>

---

MYTH:

*“My insurance will cover me...”*

**REALITY:** Health and disability insurance were not designed to cover the costs for long term care.

- 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.
  - Disability insurance is designed to replace your income and is usually needed to pay for basic living expenses.
- 

MYTH:

*“My friends and family will take care of me...”*

**REALITY:** Caregiving is very difficult. People who go through it are often unprepared for the physical and emotional strain. Consider these issues as you think about whether relying on friends and family would be a good option for you.

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<sup>2</sup> “Long Term Care Financing: Policy Options for the Future.” Feder, Komisar and Friedland, June 2007; Health Policy Institute, Georgetown University

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MYTH:

*“The government will pay for it...”*

**REALITY:** Government programs like Medicare and Medicaid may cover some long term care expenses, but there are limitations:

- Medicare is designed to cover healthcare and has significant limitations when it comes to covering long term care.
- Medicaid does pay for long term care but requires recipients to first use most of their assets and income to pay for care.

Many of us question whether these government sponsored programs will be there when we need them.

---

MYTH:

*“My savings will cover the cost...”*

**REALITY:** Your savings and investments may pay for some of your long term care needs. However:

- You are likely planning to use your savings for other purposes.
  - You could need long term care services before you have saved enough money to cover those expenses.
- 

MYTH:

*“Long term care insurance is too expensive...”*

**REALITY:** Coverage to help you address the costs of long term care services may be more affordable than you think — especially if you start early, during your working years.

You can choose a plan to fit your needs, selecting just the features and benefits that are valuable to you.

---

LONG TERM CARE SITUATIONS CAN RESULT FROM:

- BROKEN BONES
- ILLNESSES LIKE MULTIPLE SCLEROSIS
- DISEASES LIKE ALZHEIMER'S OR PARKINSON'S
- STROKES OR OTHER CHRONIC CONDITIONS

### **What does long term care insurance cover ?**

Long term care insurance helps to reimburse charges for services received at home, in the community or in a nursing facility. You'll qualify for these benefits if you find you need help performing any two of the following everyday activities: bathing, dressing, eating, continence, toileting or transferring. You may also qualify for benefits if you suffer from a severe cognitive impairment requiring substantial supervision.

### **Long term care insurance can help you gain control**

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

- Maintain control over how you spend your savings.
- Have more choice in who provides your care and where you receive it.
- Afford higher quality care for a longer period of time.
- **Provide greater certainty and control of your future in an otherwise uncertain world.**

1 *[The [Group Name]/This] Program offers comprehensive long*  
 3 *term care coverage for [John O’Leary/[a [45] year old]] start-*  
 1 *ing at [\$xx.xx] per month.[\*] This plan would provide [you*  
 1 3 *with] up to a [\$xxx] [Daily/Monthly] Benefit and [\$xxx,xxx] in 1*  
*Total Coverage.*

**Can you pay for long term care out of your savings?**

1 3 Let’s continue the example above. If you invested your monthly  
 1 3 premium [\$XX] at [7% (after tax)] instead of purchasing insurance, you’d  
 3 3 be able to save [\$X,XXX] [over the next 25 years/by the time you reach  
 age 80]. While that might seem like a lot, that may not be enough to  
 cover [even a/[X] year[s]] in [a/an] [Metro Area, State]/[State] nursing 3  
 facility.

On the other hand, if you decide to purchase insurance, your monthly  
 premium would give you access to [\$XX,XXX] of Total Coverage for quali 1  
 fied long term care expenses, as soon as your coverage goes into effect.

	TODAY	IN [25] YEARS	
BUY INSURANCE COVERAGE	[\$YYY,YYY]	[\$YYY,YYY]*[*]	3 1 3
INVEST THE PREMIUM	[\$XX.XX]	[\$AA,AAA]	1 3

By selecting long term care insurance as one of your employee  
 benefits, you can cost-effectively strengthen your financial plan and  
 help preserve your hard-earned savings for the things that matter  
 most to you. To learn more about the details of this Program, including  
 costs, benefits and any restrictions that apply, [visit the [Group Name’s] 2 1  
 website at [www.webaddress.com] or] call [888 888.8888]. 2 1

[\*Based on your age of [xx] as of [12/31/2008]]  
 [\*][\*]This amount can grow over time to help your coverage keep up with the cost of 213  
 care if you select a [benefit increase/inflation] option. There is an additional premium  
 for these options.

# The provider

## A name you can trust

1 Genworth Life Insurance Company (Genworth Life) has been selected  
3 2 to provide Group Long Term Care Insurance for [Group Name]  
[employees/ members/retirees] [and their families]. Genworth Life was  
chosen based on its long term care experience and leadership.

3 With more than 30 years of experience and over one million policyholders,  
3 Genworth Life is a long term care industry leader. Today, almost 1 in [3]  
people who own long term care insurance have Genworth Life coverage.<sup>3</sup>

3 Genworth Life's commitment can be seen in its:

- 3 [• Multi-million dollar partnership with the Alzheimer's Association to help find a cure.]
- Annual Cost of Care survey, to help make people aware of just how much they could spend on long term care.
- Leadership in shaping public policy with federal, state and local governments to address the growing financial issues Americans may face in long term care situations.

Genworth Life not only has more experience paying claims than other long term insurance companies,<sup>4</sup> but it is also noted for its "best in class" claims servicing. This servicing includes access to negotiated discounts for long term care providers and a network of care coordinators who can assist with planning for long term care in your community. Genworth Life will be your resource when you need it most — at time of claim.

3 <sup>3</sup> LIMRA [2007] Individual Long Term Care Insurance In Force.

3 <sup>4</sup> Genworth Life company operations as of [dd/mm/yyyy].



# Help protect tomorrow

## 1 **Advantages of the [Group Name] Long Term Care Insurance Program**

This Group Long Term Care Insurance Program enables you to:

- Obtain a valuable benefit at competitive group rates.
- 2 3 [• Benefit from an easy application process, [without medical underwriting/[or] [with streamlined underwriting] [, depending on your age and the plan you choose]].<sup>5</sup>
- Keep your coverage with you. If you leave the group and pay the premiums when due — it's fully portable.
  - **Easily tailor a plan to fit your needs and your budget.**
- 1 2 [• Include your spouse [and other family members] in this valuable Program.]
- 1 3 [The [Group Name] dedicated website and] [T/t]he information kit contain[s] all the details of this Program, including costs, benefits, and any restrictions that may apply. Take time to review them so you can decide whether this Program is right for you.

2 1 3 <sup>5</sup> Depending on your age and the plan you choose,] [W/w]ith this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] if you are an eligible [full-time/ or part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply before [end enrollment date]. This is a limited time offer and will not be available each year with the same terms.]

### Take the next step!

Deciding on a long term care insurance program may not have been at the top of your priority list, but here are three reasons you should look into this coverage now:

1. You may not get a chance like this again. This is a limited time offer and will not be available each year with the same terms.
2. You'll never be younger, so the rates for this Program will never be lower.
3. If you wait, you take the risk that you may develop a health condition that keeps you from qualifying.

A few minutes is all the time it takes to get the facts, run a quote and enroll.

**2** For details about this Program [and to enroll online]:

**2 1** • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc), use Group ID: [XXXX] and Access Code: [XXX], or ]

**1** • Call [888 888.8888]

**1** A [Group Name] Program expert will be available to answer your questions and send you a free information kit.

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

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

1

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX], on policy form series [XXXX].

3

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**1** [ Group Name Logo ]

# Enrollment ends soon

**GROUP LONG TERM CARE INSURANCE PROGRAM**



# There's still time to enroll in the

## 1 [Group Name] Group Long Term Care Insurance Program.

1 ENROLL BY: [AUGUST 15, 2008]

Long term care insurance can help you protect the savings you've worked so hard to accumulate. It can also help alleviate the financial and emotional stress your family may experience when providing care.

