

SERFF Tracking Number: GEFA-128033481 State: Arkansas
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number:
Company Tracking Number: GA432E-0112
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium
Product Name: Income Payment Advance Endorsement (GLAIC)
Project Name/Number: Income Payment Advance Endorsement/GA432E-0112

Filing at a Glance

Company: Genworth Life and Annuity Insurance Company

Product Name: Income Payment Advance Endorsement (GLAIC) SERFF Tr Num: GEFA-128033481 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: A02I.003 Single Premium Co Tr Num: GA432E-0112 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Brenda Bond, Ronald Jackson Disposition Date: 02/02/2012

Date Submitted: 01/26/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Income Payment Advance Endorsement
Project Number: GA432E-0112
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: N/A

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/02/2012

State Status Changed: 02/02/2012

Deemer Date:

Created By: Ronald Jackson

Submitted By: Ronald Jackson

Corresponding Filing Tracking Number:

Filing Description:

Re: Genworth Life and Annuity Insurance Company

NAIC Group 350, Company 65536

GA432E-0112, Income Payment Advance Endorsement

We are submitting the attached form for your review and approval. It is new and will not replace any existing form.

SERFF Tracking Number: GEFA-128033481 State: Arkansas
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Variable
Product Name: Income Payment Advance Endorsement (GLAIC)
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This form may be used with P1872 01/08, Individual Single Premium Annuity contract, which was approved on 03/21/08 under AR file # 38429.

GA432E-0112, Income Payment Advance Endorsement

This Income Payment Advance Endorsement allows the contract owner the option to take an advanced payment under the contract after the annuity starting date if the owner meets one of the qualifying events listed. There is no charge for the endorsement and it will be attached to every eligible contract at issue. It will not be provided to current contract holders.

This endorsement allows for advance payment when certain conditions are met such as:

- eviction or foreclosure;
- death of a household member;
- any natural catastrophe, as defined by FEMA, for individual disaster assistance;
- inability to perform certain activities of daily living; or
- admittance to a state licensed facility for 30 or more consecutive days.

This endorsement is intended for use with new issues of any annuity contract available for use in any available state and will be included in new issues only.

No assumptions or provisions unfairly discriminate in availability, benefits, or any other way for individuals of the same class, equal expectation of life, and degree of risk or hazard. In addition, this form does not contain any innovative or unique features.

The underlying SPIA product will be marketed by licensed agents and brokers to individuals through traditional distribution systems as well as to customers of financial institutions. There is no special market intended. Issue ages will be 0 to 85 with this endorsement.

If there are any questions, please contact me using the information provided.

Sincerely,

Ronald N. Jackson, Sr. Contract Analyst
Email: ronald.jackson@genworth.com
Phone: (804) 289-6725
Fax: (804) 281-6057

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Company and Contact

Filing Contact Information

Ronald N. Jackson, Contract Analyst ronald.jackson@genworth.com
 Product Compliance 804-289-6725 [Phone]
 P O Box 27601 804-281-6916 [FAX]
 Richmond, VA 23261-7601

Filing Company Information

Genworth Life and Annuity Insurance Company CoCode: 65536 State of Domicile: Virginia
 6620 W Broad Street Group Code: 4011 Company Type: LifeHealth &
 Annuity
 Richmond, VA 23230 Group Name: State ID Number:
 (804) 281-6600 ext. [Phone] FEIN Number: 54-0283385

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life and Annuity Insurance Company	\$50.00	01/26/2012	55854928

SERFF Tracking Number: GEFA-128033481 State: Arkansas
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number:
Company Tracking Number: GA432E-0112
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable
Product Name: Income Payment Advance Endorsement (GLAIC)
Project Name/Number: Income Payment Advance Endorsement/GA432E-0112

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/02/2012	02/02/2012

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Form Schedule

Lead Form Number: GA432E-0112

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GA432E-0112	Policy/Cont Income Payment ract/Fratern Advance al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.900	GA432_0112.pdf

**GENWORTH LIFE AND ANNUITY INSURANCE COMPANY
INCOME PAYMENT ADVANCE ENDORSEMENT**

This endorsement amends the specified provisions of your Contract. It will provide for a payment advance as specified within the terms provided below.

