

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: PC Flex 2 Rate Illustration/133269

Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: Long Term Care Insurance
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Advertisement
Date Submitted: 11/29/2012
SERFF Tr Num: GEFA-128779407
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 133269

Implementation: On Approval
Date Requested:
Author(s): Marcia Chalfant, Andy Zimmerman, Pat Carroll
Reviewer(s): Donna Lambert (primary)
Disposition Date: 12/03/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Genworth Life Insurance Company
 TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
 Product Name: Long Term Care Insurance
 Project Name/Number: PC Flex 2 Rate Illustration/133269

General Information

Project Name: PC Flex 2 Rate Illustration Status of Filing in Domicile: Pending
 Project Number: 133269 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 12/03/2012
 State Status Changed: 12/03/2012
 Deemer Date: Created By: Andy Zimmerman
 Submitted By: Marcia Chalfant Corresponding Filing Tracking Number:

Filing Description:

The Privileged Choice Flex 2 Rate Illustration, 133269 01/31/13 will be distributed by licensed independent agents that are appointed with Genworth Life Insurance Company at point of sale, and presented in conjunction with the Outline of Coverage to provide a quotation of rates to consumers for Genworth Life Insurance Company’s Long Term Care Insurance Policy 8000 filed and approved on August 8, 2012 by your Department under SERFF Tracking Number GEFA-128591420.

An Explanation of Variables is attached to the Supporting Documentation tab.
 This advertising material is new and does not replace any advertisement filed by Genworth Life Insurance Company.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Genworth Life Insurance Company	\$50.00	11/29/2012	65278519

State: Arkansas Filing Company: Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: PC Flex 2 Rate Illustration/133269

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/03/2012	12/03/2012

SERFF Tracking #:

GEFA-128779407

State Tracking #:

Company Tracking #:

133269

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care Insurance

Project Name/Number:

PC Flex 2 Rate Illustration/133269

Disposition

Disposition Date: 12/03/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanation of Variability	Approved	Yes
Form	Privileged Choice Flex Rate 2 Illustration	Approved	Yes

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: PC Flex 2 Rate Illustration/133269

Filing Company: Genworth Life Insurance Company

Form Schedule

Lead Form Number: 133269 01/31/13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 12/03/2012	Privileged Choice Flex Rate 2 Illustration	133269 01/31/13	ADV	Initial			133269_013113_s tatefiling_112812.p df

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Privileged Choice[®] Flex 2

Long Term Care Insurance

Prepared for:

[FirstName Last Name [and FirstName LastName]]

[Address Line 1]

[Address Line 2]

[State Zip Code]

By:

[Agent/Producer Name][, License # XXXXXX]

[Agency Name]

Prepared [XX/XX/XX]

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Underwritten by Genworth Life Insurance Company (Genworth Life) Richmond, VA

Please refer to the Important Notes that appear on page [xx] for additional information.

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Summary[with Shared Benefit]

CORE 4SM DECISIONS

[FirstName LastName]

[FirstName LastName]

1 Benefit Amount [\$X,XXX] [Daily/Monthly] Maximum [\$X,XXX] [Daily/Monthly] Maximum

2 Benefit Multiplier [XXX] [Days/Months] [XXX] [Days/Months]

3 Elimination Period [XXX] [Calendar/Service] Days [XXX] [Calendar/Service] Days

4 Inflation Protection [X%] [Compound/Simple] [X%] [Compound/Simple] [Future Purchase Option] [None] [Future Purchase Option] [None]

[Individual] Coverage Maximum (pool of money) [\$XXX,XXX.XX] [\$XXX,XXX.XX]

[Combined Coverage Maximum (pool of money)] [\$XXX,XXX.XX]

CARE OPTIONS*

Home and Community Care Coverage Percentage [50/100%] [50/100%]

Assisted Living Facility Coverage Percentage [50/100%] [50/100%]

ADDITIONAL OPTIONS

[Shared Benefit] [Yes/No] [Yes/No]

[Survivorship Benefit] [10-Year**/7-Year Enhanced/No] [10-Year**/7-Year Enhanced/No]

[1st-Day Home Care (Waiver of Home and Community Care Elimination Period)] [Yes/No] [Yes/No]

[Refund of Premium Benefit] [10-Year/Graded/No] [10-Year/Graded/No]

[Restoration Benefit] [Yes/No] [Yes/No]

[Nonforfeiture Benefit] [Yes/No] [Yes/No]

[Transition Benefit] [Yes/No] [Yes/No]

PREMIUM INFORMATION

Underwriting Category [Preferred Best/Preferred/ Select/Standard] [Preferred Best/Preferred/ Select/Standard]

Annual Premium [\$X,XXX.XX] [\$X,XXX.XX]

Payment Mode [Annual/Semi-Annual/ Quarterly/Monthly] [Annual/Semi-Annual/ Quarterly/Monthly]

Modal Premium [\$X,XXX.XX] [\$X,XXX.XX]

[Combined Modal Premium] [\$X,XXX.XX]

* The coverage percentages for care options are a percentage of the [Daily/Monthly] Maximum selected. 1/3

[** Benefit criteria include a claims restriction.] 1/2

Modal Premium Payment Options

Your selection is highlighted in **bold** font. To calculate the Modal Premium, the Annual Premium amount is multiplied by the Modal Factor. The Yearly Total Payment is calculated by multiplying the Modal Premium by the number of payments per year.

		[FirstName LastName]			[and [FirstNameLastName]]		
Payment Mode	Modal Factor	Modal Premium	Payments Per Year	Yearly Total Payment	Modal Premium	Payments Per Year	Yearly Total Payment
Annual	1.0	[\$X,XXX.XX]	1	[\$X,XXX.XX]	[\$X,XXX.XX]	1	[\$X,XXX.XX]
Semi-Annual	.51	[X,XXX.XX]	2	[X,XXX.XX]	[X,XXX.XX]	2	[X,XXX.XX]
Quarterly	.26	[X,XXX.XX]	4	[X,XXX.XX]	[X,XXX.XX]	4	[X,XXX.XX]
Monthly (EFT only)	.09	[X,XXX.XX]	12	[X,XXX.XX]	[X,XXX.XX]	12	[X,XXX.XX]

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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 annual premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure section in your Policy.

Prepared for: [FirstName LastName], Age: [XX], Gender: [M/F], [Underwriting Category] [and
[FirstName LastName], Age: [XX], Gender: [M/F], [Underwriting Category]]

1/2/3

Policy Form 8000 [XX] 1/2

This page illustrates premiums for each Underwriting Category. [If you or your spouse/partner apply together and are issued policies, your premiums will be based on the Couples Premiums outlined below. If only one of you is approved for coverage, your premium will be based on the Individual Premiums outlined below which include a 15% discount.]

