## Filing at a Glance

Company: Genworth Life Insurance Company

| | | |
|---|---|---|
| Product Name: Long Term Care Insurance | SERFF Tr Num: GEFA-127076440 | State: Arkansas |
| TOI: LTC03I Individual Long Term Care | SERFF Status: Closed-Filed-Closed | State Tr Num: 48229 |
| Sub-TOI: LTC03I.001 Qualified | Co Tr Num: | State Status: Filed-Closed |
| Filing Type: Advertisement | | Reviewer(s): Harris Shearer, Stephanie Fowler |
| | Author: Andy Zimmerman | Disposition Date: 05/04/2011 |
| | Date Submitted: 03/11/2011 | Disposition Status: Filed-Closed |
| Implementation Date Requested: On Approval | | Implementation Date: |
| State Filing Description: | | |

## General Information

Project Name: Privileged Choice Flex Product Brochure
Project Number: 111407
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Andy Zimmerman

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/04/2011
State Status Changed: 05/04/2011
Created By: Andy Zimmerman
Corresponding Filing Tracking Number:

Filing Description:

The Privileged Choice Flex Product Brochure,  111407 05/20/11 will be used by licensed agents from our career and broker channels at point of sale, and presented in conjunction with the Outline of Coverage to generate interest in 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.

This advertising material is new and does not replace any advertisement 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 | |

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## Filing Fees

| | |
|---|---|
| Fee Required? | Yes |
| Fee Amount: | $50.00 |
| Retaliatory? | No |
| Fee Explanation: | AR Filing Fee=$50 per advertisement |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---|---|---|
| Genworth Life Insurance Company | $50.00 | 03/11/2011 | 45497264 |

# Correspondence Summary

### Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| Filed-Closed | Stephanie Fowler | 05/04/2011 | 05/04/2011 |
| Filed-Closed | Stephanie Fowler | 03/16/2011 | 03/16/2011 |

## Amendments

| Schedule | Schedule Item Name | Created By | Created On | Date Submitted |
|---|---|---|---|---|
| Form | Privileged Choice Flex Product Brochure | Andy Zimmerman | 05/04/2011 | 05/04/2011 |
| Supporting Document | Marked up Copy reflecting changes | Andy Zimmerman | 05/04/2011 | 05/04/2011 |

### Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---|---|---|---|---|
| Thank you. | Note To Reviewer | Andy Zimmerman | 04/29/2011 | 04/29/2011 |
| Corrections | Note To Filer | Stephanie Fowler | 04/29/2011 | 04/29/2011 |
| Please Reopen Filing | Note To Reviewer | Andy Zimmerman | 04/29/2011 | 04/29/2011 |

# Disposition

Disposition Date: 05/04/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *GEFA-127076440* | *State:* | *Arkansas* |
| *Filing Company:* | *Genworth Life Insurance Company* | *State Tracking Number:* | *48229* |
| *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 Product Brochure/111407* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Cover Letter | Filed | No |
| **Supporting Document** | Marked up Copy reflecting changes | Filed | No |
| **Form *(revised)*** | Privileged Choice Flex Product Brochure | Filed | Yes |
| **Form** | Privileged Choice Flex Product Brochure | Replaced | No |

# Disposition

Disposition Date: 03/16/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---|---|---|---|
| *SERFF Tracking Number:* | *GEFA-127076440* | *State:* | *Arkansas* |
| *Filing Company:* | *Genworth Life Insurance Company* | *State Tracking Number:* | *48229* |
| *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 Product Brochure/111407* | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Cover Letter | Filed | No |
| **Supporting Document** | Marked up Copy reflecting changes | Filed | No |
| **Form *(revised)*** | Privileged Choice Flex Product Brochure | Filed | Yes |
| **Form** | Privileged Choice Flex Product Brochure | Replaced | No |

**Amendment Letter**

Submitted Date: 05/04/2011

**Comments:**

Thank you for your recent review of our long term care insurance advertising.

As we mentioned on 4/29/11, we detected an error on page 3 of the recently filed brochure (111407 05/20/11) that affected the data calculations shown in the submitted material. We also updated the Cost of Care figures to reflect the Genworth 2011 Cost of Care Survey conducted by CareScout as they just became available to us.

The originally filed brochure was never printed and implemented so we intend to proceed with using the revised brochure upon our planned August 2011 launch of the new policy.

We replaced the pdf file with the corrected version and attached a markup showing the changes.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

| Form Number | Form Type | Form Name | Action | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments |
|---|---|---|---|---|---|---|---|---|
| 111407 05/20/11 | Advertising | Privileged Choice Flex Product Brochure | Initial | | | | 0.000 | 111407_052011_statefileCORRECTION5411.pdf |

**Supporting Document Schedule Item Changes:**

**User Added -Name: Marked up Copy reflecting changes**

Comment:

111407_052011_MARKUP for States ADOBE.pdf

## Note To Reviewer

**Created By:**

Andy Zimmerman on 04/29/2011 01:56 PM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

05/04/2011 10:37 AM

**Subject:**

Thank you.

**Comments:**

Thanks for the quick reply.

We expect to have the corrected pdf as well as a markup showing the changes early next week (hopefully Monday).

## Note To Filer

**Created By:**

Stephanie Fowler on 04/29/2011 01:38 PM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

05/04/2011 10:37 AM

**Subject:**

Corrections

**Comments:**

Please include a marked up copy reflecting any changes that are being made.

## Note To Reviewer

**Created By:**
Andy Zimmerman on 04/29/2011 11:52 AM
**Last Edited By:**
Stephanie Fowler
**Submitted On:**
05/04/2011 10:37 AM
**Subject:**
Please Reopen Filing
**Comments:**
Thank you for your recent review of our long term care insurance advertising.

We request that you reopen our file as we detected an error on page 3 of the recently filed brochure (111407 05/20/11) that affected the data calculations shown in the submitted material. We also updated the Cost of Care figures to reflect the Genworth 2011 Cost of Care Survey conducted by CareScout as they just became available to us.

The originally filed brochure was never printed and implemented so we intend to proceed with using the revised brochure upon our planned August 2011 launch of the new policy.

Once the file is reopened, we would like to replace the pdf file with the corrected version.

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.

# Form Schedule

**Lead Form Number: 111407 05/20/11**

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---|---|---|---|---|---|---|---|
| Filed 05/04/2011 | 111407 05/20/11 | Advertising | Privileged Choice Flex Product Brochure | Initial | | 0.000 | 111407_052011_statefileCORRECTION5411.pdf |

# Privileged Choice® Flex

Long Term Care Insurance

Genworth®

111407 05/20/11

Underwritten by Genworth Life Insurance Company, Richmond, VA

# What Is Long Term Care?

Long term care (LTC) is the assistance or supervision you may need when you are not able to do some of the basic activities of daily living (ADL) – bathing, dressing, eating, continence, toileting and transferring. Others may need help because of mental deterioration called severe cognitive impairment that can be caused by Alzheimer's Disease, other mental illness or brain disorders.

A need for long term care may result from:

- Accidents
- Illness
- Advanced aging
- Strokes
- Other chronic conditions

Long term care can be received at home, in the community or in a nursing or assisted living facility. You may qualify for long term care insurance benefits if you can't perform two ADLs by yourself for at least 90 days or require substantial supervision if you suffer from a severe cognitive impairment.

# Why Consider Long Term Care Insurance?

Have you thought about the consequences a long term care event could have on you and your family? If you aren't protected, how would that affect your retirement plans and your family?

## Long Term Care Insurance Can Help You Gain Control

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

- Maintain your independence so that you don't become a burden on your family.
- Maintain control over how you spend your savings.
- Have more choice in who provides your care and where you receive it.

# What Is Your Plan?

Some people believe they can self-insure by allocating personal savings for long term care. Once you do the math, however, you'll see that long term care insurance coverage may be the better option.

## Self-Insurance

Let's assume you have 20 years to save for long term care needs and you set aside about **$2,000** for that purpose each year. Assuming an after tax return of **5%**, in 20 years you will have accumulated approximately **$69,400**[1] to use for long term care expenses. That may seem like enough money, but with the national median cost of care for a private room in a nursing home projected to be **$206,300** annually[2] in 20 years, you might not be as prepared as you think.

