

SERFF Tracking Number: GEFA-126887128 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 47398  
Company Tracking Number: 112087B 10/14/10  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: LTC Nonforfeiture Endorsements (112087B, 111362E)  
Project Name/Number: LTC Nonforfeiture Endorsements/112087B 10/14/10, Et Al

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: LTC Nonforfeiture

Endorsements (112087B, 111362E)

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-126887128 State: Arkansas

SERFF Status: Closed-Approved

Co Tr Num: 112087B 10/14/10

Authors: Ronald Jackson, June  
Lipscomb, Paul Loveland

Date Submitted: 11/24/2010

State Tr Num: 47398

State Status: Closed

Reviewer(s): Marie Bennett, Harris  
Shearer

Disposition Date: 11/29/2010

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: LTC Nonforfeiture Endorsements

Project Number: 112087B 10/14/10, Et Al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/29/2010

Deemer Date:

Submitted By: Ronald Jackson

Filing Description:

RE: Genworth Life Insurance Company

NAIC Group 350, Company 65536

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: These forms will be  
submitted in Delaware, our state of domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/29/2010

Created By: Ronald Jackson

Corresponding Filing Tracking Number: GEFA-  
126874839; GEFA-126874940

Form 112087B 10/14/10, Limited Nonforfeiture Benefit Endorsement

Form 111362E 10/14/10, Contingent Nonforfeiture Benefit Endorsement

SERFF Tracking Number: GEFA-126887128 State: Arkansas  
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The above forms are being submitted for your review and approval. These are new forms and they will not be used to replace any other forms. These forms will also be submitted to Delaware, our state of domicile.

On November 22, 2010 Genworth Life Insurance Company submitted a proposed inforce rate increase on certain closed blocks of long term care business. After it is approved, these endorsements will be given to policyholders who are affected by the resulting rate increase.

Form number 112087B 10/14/10, Limited Nonforfeiture Benefit Endorsement, will be given to persons who have policies that do not have a nonforfeiture benefit, and whose rates will increase by a percentage that will not result in the right to receive a contingent nonforfeiture benefit. This will provide them with a limited right to receive a nonforfeiture benefit, as described in the endorsement.

Form number 111362E 10/14/10, Contingent Nonforfeiture Benefit Endorsement, will be given to persons who have policies that were issued without a contingent nonforfeiture provision, and whose rates will increase by a percentage that will result in the right to receive a contingent nonforfeiture benefit. Those percentages are shown on the endorsement.

There are bracketed items appearing in these endorsements. A variability certification is included to clarify these items.

Licensed agents and brokers will market this product to plan sponsors through direct and traditional distribution channels.

If there are any questions you may contact me using the information provided below.

Sincerely,

Ronald N. Jackson, Sr. Contract Analyst  
Email: ronald.jackson@genworth.com  
Phone: (804) 281-6725  
Fax #: (804) 281-6057

## **Company and Contact**

### **Filing Contact Information**

|                                     |                             |
|-------------------------------------|-----------------------------|
| Ronald N. Jackson, Contract Analyst | ronald.jackson@genworth.com |
| Product Compliance                  | 804-289-6725 [Phone]        |
| P O Box 27601                       | 804-281-6916 [FAX]          |

*SERFF Tracking Number:*      *GEFA-126887128*                      *State:*                      *Arkansas*  
*Filing Company:*              *Genworth Life Insurance Company*              *State Tracking Number:*      *47398*  
*Company Tracking Number:*      *112087B 10/14/10*  
*TOI:*                      *LTC03I Individual Long Term Care*              *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *LTC Nonforfeiture Endorsements (112087B, 111362E)*  
*Project Name/Number:*      *LTC Nonforfeiture Endorsements/112087B 10/14/10, Et Al*

Richmond, VA 23261-7601

**Filing Company Information**

Genworth Life Insurance Company  
6610 W Broad Street

CoCode: 70025  
Group Code: 350

State of Domicile: Delaware  
Company Type: LifeHealth &  
Annuity

Richmond, VA 23230  
(804) 281-6600 ext. [Phone]

Group Name:  
FEIN Number: 91-6027719

State ID Number:

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**Filing Fees**

Fee Required?              Yes  
 Fee Amount:              \$100.00  
 Retaliatory?              No  
 Fee Explanation:              \$50 per form.  
 Per Company:              No

| COMPANY                         | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|---------------------------------|----------|----------------|---------------|
| Genworth Life Insurance Company | \$100.00 | 11/24/2010     | 42317343      |

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## Correspondence Summary

### Dispositions

| Status   | Created By    | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Marie Bennett | 11/29/2010 | 11/29/2010     |

