Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: Group Long Term Care Insurance

SERFF Tr Num: LTCG-127373071

State: Arkansas

TOI: LTC03G Group Long Term Care

SERFF Status: Closed-Filed-Closed

State Tr Num: 49579

Sub-TOI: LTC03G.001 Qualified

Co Tr Num: GW 48217 08/11 WEB

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Timothy Cassidy

Disposition Date: 09/07/2011

Date Submitted: 08/17/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Genworth 48217 08/11 Website Filing

Project Number: GW 48217 08/11 WEB

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Trust, Other

Overall Rate Impact:

Deemer Date:

Submitted By: Timothy Cassidy

Filing Description:

August 17, 2011

State of Arkansas

Department of Insurance

ATTN: Advertising Review

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The filing will be submitted shortly to Delaware, the company's state of domicile.

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type: Labor Unions

Filing Status Changed: 09/07/2011

State Status Changed: 09/07/2011

Created By: Timothy Cassidy

Corresponding Filing Tracking Number:

Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025
Group Long Term Care Insurance Website, Form Number 48217 08/11

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company, we at Univita Health (Univita) submit, for the Department's approval, the advertising content of Genworth Life's group website, form 48217 08/11. A letter from Genworth Life authorizing Univita to file on its behalf is included in the filing. This is new material and will not replace any advertisements previously filed by Genworth Life Insurance Company.

This website is intended for use by eligible persons under Genworth Life's issued group contracts. The contracts may be issued under different, approved policy form series – 7046, 7050, and 7053. The Arkansas Department of Insurance approved the product series:
7046: September 13, 2005, and subsequently, most recent SERFF Filing ID Number GEFA-125368281
7050: September 11, 2008 under Filing ID Number GEFA-125754849
7053: June 20, 2011 under Filing ID Number GEFA-127125383

Because of the nature of websites, we have prepared the filing in the following manner:
&#56256;&#56452; A document containing screenshots of each webpage, which is uploaded to the Form Schedule as the advertising, form 48217 08/11. Each screenshot includes the section number (shown in red italics) that corresponds to the section in the Copydeck where the text shown can be found. These references are bracketed because they will not appear in a live case and are included for the Department's ease in reviewing the filing.

Because of the size of the website file, the Screenshots are broken into 5 files:
o Part 1, which shows the "About LTC" portion of the website
o Part 2, which shows the "Plans" available
o Part 3, which shows screenshots that appear under the "Applying" tab
o Part 4, which shows the "Get A Quote" section and plan comparison section of the website
o Part 5, which shows the dropdowns and disclosures on the website.

&#56256;&#56452; A Copydeck of the text to be used for group solicitations (48217CD_EOV_STD), which has been uploaded as Supporting Documentation. The Copydeck indicates the variability for any alternate text with an explanation of its use. It also contains several

lines entitled “Notes to Reviewer” that are intended to help the reviewer understand the linkage between the screenshots and the Copydeck. Please note that text for particular benefits, exclusions or limitations will only appear as appropriate to the particular policy form series on which the group policy is issued. The types of variables are indicated based on our standard protocol for variability as follows:

o Type 1 is case/client specific information.
o Type 2 is material that is in or out depending on the case specific requirements.
o Type 3 has substitute language, depending on the case specific requirements.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department’s review, Kathy Hamby, Genworth Life’s Group Compliance Leader, is available to you to address any issues as they are identified. Thank you for your time and consideration of our request.

We trust that you will find our filing to be in order and hope that you will grant your Department’s approval to this submission. If you should have any questions, please dial me directly at (952) 516-6195 or toll free at (888) 312-5824. You may also send me an email at tcassidy@univitahealth.com.

Sincerely,
Timothy P. Cassidy

Company and Contact

Filing Contact Information

Timothy Cassidy, Director, Compliance Services
5 Commonwealth Road
Suite 2B
Natick, MA 01760

tcassidy@univitahealth.com

952-516-6195 [Phone]
952-983-5128 [FAX]

Filing Company Information

(This filing was made by a third party - longtermcaregroup)

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6620 West Broad Street	Group Code: 350	Company Type: Life, Health & Annuity
Building 4	Group Name:	State ID Number:
Richmond, VA 23230	FEIN Number: 91-6027719	

(804) 922-5085 ext. [Phone]

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	There is one form submitted for approval, so at $50 per form the filing fee is $50.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	$50.00	08/17/2011	50693713

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/07/2011	09/07/2011

Disposition

Disposition Date: 09/07/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LTCG-127373071*	*State:*	*Arkansas*
Filing Company:	*Genworth Life Insurance Company*	*State Tracking Number:*	*49579*
Company Tracking Number:	*GW 48217 08/11 WEB*		
TOI:	*LTC03G Group Long Term Care*	*Sub-TOI:*	*LTC03G.001 Qualified*
Product Name:	*Group Long Term Care Insurance*		
Project Name/Number:	*Genworth 48217 08/11 Website Filing/GW 48217 08/11 WEB*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	Third Party Filer Authorization	Filed-Closed	Yes
Supporting Document	Website Copy Deck with Explanation of Variability	Filed-Closed	Yes
Form	Website	Filed-Closed	Yes

Form Schedule

Lead Form Number: 48217 08/11 WEB

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 09/07/2011	48217 08/11	Advertising	Website	Initial		0.000	48217 WEB SCREENS - FILE-PT1 ABOUT LTC.pdf 48217 WEB SCREENS - FILE-PT2 PLANS.pdf 48217 WEB SCREENS - FILE PT3 APPLYING.pdf 48217 WEB SCREENS - FILE PT4 GET QUOTE.pdf 48217 WEB SCREENS - FILE PT5 DROP DOWNS.pdf

[Insert Group Logo Here]

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Why Genworth? *[CD 1.5]*

Announcements

[Announcement Text] *[CD 4.0]*

[File Link]

[[Presentation Link]]

Why consider Long Term Care Insurance?

print | email | rate this

[CD 1.1.1 – 1.1.3]
The things we value - home, family, hard-earned savings, independence - these are just a few of the important things Long Term Care Insurance can help you protect and preserve. To determine whether Long Term Care Insurance is right for you, we invite you to consider the value it may help to bring…

Preserve your savings and other assets. You've worked hard and saved. Your savings will serve you when life goes as you've planned. You probably don't want to use your savings to pay for a hospital stay or to replace your home after a fire. You have health and homeowner's insurance for those unforeseen turns in the road. Similarly, the longer you live, the greater the likelihood of a long term care need. There's insurance for that too: Long Term Care Insurance.

Protect your family and friends from the difficulties of care giving. Family is often the first place you'll turn to for care, comfort, and support. But in many cases, they are not professional caregivers. What you want from your family is love and support. Weeks, months, or years of care, even with just basic daily needs, may be a burden you want to lift from your family's shoulders - so they can give you those shoulders to lean on in the ways that matter more.

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[File Link]

[Presentation Link]

Why consider Long Term Care Insurance? *[CD 1.1]*

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[CD 1.1.4 – 1.1.5]

Stay in your home as long as possible. If you're like most people, home is where your heart is - and where you'd like to stay for as long as possible. With Long Term Care Insurance you may have the flexibility to receive care in the comfort and familiarity of your home or your community.

Maintain a level of independence and control over your life. Nothing makes us feel more vulnerable than losing control of basic choices. Knowing we've taken steps that will help us live our lives on our own terms can help instill confidence in our plans.

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[Announcement Text] *[CD 4.0]*

[File Link]

[Presentation Link]

What does Long Term Care Insurance cover? *[CD 1.2]*

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[CD 1.2.1 – 1.2.4]
Keeping up with daily basic activities may require help when you're dealing with an accident, illness, or a chronic condition. Long Term Care Insurance is intended to help in times when the unforeseen leaves you with less capacity to do these kinds of daily tasks on your own. It can help reimburse the expenses you incur for covered long term care services that are expected to last for 90 days or more.

Care at home and in the community. The simple things may become challenging: getting out of bed, getting dressed each day, making a meal, housecleaning, or even doing laundry. Long Term Care Insurance can help pay for caregivers and their training - as well as things like medical monitoring equipment - to make you feel better and safer at home.[You may even be covered for some care you get from neighbors and friends.]

Care in Assisted Living Facilities. Assisted living strikes a balance between independent living and access to personal care services in a community setting.

Care in a Nursing Home. Nursing homes provide comfort knowing you have 24-hour access to skilled care - including medical services and monitoring of your needs.

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What are the misconceptions about LTC services? *[CD 1.3]*

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[CD 1.3.1 – 1.3.2]

It won't happen to me. It's hard to imagine ourselves in need of care. But we may be naïve to think this way. The causes for long term care needs aren't that uncommon. [Research shows two-thirds of people age 65 or older will need long term care services at some point in their lifetimes[1]. Not surprising when you think about it. But you should also give some thought to this: 40% of people receiving long term care are between 18 and 64 years old[1].]

[1. National Clearinghouse for Long Term Care Information - "Own Your Future" website. U.S. Department of Health and Human Services; Last Updated October 22, 2008.]

My other insurance will cover me. Long Term Care needs may be something you'd associate with Disability or Health insurance, but neither one is designed to cover what this insurance can cover. Generally, disability insurance replaces lost income to cover basic living expenses like rent, food, and clothing. Health insurance covers part of the cost for hospital stays, prescription drugs, and doctor's visits but it does not help with the cost of long term care services.

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What are the misconceptions about LTC services? *[CD 1.3]*

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[CD 1.3.3 – 1.3.4]

The government will pay. Many Americans think of government programs as a safety net; however, these programs are limited in the benefits they provide and require those who participate to meet specific qualifications. If you rely solely on government programs: (1) you may not have control over the type or location of care you receive; (2) your savings and other property may stand in the way of your eligibility.

For example: Medicare generally offers limited coverage for only a short period of time. It is not designed to cover long term care and does not offer significant help with these expenses. Medicaid can pay for nursing home care and some other long term care, but it requires that you have little or no income. In addition, in most states you must spend down all but about $2,000 of your assets in order to qualify.

I can pay for it out of savings. Your savings may be what you're counting on for retirement. But if you plan to use this money to pay for long term care, it's worth noting that, nationally, nursing home care costs about $[76,000] a year, and even home care averages more than $[43,000] a year[2]. If a long term care situation lasts even a few years, that's a big bite out of your savings. Considering that savings are supposed to cover the essentials of life - as well as things like travel - you probably want to hold on to as much as possible.

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What are the misconceptions about LTC services? *[CD 1.3]*

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[CD 1.3.4 continued – 1.3.5]
Another point to consider - while decades of savings may help you accumulate money to pay for care, you may not have decades to save before an event occurs. Long Term Care Insurance offers more immediate protection. So if you need covered care sooner, it's available.

[2. [Genworth [2011] Cost of Care Survey, conducted by CareScout [April 2011]. Assumes nursing home care is within a [semi-private/private room] and home care is provided by a licensed home health aide for an average of [44] hours per week.]

Insurance is too expensive. Long Term Care insurance is designed to offer flexibility in cost as well as coverage. [You choose your [Daily/Monthly] Benefit Amount, your Total Coverage Maximum, and other optional benefits. These choices let you put together a plan that will help meet your needs and fit your budget.][Also, your costs will be reduced by amounts contributed by your employer.]

If cost is a main concern, consider selecting a combination of benefits you can reasonably afford – even though it may not necessarily be the highest amount of coverage available. When a long term care event happens, you may find having some coverage is better than having no coverage at all.

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[File Link]

[Presentation Link]

What are the misconceptions about LTC services? *[CD 1.3]*

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[CD 1.3.6]
You have to be the judge of whether Long Term Care Insurance should be part of your overall financial plan. You need to feel comfortable that you'll be able to pay your premiums now and in the future. If you're depending on Social Security as your main source of income, have little or no savings (or home equity) to protect, or believe you'll qualify for Medicaid, Long Term Care Insurance may not be the right choice for you.

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Why consider this program? *[CD 1.4]*

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[CD 1.4.1 – 1.4.3.2]
It's flexible. You can customize your plan to fit your needs and your budget.

[**It's portable.** [Take this coverage with you, even if you leave this group, as long as you pay your premiums.][Membership has its privileges; however, if you choose to leave the association, you'll still be able to take this coverage with you as long as you pay your premiums.]]

[Streamlined underwriting] [Guaranteed coverage].
[During [GroupName]'s enrollment period, [[[employee]s[and retirees]]/[member]s][are guaranteed coverage – as long as you [are Actively-at-Work/a member in good standing][and][meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. Your spouse[or partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]

[During [GroupName]'s enrollment period, you and your spouse[or partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]

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Why consider this program? *[CD 1.4]*

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[CD 1.4.4 – 1.4.5]
[Guaranteed coverage or streamlined underwriting. During [GroupName]'s enrollment period, [[[employee]s[and retirees]]/[member]s] will receive either guaranteed coverage or streamlined underwriting – depending on [your age][and][the plan you choose] – as long as you are [Actively-at-Work/are a member in good standing/meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective.

[Your spouse[or partner] may be able to take advantage of streamlined underwriting[- depending on [age/the plan selected/age and the plan selected] – which means fewer medical questions to answer.]]

[[GroupName] supports this program. [GroupName] recognizes the financial and emotional burden a long term care event may have on you and your family.]

[They want each of their [[employees][and][retirees]/members] to have the opportunity to be protected against this risk; for that reason, they strongly urge you to consider adding Long Term Care Insurance to your financial plan.]

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Why consider this program? *[CD 1.4]*

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[CD 1.4.5 continued – 1.4.8]
[They want each of their [[employees][and][retirees]/members] to be protected against this risk; for that reason, they are making contributions to help fund your Long Term Care Insurance plan.]**]**

[[Payroll/Annuity/Pension] deduction. Your premiums [– as well as those of your spouse [or partner] –]can be easily paid for through [payroll/annuity/pension] deduction.**]**

[[GroupName] and Genworth – a winning combination. You need a company you can trust to help protect your assets and lifestyle as you grow older. Since long term care is so future-oriented, you need an insurer with the financial stability and commitment to be around years from now. That's why, after extensive due diligence, [Group Name] selected Genworth Life Insurance Company to provide Group Long Term Care Insurance to its [[employees][and][retirees]/members][and their eligible family members].

It provides care coordinators. If you're in need of long term care services, planning and organizing your care may be difficult. That's when a care coordinator can help assess your needs, build a personalized plan of care, and locate resources in your community who can provide that care.

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Why consider this program? *[CD 1.4]*

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[CD 1.4.9 – 1.4.11]

[30]-day free look. You have [30] days from the time you receive your certificate of insurance to evaluate your plan. If you decide that you don't want the coverage during that time, return your certificate, and any paid premiums will be promptly refunded. If you decide to keep your coverage, premiums will be payable when due. There is a 65-day period for making late premium payments before coverage will lapse.

It's easy to enroll. You can enroll [using the web][, by phone at [1-xxx-xxx-xxxx][, with an agent,][or][with a paper application] — whatever works best for you.

Partnership for long term care. Your state of residence may recognize this coverage as qualified Long Term Care Insurance under a Long Term Care Insurance Partnership Program. If so, you will receive appropriate disclosures of the status of your coverage and what it means to you.

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Why Genworth? *[CD 1.5]*

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[CD 1.5.1 – 1.5.2]
Should the need for long term care arise, you'll want to be sure that the company you've paid premiums to will be there to pay your claims as well. As a leader in the Long Term Care Insurance market[3], Genworth Life Insurance Company offers experience, stability, commitment, and strength.

[3. LTCI Market at a Glance: 2010 (2011), LIMRA International]

Experience and stability. Genworth is [the #1/a leading] provider of Long Term Care Insurance[4]. Genworth provides Long Term Care Insurance to more than [1 million] people and has paid out over $[6.7] billion in Long Term Care Insurance benefits to over [140,000] people since 1974[5].

[4. LTCI Market at a Glance: 2010 (2011), LIMRA International]

[5. Genworth Life Insurance Company, business operations information; 12/1974 through [3/2011].]

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[File Link]

[Presentation Link]

Why Genworth? *[CD 1.5]*

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[CD 1.5.3 – 1.5.5]

Commitment. This company continues to strengthen its commitment and expand its presence in the long term care market with a range of solutions. [For example, in 2007 it was selected by AARP® as the exclusive Long Term Care Insurance provider for their [38+] million members.][The company [also]has a strategic alliance with the Alzheimer's Association[and is a national sponsor of Memory Walk].

[Health & Wellness. Genworth is committed to health and wellness. Visit the Live+Well Wellness Program to find information and discounts on important wellness opportunities, including diet and exercise programs, nutrition, prevention, safety, and care giving support.**]**

Strength. The Genworth family of companies serve the lifestyle protection, retirement income, investment and mortgage insurance needs of more than [15 million] customers with operations around the world. View Genworth's third-party financial ratings.

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How do I choose my coverage? *[CD 2.1]*

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[CD 2.1.1]
This Long Term Care Insurance Program is flexible, which means you can design a plan that fits your needs. There are a few optional features to consider, but three plan elements are the most important components of any Long Term Care Insurance plan:

1. **The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].
2. **The Total Coverage Maximum:** The total amount the plan will pay for covered services over the lifetime of the coverage.
3. **The Benefit Increase Option:** How your [Daily/Monthly] Benefit and Total Coverage Maximum can increase over time to keep up with the costs of care.[Some options are available for an additional cost.]

You will get to make these choices when you get a quote, so read on to learn more about how you can select the coverage that's right for you. Your plan's cost will be based on your age and the plan design you select.

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How do I choose my coverage? *[CD 2.1]*

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[CD 2.1.2]
Your [Daily/Monthly] Benefit. Your [Daily/Monthly] Benefit is the maximum amount your plan will cover for qualifying long term care expenses each [day/month]. There are a few available choices. [Choose a [Daily/Monthly] Benefit that will come close to covering the cost of care in your area. View the cost of care in your area »]

If cost is a concern…
Choose a [Daily/Monthly] Benefit that will come close to covering your home care needs. Insurance to cover less-expensive home and community care needs may yield financial (as well as personal) benefits for those who prefer familiar surroundings.[Consider this: more than 75% of claims start with home care, and over 70% of those continue with home care until the need is resolved[6].]

[6. Genworth Life Insurance Company, business operations information; 12/1974 through [12/2010].]**]**

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How do I choose my coverage? *[CD 2.1]*

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[CD 2.1.3]
[Your Total Coverage Maximum. Long Term Care Insurance provides a Total Coverage Maximum (i.e. your "pool of money") to pay for your long term care expenses over the lifetime of your plan. It will last until you use it up – as long as your coverage remains in effect. When you choose a Total Coverage Maximum, you should think about your needs, your family situation, your financial resources, and your family health history to estimate how long you think you'll need this money to last.

If cost is a concern…
Choose a Total Coverage Maximum that should last about three years.[The average length of stay in a nursing home is 2.8 years.[7]]

[7. Genworth Life Insurance Company, business operations information; 12/1974 through [12/2010].]**]**

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How can I keep up with the rising cost of care? *[CD 2.2]*

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[CD 2.2.1 – 2.2.2.2]
There's flexibility to help you prepare for rising costs in a way that suits your budget.[The automatic increase options are available for an additional cost.]

[**Buy More Coverage Over Time.** Every [two/three] years, you will be offered additional coverage[– as long as you're not in claims status].[If you accept the offer][Unless you decline the offer], both your [Daily/Monthly] Benefit and your Total Coverage Maximum[(less any claims paid)] will increase by [3%/5%], compounded annually.[Unless you purchase an automatic increase option, this feature is automatically included in your plan.]

This may be for you if…

- You prefer lower premiums today than you would get with other benefit increase choices
- You prefer to choose when to increase your coverage – based on your needs and budget at the time of the offer.

This may not be for you if…

- You're uncomfortable with your premiums increasing each time you accept an offer to buy more coverage. Premiums for the additional coverage will be based on your age at the time of the increase.

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How can I keep up with the rising cost of care? *[CD 2.2]*

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[CD 2.2.2.2 continued – 2.2.3.2]

- You think you might decline future offers. If you decline the offer [two/three] consecutive times you will not be offered further opportunities to increase coverage under these same terms.**]**

[Automatic 5% Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year. Please read this option carefully; it offers the most comprehensive inflation protection. When you complete an application, you will be asked to confirm that you have reviewed this option.

This may be for you if…

- You want the most comprehensive inflation protection available with this plan.
- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

This may not be for you if…

- You're uncomfortable paying a higher premium than you would pay with other options.**]**

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How can I keep up with the rising cost of care? *[CD 2.2]*

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[CD 2.2.4]
[Automatic 4% Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 4% compound every year.

This may be for you if…

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- [You prefer a more affordable compound option.]

This may not be for you if…

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.

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How can I keep up with the rising cost of care? *[CD 2.2]*

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[CD 2.2.5]
[Automatic 3% Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 3% compound every year.

This may be for you if…

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- [You prefer a more affordable compound option.]

This may not be for you if…

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.

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[CD 2.2.6]
[Automatic 5% Increase for Life – Equal. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% simple every year.

This may be for you if…

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- [You prefer a more affordable compound option.]

This may not be for you if…

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.
- You prefer your benefits to increase more quickly. Over time, simple increase options grow more slowly than compound options.]**]**

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[CD 2.2.7]
[Automatic 5% Increase for Life - Age Adjusted. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound each year until you turn 66. Thereafter, your accumulated benefits will grow each year by 5% on a simple basis.

This may be for you if…

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- [You prefer a more affordable compound option.]

This may not be for you if…

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.
- You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more slowly than "compound" options.]**]**

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[CD 2.2.8 – 2.2.9]
[Automatic Increase for Life - Graded. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter.

This may be for you if…

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.
- In the early years, you want the strength of compounding but with a lower cost than some other compound options.]

This may not be for you if…

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.**]**

[Note that the Automatic Increase Options described above are available for an additional premium.]

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[What features are included with this plan?] *[CD 2.3]*

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[CD 2.3.1 – 2.3.23]
[There are three main features of your [employer/group]-sponsored plan:

1. **The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].
2. **The Total Coverage Maximum:** The total amount the plan will pay for covered services over the lifetime of the coverage.
3. **The Benefit Increase Option:** The cost of long term care services is likely to increase.[Your Benefit Increase Option, "Buy More Coverage Over Time," gives you the option to purchase additional coverage every [two/three] years to help keep pace with these rising costs.[These increases will provide additional coverage unless declined by you.][The Benefit Increase Option included in your plan will increase your Total Coverage Maximum every year.]]

For a comprehensive description of what your plan includes, please review your plan's Outline of Coverage.]

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[What features are included with this plan?] *[CD 2.3]*

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[CD 2.3.3 – 2.3.6]
The following features are also included in your plan…

[Coverage %. [With this option, you/You] are responsible for the first [XX%] of your actual covered long term care expenses, and the plan will pay [YY%] – up to your [Daily/Monthly] Benefit.**]**

Facility Care %. 100% of your [daily/monthly] benefit can be used for nursing home[and assisted living facility] expenses.

Home and Community Care %. [You can choose][50%][,][60%][,][75%][,][or][100%] of your [Daily/Monthly] Benefit[that] can be used towards [home and community/home, community, and informal] care expenses.[Use the cost of care in your area as a guide to decide what's right for you.]

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[What features are included with this plan?] *[CD 2.3]*

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[CD 2.3.7 – 2.3.11]

[Informal Care. Help provided by a friend or family member (who didn't live in your home when you became benefit eligible) may also be reimbursed - as long as the caregiver isn't compensated as an employee of a home health agency or Independent Provider. This care may include help managing medications, simple health care tasks, or assisting you with the activities of daily living.**]**

[Home Care Right Away. Allows you to receive [home and community/home, community, and informal] care benefits as soon as you qualify, with no waiting period.**]**

[Assisted Living %. [You can choose][50%][,][60%][,][75%][,][or][100%] of your [Daily/Monthly] Benefit [that]can be used toward covered assisted living expenses.[Use the cost of care in your area as a guide to decide what's right for you.]**]**

[**Limited Assisted Living Facility.** Covers payments for care and support services provided while in an assisted living facility, but it does not cover rent for the facility.]

[Transition Payment. Pays a one-time cash benefit of [5 times your Daily Benefit/20% of your Monthly Benefit] while you are satisfying your waiting period.**]**

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[What features are included with this plan?] *[CD 2.3]*

print | email | rate this

[CD 2.3.12 – 2.3.13]

[Refund of Premium. If you're concerned about what happens to the money you've paid into your insurance plan should you die before receiving benefits, this feature will appeal to you.

> **[[Graded Refund of Premium:** If you die before age 65, 100% of the premiums you've paid (less any benefits paid) will be refunded. After you're 65, the amount of premiums refunded will reduce 10% per year. No refund is available after you reach age 75. Therefore, this benefit is not available, nor will you be charged, if you are age 65 or over at issue.**]**
>
> **[10-Year Refund of Premium:** If you die after being covered for 10 years, 100% of the premiums you've paid (less any benefits paid) will be refunded.**]]**

[Nonforfeiture. This benefit allows for a reduced amount of coverage if your plan would otherwise end because you didn't pay your premium after your coverage is in force for three years. This reduced coverage amount is based on the premiums you have already paid (less any claims paid), but it will be no less than the benefits payable for 30 days of facility care.**]**

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[What features are included with this plan?] *[CD 2.3]*

print | email | rate this

[CD 2.3.14 – 2.3.16]

[Restoration of Benefits. If you fully recover from being chronically ill for a period of 180 consecutive days, your remaining Total Coverage will be increased by the amount of benefits paid and not previously restored. "Recover" means you can perform at least five activities of daily living without assistance, and are not cognitively impaired. This benefit will not apply if coverage is in nonforfeiture status.**]**

[[Enhanced]Survivorship. If you and your spouse[or partner] have both owned Genworth Life coverage that includes the similar survivorship benefit with the same qualifying period[, have not received benefits], and one of you dies, all future premium payments will be waived for the survivor's coverage.]

[Shared Coverage. If you and your spouse[or partner] purchase identical coverage, this benefit allows you and your spouse[or partner] to share Total Coverage Maximums. If one of you exhausts the shared Total Coverage Maximum, the second insured will have access to at least 50% of his or her original coverage.]

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[What features are included with this plan?] *[CD 2.3]*

print | email | rate this

[CD 2.3.17 – 2.3.18]

[Shared Coverage with Joint Waiver. If you and your spouse[or partner] purchase identical coverage, this benefit allows you and your spouse[or partner] to share Total Coverage Maximums. If one of you exhausts the shared Total Coverage Maximum, the second insured will have access to at least 50% of his or her original coverage. If one of you goes on claim, premiums will be waived for both of you.]

International Coverage. A valuable benefit, if you think you may retire outside the United States. Coverage is provided for [qualified nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your [Daily/Monthly] Benefit for up to 4 years.]/[qualified nursing facility care and home care you receive in other countries. Your covered nursing facility expenses will be reimbursed up to 50% of your [Daily/Monthly] Benefit for up to 4 years, and your covered home care expenses will be reimbursed up to 25% of your [Daily/Monthly] Benefit for up to 1 year.]

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[What features are included with this plan?] *[CD 2.3]*

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[CD 2.3.19 – 2.3.21]

[Couples Discount. [If you and your spouse[or partner] both apply for coverage, each of you can receive a [xx%] discount./When both you and your spouse[or partner] apply for coverage together, a premium discount may apply:[[x]% if both are eligible to apply.][40% if both are issued, 25% if both are eligible to apply and only one is issued.] Applicants must meet certain underwriting criteria to be eligible for the discount.]