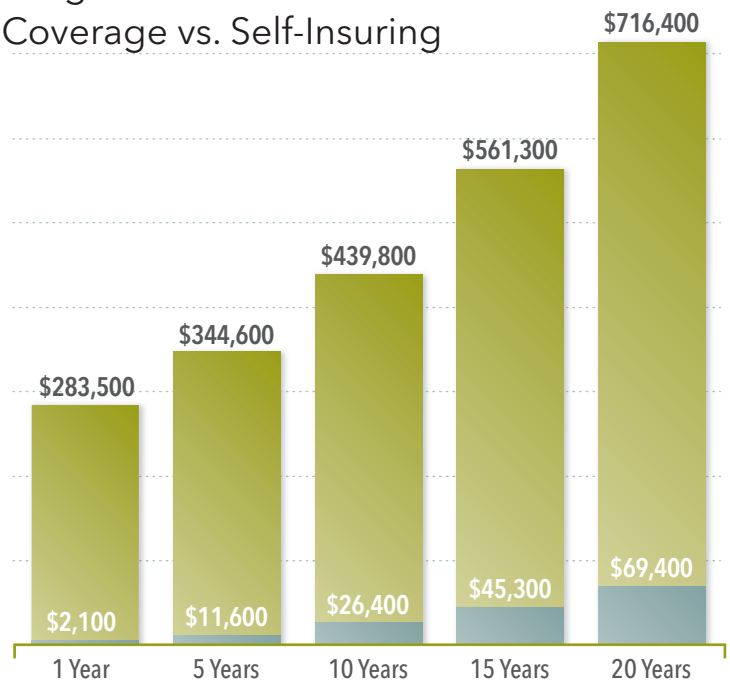
## Potential Cost of Care

Using a 2.5 year stay in a nursing home as an example, you could be looking at a cost of more than **$515,700.** The cost of care at home can sometimes be as much as facility care depending on the level and amount of care needed.

## Cost of Waiting

Since premiums are, in part, based on your age and health, premium costs are generally lower for younger purchasers. You may also be more likely to qualify for health discounts at a younger age.

## Long Term Care Insurance Coverage vs. Self-Insuring




If you used an estimated **$2,000** a year to purchase long term care insurance, you could have access to approximately **$716,400** for covered long term care versus **$69,400** from self-insuring.

- **Option A** Privileged Choice Flex [3]
- **Option B** Self-Insuring

[1] Assumes $2,000 per year grows at 5% annually, net of taxes.

[2] Genworth 2011 Cost of Care Survey, conducted by CareScout®, April 2011.

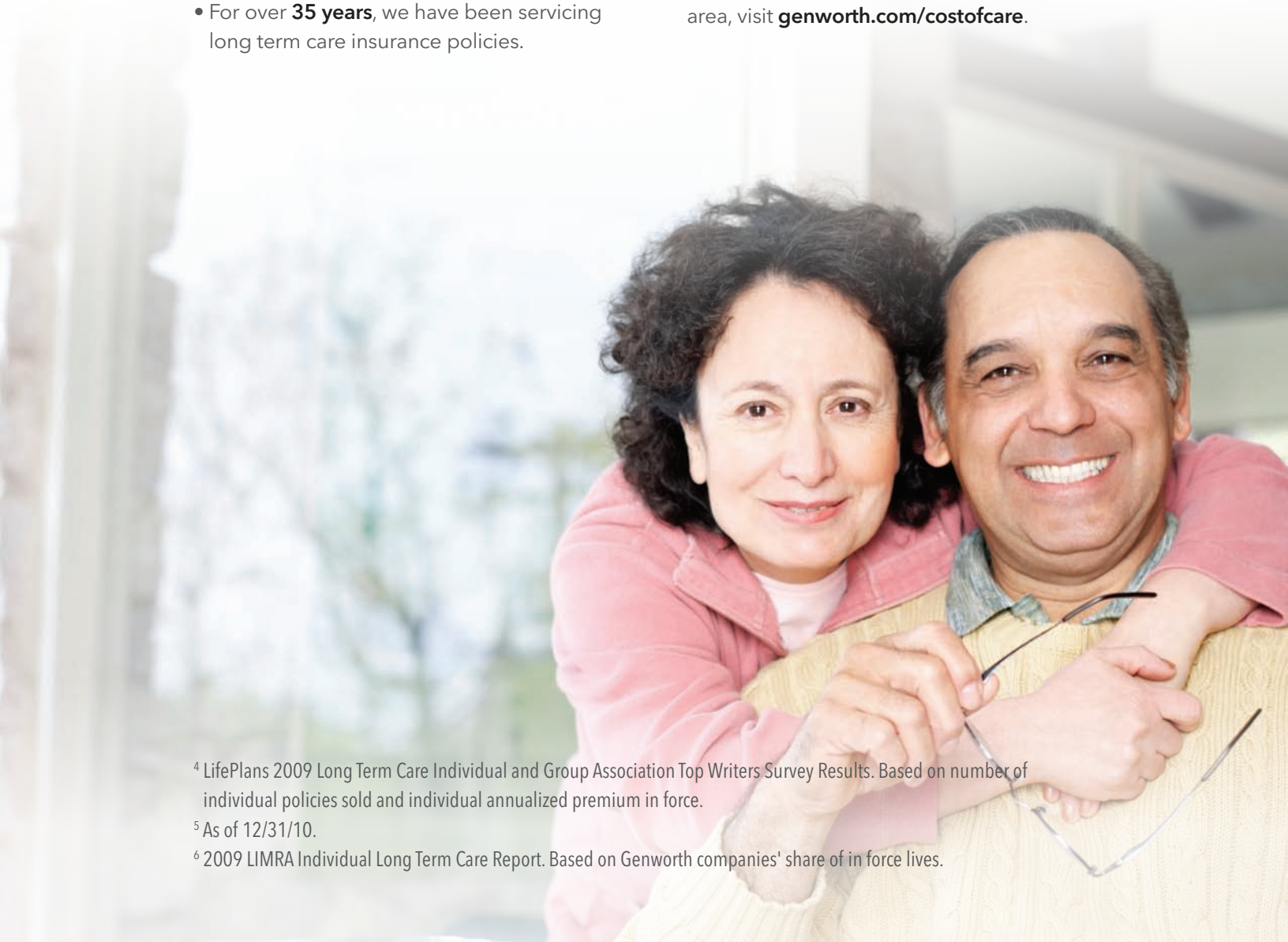
[3] For representative purposes, assumes the approximate premium for issue age 60, married preferred, with a five-year benefit multiplier from Genworth Life Insurance Company, $4,500 monthly maximum, 90-day elimination period, 5% compound inflation, 100% Nursing Home and Assisted Life Facility care, 100% Home Care coverage, and no claims incurred for 20 years. All values are rounded to the nearest 100. Assumes premiums do not change over the life of the policy. Actual premiums will vary and premium rates are not guaranteed.

# Why Genworth Life Insurance Company?

Choosing a long term care insurance company is an important decision. After all, your family's future may be affected by your selection. You need a reputable company with a range of flexible insurance products. That company is Genworth Life Insurance Company (Genworth Life).

## Long Term Care Insurance Experience and Expertise

- There is no substitute for experience. Genworth Life helped pioneer long term care insurance in **1974** and is an industry leader.[4]
- Today we insure more than **1,000,000**[5] people who benefit from our knowledge and expertise.
- For over **35 years**, we have been servicing long term care insurance policies.
- We have paid more than **$6.7 billion** in LTC insurance claims.[5]
- **#1** in Individual Long Term Care Insurance Policies In Force.[6]
- **#1** in Individual Long Term Care Insurance Total Policyholders.[6]
- We provide extensive information on the costs of long term care. To access information for the cost of care in your area, visit **genworth.com/costofcare**.



[4] LifePlans 2009 Long Term Care Individual and Group Association Top Writers Survey Results. Based on number of individual policies sold and individual annualized premium in force.

[5] As of 12/31/10.

[6] 2009 LIMRA Individual Long Term Care Report. Based on Genworth companies' share of in force lives.

# Privileged Choice® **Flex**

Put the power of choice in your hands with Privileged Choice Flex from Genworth Life. This unique long term care insurance product allows you the flexibility to customize a long term care insurance policy that fits your wants, needs and a range of budgets.

Throughout this brochure, you will find the Flex icon. It indicates places where flexible options are available to customize your plan.

# Choice Is a Wonderful Thing

Privileged Choice Flex gives you more choices to customize your care with home, community and facility options.

Being able to make decisions about where you receive care is important to many people. In fact, 78% of Americans would prefer to stay in the comfort of their own home.[7]

Many people in need of care may feel most comfortable right at home, near loved ones and familiar surroundings. Others may prefer a more social environment, such as an adult day care program. And some may require the advanced care provided in nursing or assisted living facilities (including dedicated Alzheimer's facilities).

In the event you relocate your coverage is portable.

Privileged Choice Flex gives you the power of choice to decide.

[7] America Talks: Protecting Our Families' Futures, an online survey of 2,939 U.S. consumers conducted from January 12-15, 2010, by Age Wave/Harris Interactive and sponsored by Genworth Financial companies.

# Home and Community Care[8]

Comprehensive coverage is provided for covered services received at home and in the community.

## Home and Community Care Benefit

This benefit can help reimburse you for a variety of long term care services up to the monthly or daily maximum you choose.

**Home Health or Personal Care Services** Help with personal hygiene, simple health care tasks, activities of daily living and managing medications.

**Nurse and Therapist Services** Nurse and Therapist Services mean health care services provided in your home by a nurse, or a licensed physical, occupational, respiratory, or speech therapist.

**Adult Day Care** Is a program of social and health-related services provided during the day in a community group setting outside your home.

