

SERFF Tracking Number: GEFA-127285837 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 49099  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Long Term Care Insurance  
Project Name/Number: PC Flex Design Your Plan Worksheets/116764

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Long Term Care Insurance

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: GEFA-127285837 State: Arkansas

SERFF Status: Closed-Filed-Closed State Tr Num: 49099

Co Tr Num:

Author: Andy Zimmerman

Date Submitted: 06/21/2011

State Status: Filed-Closed

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Disposition Date: 07/14/2011

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: PC Flex Design Your Plan Worksheets

Project Number: 116764

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Andy Zimmerman

Filing Description:

The PC Flex Design Your Plan Worksheets, 116764D 06/06/11 and 116764M 06/06/11 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.

These worksheets are intended to be used with the Privileged Choice® Flex Long Term Care Insurance brochure 111407 05/20/11 filed-closed by your Department on 05/04/11 under SERFF Tracking Number GEFA-127076440 (111407FX 06/11/11 submitted to your Department on 06/10/11 under SERFF Tracking Number GEFA-127209045-awaiting disposition). The worksheets are a tool to help the consumer understand some of the options when they are considering Privileged Choice® Flex Long Term Care Insurance

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

## Company and Contact

### Filing Contact Information

Andy Zimmerman, Advertising Review Analyst andy.zimmerman@genworth.com  
 6620 W. Broad Street 804-484-3949 [Phone]  
 Long Term Care 804-281-6334 [FAX]  
 Bldg. #4, 2nd Floor  
 Richmond, VA 23230-1700

### Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware  
 6610 W Broad Street Group Code: 4011 Company Type: LifeHealth &  
 Annuity  
 Richmond, VA 23230 Group Name: State ID Number:  
 (804) 281-6600 ext. [Phone] FEIN Number: 91-6027719

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: AR filing fee=\$50 per advertisement. Two advertisements submitted=\$100  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$100.00	06/21/2011	48935587

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/14/2011	07/14/2011

*SERFF Tracking Number:*      *GEFA-127285837*                      *State:*                      *Arkansas*  
*Filing Company:*              *Genworth Life Insurance Company*              *State Tracking Number:*      *49099*  
*Company Tracking Number:*  
*TOI:*                      *LTC03I Individual Long Term Care*              *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *Long Term Care Insurance*  
*Project Name/Number:*      *PC Flex Design Your Plan Worksheets/116764*

## **Disposition**

Disposition Date: 07/14/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: PC Flex Design Your Plan Worksheets/116764

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter	Filed-Closed	Yes
<b>Form</b>	PC Flex Design Your Plan Worksheet-Daily	Filed-Closed	Yes
<b>Form</b>	PC Flex Design Your Plan Worksheet-Montly	Filed-Closed	Yes

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 Product Name: Long Term Care Insurance  
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## Form Schedule

**Lead Form Number: 116764D 06/06/11**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 07/14/2011	116764D 06/06/11	Advertising	PC Flex Design Your Initial Plan Worksheet- Daily			0.000	116764D_060611_statefilin g.pdf
Filed-Closed 07/14/2011	116764M 06/06/11	Advertising	PC Flex Design Your Initial Plan Worksheet- Montly			0.000	116764M_060611_statefili ng.pdf

# Daily Benefit Worksheet

# Privileged Choice<sup>®</sup> Flex

Shared Coverage:  Yes  No  
 Shared Coverage requires identical selections for each client.

CLIENT **A**

Age

CLIENT **B**

Age

**CORE 4**

Choose your benefit in \$5 increments from \$50 to \$400	Daily Benefit Amount \$ _____	Daily Benefit Amount \$ _____
Choose Your Benefit Period in Days <input type="checkbox"/> 730 <input type="checkbox"/> 1,095 <input type="checkbox"/> 1,460 <input type="checkbox"/> 1,825 <input type="checkbox"/> 2,190 <input type="checkbox"/> 2,920 <input type="checkbox"/> 3,650 <input type="checkbox"/> Unlimited	Number of Days: _____	Number of Days: _____
Coverage Maximum (also known as Total Pool of Money)	_____ x _____ = _____ <small>DAILY MAXIMUM      NUMBER OF DAYS      COVERAGE MAXIMUM</small>	_____ x _____ = _____ <small>DAILY MAXIMUM      NUMBER OF DAYS      COVERAGE MAXIMUM</small>
Choose an Elimination Period Then select between Service Days or Calendar Days to satisfy this period	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> Service Day <b>OR</b> <input type="checkbox"/> Calendar Day	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> Service Day <b>OR</b> <input type="checkbox"/> Calendar Day
Choose Inflation Protection	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 3% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> Future Purchase Option	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 3% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> Future Purchase Option

**ADDITIONAL BENEFITS**

Survivorship	<input type="checkbox"/> 10 Years with Claims Restrictions <input type="checkbox"/> 7 Years without Claims Restrictions <input type="checkbox"/> No Survivorship	<input type="checkbox"/> 10 Years with Claims Restrictions <input type="checkbox"/> 7 Years without Claims Restrictions <input type="checkbox"/> No Survivorship
Nursing Facility	100%	100%
Assisted Living Facility	<input type="checkbox"/> 100% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 50%
Home and Community Care	<input type="checkbox"/> 100% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 50%
1st-Day Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund of Premium	<input type="checkbox"/> 10 Year <input type="checkbox"/> Graded <input type="checkbox"/> None	<input type="checkbox"/> 10 Year <input type="checkbox"/> Graded <input type="checkbox"/> None
Restoration Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nonforfeiture Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transition Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live+Well <sup>SM</sup> Wellness Program	Included	Included
Caregiver Support Services	Included	Included

Your premium will be higher or lower based on your selections above.

