Filing at a Glance

Company:	Genworth Life Insurance Company
Product Name:	PC Flex 8000
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	08/01/2012
SERFF Tr Num:	GEFA-128591400
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	PC FLEX 8000
Implementation Date Requested:	On Approval
Author(s):	Brenda Bond, Richard Cromwell, June Lipscomb, Jeanette Mai, Jim Lites, Camisha Jones
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	08/08/2012
Disposition Status:	Approved
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

General Information

Project Name: PC Flex 8000
Project Number: 8000
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Jim Lites

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 07/02/2012
Domicile Status Comments: Approved
Market Type: Individual
Individual Market Type:
Filing Status Changed: 08/08/2012
State Status Changed: 08/08/2012
Created By: Jim Lites
Corresponding Filing Tracking Number:

Filing Description:

Re: Genworth Life Insurance Company
FEIN # 91-6027719 NAIC # 70025
ACCIDENT AND HEALTH INSURANCE
Individual Long Term Care Insurance Policies 8000, et al. and 8001 et al. (See enclosed Attachment A)

We are submitting the individual long term care insurance forms cited in Attachment A to this letter for your review and approval. These forms are new to our portfolio and will not replace any previously filed or approved forms. The forms are being filed concurrently in Delaware, our state of domicile.

Form 8000 is a guaranteed renewable policy which is intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996. Premium rates for the policy and related endorsements and riders are gender based.

Form 8001 is also a guaranteed renewable policy which is intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996. The policy is identical to policy 8000 except that the premiums for the policy and related endorsements/riders are unisex based rather than gender based. Accordingly, all references to gender have been removed.

Coverage will be medically underwritten based on information provided in the application and from other sources, such as: paramedical exams; attending physician statements; copies of medical records and assessments of functional capacity.

The applicant will select the policy Coverage Maximum, Nursing Facility Maximum, Elimination Period and any optional Benefits at the time of application. Parameters for these category options are included in the Statement of Variability attached.

Benefit Provisions. The following core benefits will be included in each policy:
• Privileged Care Coordination Services
• Nursing Facility Benefit
• Assisted Living Facility Benefit
• Home and Community Care Benefit
• Bed Reservation Benefit
• Home Assistance Benefit
• Hospice Care Benefit
• Respite Care Benefit
• Alternate Care Benefit

• Waiver of Premium Benefit
• Contingent Nonforfeiture Benefit

The following optional riders and endorsements may be offered with the policy:

• 10 Year Refund of Premium on Death Benefit
• Graded Refund of Premium on Death
• Restoration Benefit
• Transition Benefit
• Nonforfeiture Benefit
• Shared Benefit
• Waiver of Home and Community Care Elimination Period
• International Nursing Facility
• International Coverage Benefit
• 10 Year Survivorship Benefit
• Enhanced Survivorship Benefit
• Future Purchase Option
• Guaranteed Purchase Option
• Simple Benefit Increase
• Compound Benefit Increase
• To Age 65 Premium Payment
• 10 Year Premium Payment

Variability of Forms. We have included a Statement of Variability which addresses the purpose of any bracketed fields found in the policy and related forms.

Additional Forms. A Personal Worksheet, Applications Part I and II, Coverage Selection page and Things You Should Know form are included for your review and approval. We are also including HIV Consent forms for your information.

Format. The forms will be computer generated and printed. The enclosed forms are 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.

Marketing Method. This product will be marketed through agent/producer assisted sales. Each applicant will receive an Outline of Coverage at time of application.

It is our intention to use Application form 36156 and Potential Rate Increase Disclosure form 81945 CNF in the solicitation of this product. These forms were previously approved by your Department on 1/7/2005 and 9/11/2008 respectively. We also intend to use Wellness Endorsement form, 7052 END-WE, previously approved by your Department on 11/22/2010

In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, this policy may be marketed as a qualified Partnership Policy under the Arkansas Long Term Care Partnership Program.

An Actuarial Memorandum and rates are included for your review, together with any required certifications and filing fees.

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

questions or comments.

Sincerely,

Jim Lites
Genworth Life Insurance Company
Product Development Analyst
James.Lites@genworth.com
501-952-7168

Attachment A

Form Number Description

8000 Policy (Gender Based)

Endorsements

8000 END-FPO Future Purchase Option
8000 END-GPO Guaranteed Purchase Option
8000 END-WHC Waiver of Home and Community Care Elimination Period
8000 END-INF International Nursing Facility
8000 END-IC International Coverage Benefit

Riders

8000 RDR-RP10 10 Year Refund of Premium on Death Benefit
8000 RDR-GRP Graded Refund of Premium on Death
8000 RDR-RB Restoration Benefit
8000 RDR-TB Transition Benefit
8000 RDR-NFO Nonforfeiture Benefit
8000 RDR-SB Shared Benefit
8000 RDR-SURV10 10 Year Survivorship Benefit
8000 RDR-ESURV Enhanced Survivorship Benefit
8000 RDR-SBI Simple Benefit Increase
8000 RDR-CBI Compound Benefit Increase
8000 RDR-LP65 To Age 65 Premium Payment
8000 RDR-LP10 10 Year Premium Payment

8000-OL Outline of Coverage

8001 Policy (Unisex)

Endorsements

8001 END-FPO Future Purchase Option

8001 END-GPO Guaranteed Purchase Option
8001 END-WHC Waiver of Home and Community Care Elimination Period
8001 END-INF International Nursing Facility
8001 END-IC International Coverage Benefit

Riders

8001 RDR-RP10 10 Year Refund of Premium on Death Benefit
8001 RDR-GRP Graded Refund of Premium on Death
8001 RDR-RB Restoration Benefit
8001 RDR-TB Transition Benefit
8001 RDR-NFO Nonforfeiture Benefit
8001 RDR-SB Shared Benefit
8001 RDR-SURV10 10 Year Survivorship Benefit
8001 RDR-ESURV Enhanced Survivorship Benefit
8001 RDR-SBI Simple Benefit Increase
8001 RDR-CBI Compound Benefit Increase
8001 RDR-LP65 To Age 65 Premium Payment
8001 RDR-LP10 10 Year Premium Payment

8001-OL Outline of Coverage

Additional Forms

130948 05/15/12 Application Part I
133363 05/15/12 Application Part II
131384 05/09/12 Coverage Selection
135362 05/24/12 Personal Worksheet
135363 01/01/13 Things You Should Know
135282 01/01/13 Application Overflow Form

Actuarial Memoranda and Rate Sheets
Statement of Variability

Company and Contact

Filing Contact Information

James Lites, Filing Analyst
401 Parkway Place Drive
Little Rock, AR 72211

james.lites@genworth.com
888-325-5433 [Phone] 7493 [Ext]
434-522-3470 [FAX]

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street
Richmond, VA 23230
(804) 281-6600 ext. [Phone]

CoCode: 70025
Group Code: 4011
Group Name:
FEIN Number: 91-6027719

State of Domicile: Delaware
Company Type: LifeHealth & Annuity
State ID Number:

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Filing Fees

Fee Required? Yes

Fee Amount: $2,300.00

Retaliatory? Yes

Fee Explanation: 44 Forms @ $50.00 = $2200.00
2 Rates @ $50.00 = $100.00
Total = $2300.00

Per Company: No

Company	Amount	Date Processed	Transaction #
Genworth Life Insurance Company	$2,300.00	08/01/2012	61357145

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/08/2012	08/08/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	08/08/2012	08/08/2012

Response Letters

Responded By	Created On	Date Submitted
Jim Lites	08/08/2012	08/08/2012

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Disposition

Disposition Date: 08/08/2012
Implementation Date:
Status: Approved
Comment: Thank you for your telephone call and explanations to the objections sent earlier today. I have reconsidered the objections based on your explanations, and I agree that the definition of convalescent nursing home, and thus rehabilitation facilities, applies only to Rule 18, as there is no statutory requirement to cover such expenses under long term care policies, which are governed by Rule 13.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Genworth Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	HIV Form for Information	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Supporting Document	Partnership Certification	Approved	Yes
Form	Individual Long Term Care Insurance Policy	Approved	Yes
Form	Individual Long Term Care Insurance Policy	Approved	Yes
Form	Future Purchase Option Endorsement	Approved	Yes
Form	Future Purchase Option Endorsement	Approved	Yes
Form	Guaranteed Purchase Option Endorsement	Approved	Yes
Form	Guaranteed Purchase Option Endorsement	Approved	Yes
Form	Waiver of Home and Community Care Elimination Period Endorsement	Approved	Yes
Form	Waiver of Home and Community Care Elimination Period Endorsement	Approved	Yes
Form	International Nursing Facility Endorsement	Approved	Yes
Form	International Nursing Facility Endorsement	Approved	Yes
Form	International Coverage Benefit Endorsement	Approved	Yes
Form	International Coverage Benefit Endorsement	Approved	Yes
Form	10 Year Refund of Premium on Death Benefit Rider	Approved	Yes
Form	10 Year Refund of Premium on Death Benefit Rider	Approved	Yes

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Graded Refund of Premium on Death Rider	Approved	Yes
Form	Graded Refund of Premium on Death Rider	Approved	Yes
Form	Restoration Benefit Rider	Approved	Yes
Form	Restoration Benefit Rider	Approved	Yes
Form	Transition Benefit Rider	Approved	Yes
Form	Transition Benefit Rider	Approved	Yes
Form	Nonforfeiture Benefit Rider	Approved	Yes
Form	Nonforfeiture Benefit Rider	Approved	Yes
Form	Shared Benefit Rider	Approved	Yes
Form	Shared Benefit Rider	Approved	Yes
Form	10 Year Survivorship Benefit Rider	Approved	Yes
Form	10 Year Survivorship Benefit Rider	Approved	Yes
Form	Enhanced Survivorship Benefit Rider	Approved	Yes
Form	Enhanced Survivorship Benefit Rider	Approved	Yes
Form	Simple Benefit Increase Rider	Approved	Yes
Form	Simple Benefit Increase Rider	Approved	Yes
Form	Compound Benefit Increase Rider	Approved	Yes
Form	Compound Benefit Increase Rider	Approved	Yes
Form	To Age 65 Premium Payment Rider	Approved	Yes
Form	To Age 65 Premium Payment Rider	Approved	Yes
Form	10 Year Premium Payment Rider	Approved	Yes
Form	10 Year Premium Payment Rider	Approved	Yes
Form	Outline of Coverage	Approved	Yes

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Outline of Coverage	Approved	Yes
Form	Application Part I	Approved	Yes
Form	Application Part II	Approved	Yes
Form	Coverage Selection	Approved	Yes
Form	Personal Worksheet	Approved	Yes
Form	Things You Should Know	Approved	Yes
Form	Application Overflow Form	Approved	Yes
Rate	Standard Premium Rates RS (Form 8000)	Approved	Yes
Rate	Standard Premium Rates RS (Form 8001)	Approved	Yes

State:	Arkansas	**Filing Company:**	Genworth Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	PC Flex 8000		
Project Name/Number:	PC Flex 8000/8000		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/08/2012
Submitted Date	08/08/2012
Respond By Date	09/10/2012

Dear James Lites,

Introduction:

Jim - Thank you for your complete and concise Filing Description and submission. Please address the following objections, and I will be happy to approve this filing immediately.

Objection 1

- Individual Long Term Care Insurance Policy, 8000 (Form)

- Individual Long Term Care Insurance Policy, 8001 (Form)

Comments: Rehabilitation facilities are included in the definition of "convalescent nursing homes" (which includes substantially similar terms), for the purposes of RR 18 Sec. 5C governing Accident and Health Insurance policies. Therefore, the Extension of Benefits provision on page 8 of the policy should be expanded to include a rehabilitation facility when a Chronically Ill Individual is confined in such facility.

(This objection is not meant to imply that acute care in a rehabilitation facility, such as that received as a result of an accident, for example, should be covered by your policy. The policy should, however, provide benefits for services received in a rehabilitation facility as if they were received in a convalescent nursing home if the insured is a Chronically Ill Individual as defined in the [policy/rider].)

You may want to consider adding a definition of "rehabilitation facility" to your policy.