**Homemaker and Chore Care** Assist with meal planning and preparation, doing laundry and light housecleaning, such as vacuuming or washing dishes; provide minor household repairs related to your safety while you live in your home.

We reimburse for professional and informal caregivers such as friends or neighbors. We do not require informal caregivers to be from an agency, and can be provided independent of other long term care services.

### HOME AND COMMUNITY CARE BENEFIT OPTIONS

- **100%** coverage
- **50%** coverage

These coverage percentages are based on coverage up to your monthly or daily maximum.[9]

## Home Assistance Benefit

This benefit provides a maximum lifetime reimbursement up to three times the monthly maximum or 90 times the daily maximum for the following services:

**Caregiver Training** Train an informal, unpaid caregiver (such as a person you live with, a friend or relative) to help care for you at home.

**Emergency Medical Response Systems** Covers the installation and ongoing monitoring fees for any type of medical alert system.

**Home Modifications, Assistive Devices and Supportive Equipment** May cover the purchase or rental and installation of items such as a ramp, a stair lift, grab bars or other supportive equipment that help enable you to stay in your home safely for at least 90 days.

[8] In Louisiana, referred to as Home Health and Community Care.
[9] The daily and monthly maximums relate to the corresponding Nursing Facility Maximum you select.

# Facility Care

If the best place to receive care is not in your home, we offer flexible options for facility care.

Privileged Choice Flex will pay for covered expenses incurred for room and board and care services in these facilities:

**Nursing Facility** A Nursing Facility is a licensed facility engaged in continual nursing care.

Privileged Choice Flex provides Nursing Facility coverage up to 100% of the monthly or daily maximum you select.

**Assisted Living Facility** A facility that provides continual assisted living care.

**Bed Reservation** This benefit pays to reserve your room or bed for any reason while you are temporarily absent from your stay in a covered facility. This can include time spent celebrating a holiday, visiting your family or temporarily entering a hospital. If you are charged a fee to reserve your accommodations in the facility, we will reimburse you for up to 60 days per calendar year for the life of your policy.

### ASSISTED LIVING FACILITY BENEFIT OPTIONS[10]

- **100%** coverage
- **50%** coverage

These coverage percentages are based on coverage up to your monthly or daily maximum.

[10] Only 100% available in Kansas.

# We Care

We strive to give customers the individual attention they deserve. We are there when people need us most. Our personal touch accentuates everything we do.

## Privileged Care® Coordination

### Helping You

Privileged Care Coordination Services can assist you in planning your long term care services when you require covered care. You can work with a Privileged Care Coordination Team that includes a licensed health care practitioner.

The Privileged Care Coordination Team Can:

- Conduct assessments of your functional and cognitive capabilities and personal need for care and services.
- Work with you to identify the specific services and care providers required to meet your needs.
- Develop and suggest initial and subsequent Plans of Care to assist you in meeting your needs.
- Provide the initial and ongoing eligibility certifications.
- Assist you in completing initial claim forms.
- Monitor your care needs on an ongoing basis to help you receive appropriate care while you are chronically ill.

Whether you choose to use this service or not is up to you. Genworth Life pays for the costs of these services, and your available benefits are not reduced by these payments.

The final choice of care providers is up to you. If you want to change covered providers at any time, for any reason, you may do so.

Everyone approaches caregiving a bit differently, and each care situation is unique. We offer you access to care support professionals who can help ease your mind in a time of stress and uncertainty.

## Caregiver Support Services

### Helping Your Family

CareScout® provides **information and referral services** that help you find and coordinate high-quality, cost-effective in-home or facility care for your loved ones even if they do not have long term care coverage.[11]

Conveniently research options online with a national database of more than 90,000 care providers or work with your own dedicated Care Advocate over the phone.

You have access to a dedicated Care Advocate who will evaluate your loved one's situation over the phone and research the capabilities, availability and rates of local care providers—which may save you time and money.

An in-person evaluation by a registered nurse is also available for an additional fee.

## Wellness

We have joined forces with Mayo Clinic, one of the most trusted brands in health care, to offer Live+Well, a ground breaking wellness program available to new long term care insurance policyholders.[12] Through Live+Well, we are committed to helping you live a long and independent life.

Participating in the Live+Well program will provide you access to:

- A wide range of Mayo Clinic's premier educational information.
- Tools and services that can help foster your lifelong health and wellness.
- Personalized health resources.
- A confidential, secure interactive online experience.

Should you need more comprehensive support, you'll also have access to health coaching programs to help you meet your ongoing health and wellness goals, as well as a 24-hour nurse line for more immediate needs.

[11] CareScout is a Genworth Financial business that provides professional elder care related support activities.
[12] Live+Well is a wellness program. It is not an insurance benefit. In WA, Live+Well is not part of the policy, and may be discontinued at any time.

# Core 4

Now that you have learned how Privileged Choice Flex can give you more control over where and how you receive care, let's look at four core decisions needed to start customizing your plan.

## 1 Benefit Payments

Determine the benefit amount you want for covered long term care expenses. You can choose to have benefits reimbursed for monthly or daily long term care expenses. Benefit payment limits are referred to as monthly or daily maximums.

## 2 Benefit Multiplier

Select a benefit multiplier. The benefit multiplier is a factor based on time (months or days) used to calculate your initial Coverage Maximum, also known as your total pool of money.

**Example**

| **$5,000** Monthly Maximum | × | **48 Months** Benefit Multiplier | = | **$240,000** Pool of Money |
|---|---|---|---|---|

In this example, the policyholder has **$240,000** available to be used to reimburse covered long term care expenses.[14]

**If benefit payments are less than your monthly or daily maximum, benefits will last until your pool of money is exhausted.**

## 3 Elimination Period

Choose an Elimination Period. An Elimination Period is similar to a deductible. When you need long term care, it is the time period during which you must pay for your own care without being reimbursed under the policy.

### BENEFIT PAYMENT OPTIONS[13]

- **Monthly Maximum** The maximum benefit available to pay for covered services received in a month. $1,500 to $12,000 in $100 increments.
- **Daily Maximum** The maximum benefit available to pay for covered services received in a day. $50 to $400 in $5 increments.

### BENEFIT MULTIPLIER OPTIONS[15]

- **Months** 24, 36, 48, 60, 72, 96, 120 or Unlimited
- **Days** 730, 1095, 1460, 1825, 2190, 2920, 3650 or Unlimited

### ELIMINATION PERIOD OPTIONS[16]

- **Service Day Elimination Period** is based on days you receive covered long term care services. You can choose from 30, 90, 180 or 365 days.
- **Calendar Day Elimination Period** begins with the first day you receive a covered long term care service and counts each day thereafter. You can choose from 30, 90, 180 or 365 days.
- **1st-Day Home Care**[17] You can choose a Waiver of Home Care Elimination Period so that payment for covered Home and Community Care services can start immediately.

[13] In Wisconsin, the minimums are either $1,800 monthly or $60 daily. In South Dakota, the minimums are either $3,200 monthly or $105 daily.
[14] Assumes policy is in force.
[15] 24 and 36 months and 730 and 1095 days are not available in AZ.
[16] 180 and 365 days are not available in GA, KS and SD.
[17] If you choose this option, the days you receive Home and Community Care benefits will also count toward satisfying your Elimination Period for Facility Care.

## 4 Inflation Protection

Decide if you want inflation protection. Inflation protection helps the value of your coverage keep up with the rising cost of care, allowing for annual increases in your monthly or daily maximum and pool of money for as long as your coverage remains in force.

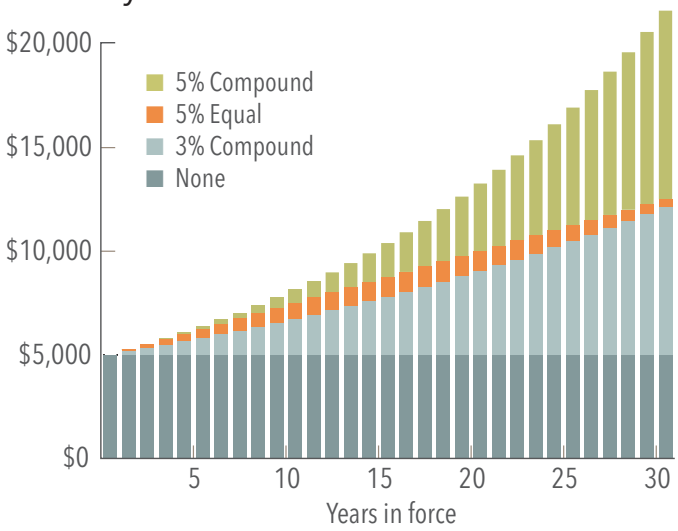
Compound or equal increases will be applied annually on each anniversary of your coverage effective date, depending on the inflation/benefit increase option you have chosen and **will not be reduced because of any claims paid.**

### INFLATION PROTECTION OPTIONS

- **Compound Inflation Option** Your monthly or daily maximum and pool of money will increase each year by 3% or 5% of the previous year's amount.
- **Equal Inflation Option** Your monthly or daily maximum and pool of money will increase each year by 5% of the original amount.
- **Future Purchase Option (FPO)** The FPO provides an opportunity to increase your monthly or daily maximum and pool of money by 5% annualized on every 3rd anniversary of your coverage without medical underwriting, as long as you have not declined three consecutive offers.

