

SERFF Tracking Number: GEFA-127087835 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48279
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: Privileged Choice Flex Rate Illustrations/116278

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Long Term Care Insurance

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: GEFA-127087835 State: Arkansas

SERFF Status: Closed-Filed-Closed State Tr Num: 48279

Co Tr Num:

Author: Andy Zimmerman

Date Submitted: 03/18/2011

State Status: Filed-Closed

Reviewer(s): Harris Shearer,
Stephanie Fowler

Disposition Date: 03/21/2011

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Privileged Choice Flex Rate Illustrations

Project Number: 116278

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Andy Zimmerman

Filing Description:

The Privileged Choice Flex Rate Illustration-Consumer, 116278 03/08/11 will be distributed by licensed agents from our career and broker channels at point of sale, and presented in conjunction with the Outline of Coverage to provide a quotation of rates to consumers (individual(s) or employees) for Genworth Life Insurance Company's Long Term Care Insurance Policy 7052 filed and approved on November 22, 2010 by your Department under SERFF Tracking Number GEFA-126825424.

The Privileged Choice Flex Rate Illustration-All Age Summary-Employer, 116278AA 03/15/11, will be presented to Employers who are interested in providing individual long term care insurance to their employees as an employee benefit (voluntary or contributory). This illustration is not intended to be distributed to employees.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/21/2011

State Status Changed: 03/21/2011

Created By: Andy Zimmerman

Corresponding Filing Tracking Number:

SERFF Tracking Number: GEFA-127087835 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 48279
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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 Project Name/Number: Privileged Choice Flex Rate Illustrations/116278

An Explanation of Variables is attached to the Supporting Documentation tab.

This advertising material is new and does not replace any advertisements filed by Genworth Life Insurance Company.

Company and Contact

Filing Contact Information

Andy Zimmerman, Advertising Review Analyst andy.zimmerman@genworth.com
 6620 W. Broad Street 804-484-3949 [Phone]
 Long Term Care 804-281-6334 [FAX]
 Bldg. #4, 2nd Floor
 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: \$100.00
 Retaliatory? No
 Fee Explanation: AR Filing Fee=\$50 per form. We are submitting two forms=\$100.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	03/18/2011	45749052

SERFF Tracking Number: GEFA-127087835 State: Arkansas
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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Insurance
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/21/2011	03/21/2011

SERFF Tracking Number: *GEFA-127087835* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *48279*
Company Tracking Number:
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Long Term Care Insurance*
Project Name/Number: *Privileged Choice Flex Rate Illustrations/116278*

Disposition

Disposition Date: 03/21/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-127087835 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 48279
 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: Privileged Choice Flex Rate Illustrations/116278

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanation of Variability	Filed	Yes
Supporting Document	Cover Letter	Filed	Yes
Form	Privileged Choice Flex Rate Illustration- Consumer	Filed	Yes
Form	Privileged Choice Flex Rate Illustration-All Age Summary-Employer	Filed	Yes

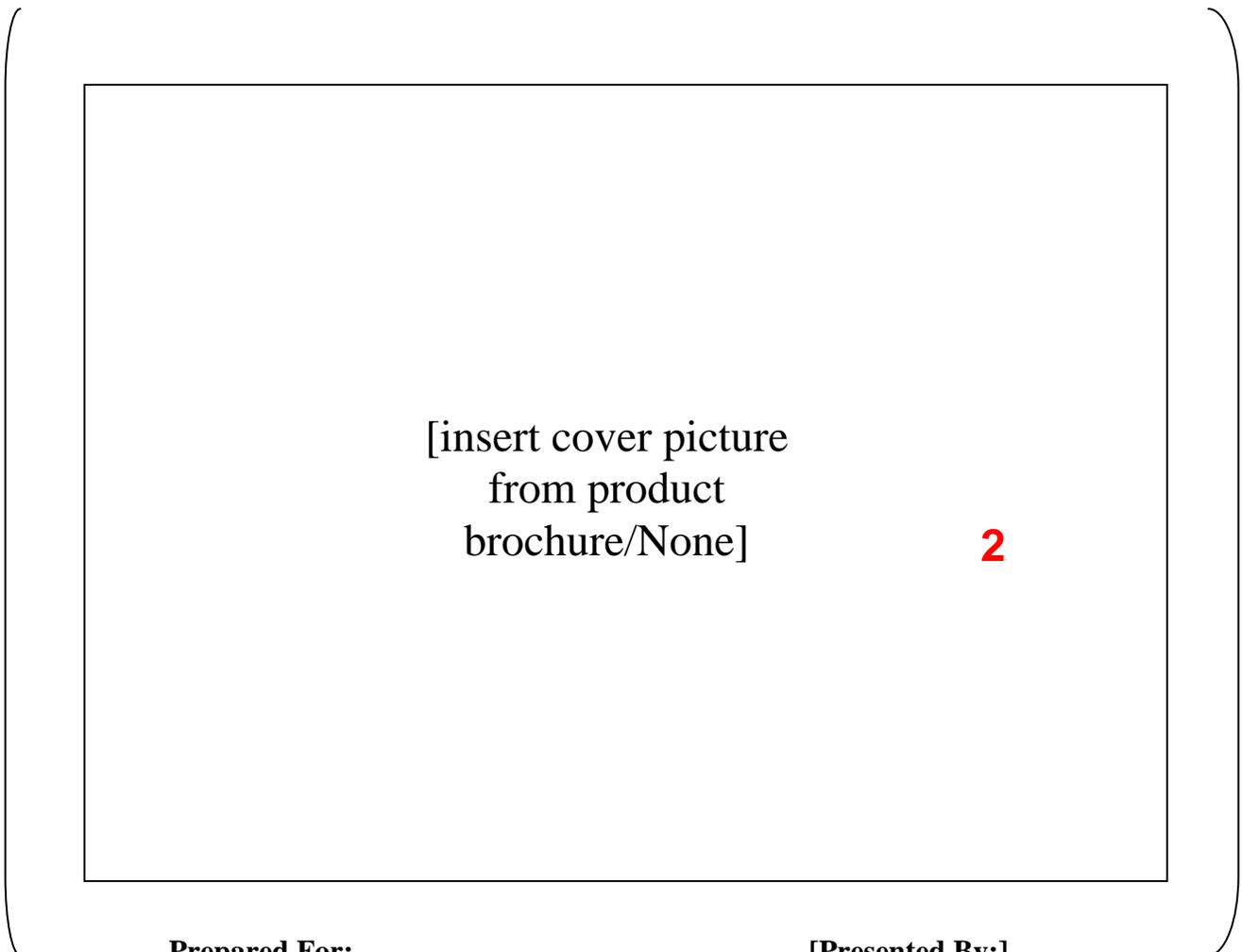
SERFF Tracking Number: GEFA-127087835 State: Arkansas
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Form Schedule

Lead Form Number: 116278 03/08/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/21/2011	116278 03/08/11	Advertising	Privileged Choice Flex Rate Illustration- Consumer	Initial		0.000	PrivilegedChoiceFlexSTD_Illustration_Output_AdFiled_031711.pdf
Filed 03/21/2011	116278AA 03/15/11	Advertising	Privileged Choice Flex Rate Illustration- All Age Summary- Employer	Initial		0.000	PrivilegedChoiceFlexStd_All-Ages Quote_AdFiled_031711.pdf

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company



[insert cover picture
from product
brochure/None]

2

1

Prepared For:

Client: [Norma Clark]
[Spouse or Partner:] [Johnny Clark]
Address: [123 Main St]
[Richmond, VA 23233]

[Presented By:]

[Agent:] [LTC Agent Name]
[Organization:] [Genworth Financial]
[Address:] [6620 W Broad Street]
[Richmond, VA 23220]
[License #:] [XXXY]
[Phone:] [(804) 484-7204]
[Fax:] [(804) 922-5172]
[Email:] [Norma.clark@genworth.com]

2/1

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

QUOTE SUMMARY

COST OF CARE

Based on the [2011] Genworth Annual Cost of Care Survey, the [median] annual cost of care for a [Semi-Private] Room in a [Nursing Home] in [Location] is [\$XX,XXX.XX]. Assuming a [5%] inflation rate each year for the next 30 years, the estimated cost would be:

3

Table with 5 columns: Annual Cost, Today, In 10 Years, In 20 Years, In 30 Years. All values are placeholders like [\$XXXX].