### [[No medical underwriting] [or] [streamlined underwriting]

[With this Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you apply during this enrollment period.]\*]

It's easy to take the next step!

[Go to: [www.genworth.com/grouplrc](http://www.genworth.com/grouplrc)

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

- Get the facts fast
- Get a quote
- Enroll online]

[or] [C/c]all [888 888.8888] to speak with an expert on the Group Program.

[\*Applies to eligible [full-time/ or part-time] [actively-at-work employees] [members in good standing] [retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

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

2 3

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1 3

**1** [ Group Name Logo ]

# Enrollment ends soon

**GROUP LONG TERM CARE INSURANCE PROGRAM**



# There's still time to enroll in the

## 1 [Group Name] Group Long Term Care Insurance Program.

1 ENROLL BY: [AUGUST 15, 2008]

Long term care insurance can help provide you with greater certainty in an otherwise uncertain world. Without it, the money to pay for long term care may have to come out of your savings or income.

### [[No medical underwriting] [or] [streamlined underwriting]

[With this Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you apply during this enrollment period.]\*]

It's easy to take the next step!

[Go to: [www.genworth.com/groupltc](http://www.genworth.com/groupltc)

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

- Get the facts fast
- Get a quote
- Enroll online]

[or] [C/c]all [888 888.8888] to speak with an expert on the Group Program.

[\*Applies to eligible [full-time/ or part-time] [actively-at-work employees] [members in good standing] [retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

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

2 3

2 1

2 3 1

2 3

1 3

**1** [ Group Name Logo ]

GROUP LONG TERM CARE INSURANCE PROGRAM

# Prepared to Protect...

- Your family?
- Your finances?
- Your future?



## **2** Get some answers [and a free lunch]

**2** Attend the upcoming meetings on our [new] long term care insurance benefit! [A Program expert  
**2** [from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**1 3** This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

**1** [ Group Name Logo ]

**GROUP LONG TERM CARE INSURANCE PROGRAM**

# Prepared to Protect...

- Your family?
- Your finances?
- Your future?

## **2** Get some answers [and a free lunch]

**2** Attend the upcoming meetings on our [new] long term care insurance benefit! [A Program expert  
**2** [from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**1** **3** This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

**1** [ Group Name Logo ]

**GROUP LONG TERM CARE INSURANCE PROGRAM**

# Concerned about...

- Covering retirement expenses?
- Supporting parents and children?
- Protecting savings?



**2** Attend the upcoming meetings on our [new] long term care insurance benefit! [A Program expert  
**2** [from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**1** **3** This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

**1** [ Group Name Logo ]

**GROUP LONG TERM CARE INSURANCE PROGRAM**

# Concerned about...

- **Covering retirement expenses?**
- **Supporting parents and children?**
- **Protecting savings?**

**2** Attend the upcoming meetings on our [new] long term care insurance benefit! [A Program expert  
**2** [from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

**1** **3** This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

1 [ Group Name Logo ]

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

3  
1

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Attend the upcoming meetings on our [new] long term care insurance benefit! [A Program expert from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

2 2

2

2

Get some answers [and a free lunch]

1 [ Group Name Logo ]

# Prepared to Protect...

- Your family?
- Your finances?
- Your future?



[ Group Name Logo ] 1

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

1 3

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

this coverage in detail.]

Insurance Company] will be there to discuss

[A Program expert from Genworth Life

long term care insurance benefit!

Attend the upcoming meetings on our [new]

Get some answers [and a free lunch]

1 [ Group Name Logo ]

# Prepared to Protect...

- Your family?
- Your finances?
- Your future?

1 [ Group Name Logo ]

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

3  
1

Location: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Attend the upcoming meetings on our [new] long term care insurance benefit!

2 2 [A Program expert from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

2 [ Group Name Logo ]

# Concerned about...

- Covering retirement expenses?
- Supporting parents and children?
- Protecting savings?



[ Group Name Logo ]

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

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_

[A Program expert from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

Attend the upcoming meetings on our [new] long term care insurance benefit!  
[A Program expert from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]

[ Group Name Logo ]

# Concerned about...

- Covering retirement expenses?
- Supporting parents and children?
- Protecting savings?

# 1 [ Genworth Life Insurance Company ]

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

1 2 [ENROLL BETWEEN MONTH, DAY AND MONTH, DAY.]

3 Dear [Carrie],

1 3 3 [Group Name] [has added/offers] Group Long Term Care Insurance [to [your/our/their] [employee/member/retiree]] as part of [your/our/their] [employee/member/retiree]] benefits. [We/They] selected Genworth Life Insurance Company to provide this important benefit based on its experience and leadership in the long term care insurance industry. 3

1 3 [Group Name] believes long term care insurance enhances your [employee/member/retiree] benefits by helping:

- Protect the savings you're working hard to accumulate as part of your retirement plan.
- Protect you and your family from the cost and burden of providing long term care.
- Control how and where you receive care – even allowing you to stay in your own home if your situation allows.

To learn more about how long term care insurance can help protect you and your family:

- Read the enclosed brochure.
- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online. Use Group ID: [XXXX] and Access Code: [XXXX], or ]
- Call [888 888.8888] to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

3 [Carrie], this is a great time to learn how this important benefit could help strengthen your financial plan.

Sincerely,

[Signature]

1 3 [Title], [Genworth Life Insurance Company]

2 3 1 [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/ or 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 This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

# 1 [ Genworth Life Insurance Company ]

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

1 2 [ENROLL BETWEEN MONTH, DAY AND MONTH, DAY]

3 Dear [John],

1 3 3 [Group Name] [has added/offers] Group Long Term Care Insurance [to [your/our/their] [employee/member/retiree]/as part of [your/our/their] [employee/member/retiree]] benefits. [We/They] selected Genworth Life Insurance Company to provide this important benefit based on its experience and leadership in the long term care insurance industry.

3 Long term care insurance enhances your [employee/member/retiree] benefits by meeting a need many of us may have someday. It covers expenses for long term care services whether received at home, in the community, or in a nursing facility. Importantly:

- Seven in ten of us will likely need some kind of long term care as we get older.<sup>1</sup>
- 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.

#### To learn more about how long term care insurance can help you and your family:

- Read the enclosed brochure.
- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online. Use Group ID [XXXX] and Access Code [XXXX], or ]
- Call **[888 888.8888]** to request a free information kit or have an expert on [the [Group Name]/this] Program answer your questions.

3 [John], I encourage you to take a few minutes to learn all you can about this Program, evaluate your choices, and find a plan that helps meet your needs.

Sincerely,

[Signature]

1 3 [Title], [Genworth Life Insurance Company]

2 3 1 [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/ or 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.]

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

1 3 This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.

**1 [ Group Name Logo ]**

---

**1 IMPORTANT:  
[GROUP NAME]  
BENEFITS INFORMATION**

Group Long Term Care Insurance underwritten by:  
Genworth Life Insurance Company • [6620 West Broad St. Bldg 4 • Richmond VA 23230]

3

**1 [ Group Name Logo ]**

---

**1 IMPORTANT:  
[GROUP NAME]  
BENEFITS INFORMATION**

Group Long Term Care Insurance underwritten by:  
Genworth Life Insurance Company • [6620 West Broad St. Bldg 4 • Richmond VA 23230]

**1 [ Group Name Logo ]**

**1**  

---

**Important:**  
**[Group Name]**  
**[Benefit Information/Premium Quote]**  
**[Inside]**

Group Long Term Care Insurance underwritten by:  
Genworth Life Insurance Company • [6620 West Broad St. Bldg 4 • Richmond VA 23230] **3**

# Plan today Help protect tomorrow

1 [ Group Name Logo ]

## GROUP LONG TERM CARE INSURANCE PROGRAM

3 2 Your [employee] benefits [now] include Group Long Term Care Insurance

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

1 2 [Group Name] is pleased to announce an important [new] [employee/member/retiree] 3 benefit, Group Long Term Care Insurance.