  Increases with the FPO option will not be available if you are chronically ill, on claim, or otherwise eligible for benefits.
- **No Inflation Protection Option**

### Monthly Maximum




| POOL OF MONEY | INITIAL COVERAGE | POLICY ANNIVERSARY | | |
|---|---|---|---|---|
| | | 10th | 20th | 30th |
| 5% Compound | 360,000 | 586,402 | 955,187 | 1,555,899 |
| 5% Equal | 360,000 | 540,000 | 720,000 | 900,000 |
| 3% Compound | 360,000 | 483,810 | 650,200 | 873,815 |
| None | 360,000 | 360,000 | 360,000 | 360,000 |

The above charts are based on a $5,000 monthly maximum, a 6 year benefit multiplier, and assumes the policy is in force and that no claims have been paid over the period illustrated. The charts show the effect of the benefit increase options on your pool of money. If you choose the Future Purchase Option, and accept each increase offer, your monthly or daily maximum and total pool of money will increase similar to the 5% compound option. Any time you decline an offer, these benefit amounts will not increase.

# Benefits for Couples[18]

**Shared Coverage** When this optional rider is purchased and both you and your spouse or partner apply for and are issued identical policies, both can share each other's pool of money.

If one policyholder uses all of his or her pool of money, he or she can access the other's policy to continue receiving benefits.

The second policyholder is guaranteed to have access to at least 50% of his or her original coverage, even if the total shared pool of money has been depleted by the other.

**In addition, if one policyholder qualifies for waiver of premium, neither will have to make premium payments to keep both policies in force.**

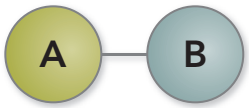
## SURVIVORSHIP OPTIONS

- **10 Year** For policyholders who each have this benefit for 10 years, after one insured dies, the survivor's policy will become fully paid-up. This 10 year benefit is no longer applicable if a claim has been filed under either policy.[19]
- **7 Year (Enhanced Survivorship)** For policyholders who each have this benefit for 7 years, after one insured dies, the survivor's policy will become fully paid-up. This 7 year benefit is applicable even if a claim has been filed under either policy.
- **No Survivorship Option**

*Note: Survivorship options are available with or without shared coverage.*

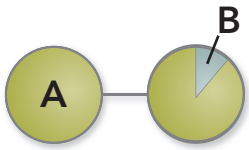
## How Shared Coverage Works

**$400,000** total shared pool of money at time of initial purchase




Person A **$200,000** Person B **$200,000**

**Person A** uses all but **$20,000** of both pools of money for covered long term care expenses.




CLAIM EVENT

**Person B** is guaranteed to have **$100,000** for covered long term care expenses.

Person B
**50% Guarantee**

Even though **Person A** needed a majority of their shared pool of money, **Person B** is guaranteed to have access to least **50%** of his or her original pool of money to pay for covered long term care services. This example assumes **Person B** has not incurred a claim.

[18] In Montana a "couple" means any two people who have resided together in the same permanent residence for the previous 12 months and intend to do so for the foreseeable future; share in a continuous relationship; are jointly responsible for each other's welfare and share basic living expenses; and, if related, are of the same generation. In some states couples may refer to partners in a civil union.

[19] Not available in WA.

# Included Features and Benefits

## Benefits

**Alternate Care** Pays for additional care, services, equipment or other items that will be helpful to you and are not otherwise covered under another benefit. If you, your doctor and Genworth Life all agree, and the items are reflected in your Plan of Care, you will be reimbursed for their cost, up to a mutually agreed upon amount.

**Hospice Care** Provides palliative care to alleviate your physical and emotional discomforts, and is available in your home or in a licensed or certified facility if you become terminally ill. You do not need to satisfy an Elimination Period to receive this benefit.

**Respite Care** Give your primary unpaid caregiver in the home a temporary break. Home and Community Care and/or Facility Care expenses are reimbursed for the covered care you receive during this time. There is no Elimination Period requirement. Benefits become payable as of the first day you qualify. **Reimbursement is available for up to 30 days per calendar year.**

**International Coverage** If you receive covered care and support services in an Out-of-Country Nursing Facility, not located in the United States as defined in the policy, you will be reimbursed for those expenses, up to 50% of your monthly or daily maximum. In addition, the benefit includes covered care at home for up to 25% of your monthly or daily maximum each month for a maximum of 365 days.

International Coverage benefits will not be payable after four years from the onset of your first expense under this benefit. Premiums will not be waived, and no other policy benefits will apply while you are out of the country. If you return to the United States, the remainder of your Coverage Maximum will be available.

**Waiver of Premium** Waives premiums while you receive benefits for Home and Community Care, Nursing or Assisted Living Facility Care, Bed Reservation or Hospice Care.

**Contingent Nonforfeiture** This benefit gives you the right to reduce coverage or convert to limited paid-up benefits in the event of a substantial premium increase.

## Features

**Late Payment Protection** To help ensure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

**Protection Against Lapse Due to Impairment** While you are claim eligible, if your policy lapses, we will provide a retroactive continuation of coverage if, within seven months after the lapse, we receive proof you received care or services that would have been covered, had the policy not lapsed. In order to continue your coverage, you need to pay all past-due premiums and provide acceptable proof to us that you met the requirements to qualify for covered benefits as of the date of the lapse.

# Additional Options

The following benefit options can enhance your policy and are available for an additional premium.

**Restoration Benefit** If you receive benefits and fully recover for 180 consecutive days, during which you are neither eligible for benefits nor receive covered care, we will increase your pool of money by the amount of benefits paid and not previously restored.

**Nonforfeiture Benefit** Provides limited protection if your policy lapses after this benefit has been in force for three consecutive years. This benefit provides you with a reduced, paid-up pool of money equal to the total of all the premiums you've paid for your coverage or an amount equal to one month (30 days) of your Nursing Facility benefit at the time your coverage lapses—whichever amount is greater.

**10-Year Refund of Premium Benefit** If you have been insured for at least 10 years, upon your death, (while the policy is still in force) we'll refund your premiums, minus any claims paid, to your designated beneficiary.

**Graded Refund of Premium Benefit** If you die before age 75, and your policy is in force, we'll refund a percentage of your premiums, minus any claims paid, to your designated beneficiary. The percentage depends upon your age at death. It starts at 100% and begins decreasing 10% each year after age 65, until at age 75, when the percentage reduces to zero.

The Graded Refund of Premium benefit is available only to applicants age 64 and younger.

**Transition Benefit** While satisfying the Elimination Period, this benefit provides a one time lump sum payment equal to either five times the daily maximum, or 20% of the monthly maximum. This benefit is not available if you have selected 1st-Day Home Care.

## Payment Options

**Limited Pay Options** Allow you to pay for long term care insurance premiums over a limited period of time, rather than over the life of the policy. Choose from these two options:

- **10-Pay** Pay premiums only during the first 10 policy years, at which time the policy is considered paid in full. Available for applicants aged 18–79.
- **Pay-to-65** Pay premiums through the policy year you turn 65, after which time the policy is considered paid in full. Available for applicants aged 18–55.

In addition, to fit your budget and retirement plans, all plans offer flexible payment options. You can pay your premiums monthly, quarterly, semi-annually or annually.[20]

[20] 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 annual 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.

# Couples' and Preferred Health Discounts

**Preferred Health Discount** If you qualify for a Preferred Health Discount, you can receive a 20% discount on your premiums for the life of your policy.

**Couples' Discount** If both you and your spouse or partner are eligible, and issued policies, each of you will receive a 40% Couples Discount.

If both of you are eligible and apply, but only one is issued a policy, he or she will still receive a 25% Couples Discount.

If you receive a Couples' Discount, your Preferred Health Discount will be reduced to 10%, which means that your total premium discount could be as high as 50% each (35% if only one is issued coverage).

# We Want You To Know

**Tax-qualified Long Term Care Insurance**
Privileged Choice Flex is intended to meet the requirements for federally tax-qualified long term care insurance. As such, it reimburses covered expenses for qualified long term care services under IRC Section 7702B(b).

As tax-qualified long term care insurance, your premiums may be deductible and the benefits you receive should not be considered taxable income to you. For more information, consult with your attorney or tax advisor.

**Guaranteed Renewability** Once you're insured, as long as you pay your premiums on time and do not exhaust your benefits, your coverage is guaranteed renewable and cannot be canceled except as may be provided by the Misstatement/Incontestability Provision.

**Premiums** While we have the right to increase premiums in the future, as stated in the policy, premiums may not be increased due to changes to your health status or age. Premium increases also apply to limited pay options until the policy is paid in full.

**30-Day Free Look** This gives you the opportunity to review your policy and, if you are not completely satisfied, return it within 30 days for a full refund.