Objection 2

- Individual Long Term Care Insurance Policy, 8000 (Form)

- Individual Long Term Care Insurance Policy, 8001 (Form)

- International Nursing Facility Endorsement, 8000 END-INF (Form)

- International Nursing Facility Endorsement, 8001 END-INF (Form)

- International Coverage Benefit Endorsement, 8000 END-IC (Form)

- International Coverage Benefit Endorsement, 8001 END-IC (Form)

Comments: The Excluded Places provision on pages 17 and 18 of the policy should not exclude a rehabilitation facility when the insured is confined and meets definition of a Chronically Ill Individual as defined in the policy. Please revise the provision to comply with this requirement.

Please make this change to the riders as well.

Objection 3

- Individual Long Term Care Insurance Policy, 8000 (Form)

- Individual Long Term Care Insurance Policy, 8001 (Form)

Comments: gf

Objection 4

- Outline of Coverage, 8000-OL (Form)

- Outline of Coverage, 8001-OL (Form)

State:	Arkansas	**Filing Company:**	Genworth Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	PC Flex 8000		
Project Name/Number:	PC Flex 8000/8000		

Comments: Please revise item (b),Institutional Benefits, of Section 9. BENEFITS PROVIDED BY THIS POLICY, on page 2 of the Outline to add "or benefits received in a rehabilitation facility while a Chronically Ill Individual, as defined by the Policy" or similar langage.

Objection 5

- Application Part I, 130948 05/15/12 (Form)

Comments: Please revise the fraud warning to more closely mirror 23-66-503.

ACA 23-66-503 Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State:	Arkansas	**Filing Company:**	Genworth Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	PC Flex 8000		
Project Name/Number:	PC Flex 8000/8000		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/08/2012
Submitted Date	08/08/2012

Dear Donna Lambert,

Introduction:

Thank you for your problem report of today's date. We would respond to your concerns as follows below:

Response 1

Comments:

AR RR18, Minimum Standards for Accident and Health Insurance, Section 5C states, Rehabilitative facilities are licensed as hospitals in Arkansas but shall be included in the definition of convalescent nursing homes for the purposes of this rule. Inasmuch as long term care policies are designed and priced to provide benefits for specific qualified long term care services, and would normally not provide services for hospital care, nor since such expenses are not covered would they apply to satisfaction of the Elimination Period. I agree, RR18 Section 5C clearly defines rehabilitative facilities as being licensed as hospitals, but expenses in such a facility are excluded under the benefits exceptions of the policy.

Only if a facility has multiple licenses, and specific, defined areas for certain levels of care, which might fall under the covered expenses of the policy, and the insured is a chronically ill individual, would the policy consider payment of such expenses, but for only the level of covered care provided, and in such case, the covered care would also be applied to the Elimination Period.

I cannot find a statutory requirement to cover such expenses under a long term care policy. This is a significant departure from generally accepted long term care insurance provisions, and we would appreciate your reconsideration of the objection.

Related Objection 1

Applies To:

- *Individual Long Term Care Insurance Policy, 8000 (Form)*
- *Individual Long Term Care Insurance Policy, 8001 (Form)*

Comments: Rehabilitation facilities are included in the definition of "convalescent nursing homes" (which includes substantially similar terms), for the purposes of RR 18 Sec. 5C governing Accident and Health Insurance policies. Therefore, the Extension of Benefits provision on page 8 of the policy should be expanded to include a rehabilitation facility when a Chronically Ill Individual is confined in such facility.

(This objection is not meant to imply that acute care in a rehabilitation facility, such as that received as a result of an accident, for example, should be covered by your policy. The policy should, however, provide benefits for services received in a rehabilitation facility as if they were received in a convalescent nursing home if the insured is a Chronically Ill Individual as defined in the [policy/rider].)

You may want to consider adding a definition of "rehabilitation facility" to your policy.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see our response to Objection 1 above.

Related Objection 2

Applies To:

- Individual Long Term Care Insurance Policy, 8000 (Form)
- Individual Long Term Care Insurance Policy, 8001 (Form)
- International Nursing Facility Endorsement, 8000 END-INF (Form)
- International Nursing Facility Endorsement, 8001 END-INF (Form)
- International Coverage Benefit Endorsement, 8000 END-IC (Form)
- International Coverage Benefit Endorsement, 8001 END-IC (Form)

Comments: The Excluded Places provision on pages 17 and 18 of the policy should not exclude a rehabilitation facility when the insured is confined and meets definition of a Chronically Ill Individual as defined in the policy. Please revise the provision to comply with this requirement.

Please make this change to the riders as well.

Changed Items:

No Supporting Documents changed.
No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Response 3

Comments:

As per our telephone conversatiot this date, due to a technical error on SERFF, there is no Objection 3 contained in this problem report.

Related Objection 3

Applies To:

- Individual Long Term Care Insurance Policy, 8000 (Form)
- Individual Long Term Care Insurance Policy, 8001 (Form)

Comments: gf

Changed Items:

No Supporting Documents changed.
No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see our response to Objection 1 above.

Related Objection 4

Applies To:

- Outline of Coverage, 8000-OL (Form)
- Outline of Coverage, 8001-OL (Form)

Comments: Please revise item (b),Institutional Benefits, of Section 9. BENEFITS PROVIDED BY THIS POLICY, on page 2 of the Outline to add "or benefits received in a rehabilitation facility while a Chronically Ill Individual, as defined by the Policy" or similar langage.

Changed Items:

No Supporting Documents changed.
No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Response 5

Comments:

ACA 23-66-503(a) states: Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission, shall contain the following statement or a substantially similar statement:

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

A review of the fraud warning contained on application form 130948 05/15/12 would appear to be substantially similar to the requirement of ACA 23-66-503(a), and we would appreciate your reconsideration of the objection.

Related Objection 5

Applies To:
- Application Part I, 130948 05/15/12 (Form)

Comments: Please revise the fraud warning to more closely mirror 23-66-503.

ACA 23-66-503 Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Changed Items:

No Supporting Documents changed.
No Form Schedule items changed.
No Rate/Rule Schedule items changed.

Conclusion:

We trust this additional information will allow you to continue your review and approval of the filing. Should you have any further concerns, please contact me.

Sincerely,
Jim Lites

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Form Schedule

Lead Form Number: 8000

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 08/08/2012	8000	POL	Individual Long Term Care Insurance Policy	Initial:	54.300	8000 Policy.pdf
2	Approved 08/08/2012	8001	POL	Individual Long Term Care Insurance Policy	Initial:	54.300	8001 Policy.pdf
3	Approved 08/08/2012	8000 END-FPO	POLA	Future Purchase Option Endorsement	Initial:	58.500	8000 END-FPO.pdf
4	Approved 08/08/2012	8001 END-FPO	POLA	Future Purchase Option Endorsement	Initial:	58.500	8001 END-FPO.pdf
5	Approved 08/08/2012	8000 END-GPO	POLA	Guaranteed Purchase Option Endorsement	Initial:	58.500	8000 END-GPO.pdf
6	Approved 08/08/2012	8001 END-GPO	POLA	Guaranteed Purchase Option Endorsement	Initial:	58.500	8001 END-GPO.pdf
7	Approved 08/08/2012	8000 END-WHC	POLA	Waiver of Home and Community Care Elimination Period Endorsement	Initial:	52.800	8000 END-WHC.pdf
8	Approved 08/08/2012	8001 END-WHC	POLA	Waiver of Home and Community Care Elimination Period Endorsement	Initial:	52.800	8001 END-WHC.pdf
9	Approved 08/08/2012	8000 END-INF	POLA	International Nursing Facility Endorsement	Initial:	50.500	8000 END-INF.pdf
10	Approved 08/08/2012	8001 END-INF	POLA	International Nursing Facility Endorsement	Initial:	50.500	8001 END-INF.pdf
11	Approved 08/08/2012	8000 END-IC	POLA	International Coverage Benefit Endorsement	Initial:	52.000	8000 END-IC.pdf

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Lead Form Number: 8000

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
12	Approved 08/08/2012	8001 END-IC	POLA	International Coverage Benefit Endorsement	Initial:	52.000	8001 END-IC.pdf
13	Approved 08/08/2012	8000 RDR-RP10	POLA	10 Year Refund of Premium on Death Benefit Rider	Initial:	59.100	8000 RDR-RP10.pdf
14	Approved 08/08/2012	8001 RDR-RP10	POLA	10 Year Refund of Premium on Death Benefit Rider	Initial:	59.100	8001 RDR-RP10.pdf
15	Approved 08/08/2012	8000 RDR-GRP	POLA	Graded Refund of Premium on Death Rider	Initial:	58.500	8000 RDR-GRP.pdf
16	Approved 08/08/2012	8001 RDR-GRP	POLA	Graded Refund of Premium on Death Rider	Initial:	58.500	8001 RDR-GRP.pdf
17	Approved 08/08/2012	8000 RDR-RB	POLA	Restoration Benefit Rider	Initial:	55.500	8000 RDR-RB.pdf
18	Approved 08/08/2012	8001 RDR-RB	POLA	Restoration Benefit Rider	Initial:	55.500	8001 RDR-RB.pdf
19	Approved 08/08/2012	8000 RDR-TB	POLA	Transition Benefit Rider	Initial:	58.400	8000 RDR-TB.pdf
20	Approved 08/08/2012	8001 RDR-TB	POLA	Transition Benefit Rider	Initial:	58.400	8001 RDR-TB.pdf
21	Approved 08/08/2012	8000 RDR-NFO	POLA	Nonforfeiture Benefit Rider	Initial:	55.500	8000 RDR-NFO.pdf
22	Approved 08/08/2012	8001 RDR-NFO	POLA	Nonforfeiture Benefit Rider	Initial:	55.500	8001 RDR-NFO.pdf
23	Approved 08/08/2012	8000 RDR-SB	POLA	Shared Benefit Rider	Initial:	58.300	8000 RDR-SB.pdf

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Lead Form Number: 8000

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
24	Approved 08/08/2012	8001 RDR-SB	POLA	Shared Benefit Rider	Initial:	58.300	8001 RDR-SB.pdf
25	Approved 08/08/2012	8000 RDR-SURV10	POLA	10 Year Survivorship Benefit Rider	Initial:	56.600	8000 RDR-SURV10.pdf
26	Approved 08/08/2012	8001 RDR-SURV10	POLA	10 Year Survivorship Benefit Rider	Initial:	56.600	8001 RDR-SURV10.pdf
27	Approved 08/08/2012	8000 RDR-ESURV	POLA	Enhanced Survivorship Benefit Rider	Initial:	58.700	8000 RDR-ESURV.pdf
28	Approved 08/08/2012	8001 RDR-ESURV	POLA	Enhanced Survivorship Benefit Rider	Initial:	58.700	8001 RDR-ESURV.pdf
29	Approved 08/08/2012	8000 RDR-SBI	POLA	Simple Benefit Increase Rider	Initial:	59.100	8000 RDR-SBI.pdf
30	Approved 08/08/2012	8001 RDR-SBI	POLA	Simple Benefit Increase Rider	Initial:	59.100	8001 RDR-SBI.pdf
31	Approved 08/08/2012	8000 RDR-CBI	POLA	Compound Benefit Increase Rider	Initial:	60.800	8000 RDR-CBI.pdf
32	Approved 08/08/2012	8001 RDR-CBI	POLA	Compound Benefit Increase Rider	Initial:	60.800	8001 RDR-CBI.pdf
33	Approved 08/08/2012	8000 RDR-LP65	POLA	To Age 65 Premium Payment Rider	Initial:	54.500	8000 RDR-LP65.pdf
34	Approved 08/08/2012	8001 RDR-LP65	POLA	To Age 65 Premium Payment Rider	Initial:	54.500	8001 RDR-LP65.pdf
35	Approved 08/08/2012	8000 RDR-LP10	POLA	10 Year Premium Payment Rider	Initial:	59.500	8000 RDR-LP10.pdf

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Lead Form Number: 8000

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
36	Approved 08/08/2012	8001 RDR-LP10	POLA	10 Year Premium Payment Rider	Initial:	59.500	8001 RDR-LP10.pdf
37	Approved 08/08/2012	8000-OL	OUT	Outline of Coverage	Initial:	54.000	8000 OL.pdf
38	Approved 08/08/2012	8001-OL	OUT	Outline of Coverage	Initial:	54.000	8001 OL.pdf
39	Approved 08/08/2012	130948 05/15/12	AEF	Application Part I	Initial:	55.900	130948_051512_nonsecure.pdf
40	Approved 08/08/2012	133363 05/15/12	AEF	Application Part II	Initial:	55.900	133363_051512_nonsecure.pdf
41	Approved 08/07/2012	131384 05/09/12	OTH	Coverage Selection	Initial:	0.000	131384_050912_nonsecure.pdf
42	Approved 08/07/2012	135362 05/24/12	OTH	Personal Worksheet	Initial:	0.000	135362_052412_nonsecure.pdf
43	Approved 08/07/2012	135363 01/01/13	OTH	Things You Should Know	Initial:	0.000	135363_010113_nonsecure.pdf
44	Approved 08/08/2012	135282 01/01/13	OTH	Application Overflow Form	Initial:	0.000	135282_010113.pdf

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)

State: Arkansas
Filing Company: Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

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

GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433

INDIVIDUAL LONG TERM CARE INSURANCE POLICY

DECLARATIONS

This is a long term care insurance policy that covers nursing home care, assisted living care, home health care and adult day care. It is non-participating and does not pay dividends.