[Preferred Health Discount. If you are in good health based on Genworth Life Insurance Company's underwriting standards, you may qualify for an additional discount.**]**

[Accelerated Premium Payments. By paying a larger premium, payments are required only for a limited time.[You can "pay up" your coverage by your 10th policy anniversary if you pay a larger premium for 10 years.][Or,][You can "pay up" your coverage by age 65 if you pay a larger premium until that time.]**]**

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What care is not covered? *[CD 2.6]*

Announcements

Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

[What features are included with this plan?] *[CD 2.3]*

print | email | rate this

[CD 2.3..23 – 2.3.23

Payment Frequency. You can choose how often you pay your premiums, either [monthly][,][quarterly][,][semi-annually][, or][ ]annually].[If premiums are paid more frequently over the course of the year, there are additional charges. You'll save money if you choose a less frequent payment option.][Payroll deduction is only available if you select the monthly payment frequency.]

For details on additional plan features, please see your Outline of Coverage.

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What care is not covered? *[CD 2.6]*

Announcements

Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

[What additional options are available?] *[CD 2.4]*

print | email | rate this

[CD 2.4.1]
The following features are available for an additional cost…

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Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

What happens when I need care? *[CD 2.5]*

print | email | rate this

[CD 2.5.1 – 2.5.3]

Contacting the claims department. Claims professionals can help you understand the benefits available to you and how to access them. You'll receive a toll-free number to contact Genworth's Claims Services Department. After speaking with a Genworth intake professional you'll be contacted by a member of the care coordination team who will begin the care coordination process – which may include a face-to-face functional assessment, needs assessment, and the development of a personalized Plan of Care.

Professional care coordination. Care coordinators can help assess your long term care needs and identify the care needed to meet those needs. They'll work with you to develop an individualized plan of care and to locate community resources you can use to obtain your care. Care coordinators can monitor the care you receive on an on-going basis and help revise your plan of care, if needed.

[Caregiver Support Services. Caregiver Support Services, offered through CareScout, can help you identify care resources that may be needed for aging parents or other family members.**]**

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Announcements

Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

What happens when I need care? *[CD 2.5]*

print | email | rate this

[CD 2.5.4]

Qualifying for benefits. To be eligible for benefits you must need help with at least two "activities of daily living" and be likely to need help with them for at least 90 days. There are six activities of daily living:

- Bathing
- Eating
- Dressing
- Toileting
- Continence
- Transferring (for example, moving from a chair to your bed)

Alzheimer's disease (or any other severe cognitive impairment that results in the need for supervision) may also qualify you for benefits. You will need a doctor, nurse, social worker, or other appropriately licensed health care practitioner to certify that you are eligible for benefits.

For benefits to be payable for covered long term care and services, the care and services must be part of your Plan of Care developed by a licensed health care practitioner. Your Plan of Care will indicate the type, frequency, and duration of the care and services necessary to address your needs.

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Announcements

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What happens when I need care? *[CD 2.5]*

print | email | rate this

[CD 2.5.5]

Waiting Period. If you are eligible for benefits a [60/90]-day elimination period must be met. The elimination period begins on the first day you receive covered long term care services. If you continue to qualify, you will receive benefits for the covered long term care services after [60/90] [calendar/covered-service days.]

You will only need to satisfy the elimination period once in your lifetime[, and your covered service days do not need to be consecutive].[There is no elimination period for formal[or informal] care received at home. In addition, days for which payment is made for care at home or in the community will count towards satisfying the elimination period.]

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Announcements

Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

What care is not covered? *[CD 2.6]*

print | email | rate this

[CD 2.6.1 – 2.6.1.4]
Not all long term care services are covered by your plan. For details on what isn't covered, review the "Exclusions and Limitations" section of the Outline of Coverage. Generally, your plan does not cover items such as room and board, treatment, care, and equipment if:

[• You would not have been charged for them if you did not have insurance.]

[• You receive care or services outside of the District of Columbia or the United States and its territories or possessions, except as covered by the International Coverage benefit.]

[• Your immediate family provides care or services [that are not covered by an Informal Care benefit.] The care may be covered if the family member is a regular employee of the organization that is 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.]

[• Alcoholism, addiction to drugs or narcotics, except for addiction to prescription drugs, which you took only as directed by a physician.]

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Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

What care is not covered? *[CD 2.6]*

print | email | rate this

[CD 2.6.1.5 – 2.6.2.5]
[• You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is made.]

Your plan does not cover expenses if the need for long term care is the result of:

[• War or an act of war, whether declared or undeclared]

[• Attempted suicide or self-inflicted injury]

[• Your participation in a felony, riot or insurrection]

[• Service in the armed forces or units auxiliary thereto]

State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the reference to war or act of war is qualified as "war or act of war, while serving in the military service or any auxiliary unit attached to the service…" Check your Outline of Coverage for any state variations that apply.

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[Presentation Link]

What care is not covered? *[CD 2.6]*

print | email | rate this

[CD 2.6.3 – 2.6.4]

Non-duplication of benefits. This program will reimburse benefits only for covered expenses that exceed the amount payable (or already paid) under:

- Medicare, including amounts that would be reimbursable in the absence of a deductible or co-insurance amount.
- [Any state or federal worker's compensation, employer's liability, or occupational disease law.]
- Any other federal, state or government health care or long term care program[(including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid.

[Coordination with other coverage. Benefits will be reduced when the total amount payable under your coverage and all other [Group] Long Term Care Insurance is greater than the actual expenses you incur.**]**

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Announcement Text *[CD 4.0]*

[File Link]

[Presentation Link]

What care is not covered? *[CD 2.6]*

print | email | rate this

[CD 2.6.5 – 2.6.7]
[Pre-Existing Conditions Limitation: Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]

[This Program does not include a Pre-Existing Conditions Limitation. However, coverage is subject to Misstatements and Incontestability provisions that allow Genworth Life to reduce or deny a claim or rescind coverage if your application contains incorrect information or omits information. In most states, the definition of a "pre-existing condition" is a condition for which medical advice or treatment was recommended by, or received from a provider of health care services within the six months before the effective date of coverage.]

If you'd like more details on what isn't covered by your Long Term Care Insurance, read the Exclusions and Limitations section of the Outline of Coverage.

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[File Link]

[Presentation Link]

Who is eligible? *[CD 3.1]*

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[CD 3.1 – 3.1.3.4]
[To be eligible, you must be [[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old][or a][retiree under the age of [ZZ]].[Family members must be between the ages of [XX] and [YY] to apply.]]

[To be eligible, you must be [a/an][active] [member][in good standing] between the ages of [XX] & [YY].][Family members must also be between the ages of [XX] & [YY] to apply.]]

Eligible family members include:
[•Spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]

[•Surviving spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]

[•Domestic partners of eligible [[employee]s[or][retirees]/[member]s]]

[•Parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

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Who is eligible? *[CD 3.1]*

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[CD 3.1.3.5 – 3.1.5]
[•Step parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

[•Grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

[•Step grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

[•Adult children of eligible [[employee]s[or][retirees]/[member]s]]

[•Siblings of eligible [[employee]s[or][retirees]/[member]s]]

All eligible persons must maintain a permanent US residence and have a valid U.S. Social Security or Tax Identification Number.

If you have questions about who is eligible under this plan, please Contact Us.

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[File Link]

[Presentation Link]

How do I apply? *[CD 3.2]*

print | email | rate this

[CD 3.2.1 – 3.2.2]
It's easy to apply for the [GroupName] Group Long Term Care Insurance program. You can:

[• **Apply online** – You can apply, sign, and submit your application online using Genworth's unique electronic signature (e-Signature) capability.]

[• **Meet with a licensed agent** – You can meet face to face with a qualified agent who can help you evaluate your options.[Talk with your employer about your company's representative/Call [800-555-1212] to find an agent near you.]

[• **Apply by phone** – If you'd like help completing your application over the phone, customer service representatives are available by calling [800-555-1212].]

[• **Download an application** – Print, sign, and complete the application and return it by mail. The mailing address is provided in the instructions.]

[• **Request an [enrollment/information] kit** – You can request an [enrollment/information] kit with everything you need to apply.]

Select the green "Get a quote" button above to get started.

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[File Link]

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Why apply now? *[CD 3.3]*

print | email | rate this

[CD 3.3.1 – 3.3.3]
Applying now to [GroupName]'s Long Term Care Insurance program has advantages:

[**Streamlined Underwriting.** If you are [an Actively-at-Work employee/a member in good standing[or a[n eligible] retiree]], you can take advantage of streamlined underwriting during your enrollment period. This limits the number of health related questions you [and your spouse[or partner]] need to answer.]

[**Coverage Guarantee.** During your enrollment period, if you are [an Actively-at-Work employee/a member in good standing [or a[n] [eligible] retiree]] on the day you apply, and on the day your coverage becomes effective, your coverage is guaranteed without answering any health questions. [Your spouse[or partner] will have streamlined underwriting, which limits the health questions they'll have to answer.]]

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[Presentation Link]

Why apply now? *[CD 3.3]*

print | email | rate this

[CD 3.3.4 – 3.3.6]
[**Coverage Guarantee or Streamlined Underwriting.** During your enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting -- depending on [your age/your age and the plan you choose/the plan you choose] – as long as you are [Actively-at-Work/are a member in good standing/meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. [Your spouse[or partner] may be able to take advantage of streamlined underwriting[-- depending on [their age][and][the plan they select] -- which means fewer medical questions to answer.]]

[If you decide to apply after the enrollment period, you will be required to complete a full health questionnaire and go through underwriting. There is a chance that a health condition may prevent you from qualifying for coverage.]

Lower premiums. The younger you are when you apply, the lower your premium will be for comparable coverage. If you wait to apply your, premiums will be higher.

[Your health may change. A future medical condition may keep you from qualifying for coverage later.**]**

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How can I learn more? *[CD 3.4]*

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[CD 3.4.1]
If you want to explore other benefits and features of this Long Term Care Insurance program, please Contact Us.

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[This program includes coverage for certain care you receive in the comfort of your own home. Customize your plan to fit your budget by clicking on "Get a quote" in the top-right corner of this page.]

[View a schedule of upcoming [employee] meetings »]

[View an interactive presentation »]

What can I expect during the process? *[CD 3.5]*

print | email | rate this

[CD 3.5.1 – 3.5.3]
[Application. If you apply online, you'll get a confirmation email that your application has been received.**]**

[Underwriting. If you need to complete a health questionnaire, a copy of your medical records may be requested; in some instances, a 20 to 30 minute telephone interview may also be required.**]**

Certificate issue. When you have been approved for coverage, on or near the effective date of your coverage you'll receive a package containing your Certificate of Insurance. This is your proof of insurance. Be sure to review it to make certain that it reflects the benefits you selected – you'll have [30] days to return it for a refund of your paid premiums if you change your mind.

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View learning topics

[CD 5.0]

Step 1: **Get a Quote** | Step 2: **Your Plan** | Step 3: **Your Partner's Plan** | Step 4: **Apply**

[Are both members of a couple applying[together online]? *[CD 5.1]*	
[You and your spouse[or partner] can get a combined quote and apply together online today. You may each qualify for a premium discount.] *[CD 5.1.1]*	Yes ○ No ○
[When were you born?] *[CD 5.2]*	
Your premiums are tied to your age; typically, the younger you are when you purchase coverage, the lower your premiums will be.	-Month- -Day- -Year- If you do not see your birth year in the list, please contact us.
[When was your spouse[or partner] born?] *[CD 5.3]*	
	-Month- -Day- -Year- If you do not see your birth year in the list, please contact us.
Where do you expect to retire? *[CD 5.4]*	
The costs of long term care vary significantly from state to state. View the Cost of Care in your area »	Virginia Select metro area

Next step: **Plan options**

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Your Quote

View learning topics

[CD 6.0]

Step 1: Get a Quote | **Step 2: Your Plan** | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected. Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit] [CD 6.1.2]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]
[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o [Automatic 5% Increase for Life – Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿ Include
- o Do not include

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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print or email plan summary »
view your group's contribution »

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Your Quote

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Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit [CD 6.1.2]**]**

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »

[Value]

[Value] [Value] [Value]

[Content]

As a rule of thumb choose a [Daily/Monthly] Benefit that comes close to covering today's cost for a [day/month] of care in the [Richmond] area. View the Cost of Care in your area»**]**

[CD 6.1.2]

[Value]

[What if I invested instead of buying insurance?]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »

[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o [Automatic 5% Increase for Life – Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿ Include
- o Do not include

Your Plan

Your Plan **$[Value]** [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit] [CD 6.1.2]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]

[Value]
[Value] [Value] [Value]
[Content]

The cost of care you receive not only depends on where you live, but also on the type of care you receive. To find the cost of home or community care, assisted living, and nursing home care in your area, use Genworth's Cost of Care map.]
[CD 6.1.2.1]

[Value]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
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[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿ Include
- o Do not include

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit [CD 6.1.2]]

[Value] [Value] [Value] [Value]

The maximum your plan will pay each [month] for covered expenses.[The average cost of care] in your area is $[xxxx] per [day/mo
[How much does care cost in my area?]

The cost of care you receive not only care you receive. To find the cost of h home care in your area, use Genworth

Benefit Increase Options [CD 6.1.4]

[These options increase /This option inc [Daily/Monthly] Benefit and Total Cover over time, helping you keep up with fut care. more »
[Which Benefit Increase Option is right f

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if y premiums after three years. more »

Your Plan

Your Plan $[Value] [Monthly]

it
Maximum
er Time]

Genworth Financial | Cost of Long Term Care Across the Nation

WA MT ND MN VT NH ME MA RI CT NJ DE MD DC OR ID WY SD WI MI NY PA NE IA IL IN OH WV VA KS MO KY NV UT CO CA TN NC OK AR SC AZ NM MS AL GA LA TX FL AK HI

[CD 6.1.2]

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[Value]

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[Which Benefit Increase Option is right fo

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you premiums after three years. more »

Your Plan

Your Plan | $[Value] [Monthly]

aximum Time]

Print | close X

Virginia – State Median: Annual Care Costs in 2011

Choose a location: Virginia - State Median

Home Care	Annual Cost	5-yr Annual Growth***
Homemaker Services**	$ 39,033	2%
Home Health Aide**	$ 42,328	2%
Adult Day Health Care		
Adult Day Health Care*	$ 14,170	N/A
Assisted Living Facility		
Private, One Bedroom	$ 44,460	4%
Nursing Home		
Semi-Private Room	$ 69,715	4%
Private Room	$ 77,380	5%

Calculate Future Costs
Compare Costs by Location

* Based on 8 hours a day, 5 days a week of care
** Based on 44 hours per week of care
*** Represents the compound annual growth rate based on Genworth Cost of Care Survey.

[CD 6.1.2]

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Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit [CD 6.1.2]]

[Value] [Value] [Value] [Value]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [a care] in your area is $[xxxx] per [day/mor
[How much does care cost in my area?]
[What is the cost of waiting?]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pa expenses for the lifetime of your coverag
[What Total Coverage Maximum is right f
[What if I invested instead of buying insu

Benefit Increase Options [CD 6.1.4]

[These options increase /This option incr [Daily/Monthly] Benefit and Total Covera over time, helping you keep up with futu care. more »
[Which Benefit Increase Option is right fo

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if yo premiums after three years. more »

Your Plan

Your Plan | $[Value] [Monthly]

] Benefit
erage Maximum
age Over Time]

summary »
ontribution »

Close Window

What is the cost of waiting? [CD 6.1.2.2.1]

People often think they can wait until they are older to buy Long Term Care Insurance. But considering coverage earlier has advantages.

Estimated Monthly Costs

Today	$12
If you wait...	
5 Years	$14
10 Years	$21
15 Years	$35
20 Years	$60

Monthly Benefit: $2,250
Total Coverage: $81,000

Why now?

- Monthly premiums are lower when you're younger
- A future medical condition won't keep you from getting insurance

Premiums shown for future purchases are taken from current rate tables for older ages. These premiums are not guaranteed, and the insurer has the right to change rates in the future.

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Plan Options [CD 6.1] | Plan Features

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[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[W
[W

[Value]
[Value] [Value] [Value]
[Content]

As a rule of thumb, choose a Total Coverage Maximum that will provide for at least three years of assisted living or home care in your area.]
[CD 6.1.3]

Be

[Tl
[D
ov
ca
[Which Benefit Increase Option is right for me?]

Life – Compound[*]
qual[*]
ge Adjusted[*]
o [Automatic 5% Increase for Life – Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

⦿ Include
o Do not include

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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Plan Options [CD 6.1] | Plan Features

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[Monthly Benefit [CD 6.1.2]**]**

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[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]

[Value]
[Value] [Value] [Value]
[Content]

Everyone's needs are different, but when making this choice consider a Total Coverage Maximum that will be sufficient to cover three years worth of long term care expenses. However, you should also think about things like your own family health history, which may guide you to an option that will allow for a longer period of care.] [CD 6.1.3.1]

*]
or Life – Compound[*]
- Equal[*]
- Age Adjusted[*]
- Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

⦿ Include
o Do not include

Your Plan

Your Plan **$[Value]** [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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Plan Options [CD 6.1] | Plan Features

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[What is the cost of waiting?]

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The total "pool of money" available to pay expenses for the lifetime of your coverage
[What Total Coverage Maximum is right fo
[What if I invested instead of buying insur

Benefit Increase Options [CD 6.1.4]

[These options increase /This option incre [Daily/Monthly] Benefit and Total Coverag over time, helping you keep up with futur care. more »
[Which Benefit Increase Option is right for

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you premiums after three years. more »

Your Plan

Your Plan | $[Value] [Monthly]

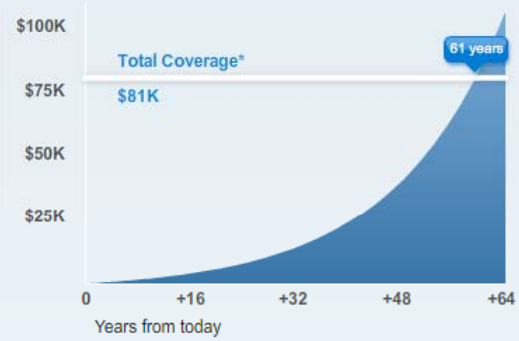
y] Benefit
verage Maximum
rage Over Time]

summary »
contribution »

Close Window

Why insure versus invest? [CD 6.1.3.2]

This graph helps you see how long it would take to save an amount equal to the Total Coverage from your Long Term Care Insurance plan. Select an expected after-tax investment return on the slider and see if saving on your own is a viable option to pay for the services you may need.



Estimated Cost: $12/month

After-tax return | ?

6%

4% 8%

You will be 102 years old by the time you're able to save an amount equal to the Total Coverage you could have today with Long Term Care Insurance.

* This amount does not account for any increases in total coverage that may result from your benefit increase options.

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[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]
[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]

[W raded[*]
»]

[The "Buy More Coverage Over Time" option is automatically included in your plan if you do not choose an automatic increase option.]Automatic increase options are available at an additional cost.[Carefully review the "Automatic 5% Increase for Life - Compound" option. It offers the most comprehensive inflation protection. If you select another option, you will be asked to confirm that you have rejected the "Automatic 5% Increase for Life - Compound" option.]
[CD 6.1.4]

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]
[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- [Buy More Coverage Over Time[*]
- o
- o
- o
- o

[*(

You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at the time of the offer.[This option is not available with Accelerated Premium Payments.]]
[CD 6.1.4.1.1]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- o Do not include

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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[Value] [Value] [Value]
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The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
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[Value]
[Value] [Value] [Value]
[Content]

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[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o
- o
- o

[*(

Your coverage amounts [(less any claims paid)]automatically increase by [3][4][5]% compound each year. These increases do not trigger a premium increase.]
[CD 6.1.4.1.2 – 6.1.4.1.4]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿
- o

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]
[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

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- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o
- o

[*(

Your coverage amounts [(less any claims paid)]automatically increase by 5% simple each year. These increases do not trigger a premium increase.]

[CD 6.1.4.1.5]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿
- o

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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[CD 6.0]

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Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit] [CD 6.1.2]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]
[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o

[*(

Your coverage amounts [(less any claims paid)]automatically increase 5% compound every year up to age 66, then 5% simple thereafter. These increases do not trigger a premium increase.]

[CD 6.1.4.1.6]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

⦿
o

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

compare plans »
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view your group's contribution »

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[CD 6.0]

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Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit] [CD 6.1.2]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]

[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]

[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o [Automatic 5% Increase for Life – Graded[*]

[*

Your coverage amounts [(less any claims paid)]automatically increase by 5% compound while you're age 60 or younger, 3% compound between the ages of 61 and 76, and then by 2% compound each year thereafter. These increases do not trigger a premium increase.]

[CD 6.1.4.1.7]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

⦿
o

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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[CD 6.0]

Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit] [CD 6.1.2]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]

[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]

[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o [Automatic 5% Increase for Life – Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

Partnership for long term care. The state you currently live in may recognize this coverage as qualified Long Term Care Insurance under a Long Term Care Insurance Partnership Program. If so, you will receive appropriate disclosures of the status of your coverage and what it means to you. For your plan to qualify for Partnership you must select a qualifying Benefit Increase Option. For more information on this and other elements of Partnership, view the important details here.]

[CD 6.1.4.1.8]

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit [CD 6.1.2]]

[Value] [Value] [Value] [Value]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [a care] in your area is $[xxxx] per [day/mon
[How much does care cost in my area?]
[What is the cost of waiting?]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay expenses for the lifetime of your coverage
[What Total Coverage Maximum is right fo
[What if I invested instead of buying insur

Benefit Increase Options [CD 6.1.4]

[These options increase /This option incre [Daily/Monthly] Benefit and Total Coverag over time, helping you keep up with futur care. more »
[Which Benefit Increase Option is right for

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you premiums after three years. more »

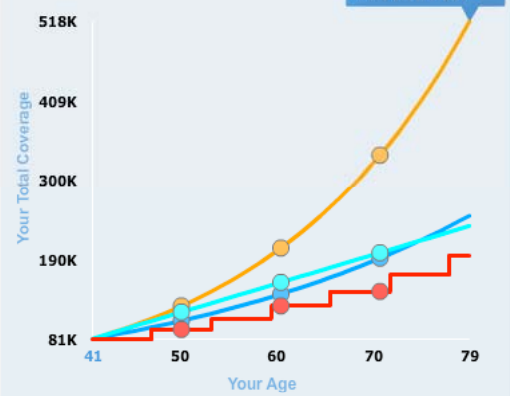
Close Window

Which benefit increase option is right for me? [CD 6.1.4.2.1]

How will my coverage grow? | How much will my coverage cost?

This graph shows how your Total Coverage will grow over time depending on the option you select.

Mouse over points for more information



Benefit Increase Options
Select options to compare:
- Automatic 5% Increase for Life - Compound
- Automatic 3% Increase for Life - Compound
- Automatic 5% Increase for Life - Equal
- Buy more coverage over time

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Your Plan

Your Plan $[Value] [Monthly]

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Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit [CD 6.1.2]]

[Value] [Value] [Value] [Value]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [as care] in your area is $[xxxx] per [day/mont
[How much does care cost in my area?]
[What is the cost of waiting?]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay expenses for the lifetime of your coverage
[What Total Coverage Maximum is right fo
[What if I invested instead of buying insura

Benefit Increase Options [CD 6.1.4]

[These options increase /This option incre [Daily/Monthly] Benefit and Total Coverag over time, helping you keep up with future care. more »
[Which Benefit Increase Option is right for

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you premiums after three years. more »

Your Plan

Your Plan $[Value] [Monthly]

onthly] Benefit
al Coverage Maximum
Coverage Over Time]
ure]

ns »
l plan summary »
up's contribution »

eatures

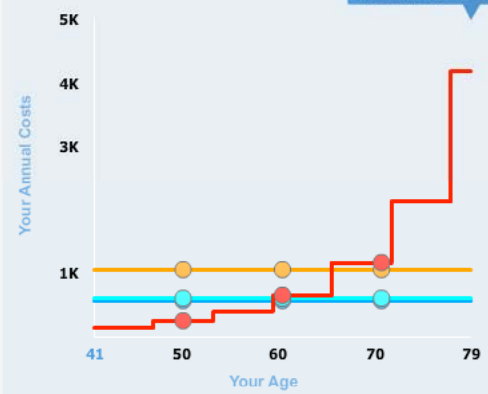
Close Window

Which benefit increase option is right for me? [CD 6.1.4.2.2]

How will my coverage grow? | How much will my coverage cost?

This graph shows your estimated cost of coverage depending on the option you select.

Mouse over points for more information



Benefit Increase Options
Select options to compare:
- Automatic 5% Increase for Life - Compound
- Automatic 3% Increase for Life - Compound
- Automatic 5% Increase for Life - Equal
- Buy more coverage over time

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[CD 6.0]

Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options [CD 6.1] | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit [CD 6.1.2]**]**

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maximum [CD 6.1.3]

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value]
[Value] [Value] [Value]
[Content]

Benefit Increase Options [CD 6.1.4]

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o [Automatic 5% Increase for Life – Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture] [CD 6.1.15]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿ Include
- o Do not include

This may be right for you if you want to retain at least some of your coverage if you stop making premium payments.]]
[CD 6.1.15]

Your Plan

Your Plan **$[Value]** [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

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t a quote | Next step: **Plan features**

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Step 1: Get a Quote | Step 2: Your Plan [CD 6.0] | Step 3: Your Partner's Plan [CD 7.0] | Step 4: Apply

Plan Options | Plan Features [CD 6.2]

Facility Care % *[CD 6.1.6]*	
The percentage of your [Monthly] Benefit the plan will pay for covered services.	[100%]
[Home and Community Care % *[CD 6.1.7]*	
The amount of your [Monthly] Benefit that can be used towards [home and community/home, community, and informal] care expenses.	[75%]
[Informal Care *[CD 6.1.8]*	
You can receive reimbursement for help provided by a friend or family member.	[Included]
[Waiting Period *[CD 6.1.9]*	
The period you must wait before benefits can be paid. This is also known as an elimination period.	[90 days]
[Home Care Right Away *[CD 6.1.10]*	
Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.	[Included]

Your Plan

Your Plan **$[Value]** [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

Plan Features

- [100]% Facility Care
- [75]% Home and Community Care
- [Informal Care]
- [90] day waiting period
- [Home Care Right Away]

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Your Quote

View learning topics

Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply *[CD 8.0]*

Start the application process by creating an account *[CD 8.1]*

To return to an in-progress application at a later date, you will need to create login credentials for yourself.

Create your personal ID more »

Your name

First name

Last name

Email address

Retype email address

Create password more »

Retype password

Security question

Select a security question

Answer to security question

[Title]

Yes No

[Title]

-Month- -Day- -Year-

If you do not see your birth year in the list, please contact us.

Your Plan

Your Plan **$[Value]**
[Monthly]

Plan Options

- [Content]
- [Content]
- [Content]
- [Content]

Plan Features

- [Content]
- [Content]
- [Content]
- [Content]

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request an enrollment kit »

download an application »

view your group's contribution »

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Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply *[CD 8.0]*

[Before you apply] *[CD 8.2]*

[To start your application with the plan features and choices you saved earlier, click below. To submit your completed application electronically, enter your e-Signature. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.

If needed, your e-Signature can be sent again to the email address associated with your account.]

retrieve e-Signature »]

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Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply *[CD 8.0]*

[Welcome back, [First Name]!] *[CD 8.3]*

[We've saved your coverage preferences from your last visit.

To continue your application with the coverage amounts and plan options you selected during your last visit, click below. If you want to explore a little more, visit the Learning Center above or click "Get a New Quote" and save your new plan features before completing the application. Please note that if you've had a birthday since your last visit, the cost for your coverage may have changed.