**Exclusions and Limitations** After you qualify for benefits and satisfy the Elimination Period, charges for the care and services you receive are covered if they are consistent with your Plan of Care and received while your coverage is in effect. However, no benefits are paid for expenses incurred for:

- Care provided by a member of your immediate family (unless he or she is a regular employee of the organization providing the services, the organization receives payment for the services, and he or she receives no compensation other than the normal compensation for employees in his or her job category).
- Care for which no charge is normally made in the absence of insurance.
- Care that is provided by a Veterans Administration or Federal government facility, unless a valid charge is made to you or your estate.
- Care that is provided outside the United States, as defined in the policy unless specifically provided for by a benefit.
- Care needed as a result of illness, treatment or medical condition arising from:
  - War or any act of war, whether declared or not.[21]
  - Attempted suicide or an intentionally self-inflicted injury.
- Alcoholism or an addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).[22]

**Non-Duplication** Benefits will be paid only for covered expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount).
- Except for Medicaid, any other Federal, state or other governmental health or long term care program or law including the Community Living Assistance Services and Supports Act (CLASS Act).

This non-duplication provision will not disqualify a covered expense from being used to satisfy any Elimination Period requirement.

**Other Coverage[23]** If you have other coverage that pays for long term care expenses, benefits that are otherwise payable to you will be reduced so that the combined benefits under all coverage do not exceed 100% of your actual expenses for covered care. Review the Outline of Coverage, and your policy, for state-specific details of the exclusions and limitations.

[21] War or act of war is excluded in Oklahoma only when the loss originates while serving in the military or any auxiliary unit thereto.
[22] In South Dakota, limited to treatment of alcoholism or drug addiction.
[23] This provision does not apply in Georgia and Kansas.

# Notes

**Genworth Life Insurance Company**
LONG TERM CARE INSURANCE
6620 West Broad Street
Richmond, VA 23230

Be sure to carefully review the policy for definitions and more details of its coverage and its features. The descriptions contained in this brochure are not intended to be a substitute for the policy. Policy terms and provisions will prevail.

This solicitation of insurance is for individual policy form series 7052 (7052DE, 7052GA, 7052ID, 7052LA, 7052MI, 7052MS, 7052NE, 7052OK, 7052OR, 7052UT, 7052WA, 7052WV and 7052WY). An insurance agent/producer will contact you. Details about the benefits, costs, limitations and exclusions of these long term care insurance policies will be provided to you by a licensed insurance agent/producer.

All applications are subject to the underwriting requirements of Genworth Life Insurance Company. All guarantees are based on the claims paying ability of the issuing insurance company.

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

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# Supporting Document Schedules

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Cover Letter | Filed | 03/16/2011 |

**Comments:**

**Attachment:**

AR Filing Letter Privileged Choice Flex 111407 052011.pdf

| | | Item Status: | Status Date: |
|---|---|---|---|
| **Satisfied - Item:** | Marked up Copy reflecting changes | Filed | 05/04/2011 |

**Comments:**

**Attachment:**

111407_052011_MARKUP for States ADOBE.pdf

Genworth Financial

Long Term Care Insurance

6620 West Broad Street Building 4
Richmond, VA 23230

March 11, 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 Product Brochure: 111407 05/20/11**

Dear Mr. Shields:

On behalf of Genworth Life Insurance Company, I submit for your review and approval a copy of the above referenced advertising material intended for use in the state of Arkansas. The filing fee of $50 is being transmitted via EFT on the SERFF filing system.

The Privileged Choice Flex Product Brochure, 111407 05/20/11 will be used by licensed agents from our career and broker channels at point of sale, and presented in conjunction with the Outline of Coverage to generate interest in 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.

This advertising material is new and does not replace any advertisement 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

# Privileged Choice® Flex

Long Term Care Insurance

Genworth Financial

Underwritten by
Genworth Life Insurance Company, Richmond, VA

111407 05/20/11

# What Is Long Term Care?

Long term care (LTC) is the assistance or supervision you may need when you are not able to do some of the basic activities of daily living (ADL) — bathing, dressing, eating, continence, toileting and transferring. Others may need help because of mental deterioration called severe cognitive impairment that can be caused by Alzheimer's Disease, other mental illness or brain disorders.

A need for long term care may result from:

- Accidents
- Illness
- Advanced aging
- Strokes
- Other chronic conditions

Long term care can be received at home, in the community or in a nursing or assisted living facility. You may qualify for long term care insurance benefits if you can't perform two ADLs by yourself for at least 90 days or require substantial supervision if you suffer from a severe cognitive impairment.

# Why Consider Long Term Care Insurance?

Have you thought about the consequences a long term care event could have on you and your family? If you aren't protected, how would that affect your retirement plans and your family?

## Long Term Care Insurance Can Help You Gain Control

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

- Maintain your independence so that you don't become a burden on your family.
- Maintain control over how you spend your savings.
- Have more choice in who provides your care and where you receive it.

# What Is Your Plan?

Some people believe they can self-insure by allocating personal savings for long term care. Once you do the math, however, you'll see that long term care insurance coverage may be the better option.

## Self-Insurance

Let's assume you have 20 years to save for long term care needs and you set aside about **$2,000** for that purpose each year. Assuming an after tax return of **5%**, in 20 years you will have accumulated approximately $69,400 [1] to use for long term care expenses. That may seem like enough money, but with the national median cost of care for a private room in a nursing home projected to be $206,300 annually[2] in 20 years, you might not be as prepared as you think.

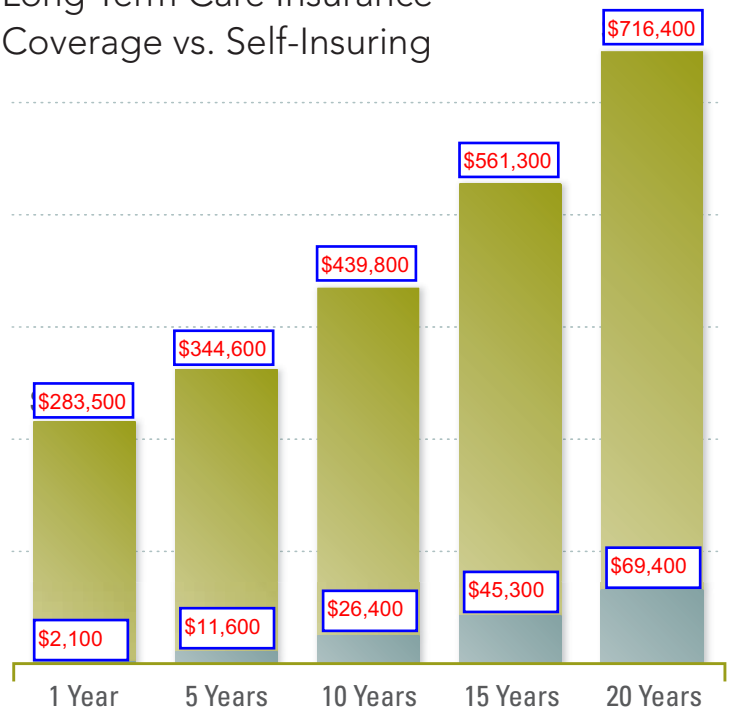
## Potential Cost of Care

Using a 2.5 year stay in a nursing home as an example, you could be looking at a cost of more than $515,700 The cost of care at home can sometimes be as much as facility care depending on the level and amount of care needed.

## Cost of Waiting

Since premiums are, in part, based on your age and health, premium costs are generally lower for younger purchasers. You may also be more likely to qualify for health discounts at a younger age.

## Long Term Care Insurance Coverage vs. Self-Insuring




If you used an estimated $2,000 ~~$2,022~~ a year to purchase long term care insurance, you could have access to approximately $716,400 for covered long term care versus $69,400 from self-insuring.

- **Option A** Privileged Choice Flex [3]
- **Option B** Self-Insuring

[1] Assumes $2,000 ~~$2,022~~ per year grows at 5% annually, net of taxes.

[2] Genworth 2011 Cost of Care Survey, conducted by CareScout®, April 2011.