**DISCOUNTS**

Preferred Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Couples	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PAYMENT OPTIONS**

Annual Premium and Payment Method	Annual Premium _____ <input type="checkbox"/> Standard <input type="checkbox"/> Pay to 65 <input type="checkbox"/> 10 Pay	Annual Premium _____ <input type="checkbox"/> Standard <input type="checkbox"/> Pay to 65 <input type="checkbox"/> 10 Pay
Payment Method Factors (Modal Factors)	<input type="checkbox"/> Annual (1.0) <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Semi-annual (.51) <input type="checkbox"/> Monthly (.09)	<input type="checkbox"/> Annual (1.0) <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Semi-annual (.51) <input type="checkbox"/> Monthly (.09)
Multiply the Annual Premium by the Modal Factor	_____ x _____ = _____ <small>ANNUAL PREMIUM      MODAL FACTOR      MODAL PREMIUM</small>	_____ x _____ = _____ <small>ANNUAL PREMIUM      MODAL FACTOR      MODAL PREMIUM</small>
Number of Payments Per Year (1, 2, 4, or 12)	x _____	x _____
Annual Total of Modal Premiums	= \$ _____	= \$ _____

This worksheet is intended to be used with the Privileged Choice® Flex Long Term Care Insurance brochure and is a tool to help you understand some of your options when you are considering Privileged Choice® Flex Long Term Care Insurance. This is not an application. Be sure to carefully review the application, the outline of coverage and policy for definitions and more details about the coverage and its features. Actual rates, available coverage options, and minimum and maximum benefit amounts may vary by state. Premium rates may be increased in the future.

This worksheet and the brochure that it accompanies are part of a solicitation for insurance, and are only a summary of coverage. The descriptions contained in this worksheet and the accompanying brochure are not intended to be a substitute for the policy terms and conditions. Policy terms and provisions will prevail. Be sure to review the Outline of Coverage for more details concerning benefits, benefit eligibility, and exclusions and limitations.

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 the Policy.

### **Non-duplication of coverage**

Your coverage will pay only for covered expenses that are in excess of what Medicare or other governmental health care programs or laws pay, except 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). Deductibles and coinsurance expenses under Medicare are also excluded from coverage.

### **Coordination of benefits\***

If you have other insurance covering long term care expenses, benefits otherwise payable to you will be reduced, so that the combined benefits under all insurance do not exceed 100% of the expenses you actually incur for covered care.

### **Exclusions**

Benefits are not payable for care, stays or other items:

- Provided by your immediate family
- For which no charge is normally made in the absence of insurance
- Provided by or in a Veteran's Administration or federal government facility, unless a valid charge is made to you or your estate
- Provided outside the United States, its territories and possessions (except as provided by a Benefit)
- Resulting from illness, treatment or medical condition arising out of:
  - War or any act of war, whether declared or not<sup>†</sup>
  - Attempted suicide or an intentionally self-inflicted injury
- Your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician)<sup>‡</sup>

This worksheet is part of a solicitation of insurance is for individual policy form series 7052 [(7052DE, 7052GA, 7052ID, 7052LA, 7052MI, 7052MS, 7052NE, 7052OK, 7052UT, 7052WA, 7052WV and 7052WY)] underwritten by Genworth Life Insurance Company. An insurance agent/producer will contact you.

\* This provision does not apply in Georgia and Kansas.

<sup>†</sup> War or act of war is excluded in Oklahoma only when the loss originates while serving in the military or any auxiliary unit thereto.

<sup>‡</sup> In South Dakota, limited to treatment of alcoholism or drug addiction.

All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

Genworth Life Insurance Company is a Genworth Financial Company.

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# Monthly Benefit Worksheet

# Privileged Choice<sup>®</sup> Flex

Shared Coverage:  Yes  No  
 Shared Coverage requires identical selections for each client.