The average length of care, based on our claims data between 12/1974 and [6/30/2011], is [2.8] years*. Below we have estimated what your cost of care could be if you require Nursing Home care for either [3 or 5 years.]

Table with 5 columns: Cost of Care for [3 Years], Cost of Care for [5 Years], Today, In 10 Years, In 20 Years, In 30 Years. All values are placeholders like [\$XXXX].

*Genworth Life Insurance Company and Genworth Life Insurance Company of New York business operations information from December 1974 through June 30, 2010.

PROPOSED LONG TERM CARE INSURANCE BENEFIT

[Valued Customer]

Below is a Proposed Long Term Care Insurance Plan based on the options you selected of [Benefit Increase Option] and a [Benefit Period/Multiplier] of [60 months (5 Years)].

1/3

Table with 5 columns: [Monthly/Daily/Nursing Facility/Facility] Maximum, [Coverage Maximum/Pool of Money /Personal Benefit Account], [Monthly/Quarterly/ Semi-Annual/ Annual] Premium, Today, In 10 Years, In 20 Years, In 30 Years. All values are placeholders like [\$XXXX].

1/3

[Assumes no Future Purchase Options are accepted./Assumes Future Purchase Options accepted [each] option] Calculation of Compound increases due to inflation [is/is not] affected by benefit payments.

2/3

3

[Spouse/Partner] 1/2

Below is a Proposed Long Term Care Insurance Plan based on the options you selected of [Benefit Increase Option] and a [Benefit Period/Multiplier] of [60 months (5 Years)].

Table with 5 columns: [Monthly/Daily/Nursing Facility/Facility] Maximum, [Coverage Maximum/Pool of Money /Personal Benefit Account], [Monthly/Quarterly/ Semi-Annual/ Annual] Premium, Today, In 10 Years, In 20 Years, In 30 Years. All values are placeholders like [\$XXXX].

1/3

[Assumes no Future Purchase Options are accepted./Assumes Future Purchase Options accepted [each] option] Calculation of Compound increases due to inflation [is/is not] affected by benefit payments.

2/3

3

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

3/2/1

[COMBINED] SUMMARY

Plan Options	[Valued Customer]	[Spouse/Partner]
[Coverage Maximum/Pool of Money/Personal Benefit Account]	[\$XX,XXX]	[\$XX,XXX]
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$X,XXX][Daily/Monthly]	[\$X,XXX][Daily/Monthly]
[Benefit Period / Multiplier/Total Coverage:]	[XX [Days/Months]]	[XX [Days/Months]]
[Elimination Period:]	[XX [[Calendar/Service] Days]	[XX [[Calendar/Service] Days]
Benefit Increase Option:	[X% Compound] [Reduced by Claims/Not Reduced by Claims]	[X% Compound] [Reduced by Claims/Not Reduced by Claims]
[Restoration Benefit:]	[Included/None]	[Included/None]
[Survivorship Benefit:]	[10-Year */7-Year Enhanced**/ 10-Year Enhanced**/None]	[10-Year*/7-Year Enhanced**/ 10-Year Enhanced**/None]
[Nonforfeiture Benefit:]	[Included/None]	[Included/None]
[Refund of Premium Benefit:]	[Graded/10-Year/None]	[Graded/10-Year/None]
Premium Payment Period:	[Lifetime/10-Pay/Pay-to-65]	Lifetime/10-Pay/Pay-to-65]
[Home Care Type:]	[Formal and Informal]	[Formal and Informal]
[Home Care Percentage:]	[50%/60%/75%/100%]	[50%/60%/75%/100%]
[Bed Reservation Benefit:]	[XX Days]	[XX Days]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	[Included]
[Respite Care Benefit:]	[XX days]	[XX days]
[Assisted Living Facility Benefit:]	[Includes Room Charges]	[Includes Room Charges]
[Assisted Living Facility Percentage:]	[50%/ 60%/75%/100%]	[50%/ 60%/75%/100%]
[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]	[Nursing Facility Only/Full Premium Waiver/None]
[Family Care Benefit]	[Included/None]	[Included/None]
[Shared Coverage Option Assumes Identical Coverage:]	[Included with Joint Waiver of Premium/ Included without Joint Waiver of Premium/None]	[Included/None]
[Transition Benefit:]	[Included/None]	[Included/None]
[Covered Percentage:]	[80%/100%]	[80%/100%]
[1st-Day Home Care Elimination Period:]	[Included/None]	[Included/None]

3 The Covered Percentage for the Home and Community Care Benefit and Assisted Living Facility Benefit are a percentage of the [Monthly/Daily/Nursing Facility/Facility] Maximum.

3 Calculation of Compound increases due to inflation [is/is not] affected by benefit payments driven by claims offset.

2 [*Benefit criteria includes a claims restriction]
[**Benefit criteria does not include a claims restriction]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

[COMBINED] SUMMARY (continued)

3/2/1

Premium Payment Mode:	[Annual/Semi- Annual/Quarterly/Monthly]	[Annual/Semi- Annual/Quarterly/Monthly]
Age	[XX]	[XX]
Modal Premium	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
[Couple's Discount (XX%)]	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
Total Modal Premium:	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
Net Modal Premium:	[\$ xx,xxx.xx]	[\$ xx,xxx.xx]
[Combined Modal Premium:		[\$xx,xxxxx]]

Modal Premium Payment Options

Payment Mode	Modal Factor	Modal Premium	Yearly Total Payment
Annual:	[x.xx]	[\$x,xxx.xx]	([\$x,xxx.xx] x 1)
Semi-Annual:	[x.xx]	[\$x,xxx.xx]	([\$x,xxx.xx] x 2)
Quarterly:	[x.xx]	[\$x,xxx.xx]	([\$x,xxx.xx] x 4)
Monthly (EFT only):	[x.xx]	[\$x,xxx.xx]	([\$x,xxx.xx] x 12)

Modal Premium Disclosure: Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g. monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. For example, the total annual premium paid on a monthly basis will be more than the total premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Policy or Certificate.