1/2

[Couples Premiums/Individual Premiums] 3

[FirstName LastName] Age:[XX] 1

[Preferred Best]	[\$X,XXX.XX]
[Preferred]	[X,XXX.XX]
[Select]	[X,XXX.XX]
[Standard]	[X,XXX.XX]

1/2

Individual Premiums*

[FirstName LastName] Age:[XX] 1

[Preferred Best]	[\$ X,XXX.XX]
[Preferred]	[X,XXX.XX]
[Select]	[X,XXX.XX]
[Standard]	[X,XXX.XX]

1/2

2

1

Couples Premiums

[FirstName LastName] Age:[XX] 1

[Preferred Best]	[\$X,XXX.XX]
[Preferred]	[X,XXX.XX]
[Select]	[X,XXX.XX]
[Standard]	[X,XXX.XX]

1/2

Individual Premiums*

[FirstName LastName] Age:[XX] 1

[Preferred Best]	[\$X,XXX.XX]
[Preferred]	[X,XXX.XX]
[Select]	[X,XXX.XX]
[Standard]	[X,XXX.XX]

1/2

2

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*Based on a couple applying for two long term care insurance policies, but only one is approved for coverage.

If the answer to any question contained in the Insurability Profile section of the application is "yes" for either applicant, then his or her application will not be considered valid for purposes of determining applicable discounts.]

Premiums illustrated are based on an Annual Payment Mode. Premiums will be higher for other modes.

1/2

Premium Payment Option Comparison

The Premium Payment Option Comparison illustrates the total premiums paid at certain time intervals for available Premium Payment Options. Although you may select a Limited Pay option ([10-Pay] or [Pay-To-65]) Genworth Life retains the right to increase premiums during the payment period.* Premiums shown are not guaranteed. Premiums illustrated are based on an Annual Payment Mode. Premiums will be higher if other modes are selected.

2

[FirstName LastName]

1

		[Lifetime]		[10-Pay]		[Pay-To-65]	
Years In Force	Age	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up
[First Year]	[XX]	[\$X,XXX.XX]	[Yes/No]	[\$X,XXX.XX]	[Yes/No]	[\$X,XXX.XX]	[Yes/No]
[After [XX] Years]	[XX]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]
[After [XX] Years]	[XX]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]
[After [XX] Years]	[XX]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]

1/2/3

[FirstName LastName]

1/2/3

		[Lifetime]		[10-Pay]		[Pay-To-65]	
Years In Force	Age	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up	Total Premium Paid	Policy Paid Up
[First Year]	[XX]	[\$X,XXX.XX]	[Yes/No]	[\$X,XXX.XX]	[Yes/No]	[\$X,XXX.XX]	[Yes/No]
[After [XX] Years]	[XX]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]
[After [XX] Years]	[XX]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]
[After [XX] Years]	[XX]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]	[XX,XXX.XX]	[Yes/No]

* Premium due is based on rates in effect for each payment period; therefore, excess payments remain subject to applicable premium increases. Premiums illustrated are based on an Annual Payment Mode. Premiums will be higher for other modes.

Benefit Options Comparison for [FirstName LastName]



Premium differences illustrated below are based on changing **A SINGLE OPTION** from the Summary and are not cumulative. Your selections are highlighted in **bold** font. This information is intended to show how changing one specific benefit option would affect your annual premium.

CORE 4 SM DECISIONS	Change Benefit To	New Annual Premium	Amount of Change
Benefit Amount	[\$X,XXX] [Daily/Monthly] Maximum	[\$X,XXX.XX]	[(\$XXX.XX)]
	[X,XXX] [Daily/Monthly] Maximum	[X,XXX.XX]	[-----]
	[X,XXX] [Daily/Monthly] Maximum	[X,XXX.XX]	[XXX.XX]
Benefit Multiplier	[XX] Days/Months]	[X,XXX.XX]	[(XXX.XX)]
	[XX] Days/Months]	[X,XXX.XX]	[-----]
	[XX] Days/Months]	[X,XXX.XX]	[XXX.XX]
Elimination Period	[XXX] [Calendar/Service] Days	[X,XXX.XX]	[XXX.XX]
	[XXX] [Calendar/Service] Days	[X,XXX.XX]	[-----]
	[XXX] [Calendar/Service] Days	[X,XXX.XX]	[(XXX.XX)]
Inflation Protection	[5% Compound]	[X,XXX.XX]	[-----]
	[4% Compound]	[X,XXX.XX]	[XXX.XX]
	[5% Simple]	[X,XXX.XX]	[XXX.XX]
	[3% Compound]	[X,XXX.XX]	[(XXX.XX)]
	[Future Purchase Option]	[X,XXX.XX]	[(XXX.XX)]
	[None]	[X,XXX.XX]	[(XXX.XX)]
CARE OPTIONS			
Home and Community Care Coverage Percentage	[50%]	[X,XXX.XX]	[(XXX.XX)]
	[100%]	[X,XXX.XX]	[-----]
Assisted Living Facility Coverage Percentage	[50%]	[X,XXX.XX]	[(XXX.XX)]
	[100%]	[X,XXX.XX]	[-----]

Benefit Options Comparison for [FirstName LastName] continued

ADDITIONAL OPTIONS	Change Benefit To	New Annual Premium	Amount of Change
[Shared Benefit]	[Yes]	[\$X,XXX.XX]	[(\$XXX.XX)]
	[No]	[X,XXX.XX]	[-----]
[Survivorship Benefit]	[None]	[X,XXX.XX]	[(XXX.XX)]
	[10 Year]	[X,XXX.XX]	[-----]
[1st-Day Home Care (Waiver of Home and Community Care Benefit)]	[Yes]	[X,XXX.XX]	[(XXX.XX)]
	[No]	[X,XXX.XX]	[-----]
[Refund of Premium Benefit]	[None]	[X,XXX.XX]	[-----]
	[Graded]	[X,XXX.XX]	[XXX.XX]
	[10-Year]	[X,XXX.XX]	[XXX.XX]
[Restoration Benefit]	[Yes]	[X,XXX.XX]	[-----]
	[No]	[X,XXX.XX]	[(XXX.XX)]
[Nonforfeiture Benefit]	[Yes]	[X,XXX.XX]	[-----]
	[No]	[X,XXX.XX]	[(XXX.XX)]
[Transition Benefit]	[Yes]	[X,XXX.XX]	[-----]
	[No]	[X,XXX.XX]	[(XXX.XX)]

1/2



Premium differences illustrated above are based on changing **A SINGLE OPTION** from the Summary and are not cumulative. Your selections are highlighted in **bold** font. This information is intended to show how changing one specific benefit option would affect your annual premium.