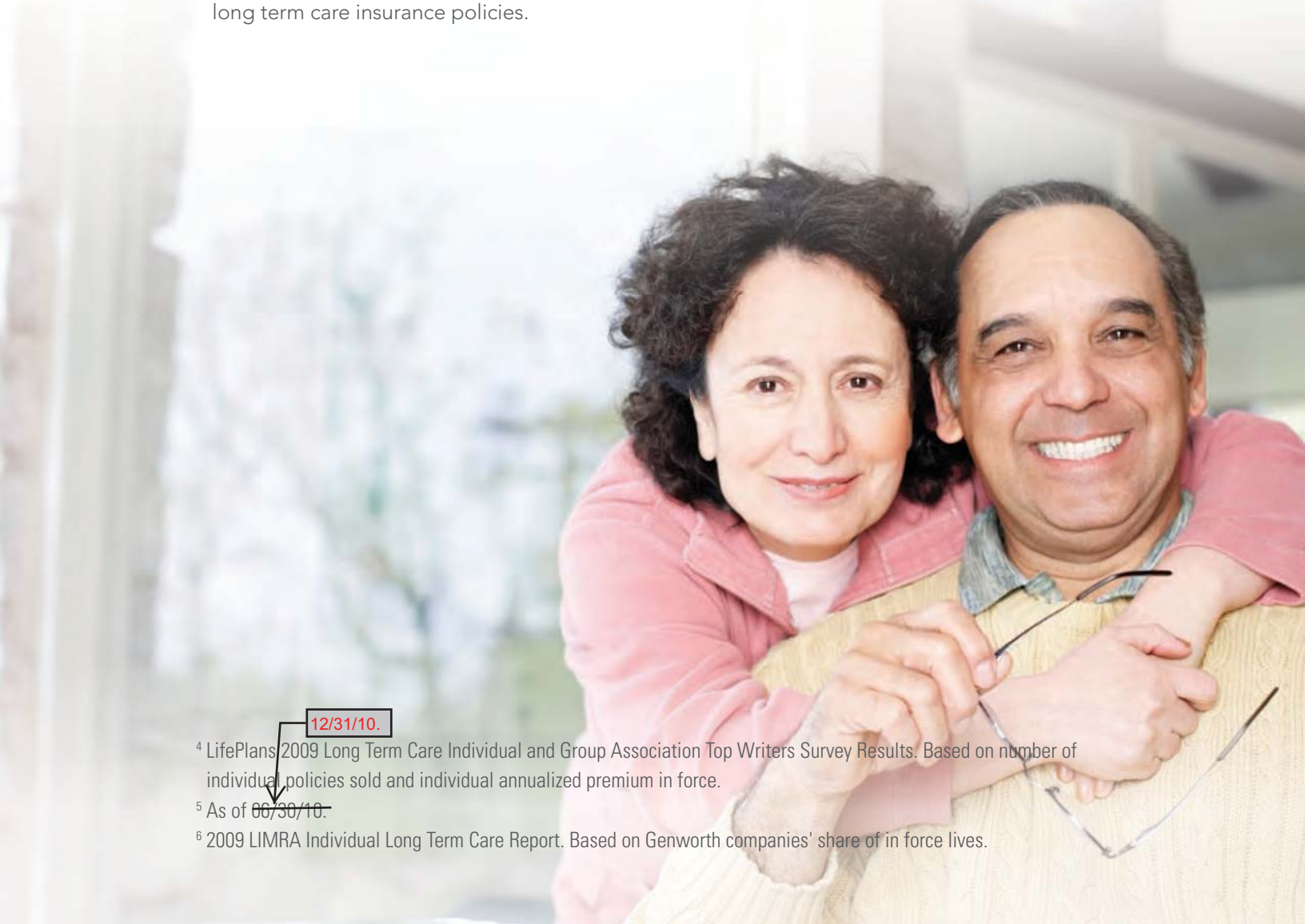
[3] For representative purposes, assumes the approximate premium for issue age 60, married preferred, with a five-year benefit multiplier from Genworth Life Insurance Company, $4,500 monthly maximum, 90-day elimination period, 5% compound inflation, 100% Nursing Home and Assisted Life Facility care, 100% Home Care coverage, and no claims incurred for 20 years. All values are rounded to the nearest 100. Assumes premiums do not change over the life of the policy. Actual premiums will vary and premium rates are not guaranteed.

# Why Genworth Life Insurance Company?

Choosing a long term care insurance company is an important decision. After all, your family's future may be affected by your selection. You need a reputable company with a range of flexible insurance products. That company is Genworth Life Insurance Company (Genworth Life).

## Long Term Care Insurance Experience and Expertise

- There is no substitute for experience. Genworth Life helped pioneer long term care insurance in **1974** and is an industry leader.[4]
- Today we insure more than **1,000,000**[5] people who benefit from our knowledge and expertise.
- For over **35 years**, we have been servicing long term care insurance policies.
- We have paid more than ~~**$6.2**~~ $6.7 **billion** in LTC insurance claims.[5]
- **#1** in Individual Long Term Care Insurance Policies In Force.[6]
- **#1** in Individual Long Term Care Insurance Total Policyholders.[6]
- We provide extensive information on the costs of long term care. To access information for the cost of care in your area, visit **genworth.com/costofcare**.



[4] LifePlans 2009 Long Term Care Individual and Group Association Top Writers Survey Results. Based on number of individual policies sold and individual annualized premium in force.

[5] As of ~~06/30/10.~~ 12/31/10.

[6] 2009 LIMRA Individual Long Term Care Report. Based on Genworth companies' share of in force lives.

# Privileged Choice® **Flex**

Put the power of choice in your hands with Privileged Choice Flex from Genworth Life. This unique long term care insurance product allows you the flexibility to customize a long term care insurance policy that fits your wants, needs and a range of budgets.

Throughout this brochure, you will find the Flex icon. It indicates places where flexible options are available to customize your plan.

# Choice Is a Wonderful Thing

Privileged Choice Flex gives you more choices to customize your care with home, community and facility options.

Being able to make decisions about where you receive care is important to many people. In fact, 78% of Americans would prefer to stay in the comfort of their own home.[7]

Many people in need of care may feel most comfortable right at home, near loved ones and familiar surroundings. Others may prefer a more social environment, such as an adult day care program. And some may require the advanced care provided in nursing or assisted living facilities (including dedicated Alzheimer's facilities).

In the event you relocate your coverage is portable.

Privileged Choice Flex gives you the power of choice to decide.

[7] America Talks: Protecting Our Families' Futures, an online survey of 2,939 U.S. consumers conducted from January 12-15, 2010, by Age Wave/Harris Interactive and sponsored by Genworth Financial companies.

# Home and Community Care[8]

Comprehensive coverage is provided for covered services received at home and in the community.

## Home and Community Care Benefit

This benefit can help reimburse you for a variety of long term care services up to the monthly or daily maximum you choose.

**Home Health or Personal Care Services** Help with personal hygiene, simple health care tasks, activities of daily living and managing medications.

**Nurse and Therapist Services** Nurse and Therapist Services mean health care services provided in your home by a nurse, or a licensed physical, occupational, respiratory, or speech therapist.

**Adult Day Care** Is a program of social and health-related services provided during the day in a community group setting outside your home.

**Homemaker and Chore Care** Assist with meal planning and preparation, doing laundry and light housecleaning, such as vacuuming or washing dishes; provide minor household repairs related to your safety while you live in your home.

We reimburse for professional and informal caregivers such as friends or neighbors. We do not require informal caregivers to be from an agency, and can be provided independent of other long term care services.

### HOME AND COMMUNITY CARE BENEFIT OPTIONS

- **100%** coverage
- **50%** coverage

These coverage percentages are based on coverage up to your monthly or daily maximum.[9]

## Home Assistance Benefit

This benefit provides a maximum lifetime reimbursement up to three times the monthly maximum or 90 times the daily maximum for the following services:

**Caregiver Training** Train an informal, unpaid caregiver (such as a person you live with, a friend or relative) to help care for you at home.

**Emergency Medical Response Systems** Covers the installation and ongoing monitoring fees for any type of medical alert system.

**Home Modifications, Assistive Devices and Supportive Equipment** May cover the purchase or rental and installation of items such as a ramp, a stair lift, grab bars or other supportive equipment that help enable you to stay in your home safely for at least 90 days.

[8] In Louisiana, referred to as Home Health and Community Care.
[9] The daily and monthly maximums relate to the corresponding Nursing Facility Maximum you select.

# Facility Care

If the best place to receive care is not in your home, we offer flexible options for facility care.

Privileged Choice Flex will pay for covered expenses incurred for room and board and care services in these facilities:

**Nursing Facility** A Nursing Facility is a licensed facility engaged in continual nursing care.

Privileged Choice Flex provides Nursing Facility coverage up to 100% of the monthly or daily maximum you select.

**Assisted Living Facility** A facility that provides continual assisted living care.

**Bed Reservation** This benefit pays to reserve your room or bed for any reason while you are temporarily absent from your stay in a covered facility. This can include time spent celebrating a holiday, visiting your family or temporarily entering a hospital. If you are charged a fee to reserve your accommodations in the facility, we will reimburse you for up to 60 days per calendar year for the life of your policy.

### ASSISTED LIVING FACILITY BENEFIT OPTIONS[10]

- **100%** coverage
- **50%** coverage

These coverage percentages are based on coverage up to your monthly or daily maximum.

[10] Only 100% available in Kansas.

# We Care

We strive to give customers the individual attention they deserve. We are there when people need us most. Our personal touch accentuates everything we do.

## Privileged Care® Coordination

### Helping You

Privileged Care Coordination Services can assist you in planning your long term care services when you require covered care. You can work with a Privileged Care Coordination Team that includes a licensed health care practitioner.