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

3/2/1

INDIVIDUAL SUMMARY for [Valued Customer]

Plan Options

[Coverage Maximum/Pool of Money/Personal Benefit Account:]	[\$XX,XXX]	[Assisted Living Facility Benefit:]	[Includes Room Charges]
		[Assisted Living Facility Percentage:]	[50%/ 60%/75%/100%]
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$X,XXX] [Daily/Monthly]	[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]
[Benefit Period/Multiplier/Total Coverage]:	[XX [Days/Months]]	[Family Care Benefit]	[Included/None]
[Elimination Period:]	[XX [Calendar/Service Days]	[Shared Coverage Option Assumes Identical Coverage]	[Included with Joint Waiver of Premium/Included without Joint Waiver of Premium/None]
Benefit Increase Option:	[X% Compound] [Reduced by Claims/Not Reduced by Claims]	[Transition Benefit:]	[Included/None]
[Restoration Benefit:]	[Included/None]	[Covered Percentage:]	[80%/100%]
[Survivorship Benefit:]	[10-Year */7-Year Enhanced**/ 10-Year Enhanced**/None]	[1st-Day Home Care Elimination Period:]	[Included/None]
[Nonforfeiture Benefit:]	[Included/None]	Premium Payment Mode:	[Annual/Semi-Annual/Quarterly/Monthly]
[Refund of Premium Benefit:]	[Graded/10-Year/None]	Age:	[XX]
Premium Payment Period:	[Lifetime/10-Pay/Pay-to-65]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Type:]	[Formal and Informal]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Home Care Percentage:]	[50%/ 60%/75%/100%]	[Couple's Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[XX Days]	Total Modal Premium:	[\$ xx,xxx.xx]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[XX Days]	Net Modal Premium:	[\$ xx,xxx.xx]

Modal Premium Payment Options

	Payment Mode	Modal Factor	Modal Premium	Yearly Total Payment
Annual:		[x.xx]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 1]
Semi-Annual:		[x.xx]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 2]
Quarterly:		[x.xx]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 4]
Monthly (EFT only):		[x.xx]	[\$x,xxx.xx]	[(\$x,xxx.xx) x 12]

Modal Premium Disclosure: Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g. monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. For example, the total annual premium paid on a monthly basis will be more than the total premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Policy or Certificate.

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

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PRIVILEGED CHOICE[®] FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

3

The Covered Percentage for the Home and Community Care Benefit and Assisted Living Facility Benefit are a percentage of the [Monthly/Daily/Nursing Facility/Facility] Maximum.

3

Calculation of Compound increases due to inflation [is/is not] affected by benefit payments driven by claims offset.

2

[*Benefit criteria includes a claims restriction]

[**Benefit criteria does not include a claims restriction]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

BENEFIT OPTIONS COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

3/2/1

Your total annual payments will be higher for other modes

Plan Options

[Coverage Maximum/ Pool of Money/Personal Benefit Account:]	[\$XX,XXX]	[Assisted Living Facility Benefit:]	[Includes Room Charges]
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$X,XXX] [Daily/Monthly]	[Assisted Living Facility Percentage:]	[50%/ 60%/75%/100%]
[Benefit Period/Multiplier/Total Coverage:]	[XX [Days/Months]]	[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]
[Elimination Period:]	[XX [Calendar/Service Days]	[Family Care Benefit]	[Included/None]
Benefit Increase Option:	[X% Compound] [Reduced by Claims/Not Reduced by Claims]	[Shared Coverage Option Assumes Identical Coverage]	[Included with Joint Waiver of Premium/ Included without Joint Waiver of Premium/None]
[Restoration Benefit:]	[Included/None]	[Transition Benefit:]	[Included/None]
[Survivorship Benefit:]	[10-Year */7-Year Enhanced**/10-Year Enhanced**/None]	[Covered Percentage:]	[80%/100%]
[Nonforfeiture Benefit:]	[Included/None]	[1st-Day Home Care Elimination Period:]	[Included / None]
[Refund of Premium Benefit:]	[Graded/10-Year/None]	Premium Payment Mode:	[Annual/Semi-Annual/Quarterly/Monthly]
Premium Payment Period:	[Lifetime/10-Pay/Pay-to-65]	Age:	[XX]
[Home Care Type:]	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[50%/ 60%/75%/100%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[XX Days]	[Couple's Discount (XX%)]	[\$ xx,xxx.xx]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[XX days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
		Net Modal Premium:	[\$ xx,xxx.xx]

Premium differences illustrated below are based on changing A SINGLE OPTION from the illustrated Plan Design and are not cumulative. This data is intended to show how selecting a different benefit option would affect an annual premium. To see MULTIPLE OPTION changes, refer to the Plan Option Comparison page.

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Per Month/Day]	[\$XXX.XX]	[\$XXX.XX]
[Benefit Period/Multiplier/Total Coverage:]	[12 Months/365 Days]	[\$XXX.XX]	[\$XXX.XX]
	[24 Months/730 Days]	[\$XXX.XX]	[\$XXX.XX]
	[36 Months/1095 Days]	[\$XXX.XX]	[\$XXX.XX]
	[48 Months/1460 Days]	[\$XXX.XX]	[\$XXX.XX]
	[60 Months/1825 Days]	[\$XXX.XX]	[\$XXX.XX]
	[72 Months/2190 Days]	[\$XXX.XX]	[\$XXX.XX]
	[96 Months/2920 Days]	[\$XXX.XX]	[\$XXX.XX]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

	[120 Months/3650 Days]	[\$XXX.XX]	[\$XXX.XX]
	[Unlimited]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Total Coverage]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Total Coverage]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Total Coverage]	[\$XXX.XX]	[\$XXX.XX]
	[\$X,XXX Total Coverage]	[\$XXX.XX]	[\$XXX.XX]
[Elimination Period:]	[0 Days]	[\$XXX.XX]	[\$XXX.XX]
	[30 Calendar Days]	[\$XXX.XX]	[\$XXX.XX]
	[60 Calendar Days]	[\$XXX.XX]	[\$XXX.XX]
	[90 Calendar Days]	[\$XXX.XX]	[\$XXX.XX]
	[180 Calendar Days]	[\$XXX.XX]	[\$XXX.XX]
	[365 Calendar Days]	[\$XXX.XX]	[\$XXX.XX]
	[30 Service Days]	[\$XXX.XX]	[\$XXX.XX]
	[60 Service Days]	[\$XXX.XX]	[\$XXX.XX]
	[90 Service Days]	[\$XXX.XX]	[\$XXX.XX]
	[180 Service Days]	[\$XXX.XX]	[\$XXX.XX]
	[365 Service Days]	[\$XXX.XX]	[\$XXX.XX]

Benefit Increase Option:	[None]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 3 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 3 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% FPO every 3 years not reduced by Claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% FPO every 3 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 3 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 2 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 3 years reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[3% GPO every 3 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 2 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% GPO every 3 years not reduced by claims]	[\$XXX.XX]	[\$XXX.XX]
	[5% Equal [reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[3% Compound[reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[4% Compound[reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

PRIVILEGED CHOICE® FLEX
 Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

	[5% Compound[reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[5% Age Adjusted[reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[Graded [reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[5% Equal [not reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[3% Compound [not reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[4% Compound [not reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[5% Compound [not reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[5% Age Adjusted [not reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
	[Graded [not reduced by claims]]	[\$XXX.XX]	[\$XXX.XX]
[Survivorship Benefit:]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[7 Year Enhanced]	[\$XXX.XX]	[\$XXX.XX]
	[10 Year Enhanced]	[\$XXX.XX]	[\$XXX.XX]
	[10 Year]	[\$XXX.XX]	[\$XXX.XX]
[Refund of Premium Benefit:]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[Graded]	[\$XXX.XX]	[\$XXX.XX]
	[10- Year]	[\$XXX.XX]	[\$XXX.XX]
[Shared Coverage Option: Assumes Identical Coverage]	[None]	[\$XXX.XX]	[\$XXX.XX]
	[Included With Joint Waiver of Premium]	[\$XXX.XX]	[\$XXX.XX]
	[Included Without Joint Waiver of Premium]	[\$XXX.XX]	[\$XXX.XX]
[Waiver of Premium:]	[Nursing Home Only]	[\$XXX.XX]	[\$XXX.XX]
	[Full Premium Waiver]	[\$XXX.XX]	[\$XXX.XX]
	[None]	[\$XXX.XX]	[\$XXX.XX]
[Transition Benefit:]	[Included]	[\$XXX.XX]	[\$XXX.XX]
	[None]	[\$XXX.XX]	[\$XXX.XX]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	[\$XXX.XX]	[\$XXX.XX]
	[None]	[\$XXX.XX]	[\$XXX.XX]
[Family Care]	[Included]	[\$XXX.XX]	[\$XXX.XX]
	[None]	[\$XXX.XX]	[\$XXX.XX]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