**Inflation Protection Option Comparison for [FirstName Last Name]
[and [FirstName LastName]]**

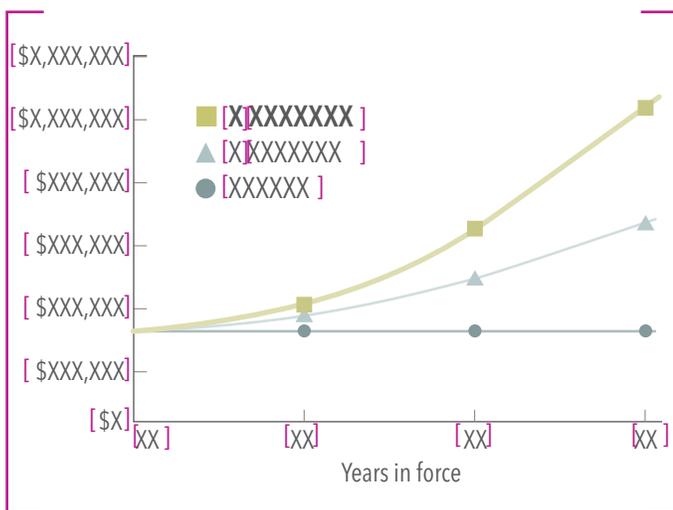
1/2

The graphs and tables below illustrate the impact of certain inflation protection options on your Total Pool of Money and [Daily/Monthly] Maximum benefit amount. [Future Purchase Option (FPO) examples assume that each option is accepted, the policy is in force and you are not claim eligible or chronically ill during the period illustrated.] Values illustrated assume the policy is in force and that no claims have been paid over the period illustrated. Values shown will be lower if benefits are paid.

1/2/3

[COMBINED POOL OF MONEY*/POOL OF MONEY]

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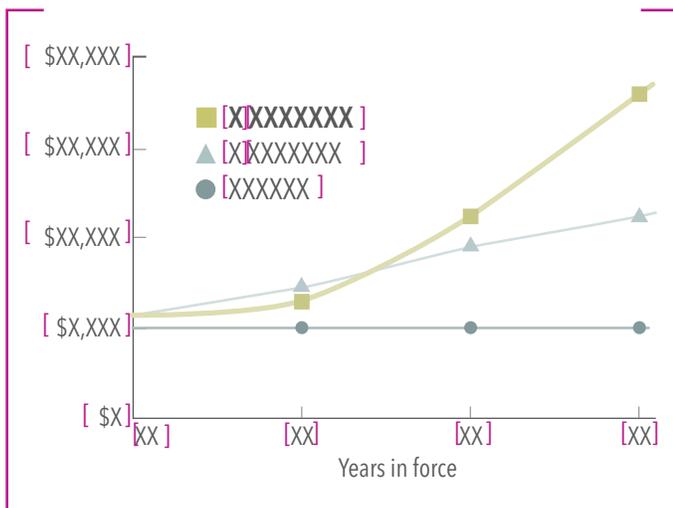


	Initial	[XX] Years	[XX] Years	[XX] Years
[X%] [XXXXXXXX]	[\$XXX,XXX]	[\$XXX,XXX]	[\$XXX,XXX]	[\$X,XXX,XXX]
[X%] [XXXXXXXX]	[XXX,XXX]	[XXX,XXX]	[XXX,XXX]	[XXX,XXX]
[XXXXXXXX]	[XXX,XXX]	[XXX,XXX]	[XXX,XXX]	[XXX,XXX]

1/2

[DAILY/MONTHLY] MAXIMUM BENEFIT AMOUNT [PER INDIVIDUAL]

1/2/3



	Initial	[XX] Years	[XX] Years	[XX] Years
[X%] [XXXXXXXX]	[\$X,XXX]	[\$X,XXX]	[\$XX,XXX]	[\$XX,XXX]
[X%] [XXXXXXXX]	[X,XXX]	[X,XXX]	[X,XXX]	[XX,XXX]
[XXXXXXXX]	[X,XXX]	[X,XXX]	[X,XXX]	[X,XXX]

1/2

† Couples/Partners with a Shared Benefit will have a combined pool of money to illustrate the full value of the combined policies. The [Daily/Monthly] Maximum benefit amount is illustrated individually for each person.]

1/2/3

Break Even Analysis

The Break Even Analysis illustrates how long it would take to recover your premiums paid once you go on claim and have satisfied any applicable elimination period.

Break even [days/months] are calculated by dividing the total premium paid for your coverage over time by the [Daily/Monthly] Maximum benefit and assumes you use your full [Daily/Monthly] Maximum benefit amount for each [day/month]. All premium amounts shown are rounded to the nearest dollar.

[FirstName LastName]

Number of Years Premiums are Paid	Total Premium Paid	[Daily/Monthly Maximum Benefit]	Break Even [Days/Months]
[XX]	[\$X,XXX.XX]	[\$X,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[X,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[X,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[XX,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[XX,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[XX,XXX.XX]	[XXX]

1/3

1/3

1

2

[FirstName LastName]

Number of Years Premiums are Paid	Total Premium Paid	[Daily/Monthly Maximum Benefit]	Break Even [Days/Months]
[XX]	[\$X,XXX.XX]	[\$X,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[X,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[X,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[XX,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[XX,XXX.XX]	[XXX]
[XX]	[XX,XXX.XX]	[XX,XXX.XX]	[XXX]

1/3

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Cost of Waiting

Based on the benefits quoted, and assuming no change in your health status, this table illustrates how much additional premium you might pay if you postpone purchasing this coverage. Values shown include increases in coverage based on the inflation protection you selected, and do not take into consideration the time value of money.

[FirstName LastName]

1

When Purchased	Age	[Daily/Monthly] Maximum Benefit Amount	Annual Premium	If Premium Paid To Age [85] of Proposed Insured	Cost of Waiting
Today	[XX]	[\$X,XXX]	[\$X,XXX.XX]	[\$XX,XXX.XX]	[\$X.XX]
[In 1 Year]	[XX]	[X,XXX]	[X,XXX.XX]	[XX,XXX.XX]	[X,XXX.XX]
[In 5 Years]	[XX]	[X,XXX]	[X,XXX.XX]	[XXX,XXX.XX]	[XX,XXX.XX]
[In 10 Years]	[XX]	[X,XXX]	[X,XXX.XX]	[XXX,XXX.XX]	[XX,XXX.XX]

1/2/3

1

2

[FirstName LastName]

1

When Purchased	Age	[Daily/Monthly] Maximum Benefit Amount	Annual Premium	If Premium Paid To Age [85] of Proposed Insured	Cost of Waiting
Today	[XX]	[\$X,XXX]	[\$X,XXX.XX]	[\$XX,XXX.XX]	[\$X.XX]
[In 1 Year]	[XX]	[X,XXX]	[X,XXX.XX]	[XX,XXX.XX]	[X,XXX.XX]
[In 5 Years]	[XX]	[X,XXX]	[X,XXX.XX]	[XXX,XXX.XX]	[XX,XXX.XX]
[In 10 Years]	[XX]	[X,XXX]	[X,XXX.XX]	[XXX,XXX.XX]	[XX,XXX.XX]

1/2/3

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Outline of Coverage Information