We are pleased to issue the Policy to You (the Insured named in the Schedule). Keep it in a safe place as it is a legal contract between You and Us.

CAUTION: The issuance of this Policy is based, in part, upon Your responses to the questions on Your Application. A copy of Your Application is attached to this Policy. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Policy subject to the Misstatements/ Incontestability provision of the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the address or telephone number shown above.

NOTICE TO BUYER: The Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare. We will provide You with a copy of the Guide upon request.

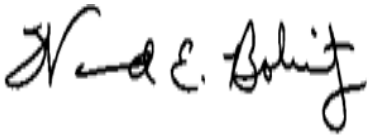
THE POLICY IS GUARANTEED RENEWABLE. This means that You have the right, subject to the terms of the Policy, to continue the Policy in force until Benefits have been exhausted by paying the required Premium when due. We cannot cancel or refuse to continue the Policy, except as provided for under the Misstatements and Incontestability provision. We can change Your Premium as provided below. We cannot change any other terms of the Policy without Your consent unless the change is required by law.

WE HAVE A LIMITED RIGHT TO CHANGE PREMIUM. We have the right to change Premium becoming due in the future. We can change Premium on a class basis but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days' written notice before We change Premium.

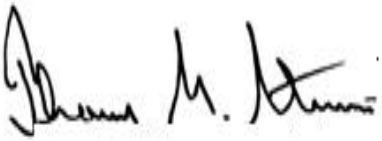
FREE LOOK – 30 DAY RIGHT TO EXAMINE YOUR POLICY: You have 30 days from the day You receive the Policy to examine and return it to Us. You can return it for any reason. Simply return it to the address shown above, or to the agent, producer or office through which it was bought. We will refund the full amount paid for the Policy within 30 days of such a return. The Policy will then be void from the start; and You will not be insured under the Policy or entitled to any Benefits.

The 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.

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

TABLE OF CONTENTS

These are the major sections of the Policy in the order in which they appear.

Section	Contents of Section	Page
Declarations	This is the first page of Your Policy and includes notices and other important information.	1
Table of Contents	This lists the major sections in the Policy.	2
Schedule	This shows Benefits, services and limitations of the Policy as of the Policy Effective Date. It includes Premium information.	3
Modal Premium Disclosure	This describes the additional charges associated with paying Premium more frequently than once per year.	4
General Definitions	This provides the definitions of words used in the Policy, or in the Schedule, that have special meaning when applied to the Policy. Additional terms not defined in this section are defined or explained in the Policy provisions in which they are most commonly used.	5
Period of Coverage	This describes how Coverage takes effect and is continued until Coverage ends.	8
Premium and Renewal	This states: how and when to pay Premium; the importance of paying Premium on time; what happens if Premium is not paid on time; and how We may change Premium.	9
General Provisions	This tells You: the documents which state all contractual agreements; the importance of completing all applicable Application(s) truthfully; and other rights, obligations and features.	12
Benefit Provisions	This describes: how You become eligible for Coverage; the conditions under which We pay for Covered Expenses incurred; and how to determine how much and how long Coverage will be payable. The Benefit Provisions may be supplemented by attached riders or endorsements.	14
Claims Provisions	This tells You: when to notify Us of a Claim; how to start a Claim; what to send Us; how We pay Claims; and other related rights and responsibilities.	26
Exclusions and Limitations	This states the conditions under which Coverage will be limited, or not available at all, even if You would otherwise qualify for Benefits.	31
Attachments	Any applicable endorsements, riders and notices. A copy of all applicable Applications made for the Policy.	

SCHEDULE

Insured	**Policy Number**	**Policy Effective Date**
[John Q. Doe]	[XXXXXXX]	[10/01/2012]
[Apt #1234]		
[1234 Main Street]	**Issue State**	**Gender**
[Anytown, USA 99999]	[Any State]	[Male, Female]

COVERAGE FEATURES AND LIMITS

Coverage is provided for Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of the Policy. Changes in Your Schedule may be made by Rider.

Elimination Period [90 days of Covered Care]
[The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.]

OR

Elimination Period [XX calendar days]
[The Elimination Period is satisfied by days You are Chronically Ill beginning with the first day You incur a Covered Expense.]

Coverage Maximum	**Nursing Facility Maximum**	**Benefit Increases**
[$XXX,XXX]	[$X,XXX per calendar month]	[5% Compound]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
- reduced on a dollar-for-dollar basis as payments are made for Covered Expenses; and
- are exhausted when they are reduced to zero.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
- first reduced on a dollar-for-dollar basis as payments are made for Covered Expenses; then
- if not exhausted, increased when Benefit Increases apply; and
- are exhausted when they are reduced to zero.]

SCHEDULE
(Continued)

Benefits and Services Provided	We Pay Covered Expenses Up to these Limits (except where otherwise noted)
Privileged Care Coordination Services	Not subject to coverage limits
Nursing Facility Benefit	Nursing Facility Maximum per **[**day**][**calendar month**]**
Assisted Living Facility Benefit	**[**XXX% of the**]** Nursing Facility Maximum per **[**day**][**calendar month**]**
Bed Reservation Benefit	60 days per calendar year
Home and Community Care Benefit	**[**XXX% of the**]** Nursing Facility Maximum per **[**day**] [**calendar month**]]**
Home Assistance Benefit (Equipment, modifications & training)	A Policy total payment maximum equal to **[**X times the Nursing Facility Maximum**]**
Hospice Care Benefit	Included
Respite Care Benefit	30 days per calendar year
Alternate Care Benefit	Payment subject to Mutual Agreement
International Benefit	See Endorsement listed below
Contingent Nonforfeiture Benefit	Included
Waiver of Premium Benefit	Included

The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.
[This also applies when Your Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under the terms of his or her Policy.**]**

The following Riders and Endorsements are attached to, and made part of, the Policy.

International **[**Coverage**] [**Nursing Facility**]** Benefit	Included
[Nonforfeiture Benefit	Included**]**
[Shared Benefit	Included **[**with**] [**without**]** Joint Waiver
[10 Year Survivorship Benefit	Included**]**
[Enhanced Survivorship Benefit	Qualification Period: **[**XX**]** years**]**
[10 Year Refund of Premium on Death Benefit	Included**]**
[Graded Refund of Premium on Death Benefit	Included**]**
[Transition Benefit	A Policy total payment maximum equal to **[**5 times**][**20% of**]** the Nursing Facility Maximum**]**
[Restoration Benefit	Included**]**
[[5%, 4%, 3%] Compound Benefit Increase	Included**]**
[5% Simple Benefit Increase	Included**]**
[Future Purchase Option	Included**]**
[Guaranteed Purchase Option	Included**]**
[Waiver of Home and Community Care Elimination Period	Included**]**
[10 Year Premium Payment	Included**]**
[To Age 65 Premium Payment	Included**]**
[Wellness	Included**]**

The maximum total amount payable for all Covered Expenses incurred **[**on a day**] [**in a calendar month**]** is limited to the Nursing Facility Maximum. This limit does not apply to the Home Assistance Benefit and Alternate Care Benefit.

SCHEDULE
(Continued)

PREMIUM DATA

	Annual Premium
Basic Policy Coverage	[$XXX.XX]
[Nonforfeiture Benefit Rider	$XXX.XX]
[Shared Benefit Rider	$XXX.XX
Spouse or Partner for Shared Benefit: Mary Jane Doe]	
[10 Year Survivorship Benefit Rider	[$XX.XX]
Spouse or Partner for 10 Year Survivorship Benefit: Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider	[$XX.XX]
Spouse or Partner for Enhanced Survivorship Benefit Mary Jane Doe]	
[10 Year Refund of Premium on Death Benefit Rider	$XX.XX]
[Graded Refund of Premium on Death Benefit Rider	$XX.XX]
[Transition Benefit Rider	$XX.XX]
[Restoration Benefit Rider	$XX.XX]
[[5%, 4%, 3%] Compound Benefit Increase Rider	[$XX.XX]
[5% Simple Benefit Increase Rider	[$XX.XX]
[Future Purchase Option Endorsement	[$XX.XX]
[Guaranteed Purchase Option Endorsement	[$XX.XX]
[Waiver of Home and Community Care Elimination Period Endorsement	[$XX.XX]

Total First Year Annual Premium [- Lifetime Premium Payment Mode] .....[$XXX.XX]
[[10 Year][To Age 65] Premium Payment Factor……XXX]
[Total First Year Premium - [10 Year][To Age 65]Premium Payment Mode……$XXX.XX]

First Premium	Premium Payment Mode	Modal Premium
[$XXX.XX]	[Quarterly]	[$XXX.XX]

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable Modal Premium Factor:

Annual – 1.00; Semi-Annual - .51; Quarterly - .26; Monthly - .09

The following table shows the Modal Premium and total yearly cost for the available Premium Payment Modes for the Annual Premium that applies on the Policy Effective Date. These costs will change if there is a change in Your Premium. See the Modal Premium Disclosure for additional information.

Total First-Year Premium Payment Options (including all optional Coverage)

	Annual	Semi-Annual	Quarterly	Monthly
Modal Premium:	$[XXXX.XX]	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]
Total Yearly Cost for First Year Premium:	$[XXXX.XX]	$[XXXX.XX]	$[XXXX.XX]	$[XXXX.XX]

Premium Payment Period: [Lifetime]
[10 Years – See attached 10 Year Premium Payment Rider]
[To Age 65 – See attached To Age 65 Premium Payment Rider]

Rating: [Preferred Best, Preferred, Select, Standard, Male, Female]

[This Schedule reflects changes as of the Print Date: 02/20/2011
Attach it to Your Policy along with prior Schedule pages.]

MODAL PREMIUM DISCLOSURE

Premium Payment Options

You pay for Your Policy by paying the Premium due in a timely manner. You may have the right to choose one of the following **Premium Payment Modes**:

- Annual, in one payment, that provides Coverage for twelve (12) Coverage Months;
- Semi-Annual, in two payments, that provides Coverage for six (6) Coverage Months for each payment made;
- Quarterly, in four payments, that provides Coverage for three (3) Coverage Months for each payment made; or
- Monthly, in twelve payments, that provides Coverage for one (1) Coverage Month for each payment made.

Each individual payment is a "**Modal Premium Payment.**"

If You select a Premium Payment Mode other than Annual, You will pay additional charges for selecting that Premium Payment Mode (the "Additional Payment Charges"). As an example, the following chart compares the total Premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the year based on a policy with a $1,000 Annual Premium.

Hypothetical Example:
Yearly Cost Comparison of
Additional Payment Charges for Alternate Modal Premium Payments

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year (Including Additional Payment Charges)	Total of Modal Premium Payments During the Year (Including Additional Payment Charges)	Total Additional Payment Charge During the Year (In Dollars)
Annual	1	$1,000	$1,000	$0
Semi-Annual	2	$510	$1,020	$20
Quarterly	4	$260	$1,040	$40
Monthly	12	$90	$1,080	$80

*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g., electronic funds transfer).

Note: Each Modal Premium Payment is a payment, in advance, for insurance Coverage. Coverage continues until the next Premium Due Date.

Calculation Of Modal Premium

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal Premium factor:

- Annual - 1.00;
- Semiannual - .51;
- Quarterly - .26;
- Monthly - .09.

As the above chart illustrates, if Your Premium Payment Mode is other than Annual, Your total Premium paid during a year will be more than if You made a single payment using the Annual Premium Payment Mode.