BENEFIT OPTIONS COMPARISON (Continued)

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
[Home Care Type:]	[Formal and Informal]	[\$XXX.XX]	[\$XXX.XX]
[Home Care Percentage:]	[50%]	[\$XXX.XX]	[\$XXX.XX]
	[60%]	[\$XXX.XX]	[\$XXX.XX]
	[75%]	[\$XXX.XX]	[\$XXX.XX]
	[100%]	[\$XXX.XX]	[\$XXX.XX]
[Assisted Living Facility Benefit:]	[Includes Room Charges]	[\$XXX.XX]	[\$XXX.XX]
[Assisted Living Facility Percentage:]	[50%]	[\$XXX.XX]	[\$XXX.XX]
	[60%]	[\$XXX.XX]	[\$XXX.XX]
	[75%]	[\$XXX.XX]	[\$XXX.XX]
	[100%]	[\$XXX.XX]	[\$XXX.XX]
Premium Payment Period:	[Lifetime]	[\$XXX.XX]	[\$XXX.XX]
	[10 Pay]	[\$XXX.XX]	[\$XXX.XX]
	[Pay-to-65]	[\$XXX.XX]	[\$XXX.XX]
[Restoration Benefit:]	[Included or None]	[\$XXX.XX]	[\$XXX.XX]
[Nonforfeiture Benefit:]	[Included or None]	[\$XXX.XX]	[\$XXX.XX]
[Covered Percentage:]	[80%/100%]	[\$XXX.XX]	[\$XXX.XX]
[1st Day Homecare Elimination Period:]	[Included/None]	[\$XXX.XX]	[\$XXX.XX]

PRIVILEGED CHOICE® FLEX
 Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

BENEFIT INCREASE COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes.

3/2/1

Plan Options

[Coverage Maximum/Pool of Money/personal Benefit Account:]	[\$xx,xxx]	[Assisted Living Facility Benefit:]	[Includes Room Charges]
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$x,xxx][Daily/Monthly]	[Assisted Living Facility Percentage:]	[50%/ 60%/75%/100%]
[Benefit Period / Multiplier/Total Coverage:]	[xx [Days/Months]]	[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]
[Elimination Period:]	[xx [Calendar/Service Days]	[Family Care Benefit]	[Included/None]
Benefit Increase Option:	[x% Compound] [Reduced by Claims/Not Reduced by Claims]	[Shared Coverage Option Assumes Identical Coverage:]	[Included with Joint Waiver of Premium/ Included without Joint Waiver of Premium/None]
[Restoration Benefit:]	[Included/None]	[Transition Benefit:]	[Include/None]
[Survivorship Benefit:]	[10-Year */7-Year Enhanced**/10-Year Enhanced**/None]	[Covered Percentage:]	[80%/100%]
[Nonforfeiture Benefit:]	[Included/None]	[1st-Day Home Care Elimination Period:]	[Included/None]
[Refund of Premium Benefit:]	[Graded/10-Year/None]	Premium Payment Mode:	[Annual/Semi-Annual/Quarterly/Monthly]
Premium Payment Period:	[Lifetime/10-Pay/Pay-to-65]	Age:	[XX]
[Home Care Type:]	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[50%/ 60%/75%/100%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	[Couple's Discount (XX%)]	[\$ xx,xxx.xx]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
		Net Modal Premium:	[\$ xx,xxx.xx]

This page is intended to show a comparison of possible Benefit Maximums based on the available Benefit Increase Options. [Monthly / Daily / Nursing Facility / Facility] Maximum assumes that [each] option is accepted. [Coverage Maximum/ Pool of Money /Personal Benefit Account] assumes that all Purchase Options [for [FPO] or {GPO}] have been accepted, and no benefits have been paid. Balance available in [Coverage Maximum/ Pool of Money /Personal Benefit Account] to pay for benefits will decrease as benefits are paid.

	No Increases		3% FPO every 2 years not reduced by claims		3% FPO every 3 years not reduced by claims	
Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Long Term Care Insurance

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PRIVILEGED CHOICE® FLEX
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To be Issued in:[Resident state]

	5% FPO every 2 years not reduced by claims		5% FPO every 3 years not reduced by claims		3% FPO every 2 years reduced by claims	
Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

	3% FPO every 3 years reduced by claims		5% FPO every 2 years reduced by claims		5% FPO every 3 years reduced by claims	
Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

	3% GPO every 2 years not reduced by claims		3% GPO every 3 years not reduced by claims		5% GPO every 2 years not reduced by claims	
Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

	5% GPO every 3 years not reduced by claims		3% GPO every 2 years reduced by claims		3% GPO every 3 years reduced by claims	
Policy Year	[Daily/ Monthly]	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

PRIVILEGED CHOICE® FLEX
 Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

	Maximum	Pool of Money/ Personal Benefit Account]		of Money/ Personal Benefit Account]		of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

5% GPO every 3 years reduced by claims

5% GPO every 2 years reduced by claims

5% Equal [not reduced by claims]

Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Dail/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

[3% Compound] [not reduced by claims]

[4% Compound] [not reduced by claims]

[5% Compound] [not reduced by claims]

Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

[5% Age Adjusted] [not reduced by claims]

[Graded] [not reduced by claims]

5% Equal [reduced by claims]

Policy Year	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Daily/Monthly] Maximum	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]

Long Term Care Insurance

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PRIVILEGED CHOICE® FLEX
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To be Issued in:[Resident state]

1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]

BENEFIT INCREASE COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Policy Year	[3% Compound] [reduced by claims]	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[4% Compound] [reduced by claims]	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[5% Compound] [reduced by claims]	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
	[Daily/Monthly] Maximum		[Daily/Monthly] Maximum		[Daily/Monthly] Maximum	
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XXX,XXX]

Policy Year	[5% Age Adjusted] [reduced by claims]	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]	[Graded] [reduced by claims]	[Coverage Maximum/ Pool of Money/ Personal Benefit Account]
	[Daily/Monthly] Maximum		[Daily/Monthly] Maximum	
1	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
5	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
10	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
15	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
20	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]
25	[\$X,XXX]	[\$XX,XXX]	[\$X,XXX]	[\$XX,XXX]

]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

3/2/1

PLAN OPTIONS COMPARISON for [Valued Customer]
(Assumes Annual Premium Mode)
Your total annual payments will be higher for other modes

Plan Options

[Coverage Maximum/Pool of Money/Personal Benefit Account:]	[\$xx,xxx]	[Assisted Living Facility Benefit:]	[Includes Room Charges]
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$x,xxx] [Daily/Monthly]	[Assisted Living Facility Percentage:]	[50%/ 60%/75%/100%]
[Benefit Period / Multiplier/Total Coverage:]	[xx [Days/Months]]	[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]
[Elimination Period:]	[xx [Calendar/Service Days]	[Family Care Benefit]	[Included/None]
Benefit Increase Option:	[x% Compound] [Reduced by Claims/Not Reduced by Claims]	[Shared Coverage Option Assumes Identical Coverage:]	[Included with Joint Waiver of Premium/ Included without Joint Waiver of Premium/None]
[Restoration Benefit:]	[Included/None]	[Transition Benefit:]	[Included/None]
[Survivorship Benefit:]	[10-Year */7-Year Enhanced**/10-Year Enhanced**/None]	[Covered Percentage:]	[80%/100%]
[Nonforfeiture Benefit:]	[Included/None]	[1st-Day Home Care Elimination Period:]	[Included/None]
[Refund of Premium Benefit:]	[Graded/10-Year/None]	Premium Payment Mode:	[Annual/Semi-Annual/Quarterly/Monthly]
Premium Payment Period:	[Lifetime/10-Pay/Pay-to-65]	Age:	[XX]
[Home Care Type:]	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[50%/ 60%/75%/100%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	[Couple's Discount (XX%)]	[\$ xx,xxx.xx]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
		Net Modal Premium:	[\$ xx,xxx.xx]

Annual premiums shown below are based on originally selected [Monthly / Daily / Nursing Facility / Facility] Maximum, Optional Benefits and Discounts shown above.