Options	Selections	[FirstName LastName]	[FirstName LastName]	1/2
Policy without any Benefit Increases		[\$X,XXX.XX]	[\$X,XXX.XX]	
Nonforfeiture Benefit	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Shared Benefit Rider	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Waiver of Home Care Elimination Period (1st-Day Home Care)	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Survivorship Benefit	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	1/3
Refund of Premium Benefit	[10-Years/Graded/None]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Transition Benefit	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Restoration Benefit	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Compound Benefit Increase	[XX%/None]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Simple Benefit Increase	[XX%/None]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Future Purchase Option	[Yes/No]	[X,XXX.XX/NA]	[X,XXX.XX/NA]	
Payment Information:				
Total if paid annually		[\$X,XXX.XX]	[\$X,XXX.XX]	1
Payment Mode		[Annual/ Semi-Annual/ Quarterly/ Monthly]	[Annual/ Semi-Annual/ Quarterly/ Monthly]	1/3
Modal Premium (After Factor)		[\$X,XXX.XX]	[\$X,XXX.XX]	1
Annual Total Modal Premium		[\$X,XXX.XX]	[\$X,XXX.XX]	
Premium Payment Option:		[Lifetime/10-Year/ Pay-To-65]	[Lifetime/10-Year/ Pay-To-65]	1/3

IMPORTANT NOTES:

This is a solicitation of insurance and an insurance agent/producer will contact you. This is not a contract of insurance. Coverage is subject to the underwriting requirements of Genworth Life Insurance Company.

Privileged Choice Flex 2 is underwritten by Genworth Life Insurance Company, using policy form 8000 [XX]. State variations may apply. A Summary of Coverage, including benefits, limitations and exclusions, is set forth in the accompanying Outline of Coverage. Policy Terms & Provisions will prevail in the event of a conflict between the Policy and the Summary of Coverage.

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This Long Term Care Insurance quote is intended for illustrative purposes only and is subject to change for any reason including, but not limited to, changes in premiums quoted. Dollar amounts are rounded for purposes of illustration.

In the event coverage is issued and any difference exists between the premiums quoted in this illustration and the premiums shown in your Policy Schedule, then the premiums shown in your Policy Schedule will govern. Premiums shown are subject to the terms and conditions of the Policy and may change in the future. While Genworth Life Insurance Company reserves the right to raise future premiums by category and state, your premiums will never increase individually due to changes in your health status or your age.

The Inflation Protection Options that are available with this policy may not keep up with the impact of inflation on the cost of care over time. If you select the Future Purchase Option (FPO), you will be offered the option to increase your remaining coverage maximum, and Daily or Monthly Maximum benefit amounts and other amounts based on your Daily or Monthly Maximum benefit amount that are in effect on the date such offer is made. The additional premium charged for any increase will be based on (1) your age; (2) the amount of such increase; and (3) the premium in effect for the policy on the date the increase takes effect. However, increases will not be available if you are chronically ill or are eligible for the payment of benefits on the date any such offer is made. Offers will cease if you decline three consecutive offers.

Coverage under the Policy is intended to be qualified long term care insurance under Internal Revenue Code Section 7702B(b). Genworth Life Insurance Company and its insurance agents/producers do not provide tax or legal advice. You should consult your tax advisor to determine the income tax implications of paying premiums and receiving benefit payments.

If you have questions regarding long term care insurance policies, please contact Genworth Life Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the State Medicaid Agency for your state of residence. Complete details of the benefits, costs, limitations, and exclusions pertaining to this long term care insurance policy will be provided to you by an insurance agent/producer.

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

Long term care insurance is underwritten by
Genworth Life Insurance Company

SERFF Tracking #:

GEFA-128779407

State Tracking #:

Company Tracking #:

133269

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care Insurance

Project Name/Number:

PC Flex 2 Rate Illustration/133269

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved	12/03/2012
Comments:			
Attachment(s):			
AR Cover Letter PC FLEX 2 RATE ILL 133269.doc.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability	Approved	12/03/2012
Comments:			
Attachment(s):			
Flex2_EOV_forStateFiling_112812.pdf			



Long Term Care Insurance

6620 West Broad Street Building 4
Richmond, VA 23230

November 26, 2012

Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72204
ATTN: Mr. John Shields

Re: **ADVERTISING FILING ACCIDENT AND HEALTH INSURANCE
GENWORTH LIFE INSURANCE COMPANY NAIC# 70025
Invitation to Contract (Point of Sale)
Privileged Choice Flex Rate 2 Illustration: 133269 01/31/13**

Dear Mr. Shields:

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

The Privileged Choice Flex 2 Rate Illustration, 133269 01/31/13 will be distributed by licensed independent agents that are appointed with Genworth Life Insurance Company at point of sale, and presented in conjunction with the Outline of Coverage to provide a quotation of rates to consumers for Genworth Life Insurance Company's Long Term Care Insurance Policy 8000 filed and approved on August 8, 2012 by your Department under SERFF Tracking Number GEFA-128591420.

An Explanation of Variables is attached to the Supporting Documentation tab.

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

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

Sincerely,

Andrew A. Zimmerman

Andrew A. Zimmerman
Genworth Life Insurance Company
Sr. Advertising Compliance Analyst
Compliance/Advertising Review
Andy.Zimmerman@genworth.com