### Why consider long term care insurance?

It covers 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<sup>1</sup>.
- 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/ or 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 1 3 [change jobs, retire or] leave [the] [group]/Group Name]. 1

Sincerely,

1 [Signature]  
1 3 [Title], [Group Name]

2 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/ or 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.]

<sup>1</sup> "Long Term Care Over an Uncertain Future: What Can Current Retirees Expect?" P. Kemper, H. Komisar and L. Alecxih; Winter 2005/2006; Health Policy Institute, Georgetown University

1 3 This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.



A message from  
[company executive]

*[I encourage you to learn all you can about this Program and see how it can strengthen your financial plan.]*

**Learn More**

[[links to Group website]]

[To see what this could mean 2 1 for you, go to:

www.genworth.com/groupltc.

Group ID: [XXXX]

Access Code: [XXXX]

- 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

### 3 2 Your [employee] benefits [now] include Group Long Term Care Insurance

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

1 2 [Group Name] is pleased to announce an important [new] [employee/member/retiree] benefit, Group Long Term Care Insurance. 3

#### Why consider long term care insurance?

It covers 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<sup>1</sup>.
- 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/ or 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 [the] [group]/[Group Name]. 3 1

Sincerely,

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

2 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/ or 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

<sup>1</sup> "Long Term Care Over an Uncertain Future: What Can Current Retirees Expect?" P. Kemper, H. Komisar and L. Alexih; Winter 2005/2006; Health Policy Institute, Georgetown University

1 3 This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.



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]

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

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

1

# There is still time...

[ Group Name Logo ]

## GROUP LONG TERM CARE INSURANCE PROGRAM

### Help protect your financial future.

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

**1** Dear [Associates],

The deadline to enroll in your Group Long Term Care Insurance Program is drawing near. This offer is not an annual opportunity, so you may not get this chance again.

**1 3** 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 3** [\*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/ or 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** This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], on policy form series [XXXXX], underwritten by Genworth Life Insurance Company.



A message from [company executive]

*[If you haven't already **2 1** 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**

1

# There is still time...

[ Group Name Logo ]

## GROUP LONG TERM CARE INSURANCE PROGRAM

**Help protect your family, your finances  
and your future.**

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

Dear [Associates],

The deadline to enroll in your Group Long Term Care Insurance 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,

[Signature]  
[Title]

\* 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/ or 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.]

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



A message from  
[company executive]

*[If you haven't already done so, I encourage you to take a few minutes to learn about this Program, evaluate your choices and see if there is a plan that meets your needs.]*

**Enroll Now**

[[links to Group website]]

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

*SERFF Tracking Number: LTCG-126182461*

*State: Arkansas*

*Filing Company: Genworth Life Insurance Company*

*State Tracking Number: 42624*

*Company Tracking Number:*

*TOI: LTC03G Group Long Term Care*

*Sub-TOI: LTC03G.001 Qualified*

*Product Name: Genworth Group Long Term Care*

*Project Name/Number: Advertising Kit /*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LTCG-126182461

State: Arkansas

Filing Company: Genworth Life Insurance Company

State Tracking Number: 42624

Company Tracking Number:

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Product Name: Genworth Group Long Term Care

Project Name/Number: Advertising Kit /

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Cover Letter

06/09/2009

**Comments:**

**Attachment:**

AR Group Kit Submission Letter.pdf

### Review Status:

**Satisfied -Name:** Third Party Filer Authorization Letter

06/09/2009

**Comments:**

**Attachment:**

GNW Authorization Letter LTCG.pdf

### Review Status:

**Satisfied -Name:** Explanation of Variability

06/09/2009

**Comments:**

**Attachment:**

EOV Kit Collateral 060109 46866 et al.pdf

# **LTCG**

*Long Term Care Group, Inc.*

June 9, 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 Information Kit, Form Number 46866 06/01/09, et  
al  
Please see attached forms listing.**

***Submitted via SERFF***

Dear Sir or Madam,

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

This material will be used for our group long term care insurance product under policy form series 7046. The Arkansas Department of Insurance approved this product series on September 13, 2005 and subsequently. This material is intended for use by eligible persons under issued group contracts. Variables in the material account for case specific information and plan design, and are bracketed. The Explanation of Variability Matrix describes the intent of the variable material.

There are different types of advertising in the submission that fall into the following general categories:

- **Announcements:** This material consists of invitations to inquire and includes announcements from the group client and from Genworth Life, through both paper and electronic mail. It also includes sample rate quotes. The following forms fall into this category: 46866 06/01/09; 46869 06/01/09; 46872 06/01/09, 46873 06/01/09, 46874 06/01/09; 46893 06/01/09; 46883 06/01/09; 46898 06/01/09., 46884 06/01/09; 46897 06/01/09, 47979 06/01/09, and 47980 06/01/09.
- **Announcement collateral:** Posters and table tents used to announce employee on-site meetings: 46880A 06/01/09; 46880B 06/01/09., 46881A 06/01/09; 46881B 06/01/09, 46884A 06/01/09, 46884B 06/01/09, 46885A 06/01/09 and 46885B 06/01/09.
- **Plan Today LTC Booklet:** Classified as an invitation to inquire, the Plan Today booklets include general content about long term care and long term care insurance, as well as some sample information about the group program: 46870 06/01/09 and 46871 06/01/09. The cover letters that accompany the booklets are forms 46959 06/01/09 and 46951 06/01/09.
- **Functional material:** Envelopes: 46960 06/01/09; 46960B 06/01/09 and 46960C 06/01/09.

There are two versions (ACC and PPR) of the announcements, announcement collateral and the Plan Today LTC Booklet. The differences in the presentation are based on the demographic profiles that were developed using market research. The PPR forms are designed for those who feel the need to investigate all options and plan ahead; the ACC forms are designed for a slightly younger demographic who respond to a more succinct message. Differences between the forms to indicate the changes have been highlighted. Of course, this highlighting will not appear in the printed forms. There are also versions of the announcement collateral that are identical except that one is with a photo and one is not.

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. My fax number is 508-651-8804.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy P. Cassidy". The signature is fluid and cursive, with the first name being the most prominent.

Timothy P. Cassidy  
Compliance Manager

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

<b>Form Number</b>	<b>Title</b>	<b>Type of Solicitation</b>
46866 06/01/09	Program Announcement PPR	Invitation to Inquire
46869 06/01/09	Program Announcement ACC	Invitation to Inquire
46872 06/01/09	Rate Quote Letter – PPR	Invitation to Inquire
46873 06/01/09	Rate Quote Letter – ACC	Invitation to Inquire
47979 06/01/09	Sample Rate Quote Letter – PPR	Invitation to Inquire
47980 06/01/09	Sample Rate Quote Letter -- ACC	Invitation to Inquire
46870 06/01/09	Plan Today LTC Booklet – PPR	Invitation to Inquire
46871 06/01/09	Plan Today LTC Booklet – ACC	Invitation to Inquire
46874 06/01/09	Program Reminder – PPR	Invitation to Inquire
46893 06/01/09	Program Reminder – ACC	Invitation to Inquire
46880A 06/01/09	Poster w photo – PPR	Invitation to Inquire
46880B 06/01/09	Poster w/o photo – PPR	Invitation to Inquire
46881A 06/01/09	Poster w photo – ACC	Invitation to Inquire
46881B 06/01/09	Poster w/o photo – ACC	Invitation to Inquire
46884A 06/01/09	Table Tent w photo – PPR	Invitation to Inquire
46884B 06/01/09	Table Tent w/o photo – PPR	Invitation to Inquire
46885A 06/01/09	Table Tent w photo – ACC	Invitation to Inquire
46885B 06/01/09	Table Tent w/o photo – ACC	Invitation to Inquire
46951 06/01/09	Cover Letter for LTC Booklet -- PPR	Invitation to Inquire
46959 06/01/09	Cover Letter for LTC Booklet -- ACC	Invitation to Inquire
46960 06/01/09	Outer Envelope – Letter	Invitation to Inquire
46960B 06/01/09	Large Outer Envelope	Invitation to Inquire
46960C 06/01/09	Outer Envelope – Rate Quote Envelope	Invitation to Inquire
46883 06/01/09	E-mail announcement – PPR	Invitation to Inquire
46898 06/01/09	E-mail announcement – ACC	Invitation to Inquire
46882 06/01/09	E-mail reminder – PPR	Invitation to Inquire
46897 06/01/09	E-mail reminder -- ACC	Invitation to Inquire