[No Benefit Increases Option]

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[Benefit Period / Multiplier/Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

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[3% FPO every 2 years not reduced by claims]

[Benefit Period / Multiplier/Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

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[3% FPO every 3 years not reduced by claims]

[Benefit Period / Multiplier/Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% FPO every 2 years not reduced by claims]

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3 [5% FPO every 3 years not reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3 [3% FPO every 2 years reduced by claims]

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% FPO every 3 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% FPO every 2 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
 Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3 **[5% FPO every 3 years reduced by claims]**

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3 **[3% GPO every 2 years not reduced by claims]**

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
 Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
 (Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% GPO every 3 years not reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% GPO every 2 years not reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[5% GPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[3% GPO every 2 years reduced by claims]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/D ays]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/365 0] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% GPO every 3 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% GPO every 2 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[5% GPO every 3 years reduced by claims]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/D ays]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% Equal [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[3% Compound [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[4% Compound [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[5% Compound [not reduced by claims]]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% Age Adjusted [not reduced by claims]]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[Graded [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/Days]	[24/730] [Months/Days]	[36/1095] [Months/Days]	[48/1460] [Months/Days]	[60/1825] [Months/Days]	[72/2190] [Months/Days]	[96/2920] [Months/Days]	[120/3650] [Months/Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.x x]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% Equal [reduced by claims]]

3

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/Days]	[24/730] [Months/Days]	[36/1095] [Months/Days]	[48/1460] [Months/Days]	[60/1825] [Months/Days]	[72/2190] [Months/Days]	[96/2920] [Months/Days]	[120/3650] [Months/Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[3% Compound [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[4% Compound [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[5% Compound [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/D ays]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650]] [Months/ Days]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% Age Adjusted [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/D ays]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[Graded [reduced by claims]]

3

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Calendar Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[No Benefit Increases Option]

[Benefit Period / Multiplier/Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/D ays]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% FPO every 2 years not reduced by claims]

[Benefit Period / Multiplier/Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[3% FPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier/Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% FPO every 2 years not reduced by claims]

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[5% FPO every 3 years not reduced by claims]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[3% FPO every 2 years reduced by claims]

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% FPO every 3 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% FPO every 2 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3 [5% FPO every 3 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Da ys]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3 [3% GPO every 2 years not reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

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Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% GPO every 3 years not reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/D ays]	[48/1460] [Months/D ays]	[60/1825] [Months /Days]	[72/2190] [Months/D ays]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% GPO every 2 years not reduced by claims]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

2

PRIVILEGED CHOICE® FLEX
 Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
 (Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[5% GPO every 3 years not reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/D ays]	[48/1460] [Months/D ays]	[60/1825] [Months/ /Days]	[72/2190] [Months/ Days]	[96/2920] [Months/D ays]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[3% GPO every 2 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

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Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[3% GPO every 3 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% GPO every 2 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Mo nths/Days]	[36/1095] [Months/D ays]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/D ays]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

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Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
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To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3

[5% GPO every 3 years reduced by claims]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/D ays]	[24/730][Months/D ays]	[36/1095][Months/D ays]	[48/1460][Months/D ays]	[60/1825][Months /Days]	[72/2190] [Months/ Days]	[96/2920] [Months/D ays]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

3

[5% Equal [not reduced by claims]]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095][Months/D ays]	[48/1460][Months/D ays]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[3% Compound [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/D ays]	[48/1460] [Months/D ays]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[4% Compound [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/D ays]	[48/1460] [Months/D ays]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[5% Compound [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% Age Adjusted [not reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

3 [Graded [not reduced by claims]]

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/ Days]	[36/1095] [Months/D ays]	[48/1460] [Months/D ays]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% Equal [reduced by claims]]

3 [Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/D ays]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[3% Compound [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[4% Compound [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/ Days]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[5% Compound [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/ Days]	[48/1460] [Months/ Days]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

[5% Age Adjusted [reduced by claims]]

3

[Benefit Period / Multiplier / Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730] [Months/D ays]	[36/1095] [Months/D ays]	[48/1460] [Months/D ays]	[60/1825] [Months/ Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/D ays]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

PLAN OPTIONS COMPARISON (Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

[Graded [reduced by claims]]

3

[Benefit Period / Multiplier/ Total Coverage]

Elimination Period	[12/365] [Months/ Days]	[24/730][Months/D ays]	[36/1095][Months/Da ys]	[48/1460][Months/Da ys]	[60/1825][Months /Days]	[72/2190] [Months/ Days]	[96/2920] [Months/ Days]	[120/3650] [Months/Days]	[Unlimited]
[30 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[60 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[90 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[180 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]
[365 Service Days]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]	[\$xxx.xx]

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

3/2/1

COST OF WAITING for [Valued Customer]

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options

Table with 4 columns: Option Name, Value 1, Value 2, Value 3. Rows include Coverage Maximum/Pool of Money/Personal Benefit Account, Daily/Monthly/Nursing Facility/Facility Maximum, Benefit Period / Multiplier/Total Coverage, Elimination Period, Benefit Increase Option, Restoration Benefit, Survivorship Benefit, Nonforfeiture Benefit, Refund of Premium Benefit, Premium Payment Period, Home Care Type, Home Care Percentage, Bed Reservation Benefit, International [Coverage/Nursing Facility] Benefit, and Respite Care Benefit.

Based on the options shown above, and assuming that your health would not affect available discounts, this table illustrates how much more you might pay, if you postpone purchasing this coverage.

Values shown include increases in coverage based on your selected Benefit Increase Option, and do not take into consideration the time value of money, i.e., that due to inflation, a dollar in the future has less value than a dollar today.

Table with 6 columns: When Purchased, Age, [Monthly/Daily] Benefit Amount, Annual Premium, If Premium Paid To Age 85 of Proposed Insured, Cost of Waiting. Rows: Today, In 1 Year, In 5 Years, In 10 Years.

Reasons to Buy Long Term Care Insurance Now!

Each Year You Wait Means you...

- Have no long term care insurance should you need it.
May have to choose a higher benefit level to keep up with rising long term care costs.
Will pay higher premium rates for the same coverage due to your increased age.

Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

Prepared [XX/XX/20XX]

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PRIVILEGED CHOICE[®] FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

- Put yourself at risk of not being in good health and able to qualify for coverage.
 - Current plans and benefits may not be available.
-

2

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

3/2/1

BREAK EVEN ANALYSIS for [Valued Customer]
(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options

Table with 4 columns: Option Name, Value/Description, Option Name, Value/Description. Rows include Coverage Maximum/Pool of Money, Assisted Living Facility Benefit, Elimination Period, etc.

Table with 4 columns: Number of Years Premiums are Paid, Total Premium Paid, [Monthly/Daily] Benefit, Break Even Days. Rows for 2, 5, 10, 15, 20, 25 years.

The "Break Even Analysis" illustrates the maximum number of [days/months] of care that you could pay for, assuming you use your full [Monthly / Daily / Nursing Facility / Facility]] benefit amount for each [day/month], if you were to use only the premiums paid for the coverage as depicted.

