

SERFF Tracking Number: GEFA-127064625 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48196
Company Tracking Number: 37616 02/01/11
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: 37616 02/01/11
Project Name/Number: 37616 02/01/11/37616 02/01/11

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: 37616 02/01/11

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-127064625 State: Arkansas

SERFF Status: Closed-Filed-Closed State Tr Num: 48196

Co Tr Num: 37616 02/01/11

State Status: Filed-Closed

Reviewer(s): Harris Shearer,
Stephanie Fowler

Authors: Brenda Bond, June
Lipscomb, Jeanette Mai, Camisha
Jones

Disposition Date: 03/10/2011

Date Submitted: 03/09/2011

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 37616 02/01/11

Project Number: 37616 02/01/11

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust

Filing Status Changed: 03/10/2011

State Status Changed: 03/10/2011

Created By: Brenda Bond

Corresponding Filing Tracking Number:

Filing Description:

Re:Genworth Life Insurance Company

NAIC# 4011-70025 FEIN# 91-6027719

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Camisha Jones

37616 02/01/11, Long Term Care Insurance Personal Worksheet

We are submitting the referenced individual long-term care insurance form on an informational basis. The form is being

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filed concurrently in our domicile state of Delaware.

This form will replace Personal Worksheet 37616 08/17/07, acknowledged by your Department on 6/16/2008. The Rate Increase History section has been revised. It now provides a summary of the policy forms and the recent rate increases. Consequently, this section will not require any periodic updates.

We are also including any applicable certifications and filing fees.

To the best of our knowledge and belief this submission is in compliance with all relevant statutes and regulations of your state and does not contain any provisions previously disapproved by your Department. However, please let me know if you should have any questions or comments.

Sincerely,

Camisha Jones
Contract Analyst
email: camisha.jones@genworth.com
Phone: (804) 484-7044
Fax: (804) 281-6057

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
RI&I - 3rd Floor
Richmond, VA 23230

brenda.bond@genworth.com
804-922-5133 [Phone]
804-281-6916 [FAX]

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street

CoCode: 70025
Group Code: 350

State of Domicile: Delaware
Company Type: LifeHealth &

SERFF Tracking Number: GEFA-127064625 *State:* Arkansas
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Richmond, VA 23230 *Group Name:* Annuity
 (804) 281-6600 ext. [Phone] *State ID Number:*

 FEIN Number: 91-6027719

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form (1) = \$50.00
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|---------|----------------|---------------|
| Genworth Life Insurance Company | \$50.00 | 03/09/2011 | 45399441 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 03/10/2011 | 03/10/2011 |

SERFF Tracking Number: *GEFA-127064625* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *48196*
Company Tracking Number: *37616 02/01/11*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *37616 02/01/11*
Project Name/Number: *37616 02/01/11/37616 02/01/11*

Disposition

Disposition Date: 03/10/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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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 | Explanation of Variability | Filed | Yes |
| Form | Long Term Care Insurance Personal Worksheet | Filed | Yes |

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Form Schedule

Lead Form Number: 37616 02/01/11

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------------|-------------------|-----------|---|---------|----------------------|-------------|---|
| Filed 03/10/2011 | 37616 02/01/11 | Other | Long Term Care Insurance Personal Worksheet | Initial | | 0.000 | 37616 02 01 11 Personal Worksheet 021111.pdf |

Genworth Life Insurance Company

[Administrative Office: P. O. Box 64010, St. Paul, MN 55164 Tel. 800-416-3624]

Long Term Care Insurance Personal Worksheet

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the Company decide if you should buy this coverage.

[If you are an employee[or spouse or domestic partner of an employee], you may wish to review and complete this form for your own use. However, you DO NOT NEED to submit it with your application.]

[[If you are eligible for coverage other than as the employee[or his or her spouse or partner], you/You] MUST complete and submit this form with your application. We cannot process your application without it.]

Premium Information

Policy Form Number **7046 Series**

The premium for the coverage you are considering will be \$ _____ per month, or \$ _____ per year.