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

**Genworth Life Insurance Company**  
**Explanation of Variability**  
**Forms 46866 06/01/09 et al**  
**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

Form	Title	Variable Text [***]	Explanation	Var Type
46866 06/01/09 Program Announcement - PPR		[Genworth Life Insurance Company]	Insert group name and logo if from program sponsor; Genworth Life insurance company if from Genworth	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
		[now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY AND MONTH DAY]	Insert group enrollment period	1 2
		Dear [Carrie]	Insert employee/ member name	3
		[Group Name]	Insert group name	1
		[new]	Insert if this is a new offering for the group.	2
		[We/They]	If from program sponsor insert we; if from Genworth insert they	3
		[We/They]	If from program sponsor insert we; if from Genworth insert they	3
		[Group Name]	Insert group name	1
		[eligible employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
		[change jobs, retire or] leave [the group/Group Name]	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1, 3
		watch your mail for [your personalized premium quote/additional information.]	Substitute depending on whether group has rate quote letter.	3
		[ • Go to www.genworth.com/grouplpc to learn more about this Program or to enroll on line. Use Group ID [XXXXXX] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert on a case specific basis	1
		[the [Group Name]/this]	Insert group name or "this" if group doesn't want to use their name in direct relationship to the Program.	1 3
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Carrie]	Insert employee/ member name	3
	[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1	
	[Title]	Insert title of signee	1	
	[Genworth Life Insurance Company]	insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3	

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

[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/ or 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.] PS is in or out depending on group underwriting at the time of mailing; Underwriting type and eligibility criteria, including employee type and age, are based on group. 2 3 1

Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
<hr/>		
<b>46869 06/01/09 Program Announcement - ACC</b>	[Genworth Life Insurance Company]	Insert group name and logo if from program sponsor; Genworth Life insurance company if from Genworth 1
[Group Name]	Insert group name	1
[Voluntary]	Insert if group is voluntary	2
[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
[now]	Insert if this is a new offering for the group.	2
[ENROLL BETWEEN MONTH, DAY AND MONTH DAY]	Insert group enrollment period, may be deleted if association	1 2
Dear [John]	Insert employee/ member name	3
[Group Name]	Insert group name	1
[new]	Insert if this is a new offering for the group.	2
[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
[We/They]	If from program sponsor insert we; if from Genworth insert they	3
[We/They]	If from program sponsor insert we; if from Genworth insert they	3
[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
[Group Name]	Insert group name	1
[eligible employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
[change jobs, retire or] leave the [group/Group Name]	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
[your personalized premium quote/additional information]	substitute depending on whether group has rate quote letter.	3
[ • Go to www.genworth.com/group ltc 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. Insert case specific Group ID and Access Code	2 1
[888-888-8888]	Insert on a case specific basis	1

**Genworth Life Insurance Company**  
**Explanation of Variability**  
**Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

[the [Group Name]/this]	Insert group name or "this" if group doesn't want to use their name in direct relationship to the Program.	1 3
[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
[John]	Insert employee/ member name	3
[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
[Title]	Title of signee	1
[Genworth Life Insurance Company]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	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/ or 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.]	PS is in or out depending on group underwriting at the time of mailing; Underwriting type and age displayed will be based on group.	2 3 1
Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
<b>46872 06/01/09 Rate Quote Letter - PPR</b>	[Genworth Life Insurance Company]	1
[Group Rates Personalized Plans]	Insert or note depending on group	1
[CARRIE MURRAY]	Insert employee/ member name	3
[CARRIE]	Insert employee/ member name	3
[keep rising]	Will update statistics annually and remove if no longer true	2
[private]	insert private or semi private	3
[a/an]	syntax depends on following word	3
[Metro area, state/state]	insert cost of care location based on recipient address, metro if available, state if not	3
[\$XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
[hundreds of thousands of dollars/at least [\$xxx,x	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	3
[Group Name/this]	Insert group name or this for non erisa	1 3
current age of [XX][as of 12/31/08]	Recipients current age if available from group name mail list	3
[Group Name's This]	Insert group name or this for non erisa	1 3
[CARRIE MURRAY]	Insert employee/ member name	3

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder	1
Your monthly Cost [XXXX]; [XXXX];[XXXX]	Insert depending on premiums for options under plan selected by policyholder	1
[Daily/Monthly] Benefit [XXXX];[XXXX];[XXXX]	Insert depending on type of plan selected by policyholder	1
Total Coverage [XXXX];[XXXX];[XXXX]	Insert depending on plan selected by policyholder	1
[ • Go to www.genworth.com/grouplpc to learn more about this Program or to enroll on line. Use Group ID [XXXXX] and Access code [XXXX], or]	Insert or out depending on whether group has a web site;Insert case specific Group ID and Access Code	2 1
[888-888-8888]	Insert on a case specific basis	1
[Group Name/this ]	Insert group name or this for non erisa	1 3
[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
[Title]	Insert title of signee	1
[Genworth Life Insurance Company]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3
[change jobs, retire or] leave the [group/Group Name].	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
[2008] Genworth Financial Annual Cost of Care Survey [conducted by CareScout [04/08]].	Insert most current survey. Statistics and sources will be updated annually	3
[[75% of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care, [and does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] days applies.	Insert options or not depending on plan selected by policyholder	1
Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
<b>46873 06/01/09 Rate Quote Letter - ACC</b>		
[Genworth Life Insurance Company]	Insert group name and logo if from program sponsor; Genworth Life insurance company if from Genworth	1
[Group Rates Personalized Plans]	Insert or note depending on group	1
[JOHN O'LEARY]	Insert employee/ member name	3
[John]	Insert employee/ member name	3
[keep rising]	Will update statistics annually and remove if no longer true	2
[private]	insert private or semi private	3
[a/an]	syntax depends on following word	3
[Metro area, state/state]	insert cost of care location based on recipient address, metro if availabel, state if not	3

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

\$[XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
[hundreds of thousands of dollars/at least [\$xxx,x	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	3
[Group Name/this]	Insert group name or this for non erisa	1 3
[current] age of [XX]/age as of [date]]	Recipients current age if available from group name mail list	3
[Group Name's /This]	Insert group name or this for non erisa	1 3
[JOHN O'LEARY]	Insert employee/ member name	3
Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder	1
Your monthly Cost [XXXX]; [XXXX];[XXXX]	Insert depending on premiums for options under plan selected by policyholder	1
[Daily/Monthly] Benefit [XXXX];[XXXX];[XXXX]	Insert depending on type of plan selected by policyholder	1
Total Coverage [XXXX];[XXXX];[XXXX]	Insert depending on plan selected by policyholder	1
[ • Go to www.genworth.com/groupitc 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;Insert case specific Group ID and Access Code	2 1
[888-888-8888]	Insert on a case specific basis	1
[Group Name/this ]	Insert group name or this for non erisa	1 3
[The website and][T/t]he free information kit contain[s]	Substitute depending on whether group has a web site	3
[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
[Title]	Insert title of signee	1
[Genworth Life Insurance Company]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3
[change jobs, retire or] leave the [group/Group Name].	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
[2008] Genworth Financial Annual Cost of Care Survey [conducted by CareScout [04/08]].	Insert most current survey. Statistics and sources will be updated annually	3
[[75% of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care, [and does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] days applies.	Insert options or not depending on plan selected by policyholder	1
Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