Break Even Days is derived by dividing Total Premium PAID for your coverage over time by the [Monthly / Daily / Nursing Facility / Facility] benefit. All premium amounts shown are rounded to the nearest dollars.

Long Term Care Insurance

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PRIVILEGED CHOICE® FLEX
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To be Issued in:[Resident state]

PAYMENT OPTIONS COMPARISON for [Valued Customer]

(Assumes Annual Premium Mode)

3/2/1

Your total annual payments will be higher for other modes

Plan Options

[Coverage Maximum/Pool of Money/Personal Benefit Account:]	[\$xx,xxx]	[Assisted Living Facility Benefit:]	[Includes Room Charges]
[Daily/Monthly/Nursing Facility/Facility] Maximum:	[\$x,xxx] [Daily/Monthly]	[Assisted Living Facility Percentage:]	[50%/ 60%/75%/100%]
[Benefit Period / Multiplier/Total Coverage]	[xx [Days/Months]]	[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]
[Elimination Period:]	[xx [Calendar/Service Days]	[Family Care Benefit]	[Included/None]
Benefit Increase Option:	[x% Compound] [Reduced by Claims/Not Reduced by Claims]	[Shared Coverage Option Assumes Identical Coverage:]	Included with Joint Waiver of Premium/ Included without Joint Waiver of Premium/None]
[Restoration Benefit:]	[Included/None]	[Transition Benefit:]	[Included/None]
[Survivorship Benefit:]	[10-Year */7-Year Enhanced**/10-Year Enhanced**/None]	[Covered Percentage:]	[80%/100%]
[Nonforfeiture Benefit:]	[Included/None]	[1st-Day Home Care Elimination Period:]	[Included/None]
[Refund of Premium Benefit:]	[Graded/10-Year/None]	Premium Payment Mode:	[Annual/Semi-Annual/Quarterly/Monthly]
Premium Payment Period:	[Lifetime/10-Pay/Pay-to-65]	Age:	[XX]
[Home Care Type:]	[Formal and Informal]	Modal Premium	[\$ xx,xxx.xx]
[Home Care Percentage:]	[50%/ 60%/75%/100%]	[Preferred Health Discount (XX%)]	[\$ xx,xxx.xx]
[Bed Reservation Benefit:]	[xx Days]	[Couple's Discount (XX%)]	[\$ xx,xxx.xx]
[International { Coverage/Nursing Facility} Benefit:]	[Included]	Total Modal Premium:	[\$ xx,xxx.xx]
[Respite Care Benefit:]	[xx days]	[Multi Life Discount (xx%):]	[\$ xx,xxx.xx]
		Net Modal Premium:	[\$ xx,xxx.xx]

3

YEARS IN FORCE	Age	Lifetime		10-Pay		Pay-To-65	
		Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up
First Year	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[No]	[\$XXX.XX]	[No/NA]
After 10 Years	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[Yes]	[\$XXX.XX]	[No/NA]
After 20 Years	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[Yes]	[\$XXX.XX]	[No/NA]
After 30 Years	[XX]	[\$XXX.XX]	[No]	[\$XXX.XX]	[Yes]	[\$XXX.XX]	[No/NA]

- This page illustrates the total premiums paid at certain time intervals for the available Premium Payment Options.
- When you choose Limited Pay (10-Pay or Pay-To-65), Genworth Life Insurance Company has the right to increase premiums during the payment period.
- Premiums shown are not guaranteed.

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Long Term Care Insurance

Underwritten by Genworth Life Insurance Company, Richmond, VA

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company
To be Issued in:[Resident state]

IMPORTANT NOTES: 3/2/1

This is a solicitation of insurance and an insurance agent/producer will contact you. This is not a contract of insurance. Coverage is subject to the underwriting requirements of Genworth Life Insurance Company.

Privileged Choice Flex is underwritten by Genworth Life Insurance Company, using policy form series 7052[xx]. State variations may apply. A Summary of coverage, including benefits, limitations and exclusions are set forth in the accompanying Outline of Coverage. Policy Terms & Provisions will prevail.

This Long Term Care Insurance quote is intended for illustrative purposes only and may be subject to change for any reason, including changes in premiums quoted. Dollar amounts may be rounded for purposes of Illustration.

In the event coverage is issued, any difference between the premiums quoted in this illustration and the premiums shown in your Policy Schedule, the premiums shown in your Policy Schedule will govern.

Premiums shown are subject to the terms and conditions of the Policy and may change in the future. While Genworth Life Insurance Company reserves the right to raise future premiums by class and state, your premiums will never increase individually due to changes in your health status or your age.

Certain eligibility requirements must be met to qualify for the preferred health, Multi-Life and couples discounts.

- Couples Discount is 25% if only one becomes insured.
- Policies qualifying for the Multi-Life Discount will have a 5% discount taken from the net premium after all other applicable discounts (i.e. preferred health, couples, etc.) have been applied.

Coverage under the Policy is intended to be qualified long term care insurance under federal tax law (IRC 7702B). You should consult your tax advisor to determine the income tax implications of paying premiums and receiving benefit payments.

[ Insurance and annuity products:	
	 • Are not deposits.	• Are not insured by the FDIC or any other federal government agency.
	• May decrease in value.	• Are not guaranteed by the bank or its affiliates.

] |

A SUGGESTED LONG TERM CARE INSURANCE PLAN OFFERED BY
GENWORTH LIFE INSURANCE COMPANY

Plan Options Plan Choice	Plan 1 [Privileged Choice [®] Flex] Individual Plan	[Plan 2] [Privileged Choice [®] Flex] Individual Plan	[Plan 3] [Privileged Choice [®] Flex] Individual Plan
[Daily/Monthly/Nursing Facility/Facility] Maximum: [Benefit Period / Multiplier/Total Coverage:]	[\$x.xxx][Daily/Monthly] [XX[Days/Months]]	[\$x.xxx][Daily/Monthly] [XX[Days/Months]]	[\$x.xxx][Daily/Monthly] [XX[Days/Months]]
[Coverage Maximum/Pool of Money/Personal Benefit Account:]	[\$XX,XXX]	[\$XX,XXX]	[\$XX,XXX]
[Covered Percentage:]	[80%/100%]	[80%/100%]	[80%/100%]
[Elimination Period:]	[XX][Calendar/Service]Days	[XX][Calendar/Service]Days	[XX][Calendar/Service]Days
[Benefit Increase Option:]	[X% Compound] [Reduced by Claims/ Not Reduced by Claims]	[X% Compound] [Reduced by Claims/ Not Reduced by Claims]	[X% Compound] [Reduced by Claims/ Not Reduced by Claims]
[Restoration Benefit:]	[Included/None]	[Included/None]	[Included/None]
[Survivorship Benefit:]	[10-Year/7-Year Enhanced/10-Year Enhanced/None]	[10-Year/7-Year Enhanced/10-Year Enhanced/None]	[10-Year/7-Year Enhanced/10-Year Enhanced/None]
Option:			
[NonForfeiture Benefit Option:]	[Included/None]	[Included/None]	[Included/None]
[Refund of Premium Option:]	[Graded/10-Year/None]	[Graded/10-Year/None]	[Graded/10-Year/None]
[Premium Payment Period:]	[Lifetime/10-Pay/Pay-to-65]	[Lifetime/10-Pay/Pay-to-65]	[Lifetime/10-Pay/Pay-to-65]
[Shared Coverage Option:]	[Included with Joint Waiver of Premium/Included without Joint Waiver of Premium/None]	[Included with Joint Waiver of Premium/Included without Joint Waiver of Premium/None]	[Included with Joint Waiver of Premium/Included without Joint Waiver of Premium/None]
[Family Care Benefit:]	[Included/None]	[Included/None]	[Included/None]
[Home Care Type:]	[Formal and Informal]	[Formal and Informal]	[Formal and Informal]
[Home Care Percentage:]	[50%/60%/75%/100%]	[50%/60%/75%/100%]	[50%/60%/75%/100%]
[Assisted Living Facility Percentage:]	[50%/60%/75%/100%]	[50%/60%/75%/100%]	[50%/60%/75%/100%]
[International [Coverage/Nursing Facility] Benefit:]	[Included]	[Included]	[Included]
[Transition Benefit:]	[Included/None]	[Included/None]	[Included/None]
[1 st -Day Home Care Elimination Period:]	[Included/None]	[Included/None]	[Included/None]
[Waiver of Premium:]	[Nursing Facility Only/Full Premium Waiver/None]	[Nursing Facility Only/Full Premium Waiver/None]	[Nursing Facility Only/Full Premium Waiver/None]

Modal Payment:

[Annual]

[Annual]

[Annual]

Modal Premium Disclosure: Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g. monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. For example, the total annual premium paid on a monthly basis will be more than the total premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Policy or Certificate.

