

SERFF Tracking Number: GEFA-127187658 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 48938
Company Tracking Number: 121189C 08/01/11
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Certificate of Eligibility
Project Name/Number: Certificate of Eligibility/121189C 08/01/11

Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Certificate of Eligibility

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-127187658 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48938

Co Tr Num: 121189C 08/01/11

State Status: Approved-Closed

Reviewer(s): Harris Shearer,
Stephanie Fowler

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

Disposition Date: 06/27/2011

Date Submitted: 05/31/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Certificate of Eligibility

Project Number: 121189C 08/01/11

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust, Other

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Labor Union

Overall Rate Impact:

Filing Status Changed: 06/27/2011

State Status Changed: 06/27/2011

Deemer Date:

Created By: Brenda Bond

Submitted By: Brenda Bond

Corresponding Filing Tracking Number:

Filing Description:

Re: Genworth Life Insurance Company

NAIC# 4011-70025 FEIN# 91-6027719

Group Long Term Care Insurance

SERFF Tracking Number: GEFA-127187658 State: Arkansas
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121189C 08/01/11, Certification of Eligibility
121189D 08/01/11, Certification of Eligibility

Enclosed for your review and approval please find the referenced forms. These are new forms and will not replace any existing forms. They will be used with Group Long Term Care Insurance on policy form 7046POL, approved on 9/13/2005.

The Certification of Eligibility will be used in the event Genworth Life Insurance Company is selected as the carrier to provide group long term care insurance that will be offered to eligible classes who may already be enrolled by another carrier. Using this form, the eligible individual confirms his or her understanding of the offer and eligibility status.

This form is new and does not replace any forms previously approved.

Thank you in advance for your review and if you have any questions, or would like to discuss any of the materials included in this submission, please contact me at the information below.

Sincerely,

Brenda Bond
Product Development Analyst
804/922-5133
brenda.bond@genworth.com

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
RI&I - 3rd Floor
Richmond, VA 23230
brenda.bond@genworth.com
804-922-5133 [Phone]
804-281-6916 [FAX]

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street
Richmond, VA 23230
(804) 281-6600 ext. [Phone]

CoCode: 70025
Group Code: 4011
Group Name:
FEIN Number: 91-6027719

State of Domicile: Delaware
Company Type: LifeHealth &
Annuity
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	05/31/2011	48184286

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/27/2011	06/27/2011

SERFF Tracking Number: *GEFA-127187658* *State:* *Arkansas*
Filing Company: *Genworth Life Insurance Company* *State Tracking Number:* *48938*
Company Tracking Number: *121189C 08/01/11*
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Certificate of Eligibility*
Project Name/Number: *Certificate of Eligibility/121189C 08/01/11*

Disposition

Disposition Date: 06/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-127187658 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Variability	Approved	Yes
Form	Certification of Eligibility	Approved	Yes
Form	Certification of Eligibility	Approved	Yes

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Form Schedule

Lead Form Number: 121189C 08/01/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 06/27/2011	121189C 08/01/11	Other	Certification of Eligibility	Initial		52.200	121189C_080 111_state filing_v2.pdf
Approved 06/27/2011	121189D 08/01/11	Other	Certification of Eligibility	Initial		52.200	121189D_080 111_state filing_v2.pdf



CERTIFICATION OF ELIGIBILITY TO GENWORTH LIFE INSURANCE COMPANY

Administrative Office: [PO Box 64010, Saint Paul, MN 55164-0010 Telephone: 800 416.3624]

(COMPLETE THIS SECTION ONLY IF YOU SELECT A COVERAGE PLAN AVAILABLE UNDER OPTION 2)

Name _____

Social Security # _____ Date of Birth (MM/DD/YYYY) _____

[Employee ID _____] [Employer [Code/Name] _____]

Address _____

City, State, ZIP _____ Phone Number _____

By signing below, I understand, acknowledge and agree to the following:

- I am Actively at Work, which means that I am performing the usual duties of my job at my usual place of work as required by my employer on a [full-time] basis, where [full time] means at least [30 hours each week.]
As an Actively-at-Work employee, I am eligible to transfer my long term care insurance under the [Previous Carrier] Group Policy [XXXX-XXXX] (the [Previous Carrier] plan) to long term care insurance under the [Group Policyholder] Group Long Term Care Insurance Program under Policy No. [XXXXXX], issued by Genworth Life Insurance Company (Genworth Life).
I am eligible only if, as of [Month Day, 20XX], I am not receiving or qualified to receive payment for long term care benefits under the terms of the [Previous Carrier] plan, and my [Previous Carrier] plan is in force on a premium-paying basis.
- The insurance with Genworth Life that I have selected [under Option 2a or 2b] will take effect on [Month Day, 20XX], and may provide coverage that is less than, equal to, or greater than the coverage provided under the [Previous Carrier] plan.
- The insurance with Genworth Life will not take effect if any of the following occur on or before [Month Day, 20XX]:
 - I am receiving payment for long term care insurance benefits under the terms of the [Previous Carrier] plan.
 - I have been determined to be benefit eligible or otherwise qualified for long term care insurance benefits under the terms of the [Previous Carrier] plan.
- In order to purchase this insurance from Genworth Life [and receive the transfer credit], I must [(a)] continue to pay the required premium for the [Previous Carrier] plan to [Previous Carrier] through [Month Day, 20XX]. [; and (b) waive my right to receive benefits under the Nonforfeiture Coverage provision of my Certificate of Insurance under the [Previous Carrier] plan].

I have received the following forms: Outline of Coverage, Potential Rate Increase Disclosure, Personal Worksheet, Suitability Disclosure, and a Shopper's Guide to Long Term Care Insurance.

CAUTION: I certify that I have read, or have had read to me, the above Certification. I understand and agree that if any statements on this Certification are incorrect or untrue, or if any false statements or misrepresentations as they relate to my eligibility are made, Genworth Life Insurance Company may have the right to deny benefits or rescind coverage, subject to the Incontestability provision of the Group Policy and the Misstatement/Incontestability provision of the underlying Certificate.

X _____
Signature

Date



CERTIFICATION OF ELIGIBILITY TO GENWORTH LIFE INSURANCE COMPANY

Administrative Office: [PO Box 64010, Saint Paul, MN 55164-0010 Telephone: 800 416.3624]

(COMPLETE THIS SECTION ONLY IF YOU SELECT A COVERAGE PLAN AVAILABLE UNDER OPTION 2)

Name _____

Social Security # _____ Date of Birth (MM/DD/YYYY) _____

[Employee ID _____] [Employer [Code/Name] _____]

Address _____

City, State, ZIP _____ Phone Number _____

By signing below, I understand, acknowledge and agree to the following:

- o As an insured person under [Previous Carrier] Group Policy [XXXX-XXXXX] (the [Previous Carrier] plan), I am eligible to transfer my long term care insurance under the [Previous Carrier] plan to long term care insurance under the [Group Policyholder] Group Long Term Care Insurance Program under Policy No. [XXXXXX], issued by Genworth Life Insurance Company (Genworth Life).
- o I am eligible only if, as of [Month Day, 20XX], I am not receiving, [being evaluated for,] or qualified to receive, payment for long term care benefits under the terms of the [Previous Carrier] plan, and my [Previous Carrier] plan is in force on a premium-paying basis.
- o The insurance with Genworth Life that I have selected [under Option 2a or 2b] will take effect on [Month Day, 20XX], and may provide coverage that is less than, equal to, or greater than the coverage provided under the [Previous Carrier] plan.
- o The insurance with Genworth Life will not take effect if any of the following occur on or before [Month Day, 20XX]:
 - I am receiving payment for, [being evaluated for,] or otherwise qualified for long term care insurance benefits under the [Previous Carrier] Plan.
 - [I have been diagnosed with, am being treated for, or have seen a health care professional for any of the following:
 - Alzheimer's Disease or any other form of dementia
 - Parkinson's Disease, Multiple Sclerosis, or ALS (Lou Gehrig's Disease)
 - Stroke, or more than one Transient Ischemic Attack (TIA)
 - Metastatic cancer (cancer that has spread to other organs).]
 - [I require the use of a: Wheelchair, Walker, Oxygen Device, Respirator, or Kidney Dialysis.]
 - [I need the assistance of or supervision by another person for: Bathing, Dressing, Eating, Toileting, Bowel/Bladder Control, Moving in/out of a bed or chair, or Walking.]
- o In order to purchase this insurance from Genworth Life [and receive the transfer credit], I must [(a)] continue to pay the required premium for the [Previous Carrier] plan to [Previous Carrier] through [Month Day, 20XX] [; and (b) waive my right to receive benefits under the Nonforfeiture Coverage provision of my Certificate of Insurance under the [Previous Carrier] plan].

I have received the following forms: Outline of Coverage, Potential Rate Increase Disclosure, Personal Worksheet, Suitability Disclosure, and a Shopper's Guide to Long Term Care Insurance.