CLIENT **A**

Age

CLIENT **B**

Age

**CORE 4**

Choose your benefit in \$100 increments from \$1,500 to \$12,000	Monthly Benefit Amount \$ _____	Monthly Benefit Amount \$ _____
Choose Your Benefit Period in Months <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 96 <input type="checkbox"/> 120 <input type="checkbox"/> Unlimited	Number of Months: _____	Number of Months: _____
Coverage Maximum (also known as Total Pool of Money)	_____ x _____ = _____ MONTHLY MAXIMUM      NUMBER OF MONTHS      COVERAGE MAXIMUM	_____ x _____ = _____ MONTHLY MAXIMUM      NUMBER OF MONTHS      COVERAGE MAXIMUM
Choose an Elimination Period Then select between Service Days or Calendar Days to satisfy this period	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> Service Day <b>OR</b> <input type="checkbox"/> Calendar Day	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <input type="checkbox"/> 365 <input type="checkbox"/> Service Day <b>OR</b> <input type="checkbox"/> Calendar Day
Choose Inflation Protection	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 3% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> Future Purchase Option	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 3% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> Future Purchase Option

**ADDITIONAL BENEFITS**

Survivorship	<input type="checkbox"/> 10 Years with Claims Restrictions <input type="checkbox"/> 7 Years without Claims Restrictions <input type="checkbox"/> No Survivorship	<input type="checkbox"/> 10 Years with Claims Restrictions <input type="checkbox"/> 7 Years without Claims Restrictions <input type="checkbox"/> No Survivorship
Nursing Facility	100%	100%
Assisted Living Facility	<input type="checkbox"/> 100% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 50%
Home and Community Care	<input type="checkbox"/> 100% <input type="checkbox"/> 50%	<input type="checkbox"/> 100% <input type="checkbox"/> 50%
1st-Day Home Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund of Premium	<input type="checkbox"/> 10 Year <input type="checkbox"/> Graded <input type="checkbox"/> None	<input type="checkbox"/> 10 Year <input type="checkbox"/> Graded <input type="checkbox"/> None
Restoration Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nonforfeiture Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transition Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Live+Well <sup>SM</sup> Wellness Program	Included	Included
Caregiver Support Services	Included	Included

Your premium will be higher or lower based on your selections above.

**DISCOUNTS**

Preferred Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Couples	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PAYMENT OPTIONS**

Annual Premium and Payment Method	Annual Premium _____ <input type="checkbox"/> Standard <input type="checkbox"/> Pay to 65 <input type="checkbox"/> 10 Pay	Annual Premium _____ <input type="checkbox"/> Standard <input type="checkbox"/> Pay to 65 <input type="checkbox"/> 10 Pay
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Multiply the Annual Premium by the Modal Factor	_____ x _____ = _____ ANNUAL PREMIUM      MODAL FACTOR      MODAL PREMIUM	_____ x _____ = _____ ANNUAL PREMIUM      MODAL FACTOR      MODAL PREMIUM
Number of Payments Per Year (1, 2, 4, or 12)	x _____	x _____
Annual Total of Modal Premiums	= \$ _____	= \$ _____

This worksheet is intended to be used with the Privileged Choice® Flex Long Term Care Insurance brochure and is a tool to help you understand some of your options when you are considering Privileged Choice® Flex Long Term Care Insurance. This is not an application. Be sure to carefully review the application, the outline of coverage and policy for definitions and more details about the coverage and its features. Actual rates, available coverage options, and minimum and maximum benefit amounts may vary by state. Premium rates may be increased in the future.

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Benefits are not payable for care, stays or other items:

- Provided by your immediate family
- For which no charge is normally made in the absence of insurance
- Provided by or in a Veteran's Administration or federal government facility, unless a valid charge is made to you or your estate
- Provided outside the United States, its territories and possessions (except as provided by a Benefit)
- Resulting from illness, treatment or medical condition arising out of:
  - War or any act of war, whether declared or not<sup>†</sup>
  - Attempted suicide or an intentionally self-inflicted injury
- Your alcoholism or addiction to drugs or narcotics (except for an addiction to a prescription medication when administered in accordance with the advice of a physician)<sup>‡</sup>

This worksheet is part of a solicitation of insurance is for individual policy form series 7052 [(7052DE, 7052GA, 7052ID, 7052LA, 7052MI, 7052MS, 7052NE, 7052OK, 7052UT, 7052WA, 7052WV and 7052WY)] underwritten by Genworth Life Insurance Company. An insurance agent/producer will contact you.

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All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

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Product Name: Long Term Care Insurance  
Project Name/Number: PC Flex Design Your Plan Worksheets/116764

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Cover Letter	Filed-Closed	<b>Date:</b> 07/14/2011
<b>Comments:</b>		
<b>Attachment:</b>		
AR Filing Letter PC Flex Design Your Plan Worksheets 116764 et al.pdf		



Long Term Care Insurance

6620 West Broad Street Building 4  
Richmond, VA 23230

June 21, 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)  
PC Flex Design Your Plan Worksheet-Daily: 116764D 06/06/11  
PC Flex Design Your Plan Worksheet-Monthly: 116764M 06/06/11**

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 \$100 is being transmitted via EFT on the SERFF filing system.

The PC Flex Design Your Plan Worksheets, 116764D 06/06/11 and 116764M 06/06/11 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.

These worksheets are intended to be used with the Privileged Choice® Flex Long Term Care Insurance brochure 111407 05/20/11 filed-closed by your Department on 05/04/11 under SERFF Tracking Number GEFA-127076440 (111407FX 06/11/11 submitted to your Department on 06/10/11 under SERFF Tracking Number GEFA-127209045-awaiting disposition). The worksheets are a tool to help the consumer understand some of the options when they are considering Privileged Choice® Flex Long Term Care Insurance

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

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