3

Participants Summary

Age	Plan 1	[Plan 2]	[Plan 3]
18-24	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
25-29	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
30-34	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
35-39	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
40-44	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
45	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
46	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
47	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
48	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
49	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
50	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
51	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
52	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
53	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
54	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
55	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
56	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
57	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
58	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
59	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
60	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
61	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
62	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
63	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
64	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
65	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
66	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
67	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
68	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
69	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
70	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
71	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
72	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
73	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
74	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
75	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
76	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
77	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
78	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]
79	[\$XXX.XX]	[\$XXX.XX]	[\$XXX.XX]

This is a solicitation of insurance and an insurance agent/producer will contact you. This is not a contract of insurance. Coverage is subject to the underwriting requirements of Genworth Life Insurance Company.

The information herein has been prepared for the Company/Business outlined on the cover page of this illustration. As such, the information is based on the products and applicable features, benefits and rates approved in the State in which the Company/Business maintains its principal place of business, or as otherwise designated by the Company/Business. Products and applicable features, benefits, rates or possible discounts may vary when a Participant resides in a State other than the State quoted for the Company/Business. As a result of these factors, the actual premium for each applicant for any policy may be higher or lower than the premium quoted.

The above premium includes a preferred health, couples and multi life discount.

This Long Term Care Insurance quote is intended for illustrative purposes only and may be subject to change for any reason, including changes in premiums quoted. Dollar amounts may be rounded for purposes of Illustration.

In the event coverage is issued, any difference between the premiums quoted in this illustration and the premiums shown in your Policy Schedule, the premiums shown in your Policy Schedule will govern.

Premiums shown are subject to the terms and conditions of the Policy and may change in the future. While Genworth Life Insurance Company reserves the right to raise future premiums by class and state, your premiums will never increase individually due to changes in your health status or your age.

SERFF Tracking Number: GEFA-127087835 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48279
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: Privileged Choice Flex Rate Illustrations/116278

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Explanation of Variability	Filed	03/21/2011
Comments: Attached is an Explanation of Variability for the Privileged Choice Flex Rate Illustrations		
Attachment: EOV 7052 Privileged Choice Flex_Standard_Filing_031711.pdf		

	Item Status:	Status
Satisfied - Item: Cover Letter	Filed	03/21/2011
Comments:		
Attachment: AR Filing Letter Privileged Choice FLEX Rate Illustrations 116278 et al.pdf		

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
INDIVIDUAL LONG TERM CARE INSURANCE ILLUSTRATION**

This Explanation of Variability applies to the illustration components listed below. Variable material is bracketed. The Illustrations are generic for use with the sale of the new individual policy form series 7052. It includes three types of variability.

Type 1: Variables are either administrative (phone numbers, addresses, etc.) or for the individualized information that is populated with the Individual Policyholder's and eligible person's specific data.

Type 2: Variables that will or will not appear, dependent on whether or not the Individual Policy includes a specific option.

Type 3: Variables that have substitute text.

Advertising Forms for the purpose of this Explanation of Variability include:

Form Number	Title	Type of Solicitation
116278	Plan Illustration – Individual	Invitation to Contract
116278AA	Plan Illustration – Multi-Life	Invitation to Contract

We have listed the variables for each advertising component in the order in which they appear above.

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
INDIVIDUAL LONG TERM CARE INSURANCE ILLUSTRATION**

Explanation of Variables-Rate Illustrations

The following Riders or Options available with Privileged Choice Flex Individual policy. The Rate Illustration material is data that has been printed as a sample from our rate illustration disk and serves as a suggestion. After the insurance agent inputs data into the software program, the information prints in the manner shown in the submitted material and is based on the policy form and options requested (or input), age of client, discounts, individual or shared plan, etc.

116278 03/08/11 & 116278AA 03/15/11

PLAN OPTION sections will display all or some of the following depending on the plan design for the specific Individual policy and the marketing campaign any one of the labels and/or variables listed in brackets will appear.

- **Pool of Money**
 - o Label option can change based on plan design to either Coverage Maximum or Personal Benefit Account.
- **Daily or Monthly Maximum** based on selection
 - o Label option can change based on plan design to Nursing Facility or Facility Maximum
 - o If Daily benefits are chosen, dollar amounts will range from \$50 - \$400 in \$5 increments
 - o If Monthly benefits are chosen, dollar amounts will range from \$1,500 - \$12,000 in \$100 increments
- **Benefit Period**
 - o Label option can change based on plan design to either Benefit Multiplier or Total Coverage.
 - o Based on selection can be anyone of the following:
 - If Days: 730, 1095, 1460, 1825, 2190, 2920, 3650
 - If Months: 24, 36, 48, 60, 72, 96, 120 or Unlimited
- **Elimination Period**
 - o Based on selection can be anyone of the following: 30, 90, 180, 365 days
 - o Based on selection will be either Calendar or Service Days
- **Benefit Increase Option**
 - o Based on selection will be 3% Compound, 5% Compound, 5% Equal, None, or Future Purchase Option and
 - o will be further classified as Reduced by Claims or Not Reduced by Claims
- **Restoration of Benefit** - see input variables listed in the illustration
- **Survivorship Benefit** - see input variables listed in the illustration
- **Nonforfeiture Benefit** - see input variables listed in the illustration
- **Refund of Premium Benefit** – see input variables listed in the illustration
- **Premium Payment Period** – input variables listed in the illustration
- **Home Care Type** – see input variables listed in the illustration
- **Home Care Percentage** - input variables listed in the illustration
- **Bed Reservation Benefit** – 60 Days
- **International Coverage** - see input variables listed in the illustration
 - o Based on marketing campaign will be either International Coverage Benefit

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
INDIVIDUAL LONG TERM CARE INSURANCE ILLUSTRATION**

or International Nursing Facility Benefit

- **Respite Care Benefit** – 30 Days
- **Assisted Living Facility Benefit** - see input variables listed in the illustration
- **Assisted Living Facility Percentage** - input variables listed in the illustration
- **Waiver of Premium** - see input variables listed in the illustration
- **Family Care Benefit** - see input variables listed in the illustration
- **Shared Coverage Option** - see input variables listed in the illustration
 - o Based on plan design and selection will be With Joint Waiver of Premium, Without Joint Waiver of premium or None
 - o Upon selection will also display 'Assumes Identical Coverage'
- **Transition Benefit** – see input variables listed in the illustration
- **Covered Percentage** – see input variables listed in the illustration
- **1st-Day Home Care Elimination Period** - see input variables listed in the illustration
- **Premium Payment Mode** – see input variables listed in the illustration
- **Age** – Displays Individuals age
- **Modal Premium** – Displays modal premium dollar amount
- **Preferred Health Discount (xx%)** - Displays percentage and dollar amount if individual qualifies
- **Couples Discount (xx%)** – Displays percentage and dollar amount if individual qualifies.
- **Total Modal Premium** - premium and discounts added
- **Multi Life Discount (xx%)** – Displays percentage and dollar amount if qualified
- **Net Modal Premium** – Displays Modal dollar amount