47979 06/01/09 Sample Rate Quote Letter - PPR	[Genworth Life Insurance Company]	Insert group name and logo if from program sponsor; Genworth Life insurance company if from Genworth	1
	[Group Rates Personalized Plans]	Insert or note depending on group	1
	[John]	Insert employee/ member name	3
	[keep rising]	Will update statistics annually and remove if no longer true	2
	[private]	insert private or semi private	3
	[a/an]	syntax depends on following word	3
	[Metro area, state/state]	insert cost of care location based on recipient address, metro if available, state if not	3
	[\$XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
	[hundreds of thousands of dollars/at least [\$xxx,x	Substitute depending on whether three years of care in recipients locality exceeds two hundred thousand dollars or not	3
	[the][Group Name/this]	Insert group name or this for non erisa; the if required by sentence structure	1 3
	[Daily/Monthly] benefit of \$[XXX] and a Total Coverage of \$[XXXX ]	Insert depending on group plan	1 3 3
	[Group Name's /This]	Insert group name or this for non erisa	1 3
	[40] year old	Substitute based on ages of group	3
	Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder	1
	Age [40] [50] [60]	Substitute based on ages of group	3
	Your monthly Cost [XXXX]; [XXXX];[XXXX]	Insert depending on premiums for options under plan selected by policyholder	1
	[Daily/Monthly] Benefit [XXXX];[XXXX];[XXXX]	Insert depending on type of plan selected by policyholder	1
	Total Coverage [XXXX];[XXXX];[XXXX]	Insert depending on plan selected by policyholder	1
	[ • Go to www.genworth.com/grouplrc 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;Insert case specific Group ID and Access Code	2 1
	[888-888-8888]	Insert on a case specific basis	1
	[Group Name/this ]	Insert group name or this for non erisa	1 3
	[The website and][T/t]he free information kit contain[s]	Substitute depending on whether group has a web site	3
	[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
	[Title]	Insert title of signee	1
	[Genworth Life Insurance Company]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

	[change jobs, retire or] leave the [group].	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
	[2008] Genworth Financial Annual Cost of Care Survey [conducted by CareScout [04/08]].	Insert most current survey. Statistics and sources will be updated annually	3
	[[75% of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care, [and does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] days applies.	Insert options or not depending on plan selected by policyholder	1
<b>47980 06/01/09 Sample Rate Quote Letter - ACC</b>	Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
	[Genworth Life Insurance Company]	Insert group name and logo if from program sponsor; Genworth Life insurance company if from Genworth	1
	[Group Rates Personalized Plans]	Insert or note depending on group	1
	[John]	Insert employee/ member name	3
	[keep rising]	Will update statistics annually and remove if no longer true	2
	[private]	insert private or semi private	3
	[a/an]	syntax depends on following word	3
	[Metro area, state/state]	insert cost of care location based on recipient address, metro if availabel, state if not	3
	[\$XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updatec annually.	3
	[hundreds of thousands of dollars/at least [\$xxx,x	Substitute depending on whether three years of care in recipients locality exceeds two hundred thousand dollars or not	3
	[the][Group Name/this]	Insert group name or this for non erisa; the if required by sentence structure	1 3
	[Daily/Monthly] benefit of \$[XXX] and a Total Coverage of \$[XXXXX]	Insert depending on group plan	1 3 3
	[Group Name's /This]	Insert group name or this for non erisa	1 3
	[40] year old	Substitute based on ages of group	3
	Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder	1
	Age [40] [50] [60]	Substitute based on ages of group	3
	Your monthly Cost [XXXX]; [XXXX];[XXXX]	Insert depending on premiums for options under plan selected by policyholder	1
	[Daily/Monthly] Benefit [XXXX];[XXXX];[XXXX]	Insert depending on type of plan selected by policyholder	1
	Total Coverage [XXXX];[XXXX];[XXXX]	Insert depending on plan selected by policyholder	1

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

[ • Go to www.genworth.com/grouplrc 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; Insert case specific Group ID and Access Code	2 1
[888-888-8888]	Insert on a case specific basis	1
[Group Name/this ]	Insert group name or this for non erisa	1 3
[The website and][T/t]he free information kit contain[s]	Substitute depending on whether group has a web site	3
[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
[Title]	Insert title of signee	1
[Genworth Life Insurance Company]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3
[change jobs, retire or] leave the [group].	Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 1
[2008] Genworth Financial Annual Cost of Care Survey [conducted by CareScout [04/08]].	Insert most current survey. Statistics and sources will be updated annually	3
[[75% of the [Daily/Monthly] Benefit available for Assisted Living care, [75%] of the [Daily/Monthly] Benefit available for home care, [and does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] days applies.	Insert options or not depending on plan selected by policyholder	1
Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
<b>46870 06/01/09 Plan Today LTC Booklet - PPR</b>		
[Group Name/Logo]	Insert group name and or Logo	1
[[The] Group Name's/the]	Insert [The] group name or this for non erisa. "The" for proper syntax.	2 1 3
[keep rising]	Will update statistics, sources and partnerships annually	2
[2008] Genworth Financial Annual Cost of Care Survey	Insert most current survey. Statistics and sources will be updated annually by CareScout.	3
[Metro Area, State/State]	insert cost of care location based on recipient address	3
[\$XX]/hour	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
[have a licensed non-certified aide]	insert licensed certified or licensed medicare certified	3
[a private room]	insert private or semi private	3
[a/an]	[a/an] for propoer syntax	3
[Metro area, State/State] nursing facility	insert cost of care for nursing facilities in Metro area and or state location based on recipient address	3

**Genworth Life Insurance Company  
Explanation of Variability  
Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

[\$XX,XXX] a year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
[hundreds of thousands of dollars/almost[\$XXX,X	Substitute depending on whether three years of care in recipients locality exceeds two hundred thousand dollars or not	3
[Metro area, State]/State]	insert cost of care location based on recipient address. Insert metro area if available in Genworth Financial Annual cost of Care Survey.	3
in [25]years	Insert number of years until recipient reaches age 80 if age available; default to 25, assuming average age of 45	3
Homecare [\$XXXX];[XXXX];[XXXX]	Insert 1 year, 3 year and 25 year projection for home care costs in recipient location, based on Genworth annual cost of Care Survey. Will be updated every year.	3
Assisted Living Facility [\$XXXX];[XXXX];[XXXX]	Insert 1 year, 3 year and 25 year projection for assisted living facility costs in recipient location, based on Genworth annual cost of Care Survey. Will be updated every year.	3
Nursing Home Facility [\$XXXX];[XXXX];[XXXX]	Insert 1 year, 3 year and 25 year projection for nursing home facility costs in recipient location, based on Genworth annual cost of Care Survey. Will be updated every year.	3
[XX hours] of [homecare] provided by a [licensed non certified provider] @ [XX.XX] per hour.	Insert number of hours, type of care, type of provider and cost per hour of that care from Genworth Financial Annual Cost of Care Survey reference in table. Survey will be updated annually.	3
Based on annual cost of [a private room] in a nursing facility in [[Metro area, State]/[State].	insert private or semi private and recipients location or state	3
Projected cost for the year [20XX] based on long term care costs increasing [5%] each year.	Insert year that equates to projection in chart and percent used to project future costs for Genworth Financial Annual Cost of Care Survey.	3
[The [Group Name]/This]	Insert group name or this for non erisa	1
[CARRIE MURRAY/[a 45 year old]]	Insert employee/ member name or 45 year old for generic	3
Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder	1
[*]	Insert if non-erisa plan	1
This plan would provide [you with] up to [\$XXX] [Daily/Monthly] benefit and [\$XXX,XXX] in Total Coverage.	Insert depending on plan selected by policyholder. Will correspond to starting premium.	1 3 1 3
[Based on your age of [xx] as of [12/31/08]]	In or out depending on data from group	2

**Genworth Life Insurance Company  
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Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