GENERAL DEFINITIONS

This section provides the definitions of words used in the Policy that have a special meaning when applied to the Policy. Additional definitions or explanations may also appear in the Policy, including the Schedule, where they can assist You in understanding related text. For example, most Benefits provided for under the Policy have definitions for covered care, services and/or providers. To help You recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

Application means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by You when You apply for Coverage.

Benefit means each of the benefits identified in the Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of the Policy.

Claim means a request by You for payment of Benefits under the Policy.

Confinement or **Confined** means You are present as a resident inpatient in a facility, other than Your Home, during a period in which You incur Covered Expenses.

Coverage means the Benefits available under the Policy.

Coverage Maximum means the maximum amount of Benefits We will pay for Your Coverage under the Policy, as determined in the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Coverage Month means the monthly period that begins and ends on the same day of the month as the Policy Effective Date or, when applicable, the day of the month which precedes such date.

Covered Care means those Qualified Long Term Care Services for which Benefits are payable or would be payable in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

Elimination Period means the length of time, as stated in the Schedule, before You are entitled to Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which You receive Covered Care. Each Benefit states the extent to which Coverage is subject to the Elimination Period.

Days used to satisfy the Elimination Period do not need to be consecutive and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Covered Care You receive and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication provision may be used to satisfy the Elimination Period.

Home means the place where You live or stay. This could be a: house; condominium; apartment; unit in a congregate care community; or similar residential environment. Your Home does NOT include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Immediate Family means Your Spouse or Partner or anyone who is related to You or Your Spouse or Partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

Licensed Health Care Practitioner means any of the following:
- a Physician (as defined in Section 1861(r)(1) of the Social Security Act, as amended);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Medicaid means any State medical assistance program under Title XIX of the Social Security Act, as amended.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Nurse means someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is practicing within the scope of that license.

Nursing Facility Maximum means the maximum amount We will pay when You are Confined in a Nursing Facility, as stated in the Schedule. This may be a daily maximum or a monthly maximum, as stated in the Schedule. This amount is also used to determine other Benefit maximums.

Physician has the same meaning as that set forth in Section 1861(r)(1) of the Social Security Act, as amended; and means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.

Policy means the policy as issued to You, including all Applications, and any Riders, Endorsements, amendments, or attachments.

Policy Effective Date means the date the Policy begins. It is shown in the Schedule.

Policy Issue State means the Issue State identified in the Schedule.

Premium means the premium identified in the Schedule under Premium Data. Premium may change in accordance with the terms of the Policy.

Premium Due Date means the end of the period for which a Modal Premium Payment provides Coverage and the date on which Premium is due to be paid to Us.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- are required by a Chronically Ill Individual; and
- are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Note: To be eligible for Coverage it is not sufficient for the care and services to only be Qualified Long Term Care Services. In addition, such care and services must also meet the definition of Covered Care.

Representative means a person or entity legally empowered to represent You.

Schedule means the section of the Policy that states the Policy features and limits as of the original Policy Effective Date and as may change over time. Changes in Your Schedule may be made by Rider.

Spouse or Partner means the person:

- to whom You are joined by marriage; or
- to whom You are joined by a relationship legally recognized under State law as entitled to the same rights and benefits of married persons; or
- with whom You live in a committed domestic relationship. You and such person cannot be joined to anyone else by: (a) marriage; or (b) a domestic relationship legally recognized under State law.

Spouse or Partner excludes:

- anyone who is related to You as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relative.

You may only have one Spouse or Partner for purposes of the Policy.

State, unless otherwise indicated, refers to the District of Columbia, any territory or possession of the United States, or any one of the 50 states within the United States.

Unearned Premium equals A multiplied by [B divided by C] (Ax[B/C]), where:
A = The total Premium paid during the Coverage Period.
B = The number of days remaining in the Coverage Period after Coverage has ended.
C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. Once the Policy has become paid-up, there is no Unearned Premium.

As used above, **Coverage Period** is the period that begins on the most recent Premium Due Date and ends on the next Premium Due Date.

United States includes all fifty (50) States, the District of Columbia and any territory or possession recognized by the United States as a territory or possession of the United States.

We, Us, Our or the **Company** means Genworth Life Insurance Company.

You, **Your** or **Yourself** means the person named as the Insured in the Schedule.

PERIOD OF COVERAGE

Policy Taking Effect And Consideration

The Policy is issued in consideration of Your Application(s) and payment of the required Premium. The Policy will become effective on the Policy Effective Date shown in Your Schedule, subject to the timely payment of the First Premium. The Policy may be continued in force by the timely payment of Premium until it ends in accordance with the terms and conditions described in this Policy.

Your Right To Cancel The Policy At Any Time

You may cancel the Policy at any time by sending written notice to Us at Our Administrative Office. The effective date of Your cancellation will be the later of:

- the cancellation date requested by You; or
- the date We receive Your written request.

Cancellation will not affect any Claim for Covered Expenses incurred before the effective date of the cancellation.

When The Policy Ends

The Policy ends (terminates) on the first to occur of:

- the date of Your death;
- the date the Policy is cancelled by You, as stated in the above provision entitled Your Right To Cancel The Policy At Any Time;
- the date the Coverage Maximum is exhausted;
- the date on which Premium is due, if the Premium is not received by Us by the end of the Grace Period; or
- the Policy Effective Date if the Policy is rescinded in accordance with the Misstatements and Incontestability provision of the Policy.

Except as provided in the Extension of Benefits provision below, the Policy will not pay for Covered Expenses incurred after the Policy ends.

If the Policy ends, We will promptly refund any Unearned Premium, if applicable, to You (or in the event of Your death, to Your beneficiary or estate).

Extension Of Benefits

If the Policy ends due to failure to pay Premium while You are Confined in a Nursing Facility, an Assisted Living Facility, or a Hospice Care Facility, We will pay Benefits for Covered Expenses in the same manner as if the Policy had not ended.

This Extension of Benefits stops and all extended Coverage ends on the earliest of:

- the date when You no longer meet the requirements of the Conditions For Receiving Benefits provision (see the first page of the Benefit Provisions);
- the date You are no longer Confined in a Nursing Facility, an Assisted Living Facility or a Hospice Care Facility; or
- the date the Coverage Maximum is exhausted.

PREMIUM AND RENEWAL

Paying Premium

Each Premium paid continues the Policy in force until the next Premium Due Date, except as stated in the Grace Period provision. Premium is subject to change as described in the Premium Rate Changes provision below.

Premium is payable to Us. The First Premium is due on the Policy Effective Date. Each subsequent Premium is due on the next Premium Due Date. Your Schedule shows the initial Premium Payment Mode that applies to the Policy. Premium Payment Modes available under the Policy are determined by mutual agreement between You and Us.

Notifying Us Of Changes

You are responsible for notifying Us if Your method of Premium payment changes. You must notify Us within 30 days of the effective date of the change. If payments are being made through electronic funds transfer or other automatic payment methods, and the payment cannot be accomplished for any reason, We will bill You directly.

Premium Rate Changes

As stated on the first page of the Policy, **We have the right to change Premium becoming due in the future.** We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same state as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days' written notice before We change Premium.

Your Options If Premium Rates Increase

If Your Premium increases as a result of Our right to change Premium, You will have the option of:

- maintaining Your current Coverage at an increased Premium;
- electing a decrease in Coverage to an available Coverage amount; or
- canceling or lapsing the Policy (subject to any rights You may have under a Contingent Nonforfeiture Benefit).

Refund Of Unearned Premium

Refunds Due to Your Death: In the event of Your death, We will refund Unearned Premium. The refund will be made within 30 days' of Our receipt of written notice and proof of Your death. It will be paid to Your beneficiary or estate.

All Other Refunds: Except as provided in the When the Policy Ends provision, all other Unearned Premium will be applied as a reduction in future Premium due.

Grace Period

The Grace Period is the period of time specified below during which any unpaid Premium payment, after the First Premium, must be paid in order to keep this Policy from ending. This Policy will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in termination of this Policy as of the Premium Due Date.

The Grace Period will begin on the Premium Due Date when the Premium payment has not been received by Us. After a period ending 31 days following the Premium Due Date, We will send a written notice of termination for non-payment of Premium to You and to any person You have designated to be notified in case of lapse, at the address(es) You have provided. This notice will explain that a Premium payment has been missed; and will show the Premium amount that You must pay no later than the end of the Grace Period so that this Policy does not end. This notice will provide an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

Protection Against Unintentional Lapse

You have the right to designate at least one person, in addition to Yourself, to receive notice of termination for non-payment of Premium. You may change this designation at any time. To do so, You must send written notice to Us at Our Administrative Office. Every two (2) years, We will remind You in writing of Your right to designate one person to receive notice of termination for non-payment of Premium.

Reinstatement

If the Policy ends for non-payment of Premium, You may apply to reinstate the Policy. To apply for reinstatement You must submit an Application and pay all Premium due as of the date the Policy ended through the date of Reinstatement. The completed Application must be received by Us at Our Administrative Office within one year after the end of the Grace Period. The Policy may only be reinstated as provided below.

The Policy will be reinstated upon either:

- Our written approval of the Application; or
- the 45th day after the date We receive Your Application and all past due Premium, if We have not given You prior written notice of Our disapproval of the Application.

If the Policy is reinstated in accordance with this Reinstatement provision, We will only pay Benefits relating to Covered Expenses incurred after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the Policy upon reinstatement.

Continuation For Lapse Due To Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment

We will provide a retroactive continuation of Coverage if:

- the Policy ends due to non-payment of Premium (lapse); and
- within seven (7) months after the Policy ends We are given proof that You were Chronically Ill and met the Eligibility For The Payment of Benefits requirements of the Policy, beginning on or before the end of the Grace Period.

We must receive written notice from You that the Policy should be continued under this Continuation For Lapse Due to Alzheimer’s Disease And Other Forms of Cognitive Or Functional Impairment provision.

Upon receipt of written notice from You, You will be required to provide Us with:

- proof that You met the Eligibility For The Payment of Benefits requirements of the Policy; and
- all Premium due as of the date the Policy ended through the date of Reinstatement;

within that seven-month period. The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically Ill. In addition, We will require a Current Eligibility Certification. Any Covered Expenses incurred during this continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Unpaid Premium

When Benefits for Covered Expenses are payable under the Policy, any Premium due and unpaid will be deducted from the amount We pay.

Right To Reduce Coverage And Lower Premium

You have the right to reduce Your future Premium at any time by requesting:

- the deletion of a feature or option for which an additional Premium is charged, other than Waiver of Home and Community Care Elimination Period, or a Guaranteed or Future Purchase Option, if applicable; or
- a decrease in Your Coverage to available Coverage amounts.

To reduce Your future Premium in this manner, You must provide us with a signed written request in a form acceptable to Us. You will not be required to provide proof of insurability.

Reducing Your Nursing Facility Maximum may result in a proportional decrease in: (a) the Coverage Maximum; and (b) other payment limits that are based on the Nursing Facility Maximum.

Reducing Your Coverage Maximum alone will not change Your Nursing Facility Maximum and related payment limits; but will reduce the period during which the full Nursing Facility Maximum can be paid for Covered Expenses.

Where Benefit Increases apply, as stated in the Schedule, You have the right to Change or terminate Your Benefit Increases, other than Guaranteed or Future Purchase Options, as follows:

- You may reduce Your Coverage to an available Benefit Increase that results in a reduced or less frequent annual increase in Your Nursing Facility Maximum; or
- You may reduce Premium by terminating Your Benefit Increases.

If You choose to reduce or terminate Benefit Increases, Your Premium, and the Maximums and payment limits listed below, will be adjusted to the Premium and payments limits that would have been in effect as if the change had been made as of Your original Policy Effective Date:

- the Nursing Facility Maximum;
- the Coverage Maximum; and
- other payment limits that are based on the Nursing Facility Maximum.

The Premium reduction associated with any reduction in Coverage will be based on the Premium applicable to the Coverage being reduced. You will not be entitled to a refund for any Premium paid prior to the effective date of the reduction in Coverage, as outlined below. Any change in Coverage or Premium under this Right to Reduce Coverage and Lower Premium provision will become effective on the Premium Due Date following Our receipt of Your written request.

We will send You written notice of:

- the reduction in Coverage;
- the effective date of the reduction; and
- the amount of Premium due as of the Premium Due Date following Our receipt of Your written request.

Once Coverage is reduced, it may not be increased.