If needed, your e-Signature can be sent again to the email address associated with your account.]

retrieve e-Signature »]

- get a new quote »
- print or email plan summary »
- request an enrollment kit »
- download an application »

Back to Your plan | Continue

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Step 1: Get a Quote | **Step 2: Your Plan** | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value] [Value] [Value] [Value]
[Content]

Total Coverage Maximum

The total "pool of money" available to pay covered expenses for the lifetime of your coverage. more »
[What Total Coverage Maximum is right for me?]
[What if I invested instead of buying insurance?]

[Value] [Value] [Value] [Value]
[Content]

Benefit Increase Options

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care. more »
[Which Benefit Increase Option is right for me?]

- ⦿ [Buy More Coverage Over Time[*]
- o [Automatic [3][4][5]% Increase for Life – Compound[*]
- o [Automatic 5% Increase for Life – Equal[*]
- o [Automatic 5% Increase for Life – Age Adjusted[*]
- o [Automatic 5% Increase for Life – Graded[*]

[*Option is Partnership Qualified. more»]

[Nonforfeiture]

Enables you to keep some coverage if you stop paying premiums after three years. more »

- ⦿ Include
- o Do not include

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

compare plans » *[CD 9.1]*
print or email plan summary » *[CD 9.2]*
view your group's contribution » *[CD 9.3]*

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Print Email

[Group's Plan Name]

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Compare plans *[CD 9.1]*

This compares the starting plan to the plan you've selected. You haven´t altered the starting plan. To compare different options, close this window and select different plan features.

[Monthly] Cost	Your [Starting Plan]		[Your Current Plan]		[Your Spouse's Plan]	
The amount you will pay (also referred to as your "premium") for Long Term Care Insurance.	[Content]	[Value]	[Content]	[Value]	[Content]	[Value]
[Daily/Monthly] Benefit:						
The maximum your plan will pay each [day/month] for covered expenses. [The average cost of [assisted living care] in your area is [zzzzz] per [day/month].]	[Content]	[Value]	[Content]	[Value]	[Content]	[Value]
Total Coverage Maximum:						
The total "pool of money" available to pay covered expenses for the lifetime of your coverage.	[Content]	[Value]	[Content]	[Value]	[Content]	[Value]
Benefit Increase Option:						
Increases your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care.	[Buy More Coverage Over Time]		[Buy More Coverage Over Time]		[Buy More Coverage Over Time]	
Facility Care %:						
The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.	[100%]		[100%]		[100%]	
[Home & Community Care %:						
The amount of your [Daily/Monthly] Benefit that can be used toward [home and community/home, community, and informal] care expenses.]	[75%]		[75%]		[75%]	

[Informal Care:			
Allows you to receive reimbursement for help provided by a friend or family member.]	[Included]	[Included]	[Included]
[Waiting Period:			
The period you must wait before benefits can be paid. This is also known as an elimination period.]	[90 days]	[90 days]	[90 days]
[Home Care Right Away:			
Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.]	[Included]	[Included]	[Included]
[Nonforfeiture:			
Enables you to keep some coverage if you stop paying premiums after three years.]	[Included]	[Included]	[Included]

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[Group's Plan Name]

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Plan summary *[CD 9.2]*

	Your Plan	[Your Spouse's Plan]	[Total]
Base Plan Premium	[$ Value]	[$ Value]	[$ Value]
[Nonforfeiture]	[$ Value]	[$ Value]	[$ Value]
[Your Group's Contribution]	[$ Value]	[$ Value]	[$ Value]
Annual Cost	[$ Value]	[$ Value]	[$ Value]
[Monthly] Cost	[$ Value]	[$ Value]	[$ Value]

Your plan includes:

[Daily/Monthly] Benefit:	**[Value]**	**[Value]**	**[Value]**
The maximum your plan will pay each [day/month] for covered expenses. [The average cost of [assisted living care] in your area is $[zz,zzz] per [day/month].]			
Total Coverage Maximum:	**[Value]**	**[Value]**	**[Value]**
The total "pool of money" available to pay covered expenses for the lifetime of your coverage.			
Benefit Increase Option:	**[Value]**	**[Value]**	**[Value]**
Increases your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care.			
Facility Care %:	**[Value]**	**[Value]**	**[Value]**
The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.			
[Home & Community Care %:	**[Value]**	**[Value]**	**[Value]**
The amount of your [Daily/Monthly] Benefit that can be used toward [home and community/home, community, and informal] care expenses.]]			
[Informal Care:	**[Value]**	**[Value]**	**[Value]**
Allows you to receive reimbursement for help provided by a friend or family member.]			

[Waiting Period:	**[Value]**	**[Value]**	**[Value]**
The period you must wait before benefits can be paid. This is also known as an elimination period.]			
[Home Care Right Away:	**[Value]**	**[Value]**	**[Value]**
Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.]			
[Nonforfeiture:	**[Value]**	**[Value]**	**[Value]**
Enables you to keep some coverage if you stop paying premiums after three years.]			

Your plan also includes benefits for Home Assistance, International Coverage, Waiver of Premium, Hospice and Respite Care, Care Coordination, Bed Reservation,[Care support services,][Live+Well wellness program,] and Alternate Care. It is subject to the Exclusions and Limitations shown in the Plans section of the Learning Center.

[Apply by [end initial enrollment date] and receive [guaranteed coverage/streamlined underwriting].]

This quote is based on your age of [xx] [and your spouse[or partner]'s age of [yy]]as of [XX/XX/XXXX]. Premiums are not guaranteed. It is for illustrative purposes only and may be subject to underwriting approval.[(If you've recently had a birthday, you may benefit from the 30-day look-back period.)]

[If you meet certain underwriting requirements, you can receive a Preferred Health Discount on your premium for the life of your coverage. In your online application, your premium will not reflect the Preferred Health Discount. If approved, the discount will be reflected in your final certificate documentation.]

48217 08/11

[Insert Group Logo Here]

Your Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

[Group Website Hyperlink]

Home | About Genworth | Contact Us | Log Out

Your Quote

View learning topics

Step 1: Get a Quote | **Step 2: Your Plan** | Step 3: Your Partner's Plan | Step 4: Apply

Plan Options | Plan Features

[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected.
Customize your coverage by adjusting the benefit sliders below:]

[Monthly Benefit]

The maximum your plan will pay each [month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].] more »
[How much does care cost in my area?]
[What is the cost of waiting?]

[Value]
[Value] [Value] [Value]
[Content]

Total Coverage Maxi

The total "pool of mo
expenses for the lifet
[What Total Coverage
[What if I invested in

Benefit Increase Opt

[These options increa
[Daily/Monthly] Bene
over time, helping yo
care. more »
[Which Benefit Increa

[Nonforfeiture]

Enables you to keep
premiums after three

Close Window

Your Group's Contribution *[CD 9.3]*

[Group Name] realizes the importance of Long Term Care Insurance to help protect your hard earned savings and prepare for long term care needs. With that in mind, they are contributing funds to provide a Monthly Benefit of $[xxxx] and Total Coverage of $[yyyyy]. You will automatically receive this benefit. However, if you would prefer to increase your coverage, consider the plan that has been pre-selected or adjust the benefits sliders to pick another option. [Group Name]'s contribution will be applied to reduce your premium for the option you select.

Your Plan

Your Plan **$[Value]** [Monthly]

Plan Options

- [Value] [Monthly] Benefit
- [Value] Total Coverage Maximum
- [Buy More Coverage Over Time]
- [Nonforfeiture]

compare plans » *[CD 9.1]*
print or email plan summary » *[CD 9.2]*
view your group's contribution » *[CD 9.3]*

Back to **Get a quote** | Next step: **Plan features**

Privacy | Disclosures | Terms of Use | Information Safety
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[Insert Group Logo Here]

Your Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

[Group Website Hyperlink]

Home | About Genworth | Contact Us | Log Out

Your Quote

View learning topics

Step 1: Get a Quote | Step 2: Your Plan | Step 3: Your Partner's Plan | Step 4: Apply

Start the application process by creating an account

To return to an in-progress application at a later date, you will need to create login credentials for yourself.

Create your personal ID more »

Your name

First name

Last name

Email address

Retype email address

Create password more »

Retype password

Security question

Select a security question

Answer to security question

[Was the eligible employee hired before [MM/DD/YYYY]?]

Yes No

[When was the eligible employee hired?]

-Month- -Day- -Year-

If you do not see your birth year in the list, please contact us.

Your Plan

Your Plan $[Value] [Monthly]

Plan Options

- [Content]
- [Content]
- [Content]
- [Content]

Plan Features

- [Content]
- [Content]
- [Content]
- [Content]

print or email plan summary »

request an enrollment kit » *[CD 9.4]*

download an application » *[CD 9.5]*

view your group's contribution »

Back to Your plan | Continue

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Close Window

Request an enrollment kit *[CD 9.4]*

Please complete the fields below.

Send application to

Applicant type
Employee/Member

Date of birth
June | 6 | 1948
If you do not see your birth year in the list, please contact us.

First name

Last name

Address

Shipments to P.O. Boxes will be sent via USPS and may take longer to arrive.

Address line 2 (optional)

City

State
Virginia

Zip code

Email address

Phone number
( ) -

[Was the eligible employee hired on or before 6/2/2011?]
Yes No

[Would you like to include an application for your spouse/partner (if applicable)?]
Yes No

[Spouse/partner's email address]

[Spouse/partner's date of birth]
-Month- | -Day- | -Year-
If you do not see their birth year in the list, please contact us.

Submit

Close Window

Download an application *[CD 9.5]*

Applicant type
Employee/Member

Date of birth
June 6 1948
If you do not see your birth year in the list, please contact us.

State of residence
Virginia

Email address (optional)

[Was the eligible employee hired on or before 6/2/2011?]
Yes No

Please review the following and indicate your consent below. To view the documents, download and install the free Adobe Reader.

Outline of Coverage (PDF)
Potential Rate Increase Disclosure (PDF)
Personal Worksheet (PDF)
Things You Should Know (PDF)
Shoppers Guide to Long Term Care Insurance (PDF)
[Important Information Regarding Long term Care Partnership (PDF)]
[Health Information Authorization (HIPAA) Form (PDF)]

I have reviewed the important documents above.

Continue

[Insert Group Logo Here]

Your Long Term Care Insurance Program
Underwritten by Genworth Life Insurance Company

[CD 10.1]
[Group Website Hyperlink]

[CD 10.2] [CD 10.3]
Home | About Genworth | Contact Us | Log Out

Learning Center

Get a quote

About LTC | Plans | Applying

print | email | rate this

Announcements

[CD 10.7] [CD 10.6]

Privacy | Disclosures | Terms of Use | Information Safety

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Close Window

About Genworth *[CD 10.2]*

[Since writing our first policy in 1871 as The Life Insurance Company of Virginia, we've been committed to helping people effectively protect and achieve the comfort of financial security. Today, even in this challenging environment, Genworth Financial is strategically focused and positioned to provide the stability, confidence and support our policyholders, customers and distributors can rely on now and in the future.

Trusted Solutions
Working with our distribution partners, we help people at key stages in their life through a wide-array of innovative products and financial services. From protecting and growing retirement income, to creating security through life, long term care and Medicare supplement insurance, to wealth management offerings and financial advisory services, to providing a safer, more secure path to homeownership, Genworth will be here to help provide financial security solutions.

Solid Foundation
We are a publicly traded global financial security company with more than [$100 billion] in assets and a presence in more than [25] countries. [We're recognized in Standard & Poor's 500 Index of Leading U.S. companies and ranked in the Fortune 500.]

Our current Long Term Care Insurance companies, Genworth Life Insurance Company for all states other than New York, and Genworth Life Insurance Company of New York in New York, continue in this tradition. Genworth Life Insurance Company underwrites your group long term care insurance program and is solely responsible for the financial obligations of the insurance offered on this website.

Dedicated People
We're proud of our worldwide employees who apply their diverse talents and dedication to make a positive difference in people's lives while helping to protect against life's uncertainties. They bring a special knowledge of what's important to help millions of people experience the joys and security of financial freedom. This same level of caring inspires their commitment to enhance the quality of life in the communities in which we live and work through a combination of volunteerism, community partnerships and charitable contributions. That's why we work hard to support our employees by fostering a motivating, challenging and dynamic environment.

Visit Genworth.com

Close Window

Contact us *[CD 10.3]*

Your question will be answered within 2 working days. Queries requiring extensive research may take longer and will be answered as soon as possible.

If you prefer to contact us by phone, please call toll-free Monday - Friday, 8 a.m. to 8 p.m., Eastern, at 800 416.3624.

First name

Last name

Address

Address line 2 (optional)

City

State
Virginia

Zip code

E-mail address

Phone number (optional)
( ) -

Subject
Select a subject

Your question

Messages have a 1500 character limit.

The email address(es) that you supply to use the service will only be used to send the requested information.

Send email

Close Window

Information Safety *[CD 10.6]*

Our Security Procedures

We understand the security of your personal information is of the utmost importance. To assist us in offering an enrollment process in a secure manner, we employ different technology controls. These controls allow us to properly authenticate your identity when you access this website and protect your personal information.

For example, this site requires the use of secure browsers to protect your information. Secure browsers allow you to communicate with our Web site in a protected session by encrypting information that flows between you and the site. To verify that your session is secure, look for https: instead of http: in the URL address line, and a secure symbol (for example, closed padlock or key) on the status bar of your browser located on the lower part of the screen.

We use encryption and authentication tools to protect information we gather on our website. E-mail communications outside of our website, however, may not be protected. If you are sending us an e-mail communication that includes highly confidential information, such as a credit card number, you may want to call us or send it by regular mail.

We maintain other physical, electronic, and procedural protections in accordance with applicable standards to protect personal information. We restrict access to personal information to employees and service providers for legitimate business purposes to assist in providing products or services to you. Employees and service providers who violate our Privacy Policy are subject to disciplinary action.

Close Window

Disclosures *[CD 10.7]*

The plan selections and features described on this website are offered under the [Group Name] Group Long Term Care Insurance Program. This material is a solicitation for insurance and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, and its features and limitations, including any state variations.

[To be eligible, you must be [[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old][or a][retiree under the age of [ZZ]].[Family members must be between the ages of [XX] and [YY] to apply.]]

Eligible family members include:

- Spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)
- Surviving spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]
- Domestic partners of eligible [[employee]s[or][retirees]/[member]s]]
- Parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]
- Step parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]
- Grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]
- Step grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]
- Adult children of eligible [[employee]s[or][retirees]/[member]s]]
- Siblings of eligible [[employee]s[or][retirees]/[member]s]]

All eligible persons must maintain a permanent US residence and have a valid U.S. Social Security or Tax Identification Number.

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

If you have questions about who is eligible under this plan, please Contact Us.

The Group Policy is intended to be a federally tax qualified Long Term Care Insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

Insurance is available to eligible persons under Group Policy number [99999] issued to [Group Name] on policy form [series 7046/7050/7053], underwritten by Genworth Life Insurance Company.

Form numbers can vary by state, including a state specific variation. [For example, [in Idaho,] the certificate form number may read 7046CERT[-ID, and] [in Pennsylvania, 7046CERT-]PA.].

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Filed-Closed	09/07/2011

Comments:

Attachment:

AR 48217 08 11 Website Filing Cover Letter.pdf

		Item Status:	Status Date:
Satisfied - Item:	Third Party Filer Authorization	Filed-Closed	09/07/2011

Comments:

Attachment:

Univita Filing Auth GNW2011.pdf

		Item Status:	Status Date:
Satisfied - Item:	Website Copy Deck with Explanation of Variability	Filed-Closed	09/07/2011

Comments:

Attachment:

48217CD EOV FULL FILE STD 081511.pdf

Timothy P. Cassidy
Director, Compliance Services
Univita Health, Inc.
5 Commonwealth Rd
Suite 2B
Natick MA 01760

Tel: 952.516.6195
Fax: 952.983.5128

www.univitahealth.com

August 17, 2011

State of Arkansas
Department of Insurance
ATTN: Advertising Review

Re: ADVERTISING FILING: ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY: NAIC# 70025
Group Long Term Care Insurance Website, Form Number 48217 08/11

Dear Sir or Madam:

On behalf of Genworth Life Insurance Company, we at Univita Health (Univita) submit, for the Department's approval, the advertising content of Genworth Life's group website, form 48217 08/11. A letter from Genworth Life authorizing Univita to file on its behalf is included in the filing. This is new material and will not replace any advertisements previously filed by Genworth Life Insurance Company.

This website is intended for use by eligible persons under Genworth Life's issued group contracts. The contracts may be issued under different, approved policy form series – 7046, 7050, and 7053. The Arkansas Department of Insurance approved the product series:

7046: September 13, 2005, and subsequently, most recent SERFF Filing ID Number GEFA-125368281
7050: September 11, 2008 under Filing ID Number GEFA-125754849
7053: June 20, 2011 under Filing ID Number GEFA-127125383

Because of the nature of websites, we have prepared the filing in the following manner:

- A document containing screenshots of each webpage, which is uploaded to the Form Schedule as the advertising, form 48217 08/11. Each screenshot includes the section number (shown in red italics) that corresponds to the section in the Copydeck where the text shown can be found. These references are bracketed because they will not appear in a live case and are included for the Department's ease in reviewing the filing. Because of the size of the website file, the Screenshots are broken into 5 files:
    - Part 1, which shows the "About LTC" portion of the website
    - Part 2, which shows the "Plans" available
    - Part 3, which shows screenshots that appear under the "Applying" tab
    - Part 4, which shows the "Get A Quote" section and plan comparison section of the website
    - Part 5, which shows the dropdowns and disclosures on the website.

- A Copydeck of the text to be used for group solicitations (48217CD_EOV_STD), which has been uploaded as Supporting Documentation. The Copydeck indicates the variability for any alternate text with an explanation of its use. It also contains several lines entitled “Notes to Reviewer” that are intended to help the reviewer understand the linkage between the screenshots and the Copydeck. Please note that text for particular benefits, exclusions or limitations will only appear as appropriate to the particular policy form series on which the group policy is issued. The types of variables are indicated based on our standard protocol for variability as follows:
    - Type 1 is case/client specific information.
    - Type 2 is material that is in or out depending on the case specific requirements.
    - Type 3 has substitute language, depending on the case specific requirements.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department’s review, Kathy Hamby, Genworth Life’s Group Compliance Leader, is available to you to address any issues as they are identified. Thank you for your time and consideration of our request.

We trust that you will find our filing to be in order and hope that you will grant your Department’s approval to this submission. If you should have any questions, please dial me directly at (952) 516-6195 or toll free at (888) 312-5824. You may also send me an email at tcassidy@univitahealth.com.

Sincerely,

Timothy P. Cassidy

Genworth
Financial

6620 West Broad Street
Building 4
Richmond, VA 23230
genworth.com

Dear Commissioner:

Genworth Life Insurance Company and, in New York, Genworth Life Insurance Company of New York hereby authorize Univita to submit Group Long Term Care insurance filings to state insurance departments on our behalf.

Sincerely,

Paul J. Loveland
Vice President
Genworth Life Insurance Company
Genworth Life Insurance Company of New York

May 5, 2011
Date

VAR. TYPE [1/2/3]

LEARNING CENTER

1. About LTC

1.1 Why consider Long Term Care Insurance?

Note to Reviewer: See Screenshots Pt 1 - Slides 1 - 2.

1.1.1 The things we value - home, family, hard-earned savings, independence - these are just a few of the important things Long Term Care Insurance can help you protect and preserve. To determine whether Long Term Care Insurance is right for you, we invite you to consider the value it may help to bring…

1.1.2 **Preserve your savings and other assets.** You've worked hard and saved. Your savings will serve you when life goes as you've planned. You probably don't want to use your savings to pay for a hospital stay or to replace your home after a fire. You have health and homeowner's insurance for those unforeseen turns in the road. Similary, the longer you live, the greater the likelihood of a long term care need. There's insurance for that too: Long Term Care Insurance.

1.1.3 **Protect your family and friends from the difficulties of care giving.** Family is often the first place you'll turn to for care, comfort, and support. But in many cases, they are not professional caregivers. What you want from your family is love and support. Weeks, months, or years of care, even with just basic daily needs, may be a burden you want to lift from your family's shoulders - so they can give you those shoulders to lean on in the ways that matter more.

1.1.4 **Stay in your home as long as possible.** If you're like most people, home is where your heart is - and where you'd like to stay for as long as possible. With Long Term Care Insurance you may have the flexibility to receive care in the comfort and familiarity of your home or your community.

1.1.5 **Maintain a level of independence and control over your life.** Nothing makes us feel more vulnerable than losing control of basic choices. Knowing we've taken steps that will help us live our lives on our own terms can help instill confidence in our plans.

1.2 What does Long Term Care Insurance cover?

Note to Reviewer: See Screenshots Pt 1 - Slide 3.

1.2.1 Keeping up with daily basic activities may require help when you're dealing with an accident, illness, or a chronic condition. Long Term Care Insurance is intended to help in times when the unforeseen leaves you with less capacity to do these kinds of daily tasks on your own. It can help reimburse the expenses you incur for covered long term care services that are expected to last for 90 days or more.

1.2.2 **Care at home and in the community.** The simple things may become challenging: getting out of bed, getting dressed each day, making a meal, housecleaning, or even doing laundry. Long Term Care Insurance can help pay for caregivers and their training - as well as things like medical monitoring equipment - to make you feel better and safer at home.[You may even be covered for some care you get from neighbors and friends.]

[You may even be covered for some care you get from neighbors and friends.] is displayed if Informal Care is included in the plan. 2

1.2.3 **Care in Assisted Living Facilities.** Assisted living strikes a balance between independent living and access to personal care services in a community setting.

1.2.4 **Care in a Nursing Home.** Nursing homes provide comfort knowing you have 24-hour access to skilled care - including medical services and monitoring of your needs.

1.3 What are the misconceptions about LTC services?

Note to Reviewer: See Screenshots Pt 1 - Slides 4 - 7.

1.3.1 **It won't happen to me.** It's hard to imagine ourselves in need of care. But we may be naïve to think this way. The causes for long term care needs aren't that uncommon. [Research shows two-thirds of people age 65 or older will need long term care services at some point in their lifetimes[1]. Not surprising when you think about it. But you should also give some thought to this: 40% of people receiving long term care are between 18 and 64 years old[1].]

This statement will be updated as the source/statistics change: *[Research shows two-thirds of people age 65 or older will need long term care services at some point in their lifetimes[1]. Not surprising when you think about it. But you should also give some thought to this: 40% of people receiving long term care are between 18 and 64 years old[1].]* 3

[1. National Clearinghouse for Long Term Care Information - "Own Your Future" website. U.S. Department of Health and Human Services; Last Updated October 22, 2008.]

This statement will be updated as the source/statistics change: *[1. National Clearinghouse for Long Term Care Information - "Own Your Future" website. U.S. Department of Health and Human Services; Last Updated October 22, 2008.]* 3

1.3.2 **My other insurance will cover me.** Long Term Care needs may be something you'd associate with Disability or Health insurance, but neither one is designed to cover what this insurance can cover. Generally, disability insurance replaces lost income to cover basic living expenses like rent, food, and clothing. Health insurance covers part of the cost for hospital stays, prescription drugs, and doctor's visits but it does not help with the cost of long term care services.

1.3.3 **The government will pay.** Many Americans think of government programs as a safety net; however, these programs are limited in the benefits they provide and require those who participate to meet specific qualifications. If you rely solely on government programs: (1) you may not have control over the type or location of care you receive; (2) your savings and other property may stand in the way of your eligibility.
For example: Medicare generally offers limited coverage for only a short period of time. It is not designed to cover long term care and does not offer significant help with these expenses. Medicaid can pay for nursing home care and some other long term care, but it requires that you have little or no income. In addition, in most states you must spend down all but about $2,000 of your assets in order to qualify.

1.3.4 **I can pay for it out of savings.** Your savings may be what you're counting on for retirement. But if you plan to use this money to pay for long term care, it's worth noting that, nationally, nursing home care costs about $[76,000] a year, and even home care averages more than $[43,000] a year[2]. If a long term care situation lasts even a few years, that's a big bite out of your savings. Considering that savings are supposed to cover the essentials of life - as well as things like travel - you probably want to hold on to as much as possible.

[76,000] is the average annual cost of a [semi-private] room in a nursing home in the US. This statement will be updated as the source/statistics change. 3

[43,000] is the average annual cost of home care provided by a licensed home health aide for an average of [44] hours per week.This statement will be updated as the source/statistics change. 3

Another point to consider - while decades of savings may help you accumulate money to pay for care, you may not have decades to save before an event occurs. Long Term Care Insurance offers more immediate protection. So if you need covered care sooner, it's available.

[2. [Genworth [2011] Cost of Care Survey, conducted by CareScout [April 2011]. Assumes nursing home care is within a [semi-private/private room] and home care is provided by a licensed home health aide for an average of [44] hours per week.]

This statement will be updated as the source/statistics change: [2. [Genworth [2011] Cost of Care Survey, conducted by CareScout [April 2011]. Assumes nursing home care is within a [semi-private/private room] and home care is provided by a licensed home health aide for an average of [44] hours per week.] 3

This statement will be updated as the source/statistics change: *[semi-private/private room]* is the type of room on which the average US nursing home cost is based upon. 3

This statement will be updated as the source/statistics change: *[44]* is the number of hours of home health aide services per week on which the average US home care cost is based upon. 3

1.3.5 **Insurance is too expensive.** Long Term Care insurance is designed to offer flexibility in cost as well as coverage. [You choose your [Daily/Monthly] Benefit Amount, your Total Coverage Maximum, and other optional benefits. These choices let you put together a plan that will help meet your needs and fit your budget.][Also, your costs will be reduced by amounts contributed by your employer.]

[You choose your [Daily/Monthly] Benefit Amount, your Total Coverage Maximum, and other optional benefits. These choices let you put together a plan that will help meet your needs and fit your budget.] is shown for Voluntary and Core Plus Buy-Up plans. Not shown for Core plans since the user doed not have a choice. 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Show *[Also, your costs will be reduced by amounts contributed by your employer.]* if plan is Core Plus Buy-Up (i.e. group provides a basic plan and provides employees/members the ability to "buy up" coverage. This section is also visible if the group pays a defined percentage or flat amount of the premium for an employee/member's voluntary plan. 2

If cost is a main concern, consider selecting a combination of benefits you can reasonably afford – even though it may not necessarily be the highest amount of coverage available. When a long term care event happens, you may find having some coverage is better than having no coverage at all.

1.3.6 You have to be the judge of whether Long Term Care Insurance should be part of your overall financial plan. You need to feel comfortable that you'll be able to pay your premiums now and in the future. If you're depending on Social Security as your main source of income, have little or no savings (or home equity) to protect, or believe you'll qualify for Medicaid, Long Term Care Insurance may not be the right choice for you.

Why consider this program?

Note to Reviewer: See Screenshots Pt 1 - Slides 8 - 11.

1.4.1 **It's flexible.** You can customize your plan to fit your needs and your budget.

1.4.2 [**It's portable.** [Take this coverage with you, even if you leave this group, as long as you pay your premiums.][Membership has its privileges; however, if you choose to leave the association, you'll still be able to take this coverage with you as long as you pay your premiums.]]