If you invested your monthly premium [\$XX] at 7% (after tax) you'd be able to save [\$xxxxx] over [25] years.	Insert premium from plan selected above . Investment % will be updated annually based on current conditions. Insert amount of savings resulting from calculation of premium, % increase and number of years for recipient to reach age 80, or default to 25 years.	1 3 1 3
to cover even [a/x] year[s] in a [Richmond, VA] nursing facility	Substitute depending on comparison of savings amount from above to annual cost of a nursing facility in recipient locality	3 3 3
[\$XXXXXX] of Total Coverage [25] years	Insert depending on plan selected by policyholder	1
Buy Insurance Coverage	Substitute depending on recipient age	3
[\$YYY,YYY];[\$YYY,YYY]	Insert Total Coverage Today and Total Coverage in 25 years of number of years until recipient reaches age 80, with no inflation protection	1 3
Invest The Premium [\$XXX.XX] [\$AA,AAA]	Insert amount of premium today and savings from above calculation with assumptions as stated.	1 3
[visit [Group Name's website or]	In or out depending on whether group has a web site.	2 1
[888.888.8888]	Insert on a case specific basis	1
[*Based on your age of [xx] as of [12/31/08]]	In or out depending on information from the group	2 1
[*] [benefit increase/inflation]	In or out depending on information from the group; substitute benefit increase depending on state rules	2 1 3
[Group Name]	Insert group name	1
[employees/members/retirees] [and their families]	insert when family members eligible	3 2
Today, almost 1 in [3] people	Will update statistics, sources and partnerships annually	3
[ • Multi-million dollar partnership with the Alzheimer's Association to help find a cure.]	Will update statistics, sources and partnerships annually	3
LIMRA [2007]	Will update statistics, sources and partnerships annually	3
Genworth Life company operations as of [dd/mm/yyyy]	Will update statistics, sources and partnerships annually	3
[ • Benefit from an easy application process, without medical underwriting] [or] [with streamlined underwriting] [depending on your age and the plan you choose],	substitute depending on group underwriting at the time of mailing.	2 3
[ • Include your spouse [and other family members] in this valuable program.]	in or out depending on group eligibility.	1 2
[The [Group Name] website and][T/t]he free information kit contain[s]	Insert group name, and substitute depending on whether group has a web site.	1 3

**Genworth Life Insurance Company  
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**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

Depending on your age and the plan you choose,[W] with this Group long Term Care Insurance Program [there is no medical underwriting /you have streamlined underwriting ] 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.]	in or out depending on group underwriting at the time c mailing.	2 1 3
[or to enroll online]	Insert group name, and substitute depending on whether group has a web site.	2
[ • Go to www.genworth.com/group,use Group ID [XXXXX] and Access code [XXXX], or [888.888.8888]	In or out depending on whether group has a web site. Insert group ID and Access Code,	2 1
[Group Name]	Insert on a case specific basis	1
Group Policy Number [XXXXX] ;Policy form series [XXXXX]	Insert group name	1
	Policy form and series on Web case set up form	1 3
<b>46871 06/01/09 Plan Today LTC Booklet - ACC</b>		
[Group Name/Logo]	Insert group name and or Logo	1
[[The] Group Name's/the][initial]	Insert [The] group name or this for non erisa. "The" for proper syntax.	2 1 3
[and keep rising]	Will update statistics, sources and partnerships annually	2
[2008] Genworth Financial Annual Cost of Care Survey	Insert most current survey. Statistics and sources will be updated annually by CareScout	3
[Metro Area, State/State]	insert cost of care location based on recipient address	3
[\$XX]/hour	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updatec annually.	3
[have a licensed non-certified aide]	insert licensed certified or licensed medicare certified	3
[a private room]	insert private or semi private	3
[a/an]	[a/an] for propoer syntax	3
[Metro Area, State/State] nursing facility	insert cost of care for nursing facilities in Metro area and or state location based on recipient address	3
[\$XX,XXX] a year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updatec annually.	3
[hundreds of thousands of dollars/almost[\$XXX,X	Substitute depending on whether three years of care in recipients locality exceeds two hundred thousand dollars or not	3
[Metro area, State]/State]	insert cost of care location based on recipient address. Insert metro area if available in Genworth Financial Annual cost of Care Survey.	3

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**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

in [25]years	Insert number of years until recipient reaches age 80 if age available; default to 25, assuming average age of 45	3
Homecare [\$XXXX];[XXXX];[XXXX]	Insert 1 year, 3 year and 25 year projection for home care costs in recipient location, based on Genworth annual cost of Care Survey. Will be updated every year.	3
Assisted Living Facility [\$XXXX];[XXXX];[XXXX]	Insert 1 year, 3 year and 25 year projection for assisted living facility costs in recipient location, based on Genworth annual cost of Care Survey. Will be updated every year.	3
Nursing Home Facility [\$XXXX];[XXXX];[XXXX]	Insert 1 year, 3 year and 25 year projection for nursing home facility costs in recipient location, based on Genworth annual cost of Care Survey. Will be updated every year.	3
[XX hours] of [homecare] provided by a [licensed non certified provider] @ [XX.XX] per hour.	Insert number of hours, type of care, type of provider and cost per hour of that care from Genworth Financial Annual Cost of Care Survey reference in table. Survey will be updated annually.	3
Based on annual cost of [a private room] in a nursing facility in [[Metro area, State]/[State].	insert private or semi private and recipients location or state	3
Projected cost for the year [20XX] based on long term care costs increasing [5%] each year.	Insert year that equates to projection in chart and percent used to project future costs for Genworth Financial Annual Cost of Care Survey.	3
[The [Group Name]/This]	Insert group name or this for non erisa	1
[JOHN O'LEARY]/[a 45 year old]	Insert employee/ member name or 45 year old for generic depending on group	3 1
Starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder	1
[*]	Insert if non-erisa plan	1
This plan would provide [you with] up to a [\$XXX] [Daily/Monthly] benefit and [\$XXX,XXX] in Total Coverage.	Insert depending on plan selected by policyholder. Will correspond to starting premium.	1 3 1
If you invested your monthly premium [\$XX] at [7% (after tax) you'd be able to save [\$xxxx] over [25] years.	Insert premium from plan selected above . Investment % will be updated annually based on current conditions. Insert amount of savings resulting from calculation of premium, % increase and number of years for recipient to reach age 80, or default to 25 years.	1 3 1 3
to cover even [a/x] year[s] in a [Metro area,state/State] nursing facility	Substitute depending on comparison of savings amount from above to annual cost of a nursing facility in recipient locality	3 3 3
[\$XXXXXX] of Total Coverage	Insert depending on plan selected by policyholder	1
[25] years	Substitute depending on recipient age	3
Buy Insurance Coverage	Insert Total Coverage Today and Total Coverage in 25 years of number of years until recipient reaches age 80, with no inflation protection	1 3
[\$YYY,YYY];[\$YYY,YYY]		

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**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