Genworth Life Insurance Company									
Privileged Choice Flex 2 Individual Long Term Care Illustration 8000									
133269 01/31/13									
This Explanation of Variability applies to the illustration for Privileged Choice Flex 2. Variable material is bracketed in the illustration and has been noted with three types of variability. Each variability type is outlined below.									
Type 1:	Variables that are either administrative or customized information based on the applicant or applicant's benefit selections.								
Type 2:	Variables that will or will not display based on applicant selections, benefit availability or non-substantive information such as an address.								
Type 3:	Variables that have substitute text.								
									Var. Type [1/2/3]
1 Cover									
1.1 Applicant Information									
1.1.1	Prepared for: [FirstName LastName [and FirstNameLastName]]								1/2
	The applicant's name is variable. For two applicants an "and" will display in front of the second applicant's name								
1.1.2	[Address Line 1] [Address Line 2]								1/2
	The address is variable and will be displayed on two rows if needed								
	Address is not required.								
1.1.3	[State, Zip Code]								1/2
	The state and zip code are variable by applicant.								
	Address is not required.								
1.2 Agent Information									
1.2.1	[Agent/Producer Name] [, License # XXXXXX]								1/2
	The Agent/Producer Name is variable. The License number is variable by Agent/Producer and is not required to display								
	The Agent/Producer Name is not required.								
1.2.2	[Agency Name]								1/2
	The agency name is variable and can be included or excluded from the cover.								
1.2.3	Prepared [XX/XX/XX]								1
	The date is variable.								
1.3 Disclosure									
1.3.1	Please refer to the Important Notes that appear on page [xx] for additional information.								1
	The page number is variable based on the number of pages that are displayed.								
2 Summary Page									
2.1 Heading									
2.1.1	Prepared for: [FirstName LastName], Age: [XX], Gender: [M/F], [Underwriting Category]								1/3
	The applicant's name, age and gender is variable. The underwriting category selected for the quote will be one of the following:								
	[Preferred Best, Preferred, Select, Standard].								
	[and[FirstName LastName], Age: [XX], Gender: [M/F], [Underwriting Category]]								
	For two applicants an "and" will display in front of the applicant name on a second line with age, gender and underwriting category.								
2.1.2	Policy Form 8000[XX]								1/2
	The policy form number will display the state abbreviation if required.								
2.2 Summary [with Shared Benefit]									
	The Title of the page is variable by applicant selections. If there are two applicants applying for the Shared Benefit, "with Shared Benefit" will display.								
2.2.1	Core 4 SM								
2.2.1.1	[FirstName LastName]								1/2
	The applicant's name is variable. For two applicants a second column with the same set of information and variables will display.								
2.2.1.2	Benefit Amount [\$X,XXX][Daily/Monthly]Maximum								1/3
	The Benefit Amount is based on the applicant selecting a Daily or Monthly Maximum benefit payment.								
	Daily or Monthly will display based on this selection.								
	Selections for Daily Maximum range from: \$30 - \$400 and can be selected in \$5 increments.								
	Selections for Monthly Maximum range from: \$900 - \$12,000 and can be selected in \$100 increments.								
	In Wisconsin, the minimum Monthly Maximum is either \$60 daily or \$1,800 monthly.								
	In South Dakota, the minimum Monthly Maximum is either \$100 per day or \$3,000 monthly.								
2.2.1.3	Benefit Multiplier [XXX][Days/Months]								1/3
	The Benefit Multiplier is daily or monthly based on the benefit amount selection.								
	Days or months will display based on this selection.								
	If the benefit payment is daily, the selections for the Benefit Multiplier are: 365, 730, 1095, 1,460, 1825, 2190, 2920 and 3650 days.								
	If the benefit payment is monthly, the selections for the Benefit Multiplier are: 12, 24, 36, 48, 60, 72, 96 and 120.								
2.2.1.4	Elimination Period [XXX][Calendar/Service]Days								1/3
	The elimination period is variable selection in either service days or calendar days.								
	Service or calendar will display based on this selection.								
	The available selections for each are: 30, 90, 180 and 365 days.								
	Only 30 and 90 days will display in Georgia, Kansas and South Dakota.								
2.2.1.5	Inflation Protection [X%][Compound/Simple][Future Purchase Option][None]								1/2/3
	Inflation Protection is variable based on applicant selection.								
	The available inflation options are: 5% Compound, 4% Compound, 3% Compound, 5% Simple, Future Purchase Option (FPO) or None.								
	The applicant's selection will display.								
2.2.1.6	[Individual] Coverage Maximum (pool of money)								1/2
	Individual will populate if there are two applicants with the Shared Benefit. If the quote is for an individual or couple without shared benefits "individual" will not display.								
	The value of the pool of money is variable based on applicant selections.								
2.2.1.7	[Combined Coverage Maximum (pool of money)]								1/2
	If there are applicants with the Shared Benefit, "Combined Coverage Maximum (pool of money)" will display								

Genworth Life Insurance Company							
Privileged Choice Flex 2 Individual Long Term Care Illustration 8000							
133269 01/31/13							
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Type 3:	Variables that have substitute text.						
				with the value based on the sum of the individual pools of money.			
		2.2.1.8		Page [2 of XX]			1
				The page numbering is variable based on the number of reports that are selected as part of the illustration.			
				Certain reports are variable and those pages are noted with Variable Type 2.			
		2.2.2		Care Options*			
		2.2.2.1		Home and Community Care Coverage Percentage			1/3
				Variable based on applicant selection of either 50% or 100% coverage.			
		2.2.2.2		Assisted Living Facility Coverage Percentage			1/3
				Variable based on applicant selection of either 50% or 100% coverage.			
				Only 100% Assisted Living Facility coverage will display in Kansas.			
		2.2.2.3		*The coverage percentages for care options are a percentage of the [Daily/Monthly] Maximum selected.			1/3
				This disclaimer has variable text of Daily or Monthly based on the applicant selecting a Daily or Monthly Maximum.			
		2.2.3		Additional Options			
		2.2.3.1		[Shared Benefit]			1/2
				If this benefit is selected, the benefit will display "Yes."			
				If this benefit is not selected, this option will not display.			
		2.2.3.2		[Survivorship Benefit]			1/2/3
				If this benefit is not selected, this option will not display.			
				If selected, the benefit will display 10-Year** or 7-Year Survivorship. Selecting 10-Year Survivorship triggers the second disclaimer on this summary page.			
				[**Benefit criteria include a claims restriction.]			1/2
				"Benefit criteria include a claims restriction" is triggered by the 10-Year selection.			
		2.2.3.3		[1st-Day Home Care (Waiver of Home and Community Care Elimination Period)]			1/2/3
				If this benefit is not selected by an applicant, but has a spouse/partner that selects it, "No" will display.			
				If selected, the benefit will display "Yes."			
				If this benefit is not available based on applicant selections, the benefit will not display.			
		2.2.3.4		[Refund of Premium Benefit]			1/2/3
				If this benefit is not selected by an applicant, but has a spouse/partner that selects it, "No" will display.			
				If selected, the benefit will display with 10-Year or Graded.			
				If this benefit is not available based on applicant selections, the benefit will not display.			
		2.2.3.5		[Restoration Benefit]			1/2/3
				If this benefit is not selected by an applicant, but has a spouse/partner that selects it, "No" will display.			
				If selected, the benefit will display with "Yes."			
				If this benefit is not available based on applicant selections, the benefit will not display.			
		2.2.3.6		[Nonforfeiture Benefit]			1/2/3
				If this benefit is not selected by an applicant, but has a spouse/partner that selects it, "No" will display.			
				If selected, the benefit will display with "Yes."			
				If this benefit is not available based on applicant selections, the benefit will not display.			
		2.2.3.7		[Transition Benefit]			1/2/3
				If this benefit is not selected by an applicant, but has a spouse/partner that selects it, "No" will display.			
				If selected, the benefit will display with "Yes."			
				If this benefit is not available based on applicant selections, the benefit will not display.			
		2.2.4		Premium Information			
		2.2.4.1		Underwriting Category			1/3
				Underwriting category is variable with the following selections available for quoting:			
				Preferred Best/Preferred/Select/Standard			
		2.2.4.2		Annual Premium			1
				Value is variable based on applicant selections.			
		2.2.4.3		Payment Mode			1/3
				Applicants can select from the following payment modes: Annual, Semi-Annual, Quarterly and Monthly.			
		2.2.4.4		Modal Premium			1
				Value is variable based on applicant selections.			
		2.2.4.5		[Combined Modal Premium]			1/2
				If there are two applicants, a "Combined Modal Premium " will display the sum of the individual Modal Premiums.			
3 Modal Premium Payment Options Report							
		3.1		Modal Premium Pay Options for [FirstName LastName]			1
				Name is variable by applicant.			
		3.1.1		Modal Premium			1
				The modal factor is multiplied by the annual premium and is variable based on applicant selections.			
				The mode that is being quoted is highlighted in a bold font.			
		3.1.2		Yearly Total Payment			1
				The yearly total payment is the product of the modal factor and annual premium. It is variable based on applicant selections.			