Delete this entire paragraph if user has logged in as a retiree. ***[It's portable.*** *[Take this coverage with you, even if you leave this group, as long as you pay your premiums.][Membership has its privileges; however, if you choose to leave the association, you'll still be able to take this coverage with you as long as you pay your premiums.]]* 2

If group is an Employer, display *[Take this coverage with you, even if you leave this group, as long as you pay your premiums.]* 2

If group is an association, display *[Membership has its privileges; however, if you choose to leave the association, you'll still be able to take this coverage with you as long as you pay your premiums.]* 2

1.4.3 **[Streamlined underwriting] [Guaranteed coverage].**

Show ***[Streamlined underwriting]*** if all eligible person could apply using modified guaranteed issue applications. 2

Show ***[Guaranteed coverage]*** if employees/retirees/members can apply using guaranteed issue applications. 2

1.4.3.1 [During [GroupName]'s enrollment period, [[[employee]s[and retirees]]/[member]s][are guaranteed coverage – as long as you [are Actively-at-Work/a member in good standing][and][meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective. Your spouse[or partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]

Show Section 1.4.3.1 if employees/retirees/members can apply using guaranteed issue applications. 2

[GroupName] is the name of the group. 1

For *[[[employee]s[and retirees]]/[member]s]*, show '[[employee]s[and retirees]]' for employer groups, or show [member]s for association groups. 1

For *[[employee]s[and retirees]]*, show '[employee]' if only employees are eligible to apply or '[employee]s and retirees' if both retirees are eligible to apply. 1

[employee] can be customized based on the requirements of the employer group (e.g. 'associates', 'crew members', etc.). 1

[member] can be customized based on the requirements of the association group [e.g. 'members', 'subscribers', etc.). 1

Show *[are guaranteed coverage – as long as you are [Actively-at-Work/a member in good standing]* if the eligible person can apply using guaranteed issue applications. 2

For *[Actively-at-Work/a member in good standing]*, use 'Actively-at-Work' for employer groups or 'a member in good standing' for association groups. 3

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

1.4.3.2 [During [GroupName]'s enrollment period, you and your spouse[or partner] may be able to take advantage of streamlined underwriting, which means fewer medical questions to answer.]

Show Section 1.4.3.2 if eligible person can apply using modified guaranteed issue applications. 2

[GroupName] is the name of the group. 1

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

1.4.4 **[Guaranteed coverage or streamlined underwriting.** During [GroupName]'s enrollment period, [[[employee]s[and retirees]]/[member]s] will receive either guaranteed coverage or streamlined underwriting – depending on [your age][and][the plan you choose] – as long as you are [Actively-at-Work/are a member in good standing/meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective.

Show Section 1.4.4 if the eligible person (i.e. employee, member) <u>may</u> receive Guaranteed Issue underwriting (i.e. the "GI" application forms) or reduced underwriting -- depending on their age and/or benefit amount. 1

[GroupName] is the name of the group. 1

For *[[[employee]s[and retirees]]/[member]s]*, show '[[employee]s[and retirees]]' for employer groups, or show [member]s for association groups. 1

For *[[employee]s[and retirees]]*, show '[employee]' if only employees are eligible to apply or '[employee]s and retirees' if both retirees are eligible to apply. 1

[employee] can be customized based on the requirements of the employer group (e.g. 'associates', 'crew members', etc.). 1

[member] can be customized based on the requirements of the association group [e.g. 'members', 'subscribers', etc.). 1

For *[your age/the plan you choose/your age and the plan you choose]* show... 3
(a) 'your age' if the level of underwriting is variable only for the eligible person's age
(b) 'the plan you choose' if the level of underwriting is variable only for the eligible person's selected benefit period
(c) 'your age and the plan you choose' if both are true.

For *[Actively-at-Work/a member in good standing]*, use 'Actively-at-Work' for employer groups or 'a member in good standing' for association groups. 3

[Your spouse[or partner] may be able to take advantage of streamlined underwriting[- depending on [age/the plan selected/age and the plan selected] – which means fewer medical questions to answer.]]

Show *[Your spouse[or partner] may be able to take advantage of streamlined underwriting[- depending on [age][and] [the plan selected] – which means fewer medical questions to answer.]* if the spouse of an eligible person can receive reduced underwriting. 1

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 2

Display *[- depending on [age/the plan selected/age and the plan selected] – which means fewer medical questions to answer.]* if receiving reduced underwriting depends on their age and/or selected benefit period. 2

For *[age/the plan selected/age and the plan selected]* show... 3
(a) 'age' if the level of underwriting is variable only for the eligible person's spouse's age
(b) 'the plan selected' if the level of underwriting is variable only for the eligible person's spouse's selected benefit period
(c) 'age and the plan selected' if both are true.

1.4.5 [[GroupName] supports this program. [GroupName] recognizes the financial and emotional burden a long term care event may have on you and your family.]

Show Section 1.4.5 if the group allows endorsement. 1

[GroupName] is the name of the group. 1

[They want each of their [[employees][and][retirees]/members] to have the opportunity to be protected against this risk; for that reason, they strongly urge you to consider adding Long Term Care Insurance to your financial plan.]
[They want each of their [[employees][and][retirees]/members] to be protected against this risk; for that reason, they are making contributions to help fund your Long Term Care Insurance plan.]**]**

Show *[They want each of their [[employees][and][retirees]/members] to have the opportunity to be protected against this risk; for that reason, they strongly urge you to consider adding Long Term Care Insurance to your financial plan.]* for Voluntary plans where the employer does not pay a percent or flat amount towards the premiums. Do not show for Core or Core Plus Buy-Up plans. 2

Show *[They want each of their [[employees][and][retirees]/members] to be protected against this risk; for that reason, they are making contributions to help fund your Long Term Care Insurance plan.]* for Core plans or Core Plus Buy-Up plans. Also show for Voluntary plans when the employer pays a percent or flat amount towards the premiums. 2

For *[[[employee]s[and retirees]]/[member]s]*, show '[[employee]s[and retirees]]' for employer groups, or show [member]s for association groups. 1

For *[[employee]s[and retirees]]*, show '[employee]' if only employees are eligible to apply or '[employee]s and retirees' if both retirees are eligible to apply. 1

[employee] can be customized based on the requirements of the employer group (e.g. 'associates', 'crew members', etc.). 1

[member] can be customized based on the requirements of the association group [e.g. 'members', 'subscribers', etc.). 1

1.4.6 **[[Payroll/Annuity/Pension] deduction.** Your premiums [– as well as those of your spouse [or partner] –]can be easily paid for through [payroll/annuity/pension] deduction.**]**

For *[Payroll/Annuity/Pension]* show... 3
(a) 'Payroll' if payroll deduction for employees is offered.
(b) 'Pension' if pension deduction for retirees is offered.
(c) 'annuity' if annuity deduction for is offered.

Show Section 1.4.6 if any of the conditions above are true. 2

Show *[– as well as those of your spouse [or partner] –]* if… 1
(a) if spouse's premiums may be payroll deducted from employee's paycheck.
(b) if spouse's premiums may be payroll deducted from retiree's pension.

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 2

For *[payroll/annuity/pension]* show... 3
(a) 'payroll' if payroll deduction for employees is offered.
(b) 'pension' if pension deduction for retirees is offered.
(c) 'annuity' if annuity deduction for members is offered.

1.4.7 [[GroupName] and Genworth – a winning combination. You need a company you can trust to help protect your assets and lifestyle as you grow older. Since long term care is so future-oriented, you need an insurer with the financial stability and commitment to be around years from now. That's why, after extensive due diligence, [Group Name] selected Genworth Life Insurance Company to provide Group Long Term Care Insurance to its [[employees][and][retirees]/members][and their eligible family members].

Show Section 1.4.7 if the group allows co-branding. 2

[GroupName] is the name of the group. 1

For *[[[employee]s[and retirees]]/[member]s]*, show '[[employee]s[and retirees]]' for employer groups, or show [member]s for association groups. 1

For *[[employee]s[and retirees]]*, show '[employee]' if only employees are eligible to apply or '[employee]s and retirees' if both retirees are eligible to apply. 1

[employee] can be customized based on the requirements of the employer group (e.g. 'associates', 'crew members', etc.). 1

[member] can be customized based on the requirements of the association group [e.g. 'members', 'subscribers', etc.). 1

Show *[and their eligible family members]* if group allows family members to be eligible. 1

1.4.8 **It provides care coordinators.** If you're in need of long term care services, planning and organizing your care may be difficult. That's when a care coordinator can help assess your needs, build a personalized plan of care, and locate resources in your community who can provide that care.

1.4.9 **[30]-day free look.** You have [30] days from the time you receive your certificate of insurance to evaluate your plan. If you decide that you don't want the coverage during that time, return your certificate, and any paid premiums will be promptly refunded. If you decide to keep your coverage, premiums will be payable when due. There is a 65-day period for making late premium payments before coverage will lapse.

[30, 45, 60, 90] is the free look period length (in days). 1

1.4.10 **It's easy to enroll.** You can enroll [using the web][, by phone at [1-xxx-xxx-xxxx][, with an agent,][or][with a paper application] — whatever works best for you.

Show *[using the web]* if the ability to apply online is available to the applicant. 1

Show *[, by phone at [1-xxx-xxx-xxxx]]* if the ability to apply by phone is available to the applicant. 1

[1-xxx-xxx-xxxx] is the phone number for sales support. 1

Show *[, with an agent,]* if an agent is available to meet with the applicant. 2

Show *[or]* if more than one method of applying is available to the applicant. 2

Show *[with a paper application]* if the applicant can print an application and/or request that one be mailed to them. 2

1.4.11 **Partnership for long term care.** Your state of residence may recognize this coverage as qualified Long Term Care Insurance under a Long Term Care Insurance Partnership Program. If so, you will receive appropriate disclosures of the status of your coverage and what it means to you.

1.5 Why Genworth?

Note to Reviewer: See Screenshots Pt 1 - Slides 12 - 13.

1.5.1 Should the need for long term care arise, you'll want to be sure that the company you've paid premiums to will be there to pay your claims as well. As a leader in the Long Term Care Insurance market[3], Genworth Life Insurance Company offers experience, stability, commitment, and strength.

[3. LTCI Market at a Glance: 2010 (2011), LIMRA International]

This statement will be updated as the source/statistics change: *[3. LTCI Market at a Glance: 2010 (2011), LIMRA International]* is the cited reference for the statement "As a leader in the Long Term Care Insurance market" 3

1.5.2 **Experience and stability.** Genworth is [the #1/a leading] provider of Long Term Care Insurance[4]. Genworth provides Long Term Care Insurance to more than [1 million] people and has paid out over $[6.7] billion in Long Term Care Insurance benefits to over [140,000] people since 1974[5].

For *[the #1/a leading]*, 'the #1' will be displayed unless this statement is not true -- at which point 'a leading' will be displayed instead. 3

This statement will be updated as the source/statistics change: *[1 million]* is the current number of LTC policy holders; this figure will be updated as future business operations information is available. 3

This statement will be updated as the source/statistics change: *[6.7]* is current cumulative total of benefits paid in claims; this figure will be updated as future business operations information is available. 3

This statement will be updated as the source/statistics change: *[140,000]* is current cumulative number of policies that claims have been paid out on; this figure will be updated as future business operations information is available. 3

[4. LTCI Market at a Glance: 2010 (2011), LIMRA International]

This statement will be updated as the source/statistics change: *[4. LTCI Market at a Glance: 2010 (2011), LIMRA International]* is shown when the text cited with #4 is displayed. 3

[5. Genworth Life Insurance Company, business operations information; 12/1974 through [3/2011].]

This statement will be updated as the source/statistics change: *[5. Genworth Life Insurance Company, business operations information; 12/1974 through [3/2011].]* is shown when the text cited with #5 is displayed. 3

1.5.3 **Commitment.** This company continues to strengthen its commitment and expand its presence in the long term care market with a range of solutions. [For example, in 2007 it was selected by AARP® as the exclusive Long Term Care Insurance provider for their [38+] million members.][The company [also]has a strategic alliance with the Alzheimer's Association[and is a national sponsor of Memory Walk].

[For example, in 2007 it was selected by AARP® as the exclusive Long Term Care Insurance provider for their [38+] million members.] will be displayed as long as AARP continues to offer Genworth's LTC product to their membership. 2

This statement will be updated as the source/statistics change: *[38+]* is the membership population of AARP in 2007. Will be updated as the membership population of AARP changes. 3

[The company [also] has a strategic alliance with the Alzheimer's Association[and is a national sponsor of Memory Walk] will be displayed as long as Genworth and the Alzheimer's Association maintain their alliance. 2

[also] is displayed if both the relationship with AARP and the alliance with the Alzheimer's Association are mentioned. 2

1.5.4 **[Health & Wellness.** Genworth is committed to health and wellness. Visit the Live+Well Wellness Program to find information and discounts on important wellness opportunities, including diet and exercise programs, nutrition, prevention, safety, and care giving support.**]**

Section 1.5.4 is displayed if the Health & Wellness benefit is included in the plan design (group-level decision). 2

Note to Reviewer: Underlined text is a hyperlink to the Genworth website for the Live+Well program at [http://www.genworth.com/wellness].

1.5.5 **Strength.** The Genworth family of companies serve the lifestyle protection, retirement income, investment and mortgage insurance needs of more than [15 million] customers with operations around the world.
View Genworth's third-party financial ratings.

This statement will be updated as the source/statistics change: *[15 million]* is Genworth's current number of customers; this figure will be updated as future business operations information is available. 3

Note to Reviewer: Underlined text is a hyperlink to the Company Ratings section in the Investor Relations section of Genworth's corporate website.

2. Plans

2.1 [How do I choose my coverage?]

Show entire Section 2.1 if the offering is either Voluntary or Core Plus Buy-Up (i.e. hide for Core-only plans). 2

Note to Reviewer: See Screenshots Pt 2 - Slides 1 - 3.

2.1.1 This Long Term Care Insurance Program is flexible, which means you can design a plan that fits your needs. There are a few optional features to consider, but three plan elements are the most important components of any Long Term Care Insurance plan:

2.1.1.1 1. **The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

For *[day/month]*, show 'day' if the Benefit Period is Daily or 'month' if it is 'Monthly' (group-level decision). 1

2.1.1.2 2. **The Total Coverage Maximum:** The total amount the plan will pay for covered services over the lifetime of the coverage.

2.1.1.3 3. **The Benefit Increase Option:** How your [Daily/Monthly] Benefit and Total Coverage Maximum can increase over time to keep up with the costs of care.[Some options are available for an additional cost.]

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Show *[Some options are available for an additional cost.]* if any Benefit Increase Options other than FPO/GPO are available to the applicant. 2

You will get to make these choices when you get a quote, so read on to learn more about how you can select the coverage that's right for you. Your plan's cost will be based on your age and the plan design you select.

2.1.2 **Your [Daily/Monthly] Benefit.** Your [Daily/Monthly] Benefit is the maximum amount your plan will cover for qualifying long term care expenses each [day/month]. There are a few available choices. [Choose a [Daily/Monthly] Benefit that will come close to covering the cost of care in your area. View the cost of care in your area »]

Show *[Choose a [Daily/Monthly] Benefit that will come close to covering the cost of care in your area. View the cost of care in your area»]* if more than one benefit amount option is available to the user. 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

For *[day/month]*, show 'day' if the Benefit Period is Daily or 'month' if it is 'Monthly' (group-level decision). 1

Note to Reviewer: Blue text is a hyperlink to the pop-up containing the Cost of Care map. (Documented in Section 6.1.2. See Slides 51 - *If cost is a concern…*

Choose a [Daily/Monthly] Benefit that will come close to covering your home care needs. Insurance to cover less-expensive home and community care needs may yield financial (as well as personal) benefits for those who prefer familiar surroundings.[Consider this: more than 75% of claims start with home care, and over 70% of those continue with home care until the need is resolved[6].]

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

This statement will be updated as the source/statistics change: *[Consider this: more than 75% of claims start with home care, and over 70% of those continue with home care until the need is resolved[6].]* will be updated as new business operations information is available. 3

[6. Genworth Life Insurance Company, business operations information; 12/1974 through [12/2010].]**]**

This statement will be updated as the source/statistics change: *[6. Genworth Life Insurance Company, business operations information; 12/1974 through [12/2010].]**]*** is shown when the text cited with #6 is displayed. 3

This statement will be updated as the source/statistics change: *[12/2010]* is the date of the internal report on which the statistics in #6 | 3

2.1.3 **[Your Total Coverage Maximum.** Long Term Care Insurance provides a Total Coverage Maximum (i.e. your "pool of money") to pay for your long term care expenses over the lifetime of your plan. It will last until you use it up – as long as your coverage remains in effect. When you choose a Total Coverage Maximum, you should think about your needs, your family situation, your financial resources, and your family health history to estimate how long you think you'll need this money to last.

Show Section 2.1.3 if Total Coverage Maximum is an option to the user. | 1

If cost is a concern…

Choose a Total Coverage Maximum that should last about three years.[The average length of stay in a nursing home is 2.8 years.[7]]

This statement will be updated as the source/statistics change: *[The average length of stay in a nursing home is 2.8 years.[7]]* will be updated as new business operations information is available. | 3

[7. Genworth Life Insurance Company, business operations information; 12/1974 through [12/2010].]**]**

This statement will be updated as the source/statistics change: *[7. Genworth Life Insurance Company, business operations information; 12/1974 through [12/2010].]]* is shown when the text cited with #7 is displayed. | 3

This statement will be updated as the source/statistics change: *[12/2010]* is the date of the internal report on which the statistics in #6 | 3

[How can I keep up with the rising costs of care?]

Show Section 2.2 if the user has a choice of which inflation protection option is included with their plan. | 2

Note to Reviewer: See Screenshots Pt 2 - Slides 4 -10.

2.2.1 There's flexibility to help you prepare for rising costs in a way that suits your budget.[The automatic increase options are available for an additional cost.]

Display *[The automatic increase options are available for an additional cost.]* if any inflation protection options beyond FPO or GPO are available for selection. | 2

2.2.2 [**Buy More Coverage Over Time.** Every [two/three] years, you will be offered additional coverage[– as long as you're not in claims status].[If you accept the offer][Unless you decline the offer], both your [Daily/Monthly] Benefit and your Total Coverage Maximum[(less any claims paid)] will increase by [3%/5%], compounded annually.[Unless you purchase an automatic increase option, this feature is automatically included in your plan.]

Include Section 2.2.2 if FPO or GPO inflation protection option is available to the user. | 1

Insert *[two/three]* based on what is available to the group. | 1

Insert *[– as long as you're not in claims status]* for FPO only. If GPO is available to the group, leave this phrase out. | 3

Insert *[If you accept the offer]* based on what is available to the group. | 1

Insert *[Unless you decline the offer]* based on what is available to the group. | 1

For *[Daily/Monthly*], show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). | 1

Insert *[(less any claims paid)]* based on what is available to the group. | 1

Insert *[3%/5%]* based on what is available to the group. | 1

Insert *[Unless you purchase an automatic increase option, this feature is automatically included in your plan.]* only if this option is a plan default (i.e., none is not an option). | 1

2.2.2.1 *This may be for you if…*

- You prefer lower premiums today than you would get with other benefit increase choices.
- You prefer to choose when to increase your coverage – based on your needs and budget at the time of the offer.

2.2.2.2 *This may not be for you if…*

- You're uncomfortable with your premiums increasing each time you accept an offer to buy more coverage. Premiums for the additional coverage will be based on your age at the time of the increase.
- You think you might decline future offers. If you decline the offer [two/three] consecutive times you will not be offered further opportunities to increase coverage under these same terms.**]**

Insert *[two/three]* based on what is available to the group. | 1

2.2.3 **[Automatic 5% Increase for Life - Compound.** Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year. Please read this option carefully; it offers the most comprehensive inflation protection. When you complete an application, you will be asked to confirm that you have reviewed this option.

Include section 2.2.3 if *"Automatic 5% Increase for Life - Compound"* inflation protection option is available to the group. | 1

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). | 1

Insert *[(less any claims paid)]* based on what is available to the group. | 1

2.2.3.1 *This may be for you if…*

- You want the most comprehensive inflation protection available with this plan.
- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

Insert *[two/three*] depending on plan type. | 1

2.2.3.2 *This may not be for you if…*

- You're uncomfortable paying a higher premium than you would pay with other options.**]**

2.2.4 **[Automatic 4% Increase for Life - Compound.** Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 4% compound every year.

Include section 2.2.4 if *"Automatic 4% Increase for Life - Compound"* inflation protection option is available to the group. | 1

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). | 1

Insert *[(less any claims paid)]* based on what is available to the group. | 1

2.2.4.1 *This may be for you if…*

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

Insert *[two/three]* depending on plan type. | 1

[• You prefer a more affordable compound option.]

Include this sentence: *[You prefer a more affordable compound option.]* if another compound option is available to the group. | 1

2.2.4.2 *This may not be for you if…*

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.

2.2.5 **[Automatic 3% Increase for Life - Compound.** Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 3% compound every year.

Include section 2.2.5 if *"Automatic 3% Increase for Life - Compound"* inflation protection option is available to the group. | 1

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). | 1

Insert *[(less any claims paid)]* based on what is available to the group. | 1

2.2.5.1 *This may be for you if…*

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

Insert *[two/three]* depending on plan type. 1

[• You prefer a more affordable compound option.]

Include this sentence: *[You prefer a more affordable compound option.]* if another compound option is available to the group. 1

2.2.5.2 *This may not be for you if…*

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.

2.2.6 **[Automatic 5% Increase for Life – Equal.** Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% simple every year.

Include section 2.2.6 if *"Automatic 5% Increase for Life - Equal"* inflation protection option is available to the group. 1

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Insert *[(less any claims paid)]* based on what is available to the group. 1

2.2.6.1 *This may be for you if…*

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

Insert *[two/three]* depending on plan type. 1

[• You prefer a more affordable benefit increase option.]

Include this sentence: *[You prefer a more affordable benefit increase option.]* if a compound and/or age adjusted option is available to the group. 2

2.2.6.2 *This may not be for you if…*

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.

[• [You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more-slowly than "compound" options.]**]**

Include this sentence: *[You prefer your benefits to increase more quickly. Over time, simple increase options grow more slowly than compound options.]* if compound options are available to the group. 2

2.2.7 **[Automatic 5% Increase for Life - Age Adjusted.** Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound each year until you turn 66. Thereafter, your accumulated benefits will grow each year by 5% on a simple basis.

Include section 2.2.7 if *"Automatic 5% Increase for Life - Age Adjusted"* inflation protection option is available to the group. 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Insert *[(less any claims paid)]* based on what is available to the group. 1

2.2.7.1 *This may be for you if…*

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

Insert *[two/three]* depending on plan type. 1

[• You prefer a more affordable compound option.]

Include this sentence: *[You prefer a more affordable compound option.]* if other compound options are offered. 2

2.2.7.2 *This may not be for you if…*

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.
- [You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more-slowly than "compound" options.]**]**

Include this sentence: *[You prefer your benefits to increase more quickly. Over time, "simple" increase options grow more-slowly than "compound" options.]***]** if compound options are available. 2

2.2.8 **[Automatic Increase for Life - Graded.** Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter.

Include section 2.2.8 if *"Automatic 5% Increase for Life - Graded"* inflation protection option is available to the group. 1

For *[Daily/Monthly],* show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Insert *[(less any claims paid)]* based on what is available to the group. 1

2.2.8.1 *This may be for you if…*

- You don't want your premiums to go up when your benefits increase.
- You prefer your coverage to automatically increase each year – regardless of your health. You won't need to make purchase decisions every [two/three] years.

Insert *[two/three]* depending on plan type. 1

[• In the early years, you want the strength of compounding but with a lower cost than some other compound options.]

Include this sentence: *[In the early years, you want the strength of compounding but with a lower cost than some other compound options.]* if a compound option is available to the group. 2

2.2.8.2 *This may not be for you if…*

- You're uncomfortable paying a higher premium than you would pay initially for the "Buy More Coverage Over Time" option.

2.2.9 [Note that the Automatic Increase Options described above are available for an additional premium.]

Include this sentence: *[Note that the Automatic Increase Options described above are available for an additional premium.]* if an optional benefit increase option is available to the group (i.e. not just FPO offered). 2

[What features are included with this plan?]

Note to Reviewer: See Screenshots Pt 2 - Slides 11 - 18.

Any sections from 2.3.3 through 2.3.23 corresponding to benefits that are included in the plan design at the group level are included under this topic (2.3 - *"What features are included with this plan?"*). Any sections from 2.3.3 through 2.3.23 corresponding to benefits that are available as options to the applicant -- versus built into the plan -- will appear under the next topic (2.4 - *"What additional options are available?"*).

2.3.1 [There are three main features of your [employer/group]-sponsored plan:

Show section 2.3.1 if the plan is sponsored by the group. 1

For *[employer/group]*, show 'employer' if it is an employer and 'group' if it is an association or a union. 3

2.3.1.1 **1. The [Daily/Monthly] Benefit:** The maximum amount the plan will pay for covered services each [day/month].

For *[Daily/Monthly],* show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

For *[day/month],* show 'day' if the maximum is Daily or 'month' if it is 'Monthly' (group-level decision). 1

2.3.1.2 **2. The Total Coverage Maximum:** The total amount the plan will pay for covered services over the lifetime of the coverage.

2.3.1.3 **3. The Benefit Increase Option:** The cost of long term care services is likely to increase.[Your Benefit Increase Option, "Buy More Coverage Over Time," gives you the option to purchase additional coverage every [two/three] years to help keep pace with these rising costs.[These increases will provide additional coverage unless declined by you.][The Benefit Increase Option included in your plan will increase your Total Coverage Maximum every year.]]

Include: *[Your Benefit Increase Option, "Buy More Coverage Over Time," gives you the option to purchase additional coverage every [two/three] years to help keep pace with these rising costs.[These increases will provide additional coverage unless declined by you.]* if Buy More Coverage Over Time is available to the group. 2

Insert *[two/three]* based on what is available to the group. 1

Include the sentence: *[These increases will provide additional coverage unless declined by you.]* based on what is available to the group. 2

Include the sentence: *[The Benefit Increase Option included in your plan will increase your Total Coverage Maximum every year.]* if a benefit increase option is included in the plan. 2

2.3.2 For a comprehensive description of what your plan includes, please review your plan's Outline of Coverage.]

Note to Reviewer: Underlined text is a hyperlink to a PDF of the Outline of Coverage.

2.3.3 The following features are also included in your plan…

2.3.4 **[Coverage %.** [With this option, you/You] are responsible for the first [XX%] of your actual covered long term care expenses, and the plan will pay [YY%] – up to your [Daily/Monthly] Benefit.**]**

Include Section 2.3.4 if applies to the group: *[**Coverage %.** [With this option, you/You] are responsible for the first [XX%] of your actual covered long term care expenses, and the plan will pay [YY%] – up to your [Daily/Monthly] Benefit.]* 2

Use: *[With this option, you]* when it is an option and *[You]* when it is not an option. 3

Insert appropriate percent based on plan design: *[XX%]* 1

Insert appropriate percent based on plan design: *[YY%]* 1

For *[Daily/Monthly]*, show 'Daily' if the Maximum is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

2.3.5 **Facility Care %.** 100% of your [daily/monthly] benefit can be used for nursing home[and assisted living facility] expenses.

For *[Daily/Monthly]*, show 'Daily' if the Maximum is Daily; 'Monthly' if it is 'Monthly' (group-level decision). 1

Insert: *[and assisted living facility]* based on plan design. 1

2.3.6 **Home and Community Care %.** [You can choose][50%][,][60%][,][75%][,][or][100%] of your [Daily/Monthly] Benefit[that] can be used towards [home and community/home, community, and informal] care expenses.[Use the cost of care in your area as a guide to decide what's right for you.]