*SERFF Tracking Number:*      *GEFA-126887128*                      *State:*                      *Arkansas*  
*Filing Company:*              *Genworth Life Insurance Company*              *State Tracking Number:*      *47398*  
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*Product Name:*              *LTC Nonforfeiture Endorsements (112087B, 111362E)*  
*Project Name/Number:*      *LTC Nonforfeiture Endorsements/112087B 10/14/10, Et Al*

## **Disposition**

Disposition Date: 11/29/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-126887128 State: Arkansas  
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| Schedule            | Schedule Item                    | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification             |                      | Yes           |
| Supporting Document | Application                      |                      | Yes           |
| Supporting Document | Health - Actuarial Justification |                      | Yes           |
| Supporting Document | Outline of Coverage              |                      | No            |
| Form                | Limited Nonforfeiture Benefit    |                      | Yes           |
|                     | Endorsement                      |                      |               |
| Form                | Contingent Nonforfeiture Benefit |                      | Yes           |
|                     | Endorsement                      |                      |               |

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## Form Schedule

### Lead Form Number: 112087B 10/14/10

| Schedule Item Status | Form Number         | Form Type Form Name                                                                                                                                               | Action  | Action Specific Data | Readability | Attachment          |
|----------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------|-------------|---------------------|
|                      | 112087B<br>10/14/10 | Policy/Cont Limited Nonforfeiture Initial<br>ract/Fratern Benefit Endorsement<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Initial |                      | 52.700      | LNF_112087<br>B.pdf |
|                      | 111362E<br>10/14/10 | Policy/Cont Contingent<br>ract/Fratern Nonforfeiture Benefit<br>al Endorsement<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider      | Initial |                      | 51.100      | CNF_111362<br>E.pdf |

# GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)  
Administrative Office: [3100 Albert Lankford Drive], [Lynchburg, VA 24501]

**Insured/Policyholder:** [insured name1]  
[insured name2]

**Policy Number:** [123456789]

## LIMITED NONFORFEITURE BENEFIT ENDORSEMENT

*This Endorsement adds the following Limited Nonforfeiture Benefit to the Policy.*

### The Benefit

As stated in the Policy, We will give You (the Policyholder) prior written notice of any change in the premium rates for the Policy.

Subject to the Conditions and Payment Limitations below, this Benefit provides a continuation of the Policy if, within 90 days following the effective date of the premium rate increase, You notify Us with a request to continue the Policy under this Limited Nonforfeiture Benefit Endorsement.

### Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is an amount equal to A minus B, where:

A= The sum of all premium paid for the Policy, excluding any waived premium.

B= The amount of all benefits paid or payable under the Policy for expenses incurred prior to the date the Policy is continued under the provisions of this Benefit.

### Conditions

Continuation of the Policy under the provisions of this Benefit is subject to the following conditions:

- The Policy will be continued under a paid-up status (with no further premium becoming due); subject to all of the terms and conditions of the Policy.
- Except as stated below, the Policy will have the same Benefits, Elimination Period requirement and other payment limits that were in effect at the time of lapse.
- Any Benefit Increases provision that was in effect under the Policy will no longer apply.

### Payment Limitations

Coverage under this Benefit ends and the Policy terminates when the first of the following occurs:

- the total amount paid under this Benefit equals the Nonforfeiture Allowance; or
- the maximum amount payable under the Policy, as determined from the Schedule, is exhausted.

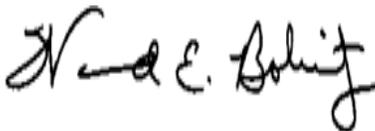
### When This Endorsement Terminates

If not elected, this Endorsement automatically terminates 90 days after the effective date of the Policy's first premium rate increase that occurs on or after [MM, DD, YY.]

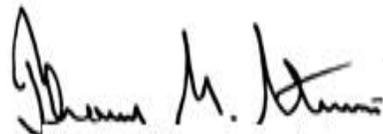
**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company.**

[



Secretary



President and CEO, Long Term Care Division]

# GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)  
Administrative Office: [3100 Albert Lankford Drive], [Lynchburg, VA 24501]

**Insured/Policyholder:** [insured name1]  
[insured name2]

**Policy Number:** [123456789]

## CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

*This Endorsement is to be attached to, and adds the following to, the above identified Policy.*

### CONTINGENT NONFORFEITURE BENEFIT

#### The Benefit

This Benefit allows You to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

#### How This Benefit Works

If We make a substantial increase in Your premium, as determined by the following Table, We will do all of the following at least 31 days prior to the date the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