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Type 3:	Variables that have substitute text.						
3.1.3	Second Applicant						1/2
	If there is a second applicant, the calculations are repeated in an additional three columns.						
4 Underwriting Category Page							2
Note to Reviewer: This page is optional.							
4.1	Intro Paragraph						1/2
	This page illustrates premiums for each underwriting category. [If you or your spouse/partner apply together and are issued policies, your premiums will be based on the Couples Premiums outlined below. If only one of you is approved for coverage, your premium will be based on the Individual Premiums outlined below which include a 15% discount.]						
	When quoting a couple, the variable text displays. It will not display when quoting an individual.						
4.2	First Table						3
4.2.1	[Couple Premiums/Individual Premiums]						3
	The first table on this page is variable based on having a couple apply for coverage or an individual, thus "Couples Premiums" or "Individual Premiums" will be the header of this table.						
4.2.2	[FirstName LastName]						1
	The applicant name is variable.						
4.2.3	Age: [XX]						1
	The applicant age is variable.						
4.2.4	Underwriting Category						1/2
	The table will display each underwriting category and highlight in bold font the underwriting category selected.						
	The premium for each underwriting category is displayed and variable based on applicant selections.						
	An underwriting category will not display if it is not applicable.						
4.3	Second Table						2
	If a couple is being quoted, there will be an individual table titled "Individual Premiums" to the right of the "Couples Premiums" table.						
4.3.1	[*Based on a couple applying for two long term care policies, but only one qualifies for coverage. If the answer to any question contained in the Insurability Profile section of the application is "yes" for either applicant, then his or her application will not be considered valid for purposes of determining applicable discounts.						1/2
	This disclosure is triggered when an "Individual Premiums" table displays.						
4.3.2	[FirstName LastName]						1
	The applicant name is variable.						
4.3.3	Age: [XX]						1
	The applicant age is variable.						
4.3.4	Underwriting Category						1/2
	The table will display each underwriting category and highlight in bold font the underwriting category selected.						
	The premium for each underwriting category is displayed and variable based on applicant selections and includes a 15% discount on the applicants' individual rates.						
	An underwriting category will not display if it is not applicable.						
4.4	Third Table						2
	This table will only display if there is a second applicant that qualifies as a spouse or partner.						
4.4.1	[FirstName LastName]						1
	The applicant name is variable.						
4.4.2	Age: [XX]						1
	The applicant age is variable.						
4.4.3	Underwriting Category						1/2
	The table will display each underwriting category and highlight in bold font the underwriting category selected.						
	The premium for each underwriting category is displayed and variable based on applicant selections.						
	An underwriting category will not display if it is not applicable.						
4.5	Fourth Table						2
	This table will only display if there is a second applicant that qualifies as a spouse or partner.						
4.5.1	[*Based on a couple applying for two long term care policies, but only one qualifies for coverage. If the answer to any question contained in the Insurability Profile section of the application is "yes" for either applicant, then his or her application will not be considered valid for purposes of determining applicable discounts.						1/2
	This disclosure is triggered when an "Individual Premiums" table displays.						
4.5.2	[FirstName LastName]						1
	The applicant name is variable.						
4.5.3	Age: [XX]						1
	The applicant age is variable.						
4.5.4	Underwriting Category						1/2/3
	The table will display each underwriting category and highlight in bold font the underwriting category selected.						
	The premium for each underwriting category is displayed and variable based on applicant selections and includes a 15% discount on the applicants' individual rates.						
	An underwriting category will not display if it is not applicable.						
5 Premium Payment Option Comparison							2

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Type 3:	Variables that have substitute text.								
Note to Reviewer: This page is optional.									
5.1	Premium Payment Options								
5.1.1	Although you may select a Limited Pay option ([[10-Pay][or][Pay-to-65]])								2
	Both limited pay options may not display								
5.1.2	[FirstName LastName]								1
	The applicant name is variable. If there are two applicants, this information will display for each applicant								
5.1.3	Years In Force								1/2
	There are four options to display "Years In Force." These options are: first year and 10, 20 and 30 years.								
	The maximum age illustrated is 94. If an applicant is older than 94 in year 10, 20 or 30, those years will not display.								
5.1.4	Age								1
	The age is variable based on the applicant's age.								
5.1.5	[Lifetime] Total Premium Paid								1/2/3
	[\$X,XXX.XX] The premium paid is based on applicant selections.								
	For each year illustrated, the total premium paid will display either "Yes or No" to whether or not the policy is paid up.								
5.1.6	[10-Pay] Total Premium Paid								1/2/3
	[\$X,XXX.XX] The premium paid is based on applicant selections.								
	For each year illustrated, the total premium paid will display either "Yes or No" to whether or not the policy is paid up.								
	Both limited pay options may not display.								
5.1.7	[Pay-To-65] Total Premium Paid								1/2/3
	[\$X,XXX.XX] The premium paid is based on applicant selections.								
	For each year illustrated, the total premium paid will display either "Yes or No" to whether or not the policy is paid up.								
	Both limited pay options may not display.								
6	Benefit Options Comparison for [FirstName LastName]								1/2
Note to Reviewer: This page is optional. For two applicants an additional analysis will display based on the second applicant's selections.									
6.1	CORE 4SM DECISIONS								
	The benefit options are variable based on applicant selections. The applicant selections are highlighted in bold font								
	Each selection is associated with an annual premium amount variable based on the applicant's selections								
	There is a column that illustrates the "Amount of Change." The applicant's selection shows "-----" to indicate no change								
6.1.1	Benefit Amount								
6.1.1.1	Change Benefit To \$[X,XXX] [Daily/Monthly] Maximum								1/3
	The applicant selection is highlighted in a bold font								
	There are two variable selections based on increasing the benefits or lowering the benefits								
	For monthly benefits, the variable increments are \$500. For daily benefits, the variable increments are \$50								
	Example: The applicant selects a \$4,000 monthly benefit payment. The two alternate choices would be \$4,500 to increase coverage and \$3,500 to decrease coverage.								
	Selecting the bottom of the range will result in the two variable selections increasing benefits. Selecting the top of the range will result in the two variable selections lowering benefits.								
	Benefit ranges are outlined in 2.2.1.2.								
	In Wisconsin, the minimums are either \$60 daily or \$1,800 monthly.								
	In South Dakota, the minimums are either \$100 per day or \$3,000 monthly.								
6.1.1.2	New Annual Premium [\$X,XXX.XX]								1
	The annual premium is variable based on changing this single benefit for each option illustrated for the Daily or Monthly Maximum.								
6.1.1.3	Amount of Change [\$XXX.XX]								1
	The amount of change is variable based on changing this single benefit for each option illustrated for the Daily or Monthly Maximum.								
6.1.2	Benefit Multiplier								
6.1.2.1	Change Benefit To [XX] [Months/Days]								1/3
	The applicant selection is highlighted in a bold font								
	There are two variable selections based on increasing the benefits or lowering the benefit								
	Selecting the bottom of the range will result in the two variable selections increasing benefits. Selecting the top of the range will result in the two variable selections lowering benefits.								
	Benefit ranges are outlined in 2.2.1.3.								
6.1.2.2	New Annual Premium [\$X,XXX.XX]								1
	The annual premium is variable based on changing this single benefit for each option illustrated for benefit multiplier								
6.1.2.3	Amount of Change [\$X,XXX.XX]								1
	The amount of change is variable based on changing this single benefit for each option illustrated for benefit multiplier								
6.1.3	Elimination Period								
6.1.3.1	Change Benefit To [XXX] [Calendar/Service] Days								1/3
	The applicant selection is highlighted in a bold font								
	The comparison will be either all calendar days or all service days based on which option the applicant selected								
	There are two variable selections based on increasing the benefits or lowering the benefit								
	Selecting the bottom of the range will result in the two variable selections increasing benefits. Selecting the top of the range will result in the two variable selections lowering benefits.								
	Benefit ranges are outlined in 2.2.1.4.								
	Only 30 and 90 days will display in Georgia, Kansas and South Dakota.								
6.1.3.2	New Annual Premium [\$X,XXX.XX]								1
	The annual premium is variable based on changing this single benefit for each option illustrated for elimination period								
6.1.3.3	Amount of Change [\$XXX.XX]								1