Invest The Premium [XXX.XX]	Insert amount of premium today and savings from	1 3	
[\$AA,AAA]	above calculation with assumptions as stated.		
[visit [Group Name's website or]	In or out depending on whether group has a web site.	2	
[888.888.8888]	Insert on a case specific basis	1	
[*Based on your age of [xx] as of [12/31/08]]	In or out depending on information from the group	2 1	
[*] [benefit increase/inflation]	In or out depending on information from the group; substitute benefit increase depending on state rules	2 1 3	
[Group Name]	Insert group name	1	
[employees/members/retirees] [and their families]	insert when family members eligible	3 2	
Today, almost 1 in [3] people	Will update statistics, sources and partnerships annually	3	
[- Multi-million dollar partnership.....]	Will update statistics, sources and partnerships annually	3	
LIMRA [2007]	Will update statistics, sources and partnerships annually	3	
Genworth Life company operations as of [dd/mm/yyyy]	Will update statistics, sources and partnerships annually	3	
[Group Name]	Insert group name	1	
[ • Benefit from an easy application process, without medical underwriting] [or] [with streamlined underwriting] [depending on your age and the plan you choose],]	substitute depending on group underwriting at the time of mailing.	2 3	
[ • Include your spouse [and other family members] in this valuable program.]	in or out depending on group eligibility.	1 2	
[The [Group Name] website and][T/t]he free information kit contain[s]	Insert group name, and substitute depending on whether group has a web site.	1 3	
[Depending on the plan you choose] [W/w]ith this	In or out depending on group underwriting at the time of	2 1 3	
Group long Term Care Insurance Program [there is no medical underwriting][or][you have streamlined underwriting ] 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.]	mailing; Underwriting type and age displayed will be based on group.		
[or to enroll online]	Insert group name, and substitute depending on whether group has a web site.	2	
[ • Go to www.genworth.com/group,use Group ID [XXXXX] and Access code [XXXX], or]	In or out depending on whether group has a web site. Insert group ID and Access Code,	2 1	
[888.888.8888]	Insert on a case specific basis	1	
[Group Name]	Insert group name	1	
Group Policy Number [XXXXX] ;Policy form series [XXXXX]	Policy form and series on Web case set up form	1 3	
<b>46874 06/01/09 Program Reminder - PPR</b>	[Group Name/Logo]	Insert group name and or Logo	1

**Genworth Life Insurance Company**

**Explanation of Variability**

**Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

[Group Name]	Insert group name	1	
ENROLL BY:[AUGUST 15, 2008]	Insert enrollment end date for case	1	
[[No medical underwriting][or][streamlined underwriting][With this program, [there is no medical underwriting][or][you have streamlined underwriting][depending on your age and the plan you choose] if you apply during this enrollment period]*]	in or out... substitute depending on group underwriting at the time of mailing;	2 3	
[Go to: www.genworth.com/group Use Group ID:[XXXX] and Access Code [XXXX] iGet the facts fast iGet a quote [Enroll online] [or [C/]call [888.888.8888]	Use Group ID and Access Code; In or out depending on whether group has a web site/ Insert group ID and Access Code;	2 1	
	substitute depending on whether group has web site or not;Insert toll free number on a case specific basis	2 3 1	
[ *Applies to eligible [full-time/part-time ][actively at work employees][members in good standing][retirees] under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]	in or out depending on group underwriting at the time of mailing.	2 3	
This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.	In or out depending on whether from group sponsor or Genworth; Policy form and series on WCSF	1 3	
<hr/>			
<b>46893 06/01/09 Program Reminder - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
	[Group Name]	Insert group name	1
	ENROLL BY:[AUGUST 15, 2008]	Insert enrollment end date for case	1
	[[No medical underwriting][or][streamlined underwriting][With this program, [there is no medical underwriting][or][you have streamlined underwriting][depending on your age and the plan you choose] if you apply during this enrollment period]*]	in or out... substitute depending on group underwriting at the time of mailing;	2 3
	[Go to: www.genworth.com/group Use Group ID:[XXXX] and Access Code [XXXX] iGet the facts fast iGet a quote [Enroll online] [or [C/]call [888.888.8888]	Use Group ID and Access Code; In or out depending on whether group has a web site/ Insert group ID and Access Code;	2 1
		substitute depending on whether group has web site or not;Insert toll free number on a case specific basis	2 3 1
	[ *Applies to eligible [full-time/part-time ][actively at work employees][members in good standing][retirees] under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]	in or out depending on group underwriting at the time of mailing.	2 3

**Genworth Life Insurance Company**

**Explanation of Variability**

**Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.	In or out depending on whether from group sponsor or Genworth; Policy form and series on WCSF	1 3	
<b>46880A</b>	<b>06/01/09</b>	<b>Poster w/photo - PPR</b>	[Group Name/Logo]	Insert group name and or Logo	1
		[and a free lunch]	In or out depending on the group	2	
		[new]	insert if group program is new	2	
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in details	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2	
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3	
<b>46880B</b>	<b>06/01/09</b>	<b>Poster w/o photo - PPR</b>	[Group Name/Logo]	Insert group name and or Logo	1
		[and a free lunch]	In or out depending on the group	2	
		[new]	insert if group program is new	2	
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in detail	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2	
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3	
<b>46881A</b>	<b>06/01/09</b>	<b>Poster w/photo - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
		[new]	insert if group program is new	2	
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in details	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2	
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3	
<b>46881B</b>	<b>06/01/09</b>	<b>Poster w/o photo - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
		[new]	insert if group program is new	2	
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in details	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2	

**Genworth Life Insurance Company**

**Explanation of Variability**

**Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3
<b>46884A</b>	<b>Table Tent w/photo - PPR</b>	[Group Name/Logo]	Insert group name and or Logo	1
<b>06/01/09</b>		[and a free lunch]	In or out depending on the group	2
		[new]	insert if group program is new	2
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3
<b>46884B</b>	<b>Table Tent w/o photo - PPR</b>	[Group Name/Logo]	Insert group name and or Logo	1
<b>06/01/09</b>		[Group Name/Logo]	Insert group name and or Logo	1
		[and a free lunch]	In or out depending on the group	2
		[new]	insert if group program is new	2
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in detail.]	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3
<b>46885A</b>	<b>Table Tent w/photo - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
<b>06/01/09</b>		[new]	insert if group program is new	2
		[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in details	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2
		[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3
		[Group Name/Logo]	Insert group name and or Logo	1
<b>46885B</b>	<b>Table Tent w/o photo - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
<b>06/01/09</b>		[new]	insert if group program is new	2

**Genworth Life Insurance Company  
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Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

	[A program expert [from Genworth Life Insurance Company] will be there to discuss this coverage in details	In or out depending on presence of a program expert and whether they are from Genworth Life	2 2
	[This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.]	In or out depending on whether from group sponsor or Genworth.	1 3
	[Group Name/Logo]	Insert group name and or Logo	1
<b>46951 06/01/09 Cover Letter LTC Booklet - PPR</b>	[Genworth Life Insurance company]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
	[Group Name]	Insert group name	1
	[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
	[now]	Insert "now" if this is a new benefit to the group.	2
	[ENROLL BETWEEN MONTH, DAY AND MONTH DAY]	Insert group enrollment period, may be deleted if association	1 2
	Dear [Carrie]	Insert employee/ member name from group mailing list	3
	[Group Name] [has added/offers] Group Long Term Care Insurance [to [your/our/their] [employee/member/retiree] benefits.	Insert group name; Substitute language for ERISA vs. Non-ERISA groups.	1 3 3
	[We/They]selected Genworth Life Insurance Company to provide Group Long Term Care Insurance.]	If from program sponsor insert we; if from Genworth insert they	3
	[Group Name]	Insert group name	1
	[your/our/their] [employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
	[ • Go to www.genworth.com/groupltc 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;insert group specific ID and access code	2 1
	[888-888-8888]	Insert on a case specific basis	1
	[the[Group Name]/this]	Insert group name or "this" if group doesn't want to use their name in direct relationship to the Program.	1
	[Carrie]	Insert employee/ member name	3
	[Title]	Insert Title of signee	1
	[Genworth Life Insurance Company]	Group name if from sponsor; Genworth Life Insurance Company if from Genworth	3

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Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