GENERAL PROVISIONS

Entire Contract; Changes

The entire contract between You and Us is as stated in the Policy. No change in the Policy will be valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, the Policy. No agent has the authority to change the Policy or waive any of its provisions.

Payment of Premium following:

- a change to the Policy requested by You; or
- a change in Premium as provided in the Premium Rate Changes provision;

shall constitute acceptance by You of any such change.

Misstatements and Incontestability

In issuing the Policy, We have relied upon the information presented by You in Your Application. Any incorrect or omitted material information in Your Application for the Policy, or an increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied.

Time Limit on Certain Defenses: For any portion of Your Coverage that has been in effect for less than six (6) months, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that was material to Our acceptance of the Application. Failure to disclose material information is considered a misrepresentation.

For any portion of Your Coverage that has been in force for at least six (6) months but less than two (2) years, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that was both material to the acceptance of the Application and pertains to the conditions for which Benefits are sought.

Any portion of Your Coverage that has been in force for at least two (2) years will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

Any Benefits We pay will not be recovered by Us in the event the Policy or a portion of Your Coverage is rescinded.

Misstatement Of Age And Gender

If Your age or gender was misstated in Your Application, We will pay the Benefits that the Premium paid would have purchased at Your true age and gender. If based on Your true age and gender, the Policy would not have become effective, We will rescind the Policy and refund all Premium paid for the Policy without interest.

Time Periods

All time periods start and end at 12:01 a.m. based on Your residence address.

Non-Participating; Dividends Not Payable

The Policy does not participate in Our profits or surplus earnings, has no cash value, and will not earn dividends at any time.

Conformity With Internal Revenue Code

If on its effective date the Policy does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, it will be treated as if it had been changed to comply with those requirements. We will inform You in writing of any required change in the provisions of the Policy.

Governing Jurisdiction

The Policy is governed by the laws of the Policy Issue State.

Currency

All payments by or to Us must be made in lawful currency of the United States of America. Any foreign exchange rate will be determined by Us based on:

- the date on which the Claim for payment for Covered Expenses is received by Us; and
- the exchange rate for that date, as reported by a licensed bank or other financial institution designated by Us.

No Cash Values, Borrowing, Or Use As Collateral

The Policy does not provide for a cash surrender value or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

Communications Through Electronic Means Or Other Technologies

We reserve the right to designate the form and means of all communications, notices or proofs required by the Policy. If We agree, You may contact Us about the Policy using electronic means or other technologies. If You agree, We may contact You regarding the Policy using electronic means or other technologies. Except where prohibited by state or federal law, electronic communications have the same legal effect, validity and enforceability as other forms of communication.

BENEFIT PROVISIONS

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility For The Payment Of Benefits

For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is necessary due to Your continually being Chronically Ill. The proof can be based on information from care providers, personal Physicians, other Licensed Health Care Practitioners and other sources.

Conditions For Receiving Benefits

Benefits will be paid as reimbursement for expenses paid on Your behalf only if all of the following conditions have been satisfied:

- You must meet the above Eligibility For The Payment of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with, and received pursuant to, Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Except as stated in the Extension of Benefits provision, the Policy must not have ended on or before the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the Coverage provided for the Benefits being claimed.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.
- Your Policy must not have ended.

Definitions

Activities Of Daily Living (ADLs) mean 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.

Chronically Ill or **Chronically Ill Individual** refer to a person who has been certified by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Current Eligibility Certification is a written certification by a Licensed Health Care Practitioner who is not a member of Your Immediate Family certifying that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Plan of Care is a written, individualized plan for care and support services specific to You that:

- has been developed as a result of an assessment of You and incorporates any information provided by Your personal Physician; and
- has been prescribed by a Licensed Health Care Practitioner who is not a member of Your Immediate Family; and
- fairly, accurately and appropriately addresses Your long term care and support service needs; and
- specifies: the type, frequency and duration of all services required to meet those needs; and the types of providers to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner and Your Physician. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long-term memory; orientation as to people, places, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either Hands-on Assistance or Standby Assistance where:

- **Hands-on Assistance** means the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform an Activity of Daily Living; or
- **Standby Assistance** means the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing an Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect a person who has a Severe Cognitive Impairment from threats to his or her health or safety (such as may result from wandering).

PRIVILEGED CARE® COORDINATION SERVICES

Privileged Care Coordination Services

These services are available when You meet the Eligibility for Payment of Benefits and require Covered Care.

These services are intended to help You identify Your care needs and community resources available to deliver care when You are Chronically Ill. Privileged Care Coordination Services are furnished by a Privileged Care Coordination Team provided by Us at no additional cost to You. We will pay for these services when You receive them while the Policy is in effect.

To receive these services You or Your Representative should contact Us at Our Administrative Office.

About The Privileged Care Coordination Services

These services will provide You with access to a team of qualified individuals who will review Your specific situation and provide the following services:

- Conduct assessments of Your functional and cognitive capabilities and personal needs for care and services on an ongoing basis.
- Work with You to identify the specific care, services and providers required to meet Your needs.
- Develop and suggest initial and subsequent Plans of Care to assist You in meeting Your needs.
- Provide the initial and ongoing Current Eligibility Certifications.
- Assist You in completing initial Claims forms, if requested.
- Monitor Your care needs on an ongoing basis to help You receive appropriate care while You are Chronically Ill.

The **Privileged Care Coordination Team** includes a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill Individual.

Privileged Care Coordination Services Are Voluntary

You are not required to use these Privileged Care Coordination Services. You may, at Your own expense, use any other Licensed Health Care Practitioner to provide a Plan of Care, Current Eligibility Certification, or assistance in coordinating services.

Benefits Paid Will Not Reduce Any Payment Limits

These payments will be at Our expense and will not reduce the Coverage available under the Policy.

Payment Limitations

Payment for these services is NOT subject to: any Elimination Period requirement; the Coverage Maximum; or any other Coverage limits. Use of these services cannot be used to satisfy any Elimination Period requirement and does not qualify You for any Waiver of Premium Benefit.

NURSING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in a Nursing Facility, as described below.

Covered Expenses

Covered Expenses for Nursing Facility care means expenses You incur for care and support services, meals and room charges provided by the Nursing Facility. They include expenses for: private duty Nursing Care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Definitions

Nursing Care means care, furnished on a Physician's orders, that requires the specialized skills of a Nurse, or must be performed by, or under, the continual, direct and immediate supervision of a Nurse, to meet a person's need to: (a) improve or maintain health; and (b) receive Substantial Supervision when needed due to Severe Cognitive Impairment or Substantial Assistance with Activities of Daily Living.

A **Nursing Facility** is a facility, not excluded below, that is engaged primarily in providing continuous (24 hours-a-day, every day) Nursing Care to all of its confined inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. The facility must have at least one full-time (at least 30 hours per week) Nurse. A Nurse must be on duty or on call in the facility at all times. The facility must maintain a daily record of all care and services provided to its confined inpatients.

Excluded Places: A Nursing Facility does NOT include any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) an Assisted Living Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing or unit in which You are Confined, We will consider You to be in a Nursing Facility only if that ward, wing or unit satisfies the above definition of a Nursing Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

ASSISTED LIVING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services, meals, and room charges provided by the Assisted Living Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; or Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its confined inpatients in accordance with the authority granted by a license or certification issued by the federal government or the State in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy each of the following:

- it maintains records for all care and services provided to each confined inpatient;
- it has an awake employee on duty in the facility who is trained and ready to provide its confined inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- it has an awake employee who is aware of the whereabouts of its confined inpatients;
- it provides three (3) meals a day and accommodates special dietary needs;
- it has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- it has the appropriate methods and procedures to provide necessary assistance to confined inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility does NOT include any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) a Nursing Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are a Confined inpatient, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

BED RESERVATION BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a:

- Nursing Facility;
- Assisted Living Facility; or
- Hospice Care Facility.

Covered Expenses

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

Payment Limitations

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have otherwise paid if You had remained in the Nursing Facility, Assisted Living Facility, or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limitations shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

HOME AND COMMUNITY CARE BENEFIT

The Benefit

Under this Benefit, We will pay for Covered Expenses incurred for Home and Community Care provided by caregivers who are not Immediate Family Members (unless otherwise permitted pursuant to the Exclusions and Limitations provision).

Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for: Adult Day Care; Nurse and Therapist Services; Home Health or Personal Care Services; and Homemaker and Chore Care. The Covered Care You receive must be:

- consistent with the long term care and support service needs addressed in Your Plan of Care;
- necessary to enable You to continue to remain safely at Home; and
- necessary because You are Chronically Ill;

Definitions

Adult Day Care means a program for six (6) or more individuals of social and/or health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Nurse and Therapist Services means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.

Home Health or Personal Care Services means assistance You receive in Your Home from a Formal Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

Homemaker and Chore Care means the following tasks a Formal or Informal Provider furnishes in Your Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. Homemaker and Chore Care does not mean any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

A **Formal Provider** may be either an Independent Provider of Home Health or Personal Care Services or an employee of a Home Health Agency.

An **Informal Provider** may be either an Independent Provider of Homemaker and Chore Care or an employee of a Homemaker Agency.

Home Health Agency means an entity that is regularly engaged in providing Home Health or Personal Care Services for compensation and employs staff who are qualified by education, training or experience to provide such care and services.
The entity must:

- be supervised by a qualified professional such as a Nurse, a licensed social worker, or a Physician;
- keep clinical records or care plans on all patients;
- provide ongoing supervision and training to its staff appropriate to the services to be provided; and
- have the appropriate State licensure or certification, where required.

Homemaker Agency means an entity that is regularly engaged in providing solely Homemaker and Chore Care services for compensation and does not provide Home Health or Personal Care services.

An **Independent Provider** means a person who:
- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

When providing Home Health or Personal Care Services the Independent Provider:
- must be licensed or certified to provide such care or services for compensation in the State where the care or services are furnished. We will require written proof of licensure or certification and will accept inclusion in a State sponsored nurse aide registry, if the State in which the care and services are received maintains such a registry. We do not require the provider to obtain licensure or certification to provide the Covered Care unless such licensure or certification is offered or legally required within the applicable jurisdiction; or
- must provide Us with written proof of completion, within the last 5 years, of an established training course that includes training in safely assisting persons with Activities of Daily Living, or providing supervision of persons with Severe Cognitive Impairment if the State where the care or services are furnished does not offer licensure or certification.

Payment Limitations

Payment of this Benefit is subject to:
- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

HOME ASSISTANCE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home Assistance, as described below.

Covered Expenses

Covered Expenses for Home Assistance means expenses You incur (including tax, delivery, installation and labor costs) for the following services and items:

- Home Modifications, Assistive Devices and Supportive Equipment;
- Emergency Medical Response Systems; and
- Caregiver Training.

These services and items must be:

- intended to enable You to remain safely in Your Home; and
- stated in, and furnished in accordance with, Your Plan of Care.

Definitions

Home Modifications, Assistive Devices and Supportive Equipment means items that are intended to relieve Your need for direct physical assistance; and (as stated in Your Plan of Care) are expected to enable You to remain safely in Your Home for at least 90 days after the date of purchase or first rental of the item. This may include:

- ramps to permit Your movement from one level of Your Home to another;
- grab bars to assist You in toileting, bathing or showering;
- hospital beds, wheelchairs or crutches for You alone;
- adaptive equipment to enable independent feeding and dressing (such as specialized utensils and fasteners); and
- pumps and other devices for intravenous injection.

This does NOT include expenses for:

- home repair or remodeling;
- the purchase, rental, installation or servicing of an elevator, escalator, garage door opener, swimming pool, hot tub, Jacuzzi or whirlpool type tub, or other similar items or services;
- items that will, other than incidentally, increase the value of Your Home; and
- artificial limbs, teeth, corrective lenses, hearing aids, or equipment placed in Your body, temporarily or permanently.

Emergency Medical Response Systems means the installation of, and any ongoing fees for, any type of medical alert system.

Caregiver Training means the training of a family member, friend, or other person to provide care for You in Your Home when that person will not be paid to provide care for You. We will pay for Caregiver Training that, at a minimum, consists of training in the proper use and care of a therapeutic device or an appropriate care giving procedure. Caregiver Training does not include training provided to a family member, friend or other person when You are Confined in a hospital, Nursing Facility or Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your Home, where You can be cared for by the person receiving the training.