The Privileged Care Coordination Team Can:

- Conduct assessments of your functional and cognitive capabilities and personal need for care and services.
- Work with you to identify the specific services and care providers required to meet your needs.
- Develop and suggest initial and subsequent Plans of Care to assist you in meeting your needs.
- Provide the initial and ongoing eligibility certifications.
- Assist you in completing initial claim forms.
- Monitor your care needs on an ongoing basis to help you receive appropriate care while you are chronically ill.

Whether you choose to use this service or not is up to you. Genworth Life pays for the costs of these services, and your available benefits are not reduced by these payments.

The final choice of care providers is up to you. If you want to change covered providers at any time, for any reason, you may do so.

Everyone approaches caregiving a bit differently, and each care situation is unique. We offer you access to care support professionals who can help ease your mind in a time of stress and uncertainty.

## Caregiver Support Services

### Helping Your Family

CareScout® provides **information and referral services** that help you find and coordinate high-quality, cost-effective in-home or facility care for your loved ones even if they do not have long term care coverage.[11]

Conveniently research options online with a national database of more than 90,000 care providers or work with your own dedicated Care Advocate over the phone.

You have access to a dedicated Care Advocate who will evaluate your loved one's situation over the phone and research the capabilities, availability and rates of local care providers — which may save you time and money.

An in-person evaluation by a registered nurse is also available for an additional fee.

## Wellness

LIVE+WELL℠

We have joined forces with Mayo Clinic, one of the most trusted brands in health care, to offer Live+Well, a ground breaking wellness program available to new long term care insurance policyholders.[12] Through Live+Well, we are committed to helping you live a long and independent life.

Participating in the Live+Well program will provide you access to:

- A wide range of Mayo Clinic's premier educational information.
- Tools and services that can help foster your lifelong health and wellness.
- Personalized health resources.
- A confidential, secure interactive online experience.

Should you need more comprehensive support, you'll also have access to health coaching programs to help you meet your ongoing health and wellness goals, as well as a 24-hour nurse line for more immediate needs.

[11] CareScout is a Genworth Financial business that provides professional elder care related support activities.
[12] Live+Well is a wellness program. It is not an insurance benefit. In WA, Live+Well is not part of the policy, and may be discontinued at any time.

# Core 4

Now that you have learned how Privileged Choice Flex can give you more control over where and how you receive care, let's look at four core decisions needed to start customizing your plan.

## 1 Benefit Payments

Determine the benefit amount you want for covered long term care expenses. You can choose to have benefits reimbursed for monthly or daily long term care expenses. Benefit payment limits are referred to as monthly or daily maximums.

## 2 Benefit Multiplier

Select a benefit multiplier. The benefit multiplier is a factor based on time (months or days) used to calculate your initial Coverage Maximum, also known as your total pool of money.

**Example**

| **$5,000** Monthly Maximum | × | **48 Months** Benefit Multiplier | = | **$240,000** Pool of Money |
|---|---|---|---|---|

In this example, the policyholder has **$240,000** available to be used to reimburse covered long term care expenses.[14]

**If benefit payments are less than your monthly or daily maximum, benefits will last until your pool of money is exhausted.**

## 3 Elimination Period

Choose an Elimination Period. An Elimination Period is similar to a deductible. When you need long term care, it is the time period during which you must pay for your own care without being reimbursed under the policy.

### BENEFIT PAYMENT OPTIONS[13]

- **Monthly Maximum** The maximum benefit available to pay for covered services received in a month. $1,500 to $12,000 in $100 increments.
- **Daily Maximum** The maximum benefit available to pay for covered services received in a day. $50 to $400 in $5 increments.

### BENEFIT MULTIPLIER OPTIONS[15]

- **Months** 24, 36, 48, 60, 72, 96, 120 or Unlimited
- **Days** 730, 1095, 1460, 1825, 2190, 2920, 3650 or Unlimited

### ELIMINATION PERIOD OPTIONS[16]

- **Service Day Elimination Period** is based on days you receive covered long term care services. You can choose from 30, 90, 180 or 365 days.
- **Calendar Day Elimination Period** begins with the first day you receive a covered long term care service and counts each day thereafter. You can choose from 30, 90, 180 or 365 days.
- **1st-Day Home Care**[17] You can choose a Waiver of Home Care Elimination Period so that payment for covered Home and Community Care services can start immediately.

[13] In Wisconsin, the minimums are either $1,800 monthly or $60 daily. In South Dakota, the minimums are either $3,200 monthly or $105 daily.
[14] Assumes policy is in force.
[15] 24 and 36 months and 730 and 1095 days are not available in AZ.
[16] 180 and 365 days are not available in GA, KS and SD.
[17] If you choose this option, the days you receive Home and Community Care benefits will also count toward satisfying your Elimination Period for Facility Care.

## 4 Inflation Protection

Decide if you want inflation protection. Inflation protection helps the value of your coverage keep up with the rising cost of care, allowing for annual increases in your monthly or daily maximum and pool of money for as long as your coverage remains in force.

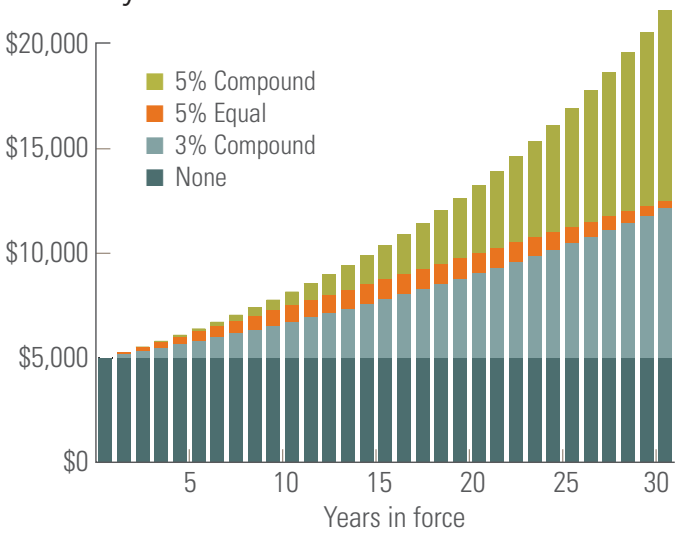
Compound or equal increases will be applied annually on each anniversary of your coverage effective date, depending on the inflation/benefit increase option you have chosen and **will not be reduced because of any claims paid.**

### INFLATION PROTECTION OPTIONS

- **Compound Inflation Option** Your monthly or daily maximum and pool of money will increase each year by 3% or 5% of the previous year's amount.
- **Equal Inflation Option** Your monthly or daily maximum and pool of money will increase each year by 5% of the original amount.
- **Future Purchase Option (FPO)** The FPO provides an opportunity to increase your monthly or daily maximum and pool of money by 5% annualized on every 3rd anniversary of your coverage without medical underwriting, as long as you have not declined three consecutive offers.

  Increases with the FPO option will not be available if you are chronically ill, on claim, or otherwise eligible for benefits.
- **No Inflation Protection Option**

### Monthly Maximum




| Pool of Money | INITIAL COVERAGE | POLICY ANNIVERSARY | | |
|---|---|---|---|---|
| | | 10th | 20th | 30th |
| 5% Compound | 360,000 | 586,402 | 955,187 | 1,555,899 |
| 5% Equal | 360,000 | 540,000 | 720,000 | 900,000 |
| 3% Compound | 360,000 | 483,810 | 650,200 | 873,815 |
| None | 360,000 | 360,000 | 360,000 | 360,000 |

The above charts are based on a $5,000 monthly maximum, a 6 year benefit multiplier, and assumes the policy is in force and that no claims have been paid over the period illustrated. The charts show the effect of the benefit increase options on your pool of money. If you choose the Future Purchase Option, and accept each increase offer, your monthly or daily maximum and total pool of money will increase similar to the 5% compound option. Any time you decline an offer, these benefit amounts will not increase.

# Benefits for Couples[18]

**Shared Coverage** When this optional rider is purchased and both you and your spouse or partner apply for and are issued identical policies, both can share each other's pool of money.

If one policyholder uses all of his or her pool of money, he or she can access the other's policy to continue receiving benefits.

The second policyholder is guaranteed to have access to at least 50% of his or her original coverage, even if the total shared pool of money has been depleted by the other.

In addition, if one policyholder qualifies for waiver of premium, neither will have to make premium payments to keep both policies in force.

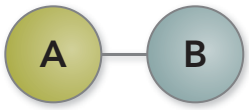
## SURVIVORSHIP OPTIONS

- **10 Year** For policyholders who each have this benefit for 10 years, after one insured dies, the survivor's policy will become fully paid-up. This 10 year benefit is no longer applicable if a claim has been filed under either policy.[19]
- **7 Year (Enhanced Survivorship)** For policyholders who each have this benefit for 7 years, after one insured dies, the survivor's policy will become fully paid-up. This 7 year benefit is applicable even if a claim has been filed under either policy.
- **No Survivorship Option**

*Note: Survivorship options are available with or without shared coverage.*

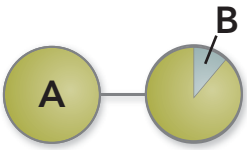
## How Shared Coverage Works

**$400,000** total shared pool of money at time of initial purchase




Person A **$200,000** Person B **$200,000**

Person A uses all but **$20,000** of both pools of money for covered long term care expenses.