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The amount of change is variable based on changing this single benefit for each option illustrated for elimination period									
6.1.4	Inflation Protection								
6.1.4.1	[5% Compound][4% Compound][5% Simple][3% Compound][Future Purchase Option][None]								
The applicant selection is highlighted in a bold font									
Inflation options will be included for comparison or will not display									
6.1.4.2	New Annual Premium [SX,XXX.XX]								
The annual premium is variable based on changing this single benefit for each inflation protection option									
6.1.4.3	Amount of Change [SXXX.XX]								
The amount of change is variable based on changing this single benefit for each inflation protection option									
6.2	Care Options								
6.2.1	Home and Community Care Coverage Percentage								
This option displays with the applicant's selection in bold and their other option in regular font									
Options available are 50% or 100% coverage.									
6.2.2	Assisted Living Facility Coverage Percentage								
This option displays with the applicant's selection in bold and their other option in regular font									
Options available are 50% or 100% coverage.									
In Kansas, only 100% Assisted Living Facility coverage will display.									
6.3	Additional Options								
6.3.1	Shared Benefit								
This option displays with the applicant's selection in bold and their other option in regular font									
The applicant is able to select to have Shared Benefit or not which displays as Yes and No									
If the option is not available due to product specifications, the benefit will not display									
6.3.2	Survivorship Benefit								
This option displays with the applicant's selection in bold and their other option in regular font									
Options available are 10-Year, 7-Year and None.									
If the option is not available due to product specifications, the benefit will not display									
6.3.3	1st-Day Home Care (Waiver of Home and Community Care Elimination Period)								
This option displays with the applicant's selection in bold and their other option in regular font									
The applicant is able to select to have Shared Benefit or not which displays as Yes and No									
If the option is not available due to product specifications, the benefit will not display									
6.3.4	Refund of Premium								
This option displays with the applicant's selection in bold and their other option in regular font									
The Refund of Premium options are 10-Year, Graded or None.									
If the option is not available due to product specifications, the benefit will not display									
6.3.5	Restoration Benefit								
This option displays with the applicant's selection in bold and their other option in regular font									
The applicant is able to select to have a Restoration Benefit or not which displays as Yes and No									
If the option is not available due to product specifications, the benefit will not display									
6.3.6	Nonforfeiture Benefit								
This option displays with the applicant's selection in bold and their other option in regular font									
The applicant is able to select to have a Nonforfeiture Benefit or not which displays as Yes and No									
If the option is not available due to product specifications, the benefit will not display									
6.3.7	Transition Benefit								
This option displays with the applicant's selection in bold and their other option in regular font									
The applicant is able to select to have a Transition Benefit or not which displays as Yes and No									
If the option is not available due to product specifications, the benefit will not display									
7	Inflation Protection Option Comparison for [FirstName Last Name]								
[and [FirstName LastName]]									
Note to Reviewer: This page is optional.									
If there is one applicant his or her name will display. If there are two applicants, "and" with the second applicant's name will display.									
7.1	Intro Paragraph								
7.1.1	The graphs and tables below, illustrate the impact of certain inflation protection options on your Pool of Money and [Daily/Monthly] Maximum benefit amount.								
Depending on the applicant's selection, the maximum illustrated will be either Daily or Monthly									
7.1.2	[FPO examples assume that each option is accepted, the policy is in force and that no claims have been paid over the period illustrated.]								
This sentence will be displayed only if the FPO options is illustrated									
7.2	First Graph - Pool of Money								
7.2.1	[COMBINED POOL OF MONEY*/POOL OF MONEY]								
If two applicants select the Shared Benefit, "Combined Pool of Money" will display. This variable statement will trigger the disclosure described below.									
For an individual applicant and for couple without the Shared Benefit, the graph and chart will be titled "Pool of Money."									
7.2.2	Dollar Range								
The dollar range will vary based on the values illustrated.									
7.2.3	Years in Force								
The years illustrated will range from Day 1 to 30 years.									
7.2.4	Inflation Protection								
The inflation protection options illustrated will be the applicant's inflation option selection and up to two additional options for reference									
The available inflation protection options available for selection are: 5%, 4% and 3% Compound; 5% Simple; FPO and None									
7.3	First Table - Pool of Money								
7.3.1	Years in Force								
The year intervals included in the table will range from Day 1 to 30 years									