Payment Limitations

Payment of this Benefit is subject to: the Coverage Maximum; the payment limit shown in the Schedule for this Benefit; and all other provisions and conditions of the Policy. Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

HOSPICE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Hospice Care, as described below.

Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

- Hospice Care received while You are living at Home; or
- Hospice Care and related care and support services (including room charges) provided by a Hospice Care Facility.

Covered Expenses for Hospice Care do not include:

- the cost of medications, supplies, equipment or Physician visits; and
- any charges for: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Hospice Care means services designed to provide palliative care and alleviate Your physical, emotional, spiritual and social discomforts when You are:

- Chronically Ill; and
- Terminally Ill.

Hospice Care Facility means a facility that provides a formal Hospice Care program directed by a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the State in which it is located, if such license or certification is required. A Hospice Care Facility may be licensed or certified as a Nursing Facility, Assisted Living Facility, or other type of health care facility. A Hospice Care Facility does not mean a hospital, clinic, a community living center, or a place that provides residential or retirement care only.

Terminally Ill means having six (6) months or less to live, as determined by a Physician.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Benefit when Hospice Care is received in a Hospice Care Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Hospice Care received while You are living at Home; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

RESPITE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Respite Care, as described below.

Covered Expenses

Covered Expenses for Respite Care means expenses You incur for Respite Care that would be payable under the following Benefits if there were no Elimination Period requirement:

- the Nursing Facility Benefit;
- the Assisted Living Facility Benefit; and
- the Home and Community Care Benefit;

Definition

Respite Care means temporary care You receive in order to provide short-term relief for the person who normally and primarily provides You with care in Your Home on a regular, unpaid basis.

In addition to the information otherwise required under Your Plan of Care, Your Plan of Care must provide:

- the name of the unpaid caregiver for whom the respite is being provided;
- the period of respite; and
- the Covered Care You will require to replace care normally provided by the unpaid caregiver.

Respite Care can be received: in Your Home; or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Benefit for Respite Care received in a Nursing Facility;
- the payment limit shown in the Schedule for the Assisted Living Facility Benefit for Respite Care received in an Assisted Living Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Respite Care received while You are living at Home;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and days of Covered Care under this Benefit cannot be used to satisfy any Elimination Period requirement.

ALTERNATE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Alternate Care, as described below.

Covered Expenses

Covered Expenses for Alternate Care means the expenses You incur for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit of the Policy;
- are not specifically excluded from payment by the Policy;
- are cost-effective alternatives to care and services available under the Policy;
- are clearly specified in Your Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement; and
- are received while the Mutual Agreement is in effect.

Definition

The **Mutual Agreement** is a written document agreed to by You, Your personal Physician and Us which sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit;
- how any Elimination Period requirement affects payment under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have with respect to the Policy.

The Mutual Agreement may be discontinued at any time, by either You or Us, without affecting Your right to Benefits otherwise remaining under the Policy.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, if any, set forth in the Mutual Agreement;
- the Coverage Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions of the Policy.

WAIVER OF PREMIUM BENEFIT

The Benefit

The Schedule specifies the Benefits for which this waiver applies. We will waive Your Premium payments for each Coverage Month that begins while You are receiving Covered Care for which payment will be made under any such Benefits. This waiver applies to the entire Premium for the Policy (including all applicable Riders).

This waiver stops when You are no longer incurring Covered Expenses for which payment will be made under any of the Benefits to which it applies. Any Premium paid by You for Coverage Months during the period of time for which this waiver applies will be credited toward Your future Premium. When this waiver stops, You will be required to resume and continue paying Premium as Premium becomes due in accordance with the Paying Premium provision of the Policy.

If the Policy ends and You have paid Premium for Coverage Months during which the waiver applied, any Unearned Premium will be refunded as provided in the Refund of Unearned Premium provisions.

CLAIMS PROVISIONS

Notifying Us About A Claim And Initiating The Claim Process

In order to initiate Your Claim with Us, You or Your Representative must contact Us at Our Administrative Office, by phone or in writing, and provide Us with the following:

- Your name;
- Your Policy Number (as shown in the Schedule); and
- an address to which Our Claim forms should be sent.

Once You contact Us to initiate Your Claim, We will send to You the Claim forms You will need to file with Us in order for Us to determine: Your eligibility for the payment of Benefits; and whether Benefits are payable for Covered Expenses.

If You or Your Representative do not receive the Claim forms from Us within 15 days, We can begin reviewing Your Claim without the Claim forms. To review a Claim in this manner, You must provide Us with a letter that includes the information outlined below in the Claim Forms And Required Documentation provision. The letter must be sent to Us at Our Administrative Office.

You must initiate the Claim process within 30 days of the date Covered Expenses are incurred, or as soon as reasonably possible thereafter. Providing early notification to Our Claims department can help greatly with the Claims process. Early notice may also provide additional time to plan for Your Covered Care. You or Your Representative may contact Us when You first become Chronically Ill, even before You have incurred Covered Expenses.

In addition, We will make available certain information to help You or Your Immediate Family plan for long term care. Please see the Information and Referral Services provision below.

Assistance With Completing Claim Forms

You may contact Us by phone or in writing if You require assistance with Your Claim or completing Claim forms.

Claim Forms And Required Documentation

Our Claim forms will include instructions explaining the information You must provide to Us and how to submit the Claim forms to Us. Review the Claim forms and instructions carefully. Answer all questions and send all required information to the address on the Claim forms. The information You submit to Us must be in the form of written documentation acceptable to Us and must:

- describe and confirm that You are Chronically Ill;
- include a Current Eligibility Certification from a Licensed Health Care Practitioner;
- describe and confirm the Covered Care You are receiving;
- include a copy of Your Plan of Care;
- include copies of itemized bills, paid invoices and, if necessary, cancelled checks or other verifiable proof of payment for Covered Expenses ("**Proofs of Loss**"). These items should include information sufficient to enable Us to identify and, if necessary, contact the provider of the Covered Care;
- include copies of documents and explanations of benefits related to any Medicare coverage, coverage under any other federal, state, or other government health care program or law, except Medicaid, or any other long term care coverage applicable to Your Claim; and
- provide Us with the written authorization to evaluate Your Claim (which We include in the Claim forms).

A final determination regarding Your eligibility for payment of Benefits and whether Benefits are payable for Covered Expenses cannot be made until We receive the above information. You may also be required to provide Us with copies of other records and documents (such as hospital records), which We may reasonably require in addition to the information above before a final determination can be made.

Except as required by law, documentation relating to Your Claim must be provided to Us in English.

Proofs Of Loss - Denial Of Claim For Failure To Timely Provide Proofs Of Loss

If You incur Covered Expenses subsequent to Your submission of Your Claim forms, You are required to provide Us with Proofs of Loss with respect to those Covered Expenses no later than 90 days after the end of the Coverage Month in which the Covered Expenses were incurred.

We will not deny Your Claim for failure to provide Us with timely Proofs of Loss if We are provided with Proofs of Loss no later than one (1) year from the date Proofs of Loss are otherwise required. Unless We are provided with proof, in a form satisfactory to Us, that You were incapacitated or incapable of providing Us with Proofs of Loss within the one (1) year period, or unless prohibited by law, any portion of the Claim for which Proofs of Loss are not timely submitted may be denied for failure to provide Us with Proofs of Loss within the one (1) year period.

How We Determine Your Initial And Ongoing Eligibility For The Payment Of Benefits

In order for Us to determine Your initial eligibility for the payment of Benefits, We:

- must be in receipt of completed Claim forms and Proofs of Loss; and
- will obtain information about You from Your personal Physician and You directly.

In addition, at Our expense, We may:

- consult with any Licensed Health Care Practitioners, agencies and other care providers You have used or are currently using; and
- require You to participate in a medical or physical examination or assessment.

In order for Us to determine Your ongoing eligibility for the payment of Benefits, at periodic intervals, We may:

- obtain information about You from: Your personal Physician; and You directly;
- consult with any Licensed Health Care Practitioners, agencies and other care providers You have used or are currently using; or
- at Our expense, require You to participate in a medical or physical examination or assessment.

In addition, You will be required to assist Us in periodically updating Your Plan of Care and providing Us with Current Eligibility Certifications. When a Licensed Health Care Practitioner has certified that You are unable to perform Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity and You are in claim status, the certification cannot be rescinded and additional certifications may not be required until after the expiration of the ninety-day period. You will also be required to provide Us with a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans or programs subject to the Non-Duplication or other provisions of the Exclusions and Limitations section) to help Us determine which Covered Expenses (if any) are excluded from Coverage under the Policy.

We may use third party service providers to assist Us in gathering information related to Our determination of both Your initial and ongoing eligibility for the payment of Benefits. Certain third party service providers may be Our affiliates. If We use Our affiliates, We will notify You prior to use. You will have the right to request that We use third party service providers who are not affiliated with Us.

In certain instances, to assist Us in determining initial or ongoing eligibility for the payment of Benefits or whether You incurred Covered Expenses, We may require that You participate in a sworn recorded interview or a formal proceeding.

Appealing A Claim Decision

We will inform You, in writing, if a Claim, or any part of a Claim, is denied and the reason for the denial as soon as reasonably possible after Our receipt of all information needed to make a decision regarding Your Claim.

Appealing Our Determination That The Benefit Trigger Is Not Met

If We deny Your Claim based on Our determination that the requirements of the Eligibility For The Payment Of Benefits provisions (referred to as the "Benefit Trigger") have not been met, We will give written notice to You or Your authorized Representative, if any, of:

- the specific reason We determined that the Benefit Trigger has not been met; and
- Your right to appeal the Benefit Trigger denial to Us for a review by Our internal staff.

A written request to appeal Our determination that the Benefit Trigger has not been met must be sent to Us, with any additional supporting information, within 180 calendar days after receipt of Our Benefit Trigger determination notice. The internal appeal review will be made by a person not involved in the initial adverse determination; and will take into consideration all available data and other information provided to Us. Within 30 calendar days of Our receipt of all necessary information upon which a final determination can be made We will provide written notice:

- explaining of Our determination; and
- any rights You have, under the laws and regulations of the Issue State, to an independent third party review of Our Benefit Trigger determination after exhaustion of Our internal appeal process.

Appealing Other Claim Decisions

Within 60 days of Your receipt of Our written explanation for denying Your Claim, You may make a written request for additional information regarding the denial. Within 45 days of the date of Our receipt of Your written request We will:

- provide You with a written explanation of the reasons for the denial; and
- make available to You the information We used to determine the denial.

Within 120 days of Your receipt of Our written denial of your Claim, if You believe that Our determination to deny Your Claim is in error, You may **"Appeal"** Our determination to deny Your Claim as follows:

- You must send Us a written Appeal (no special form is required) that explains to Us why You believe We should change Our decision to deny Your Claim. You may authorize someone else to act for You in this Appeal process.
- The written Appeal should include the names, addresses and phone numbers of any care providers You believe We should contact to learn more about Your Eligibility for the Payment of Benefits and the Covered Care You received. This should include any Physician, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

Following Your Appeal, You will be sent written notice and explanation of Our final determination within 30 days of Our receipt of all necessary information upon which a final determination can be made. In the event We change Our determination to deny Your Claim, We will promptly pay any Benefits due to You.

Time Of Payment Of Benefits

If We determine that You are eligible for the payment of Benefits, We will promptly pay Benefits for Covered Expenses provided for in the initial Proofs of Loss. In the event that Benefits are payable in the future, and upon Our receipt of subsequent Proofs of Loss, We will pay Benefits for Covered Expenses You incur at the end of each monthly period following Our first Benefit payment date.

To Whom Benefits Are Paid

Except as otherwise assigned in accordance with the Direct Payment Of Benefits to Providers - Assignment of Benefits provision below, all Benefit payments for Covered Expenses will be payable to You while You are living.

To the extent that Your Coverage provides for additional Benefits beyond Your death, those Benefits are payable in accordance with the beneficiary designation in effect at the time of Your death. If no beneficiary designation is in effect at the time of Your death, the Benefits will be paid to Your estate. Any other unassigned Benefits for Covered Expenses that are unpaid at Your death may be paid, at Our option, to either: the provider of Your Covered Care; Your beneficiary; or Your estate.

If, upon Your death, Benefits are payable to an estate, We may pay up to $5,000 of those Benefits directly to someone related to You by blood or marriage who is deemed by Us to be entitled to receive the Benefit payment. We will be discharged from any liability to the extent of any such payment made in good faith.