CLAIM EVENT

Person B is guaranteed to have **$100,000** for covered long term care expenses.

Person B
**50% Guarantee**

Even though Person A needed a majority of their shared pool of money, Person B is guaranteed to have access to least **50%** of his or her original pool of money to pay for covered long term care services. This example assumes Person B has not incurred a claim.

[18] In Montana a "couple" means any two people who have resided together in the same permanent residence for the previous 12 months and intend to do so for the foreseeable future; share in a continuous relationship; are jointly responsible for each other's welfare and share basic living expenses; and, if related, are of the same generation. In some states couples may refer to partners in a civil union.

[19] Not available in WA.

# Included Features and Benefits

## Benefits

**Alternate Care** Pays for additional care, services, equipment or other items that will be helpful to you and are not otherwise covered under another benefit. If you, your doctor and Genworth Life all agree, and the items are reflected in your Plan of Care, you will be reimbursed for their cost, up to a mutually agreed upon amount.

**Hospice Care** Provides palliative care to alleviate your physical and emotional discomforts, and is available in your home or in a licensed or certified facility if you become terminally ill. You do not need to satisfy an Elimination Period to receive this benefit.

**Respite Care** Give your primary unpaid caregiver in the home a temporary break. Home and Community Care and/or Facility Care expenses are reimbursed for the covered care you receive during this time. There is no Elimination Period requirement. Benefits become payable as of the first day you qualify. Reimbursement is available for up to 30 days per calendar year.

**International Coverage** If you receive covered care and support services in an Out-of-Country Nursing Facility, not located in the United States as defined in the policy, you will be reimbursed for those expenses, up to 50% of your monthly or daily maximum. In addition, the benefit includes covered care at home for up to 25% of your monthly or daily maximum each month for a maximum of 365 days.

International Coverage benefits will not be payable after four years from the onset of your first expense under this benefit. Premiums will not be waived, and no other policy benefits will apply while you are out of the country. If you return to the United States, the remainder of your Coverage Maximum will be available.

**Waiver of Premium** Waives premiums while you receive benefits for Home and Community Care, Nursing or Assisted Living Facility Care, Bed Reservation or Hospice Care.

**Contingent Nonforfeiture** This benefit gives you the right to reduce coverage or convert to limited paid-up benefits in the event of a substantial premium increase.

## Features

**Late Payment Protection** To help ensure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

**Protection Against Lapse Due to Impairment** While you are claim eligible, if your policy lapses, we will provide a retroactive continuation of coverage if, within seven months after the lapse, we receive proof you received care or services that would have been covered, had the policy not lapsed. In order to continue your coverage, you need to pay all past-due premiums and provide acceptable proof to us that you met the requirements to qualify for covered benefits as of the date of the lapse.

# Additional Options

The following benefit options can enhance your policy and are available for an additional premium.

**Restoration Benefit** If you receive benefits and fully recover for 180 consecutive days, during which you are neither eligible for benefits nor receive covered care, we will increase your pool of money by the amount of benefits paid and not previously restored.

**Nonforfeiture Benefit** Provides limited protection if your policy lapses after this benefit has been in force for three consecutive years. This benefit provides you with a reduced, paid-up pool of money equal to the total of all the premiums you've paid for your coverage or an amount equal to one month (30 days) of your Nursing Facility benefit at the time your coverage lapses—whichever amount is greater.

**10-Year Refund of Premium Benefit** If you have been insured for at least 10 years, upon your death, (while the policy is still in force) we'll refund your premiums, minus any claims paid, to your designated beneficiary.

**Graded Refund of Premium Benefit** If you die before age 75, and your policy is in force, we'll refund a percentage of your premiums, minus any claims paid, to your designated beneficiary. The percentage depends upon your age at death. It starts at 100% and begins decreasing 10% each year after age 65, until at age 75, when the percentage reduces to zero.

The Graded Refund of Premium benefit is available only to applicants age 64 and younger.

**Transition Benefit** While satisfying the Elimination Period, this benefit provides a one time lump sum payment equal to either five times the daily maximum, or 20% of the monthly maximum. This benefit is not available if you have selected 1st-Day Home Care.

## Payment Options

**Limited Pay Options** Allow you to pay for long term care insurance premiums over a limited period of time, rather than over the life of the policy. Choose from these two options:

- **10-Pay** Pay premiums only during the first 10 policy years, at which time the policy is considered paid in full. Available for applicants aged 18–79.
- **Pay-to-65** Pay premiums through the policy year you turn 65, after which time the policy is considered paid in full. Available for applicants aged 18–55.

In addition, to fit your budget and retirement plans, all plans offer flexible payment options. You can pay your premiums monthly, quarterly, semi-annually or annually.[20]

[20] 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 annual 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.

# Couples' and Preferred Health Discounts

**Preferred Health Discount** If you qualify for a Preferred Health Discount, you can receive a 20% discount on your premiums for the life of your policy.

**Couples' Discount** If both you and your spouse or partner are eligible, and issued policies, each of you will receive a 40% Couples Discount.

If both of you are eligible and apply, but only one is issued a policy, he or she will still receive a 25% Couples Discount.

If you receive a Couples' Discount, your Preferred Health Discount will be reduced to 10%, which means that your total premium discount could be as high as 50% each (35% if only one is issued coverage).

# We Want You To Know

**Tax-qualified Long Term Care Insurance**
Privileged Choice Flex is intended to meet the requirements for federally tax-qualified long term care insurance. As such, it reimburses covered expenses for qualified long term care services under IRC Section 7702B(b).

As tax-qualified long term care insurance, your premiums may be deductible and the benefits you receive should not be considered taxable income to you. For more information, consult with your attorney or tax advisor.

**Guaranteed Renewability** Once you're insured, as long as you pay your premiums on time and do not exhaust your benefits, your coverage is guaranteed renewable and cannot be canceled except as may be provided by the Misstatement/Incontestability Provision.

**Premiums** While we have the right to increase premiums in the future, as stated in the policy, premiums may not be increased due to changes to your health status or age. Premium increases also apply to limited pay options until the policy is paid in full.

**30-Day Free Look** This gives you the opportunity to review your policy and, if you are not completely satisfied, return it within 30 days for a full refund.

**Exclusions and Limitations** After you qualify for benefits and satisfy the Elimination Period, charges for the care and services you receive are covered if they are consistent with your Plan of Care and received while your coverage is in effect. However, no benefits are paid for expenses incurred for:

- Care provided by a member of your immediate family (unless he or she is a regular employee of the organization providing the services, the organization receives payment for the services, and he or she receives no compensation other than the normal compensation for employees in his or her job category).
- Care for which no charge is normally made in the absence of insurance.
- Care that is provided by a Veterans Administration or Federal government facility, unless a valid charge is made to you or your estate.
- Care that is provided outside the United States, as defined in the policy unless specifically provided for by a benefit.
- Care needed as a result of illness, treatment or medical condition arising from:
  - War or any act of war, whether declared or not.[21]
  - Attempted suicide or an intentionally self-inflicted injury.
- Alcoholism or an addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).[22]

**Non-Duplication** Benefits will be paid only for covered expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount).
- Except for Medicaid, any other Federal, state or other governmental health or long term care program or law including the Community Living Assistance Services and Supports Act (CLASS Act).

This non-duplication provision will not disqualify a covered expense from being used to satisfy any Elimination Period requirement.

**Other Coverage**[23] If you have other coverage that pays for long term care expenses, benefits that are otherwise payable to you will be reduced so that the combined benefits under all coverage do not exceed 100% of your actual expenses for covered care. Review the Outline of Coverage, and your policy, for state-specific details of the exclusions and limitations.

[21] War or act of war is excluded in Oklahoma only when the loss originates while serving in the military or any auxiliary unit thereto.

[22] In South Dakota, limited to treatment of alcoholism or drug addiction.

[23] This provision does not apply in Georgia or Kansas.

# Notes

**Genworth Life Insurance Company**
LONG TERM CARE INSURANCE
6620 West Broad Street
Richmond, VA 23230

**Be sure to carefully review the policy for definitions and more details of its coverage and its features. The descriptions contained in this brochure are not intended to be a substitute for the policy. Policy terms and provisions will prevail.**

This solicitation of insurance is for individual policy form series 7052 (7052DE, 7052GA, 7052ID, 7052LA, 7052MI, 7052MS, 7052NE, 7052OK, 7052OR, 7052UT, 7052WA, 7052WV and 7052WY). An insurance agent/producer will contact you. Details about the benefits, costs, limitations and exclusions of these long term care insurance policies will be provided to you by a licensed insurance agent/producer.

All applications are subject to the underwriting requirements of Genworth Life Insurance Company. All guarantees are based on the claims paying ability of the issuing insurance company.

**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 a bank or its affiliates.

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