	[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; Underwriting type and age displayed will be based on group.	2 3 1
	Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
<b>46959 06/01/09 Cover Letter LTC Booklet -ACC</b>	[Genworth Life Insurance company]	Insert group name and logo if from program sponsor; Genworth Life Insurance Company if from Genworth	1
	[Group Name]	Insert group name	1
	[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
	[now]	Insert "now" if this is a new benefit to the group.	2
	[ENROLL BETWEEN MONTH, DAY AND MONTH DAY]	Insert group enrollment period, may be deleted if association	1 2
	Dear [John]	Insert employee/ member name from group mailing list	3
	[Group Name] [has added/offers] Group Long Term Care Insurance [to [your/our/their] [employee/member/retiree] benefits.	Insert group name; Substitute language for ERISA vs. Non-ERISA groups.	1 3 3
	[We/They] selected Genworth Life Insurance Company to provide Group Long Term Care Insurance.]	If from program sponsor insert we; if from Genworth insert they	3
	[employee/member/retiree]	Insert employee for employer group, member for association, retiree if appropriate	3
	[ • Go to <a href="http://www.genworth.com/groupltc">www.genworth.com/groupltc</a> to learn more about this Program or to enroll on line. Use Group ID [XXXXXX] and Access code [XXXX], or]	In or out depending on whether group has a web site; insert group specific ID and access code	2 1
	[888-888-8888]	Insert on a case specific basis	1
	[the[Group Name]/this]	Insert group name or "this" if group doesn't want to use their name in direct relationship to the Program.	1
	[John]	Insert employee/ member name	3
	[Title]	Insert Title of signee	1
	[Genworth Life Insurance Company]	Group name if from sponsor; Genworth Life Insurance Company if from Genworth	3

**Genworth Life Insurance Company  
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Forms 46866 06/01/09 et al**

**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

	[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; Underwriting type, applicant type and age displayed will be based on group.	2 3 1
	Group Policy number [xxxxx], on Policy form series [xxxxx]	Group policy number varies by group, policy form series depends on product used	1 3
<b>46960 06/01/09</b>	<b>Outer Envelope - Letter</b> [Group Name/Logo]	Insert group name and or Logo	1
	[Group Name] [6620 West Broad St Bldg 4.....]	Insert group name Substitute if administrative address changes	1 3
<b>46960B 06/01/09</b>	<b>Outer Envelope - Large</b> [Group Name/Logo]	Insert group name and or Logo	1
	[Group Name] [6620 West Broad St Bldg 4.....]	Insert group name Substitute if administrative address changes	1 3
<b>46960C 06/01/09</b>	<b>Outer Envelope - Rate Quote</b> [Group Name/Logo]	Insert group name and or Logo	1
	[Group Name] [benefit information/premium quote] [inside] [6620 West Broad St Bldg 4.....]	Insert group name Substitute depending on group In or out depending on case set up form Substitute if administrative address changes	1 3 2 3
<b>46883 06/01/09</b>	<b>E-mail Announcement - PPR</b> [Group Name/Logo] [employee] [now] [ENROLLMENT PERIOD: MONTH DAY TO MONTH DAY ] [Group Name] [new] [employee/member/retiree] As a [Group Name][eligible full-time]/ or part-time] [employee/member/retiree], you can now get this coverage ..... [change jobs, retire or] leave the [group]/Group Name].	Insert group name and or Logo Insert appropriate class type depending on group Insert if new enrollment Insert group enrollment period, may be deleted if association Insert group name Insert if new enrollment Insert appropriate class type depending on group Substitute depending on the group's underwriting and eligible classes. Group name varies by group. Insert group specific portability rules; Replace "group" with "company" or other similar group description.	1 3 2 1 2 1 2 3 1 3 3 1 3 1
	[Signature]	Insert signature from Group name if from sponsor; Genworth Life Insurance Company if from Genworth	1
	[Title]	Title of signee	1
	[Group Name]	Insert group name if from sponsor; Genworth Life Insurance Company if from Genworth	3

**Genworth Life Insurance Company  
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Forms 46866 06/01/09 et al**

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	[P.S. with this 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]/[or part time] [actively at work employee][member/retiree 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.]	Is in or out depending on group underwriting at the time of mailing; Underwriting type and age displayed will be based on group.	2 3 1
	[Picture of company executive][A message from [Company Executive] I encourage you to learn.....plan.]	Insert based on group executive	1
	[links to group website]	In or out depending on whether group has a web site.	2
	[To see what this could mean for you Go to: www.genworth.com/group/tc Use Group ID:[XXXX] and Access Code [XXXX]	In or out depending on whether group has a web site/ Insert group ID and Access Code;	2 1
	[Enroll online]	In or out depending on whether group has a web site.	2
	[888-888-8888]	Insert on a case specific basis	1
	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.	Policy form and series on Case Set up form	1 3
<b>46898 06/01/09 E-mail Announcement - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
	[employee]	Insert appropriate class type depending on group	3
	[now]	Insert if new enrollment	2
	[ENROLLMENT PERIOD: MONTH DAY TO MONTH DAY]	Insert enrollment period dates for case	1 2
	[Group Name]	Insert group name	1
	[new]	Insert if new enrollment	2
	[Employee/member/retiree]	Insert employee for employer group; member for association	3
	[Group Name]	Insert group name	1
	[eligible full-time or part-time] [employee/member retiree]	Insert employee for employer group; member for association	3 3
	[change jobs, retire or] leave the [group/[Group Name]	insert correct wording depending on group	3 1
	[Signature] [Title]	Insert signature and title of signee	1
	[Group Name]	insert group name	1

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	[P.S. with this 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]/ or part time] [actively at work employee][member/retiree 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.]	Is in or out depending on group underwriting at the time of mailing; Underwriting type and age displayed will be based on group.	2 3 1
	[Picture of company executive][A message from [Company Executive] I encourage you to learn.....plan.]	Insert based on group executive	1
	[links to group website]	In or out depending on whether group has a web site.	2
	[To see what this could mean for you, go to: www.genworth.com/group/tc Use Group ID:[XXXX] and Access Code [XXXX] • Learn more • Get a quote [Enroll online] [Enroll online]	In or out depending on whether group has a web site.	2 1
	call [888.888.8888]	Insert on a case specific basis	1
	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.	In or out depending on whether from group sponsor or Genworth; Policy form and series on WCSF	1 3
<b>46882 06/01/09 E-mail Reminder - ACC</b>	[Group Name/Logo]	Insert group name and or Logo	1
	ENROLLMENT PERIOD ENDS: [MONTH DAY]	Insert enrollment end date for case	1
	[Associates]	Insert appropriate salutation on a case specific basis	1
	[Month, Day, Year]	Insert enrollment end date for case	1
	[with no medical underwriting][or][streamlined underwriting] [, depending on your age and the plan you choose].*	Substitute depending on group underwriting at the time of mailing.	3
	[Signature] [Title]	Insert signature and title of signee	1 1

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	[* 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/or 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.]	in or out, substitute depending on group underwriting at the time of mailing.	2 3 1
	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.	In or out depending on whether from group sponsor or Genworth.	1 3
	[Picture of company executive][A message from [Company Executive] I encourage you to learn.....plan.]	Insert based on group executive	2 1
	[links to group website] [888.888.8888]	In or out depending on whether group has a web site. Insert on a case specific basis	2 1
<b>46897 06/01/09 E-mail Reminder - PPR</b>	[Group Name/Logo]	Insert group name and or Logo	1
	ENROLLMENT PERIOD ENDS:[ MONTH, DAY]	Insert enrollment end date for case	1
	[Associates]	Insert appropriate salutation on a case specific basis	1
	[Month, Day, Year]	Insert enrollment end date for case	
	[with no medical underwriting][or][streamlined underwriting] [, depending on your age and the plan you choose].*	Substitute depending on group underwriting at the time of mailing.	1 3
	[Signature] [Title]	Insert signature and title of signee	1 1
	[* 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/or 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.]	in or out, substitute depending on group underwriting at the time of mailing.	2 3 1

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**ADMINISTRATOR: 1 = Case Specific; 2 = In or Out Text; 3 = Substitute Text**

<p>This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] on policy form series [XXXXX] underwritten by Genworth Life Insurance Company.</p>	<p>In or out depending on whether from group sponsor or Genworth.</p>	<p>1 3</p>
<p>[Picture of company executive][A message from [Company Executive] I encourage you to learn.....plan.]</p>	<p>Insert based on group executive</p>	<p>2 1</p>
<p>[links to group website]</p>	<p>In or out depending on whether group has a web site.</p>	<p>2</p>
<p>[888.888.8888]</p>	<p>Insert on a case specific basis</p>	<p>1</p>

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