CAUTION: I certify that I have read, or have had read to me, the above Certification. I understand and agree that if any statements on this Certification are incorrect or untrue, or if any false statements or misrepresentations as they relate to my eligibility are made, Genworth Life Insurance Company may have the right to deny benefits or rescind coverage, subject to the Incontestability provision of the Group Policy, and the Misstatement/Incontestability provision of the underlying certificate.

X _____
Signature Date

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	06/27/2011

Comments:

Attachments:

ARcomp_glic.pdf
 FleschScoreCert.pdf

		Item Status:	Status Date:
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Bypassed - Item: Application
Bypass Reason: Not a policy filing.

Comments:

		Item Status:	Status Date:
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Bypassed - Item: Health - Actuarial Justification
Bypass Reason: Not an individual health product filing.

Comments:

		Item Status:	Status Date:
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Bypassed - Item: Outline of Coverage
Bypass Reason: Not applicable to this Certification of Eligibility filing.

Comments:

		Item Status:	Status Date:
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Satisfied - Item: Variability Approved 06/27/2011

Comments:

Attachment:

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121198C_D_EOV final rev.pdf

ARKANSAS CERTIFICATION

The Company certifies that we will maintain compliance with Rule and Regulation 19 (Unfair Sex Discrimination).

The Company certifies that we will maintain compliance with Rule and Regulation 49 (Life and Health Guaranty Association Notices).

The Company certifies that we will maintain compliance with requirements on Consumer Information Notices.

A Flesch score readability certification is included with this filing.

For Genworth Life and Annuity Insurance Company

A handwritten signature in cursive script that reads "Paul Loveland".

Paul Loveland
Vice President Product Compliance

**FLESCH SCORE CERTIFICATION
GENWORTH LIFE INSURANCE COMPANY**

We certify that to the best of our knowledge and belief, the Flesch score of the below-referenced forms meet any readability requirements in effect in your state:

Form Number	Description	Flesch Score
121189C 08/01/11	Certification of Eligibility	52.2 when scored with the underlying certificate
121189D 08/01/11	Certification of Eligibility	

Genworth Life Insurance Company



By: _____
Vice President, Product Compliance

**GENWORTH LIFE INSURANCE COMPANY
EXPLANATION OF VARIABILITY**

121189C 08/01/11, Certification of Eligibility

121189D 08/01/11, Certification of Eligibility

121189C 08/01/11

[Administrative Office]	Accommodates changes in the administrative office location and telephone number.
[Employee ID]	Will appear only if this information is required for administrative purposes (payroll deduction)
[Employer [Code/Name]]	Will appear only if this information is required for administrative purposes (payroll deduction)
[Actively at Work]	Will reflect "actively at work" basis
[Previous Carrier]	Will reflect previous insurance carrier name
[Group Policy]	Will reflect group policy number of previous carrier name
[Group Policyholder]	Will reflect name of group policyholder
[Policy No.]	Will reflect Genworth Life group policy number
[Under Option 2a or 2b]	Will only appear if both options are available for the specific group coverage
[Month Day, 20XX]	Will reflect the date coverage is effective
[and receive the transfer credit]	Will only appear only if a part of the specific group coverage
[(a)]	Will not print if [b] is not included and does not print
[Month Day, 20XX]	Will reflect date through which premium is to be paid to previous carrier
[; and (b) waive my right to receive under the Nonforfeiture Coverage.....]	Will only appear only if a part of the specific group coverage

121189D 08/01/11

[Administrative Office]	Accommodates changes in the administrative office location and telephone number.
[Employee ID]	Will appear only if this information is required for administrative purposes (payroll deduction)
[Employer [Code/Name]]	Will appear only if this information is required for administrative purposes (payroll deduction)
[Previous Carrier]	Will reflect previous insurance carrier name
[Group Policy]	Will reflect group policy number of previous carrier name
[Group Policyholder]	Will reflect name of group policyholder
[Policy No.]	Will reflect Genworth Life group policy number
[Under Option 2a or 2b]	Will reflect correct option
[Month Day, 20XX]	Will reflect the date coverage is effective
[being evaluated for,]	Will only appear only if part of the specific group underwriting criteria
[I have been diagnosed....]	Will only appear only if part of the specific group underwriting criteria
[I require the use...]	Will only appear only if part of the specific group underwriting criteria
[I need the assistance...]	Will only appear only if part of the specific group underwriting criteria
[and receive the transfer credit]	Will only appear only if a part of the specific group coverage
[(a)]	Will not print if [b] is not included and does not print
[Month Day, 20XX]	Will reflect date through which premium is to be paid to previous carrier
[; and (b) waive my right to receive under the Nonforfeiture Coverage.....]	Will only appear only if a part of the specific group coverage