

SERFF Tracking Number: GEFA-128013653 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 62107SB 090111  
Project Name/Number: 62107SB 090111/62107SB 090111

## Filing at a Glance

Company: Genworth Life Insurance Company

Product Name: 62107SB 090111

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: GEFA-128013653 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num:

Authors: Richard Cromwell, June Lipscomb, Jeanette Mai, Jim Lites, Camisha Jones

Date Submitted: 01/23/2012

State Tr Num:

State Status: Filed-Closed

Reviewer(s): Donna Lambert

Disposition Date: 01/24/2012

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date: 02/24/2012

State Filing Description:

## General Information

Project Name: 62107SB 090111

Project Number: 62107SB 090111

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/24/2012

State Status Changed: 01/24/2012

Created By: Camisha Jones

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Camisha Jones

Filing Description:

Re: Genworth Life Insurance Company

NAIC #: 4011-70025

FEIN #: 91-6027719

62107SB 090111 Replacement Notice

We are submitting the referenced Replacement Notice for your review and approval. This is a new form and will not

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replace any previously filed or approved form in your state.

As required, the form will be used in the application process of all individual long term care policies wherein replacement of prior coverage is indicated.

Upon approval, the submitted form will be used with all currently approved Long Term Care Insurance policy forms in your state, as well as any others to be approved by your state in the future.

We have included a Statement of Variability which addresses the purpose of any bracketed fields found in the form.

The form will be computer generated and printed. The enclosed form is in final printed format other than "John Doe" and bracketed variable information included for filing purposes. We ask that minor modifications in paper size and stock, ink, border, company logo, signatures and titles, font type (but not size) and adaptation to electronic and computer printing will be allowed

We trust that this submission will be acceptable to your Department. However, please let me know if you should have any questions or concerns.

Sincerely,

Camisha Jones  
Contract Analyst

## Company and Contact

### Filing Contact Information

Camisha Jones, Compliance Analyst  
6610 W. Broad Street  
Bldg 2, 5th Floor  
Richmond, VA 23230

Camisha.Jones@genworth.com  
804-484-7044 [Phone]  
804-281-6057 [FAX]

### Filing Company Information

Genworth Life Insurance Company  
6610 W Broad Street

CoCode: 70025  
Group Code: 4011

State of Domicile: Delaware  
Company Type: LifeHealth &  
Annuity

Richmond, VA 23230  
(804) 281-6600 ext. [Phone]

Group Name:  
FEIN Number: 91-6027719

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: \$50.0 x (1) form = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	01/23/2012	55702473

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	01/24/2012	01/24/2012

*SERFF Tracking Number:*      *GEFA-128013653*                      *State:*                      *Arkansas*  
*Filing Company:*              *Genworth Life Insurance Company*              *State Tracking Number:*  
*Company Tracking Number:*  
*TOI:*                      *LTC03I Individual Long Term Care*              *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *62107SB 090111*  
*Project Name/Number:*      *62107SB 090111/62107SB 090111*

## **Disposition**

Disposition Date: 01/24/2012

Implementation Date: 02/24/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed	Yes
Supporting Document	Application	Filed	Yes
Supporting Document	Health - Actuarial Justification	Filed	Yes
Supporting Document	Outline of Coverage	Filed	Yes
Supporting Document	Statement of Variability	Filed	Yes
Form	Notice to Applicant Regarding Replacement of Accident and Sickness Or Long Term Care Insurance	Filed	Yes

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## Form Schedule

**Lead Form Number: 62107SB 090111**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/24/2012	62107SB 090111	Other	Notice to Applicant Regarding Replacement of Accident and Sickness Or Long Term Care Insurance	Initial		55.600	62107SB_090 111_statefile. pdf

# NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE

Genworth Life Insurance Company

Administrative Office: [3100 Albert Lankford Drive Lynchburg, Virginia 24501-4948]

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.** According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance or long term care insurance coverage and replace it with an individual long term care insurance policy issued by Genworth Life Insurance Company. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

You should review this new coverage carefully, comparing it with all accident and sickness or long term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care insurance coverage is a wise decision.

**STATEMENT TO APPLICANT BY AGENT/PRODUCER:** (Use additional sheets as necessary) I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. The policy has no exclusion for pre-existing conditions. This means that health conditions which you may presently have are fully and immediately covered under the new policy.
2. State law provides that your replacement policy may not contain new pre-existing conditions or probationary periods. The policy you are applying for has no such pre-existing conditions or probationary periods.
3. If you are replacing existing long term care insurance, you may wish to secure the advice of your present insurer or its agent/producer regarding the proposed replacement of your present coverage. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

Signature of Insurance Producer, Agent, Broker, or other Representative Agent  X _____	Print Name and Address of Insurance Producer or other Representative of Agent or Broker
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Signature of Applicant <b>A</b>  X _____	The above "Notice to Applicant" was delivered to me on: <table style="float: right; border: 1px solid black; padding: 5px;"> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">/</td> <td style="padding: 2px;">/</td> </tr> </table>	Date	/	/
Date	/	/		

Signature of Applicant <b>B</b>  X _____	The above "Notice to Applicant" was delivered to me on: <table style="float: right; border: 1px solid black; padding: 5px;"> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">/</td> <td style="padding: 2px;">/</td> </tr> </table>	Date	/	/
Date	/	/		

**[Applicant Copy - Retain this copy for your record ]**  
**[Company Copy - Complete and return a signed copy with your application to Genworth Life Insurance Company]**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> 62107SB 09_01_11 Readability Certification.pdf	Filed	01/24/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A <b>Comments:</b>	Filed	01/24/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> n/a <b>Comments:</b>	Filed	01/24/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> N/A <b>Comments:</b>	Filed	01/24/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Statement of Variability.pdf	Filed	01/24/2012

**GENWORTH LIFE INSURANCE COMPANY**  
**Certification**

**This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meet your state's minimum Flesch Score.**

<b>Form</b>	<b>Form Number</b>	<b>Score</b>
Replacement Form	62107SB 09/01/11	55.6



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**Paul Loveland**  
**Vice President, Product Compliance**

**January 20, 2012**

# **GENWORTH LIFE INSURANCE COMPANY**

## **STATEMENT OF VARIABILITY**

**Long Term Care Insurance  
Replacement Notice, 62107SB 090111**

- We may vary the address for the company if deemed appropriate.
- The statement will vary to indicate either Applicant or Company copy as applicable.