Insert: *[You can choose]* if the eligible person can select the %. 1

Use *[50%][,][60%][,][75%][,][or][100%]* based on what is available to the group. 1

For *[Daily/Monthly],* show 'Daily' if the Maximum is Daily; 'Monthly' if it is 'Monthly' (group-level decision). 1

Insert: *[that]* if the eligible person can select the % 1

Use *[home and community/home, community, and informal*] based on what is available to the group. 1

Insert: *[Use the cost of care in your area as a guide to decide what's right for you.]* if % is an option. 2

2.3.7 **[Informal Care.** Help provided by a friend or family member (who didn't live in your home when you became benefit eligible) may also be reimbursed - as long as the caregiver isn't compensated as an employee of a home health agency or Independent Provider. This care may include help managing medications, simple health care tasks, or assisting you with the activities of daily living.**]**

Include section 2.3.7 if included for the group: *[**Informal Care.** Help provided by a friend or family member (who didn't live in your home when you became benefit eligible) may also be reimbursed - as long as the caregiver isn't compensated as an employee of a home health agency or Independent Provider. This care may include help managing medications, simple health care tasks, or assisting you with the activities of daily living.]* 1

2.3.8 **[Home Care Right Away.** Allows you to receive [home and community/home, community, and informal] care benefits as soon as you qualify, with no waiting period.**]**

Include Section 2.3.8 if available to the group: *[**Home Care Right Away.** Allows you to receive [home and community/home, community, and informal] care benefits as soon as you qualify, with no waiting period.]* 1

Use *[home and community/home, community, and informal]* based on what is available to the group. 1

2.3.9 **[Assisted Living %.** [You can choose][50%][,][60%][,][75%][,][or][100%] of your [Daily/Monthly] Benefit [that]can be used toward covered assisted living expenses.[Use the cost of care in your area as a guide to decide what's right for you.]**]**

Include Section 2.3.9 if Assisted Living % is an option for the group: *[**Assisted Living %.** [You can choose][50%][,][60%][,][75%][,][or][100%] of your [Daily/Monthly] Benefit [that]can be used toward covered assisted living expenses. [Use the cost of care in your area as a guide to decide what's right for you.]]* 2

Insert: *[You can choose]* if the eligible person can select the %. 1

Use *[50%][,][60%][,][75%][,][or][100%]* based on what is available to the group. 1

For *[Daily/Monthly],* show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Insert: *[that]* if the eligible person can select the %. 1

Insert: [*Use the cost of care in your area as a guide to decide what's right for you.]* if it the eligible person can select the %. 2

2.3.10 [**Limited Assisted Living Facility.** Covers payments for care and support services provided while in an assisted living facility, but it does not cover rent for the facility.]

Include section 2.3.10 if applies to the group: *[**Limited Assisted Living Facility.** Covers payments for care and support services provided while in an assisted living facility, but it does not cover rent for the facility.]* 1

2.3.11 **[Transition Payment.** Pays a one-time cash benefit of [5 times your Daily Benefit/20% of your Monthly Benefit] while you are satisfying your waiting period.**]**

Include section 2.3.11 if applies to the group: *[**Transition Payment.** Pays a one-time cash benefit of [5 times your Daily Benefit/20% of your Monthly Benefit] while you are satisfying your waiting period.]* 1

For *[5 times your Daily Benefit/20% of your Monthly Benefit]*, show *'5 times your Daily Benefit'* if daily maximum; *'20% of your Monthly Benefit'* if monthly maximum. 1

2.3.12 **[Refund of Premium.** If you're concerned about what happens to the money you've paid into your insurance plan should you die before receiving benefits, this feature will appeal to you.

Include section 2.3.12 if applies to the group: *[**Refund of Premium.** If you're concerned about what happens to the money you've paid into your insurance plan should you die before receiving benefits, this feature will appeal to you.* 1

2.3.12.1 **[Graded Refund of Premium:** If you die before age 65, 100% of the premiums you've paid (less any benefits paid) will be refunded. After you're 65, the amount of premiums refunded will reduce 10% per year. No refund is available after you reach age 75. Therefore, this benefit is not available, nor will you be charged, if you are age 65 or over at issue.**]**

Include section 2.3.12.1 if applies to the group: *[**Graded Refund of Premium:** If you die before age 65, 100% of the premiums you've paid (less any benefits paid) will be refunded. After you're 65, the amount of premiums refunded will reduce 10% per year. No refund is available after you reach age 75. Therefore, this benefit is not available, nor will you be charged, if you are age 65 or over at issue.]* 1

2.3.12.2 **[10-Year Refund of Premium:** If you die after being covered for 10 years, 100% of the premiums you've paid (less any benefits paid) will be refunded.**]]**

Include section 2.3.12.2 if applies to the group: *[**10-Year Refund of Premium:** If you die after being covered for 10 years, 100% of the premiums you've paid (less any benefits paid) will be refunded.]* 1

2.3.13 **[Nonforfeiture.** This benefit allows for a reduced amount of coverage if your plan would otherwise end because you didn't pay your premium after your coverage is in force for three years. This reduced coverage amount is based on the premiums you have already paid (less any claims paid), but it will be no less than the benefits payable for 30 days of facility care.**]**

Include section 2.3.13 if included for the group: *[**Nonforfeiture.** This benefit allows for a reduced amount of coverage if your plan would otherwise end because you didn't pay your premium after your coverage is in force for three years. This reduced coverage amount is based on the premiums you have already paid (less any claims paid), but it will be no less than the benefits payable for 30 days of facility care.]* 1

2.3.14 **[Restoration of Benefits.** If you fully recover from being chronically ill for a period of 180 consecutive days, your remaining Total Coverage will be increased by the amount of benefits paid and not previously restored. "Recover" means you can perform at least five activities of daily living without assistance, and are not cognitively impaired. This benefit will not apply if coverage is in nonforfeiture status.**]**

Include section 2.3.14 if available to the group: *[**Restoration of Benefits.** If you fully recover from being chronically ill for a period of 180 consecutive days, your remaining Total Coverage will be increased by the amount of benefits paid and not previously restored. "Recover" means you can perform at least five activites of daily living without assistance, and are not cognitively impaired. This benefit will not apply if coverage is in nonforfeiture status.]* 1

2.3.15 **[[Enhanced]Survivorship.** If you and your spouse[or partner] have both owned Genworth Life coverage that includes the similar survivorship benefit with the same qualifying period[, have not received benefits], and one of you dies, all future premium payments will be waived for the survivor's coverage.]

Include section 2.3.15 if available to the group: *[[**Enhanced]Survivorship.** If you and your spouse[or partner] have both owned Genworth Life coverage that includes the similar survivorship benefit with the same qualifying period[, have not received benefits], and one of you dies, all future premium payments will be waived for the survivor's coverage.]* 1

Include *[Enhanced*] based on what is available to the group. 1

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

Include *[, have not received benefits]* based on which benefit is available to the group. 1

2.3.16 **[Shared Coverage.** If you and your spouse[or partner] purchase identical coverage, this benefit allows you and your spouse[or partner] to share Total Coverage Maximums. If one of you exhausts the shared Total Coverage Maximum, the second insured will have access to at least 50% of his or her original coverage.]

Include section 2.3.16 if applies to the group: *[**Shared Coverage.** If you and your spouse[or partner] purchase identical coverage, this benefit allows you and your spouse[or partner] to share Total Coverage Maximums. If one of you exhausts the shared Total Coverage Maximum, the second insured will have access to at least 50% of his or her original coverage.]* 1

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

2.3.17 **[Shared Coverage with Joint Waiver.** If you and your spouse[or partner] purchase identical coverage, this benefit allows you and your spouse[or partner] to share Total Coverage Maximums. If one of you exhausts the shared Total Coverage Maximum, the second insured will have access to at least 50% of his or her original coverage. If one of you goes on claim, premiums will be waived for both of you.]

Include section 2.3.17 if applies to the group: *[**Shared Coverage with Joint Waiver.** If you and your spouse[or partner] purchase identical coverage, this benefit allows you and your spouse[or partner] to share Total Coverage Maximums. If one of you exhausts the shared Total Coverage Maximum, the second insured will have access to at least 50% of his or her original coverage. If one of you goes on claim, premiums will be waived for both of you.]* 1

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

2.3.18 **International Coverage.** A valuable benefit, if you think you may retire outside the United States. Coverage is provided for [qualified nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your [Daily/Monthly] Benefit for up to 4 years.]/[qualified nursing facility care and home care you receive in other countries. Your covered nursing facility expenses will be reimbursed up to 50% of your [Daily/Monthly] Benefit for up to 4 years, and your covered home care expenses will be reimbursed up to 25% of your [Daily/Monthly] Benefit for up to 1 year.]

Include *[qualified nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your [Daily/Monthly] Benefit for up to 4 years.]* when international coverage is nursing home only. 1

Include *[qualified nursing facility care and home care you receive in other countries. Your covered nursing facility expenses will be reimbursed up to 50% of your [Daily/Monthly] Benefit for up to 4 years, and your covered home care expenses will be reimbursed up to 25% of your [Daily/Monthly] Benefit for up to 1 year.*] when International Coverage is nursing home and home care. 1

For *[Daily/Monthly]*, show 'Daily' if the maximum is Daily; 'Monthly' if it is 'Monthly' (group-level decision). 1

2.3.19 **[Couples Discount.** [If you and your spouse[or partner] both apply for coverage, each of you can receive a [xx%] discount./When both you and your spouse[or partner] apply for coverage together, a premium discount may apply:[[x]% if both are eligible to apply.][40% if both are issued, 25% if both are eligible to apply and only one is issued.] Applicants must meet certain underwriting criteria to be eligible for the discount.]

Include 2.3.19 if available to the group: *[**Couples Discount.** [If you and your spouse[or partner] both apply for coverage, each of you can receive a [xx]% discount./When both you and your spouse[or partner] apply for coverage together, a premium discount may apply:[[xx]% if both are eligible to apply.][40% if both are issued, 25% if both are eligible to apply and only one is issued.] Applicants must meet certain underwriting criteria to be eligible for the discount.]]* if premium discounts are available for the group. 2

Show *[If you and your spouse[or partner] both apply for coverage, each of you can receive a [xx%] discount.]* 1

Show *[When both you and your spouse[or partner] apply for coverage together, a premium discount may apply:[[xx]% if both are eligible to apply.]* 1

Show *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

Show permitted discounts % *[xx] based on group* 1

Show *[40% if both are issued, 25% if both are eligible to apply and only one is issued.]* if discount structure is available for the group.. 1

2.3.20 **[Preferred Health Discount.** If you are in good health based on Genworth Life Insurance Company's underwriting standards, you may qualify for an additional discount.**]**

Include 2.3.20 if available to the group. *[**Preferred Health Discount.** If you are in good health based on Genworth Life Insurance Company's underwriting standards, you may qualify for an additional discount.]* 1

2.3.21 **[Accelerated Premium Payments.** By paying a larger premium, payments are required only for a limited time.[You can "pay up" your coverage by your 10th policy anniversary if you pay a larger premium for 10 years.][Or,][You can "pay up" your coverage by age 65 if you pay a larger premium until that time.]**]**

Include 2.3.21 if applies to the group. *[**Accelerated Premium Payments.** By paying a larger premium, payments are required only for a limited time.[You can "pay up" your coverage by your 10th policy anniversary if you pay a larger premium for 10 years.][Or,][You can "pay up" your coverage by age 65 if you pay a larger premium until that time.]]* 1

Display *[You can "pay up" your coverage by your 10th policy anniversary if you pay a larger premium for 10 years.]* if 10 pay is an option for the group 1

Display *[Or,]* if both the 10 pay and Pay to 65 variations are both available to the group. 1

Display *[You can "pay up" your coverage by age 65 if you pay a larger premium until that time.]* if pay to 65 is available to the group. 1

2.3.22 **Payment Frequency.** You can choose how often you pay your premiums, either [monthly][,][quarterly][,][semi-annually][, or][ ]annually].[If premiums are paid more frequently over the course of the year, there are additional charges. You'll save money if you choose a less frequent payment option.][Payroll deduction is only available if you select the monthly payment frequency.]

Display *[monthly][,][quarterly][,][semi-annually][, or][ ]annually]* based on the options that are available to the group. 1

Include if modal factors are included for the group. *[If premiums are paid more frequently over the course of the year, there are additional charges. You'll save money if you choose a less frequent payment option.]* 1

Include if Payroll deduction is available to the group. *[Payroll deduction is only available if you select the monthly payment frequency.]* 1

Note to Reviewer: Underlined text is a hyperlink to Modal Disclosure form.

2.3.23 For details on additional plan features, please see your Outline of Coverage.

Note to Reviewer: Underlined text is a hyperlink to a PDF of the Outline of Coverage.

2.4 [What additional options are available?]

Show the "*What additional options are available?"* section if there are any voluntary options to the plan. Hide for core-only plans. 2

Note to Reviewer: See Screenshots Pt 2 - Slide 19.

Any sections from 2.3.3 through 2.3.23 corresponding to benefits that are available as options to the applicant -- versus built into the plan -- will appear under this topic (2.4 - *"What additional options are available?"*). Any sections from 2.3.3 through 2.3.23 corresponding to benefits that are included in the plan design at the group level are included under the previous topic (2.3 - *"What features are included with this plan?"*).

2.4.1 The following features are available for an additional cost…

2.5 What happens when I need care?

Note to Reviewer: See Screenshots Pt 2 - Slides 20 - 22.

2.5.1 **Contacting the claims department.** Claims professionals can help you understand the benefits available to you and how to access them. You'll receive a toll-free number to contact Genworth's Claims Services Department. After speaking with a Genworth intake professional you'll be contacted by a member of the care coordination team who will begin the care coordination process – which may include a face-to-face functional assessment, needs assessment, and the development of a personalized Plan of Care.

2.5.2 **Professional care coordination.** Care coordinators can help assess your long term care needs and identify the care needed to meet those needs. They'll work with you to develop an individualized plan of care and to locate community resources you can use to obtain your care. Care coordinators can monitor the care you receive on an on-going basis and help revise your plan of care, if needed.

2.5.3 **[Caregiver Support Services.** Caregiver Support Services, offered through CareScout, can help you identify care resources that may be needed for aging parents or other family members.**]**

Include if applies to the group. ***[Caregiver Support Services.** Caregiver Support Services, offered through CareScout, can help you identify care resources that may be needed for aging parents or other family members.**]*** 1

2.5.4 **Qualifying for benefits.** To be eligible for benefits you must need help with at least two "activities of daily living" and be likely to need help with them for at least 90 days. There are six activities of daily living:

- Bathing
- Eating
- Dressing
- Toileting
- Continence
- Transferring (for example, moving from a chair to your bed)

Alzheimer's disease (or any other severe cognitive impairment that results in the need for supervision) may also qualify you for benefits. You will need a doctor, nurse, social worker, or other appropriately licensed health care practitioner to certify that you are eligible for benefits.

For benefits to be payable for covered long term care and services, the care and services must be part of your Plan of Care developed by a licensed health care practitioner. Your Plan of Care will indicate the type, frequency, and duration of the care and services necessary to address your needs.

2.5.5 **Waiting Period.** If you are eligible for benefits a [60/90]-day elimination period must be met. The elimination period begins on the first day you receive covered long term care services. If you continue to qualify, you will receive benefits for the covered long term care services after [60/90] [calendar/covered-service days.]

Display the appropriate number of EP days for the group. *[0, 30, 60, 90, 180 or 365]* 1

Display the correct type of days based on the group. *[calendar/covered-service days.]* 1

You will only need to satisfy the elimination period once in your lifetime*[, and your covered-service days do not need to be consecutive*]. [There is no elimination period for formal[or informal] care received at home. In addition, days for which payment is made for care at home or in the community will count towards satisfying the elimination period.]

Include *[, and your covered-service days do not need to be consecutive]* if Elimination Period is covered services days 1

Include if "Home Care Right Away" is part of the group plan design. *[There is no elimination period for formal[or informal] care received at home. In addition, days for which payment is made for care at home or in the community will count towards satisfying the elimination period.]* 1

Display if Informal care is part of the group plan design. *[or informal]* 1

What care is not covered?

Note to Reviewer: See Screenshots Pt 2 - Slides 23 - 26.

2.6.1 Not all long term care services are covered by your plan. For details on what isn't covered, review the "Exclusions and Limitations" section of the Outline of Coverage. Generally, your plan does not cover items such as room and board, treatment, care, and equipment if:

Note to Reviewer: Underlined text is a hyperlink to a PDF of the Outline of Coverage.

2.6.1.1 [• You would not have been charged for them if you did not have insurance.]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[You would not have been charged for them if you did not have insurance.]* 2

2.6.1.2 [• You receive care or services outside of the District of Columbia or the United States and its territories or possessions, except as covered by the International Coverage benefit.]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[You receive care or services outside of the District of Columbia or the United States and its territories or possessions, except as covered by the International Coverage benefit.]* 2

2.6.1.3 [• Your immediate family provides care or services [that are not covered by an Informal Care benefit.] The care may be covered if the family member is a regular employee of the organization that is 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.]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[Your immediate family provides care or services [that are not covered by an Informal Care benefit.] The care may be covered if the family member is a regular employee of the organization that is 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.]* 2

Include if Informal Care is part of the group's plan design. *[that are not covered by an Informal Care benefit.]* 1

2.6.1.4 [• Alcoholism, addiction to drugs or narcotics, except for addiction to prescription drugs, which you took only as directed by a physician.]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[Alcoholism, addiction to drugs or narcotics, except for addiction to prescription drugs, which you took only as directed by a physician.]* 2

2.6.1.5 [• You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is made.]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[You receive care in a Veteran's Administration or other federal government facility, unless a valid charge is made.]* 2

2.6.2 Your plan does not cover expenses if the need for long term care is the result of:

2.6.2.1 [• War or an act of war, whether declared or undeclared]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[War or an act of war, whether declared or undeclared]* 2

2.6.2.2 [• Attempted suicide or self-inflicted injury]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[Attempted suicide or self-inflicted injury]* 2

2.6.2.3 [• Your participation in a felony, riot or insurrection]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[Your participation in a felony, riot or insurrection]* 2

2.6.2.4 [• Service in the armed forces or units auxiliary thereto]

This exclusion may be deleted or replaced by situs state approved language if applicable to the group. *[Service in the armed forces or units auxiliary thereto]* 2

2.6.2.5 State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the reference to war or act of war is qualified as "war or act of war, while serving in the military service or any auxiliary unit attached to the service…" Check your Outline of Coverage for any state variations that apply.

Note to Reviewer: Underlined text is a hyperlink to a PDF of the Outline of Coverage.

2.6.3 **Non-duplication of benefits.** This program will reimburse benefits only for covered expenses that exceed the amount payable (or already paid) under:

2.6.3.1 • Medicare, including amounts that would be reimbursable in the absence of a deductible or co-insurance amount.

2.6.3.2 [• Any state or federal worker's compensation, employer's liability, or occupational disease law.]

This may be deleted or replaced by situs state approved language if applicable to the group. Placement under non-duplication or exclusions may vary based on group policy issued. *[Any state or federal worker's compensation, employer's liability, or occupational disease law.]* 2

2.6.3.3 • Any other federal, state or government health care or long term care program[(including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid.

This may be deleted or replaced by situs state approved language if applicable to the group. *[(including the Community Living Assistance Services and Supports Act – CLASS Act)]* 2

2.6.4 **[Coordination with other coverage.** Benefits will be reduced when the total amount payable under your coverage and all other [Group] Long Term Care Insurance is greater than the actual expenses you incur.**]**

This may be deleted or replaced by situs state approved language if applicable to the group. ***[Coordination with other coverage.*** *Benefits will be reduced when the total amount payable under your coverage and all other [Group] Long Term Care Insurance is greater than the actual expenses you incur.****]*** 1

This may be deleted or replaced by situs state approved language if applicable to the group. May also vary by policy form number issued to the group. *[Group]* 2

2.6.5 **[Pre-Existing Conditions Limitation:** Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date.
[If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]

Display if Pre-Existing Conditions Limitation applies to the group. ***[Pre-Existing Conditions Limitation:*** *Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date.* 1

Display the appropriate number of months as determined by the group, or as is available within the situs state. *[six/twelve]* 1

Display if applicants are required to complete any application other than guaranteed issue. *[If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]* 1

2.6.6 [This Program does not include a Pre-Existing Conditions Limitation. However, coverage is subject to Misstatements and Incontestability provisions that allow Genworth Life to reduce or deny a claim or rescind coverage if your application contains incorrect information or omits information. In most states, the definition of a "pre-existing condition" is a condition for which medical advice or treatment was recommended by, or received from a provider of health care services within the six months before the effective date of coverage.]

Display if Pre-Existing Conditions limitation does NOT apply to the group. *[This Program does not include a Pre-Existing Conditions Limitation. However, coverage is subject to Misstatements and Incontestability provisions that allow Genworth Life to reduce or deny a claim or rescind coverage if your application contains incorrect information or omits information. In most states, the definition of a "pre-existing condition" is a condition for which medical advice or treatment was recommended by, or received from a provider of health care services within the six months before the effective date of coverage.]* 2

2.6.7 If you'd like more details on what isn't covered by your Long Term Care Insurance, read the Exclusions and Limitations section of the Outline of Coverage.

Note to Reviewer: Underlined text is a hyperlink to a PDF of the Outline of Coverage.

3. Applying

Who is eligible?

Note to Reviewer: See Screenshots Pt 3- Slides 1 - 2.

3.1.1 [To be eligible, you must be [[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old][or a][retiree under the age of [ZZ]].[Family members must be between the ages of [XX] and [YY] to apply.]]

Display based on conditions applicable to the group. *[To be eligible, you must be [[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old][or a][retiree under the age of [ZZ]].[Family members must be between the ages of [XX] and [YY] to* 1

Display based on conditions applicable to the group. *[[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old]* 1

Use appropriate grammar variables. *[a/an]* 1

Display if applicable to the group. *[actively-at-work]* 1

Display as appropriate for the group. *[full-time/ part-time]* 1

Display as appropriate for the group. *[employee] at least 18 years old]* 1

Use appropriate grammar variables. *[or a]* 1

Display if applicable to the group. *[retiree under the age of [ZZ]]* 1

Display based on conditions applicable to the group. *[ZZ]* 1

Display if applicable to the group. *[Family members must be between the ages of [XX] and [YY] to apply.]* 1

Display based on conditions applicable to the group. *[XX]* 1

Display based on conditions applicable to the group. *[YY]* 1

3.1.2 [To be eligible, you must be [a/an][active] [member][in good standing] between the ages of [XX] & [YY].][Family members must also be between the ages of [XX] & [YY] to apply.]]

Display based on conditions applicable to the group. *[To be eligible, you must be [a/an][active] [member][in good standing] between the ages of [XX] & [YY].][Family members must also be between the ages of [XX] & [YY] to apply.]]* 1

Use appropriate grammar variables. *[a/an]* 1

Display if applicable to the group. *[active]* 1

Display as appropriate for the group. *[member]* 1

Display if applicable to the group. *[in good standing]* 1

Display based on conditions applicable to the group. *[XX]* 1

Display based on conditions applicable to the group. *[YY]* 1

Display if applicable to the group. *[Family members must be between the ages of [XX] and [YY] to apply.]* 1

3.1.3 Eligible family members include:

3.1.3.1 [• Spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]

Display as applicable to the group. *[Spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]* 1

Display as applicable to the group. [*[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. [member] 1

3.1.3.2 [• Surviving spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]

Display as applicable to the group. *[Surviving spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.3 [• Domestic partners of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Domestic partners of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.4 [• Parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.5 [• Step parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Step parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.6 [• Grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.7 [• Step grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Step grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.8 [• Adult children of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Adult children of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. *[retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.3.9 [• Siblings of eligible [[employee]s[or][retirees]/[member]s]]

Display as applicable to the group. *[Siblings of eligible [[employee]s[or][retirees]/[member]s]]* 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* 1

Display as applicable to the group. *[employee]* 1

Use appropriate grammar variables. *[or]* 1

Display as applicable to the group. [*retirees]* 1

Display as applicable to the group. *[member]* 1

3.1.4 All eligible persons must maintain a permanent US residence and have a valid U.S. Social Security or Tax Identification Number.

3.1.5 If you have questions about who is eligible under this plan, please Contact Us.

Note to Reviewer: Underlined text is a hyperlink to the "Contact Us" overlay.

3.2 How do I apply?

Note to Reviewer: See Screenshots Pt 3 - Slide 3.

3.2.1 It's easy to apply for the [GroupName] Group Long Term Care Insurance program. You can:

3.2.1.1 [• **Apply online** – You can apply, sign, and submit your application online using Genworth's unique electronic signature (e-Signature) capability.]

Include if user is able to apply online based on group requirements. *[**Apply online** – You can apply, sign, and submit your application online using Genworth's unique electronic signature (e-Signature) capability.]* 2

3.2.1.2 [• **Meet with a licensed agent** – You can meet face to face with a qualified agent who can help you evaluate your options.[Talk with your employer about your company's representative/Call [800-555-1212] to find an agent near you.]

Include if user is able to contact a licensed agent based on group requirements. *[**Meet with a licensed agent** – You can meet face to face with a qualified agent who can help you evaluate your options.[Talk with your employer about your company's representative/Call [800-555-1212] to find an agent near you.]* 2

Include if user is able to contact a company representative based on group requirements. *[Talk with your employer about your company's representative/Call [800-555-1212] to find an agent near you.]* 2

Insert group specific phone number *[800-555-1212]* 1

3.2.1.3 [• **Apply by phone** – If you'd like help completing your application over the phone, customer service representatives are available by calling [800-555-1212].]

Include if user is able to apply over the phone based on group requirements. *[**Apply by phone** – If you'd like help completing your application over the phone, customer service representatives are available by calling [800-555-1212].]* 2

Include group specific phone number *[800-555-1212]* 1

3.2.1.4 [• **Download an application** – Print, sign, and complete the application and return it by mail. The mailing address is provided in the instructions.]

Include if user is able to download an application based on group requirements. *[**Download an application** – Print, sign, and complete the application and return it by mail. The mailing address is provided in the instructions.]* 2

3.2.1.5 [• **Request an [enrollment/information] kit** – You can request an [enrollment/information] kit with everything you need to apply.]

Include if user is able request an enrollment kit based on group requirements. *[**Request an [enrollment/information] kit** – You can request an [enrollment/information] kit with everything you need to apply.]* 2

Use appropriate terminology as requested by group. [enrollment/information] 1

3.2.2 Select the green "Get a quote" button above to get started.

3.3 Why apply now?

Note to Reviewer: See Screenshots Pt 3 - Slides 4 - 5.

3.3.1 Applying now to [GroupName]'s Long Term Care Insurance program has advantages:

Insert policyholder name. *[GroupName]* 1

3.3.2 [**Streamlined Underwriting.** If you are [an Actively-at-Work employee/a member in good standing[or a[n eligible] retiree]], you can take advantage of streamlined underwriting during your enrollment period. This limits the number of health related questions you [and your spouse[or partner]] need to answer.]

Use variation of this for groups that have applications other than "long form" or "guaranteed issue" available to eligibles. Will depend on application types offered to group. *[**Streamlined Underwriting.** If you are [an Actively-at-Work employee/a member in good standing[or a[n eligible] retiree]], you can take advantage of streamlined underwriting during your enrollment period. This limits the number of health related questions you [and your spouse[or partner]]need to answer.]* 1

Display as applicable to the group. *[an Actively-at-Work employee/a member in good standing[or a[n eligible] retiree]]* 1

Display as applicable to the group. *[or a[n eligible] retiree]* 1

Use appropriate grammar variable. *[n eligible]* 1

Display as applicable to the group. *[and your spouse[or partner]]* 1

Display as applicable to the group. *Include [or partner] if the group allows domestic partners to receive the same benefits as spouses.* 1

3.3.3 [**Coverage Guarantee.** During your enrollment period, if you are [an Actively-at-Work employee/a member in good standing [or a[n] [eligible] retiree]] on the day you apply, and on the day your coverage becomes effective, your coverage is guaranteed without answering any health questions. [Your spouse[or partner] will have streamlined underwriting, which limits the health questions they'll have to answer.]]