**Table Indicating a Substantial Premium Increase\***

| <b><u>Issue Age</u></b> | <b><u>Increase Over Initial Premium</u></b> | <b><u>Issue Age</u></b> | <b><u>Increase Over Initial Premium</u></b> | <b><u>Issue Age</u></b> | <b><u>Increase Over Initial Premium</u></b> |
|-------------------------|---------------------------------------------|-------------------------|---------------------------------------------|-------------------------|---------------------------------------------|
| 29 and under            | 200%                                        | 66                      | 48%                                         | 79                      | 22%                                         |
| 30 – 34                 | 190%                                        | 67                      | 46%                                         | 80                      | 20%                                         |
| 35 – 39                 | 170%                                        | 68                      | 44%                                         | 81                      | 19%                                         |
| 40 – 44                 | 150%                                        | 69                      | 42%                                         | 82                      | 18%                                         |
| 45 – 49                 | 130%                                        | 70                      | 40%                                         | 83                      | 17%                                         |
| 50 – 54                 | 110%                                        | 71                      | 38%                                         | 84                      | 16%                                         |
| 55 – 59                 | 90%                                         | 72                      | 36%                                         | 85                      | 15%                                         |
| 60                      | 70%                                         | 73                      | 34%                                         | 86                      | 14%                                         |
| 61                      | 66%                                         | 74                      | 32%                                         | 87                      | 13%                                         |
| 62                      | 62%                                         | 75                      | 30%                                         | 88                      | 12%                                         |
| 63                      | 58%                                         | 76                      | 28%                                         | 89                      | 11%                                         |
| 64                      | 54%                                         | 77                      | 26%                                         | 90 and over             | 10%                                         |
| 65                      | 50%                                         | 78                      | 24%                                         |                         |                                             |

\* Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

**Shortened Benefit Period**

If You convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all premium paid for the Policy, excluding any waived premium; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any Benefits previously paid under the Policy.

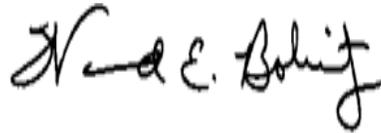
**Payment Limitations**

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

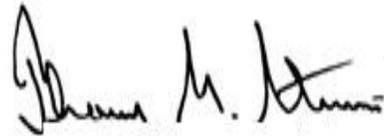
**In all other respects the provisions and conditions of the Policy remain the same.**

**Signed for Genworth Life Insurance Company],**

[



Secretary



President and CEO, Long Term Care Division]

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## Supporting Document Schedules

|                                                                                                            | <b>Item Status:</b> | <b>Status Date:</b> |
|------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Satisfied - Item:</b> Flesch Certification<br><b>Comments:</b><br><b>Attachment:</b><br>FleschScore.pdf |                     |                     |

|                                                                                                                                           | <b>Item Status:</b> | <b>Status Date:</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Bypassed - Item:</b> Application<br><b>Bypass Reason:</b> There is no application required for these endorsements.<br><b>Comments:</b> |                     |                     |

|                                                                                                                                                                    | <b>Item Status:</b> | <b>Status Date:</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Satisfied - Item:</b> Health - Actuarial Justification<br><b>Comments:</b><br>Rates are not a part of this submission.<br><b>Attachment:</b><br>ActCert_NFB.pdf |                     |                     |

|                                                                                                                  | <b>Item Status:</b> | <b>Status Date:</b> |
|------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Bypassed - Item:</b> Outline of Coverage<br><b>Bypass Reason:</b> N/A to this submission.<br><b>Comments:</b> |                     |                     |

## FLESCH SCORE CERTIFICATION

We certify that to the best of our knowledge and belief, the Flesch Score of the below referenced forms meet any readability requirements in effect in your state. The Flesch Scores are:

| <b>FORM NUMBER</b> | <b>FLESCH SCORE</b> |
|--------------------|---------------------|
| 112087B 10/14/10   | 52.7                |
| 111362E 10/14/10   | 51.1                |

For Genworth Life Insurance Company,

By:   
\_\_\_\_\_  
Paul Loveland  
Vice President, Product Compliance

**ACTUARIAL CERTIFICATION**

Re: Form 112087B 10/14/10, Limited Nonforfeiture Benefit Endorsement  
Form 111362E 10/14/10, Contingent Nonforfeiture Benefit Endorsement

We certify that these forms provide supplementary benefits, which in our opinion are de minimis.

For Genworth Life Insurance Company,



Pratibha R. Damle, FSA, MAAA  
Pricing Actuary

Telephone # (804) 484-3870