Beneficiary Designations

Unless You have named an irrevocable beneficiary, You have the right to name and change a beneficiary at any time for Benefits payable upon Your death, by providing a written request to Us. Unless otherwise specified by You, the designation of a new beneficiary will take effect on the date You signed the written request to make the change. Your request to designate a new beneficiary does not affect any payment made, or other action taken, by Us prior to Our receipt of Your written request to make the change. Consent of any beneficiary will not be required for surrender of the Policy, change of beneficiary, or any other change. The terms of an irrevocable beneficiary designation cannot be changed or revoked without the consent of that beneficiary.

Direct Payment Of Benefits To Providers - Assignment Of Benefits

We may require that You provide Us with a written assignment of the Benefits You are due under the Policy authorizing Us to pay such Benefits directly to a Nursing Facility, Assisted Living Facility, Hospice Care Facility, Adult Day Care provider, or Formal or Informal Provider providing the care to You for which We are paying Benefits for Covered Expenses. The care provider must also agree to the assignment of Benefits in writing and provide Us with a copy of applicable taxpayer identification documentation. You must notify Us in writing of any change or termination of any such assignment of Benefits. Unless a particular assignment was made at Our request, We do not assume any responsibility for the validity or effect of an assignment of Benefits. Our payment of Benefits pursuant to an assignment of Benefits will fully satisfy any obligations We may have for payment of Benefits under the Policy.

Information And Referral Services

You and Your Immediate Family may contact Us to request information or referral services related to long term care resources or the development of a long term care plan. We will provide certain information or services to You or Your Immediate Family, at no cost, to assist You or Your Immediate Family with assessing individual long term care needs or identifying local long term care service providers. Additional information or services may also be made available to You or Your Immediate Family that You or Your Immediate Family may choose to purchase at an additional cost.

The information or services made available to You or Your Immediate Family under this provision may be provided by independent, non-affiliated entities. These entities are solely responsible to You for the provision of any information or services offered, or accessed, by You or Your Immediate Family and We make no representations, warranties or promises regarding any providers, services or information offered, or accessed, by You or Your Immediate Family.

If You choose to purchase additional information or services outside of the information or services offered by Us, any cost incurred by You is Your responsibility. No Policy Benefits are payable for any costs You may incur as a result of Your purchase of any additional information or services.

Right To Recover An Excess Payment

If, at any time, We make a payment in excess of Benefits payable under the Policy ("**Excess Payment**"), We have the right to recover such Excess Payment from any person to whom, or for whom, or with respect to whom, such Excess Payment was made. In the event that such Excess Payment is not returned to Us within 60 days of Our request to return the Excess Payment, We may deduct the amount of such Excess Payment from Your future Benefit payments, if applicable and where permitted by law.

Except in the event that the Policy is rescinded in accordance with the Misstatements and Incontestability provision, We have the right to recover any payment for Benefits made by Us in error and any payment for Benefits made as a result of fraud by any party including, but not limited to, You or Your care providers.

Legal Actions

You may not bring any legal action against Us seeking Benefit payments under the Policy until 60 days after Proofs of Loss have been received by Us. You may not bring any legal action against Us seeking Benefit payments under the Policy more than the greater of:

- three (3) years from the date Proofs of Loss have been received by Us, or
- the minimum time period to which We can limit the taking of legal actions against the Policy under the laws of the Policy Issue State.

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which Benefit payments will be limited, or not available at all, even if You otherwise qualify for Benefits. Benefits for which You otherwise qualify will not be limited or excluded by type of illness, treatment, medical condition or accident except as provided below.

Exclusions

We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the United States, unless specifically provided for by a Benefit;
- provided by Your Immediate Family, unless a Benefit specifically states that a member of Your Immediate Family can provide Covered Care. We will not consider care to have been provided by a member of Your Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services; and
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or federal government facility, unless a valid charge is made to You or Your estate;
- resulting from illness, treatment or medical condition arising out of any of the following:
  - war or any act of war, whether declared or not;
  - attempted suicide or an intentionally self-inflicted injury;
- for Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication

Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- any other federal, State or other government health or long term care program, or law, except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

Coordination With Other Coverage

We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

We consider **Other Long Term Care coverage** to be coverage, whether group or individual, that provides nursing facility, assisted living facility, hospice, or home health care benefits. This provision applies whether those benefits are payable on an expense reimbursement, indemnity, cash payment or other basis. This provision also applies to benefits payable in conjunction with life insurance and annuities, but only to the extent that the benefits are payments for Qualified Long Term Care Services and exceed the amount of accelerated life insurance or annuity benefit payments.

When Coverage is reduced, the amount We will pay will be the lesser of:

- the amount We would have paid in the absence of this provision; or
- the difference between the actual expense incurred for the Covered Care and the total amount payable for that Covered Care under:
  - all Other Long Term Care Coverage that was effective before this Coverage; plus
  - all Other Long Term Care Coverage that does not coordinate its payment with this Coverage.

CONTINGENT NONFORFEITURE BENEFIT

The Benefit

Under this Benefit, You may convert to a Shortened Benefit Period if We make a substantial increase in the Premium for the Policy, as described below and subject to the Payment Limitations.

How This Benefit Works

If We make a substantial increase in Your Premium, as determined by the following Table, We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the Premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the Premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Table Indicating a Substantial Premium Increase*`

Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30 – 34	190%	67	46%	80	20%
35 – 39	170%	68	44%	81	19%
40 – 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 – 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

* Percentage increase is cumulative from Policy Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. The Issue Age is the age upon which Your Premium is based as of the Policy Effective Date.

Shortened Benefit Period

If You convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all Premium paid for the Policy, excluding any waived Premium; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

The reduced Coverage Maximum will not be reduced by any Benefits previously paid under the Policy.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in Premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

Please keep the Policy and attachments in a safe place with Your other important documents.

GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433

INDIVIDUAL LONG TERM CARE INSURANCE POLICY

DECLARATIONS

This is a long term care insurance policy that covers nursing home care, assisted living care, home health care and adult day care. It is non-participating and does not pay dividends.

We are pleased to issue the Policy to You (the Insured named in the Schedule). Keep it in a safe place as it is a legal contract between You and Us.

CAUTION: The issuance of this Policy is based, in part, upon Your responses to the questions on Your Application. A copy of Your Application is attached to this Policy. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Policy subject to the Misstatements/ Incontestability provision of the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the address or telephone number shown above.

NOTICE TO BUYER: The Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare. We will provide You with a copy of the Guide upon request.

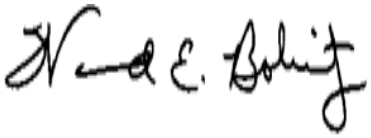
THE POLICY IS GUARANTEED RENEWABLE. This means that You have the right, subject to the terms of the Policy, to continue the Policy in force until Benefits have been exhausted by paying the required Premium when due. We cannot cancel or refuse to continue the Policy, except as provided for under the Misstatements and Incontestability provision. We can change Your Premium as provided below. We cannot change any other terms of the Policy without Your consent unless the change is required by law.

WE HAVE A LIMITED RIGHT TO CHANGE PREMIUM. We have the right to change Premium becoming due in the future. We can change Premium on a class basis but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days' written notice before We change Premium.

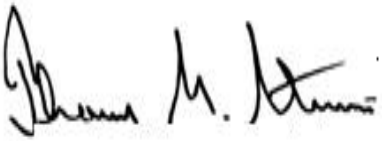
FREE LOOK – 30 DAY RIGHT TO EXAMINE YOUR POLICY: You have 30 days from the day You receive the Policy to examine and return it to Us. You can return it for any reason. Simply return it to the address shown above, or to the agent, producer or office through which it was bought. We will refund the full amount paid for the Policy within 30 days of such a return. The Policy will then be void from the start; and You will not be insured under the Policy or entitled to any Benefits.

The 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.

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

TABLE OF CONTENTS

These are the major sections of the Policy in the order in which they appear.

Section	Contents of Section	Page
Declarations	This is the first page of Your Policy and includes notices and other important information.	1
Table of Contents	This lists the major sections in the Policy.	2
Schedule	This shows Benefits, services and limitations of the Policy as of the Policy Effective Date. It includes Premium information.	3
Modal Premium Disclosure	This describes the additional charges associated with paying Premium more frequently than once per year.	4
General Definitions	This provides the definitions of words used in the Policy, or in the Schedule, that have special meaning when applied to the Policy. Additional terms not defined in this section are defined or explained in the Policy provisions in which they are most commonly used.	5
Period of Coverage	This describes how Coverage takes effect and is continued until Coverage ends.	8
Premium and Renewal	This states: how and when to pay Premium; the importance of paying Premium on time; what happens if Premium is not paid on time; and how We may change Premium.	9
General Provisions	This tells You: the documents which state all contractual agreements; the importance of completing all applicable Application(s) truthfully; and other rights, obligations and features.	12
Benefit Provisions	This describes: how You become eligible for Coverage; the conditions under which We pay for Covered Expenses incurred; and how to determine how much and how long Coverage will be payable. The Benefit Provisions may be supplemented by attached riders or endorsements.	14
Claims Provisions	This tells You: when to notify Us of a Claim; how to start a Claim; what to send Us; how We pay Claims; and other related rights and responsibilities.	26
Exclusions and Limitations	This states the conditions under which Coverage will be limited, or not available at all, even if You would otherwise qualify for Benefits.	31
Attachments	Any applicable endorsements, riders and notices. A copy of all applicable Applications made for the Policy.	

SCHEDULE

Insured	**Policy Number**	**Policy Effective Date**
[John Q. Doe]	[XXXXXXX]	[10/01/2012]
[Apt #1234]		
[1234 Main Street]	**Issue State**	
[Anytown, USA 99999]	[Any State]	

COVERAGE FEATURES AND LIMITS

Coverage is provided for Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of the Policy. Changes in Your Schedule may be made by Rider.

Elimination Period [90 days of Covered Care]
[The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.]

OR

Elimination Period [XX calendar days]
[The Elimination Period is satisfied by days You are Chronically Ill beginning with the first day You incur a Covered Expense.]

Coverage Maximum	**Nursing Facility Maximum**	**Benefit Increases**
[$XXX,XXX]	[$X,XXX per calendar month]	[5% Compound]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
- reduced on a dollar-for-dollar basis as payments are made for Covered Expenses; and
- are exhausted when they are reduced to zero.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
- first reduced on a dollar-for-dollar basis as payments are made for Covered Expenses; then
- if not exhausted, increased when Benefit Increases apply; and
- are exhausted when they are reduced to zero.]

SCHEDULE
(Continued)

Benefits and Services Provided	We Pay Covered Expenses Up to these Limits (except where otherwise noted)
Privileged Care Coordination Services	Not subject to coverage limits
Nursing Facility Benefit	Nursing Facility Maximum per **[**day**][**calendar month**]**
Assisted Living Facility Benefit	**[**XXX% of the**]** Nursing Facility Maximum per **[**day**][**calendar month**]**
Bed Reservation Benefit	60 days per calendar year
Home and Community Care Benefit	**[**XXX% of the**]** Nursing Facility Maximum per **[**day**] [**calendar month**]]**
Home Assistance Benefit (Equipment, modifications & training)	A Policy total payment maximum equal to **[**X times the Nursing Facility Maximum**]**
Hospice Care Benefit	Included
Respite Care Benefit	30 days per calendar year
Alternate Care Benefit	Payment subject to Mutual Agreement
International Benefit	See Endorsement listed below
Contingent Nonforfeiture Benefit	Included
Waiver of Premium Benefit	Included

The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.
[This also applies when Your Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under the terms of his or her Policy.**]**

The following Riders and Endorsements are attached to, and made part of, the Policy.

International **[**Coverage**] [**Nursing Facility**]** Benefit	Included
[Nonforfeiture Benefit	Included**]**
[Shared Benefit	Included **[**with**] [**without**]** Joint Waiver
[10 Year Survivorship Benefit	Included**]**
[Enhanced Survivorship Benefit	Qualification Period: **[**XX**]** years**]**
[10 Year Refund of Premium on Death Benefit	Included**]**
[Graded Refund of Premium on Death Benefit	Included**]**
[Transition Benefit	A Policy total payment maximum equal to **[**5 times**][**20% of**]** the Nursing Facility Maximum**]**
[Restoration Benefit	Included**]**
[[5%, 4%, 3%] Compound Benefit Increase	Included**]**
[5% Simple Benefit Increase	Included**]**
[Future Purchase Option	Included**]**
[Guaranteed Purchase Option	Included**]**
[Waiver of Home and Community Care Elimination Period	Included**]**
[10 Year Premium Payment	Included**]**
[To Age 65 Premium Payment	Included**]**
[Wellness	Included**]**

The maximum total amount payable for all Covered Expenses incurred **[**on a day**] [**in a calendar month**]** is limited to the Nursing Facility Maximum. This limit does not apply to the Home Assistance Benefit and Alternate Care Benefit.