Use variation of this for groups that have only "guaranteed issue" applications available to eligibles. *[**Coverage Guarantee.** During your enrollment period, if you are [an Actively-at-Work employee/a member in good standing [or a[n] [eligible] retiree]] on the day you apply, and on the day your coverage becomes effective, your coverage is guaranteed without answering any health questions. [Your spouse[or partner] will have streamlined underwriting, which limits the health questions they'll have to answer.]]* 2

Display as applicable to the group. *[an Actively-at-Work employee/a member in good standing[or a[n eligible] retiree]]* 1

Display as applicable to the group. *[or a[n eligible] retiree]* 1

Use appropriate grammar variable. *[n eligible]* 1

Display as applicable to the group. *[Your spouse[or partner] will have streamlined underwriting, which limits the health questions they'll* 1

Display as applicable to the group. Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

3.3.4 [**Coverage Guarantee or Streamlined Underwriting.** During your enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting -- depending on [your age/your age and the plan you choose/the plan you choose] – as long as you are [Actively-at-Work/are a member in good standing/meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective.
[Your spouse[or partner] may be able to take advantage of streamlined underwriting[-- depending on [their age][and][the plan they select] -- which means fewer medical questions to answer.]]

Use variation of this for groups that have applications other than "long form" available to eligibles. 2
*"[**Coverage Guarantee or Streamlined Underwriting.** During your enrollment period, [employees/members/retirees] will receive either guaranteed coverage or streamlined underwriting -- depending on [your age/your age and the plan you choose/the plan you choose] – as long as you are [Actively-at-Work/are a member in good standing/meet eligibility requirements] both on the day you apply and on the day your coverage becomes effective.*
[Your spouse[or partner] may be able to take advantage of streamlined underwriting[-- depending on [their age/their age and the plan they select/the plan they select] -- which means fewer medical questions to answer.]]

Display as applicable to the group. *[employees/members/retirees]* 1

Display as applicable to the group. *[your age/your age and the plan you choose/the plan you choose]* 1

Display as applicable to the group. *[Actively-at-Work/are a member in good standing/meet eligibility requirements]* 1

Display as applicable to the group. *[Your spouse[or partner] may be able to take advantage of streamlined underwriting[-- depending* 1

Display as applicable to the group. *Include [or partner] if the group allows domestic partners to receive the same benefits as spouses.* 1

Display as applicable to the group. *[their age/their age and the plan they select/the plan they select]* 1

[If you decide to apply after the enrollment period, you will be required to complete a full health questionnaire and go through underwriting. There is a chance that a health condition may prevent you from qualifying for coverage.]

Include if the eligible class has other than long form underwriting during intial enrollment: *[If you decide to apply after the enrollment period, you will be required to complete a full health questionnaire and go through underwriting. There is a chance that a health condition may prevent you from qualifying for coverage.]* 2

3.3.5 **Lower premiums.** The younger you are when you apply, the lower your premium will be for comparable coverage. If you wait to apply your, premiums will be higher.

3.3.6 **[Your health may change.** A future medical condition may keep you from qualifying for coverage later.**]**

Include if the eligible class has other than "long form" underwriting during initial enrollment: *[Your health may change. A future medical condition may keep you from qualifying for coverage later.]* 2

3.4 How can I learn more?

Note to Reviewer: See Screenshots Pt 3 - Slide 6.

3.4.1 If you want to explore other benefits and features of this Long Term Care Insurance program, please Contact Us.
Note to Reviewer: Underlined text is a hyperlink to the "Contact Us" overlay.

3.5 What can I expect during the process?

Note to Reviewer: See Screenshots Pt 3 - Slide 7.

3.5.1 **[Application.** If you apply online, you'll get a confirmation email that your application has been received.**]**

Include if online enrollment is available to the group based on group's requirements. ***[Application.** If you apply online, you'll get a confirmation email that your application has been received.**]*** 2

3.5.2 **[Underwriting.** If you need to complete a health questionnaire, a copy of your medical records may be requested; in some instances, a 20 to 30 minute telephone interview may also be required.**]**

Include if any applications beside "guarantee issue" are available to the group. ***[Underwriting.** If you need to complete a health questionnaire, a copy of your medical records may be requested; in some instances, a 20 to 30 minute telephone interview may also be required.**]*** 2

3.5.3 **Certificate issue.** When you have been approved for coverage, on or near the effective date of your coverage you'll receive a package containing your Certificate of Insurance. This is your proof of insurance. Be sure to review it to make certain that it reflects the benefits you selected – you'll have [30] days to return it for a refund of your paid premiums if you change your mind.

Insert appropriate number of days for group's free look period. *[30/45/60/90]* 2

4.0 Announcements

Note to Reviewer: See Screenshots Pt 3- Slide 7.

4.1 [This program includes coverage for certain care you receive in the comfort of your own home. Customize your plan to fit your budget by clicking on "Get a quote" in the top-right corner of this page.]

Display as requested by group. *[This program includes coverage for certain care you receive in the comfort of your own home. Customize your plan to fit your budget by clicking on "Get a quote" in the top-right corner of this page.]* 2

4.2 [Avoid lengthy medical questions -- apply by [Month DD, YYYY].]

Display as requested by group. *[Avoid lengthy medical questions -- apply by [Month DD, YYYY].]* 2

Insert date for end of group's initial enrollment. *[Month DD, YYYY]* 1

4.3 [Don't miss your opportunity … there are [3] days remaining to apply within the enrollment period.]

Display as requested by group. *[Don't miss your opportunity … there are [3] days remaining to apply within the enrollment period.]* 2

Display number of days left in initial enrollment period. *[3]* 1

4.4 [Don't miss your opportunity -- the enrollment period ends on [enrollment end date].]

Display as requested by group. *[Don't miss your opportunity -- the enrollment period ends on [enrollment end date].]* 2

Display date for end of enrollment as *:[enrollment end date].* 1

4.5 [View an interactive presentation »]

Display as requested and as available by group. *[View an interactive presentation »]* 2

4.6 [The enrollment end date has been extended through [Month DD, YYYY]. [Enroll online today and take advantage of less rigorous underwriting requirements./During the enrollment period, [employee]s[and their spouses[or domestic partners]] can enroll online and take advantage of less rigorous underwriting requirements.]

Display as requested by group. *[The enrollment end date has been extended through [Month DD, YYYY]. [Enroll online today and take advantage of less rigorous underwriting requirements./During the enrollment period, [employee]s[and their spouses[or domestic partners]] can enroll online and take advantage of less rigorous underwriting requirements.]* 2

Display adjusted date for end of initial enrollment. *[Month DD, YYYY]* 1

Display as requested by group. Available if group's eligibles have access to applications other than "long form". *[Enroll online today and take advantage of less rigorous underwriting requirements.]* 2

Display as requested by group. Available if group's eligibles have access to applications other than "long form". *[During the enrollment period, [employees]s[and their spouses[or domestic partners]] can enroll online and take advantage of less rigorous underwriting requirements.]* 2

Display as applicable to the group. *[employee]s* 1

Display as applicable to the group. *[and their spouses[or domestic partners]]* 1

Display as applicable to the group. Include *[or domestic partners]* if the group allows domestic partners to receive the same benefits as spouses. 1

4.7 [The initial enrollment period has ended. Please call [toll-free number] for more information. [[Actively-at-Work, Benefit Eligible/Actively-at-Work/Benefit Eligible][full-time] [employee]s[working [20] hours per week] are eligible to apply.] [Newly hired [employee]s meeting these criteria are eligible to take advantage of less rigorous underwriting requirements.]

Display as requested by group. Available only once initial enrollment period has ended. *[The initial enrollment period has ended. Please call [xxx-xxx-xxxx] for more information. [[Actively-at-Work, Benefit Eligible/Actively-at-Work/Benefit Eligible][full-time] [employee]s[working [20] hours per week] are eligible to apply.] [Newly hired [employee]s meeting these criteria are eligible to take advantage of less rigorous underwriting requirements.]* 2

Display group specific phone number. *[xxx-xxx-xxxx]* 1

Display as applicable to the group. *[[Actively-at-Work, Benefit Eligible/Actively-at-Work/Benefit Eligible][full-time] [employee]s [working [20] hours per week] are eligible to apply.]* 1

Display as applicable to the group. *[Actively-at-Work, Benefit Eligible/Actively-at-Work/Benefit Eligible]* 1

Display as applicable to the group. *[full-time]* 1

Display as applicable to the group. *[employee]* 1

Display as applicable to the group. *[working [20] hours per week]* 1

Display as applicable to the group. *[Newly hired [employee]s meeting these criteria are eligible to take advantage of less rigorous underwriting requirements.]* 1

4.8 [Follow the steps below to customize a quote that can fit your budget.]

Display as requested by the group. *[Follow the steps below to customize a quote that can fit your budget.]* 2

4.9 [Enroll online today and take advantage of less rigorous underwriting requirements.]

Display as requested by the group. Available only for groups with applications other than "long form". *[Enroll online today and take advantage of less rigorous underwriting requirements.]* 2

4.10 [During the enrollment period, [employee]s[and their spouses[or domestic partners]] can enroll online taking advantage of less rigorous underwriting requirements.]

Display as requested by the group. Available only for groups with applications other than "long form". *[During the enrollment period, [employee]s and their spouses[/domestic partners] can enroll online taking advantage of less rigorous underwriting requirements.]* 2

Display as applicable to the group. *[employee]s* 1

Display as applicable to the group. *[and their spouses[or domestic partners]].* 1

Include *[or domestic partners]* if the group allows domestic partners to receive the same benefits as spouses. 1

4.11 [Note: You are currently logged into the enrollment website for New York residents only. If you are not a New York resident, please log out and log back in using '[alternate group ID]' as the Group ID.]

Display if user logged into GLICNY sitused group - this may apply for groups that have dual situs. *[Note: You are currently logged into the enrollment website for New York residents only. If you are not a New York resident, please log out and log back in using '[alternate group ID]' as the Group ID.]* 1

Enter GLIC alternate for dual sitused groups. *[alternate group ID]* 1

4.12 [Our online security features protect your personal information.]

Display as requested by group. *[Our online security features protect your personal information.]* 2

4.13 [For [employees/employees and [eligible]retirees]members], the streamlined online application process only takes about 5 minutes.]

Display as requested by group. Available only to groups that allow online enrollment. *[For [employees/employees and [eligible]retirees]members], the streamlined online application process only takes about 5 minutes.]* 2

Display as applicable to the group. *[employees/employees and [eligible]retirees]members]* 1

Display as applicable to the group. *[eligible]* 1

4.14 [Learn more by attending a meeting with a Program Expert…
Date: [Month DD, YYYY]
Time: [HH:MM [a.m./p.m.]]
Place: [Location/URL]
[Want to learn more about the benefits of Long Term Care Insurance? Watch a video »]]

Display as requested by the group. Available only to groups that will permit meetings with Program Expert. 2
[Learn more by attending a meeting with a Program Expert…
Date: [Month DD, YYYY]
Time: [HH:MM [a.m./p.m.]]
Place: [Location/URL]

Insert group specific meeting times. Time: *[HH:MM [a.m./p.m.]]* 1

Insert group specific meeting times. *[HH:MM [a.m./p.m.]]* 1

Insert group specific meeting address. *[Location/URL]* 1

Display as requested by the group. Available only to groups where video is available. *[Want to learn more about the benefits of Long Term Care Insurance? Watch a video »]* 1

4.15 [To speak to a program expert, call [xxx-xxx-xxxx].]

Display as requested by the group. *[To speak to a program expert, call [xxx-xxx-xxxx].]* 2

Display group specific phone number. *[xxx-xxx-xxxx]* 1

4.16 [Start an online chat with a program expert »]

Display as requested by the group. *[Start an online chat with a program expert »]* 2

4.17 [Contact/email a program expert »]

Display as requested by the group. *[Contact/email a program expert »]* 2

4.18 [View a schedule of upcoming [employee/member] meetings »]

Display as requested by the group. Available only where meetings are available. *[View a schedule of upcoming [employee/member] meetings »]* 2

Display as applicable to the group. *[employee/member]* 1

YOUR QUOTE

5. Step 1: Get a Quote

5.1 [Are both members of a couple applying[together online]?

Display as applicable to the group. This will show if spouses are also an eligible party for the group, and will drive couples discount application, if available. *[Are both members of a couple applying[together online]?]* 2
This *[together online]* will only appear is spouses are able to apply online.

Note to Reviewer: SeeSee Screenshots Pt 4 - Slide 1.

5.1.1 [You and your spouse[or partner] can get a combined quote and apply together online today. You may each qualify for a premium discount.]

Display as applicable to group. Use this version if group allows couples, they can apply online and a couples discount is available to the group. *[You and your spouse[or partner] can get a combined quote and apply together online today. You may each qualify for a premium discount.]* 2

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

5.1.2 [You and your spouse[or partner] can get a combined quote and apply together online today.]

Display as applicable to group. Use this version if group allows coupes and they can apply online. (NO DISCOUNT) *[You and your spouse[or partner] can get a combined quote and apply together online today.]* 2

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

5.1.3 [If you and your spouse[or partner] both apply for coverage, you may each qualify for a premium discount.]

Display as applicable to group. Use this version if group allows couples and a couples discount is available to the group. (NO ONLINE APPLICATION) *[If you and your spouse[or partner] both apply for coverage, you may each qualify for a premium discount.]* 2

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

5.1.4 [Eligible spouses[or partners] can also apply for coverage under this plan.]

Display as applicable to group. Use this version if group allows couples. (NO ONLINE APPLICATION OR DISCOUNT) *[Eligible spouses[or partners] can also apply for coverage under this plan.]* 2

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

5.2 When were you born?

Note to Reviewer: See Slide 47.

5.2.1 Your premiums are tied to your age; typically, the younger you are when you purchase coverage, the lower your premiums will be.

5.3 [When was your spouse[or partner] born?]

Display as applicable to group. Show this question if couples are allowed by the group. *[When was your spouse[or partner] born?]* 2

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

Note to Reviewer: See Slide 47.

5.4 Where do you expect to retire?

Note to Reviewer: See Slide 47.

5.4.1 The costs of long term care vary significantly from state to state. View the Cost of Care in your area »

Note to Reviewer: Blue text is a hyperlink to the pop-up containing the Cost of Care map (Documented in Section 6.1.2. See Slides 51 - 52).

6. Step 2: Your Plan

Note to Reviewer: See Screenshots Pt 4 - Slide 2.

Plan Options

Note to Reviewer: See Slides 3 - 66.

For each section below, if the benefit is a **user choice**, it will appear in Section 6.1 under *"Plan Options"*. Alternatively, the group poliyholder may choose to build the features into plan design... and, since they no longer user choices, they will display under Section 6.2 as *"Plan Features"*. While under the *"Plan Features"* tab, the *"more»"* tooltip will not display since tooltip text is used to explain choices available to applicants.

6.1.1 [Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Daily/Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected. Customize your coverage by adjusting the benefit sliders below:]

This phrase may be in or out based on whether the user has choices in plan design. If core only, and there is no voluntary choice to be made, this sentence will not show at all. *[Here is a place to start... Based on the amounts people typically spend on [assisted living care] in your area, a [Daily/Monthly] Benefit of [$x,xxx] and Total Coverage Maximum of [$xxx,xxx] have been pre-selected. Customize your coverage by adjusting the benefit sliders below:]* 1

The approporiate care type and associated costs will be listed. This may be replaced with Nursing Home Care or Home Care. *[assisted living care]* 3

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Amounts for daily benefit *[$xxx,xxx]* and total coverage *[$xxx,xxx]* will be pre-selected based on the cost of care in the area they chose in Section 5.4 3

6.1.2 **[Daily/Monthly] Benefit**

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Note to Reviewer: See Slides 48 and 49.

The maximum your plan will pay each [day/month] for covered expenses.[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].]

Group level decision. Display this sentence if user has a choice re: Daily/Monthly Benefits. If this is core only and there is no voluntary choice, do not display. *[The average cost of [assisted living care] in your area is $[xxxx] per [day/month].]* 2

The approporiate care type and associated costs will be listed. This may be replaced with Nursing Home Care or Home Care. *[assisted living care]* 1

Display the cost of care for the care type chosen. *$[xxxx]* 3

For *[day/month]*, show 'day' if the Benefit Period is Daily or 'month' if it is 'Monthly' (group-level decision). 1

[more» As a rule of thumb choose a [Daily/Monthly] Benefit that comes close to covering today's cost for a [day/month] of care in the [Richmond] area. View the Cost of Care in your area»]

Include the *"more»"* hyperlink to this tooltip if the Benefit Amount is an option to the user. 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Note to Reviewer: *"View the Cost of Care in your Area»"* is a hyperlink to the Cost of Care map. See Slides 51 - 52.

6.1.2.1 [How much does care cost in my area?

The cost of care you receive not only depends on where you live, but also on the type of care you receive. To find the cost of home or community care, assisted living, and nursing home care in your area, use Genworth's Cost of Care map.]

Group level decision. Display *"How much does care cost in my area?"* & subsequent text if user has a choice re: Daily/Monthly Benefits. If this is core only and there is no voluntary choice, do not display. 2

Note to Reviewer: "Genworth's Cost of Care map" is a hyperlink to the Cost of Care map. See Slides 50 and 51 - 52.

6.1.2.2 [What is the cost of waiting?

Group level decision. Display *"What is the cost of waiting?"* & subsequent text if user has a choice re: Daily/Monthly Benefits. If this is core only and there is no voluntary choice, do not display. 2

Note to Reviewer: See Slide 53.

6.1.2.2.1 **What is the cost of waiting?**

People often think they can wait until they are older to buy Long Term Care Insurance, but purchasing coverage earlier has advantages.

6.1.2.2.2 **Why now?**

Monthly premiums are lower when you're younger.

A future medical condition may keep you from qualifying for coverage later.

6.1.2.2.3 **Monthly Costs, [Daily/Monthly] Benefit, Total Coverage Maximum**

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level 1

Note to Reviewer: Amounts are populated using the selections made on the "*Your Plan*" page.

6.1.2.2.4 **If you wait…**

Note to Reviewer on Column 1: 3

[5 Years][10 Years][15 Years][20 Years][25 Years] -- displayed depends on age of individual running the quote.

Note to Reviewer on Column 2: 3
Populated with premium for the same coverage, based on the date of birth indicated on the Get a Quote screen and the benefit selection shown on the Customize Plan screen.

6.1.2.2.5 Premiums shown for future purchases are taken from current rate tables for older ages. These premiums are not guaranteed, and the insurer has the right to change rates in the future.]

6.1.3 **Total Coverage Maximum**

Note to Reviewer: See Slide 54.

The total "pool of money" available to pay covered expenses for the lifetime of your coverage.

[more» As a rule of thumb, choose a Total Coverage Maximum that will provide for at least three years of assisted living or home care in your area.]

Include the *"more»"* hyperlink to this tooltip if the Total Coverage Maximum is an option to the user. 2

6.1.3.1 [What Total Coverage Maximum is right for me?

Group level decision. Display Section 6.1.3.1 *"What Total Coverage Maximum is right for me?"* & subsequent text if user has a choice re: Total Coverage. If this is core only and there is no voluntary choice, do not display. 2

Note to Reviewer: See Slide 55.

Everyone's needs are different, but when making this choice consider a Total Coverage Maximum that will be sufficient to cover three years worth of long term care expenses. However, you should also think about things like your own family health history, which may guide you to an option that will allow for a longer period of care.**]**

6.1.3.2 [What if I invested instead of buying insurance?

Group level decision. Display *6.1.3.2 "What if I invested instead of buying insurance?"* & subsequent text if user has a choice re: Total Coverage. If this is core only and there is no voluntary choice, do not display. 2

Note to Reviewer: See Slide 56.

6.1.3.2.1 **Why insure vs. invest?**

This graph helps you see how long it would take to save an amount equal to the Total Coverage Maximum from your Long Term Care Insurance plan. Select an expected after-tax investment return on the slider and see if saving on your own is a viable option to pay for the services you may need.

6.1.3.2.2 You will be [XX] years old by the time you're able to save an amount equal to the Total Coverage Maximum you could have today with Long Term Care Insurance.

Based on age used to quote in Section 5.2, *[XX]* will populate the breakeven age for invested premiums to equal total coverage. 3

6.1.3.2.3 Total Coverage Maximum: $[XXX]k*
Cost: $[YY] per month
After-tax return: The annual investment return you expect to earn after deducting taxes. Choose from the options on the slider.
*This amount does not account for any increases in Total Coverage Maximum that may result from the Benefit Increase Option you have selected.]

Populate total coverage being quoted. *[XXX]* 1
Populate premiums based on age and plan design quoted *[YY]* 1

Benefit Increase Options

Note to Reviewer: See Slides 57 - 63.

[These options increase /This option increases] your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care.

Group level decision. Display *[These options increase]* if user has a choice re: Benefit Increase Options. 2

Group level decision. If this is core only and there is no voluntary choice, display *[This option increases].* 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

[more» [The "Buy More Coverage Over Time" option is automatically included in your plan if you do not choose an automatic increase option.]Automatic increase options are available at an additional cost.[Carefully review the "Automatic 5% Increase for Life - Compound" option. It offers the most comprehensive inflation protection. If you select another option, you will be asked to confirm that you have rejected the "Automatic 5% Increase for Life - Compound" option.]

Group level decision. Display *"more»"* and subsequent text if user has a choice re: Benefit Increase Options. If this is core only and there is no voluntary choice, do not display. *[The "Buy More Coverage Over Time" option is automatically included in your plan if you do not choose an automatic increase option.]* 2

Group level decision. Display if 5% Compound is a choice. *[Carefully review the "Automatic 5% Increase for Life - Compound" option. It offers the most comprehensive inflation protection. If you select another option, you will be asked to confirm that you have rejected the "Automatic 5% Increase for Life - Compound" option.]* 2

6.1.4.1.1 **[Buy More Coverage Over Time[*]]**

You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at the time of the offer.[This option is not available with Accelerated Premium Payments.]]

Group level decision. Display this if available to the group***. [Buy More Coverage Over Time[*]]*** 2
You'll get the chance to increase your coverage every [two/three] years with no medical underwriting. The cost for the increase will be based on your age at the time of the offer.[This option is not available with Accelerated Premium Payments.]]

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display years as *[two/three]* depending on the group's plan design. 1

Group level decision. Display this only if Accelerated premium payments are also available to the group. *[This option is not available with Accelerated Premium Payments.]* 1

6.1.4.1.2 **[Automatic 5% Increase for Life - Compound[*]]**

Your coverage amounts [(less any claims paid)]automatically increase by 5% compound each year. These increases do not trigger a premium increase.]

Group level decision. Display this if available to the group. ***[Automatic 5% Increase for Life - Compound[*]]*** 2
Your coverage amounts [(less any claims paid)]automatically increase by 5% compound each year. These increases do not trigger a premium increase.]

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display *[(less any claims paid)]* if claims offset is part of Program. 1

6.1.4.1.3 **[Automatic 4% Increase for Life - Compound[*]]**

Your coverage amounts [(less any claims paid)]automatically increase by 4% compound each year. These increases do not trigger a premium increase.]

Group level decision. Display this if available to the group. ***[Automatic 4% Increase for Life - Compound[*]]*** 2
Your coverage amounts [(less any claims paid)]automatically increase by 4% compound each year. These increases do not trigger a premium increase.]

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display *[(less any claims paid)]* if claims offset is part of Program. 1

6.1.4.1.4 **[Automatic 3% Increase for Life - Compound[*]**

Your coverage amounts [(less any claims paid)]automatically increase by 3% compound each year. These increases do not trigger a premium increase.]

Group level decision. Display this if available to the group. ***[Automatic 3% Increase for Life - Compound[*]*** *Your coverage amounts [(less any claims paid)]automatically increase by 3% compound each year. These increases do not trigger a premium increase.]* 2

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display *[(less any claims paid)]* if claims offset is part of Program. 1

6.1.4.1.5 **[Automatic 5% Increase for Life - Equal[*]**

Your coverage amounts [(less any claims paid)]automatically increase by 5% simple each year. These increases do not trigger a premium increase.]

Group level decision. Display this if available to the group. ***[Automatic 5% Increase for Life - Equal[*]*** *Your coverage amounts [(less any claims paid)]automatically increase by 5% simple each year. These increases do not trigger a premium increase.]* 2

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display *[(less any claims paid)]* if claims offset is part of Program. 1

6.1.4.1.6 **[Automatic 5% Increase for Life - Age Adjusted[*]**

Your coverage amounts [(less any claims paid)]automatically increase 5% compound every year up to age 66, then 5% simple thereafter. These increases do not trigger a premium increase.]

Group level decision. Display this if available to the group. ***[Automatic 5% Increase for Life - Age Adjusted[*]*** *Your coverage amounts [(less any claims paid)]automatically increase 5% compound every year up to age 66, then 5% simple thereafter. These increases do not trigger a premium increase.]* 2

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display *[(less any claims paid)]* if claims offset is part of Program. 1

6.1.4.1.7 **[Automatic 5% Increase for Life – Graded[*]**

Your coverage amounts [(less any claims paid)]automatically increase by 5% compound while you're age 60 or younger, 3% compound between the ages of 61 and 76, and then by 2% compound each year thereafter. These increases do not trigger a premium increase.]

Group level decision. Display this if available to the group. ***[Automatic 5% Increase for Life – Graded[*]*** *Your coverage amounts [(less any claims paid)]automatically increase by 5% compound while you're age 60 or younger, 3% compound between the ages of 61 and 76, and then by 2% compound each year thereafter. These increases do not trigger a premium increase.]* 2

Display ***[*]*** if this option is partnership qualified (See Section 6.1.4.1.8). 1

Group level decision. Display *[(less any claims paid)]* if claims offset is part of Program. 1

6.1.4.1.8 [**Option is Partnership Qualified.* more»

Partnership for long term care. The state you currently live in may recognize this coverage as qualified Long Term Care Insurance under a Long Term Care Insurance Partnership Program. If so, you will receive appropriate disclosures of the status of your coverage and what it means to you.

For your plan to qualify for Partnership you must select a qualifying Benefit Increase Option. For more information on this and other elements of Partnership, view the important details here.]

Note to Reviewer: Link to the appropriate Partnership Point-of-Sale form based on the user's state of residence selected upon login.

Display this footnote if residence state is partnership. *[*Option is Partnership Qualified. more»* ***Partnership for long term care.*** *The state you currently live in may recognize this coverage as qualified Long Term Care Insurance under a Long Term Care Insurance Partnership Program. If so, you will receive appropriate disclosures of the status of your coverage and what it means to you.*

For your plan to qualify for Partnership you must select a qualifying Benefit Increase Option. For more information on this and other elements of Partnership, view the important details here.] 2

6.1.4.2 [Which Benefit Increase Option is right for me?]

Note to Reviewer: See Slide 64 - 65.

Group level decision. Display if user has a choice re: Benefit Increase Options. If this is core only and there is no voluntary choice, do not display this question or any subsequent text. *[Which Benefit Increase Option is right for me?]* 2

6.1.4.2.1 **How will my coverage grow?**

This graph shows how your Total Coverage Maximum will grow over time depending on the option you select.

6.1.4.2.2 This graph uses the Genworth [2011] Annual Cost of Care Survey conducted by CareScout. It assumes the cost of care in [State] will increase by [5%] annually. For the "Buy More Coverage Over Time" option, this graph assumes that you will purchase more coverage every [6] years.

This statement will be updated as the source/statistics change: *[2011]* 3

Display resident state used during login. *[State]* 1

This statement will be updated as appropriate: *[5%]* 3

Group level decision. May display increases at alternative intervals (ie., every *[3]* years or every *[6])* 3

6.1.4.2.2 **How much will my coverage cost?**

This graph shows your annual cost of coverage depending on the option you select.

