

SERFF Tracking Number: GEFA-126682182 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 45986
Company Tracking Number:
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: 7050CRT-SCH-MPD
Project Name/Number: 7050 Modal Premium Disclosure/7050 Modal Premium Disclosure

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: 7050CRT-SCH-MPD

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-126682182 State: Arkansas

SERFF Status: Closed-Approved State Tr Num: 45986

Co Tr Num: State Status: Closed

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Richard Cromwell, June Disposition Date: 06/21/2010

Lipscomb, Jeanette Mai, Jim Lites,

Camisha Jones

Date Submitted: 06/18/2010

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 7050 Modal Premium Disclosure

Project Number: 7050 Modal Premium Disclosure

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust, Other

Explanation for Other Group Market Type:

Labor Union

State Status Changed: 06/21/2010

Created By: Jeanette Mai

Corresponding Filing Tracking Number:

Filing Status Changed: 06/21/2010

Deemer Date:

Submitted By: Jeanette Mai

Filing Description:

Form - 7050CRT-SCH-MPD - Modal Premium Disclosure

For use with Group Long Term Care Certificate, Form 7050CRT

Previously approved 9/11/08 SERFF Filing # GEFA125754849

State Filing # 39947

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We are submitting the above referenced Modal Premium Disclosure for your review and approval. The form is new to our portfolio and will not replace any form previously approved by your Department. It is being filed concurrently with Delaware, our state of domicile.

The purpose of form 7050CRT-SCH-MPD is to provide full disclosure regarding modal premium payments, including the financial impact of paying premiums by a mode more frequent than annual.

Upon approval, it is our intention that the form be included in all new issues of the above referenced Group Long Term Care Certificate in your state. It will appear, within the Certificate, as the final Schedule page.

We trust that this submission will be acceptable to your Department; however, please let me know if you should have any questions or comments.

Company and Contact

Filing Contact Information

Jeanette Mai, Contract Analyst jeanette.mai@genworth.com
 6630 W Broad Street 804-922-5639 [Phone]
 Bldg 4 804-281-6285 [FAX]
 Richmond, VA 23230-1700

Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware
 6610 W Broad Street Group Code: 350 Company Type: LifeHealth &
 Annuity
 Richmond, VA 23230 Group Name: State ID Number:
 (804) 281-6600 ext. [Phone] FEIN Number: 91-6027719

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 X 1 form
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	06/18/2010	37320430

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	06/21/2010	06/21/2010

SERFF Tracking Number: *GEFA-126682182* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *45986*
Company Tracking Number:
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *7050CRT-SCH-MPD*
Project Name/Number: *7050 Modal Premium Disclosure/7050 Modal Premium Disclosure*

Disposition

Disposition Date: 06/21/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-126682182 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 45986
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 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
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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		Yes
Supporting Document	Cover Letter		Yes
Form	Modal Premium Disclosure		Yes

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Form Schedule

Lead Form Number: 7050CRT-SCH-MPD

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7050CRT-SCH-MPD	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Modal Premium Disclosure	Initial		53.300	7050CRTSC HMPD.pdf

MODAL PREMIUM DISCLOSURE

Premium Payment Options: You pay for Your Coverage by paying the premiums due in a timely manner. You may have the right to choose one of the following premium payment modes: Annual in one payment; Semi-Annual in two payments; Quarterly in four payments; or Monthly in twelve payments. Each individual payment is a "Modal Premium Payment." Where applicable, the availability or selection of payment mode will be determined in accordance with the terms of Your Group Policy.

If You have a payment mode other than Annual, You will pay additional charges for selecting that payment mode ("Additional Payment Charges"). For example, the following chart compares the total premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the year based on Coverage with a \$1,000 annual premium.

**Yearly Cost Comparison of
Additional Payment Charges for Alternate Modal Premium Payments**

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year (Including Additional Payment Charges)	Total of Modal Premium Payments During the Year (Including Additional Payment Charges)	Total Additional Payment Charges During the Year (in Dollars)
Annual	1	\$1,000	\$1,000	\$0
Semi-Annual	2	\$510	\$1,020	\$20
Quarterly	4	\$260	\$1,040	\$40
Monthly	12	\$90	\$1,080	\$80

*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g. electronic funds transfer (EFT); payroll deduction or pension deduction).

Notice: Each Modal Premium Payment is a payment, in advance, for insurance coverage. Coverage continues until the next premium payment is due. You are under no contractual obligation to continue making premium payments. However the failure to pay a premium may result in the termination of Your Coverage.

Calculation of Modal Premium: The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor:

- Annual - 1.00
- Semiannual - .51
- Quarterly - .26
- Monthly - .09

When premium payments are made more frequently than monthly, the Monthly Modal Premium Factor will be used to calculate Your total premiums. As the above chart illustrates, if Your payment mode is other than Annual, Your total premiums will be more than if You made a single payment using the Annual Premium Payment Mode.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf		
Bypassed - Item: Application Bypass Reason: n/a Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: n/a Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: n/a Comments:		
Satisfied - Item: Cover Letter Comments: Attachment: Cover Letter.pdf		

GENWORTH LIFE INSURANCE COMPANY
Certification

This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meet your state's minimum Flesch Score.

Forms	Description	Score
7050CRT-SCH-MPD	Modal Premium Disclosure	53.3



Paul Loveland
Vice President
Product Compliance

June 18, 2010

June 18, 2010

Arkansas Insurance Department

Re: Genworth Life Insurance Company
FEIN # 91-6027719 NAIC # 70025
GROUP LONG TERM CARE INSURANCE

Form - 7050CRT-SCH-MPD - Modal Premium Disclosure

For use with **Group Long Term Care Certificate, Form 7050CRT**
Previously approved 9/11/08
SERFF Filing # GEFA125754849
State Filing # 39947

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Sincerely

Jeanette Mai
Sr. Contract Analyst
804-922-5639