Type of Policy: Guaranteed Renewable

The Company's Right to Increase Premiums

The Company has the right to increase premiums on this policy form in the future. Your rate can NOT be increased due to your increasing age or declining health, but your rate may be increased based on the experience of all persons with coverage similar to yours.

Rate Increase History

The Company has sold long term care insurance since 1974 and has sold group long term care insurance since 1999. It has sold this group policy form since 2005. The Company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *Following is a summary of the rate increases:*

| Policy Form Series – Not every policy form series was available in every state | Years Available for Sale | Percentage of Increase ¹ | Effective Year ² |
|---|--------------------------|-------------------------------------|-----------------------------|
| [6465, 6026, 6318, 6322, 6328, 6394, 6395] | 1974-1989 | 0-8% | 2007-2013 |
| 6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000 | 1988-1998 | 0-9% | 2007-2013 |
| 7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002 | 1993-1999 | 0-12% | 2007-2013 |
| | | 0-18% | 2011-2013 |
| 7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007 | 1997-2003 | 0-11% | 2007-2013 |
| | | 0-18% | 2011-2013] |

¹Varies by state

²Future effective date reflects rate increases requested, but not yet implemented

Questions Related to Your Income

Have you considered whether you could afford to keep this coverage if the premiums went up, for example, by 20%?

How will you pay each year's premium? (Check one)

From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Income (continued)

What is your annual income? (Check one)

- Under \$10,000 \$10,000-\$20,000
 \$20,000-\$50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (Check one)

- No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.

Will you buy inflation protection? (Check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

- From my Income From my Savings/Investments My Family will Pay

The national median annual cost of care in [2010] was [\$75,190 (\$206 per day)], but this figure varies across the country. In 10 years, the national median annual cost would be about [\$122,477] if costs increase 5% annually.

What elimination period are you considering? Number of days [30,60,90 or 180 calendar/service]

Approximate cost \$ [# elimination period days above times daily room rate above] for that period of care.

How are you planning to pay for your care during the elimination period? (Check one)

- From my Income From my Savings/Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all your assets (your savings and investments) worth? (Check one)

- Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (Check one)

- Stay about the same Increase Decrease

If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

Disclosure Statement

(Must Check One)

| | |
|--|---|
| <input type="checkbox"/> The answers to the questions above describe my financial situation. | <input type="checkbox"/> I choose not to complete this information. |
|--|---|

(Check Below)

I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy form series may increase in the future.**
(This box must be checked.)

Signed: _____ (Applicant) _____ (Date)

2 If an Agent/Producer assists with the Application, the following items must be completed as appropriate.

The Agent/Producer has advised me that this insurance does not seem to be suitable for me. However, I still want the company to consider my application

Applicant Signature Printed Name Date

Agent/Producer Statement:

I explained to the Applicant(s) the importance of completing this information.

Agent/Producer Signature Printed Name Date

1

3 **PLEASE NOTE:** [If you are eligible for the Group Long Term Care Insurance program as other than the employee or his/her spouse or partner, you/You] **MUST** complete and submit this form with your application. We cannot process your application without it.

1 Please return this signed statement along with your application to: Genworth Life Insurance Company, Administrative Office, [P. O. Box 64010, St. Paul, MN 55164-0010], along with your application.

Genworth Life Insurance Company may contact you to verify your answers.

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments: | | |
| 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: Explanation of Variability Comments: Attachment: 37616 02-01-11 EOV generic.pdf | Filed | 03/10/2011 |

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY**

37616 02/01/11, Long Term Care Insurance Personal Worksheet

Type 1 Variables:

- Variable contact information, such as administrative addresses and telephone numbers will be current and may be case-specific.

Type 2 Variables:

- Eligibility-specific language will or will not appear per the group case requirements.
- The agent/producer information/content will appear as determined for the group case.

Type 3 Variables:

- The table of rate increases will reflect rate actions taken by the insurer.
- The national annual cost of care is updated annually. The year and amounts will vary accordingly.
- Only the appropriate elimination period and approximate cost - according to case-specifics - will appear.
- Eligibility-specific language will appear per the group case requirements.