6.1.5 **[Coverage %**

The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.

[more» A reduced coverage amount may be right for you if you want to reduce your premium by agreeing to pay a portion of your expenses out-of-pocket.]**]**

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Include the *"more»"* hyperlink to this tooltip if changing Coverage % is an option to the user. *[more» A reduced coverage amount may be right for you if you want to reduce your premium by agreeing to pay a portion of your expenses out-of-pocket.]* 2

6.1.6 **Facility Care %**

The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.

[more» 100% of your [Daily/Monthly] Benefit can be used for nursing home [and assisted living]expenses.]

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Include the *"more»"* hyperlink to this tooltip if changing Facility Care % is an option to the user. *[more» 100% of your [Daily/Monthly] Benefit can be used for nursing home [and assisted living]expenses.]* 2

Group level decision. Include *[and assisted living]* if Assisted Living % (see Section 6.1.11) is not included in the plan design. 1

6.1.7 **[Home and Community Care %**

Group level decision. Show the *'Home and Community Care %'* section if Home and Community Care is offered and/or included in the plan design. 1

The amount of your [Daily/Monthly] Benefit that can be used towards [home and community/home, community, and informal] care expenses.

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

Group level decision. Display appropriate description of home care benefit selected in plan design. *[home and community/home, community, and informal]* 2

[more» Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.]**]**

Include the *"more»"* hyperlink to this tooltip if changing Home and Community Care % is an option to the user. *[more» Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.]]* 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

6.1.8 **[Informal Care**

Group level decision. Show the *'Informal Care'* section if Informal Care is offered and/or included in the plan design. 1

You can receive reimbursement for help provided by a friend or family member.

[more» This may be right for you if the caregiving family member doesn't live with you when you become benefit eligible.]**]**

Include the *"more»"* hyperlink to this tooltip if adding Informal Care is an option to the user. *[more» This may be right for you if the caregiving family member doesn't live with you when you become benefit eligible.]* 1

6.1.9 **[Waiting Period**

Group level decision. Show the *'Waiting Period'* section if the plan design includes an Elimination Period. 1

The period you must wait before benefits can be paid. This is also known as an elimination period.

[more» A longer waiting period may be right for you if you want to keep your premiums more affordable, and don't mind paying for care out-of-pocket until benefits begin. A shorter waiting period will increase your premium, but can help minimize your out-of-pocket expenses.]**]**

Include the *"more»"* hyperlink to this tooltip if changing Elimination Period is an option to the user. *[more» This may be right for you if the caregiving family member doesn't live with you when you become benefit eligible.]* 1

6.1.10 **[Home Care Right Away**

Group level decision. Show the *'Home Care Right Away'* section if Zero-Day Home Health Care is offered and/or included in the plan design. 1

Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.

Group level decision. Display *[home and community]* if informal care is not included in the plan design. 1

Display [home, community, and informal] if informal care is also part of plan design. 1

[more» This may be right for you if you want to avoid paying expenses for [home and community/home, community, and informal] care during the waiting period and don't mind paying a higher premium to get this benefit.]**]**

Include the *"more»"* hyperlink to this tooltip if adding Home Care Right Away is an option to the user. *[more» This may be right for you if you want to avoid paying expenses for [home and community/home, community, and informal] care during the waiting period and don't mind paying a higher premium to get this benefit.]* 2

6.1.11 **[Assisted Living %**

Group level decision. Show the *'Assisted Living %'* section if plan includes coverage for an Assisted Living Facility that is different from the Facility Care % (see Section 6.1.6). If they are the same %, do not show. 1

The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses.

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

[more» Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.]**]**

Include the **"more»"** hyperlink to this tooltip if changing Assisted Living % is an option to the user. *[more» Customize the % of your [Daily/Monthly] Benefit to suit your needs and budget. Use the cost of care in your area as a guide.]* 2

For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision). 1

6.1.12 **[Limited Assisted Living Facility**

Group level decision. Show the '*Limited Assisted Living Facility'* section if plan includes limited coverage for an Assisted Living Facility. 1

Reduces your cost by excluding assisted living facility rent charges.

[more» This may be right for you if you want to minimize your premiums and expect to pay for rent on your own.]**]**

Include the *"more»"* hyperlink to this tooltip if dropping coverage for rent charges is an option to the user. [*more» This may be right for you if you want to minimize your premiums and expect to pay for rent on your own.]* 2

6.1.13 **[Transition Payment**

Group level decision. Show the *'Transition Payment'* section if Transition Payment is offered and/or included in the plan design. 1

Pays a one-time cash benefit while you're satisfying your waiting period.

[more» This may be right for you if you want help offsetting the costs of qualified services received during the waiting period.]**]**

Include the *"more»"* hyperlink to this tooltip if adding transition payment is an option to the user. *[more» This may be right for you if you want help offsetting the costs of qualified services received during the waiting period.]* 2

6.1.14 **[Refund of Premium**

Group level decision. Show the *'Refund of Premium'* section if Refund of Premium is offered and/or included in the plan design. 1

Refunds all or part of the premiums you've paid if you die. [This benefit is not available, nor will you be charged, if you are age 65 or over at issue.]

Display this if ROP offered is 'Graded ROP' and is included in the group's plan design: *[This benefit is not available, nor will you be charged, if you are age 65 or over at issue.]* 1

[more» This may be right for you if you worry about paying premiums for a benefit you may never receive.

Include the *"more»"* hyperlink to this tooltip if adding refund of premium is an option to the user. *[more» This may be right for you if you worry about paying premiums for a benefit you may never receive.* 2

6.1.14.1.1 [It refunds a full amount after 10 years or a graded amount if you die before age 75, depending on the option you select.]

Group level decision. Display if both the 10 year ROP and the graded ROP options are both available as part of the plan design. *[It refunds a full amount after 10 years or a graded amount if you die before age 75, depending on the option you select.]* 1

6.1.14.1.2 [It refunds a full amount after 10 years.]

Group level decision. Display if the 10 year ROP is available as part of the plan design. *[It refunds a full amount after 10 years.]* 1

6.1.14.1.3 [It refunds a graded amount if you die before age 75.]

Group level decision. Display if the graded ROP option is available as part of the plan design. *[It refunds a graded amount if you die before age 75.]* 1

6.1.15 **[Nonforfeiture**

Group level decision. Show the *'Nonforfeiture'* section if Nonforfeiture is offered and/or included in the plan design. 1

Enables you to keep some coverage if you stop paying premiums after three years.

[more» This may be right for you if you want to retain at least some of your coverage if you stop making premium payments.]**]**

Include the *"more»"* hyperlink to this tooltip if adding nonforfeiture is an option to the user. *[more» This may be right for you if you want to retain at least some of your coverage if you stop making premium payments.]* 2

6.1.16 **[Restoration of Benefits**

Group level decision. Show the '*Restoration of Benefits'* section if Restoration of Benefits is offered and/or included in the plan design. 1

Restores your Total Coverage Maximum if you fully recover after being on claim.

[more» This may be right for you if you want the option of re-building your Total Coverage Maximum.]**]**

Include the *"more»"* hyperlink to this tooltip if restoration of benefits is an option to the user. *[more» This may be right for you if you want the option of re-building your Total Coverage Maximum.]* 2

6.1.17 **[[Enhanced]Survivorship**

Group level decision. Show the *'[Enhanced]Survivorship'* section if Survivorship is offered and/or included in the plan design. 1

Include *[Enhanced]* if benefits may have been paid during the qualification period. 1

For insured couples, waives premium for the surviving spouse[or partner] if one of you dies [and no benefits have been paid].

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

Include [*and no benefits have been paid]* if this is not the "enhanced" version of survivorship. 1

[more» This may be right for you if you want to make sure your spouse[or partner] doesn't have to pay premiums after you die. Coverage for both you and your spouse[or partner] must include a similar survivorship benefit with the same qualifying period.]**]**

Include the *"more»"* hyperlink to this tooltip if survivorship is an option to the user. *[more» This may be right for you if you want to make sure your spouse[or partner] doesn't have to pay premiums after you die. Coverage for both you and your spouse[or partner] must include a similar survivorship benefit with the same qualifying period.]* 2

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

6.1.18 **[Shared Coverage**

Group level decision. Show the *'Shared Coverage'* section if Shared Coverage is offered and/or included in the plan design. 1

Allows you and your spouse[or partner] to draw from each other's Total Coverage Maximum.

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

[more» This may be right for you if both you and your spouse[or partner] are buying the same coverage and want a larger pool of money for either one of you to use.]**]**

Include the *"more»"* hyperlink to this tooltip if shared coverage is an option to the user. *[more» This may be right for you if both you and your spouse[or partner] are buying the same coverage and want a larger pool of money for either one of you to use.]* 2

6.1.19 **[Shared Coverage with Joint Waiver**

Group level decision. Show the *'Shared Coverage with Joint Waiver'* section if Shared Coverage with Joint Waiver is offered and/or included in the plan design. 1

Allows you and your spouse[or partner] to draw from each other's Total Coverage Maximum and waives premiums.

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

[more» This may be right for you if both you and your spouse[or partner] are buying the same coverage and want a larger pool of money for either one of you to use. If one of you goes on claim, no premiums will be due for either of you.]**]**

Include the *"more»"* hyperlink to this tooltip if shared coverage with joint waiver is an option to the user. *[more» This may be right for you if both you and your spouse[or partner] are buying the same coverage and want a larger pool of money for either one of you to use. If one of you goes on claim, no premiums will be due for either of you.]* 2

6.1.20 **[Couples Discount**

Group level decision. Show the *'Couples Discount'* section if Couples Discount is offered. 1

You and your spouse[or partner] may be eligible for a premium discount if you both apply.

Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses. 1

more» When both you and your spouse[or partner] apply for coverage together, a premium discount may apply:

6.1.20.1.1 [[x]% if both are eligible for the discount.]

Display by group type. This discount structure applies only to employer groups. *[[x]% if both are eligible for the discount.]* 1

Group level decision. *[x]* may be 5, 10, 15, or 20% based on group underwriting. 1

6.1.20.1.2 [40% if both are issued, 25% if both are eligible and only one is issued.]**]**

Display by group type. This discount structure applies only to association groups. *[40% if both are issued, 25% if both are eligible and only one is issued.]* 1

6.1.21 **[Preferred Health Discount**

Display by group type. Show the *'Preferred Health Discount'* section if Preferred Health Discount is offered (Association Groups Only). 1

You may qualify for a discount if you are in good health.

more» Based on underwriting criteria you could receive a discount.**]**

6.1.22 **[Accelerated Premium Payments**

Group level decision. Show the *'Accelerated Premium Payments'* section if Accelerated Premium Payment option(s) are offered to user (other than "Pay Over Lifetime"). 1

You can pay up your coverage earlier by paying a larger premium.

[more» This may be right for you if you have the resources and desire to pay for your coverage on an accelerated basis instead of paying over your lifetime.][This option is not available with the "Buy More Coverage Over Time" Benefit Increase Option.]**]**

Include the *"more»"* hyperlink to this tooltip if accelerated premim payments is an option to the user. *[more» This may be right for you if you have the resources and desire to pay for your coverage on an accelerated basis instead of paying over your lifetime.][This option is not available with the "Buy More Coverage Over Time" Benefit Increase Option.]* 2

Include this if "Buy More Coverage Over Time" benefit increase option is available to the group. *[This option is not available with the "Buy More Coverage Over Time" Benefit Increase Option.]* 1

6.1.23 **Payment Frequency**

You can choose how often you pay your premiums. [You can receive a discount by scheduling payments less frequently.][*Note that with the monthly option, automatic draft of your checking account is required.]*

Group level decision. Include if modal premium discount is offered. *[You can receive a discount by scheduling payments less frequently.]* 1

Group level decision. Include if monthly payments are permitted. *[Note that with the monthly option, automatic draft of your checking account is required.]* 1

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

Include the "more»" hyperlink to this tooltip if a modal premium discount is offered. [more» MODAL PREMIUM DISCLOSURE: Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g. monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. For example, the total annual premium paid on a monthly basis will be more than the total premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Policy or Certificate.] 1

6.2 Plan Features

Note to Reviewer: See Screenshots Pt 4 - Slide 21.
For each section below, only the benefits that are INCLUDED in the plan design will be displayed. If it is a USER CHOICE, it will appear in Section 6.1 under *"Plan Options"*. If the benefit is included here, under the *"Plan Features*" tab, the "more»" tooltip will not display since tooltip text is used to explain choices available to applicants.

6.2.1 Your plan includes the following benefits:

7. [Step 3: Your [Partner's/Spouse's] Plan]

Group level decision. Step 3 will ONLY appear as *"Your Spouse's Plan"* or "Your Partner's Plan" if user indicated both members of a couple were applying together online in Step 1. Otherwise, Step 3 would become *"Apply"*.) ***[Step 3: Review Your Spouse's Plan].*** Whether the term Spouse or Partner displays is driven by group preference. 2

Note to Reviewer: See Screenshots Pt 4 - Slide 21.
All content under this tab will be the same as content under Step 2 (see Section 5 - 6 above). This provides opportunity for a spouse/partner to apply online at the same time as employee/member.

8. Step [3/4]: Apply

This will appear as Step [3] if user did not indicate both members of a couple were applying together online (see Section 5.1) since Section 7 would be omitted. This will appear as Step [4] if if user indicated both members of a couple were applying together online (see Section 5.1) since Section 7 would be included. 2

8.1 Start the application process by creating an account

Note to Reviewer: See Screenshots Pt 4 - Slide 22.

8.1.1 [To return to an in-progress application at a later date, you will need to create login credentials for yourself.]

Section 8.1.1 will display only if an incomplete application for the user already exists in the system: [To return to an in-progress application at a later date, you will need to create login credentials for yourself.] 2

8.1.2 [Confirm membership:]]

Section 8.1.2 will display only if membership is the eligibility criteria for group coverage: [Confirm membership:] 2

8.2 [Before You Apply

Note to Reviewer: See Screenshots Pt 4 - Slide 23.

8.2.1 [Your account has been created and an electronic signature code called an "e-Signature" has been emailed to the address you provided. While you should receive your e-Signature in a few minutes, you don't have to wait for the email to arrive; you can start your application now. To submit your completed application electronically, enter the e-Signature you received. If you prefer paper, you may complete the application online, then print, sign, and mail the forms. It's your choice.]

If application is available online display Section 8.2.1: *[Your account has been created and an electronic signature code called an "e-Signature" has been emailed to the address you provided. While you should receive your e-Signature in a few minutes, you don't have to wait for the email to arrive; you can start your application now. To submit your completed application electronically, enter the e-Signature you received. If you prefer paper, you may complete the application online, then print, sign, and mail the forms. It's your choice.]* 2

8.2.2 [To start your application with the plan features and choices you saved earlier, click the "Continue" button below. To submit your completed application electronically, enter your e-Signature. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.]

If user is returning to an in-process application, display 8.2.2: *[To start your application with the plan features and choices you saved earlier, click the "Continue" button below. To submit your completed application electronically, enter your e-Signature. If you prefer paper, you may complete the application online, then print, sign and mail the forms. It's your choice.]* 2

8.2.3 [To continue the application process, please download your application using the link below. You'll need to mail it to the address provided on the application.]

If online applications are not available for user, display 8.2.3: *[To continue the application process, please download your application using the link below. You'll need to mail it to the address provided on the application.[Your group's initial enrollment period has ended, so the online application option is not available.]]* 2

8.2.4 [If needed, your e-Signature can be sent again to the email address associated with your account.]]

If application is available online, display 8.2.4 *[If needed, your e-Signature can be sent again to the email address associated with your account.]* 2

8.3 [Welcome Back, [username]

Show Section 8.3 if the for returning users. Do not show when a user has created their profile for the first time. 2

Display name of returning user as saved in profile. *[username]* 1

Note to Reviewer: See Screenshots Pt 4 - Slide 24

8.3.1 We've saved your coverage preferences from your last visit.
To continue your application with the coverage amounts and plan options you selected during your last visit, click below. If you want to explore a little more, visit the Learning Center above or click "Get a New Quote" and save your new plan features before completing the application. Please note that if you've had a birthday since your last visit, the cost for your coverage may have changed.

8.3.2 [If needed, your e-Signature can be sent again to the email address associated with your account.]]

Section 8.3.2 will display only if on-line enrollment is available to the group: [If needed, your e-Signature can be sent again to the email address associated with your account.] 2

9. RIGHT NAVIGATION LINKS

Compare plans»

Note to Reviewer: See Screenshots Pt 4 - Slides 25 and 26 - 27.

9.1.1	**Compare Plans**				
9.1.2	**[Monthly][Annual]Cost[Every [[3/6] Months]**	**Your [Starting/Employer-Provided] Plan**	**Your Current Plan**	**[Your Spouse's Plan]**	
	Display selected payment frequency if *[Monthly]* or *[Annual]*				1
	Display selected payment frequency if quarterly or semiannual. *[Every [[3/6] Months]*				1
	Display *[3]* for quarterly and *[6]* for semi-annual payment frequency.				1
	The amount you will pay (also referred to as your "premium") for Long Term Care Insurance.	$[xxx] [Bar Graph]	$[xxx] [Bar Graph]	$[xxx] [Bar Graph]	
	Cost of reach plan configuration will be displayed. *[xxx]*				1
	Graphical representation of cost for each configuration will be displayed. *[Bar Graph]*				1
9.1.3	**[Daily/Monthly] Benefit:**				
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).				1
	The maximum your plan will pay each [day/month] for covered expenses. [The average cost of [assisted living care] in your area is [zzzzz] per [day/month].]	$[xxx] [Bar Graph]	$[xxx] [Bar Graph]	$[xxx] [Bar Graph]	
	This phrase may be in or out based on whether the user has choices in plan design. If core only, and there is no voluntary choice to be made, this sentence will not show at all. *[The average cost of [assisted living care] in your area is [zzzzz] per [day/month].]*				2
	The approporiate care type and associated costs will be listed. This may be replaced with Nursing Home Care or Home Care. *[assisted living care]*				3
	For *[day/month]*, show 'day' if the Benefit Period is Daily or 'month' if it is 'Monthly' (group-level decision).				1
	Insert the appropriate cost of care for area indicated in Section 5.4 [zzzzz]				3
	Appropriate benefit amount will show for plan configuration. *[xxx]*				1
	Graphical representation of benefit amount for each configuration will be displayed. *[Bar Graph]*				1
9.1.4	**Total Coverage Maximum:**				
	The total "pool of money" available to pay covered expenses for the lifetime of your coverage.	$[xxx] [Bar Graph]	$[xxx] [Bar Graph]	$[xxx] [Bar Graph]	
	Appropriate total coverage amount will show for plan configuration. *[xxx]*				1
	Graphical representation of total coverage amount for each configuration will be displayed. *[Bar Graph]*				1
9.1.5	**Benefit Increase Option:**				
	Increases your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care.	[Buy More Coverage Over Time/ Automatic 5% Increase for Life - Compound/ Automatic 4% Increase for Life - Compound/ Automatic 3% Increase for Life - Compound/ Automatic 5% Increase for Life - Equal/ Automatic 5% Increase for Life - Age Adjusted/ Automatic 5% Increase for Life - Graded]	[Buy More Coverage Over Time/ Automatic 5% Increase for Life - Compound/ Automatic 4% Increase for Life - Compound/ Automatic 3% Increase for Life - Compound/ Automatic 5% Increase for Life - Equal/ Automatic 5% Increase for Life - Age Adjusted/ Automatic 5% Increase for Life - Graded]	[Buy More Coverage Over Time/ Automatic 5% Increase for Life - Compound/ Automatic 4% Increase for Life - Compound/ Automatic 3% Increase for Life - Compound/ Automatic 5% Increase for Life - Equal/ Automatic 5% Increase for Life - Age Adjusted/ Automatic 5% Increase for Life - Graded]	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).				1
	Display approriate benefit increase option selected. *[Buy More Coverage Over Time/Automatic 5% Increase for Life - Compound/Automatic 4% Increase for Life - Compound/ Automatic 3% Increase for Life - Compound/Automatic 5% Increase for Life - Equal /Automatic 5% Increase for Life - Age Adjusted / Automatic 5% Increase for Life - Graded]*				1
9.1.6	**[Coverage %:**				
	Show section 9.1.6 if varying Coverage % is offered and/or included in the plan design.				2
	The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.]	[xxx]%	[xxx]%	[xxx]%	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).				1
	Appropriate coverage % will show for plan configuration. *[xxx]*				1
9.1.7	**Facility Care %:**				
	The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.]	[xxx]% of [Daily/Monthly] Benefit	[xxx]% of [Daily/Monthly] Benefit	[xxx]% of [Daily/Monthly] Benefit	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).				1
	Appropriate facility care % will show for plan configuration. *[xxx]*				1
9.1.8	**[Home & Community Care %:**				
	Show Section 9.1.8 if Home and Community Care is offered and/or included in the plan design.				2
	The amount of your [Daily/Monthly] Benefit that can be used toward [home and community/home, community, and informal] care expenses.]	[xxx]% of [Daily/Monthly] Benefit	[xxx]% of [Daily/Monthly] Benefit	[xxx]% of [Daily/Monthly] Benefit	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).				1
	Display *[home and community]* if informal care is not included in home care benefit. Display *[home, community, and informal]* if informal care is included in the home care benefit.				1
	Appropriate facility care % will show for plan configuration. *[xxx]*				1
9.1.9	**[Informal Care:**				
	Show Section 9.1.9 if Informal Care is offered and/or included in the plan design.				2
	Allows you to receive reimbursement for help provided by a friend or family member.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3

9.1.10	**[Waiting Period:**				
	Show Section 9.1.10 if the plan design includes an Elimination Period.				2
	The period you must wait before benefits can be paid. This is also known as an elimination period.]	[xxx] [Calendar/Covered-Service] Days	[xxx] [Calendar/Covered-Service] Days	[xxx] [Calendar/Covered-Service] Days	
	Appropriate number of waiting period days will show for plan configuration. *[xxx]*				3
	Display *[Calendar]* if plan design is calendar day. Display *[Covered-Service]* if plan design is covered service.				1
9.1.11	**[Home Care Right Away:**				
	Show Section 9.1.11 if Zero-Day Home Health Care is offered and/or included in the plan design.				2
	Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Display *[home and community]* if informal care is not included in plan design. Display *[home, community, and informal]* if informal care is also part of the plan design.				2
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3
9.1.12	**[Assisted Living %:**				
	Show Section 9.1.12 if plan includes coverage for an Assisted Living Facility.				2
	The amount of your [Daily/Monthly] Benefit that can be used toward assisted living expenses.]	[xxx]%	[xxx]%	[xxx]%	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).				1
	Appropriate assisted living % will show for plan configuration. *[xxx]*				3
9.1.13	**[Limited Assisted Living Facility:**				
	Show Section 9.1.13 if plan includes limited coverage for an Assisted Living Facility.				2
	Reduces your cost by excluding assisted living facility rent charges.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3
9.1.14	**[Transition Payment:**				
	Show Section 9.1.14 if Transition Payment is offered and/or included in the plan design.				2
	Pays a one-time cash benefit while you're satisfying your waiting period.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3
9.1.15	**[Refund of Premium:**				
	Show Section 9.1.15 if Refund of Premium is offered and/or included in the plan design.				2
	Refunds all or part of the premiums you've paid if you die.]	[Graded/10-Year/None]	[Graded/10-Year/None]	[Graded/10-Year/None]	
	Display *[Graded]* if graded return of premium was selected. Display *[10-Year]* if 10 year return of premium was selected. Display *[None]* if no return of premium benefit was selected or if user is over age 65.				3
9.1.16	**[Nonforfeiture:**				
	Show Section 9.1.16 if Nonforfeiture is offered and/or included in the plan design.				2
	Enables you to keep some coverage if you stop paying premiums after three years.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3
9.1.17	**[Restoration of Benefits:**				
	Show Section 9.1.17 if Restoration of Benefits is offered and/or included in the plan design.				2
	Restores your Total Coverage Maximum if you are not chronically ill and fully recover after being on claim.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3
9.1.18	**[[Enhanced]Survivorship]:**				
	Show Section 9.1.18 if Survivorship is offered and/or included in the plan design.				2
	Display *[Enhanced]* if enhanced survivorship is offered and/or included in the plan design.				2
	For insured couples, waives premium for the surviving spouse[or partner] if one of you dies after the qualifying period[and no benefits have been paid].]	[7-year/10-year/None]	[7-year/10-year/None]	[7-year/10-year/None]	
	Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.				1
	Include *[and no benefits have been paid]* based on what is available to the group.				1
	Include *[7-year]* if 7 year survivorship has been selected. Include *[10-year]* if 10-year survivorship has been selected. Include *[None]* if no survivorship benefit has been selected.				3
9.1.19	**[Shared Coverage:**				
	Show Section 9.1.19 if Shared Coverage is offered and/or included in the plan design.				1
	Allows you and your spouse[or partner] to draw from each other's Total Coverage Maximum.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.				1
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3
9.1.20	**[Shared Coverage with Joint Waiver:**				
	Show Section 9.1.20 if Shared Coverage with Joint Waiver is offered and/or included in the plan design.				1
	Allows you and your spouse[or partner] to draw from each other's Total Coverage Maximum and waives premiums.]	[Included/Not Included]	[Included/Not Included]	[Included/Not Included]	
	Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.				1
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.				3

Print or email plan summary»

Print or email cost summary»

Note to Reviewer: See Screenshots Pt 4 - Slides 28 and 29.

"Your Spouse's Plan" plan will show as a separate column if a spouse/partner has obtained a quote.