All endorsement terms will have the same meaning as under the **Contract**, unless otherwise provided.

The **Definitions** section is amended by adding the following:

Activities of Daily Living means the following self-care functions:

- **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence:** The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **Dressing:** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring:** Moving into or out of a bed, chair or wheelchair.

Medically Necessary - The confinement must be prescribed by a licensed physician in writing and must be based on limitations that prohibit daily living in a non-institutional environment.

The following provisions are added to the **GENERAL PROVISIONS** Section:

Payment Advance

On or after the Income Start Date a Contract Owner may request a payment advance. Upon the death of the last Contract Owner, a Beneficiary may separately request a payment advance in proportion to their interest in the Contract.

Payment advances will be made based on and calculated using the current Modal Period of the Contract. .

During the life of the Contract, you may request a payment advance subject to the following Modal Period maximums.

- If monthly, up to twelve regularly scheduled payments, subject to a three month minimum for each advance.
- If quarterly, up to four regularly scheduled payments.
- If semi-annually, up to two regularly scheduled payments.
- If an annually, one regularly scheduled payment.

You must meet one of the following conditions within one (1) year prior to your request for each payment advance:

- You have received an eviction or foreclosure notice on your principal place of residence.
- Your spouse, civil union or domestic partner (in jurisdictions where recognized), or a member of your household died.
- You are the victim of a federally declared disaster as asserted by the Federal Emergency Management Agency (FEMA) for individual disaster assistance.
- A licensed physician has declared you are unable to perform at least two of the six Activities of Daily Living.
- You enter a state licensed facility providing Medically Necessary in-patient care for the duration of no less than 30 consecutive days.

The licensed physician must be someone other than you or your relative. We reserve the right to request verification of any payment criteria listed above for each payment advance request.

Upon receipt of Notice, all regularly scheduled payments will be postponed. The payment advance will be sent to any designated Payee within 30 days. Regularly scheduled payments will resume on the next Modal Period which follows the number of Modal Period payment(s) advanced.

All written requests for payment advances must be sent to our Administrative Office in a form satisfactory to us. We will not be responsible for any actions taken prior to our receipt of a valid request for payment advance. We will send correspondence relating to the Contract to the last known address.

Termination

This endorsement terminates at the earlier of the policy termination or when you have received payment advance(s) totaling the following based on your Modal Period.

- If monthly, twelve regularly scheduled payments.
- If quarterly, four regularly scheduled payments.
- If semi-annually, two regularly scheduled payments.
- If an annually, one regularly scheduled payment.

For Genworth Life and Annuity Insurance Company,



[Thomas M. Stinson]

[President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: FleschScoreCert_glaic.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A to this endorsement filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: N/A to this endorsement filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Variability Certification		
Comments:		
Attachment: SOV_GA432E.pdf		

**FLESCH SCORE CERTIFICATION
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY**

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

Form Number	Description	Flesch Score
GA432E-0112	Income Payment Advance Endorsement	This form scores at 52.9 when scored with the underlying contract

For Genworth Life and Annuity Insurance Company,



By: _____
Vice President, Product Compliance

CERTIFICATION OF VARIABILITY

GA432E-0112, Income Payment Advance Endorsement January 24, 2012

We have bracketed certain information within the form to indicate variability. We certify that this form will never reflect a lesser benefit or amount than what your state mandates.

Officer Signature

A signature of the responsible officer at the time issue will appear.

None of the above mentioned items will be bracketed when the contract is issued. Any change in the text that is marked as variable will only be effective for future issues. We certify that our use of variability will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination.

For Genworth Life and Annuity Insurance Company,



Paul Loveland
Vice President, Product Compliance