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Type 3:	Variables that have substitute text.							
	7.3.2	Inflation Protection	The inflation protection options in the table are the applicant's inflation option selection and up to two additional options for reference The available inflation protection options available for selection are: 5%, 4% and 3% Compound; 5% Simple; FPO and None					1/2/3
	7.3.3	Pool of Money	The total dollar values included in the table reflect the applicant's inflation option selections and two additional options for reference					1
7.4	Second Graph - Monthly or Daily Maximums							
	7.4.1	[DAILY/MONTHLY] MAXIMUM BENEFIT AMOUNT [PER INDIVIDUAL]	Depending on the applicant's selection, the maximum illustrated will be either Daily or Monthly The title of the graph will display "per individual" if there are two applicants with the Shared Benefit For a couple without the Shared Benefit, the graphs and tables will be repeated for the second applicant's data For an individual applicant and for couple without the Shared Benefit, the graph and chart will be titled Daily or Monthly Maximum Benefit Amount.					1/2/3
	7.4.2	Dollar Value	The dollar value will be based on one applicant's Daily or Monthly Maximum					1
	7.4.3	Years in Force	The year intervals included in the table will range from Day 1 to 30 years					1
	7.4.4	Inflation Protection	The inflation protection options illustrated will be the applicant's inflation option selection and up to two additional options for reference The available inflation protection options available for selection are: 5%, 4% and 3% Compound; 5% Simple; FPO and None					1/2/3
7.5	Second Table - Monthly or Daily Maximums							
	7.5.1	Years in Force	The year intervals included in the table will range from Day 1 to 30 years					1
	7.5.2	Inflation Protection	The inflation protection options in the table are the applicant's inflation option selection and two additional options for reference The available inflation protection options available for selection are: 5%, 4% and 3% Compound; 5% Simple; FPO and None					1/2/3
	7.5.3	Pool of Money	The total dollar values included in the table reflect the applicant's inflation option selections and up to two additional options for reference					1
7.6	Disclosure							
	7.6.1	[Couples/Partners with a Shared Benefit will have a combined pool of money to illustrate the full value of the combined policies. The [Daily/Monthly] Maximum benefit amount is illustrated individually for each applicant.]	If two applicants select the Shared Benefit, this disclosure will display. Daily or Monthly Maximum is also variable based on the applicants' selection.					1/2/3
8	Break Even Analysis							2
Note to Reviewer: This page is optional. For two applicants an additional analysis will display based on the second applicant's selections.								
8.1	Intro Paragraph							1/3
Break even [days/months] are calculated by dividing the total premium paid for your coverage over time by the [Daily/Monthly] Maximum benefit and assumes you use your full [Daily/Monthly] Maximum benefit amount for each [day/month]. Days or Months and Daily or Monthly will display based on applicant selection of a Daily or Monthly Maximum benefit.								
8.2	[FirstName LastName]							1
The applicant name is variable. If there are two applicants, this information will display for each applicant.								
8.3	Number of Years Premiums are Paid [XX]							1/2
This analysis uses years in column one to calculate a cumulative premium amount paid. There are six year increments to illustrate. These options are: second year and 5, 10, 15, 20 and 25 years. The maximum age illustrated is 85. If an applicant is older than 85 during Years 2, 5, 15, 20 or 25, those years will not display.								
8.4	Total Premium Paid [\$X,XXX.XX]							1
Column two provides the cumulative premium amount paid for the corresponding number of years in column one.								
8.5	[Daily/Monthly] Maximum Benefit [\$X,XXX.XX]							1/3
The Daily or Monthly Maximum benefit is variable based on the applicant selections.								
8.6	Break Even [Days/Months] [XXX]							1/3
The break even days or months are variable based on the following calculation: Total Premium Paid divided by the Daily or Maximum benefit.								
9	Cost of Waiting							2
Note to Reviewer: This page is optional. For two applicants an additional analysis will display based on the second applicant's selections.								
9.1	[FirstName LastName]							1
Name is variable by applicant.								
9.2	[In 1 Year], [In 5 Years], [In 10 Years]							1/2
This analysis uses the years in column one to illustrate the impact of waiting to purchase long term care insurance. The maximum age illustrated is 75. If an applicant is older than 75 during Years 1, 5 or 10, those years will not display.								
9.3	Age [XX]							1
Age is variable by applicant and year when purchased.								
9.4	[Daily/Monthly] Maximum Benefit Amount [\$X,XXX]							1/3
The daily or monthly benefit value is variable based on the applicant selecting a Daily or Monthly Maximum								
9.5	Annual Premium [\$X,XXX.XX]							1
The annual premium is variable and based on purchasing the same benefits today, in 1 year, in 5 years and in 10 years.								
9.6	If Premium Paid To Age [85] of Proposed Insured [\$XX,XXX.XX]							1
The applicant's age is variable based on the maximum age illustrated. See age limit in 9.2. The annual premium is variable for the corresponding year.								
9.7	Cost of Waiting [\$XX,XXX.XX]							1

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Privileged Choice Flex 2 Individual Long Term Care Illustration 8000		
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This Explanation of Variability applies to the illustration for Privileged Choice Flex 2. Variable material is bracketed in the illustration and has been noted with three types of variability. Each variability type is outlined below.		
Type 1:	Variables that are either administrative or customized information based on the applicant or applicant's benefit selections.	
Type 2:	Variables that will or will not display based on applicant selections, benefit availability or non-substantive information such as an address.	
Type 3:	Variables that have substitute text.	
The cost of waiting is variable based on difference between the premium paid through an age (which is variable based on age at application) when purchasing the same benefits today, in 1 year, in 5 years and in 10 years.		
10 Outline of Coverage Information		
10.1 Options and Selections		
10.1.1	Policy without any Benefit Increases	1
The value associated with the Policy without any Benefit Increases will be variable based on applicant selections		
10.1.2	Nonforfeiture Benefit [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.3	Shared Benefit [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.4	Waive of Home Care Elimination Period (1st-Day Home Care) [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.5	Survivorship Benefit [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.6	Refund of Premium [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.7	Transition Benefit [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.8	Restoration Benefit [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects this optional benefit.		
10.1.9	Compound Benefit Increase [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects a compound inflation protection benefit.		
10.1.10	Simple Benefit Increase [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects a simple inflation protection benefit.		
10.1.11	Future Purchase Option [Yes/No]	1/3
"Yes" or "No" will display depending on if the applicant selects FPO as an inflation protection benefit.		
10.2 Applicants and Premiums		
10.2.1	[FirstName LastName]	1
The applicant name is variable and will display as a Header in the right hand column. If there are two applicants, an additional column will display for the second applicant.		
10.2.2	Corresponding Premiums	1
Each option has a corresponding premium associated with it. These values are variable based on applicant selections. If the option was not selected, an "NA" will display.		
10.2.3	[FirstName LastName]	1/2
If there are two applicants, a second column will display with his or her data.		
10.3 Payment Information		
10.3.1	Total if paid annually	1
The value for the annual payments is variable based on applicant selections		
10.3.2	Payment Mode	1/3
The Payment mode will display with the applicant's selection. The available payment mode options are Annual, Semi-Annual, Quarterly and Monthly.		
10.3.3	Modal Premium (After Factor)	1
The value for the modal premium is variable based on the applicant's selected payment mode		
10.3.4	Annual Total Modal Premium	1
The value for the annual total modal premium is variable based on the total of modal payments over a year		
10.3.5	Premium Payment Option	1/3
The premium payment period is variable based on the applicant's selection. Available options are Lifetime, 10-Pay and Pay-To-65.		
11 Important Notes		
11.1 Important Notes:		
11.1.1	Privileged Choice Flex 2 is underwritten by Genworth Life Insurance Company using policy form series 8000[XX]	1/2
The policy form number will display the state abbreviation if required.		