Plan Summary

		Your Plan	[Your Spouse's Plan]	[Total]	
	Display *[Your Spouse's Plan]* column if user indicated they would apply online with their spouse in Section 5.1. Otherwise, omit column.				2
	Display *[Total]* column if *[Your Spouse's Plan]* column is also included. Otherwise, omit column.				2
9.2.1.1	**Base Plan Premium**	$[XX.xx]	$[YY.yy]	$[ZZ.zz]]	
	Display premium for user's base plan design selection. *[XX.xx]*				1
	Display premium for spouse's base plan design selection. *[YY.yy]*				1

	Display total base premium for both user and spouse. *[ZZ.zz]*				
9.2.1.2	**[[Rider name]**	+$[XX.xx]	+$[YY.yy]	+$[ZZ.zz]]	
	Include Section 9.2.1.2 for [Rider Name] selected by the user, if any.				2
	Display [Rider name]				1
	Display premium for user's rider selection. *[XX.xx]*				1
	Display premium for spouse's rider selection. *[YY.yy]*				1
	Display total rider premium for both user and spouse. *[ZZ.zz]*				1
9.2.1.3	**[[Rider name]**	+$[XX.xx]	+$[YY.yy]	+$[ZZ.zz]]	
	Include Section 9.2.1.3 for Rider #1 selected by the user, if any.				2
	Display [Rider name]				1
	Display premium for user's rider selection. *[XX.xx]*				1
	Display premium for spouse's rider selection. *[YY.yy]*				1
	Display total rider premium for both user and spouse. *[ZZ.zz]*				1
9.2.1.4	**[[Rider name]**	+$[XX.xx]	+$[YY.yy]	+$[ZZ.zz]]	
	Include Section 9.2.1.4 for Rider #1 selected by the user, if any.				2
	Display [Rider name]				1
	Display premium for user's rider selection. *[XX.xx]*				1
	Display premium for spouse's rider selection. *[YY.yy]*				1
	Display total rider premium for both user and spouse. *[ZZ.zz]*				1
9.2.1.5	**[Your Group's Contribution**	-$[XX.xx]	-$[YY.yy]	-$[ZZ.zz]]	
	Include Section 9.2.1.5 if group pays a portion of the premium (there is a core plan)				1
	Display premium paid by group for the user. *[XX.xx]*				1
	Display premium paid by the group for user's spouse. *[YY.yy]*				1
	Display total premium paid by the group for both user and spouse. *[ZZ.zz]*				1
9.2.1.6	**[Couples Discount**	-$[XX.xx]	-$[YY.yy]	-$[ZZ.zz]]	
	Include Section 9.2.1.6 if Couples Discount is offered AND selected by the user.				1
	Display discount applied to user. *[XX.xx]*				1
	Display discount applied to spouse. *[YY.yy]*				1
	Display total discount applied for both user and spouse. *[ZZ.zz]*				1
9.2.1.7	**[Multi-Life Discount**	-$[XX.xx]	-$[YY.yy]	-$[ZZ.zz]]	
	Include Section 9.2.1.7 if a Multi-Life discount is given.				1
	Display discount applied to user. *[XX.xx]*				1
	Display discount applied to spouse. *[YY.yy]*				1
	Display total discount applied for both user and spouse. *[ZZ.zz]*				1
9.2.1.8	**[Other Discounts**	-$[XX.xx]	-$[YY.yy]	-$[ZZ.zz]]	
	Include Section 9.2.1.8 if any other discount is given.				1
	Display discount applied to user. *[XX.xx]*				1
	Display discount applied to spouse. *[YY.yy]*				1
	Display total discount applied for both user and spouse. *[ZZ.zz]*				1
9.2.1.9	**Annual Cost[until to age 65][for 10 years]**	$[XX.xx]	$[YY.yy]	$[ZZ.zz]	
	Display [until to age 65] if pay to 65 version of accelerated payments is offered AND is selected by the user.				1
	Display [for 10 years] if 10-pay version of accelerated payments is offered AND is selected by the user.				1
	Display total annual premiums less discounts for user. *[XX.xx]*				1
	Display total annual premiums less discounts for spouse. *[YY.yy]*				1
	Display total annual premiums less disounts for both user and spouse. *[ZZ.zz]*				1
9.2.1.10	**[Monthly][Annual]Cost[Every [[3/6] Months]**	**$[XX.xx]**	**$[YY.yy]**	**$[ZZ.zz]**	
	Display *[Monthly]* if payment frequency selected is monthly. Display *[Annual*] if payment frequency selected is annual.				1
	Display *[Every [[3/6] Months]* if payment frequency is quarterly or semiannual.				1
	Display *[3]* if payment frequency is quarterly. Display *[6]* if payment frequency is semiannual.				1
	Display total modal premiums less discounts for user. *[XX.xx]*				1
	Display total modal premiums less discounts for spouse. *[YY.yy]*				1
	Display total modal premiums less disounts for both user and spouse. *[ZZ.zz]*				1

[Your plan includes/Your plans include]:

Display *[Your plan includes]* if no spouse plan was quoted. Display *[Your plans include*] if a spouses plan was also quoted. 1

9.2.2.1	**[Daily/Monthly] Benefit:**	**Your Plan**	**[Your Spouse's Plan]**	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).			1
	The maximum your plan will pay each [day/month] for covered expenses. [The average cost of [assisted living care] in your area is $[zz,zzz] per [day/month].]	$[xx,xxx]	$[xx,xxx]	
	For *[day/month]*, show 'day' if the Benefit Period is Daily or 'month' if it is 'Monthly' (group-level decision).			1
	This phrase may be in or out based on whether the user has choices in plan design. If core only, and there is no voluntary choice to be made, this sentence will not show at all. *[The average cost of [assisted living care] in your area is [zzzzz] per [day/month].]*			2
	The approporiate care type and associated costs will be listed. This may be replaced with Nursing Home Care or Home Care. *[assisted living care]*			3
	Insert the appropriate cost of care for area indicated in Section 5.4 *[zzzzz]*			3
	Appropriate benefit amount will show for user and spouse plan configurations. *$[xx,xxx]*			1
9.2.2.2	**Total Coverage Maximum:**			
	The total "pool of money" available to pay covered expenses for the lifetime of your coverage.	$[x,xxx,xxx]	$[x,xxx,xxx]	
	Appropriate total coverage amount will show for user and spouse plan configurations. *$[x,xxx,xxx]*			1
9.2.2.3	**Benefit Increase Option:**			

	Increases your [Daily/Monthly] Benefit and Total Coverage Maximum over time, helping you keep up with future rising costs of care.	[Buy More Coverage Over Time/ Automatic 5% Increase for Life - Compound/ Automatic 4% Increase for Life - Compound/ Automatic 3% Increase for Life - Compound/ Automatic 5% Increase for Life - Equal/ Automatic 5% Increase for Life - Age Adjusted/ Automatic 5% Increase for Life -	[Buy More Coverage Over Time/ Automatic 5% Increase for Life - Compound/ Automatic 4% Increase for Life - Compound/ Automatic 3% Increase for Life - Compound/ Automatic 5% Increase for Life - Equal/ Automatic 5% Increase for Life - Age Adjusted/ Automatic 5% Increase for Life -	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).			1
	Display approriate benefit increase option selected. *[Buy More Coverage Over Time/Automatic 5% Increase for Life - Compound]* *[Automatic 4% Increase for Life - Compound]* *[Automatic 3% Increase for Life - Compound]* *[Automatic 5% Increase for Life - Equal]* *[Automatic 5% Increase for Life - Age Adjusted]* *[Automatic 5% Increase for Life - Graded]*			1
9.2.2.4	**[Coverage %:**			
	Show section 9.2.2.4 if varying Coverage % is offered and/or included in the plan design.			2
	The percentage of your [Daily/Monthly] Benefit the plan will pay for covered	[xxx]%	[xxx]%	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).			1
	Appropriate coverage % will show for plan configuration. *[xxx]*			1
9.2.2.5	**Facility Care %:**			
	The percentage of your [Daily/Monthly] Benefit the plan will pay for covered services.]	[xxx]% of [Daily/Monthly] Benefit	[xxx]% of [Daily/Monthly] Benefit	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).			1
	Appropriate facility care % will show for plan configuration. *[xxx]*			1
9.2.2.6	**[Home & Community Care %:**			
	Show Section 9.2.2.6 if Home and Community Care is offered and/or included in the plan design.			2
	The amount of your [Daily/Monthly] Benefit that can be used toward [home and	[xxx]% of	[xxx]% of	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).			1
	Display *[home and community]* if informal care is not included in home care benefit. Display *[home, community, and*			1
	Appropriate facility care % will show for plan configuration. *[xxx]*			1
9.2.2.7	**[Informal Care:**			
	Show Section 9.2.2.7 if Informal Care is offered and/or included in the plan design.			2
	Allows you to receive reimbursement for help provided by a friend or family member.]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.			3
9.2.2.8	**[Waiting Period:**			
	Show Section 9.2.2.8 if the plan design includes an Elimination Period.			2
	The period you must wait before benefits can be paid. This is also known as an elimination period.]	[xxx] [Calendar/Covered-Service] Days	[xxx] [Calendar/Covered-Service] Days	
	Appropriate number of waiting period days will show for plan configuration. *[xxx]*			3
	Display *[Calendar]* if plan design is calendar day. Display *[Covered-Service]* if plan design is covered service.			1
9.2.2.9	**[Home Care Right Away:**			
	Show Section 9.2.2.9 if Zero-Day Home Health Care is offered and/or included in the plan design.			2
	Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.]	[Included/Not Included]	[Included/Not Included]	
	Display *[home and community]* if informal care is not included in plan design. Display *[home, community, and informal]* if informal care is also part of the plan design.			2
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.			3
9.2.2.10	**[Assisted Living %:**			
	Show Section 9.2.2.10 if plan includes coverage for an Assisted Living Facility.			2
	The amount of your [Daily/Monthly] Benefit that can be used toward assisted living	[xxx]%	[xxx]%	
	For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).			1
	Appropriate assisted living % will show for plan configuration. *[xxx]*			3
9.2.2.11	**[Limited Assisted Living Facility:**			
	Show Section 9.2.2.11 if plan includes limited coverage for an Assisted Living Facility.			2
	Reduces your cost by excluding assisted living facility rent charges.]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.			3
9.2.2.12	**[Transition Payment:**			
	Show Section 9.2.2.12 if Transition Payment is offered and/or included in the plan design.			2
	Pays a one-time cash benefit while you're satisfying your waiting period.]	[Included/Not Included]	[Included/Not Included]	
	Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.			3
9.2.2.13	**[Refund of Premium:**			
	Show Section 9.2.2.13 if Refund of Premium is offered and/or included in the plan design.			2
	Refunds all or part of the premiums you've paid if you die.]	[Graded/10-Year/None]	[Graded/10-Year/None]	
	Display [Graded] if graded return of premium was selected. Display [10-Year] if 10 year return of premium was selected.			3
9.2.2.14	**[Nonforfeiture:**			

		Show Section 9.2.2.14 if Nonforfeiture is offered and/or included in the plan design.		2
		Enables you to keep some coverage if you stop paying premiums after three years.]	[Included/Not Included]	[Included/Not Included]
		Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.		3
	9.2.2.15	**[Restoration of Benefits:**		
		Show Section 9.2.2.15 if Restoration of Benefits is offered and/or included in the plan design.		2
		Restores your Total Coverage Maximum if you are not chronically ill and fully recover after being on claim.]	[Included/Not Included]	[Included/Not Included]
		Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.		3
	9.2.2.16	**[[Enhanced]Survivorship]:**		
		Show Section 9.2.2.16 if Survivorship is offered and/or included in the plan design.		2
		Display *[Enhanced]* if enhanced survivorship is offered and/or included in the plan design.		2
		For insured couples, waives premium for the surviving spouse[or partner] if one of you dies after the qualifying period[and no benefits have been paid].]	[10-Year/7-Year/None]	[10-Year/7-Year/None]
		Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.		1
		Include *[and no benefits have been paid]* based on what is available to the group.		1
		Include *[7-year]* if 7 year survivorship has been selected. Include *[10-year]* if 10-year survivorship has been selected. Include *[None]* if no survivorship benefit has been selected.		3
	9.2.2.17	**[Shared Coverage:**		
		Show Section 9.2.2.17 if Shared Coverage is offered and/or included in the plan design.		1
		Allows you and your spouse[or partner] to draw from each other's Total Coverage Maximum.]	[Included/Not Included]	[Included/Not Included]
		Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.		1
		Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.		3
	9.2.2.18	**[Shared Coverage with Joint Waiver:**		
		Show Section 9.2.2.18 if Shared Coverage with Joint Waiver is offered and/or included in the plan design.		1
		Allows you and your spouse[or partner] to draw from each other's Total Coverage Maximum and waives premiums.]	[Included/Not Included]	[Included/Not Included]
		Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.		1
		Display *[Included]* if benefit has been selected. Display *[Not Included]* if benefit was not selected.		3
9.2.3	9.2.3.1	Your plan also includes benefits for Home Assistance, International Coverage, Waiver of Premium, Hospice and Respite Care, Care Coordination, Bed Reservation,[Care support services,][Live+Well wellness program,] and Alternate Care. It is subject to the Exclusions and Limitations shown in the Plans section of the Learning Center.		
		Include *[Care support services,]* if available to the group.		1
		Include *[Live+Well wellness program,]* if available to the group.		1
	9.2.3.2	*[Apply by [end initial enrollment date] and receive [guaranteed coverage/streamlined underwriting].]*		
		Include for groups that have a limited time open enrollent with reduced underwriting. *[Apply by [end initial enrollment date]*		1
		Insert date for end of enrollment. *[end initial enrollment date]*		3
		Insert [guaranteed coverage] if user class has guaranteed issue application during initial enrollment. Use [streamlined		2
	9.2.3.3	This quote is based on your age of [xx] [and your spouse[or partner]'s age of [yy]]as of [XX/XX/XXXX]. Premiums are not guaranteed. It is for illustrative purposes only and may be subject to underwriting approval.[(If you've recently had a birthday, you may benefit from the 30-day look-back period.)]		
		Insert user's age as entered in Section 5.2. [xx]		3
		Insert this phrase if quote was also created for spouse. *[and your spouse[or partner]'s age of [yy]]*		2
		Include *[or partner]* if the group allows domestic partners to receive the same benefits as spouses.		1
		Insert spouse's age as entered in Section 5.3 [yy]		3
		Insert date quote was created. *[XX/XX/XXXX]*		3
		Include this sentence if save age is available to the group. [(If you've recently had a birthday, you may benefit from the 30-day look-back period.)]		1
	9.2.3.4	[If you meet certain underwriting requirements, you can receive a Preferred Health Discount on your premium for the life of your coverage. In your online application, your premium will not reflect the Preferred Health Discount. If approved, the discount will be reflected in your final certificate documentation.]		
		Include this sentence if preferred health discount is available to the group. *[If you meet certain underwriting requirements, you can receive a Preferred Health Discount on your premium for the life of your coverage. In your online application, your premium will not reflect the Preferred Health Discount. If approved, the discount will be reflected in your final certificate documentation.]*		1

9.3 [View your group's contribution»]

Note to Reviewer: SSee Screenshots Pt 4 - ee Slide 30.

9.3.1		[[GroupName] realizes the importance of Long Term Care Insurance to help protect your hard-earned savings and to prepare for long term care needs. To help you build a personalized Long Term Care Insurance plan, they are contributing $[xx] to help pay for your plan.]	
		Include this sentence if there is a core plan with a flat dollar being contributed by the group. *[[GroupName] realizes the importance of Long Term Care Insurance to help protect your hard-earned savings and to prepare for long term care needs. To help you build a personalized Long Term Care Insurance plan, they are contributing $[xx] to help pay for your plan.]*	2
		Insert *[GroupName].*	1
		Insert premium being contributed for user by group. *[xx]*	3
9.3.2		[[GroupName] realizes the importance of Long Term Care Insurance to help protect your hard-earned savings and to prepare for long term care needs. With that in mind, they are contributing funds to provide a [Daily/Monthly] Benefit of [$XXXX] and Total Coverage Maximum of [$YYY,YYY]. You will automatically receive this benefit. However, if you would prefer to increase your coverage, consider the plan that has been pre-selected or adjust the benefits sliders to pick another option. [GroupName]'s contribution will be applied to reduce your premium for the option you select.]	
		Include this sentence if there is a core plan with a certain benefit being paid for by the group AND there is an opportunity for the eligible to buy up coverage. *[[GroupName] realizes the importance of Long Term Care Insurance to help protect your hard-earned savings and to prepare for long term care needs. With that in mind, they are contributing funds to provide a [Daily/Monthly] Benefit of $[XXXX] and Total Coverage Maximum of $[YYY,YYY]. You will automatically receive this benefit. However, if you would prefer to increase your coverage, consider the plan that has been pre-selected or adjust the benefits sliders to pick another option. [GroupName]'s contribution will be applied to reduce your premium for the option you select.]*	2
		Insert *[GroupName].*	1
		For *[Daily/Monthly]*, show 'Daily' if the Benefit Period is Daily or 'Monthly' if it is 'Monthly' (group-level decision).	1
		Insert core benefit amount *[XXXX]*	3
		Insert core total coverage amount *[YYY,YYY]*	3

9.4 [Request an [information/enrollment] kit»

Note to reviewer: See Screenshots Pt 4 - Slide 31 and 32.

Include this hyperlink (Section 9.4) if the ability for the user to order an information or enrollment kit is offered (group-level decision). | 2

9.4.1 Please complete the fields below:

9.4.2 **Note to Reviewer:** After clicking the Submit button, confirmation will read:

Your request has been received. You can expect to receive your [information/enrollment] kit[(including an application)] in [10] days.]

Use preferred terminology for kit. [information/enrollment] | 3

Include this phrase if application will be contained in the kit. Otherwise, omit. [(including an application)] | 2

Based on current agreements with employer groups. We have agreed to deliver kits within [10] days. | 3

9.5 [Download an application»

Include this hyperlink (Section 9.5) if the ability for the user to download an application is available (group-level decision). | 2

Note to Reviewer: See Screenshots Pt 4 - Slides 31 and 33.

9.5.1 [Was the eligible [employee] [hired] before [xx/xx/xxxx]?]

Include this sentence if application type changes based on when (ie., during or after initial enrollment) the user is requesting the application. *[Was the eligible [employee] [hired] before [xx/xx/xxxx]?]* | 2

[employee] can be customized based on the requirements of the group (e.g. 'associates', 'crew members', etc.). | 1

[hired] may be customized based on the requirements of the group (e.g. 'eligible') | 1

Insert date that drives application change. *[xx/xx/xxxx]* | 3

[Did the eligible [member] [join] before [xx/xx/xxxx]?]

Include this sentence if application type changes based on when (ie., during or after initial enrollment) the user is requesting the application. *[Did the eligible [member] [join] before [xx/xx/xxxx]?]* | 2

[member] can be customized based on the requirements of the group (e.g. 'associates', 'crew members', etc.). | 1

[join] may be customized based on the requirements of the group (e.g. 'eligible') | 1

Insert date that drives application change. *[xx/xx/xxxx]* | 3

9.5.2 [When was the eligible [employee] [hired]?]

Insert this question if group requires a waiting period for new hires to satisfy before becoming eligible for benefits. *[When was the eligible [employee] [hired]?]* | 2

[employee] can be customized based on the requirements of the group (e.g. 'associates', 'crew members', etc.). | 1

[hired] may be customized based on the requirements of the group (e.g. 'eligible') | 1

[When did the eligible [member] [join]?]

Insert this question if group requires a waiting period for new members to satisfy before becoming eligible for benefits. *[When did the eligible [member] [join]?]* | 2

[member] can be customized based on the requirements of the group (e.g. 'associates', 'crew members', etc.). | 1

[join] may be customized based on the requirements of the group (e.g. 'eligible') | 1

9.5.3 Please review the following and indicate your consent below. To review the documents, download and install Adobe Acrobat Reader.

Note to Reviewer: Adobe Acrobat Reader is a hyperlink to http://www.adobe.com/reader.

9.5.4 Outline of Coverage (PDF)

9.5.5 Potential Rate Increase Disclosure (PDF)

9.5.6 Personal Worksheet (PDF)]

9.5.7 Things You Should Know (PDF)

9.5.8 Shoppers Guide to Long Term Care Insurance (PDF)

9.5.9 [Important Information Regarding Long term Care Partnership (PDF)]

9.5.9 is a Hyperlink to the Partnership Point of Sale form. Display this link only if user resides in a partnership state. The user will receive the most-recent version of this form that is approved in their state of residence (including non-standard versions). | 2

9.5.10 [Health Information Authorization (HIPAA) Form (PDF)]

9.5.10 is a Hyperlink to the the Health Information Authorization form. Display this link only if HIPAA form is not included in the application. | 2

9.5.11 ☑ I have reviewed the important documents above.

Note to Reviewer: If user tries to proceed without checking this box they will receive the following error message): *"Please open and review each of the documents before proceeding."*

10. Header & Footer Links

10.1 [Visit [GroupName]'s website]

Show Section 10.1 if the group elects to display a hyperlink to their website. Otherwise omit. | 2

Insert *[GroupName]* | 1

Note to Reviewer: Optional hyperlink to the group's website. Opens a new browser window.

10.2 About Genworth

Note to Reviewer: See Screenshots Pt 5 - Slides 1 and 2.

10.2.1 Since writing our first policy in 1871 as The Life Insurance Company of Virginia, we've been committed to helping people effectively protect and achieve the comfort of financial security. Today, even in this challenging environment, Genworth Financial is strategically focused and positioned to provide the stability, confidence and support our policyholders, customers and distributors can rely on now and in the future.

10.2.2 **Trusted Solutions**

Working with our distribution partners, we help people at key stages in their life through a wide-array of innovative products and financial services. From protecting and growing retirement income, to creating security through life, long term care and Medicare supplement insurance, to wealth management offerings and financial advisory services, to providing a safer, more secure path to homeownership, Genworth will be here to help provide financial security solutions.

10.2.3 **Solid Foundation**

We are a publicly traded global financial security company with more than [$100 billion] in assets and a presence in more than [25] countries. [We're recognized in Standard & Poor's 500 Index of Leading U.S. companies and ranked in the Fortune 500.]

This statement will be updated as the source/statistics change: *[$100 billion]* | 3

This statement will be updated as the source/statistics change: *[25]* | 3

This statement will be updated as the source/statistics change: *[We're recognized in Standard & Poor's 500 Index of Leading U.S.* | 3

Our current Long Term Care Insurance companies, Genworth Life Insurance Company for all states other than New York, and Genworth Life Insurance Company of New York in New York, continue in this tradition. Genworth Life Insurance Company underwrites your group long term care insurance program and is solely responsible for the financial obligations of the insurance offered on this website.

10.2.4 **Dedicated People**

We're proud of our worldwide employees who apply their diverse talents and dedication to make a positive difference in people's lives while helping to protect against life's uncertainties. They bring a special knowledge of what's important to help millions of people experience the joys and security of financial freedom. This same level of caring inspires their commitment to enhance the quality of life in the communities in which we live and work through a combination of volunteerism, community partnerships and charitable contributions. That's why we work hard to support our employees by fostering a motivating, challenging and dynamic environment.

10.3 Contact Us

Note to Reviewer: See Screenshots Pt 5 - Slides 1 and 3.

10.3.1 Your email will be answered within 2 working days. Questions requiring extensive research may take longer and will be answered as soon as possible.

10.3.2 If you prefer to contact us by phone, please call toll free [Monday – Friday, [x] a.m. to [x] p.m., [Eastern]], at [xxx.xxx.xxxx].

Insert customer service hours for group. *[Monday – Friday, [x] a.m. to [x] p.m., [Eastern]]* | 3

Insert customer service phone number for group. *[xxx.xxx.xxxx]* | 3

10.4 Privacy

Note to Reviewer: Links to content on the Genworth Financial USA homepage at:
http://www.genworth.com/content/genworth/www_genworth_com/web/corporate/en/non_navigable/corp_footer/privacy_policy.html

10.5 Terms of Use

Note to Reviewer: Links to content on the Genworth Financial USA homepage at:
http://www.genworth.com/content/genworth/www_genworth_com/web/corporate/en/non_navigable/corp_footer/corp_terms_of_use.html

10.6 Information Safety

Note to Reviewer: See Screenshots Pt 5 - Slides 1 and 4.

10.6.1 **Our Security Procedures**

10.6.2 Genworth understands the security of your personal information is of the utmost importance. To assist in offering an enrollment process

10.6.3 For example, this site requires the use of secure browsers to protect your information. Secure browsers allow you to communicate with

10.6.4 Encryption and authentication tools are used to protect information gathered on this website. E-mail communications outside of this website, however, may not be protected. If you are sending an e-mail communication that includes highly confidential information, such as a credit card number, you may want to call Genworth or send it by regular mail.

10.6.5 Genworth maintains other physical, electronic, and procedural protections in accordance with applicable standards to protect personal information. Access to personal information is restricted to essential employees and service providers for legitimate business purposes to assist in providing products or services to you. Employees and service providers who violate Genworth's Privacy Policy are subject to disciplinary action.

Disclosures

Note to Reviewer: See Screenshots Pt 5 - Slides 1 and 5.

10.7.1 **Disclosures**

10.7.2 The plan selections and features described on this website are offered under the [Group Name] Group Long Term Care Insurance Program. This material is a solicitation for insurance and contains only a summary of coverage; the group policy terms and provisions will prevail. Be sure to review the Outline of Coverage for definitions and additional details of this insurance program, and its features and limitations, including any state variations.

Insert [*Group Name].* | 1

Note to Reviewer: Underlined text is a hyperlink to a PDF of the Outline of Coverage.

10.7.3 [To be eligible, you must be [[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old][or a][retiree under the age of [ZZ]].[Family members must be between the ages of [XX] and [YY] to apply.]]

Display based on conditions applicable to the group. *[To be eligible, you must be [[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old][or a][retiree under the age of [ZZ]].[Family members must be between the ages of [XX] and [YY] to apply.]]* | 1

Display based on conditions applicable to the group. *[[a/an] [actively-at-work][full-time/ part-time] [employee] at least 18 years old]* | 1

Use appropriate grammar variables. *[a/an]* | 1

Display if applicable to the group. *[actively-at-work]* | 1

Display as appropriate for the group. *[full-time/ part-time]* | 1

Display as appropriate for the group. *[employee] at least 18 years old]* | 1

Use appropriate grammar variables. *[or a]* | 1

Display if applicable to the group. *[retiree under the age of [ZZ]]* | 1

Display based on conditions applicable to the group. *[ZZ]* | 1

Display if applicable to the group. *[Family members must be between the ages of [XX] and [YY] to apply.]* | 1

Display based on conditions applicable to the group. *[XX]* | 1

Display based on conditions applicable to the group. *[YY]* | 1

10.7.4 [To be eligible, you must be [a/an][active] [member][in good standing] between the ages of [XX] & [YY].][Family members must also be between the ages of [XX] & [YY] to apply.]]

Display based on conditions applicable to the group. *[To be eligible, you must be [a/an][active] [member][in good standing] between the ages of [XX] & [YY].][Family members must also be between the ages of [XX] & [YY] to apply.]]* | 1

Use appropriate grammar variables. *[a/an]* | 1

Display if applicable to the group. *[active]* | 1

Display as appropriate for the group. *[member]* | 1

Display if applicable to the group. *[in good standing]* | 1

Display based on conditions applicable to the group. *[XX]* | 1

Display based on conditions applicable to the group. *[YY]* | 1

Display if applicable to the group. *[Family members must be between the ages of [XX] and [YY] to apply.]* | 1

Eligible family members include:

10.7.5.1 [• Spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]

Display as applicable to the group. *[Spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]* | 1

Display as applicable to the group. [*[employee]s[or][retirees]/[member]s]* | 1

Display as applicable to the group. *[employee]* | 1

Use appropriate grammar variables. *[or]* | 1

Display as applicable to the group. *[retirees]* | 1

Display as applicable to the group. [member] | 1

10.7.5.2 [• Surviving spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons joined by marriage or a legal relationship recognized by state law)]

Display as applicable to the group. *[Surviving spouses of eligible [[employee]s[or][retirees]/[member]s] (including persons* | 1

Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.3 [• Domestic partners of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Domestic partners of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.4 [• Parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.5 [• Step parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Step parents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.6 [• Grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.7 [• Step grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Step grandparents (including in-laws) of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.8 [• Adult children of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Adult children of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. *[retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.5.9 [• Siblings of eligible [[employee]s[or][retirees]/[member]s]]
Display as applicable to the group. *[Siblings of eligible [[employee]s[or][retirees]/[member]s]]* | 1
Display as applicable to the group. *[[employee]s[or][retirees]/[member]s]* | 1
Display as applicable to the group. *[employee]* | 1
Use appropriate grammar variables. *[or]* | 1
Display as applicable to the group. [*retirees]* | 1
Display as applicable to the group. *[member]* | 1

10.7.6 All eligible persons must maintain a permanent US residence and have a valid U.S. Social Security or Tax Identification Number.

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

10.7.7 If you have questions about who is eligible under this plan, please Contact Us.
Note to Reviewer: Underlined text is a hyperlink to the "Contact Us" overlay.

10.7.8 The Group Policy is intended to be a federally tax qualified Long Term Care Insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986 (as amended by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

10.7.9 Insurance is available to eligible persons under Group Policy number [99999] issued to [Group Name] on policy form [series 7046/7050/7053], underwritten by Genworth Life Insurance Company.
Display group specific policy number *[99999]* | 1
Display *[Group Name]* | 1
Display group specific policy form series *[series 7046/7050/7053]* | 1

10.7.10 Form numbers can vary by state, including a state specific variation.