Form 116278- Plan Illustration – Privileged Choice Flex / Individual Plan & Form 116278AA-Plan Illustration/Multi Life (Invitation to Contract)

Type 1 Variables:

1. Client specific information, such as organization, policyholder names, eligible classes, agents, producers, and plan design elements, discounts, and rate guarantees, etc., are based on the specific Individual policy.
2. "Multi-Life" illustration will generate when a multi client illustration is created –(form# 116278AA)

Type 2 Variables:

1. Headers: The marketing campaign title, "PRIVILEGED CHOICE FLEX" in the header on each page will appear.
2. Personalized information may not appear on the cover.
3. The reference to "COMBINED" in the Summary title may be deleted, if only details of coverage for only one individual appear.
4. Spouse/Partner information will be included only if available under the terms of the specific individual policy.
5. **NOTES FOLLOWING SUMMARY:** Depending on the plan design for the specific Individual policy, when Survivorship Rider form 7052 RDR-SURV10 is included, the following statement appears: Benefit criteria includes a claims restriction.

GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
INDIVIDUAL LONG TERM CARE INSURANCE ILLUSTRATION

6. **BENEFIT OPTIONS COMPARISON:** Depending on the plan design for the specific Individual policy, when Shared Rider form 70502RDR-SC is included, the chart will show “Assumes Identical Coverage.”
7. All illustrations pertinent to a specific Individual policy may be included. Alternatively, only certain pages of the illustrations may be. The following is a list of all illustrations available.
 - Quote Summary: Includes regional cost of care information and proposed benefits for the eligible employee, and if spouses/partners are eligible, for the spouse/partner.
 - Combined Summary: Includes specific plan amounts based on the proposal for the individual, and if spouses/partners are eligible, for the spouse/partner.
 - Individual Summary: Includes specific plan options provided for the individual.
 - Benefit Options Comparison: Compares the proposed benefits and premiums against other options available under the Individual policy. For example, the Facility Maximum amount shown in the suggest plan options would be compared against other available benefit amounts, showing the adjusted premium with the change made. Only the options in the Individual policy would be illustrated.
 - Benefit Increase Comparison: These charts show the impact that a particular benefit increase option would have on the daily or monthly maximum, and the coverage maximum. Only those benefit increase options available under the Individual policy would be illustrated.
 - Plan Options Comparison: Compares the premium for the proposed benefits for the eligible person against premiums for different plan configurations. Only those plan design elements available under the Individual policy would be illustrated.
 - Cost of Waiting Comparison: Compares the proposed benefit and premiums for the date prepared to benefit and premium amounts at specific times in the future.
 - Break-even Analysis: A chart designed to show the number of days or months of long term care that the premiums paid over time could provide, if used for care, assuming the daily or monthly benefit is used in its entirety for long term care services
 - Payment Options Comparison: Compares the different premium payment options. Only included if alternate payment methods are available under the Individual contract, and only the available options will be included.
8. **DISCLOSURES FOLLOWING COMPARISON and COVER of MULTI-LIFE:**

Will always display disclosure statements related to the illustration output.

 - If required state abbreviation would be added after the policy form series 7052[xx].
9. **PARTICIPANTS SUMMARY (116278AA):**
 - Plans 2 and 3 will display only if company selects either two or three different plan configurations.

GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY
INDIVIDUAL LONG TERM CARE INSURANCE ILLUSTRATION

Type 3 Variables:

1. Privileged Choice Flex is the only title of plan that will appear:
2. Title Page: A photo cover will be used on the front cover that coincides with the marketing campaign.
3. The proposed insured's name may appear in place of "Valued Customer" and "Spouse/Partner."
4. Reference to the Genworth Cost of Care Survey will reflect the most current survey date prior to the date of publication of the material.
5. Statistics based on the Genworth Cost of Care Survey will reflect the date found in the most current survey prior to the date of publication of the material.
6. The reference to the annual cost of care, type of room or the type of facility for which statistics are provided may vary from that shown as follows:
 - a. Average maybe used in place of median
 - b. Private room may be used in place of semi-private room
 - c. Assisted Living Facility may be used in place of nursing home.
 - d. A specific locality or state may be used in place of "nationally"
9. **NOTES FOLLOWING SUMMARY:** Depending on the plan design for the specific individual policy, whether claims offset applies under a Compound Inflation option determines the use of "is" or "is not" in the following statement: Calculation of Compound increases due to inflation [*is/is not*] affected by benefit payments.
10. **BENEFIT OPTIONS COMPARISON:** Depending on the plan design for the specific individual policy, the alternate language for Waiver of Premium will show as either Nursing Home Only or Full Premium Waiver.
11. **COST OF WAITING DEMONSTRATION:** If included in the illustration, the chart may show either Annual Premiums or Annualized Premiums.
12. **BREAKEVEN ANALYSIS:** If included in the illustration, the statement immediately following the chart may read either:
 - The "Break Even Analysis" illustrates the maximum number of days of care that you could pay for, assuming you use [your full Daily/one-thirtieth of your Monthly] benefit amount for each day, if you were to use only the premiums paid for your coverage as depicted.
OR
 - The "Break Even Analysis" illustrates the maximum number of [days/months] of care that you could pay for, assuming you use your full [Daily/ Monthly/Nursing Facility/Facility] benefit amount for each [day/month], if you were to use only the premiums paid for the coverage as depicted.



Long Term Care Insurance

6620 West Broad Street Building 4
Richmond, VA 23230

March 18, 2011

Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72204
ATTN: Mr. John Shields

Re: **ADVERTISING FILING ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY NAIC# 70025
Invitation to Contract (Point of Sale)
Privileged Choice Flex Rate Illustration-Consumer: 116278 03/08/11
Privileged Choice Flex Rate Illustration-All Age Summary-Employer: 116278AA 03/15/11**

Dear Mr. Shields:

On behalf of Genworth Life Insurance Company, I submit for your review and approval copies of the above referenced advertising material intended for use in the state of Arkansas. The filing fee of \$100 is being transmitted via EFT on the SERFF filing system.

The Privileged Choice Flex Rate Illustration-Consumer, 116278 03/08/11 will be distributed by licensed agents from our career and broker channels at point of sale, and presented in conjunction with the Outline of Coverage to provide a quotation of rates to consumers (individual(s) or employees) for Genworth Life Insurance Company's Long Term Care Insurance Policy 7052 filed and approved on November 22, 2010 by your Department under SERFF Tracking Number GEFA-126825424.

The Privileged Choice Flex Rate Illustration-All Age Summary-Employer, 116278AA 03/15/11, will be presented to Employers who are interested in providing individual long term care insurance to their employees as an employee benefit (voluntary or contributory). This illustration is not intended to be distributed to employees.

An Explanation of Variables is attached to the Supporting Documentation tab.

This advertising material is new and does not replace any advertisements filed by Genworth Life Insurance Company.

If you should have any questions, please call me at our toll free phone number, 1-800-284-5568, extension 8133949, fax me at 804-662-2596 or e-mail me at Andy.Zimmerman@genworth.com.

Sincerely,

Andrew A. Zimmerman

Andrew A. Zimmerman
Genworth Life Insurance Company
Sr. Advertising Compliance Analyst
Compliance/Advertising Review
Andy.Zimmerman@genworth.com