SCHEDULE
(Continued)

PREMIUM DATA

	Annual Premium
Basic Policy Coverage	[$XXX.XX]
[Nonforfeiture Benefit Rider	$XXX.XX]
[Shared Benefit Rider	$XXX.XX
Spouse or Partner for Shared Benefit: Mary Jane Doe]	
[10 Year Survivorship Benefit Rider	[$XX.XX]
Spouse or Partner for 10 Year Survivorship Benefit: Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider	[$XX.XX]
Spouse or Partner for Enhanced Survivorship Benefit Mary Jane Doe]	
[10 Year Refund of Premium on Death Benefit Rider	$XX.XX]
[Graded Refund of Premium on Death Benefit Rider	$XX.XX]
[Transition Benefit Rider	$XX.XX]
[Restoration Benefit Rider	$XX.XX]
[[5%, 4%, 3%] Compound Benefit Increase Rider	[$XX.XX]
[5% Simple Benefit Increase Rider	[$XX.XX]
[Future Purchase Option Endorsement	[$XX.XX]
[Guaranteed Purchase Option Endorsement	[$XX.XX]
[Waiver of Home and Community Care Elimination Period Endorsement	[$XX.XX]

Total First Year Annual Premium [- Lifetime Premium Payment Mode] .....[$XXX.XX]
[[10 Year][To Age 65] Premium Payment Factor……XXX]
[Total First Year Premium - [10 Year][To Age 65]Premium Payment Mode……$XXX.XX]

First Premium	**Premium Payment Mode**	**Modal Premium**
[$XXX.XX]	[Quarterly]	[$XXX.XX]

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable Modal Premium Factor:

Annual – 1.00; Semi-Annual - .51; Quarterly - .26; Monthly - .09

The following table shows the Modal Premium and total yearly cost for the available Premium Payment Modes for the Annual Premium that applies on the Policy Effective Date. These costs will change if there is a change in Your Premium. See the Modal Premium Disclosure for additional information.

Total First-Year Premium Payment Options (including all optional Coverage)

	Annual	Semi-Annual	Quarterly	Monthly
Modal Premium:	$[XXXX.XX]	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]
Total Yearly Cost for First Year Premium:	$[XXXX.XX]	$[XXXX.XX]	$[XXXX.XX]	$[XXXX.XX]

Premium Payment Period: [Lifetime]
[10 Years – See attached 10 Year Premium Payment Rider]
[To Age 65 – See attached To Age 65 Premium Payment Rider]

Rating: [Preferred Best, Preferred, Select, Standard]

[This Schedule reflects changes as of the Print Date: 02/20/2011
Attach it to Your Policy along with prior Schedule pages.]

MODAL PREMIUM DISCLOSURE

Premium Payment Options

You pay for Your Policy by paying the Premium due in a timely manner. You may have the right to choose one of the following **Premium Payment Modes**:

- Annual, in one payment, that provides Coverage for twelve (12) Coverage Months;
- Semi-Annual, in two payments, that provides Coverage for six (6) Coverage Months for each payment made;
- Quarterly, in four payments, that provides Coverage for three (3) Coverage Months for each payment made; or
- Monthly, in twelve payments, that provides Coverage for one (1) Coverage Month for each payment made.

Each individual payment is a "**Modal Premium Payment.**"

If You select a Premium Payment Mode other than Annual, You will pay additional charges for selecting that Premium Payment Mode (the "Additional Payment Charges"). As an example, the following chart compares the total Premium payments for each payment mode and the corresponding Additional Payment Charges that You would pay during the year based on a policy with a $1,000 Annual Premium.

Hypothetical Example:
Yearly Cost Comparison of
Additional Payment Charges for Alternate Modal Premium Payments

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year (Including Additional Payment Charges)	Total of Modal Premium Payments During the Year (Including Additional Payment Charges)	Total Additional Payment Charge During the Year (In Dollars)
Annual	1	$1,000	$1,000	$0
Semi-Annual	2	$510	$1,020	$20
Quarterly	4	$260	$1,040	$40
Monthly	12	$90	$1,080	$80

*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g., electronic funds transfer).

Note: Each Modal Premium Payment is a payment, in advance, for insurance Coverage. Coverage continues until the next Premium Due Date.

Calculation Of Modal Premium

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable modal Premium factor:

- Annual - 1.00;
- Semiannual - .51;
- Quarterly - .26;
- Monthly - .09.

As the above chart illustrates, if Your Premium Payment Mode is other than Annual, Your total Premium paid during a year will be more than if You made a single payment using the Annual Premium Payment Mode.

GENERAL DEFINITIONS

This section provides the definitions of words used in the Policy that have a special meaning when applied to the Policy. Additional definitions or explanations may also appear in the Policy, including the Schedule, where they can assist You in understanding related text. For example, most Benefits provided for under the Policy have definitions for covered care, services and/or providers. To help You recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

Application means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by You when You apply for Coverage.

Benefit means each of the benefits identified in the Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of the Policy.

Claim means a request by You for payment of Benefits under the Policy.

Confinement or **Confined** means You are present as a resident inpatient in a facility, other than Your Home, during a period in which You incur Covered Expenses.

Coverage means the Benefits available under the Policy.

Coverage Maximum means the maximum amount of Benefits We will pay for Your Coverage under the Policy, as determined in the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Coverage Month means the monthly period that begins and ends on the same day of the month as the Policy Effective Date or, when applicable, the day of the month which precedes such date.

Covered Care means those Qualified Long Term Care Services for which Benefits are payable or would be payable in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

Elimination Period means the length of time, as stated in the Schedule, before You are entitled to Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which You receive Covered Care. Each Benefit states the extent to which Coverage is subject to the Elimination Period.

Days used to satisfy the Elimination Period do not need to be consecutive and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Covered Care You receive and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication provision may be used to satisfy the Elimination Period.

Home means the place where You live or stay. This could be a: house; condominium; apartment; unit in a congregate care community; or similar residential environment. Your Home does NOT include a: hospital; Nursing Facility; Assisted Living Facility; or Hospice Care Facility.

Immediate Family means Your Spouse or Partner or anyone who is related to You or Your Spouse or Partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relatives.

Licensed Health Care Practitioner means any of the following:
- a Physician (as defined in Section 1861(r)(1) of the Social Security Act, as amended);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Medicaid means any State medical assistance program under Title XIX of the Social Security Act, as amended.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Nurse means someone who is licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) and is practicing within the scope of that license.

Nursing Facility Maximum means the maximum amount We will pay when You are Confined in a Nursing Facility, as stated in the Schedule. This may be a daily maximum or a monthly maximum, as stated in the Schedule. This amount is also used to determine other Benefit maximums.

Physician has the same meaning as that set forth in Section 1861(r)(1) of the Social Security Act, as amended; and means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he or she performs such function or action.

Policy means the policy as issued to You, including all Applications, and any Riders, Endorsements, amendments, or attachments.

Policy Effective Date means the date the Policy begins. It is shown in the Schedule.

Policy Issue State means the Issue State identified in the Schedule.

Premium means the premium identified in the Schedule under Premium Data. Premium may change in accordance with the terms of the Policy.

Premium Due Date means the end of the period for which a Modal Premium Payment provides Coverage and the date on which Premium is due to be paid to Us.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which:

- are required by a Chronically Ill Individual; and
- are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

As used above, "maintenance or personal care services" means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Note: To be eligible for Coverage it is not sufficient for the care and services to only be Qualified Long Term Care Services. In addition, such care and services must also meet the definition of Covered Care.

Representative means a person or entity legally empowered to represent You.

Schedule means the section of the Policy that states the Policy features and limits as of the original Policy Effective Date and as may change over time. Changes in Your Schedule may be made by Rider.

Spouse or Partner means the person:

- to whom You are joined by marriage; or
- to whom You are joined by a relationship legally recognized under State law as entitled to the same rights and benefits of married persons; or
- with whom You live in a committed domestic relationship. You and such person cannot be joined to anyone else by: (a) marriage; or (b) a domestic relationship legally recognized under State law.

Spouse or Partner excludes:

- anyone who is related to You as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece. This includes adopted, in-law and step-relative.

You may only have one Spouse or Partner for purposes of the Policy.

State, unless otherwise indicated, refers to the District of Columbia, any territory or possession of the United States, or any one of the 50 states within the United States.

Unearned Premium equals A multiplied by [B divided by C] (Ax[B/C]), where:
A = The total Premium paid during the Coverage Period.
B = The number of days remaining in the Coverage Period after Coverage has ended.
C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. Once the Policy has become paid-up, there is no Unearned Premium.

As used above, **Coverage Period** is the period that begins on the most recent Premium Due Date and ends on the next Premium Due Date.

United States includes all fifty (50) States, the District of Columbia and any territory or possession recognized by the United States as a territory or possession of the United States.

We, Us, Our or the **Company** means Genworth Life Insurance Company.

You, **Your** or **Yourself** means the person named as the Insured in the Schedule.

PERIOD OF COVERAGE

Policy Taking Effect And Consideration

The Policy is issued in consideration of Your Application(s) and payment of the required Premium. The Policy will become effective on the Policy Effective Date shown in Your Schedule, subject to the timely payment of the First Premium. The Policy may be continued in force by the timely payment of Premium until it ends in accordance with the terms and conditions described in this Policy.

Your Right To Cancel The Policy At Any Time

You may cancel the Policy at any time by sending written notice to Us at Our Administrative Office. The effective date of Your cancellation will be the later of:

- the cancellation date requested by You; or
- the date We receive Your written request.

Cancellation will not affect any Claim for Covered Expenses incurred before the effective date of the cancellation.

When The Policy Ends

The Policy ends (terminates) on the first to occur of:

- the date of Your death;
- the date the Policy is cancelled by You, as stated in the above provision entitled Your Right To Cancel The Policy At Any Time;
- the date the Coverage Maximum is exhausted;
- the date on which Premium is due, if the Premium is not received by Us by the end of the Grace Period; or
- the Policy Effective Date if the Policy is rescinded in accordance with the Misstatements and Incontestability provision of the Policy.

Except as provided in the Extension of Benefits provision below, the Policy will not pay for Covered Expenses incurred after the Policy ends.

If the Policy ends, We will promptly refund any Unearned Premium, if applicable, to You (or in the event of Your death, to Your beneficiary or estate).

Extension Of Benefits

If the Policy ends due to failure to pay Premium while You are Confined in a Nursing Facility, an Assisted Living Facility, or a Hospice Care Facility, We will pay Benefits for Covered Expenses in the same manner as if the Policy had not ended.

This Extension of Benefits stops and all extended Coverage ends on the earliest of:

- the date when You no longer meet the requirements of the Conditions For Receiving Benefits provision (see the first page of the Benefit Provisions);
- the date You are no longer Confined in a Nursing Facility, an Assisted Living Facility or a Hospice Care Facility; or
- the date the Coverage Maximum is exhausted.

PREMIUM AND RENEWAL

Paying Premium

Each Premium paid continues the Policy in force until the next Premium Due Date, except as stated in the Grace Period provision. Premium is subject to change as described in the Premium Rate Changes provision below.

Premium is payable to Us. The First Premium is due on the Policy Effective Date. Each subsequent Premium is due on the next Premium Due Date. Your Schedule shows the initial Premium Payment Mode that applies to the Policy. Premium Payment Modes available under the Policy are determined by mutual agreement between You and Us.

Notifying Us Of Changes

You are responsible for notifying Us if Your method of Premium payment changes. You must notify Us within 30 days of the effective date of the change. If payments are being made through electronic funds transfer or other automatic payment methods, and the payment cannot be accomplished for any reason, We will bill You directly.

Premium Rate Changes

As stated on the first page of the Policy, **We have the right to change Premium becoming due in the future.** We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same state as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days' written notice before We change Premium.

Your Options If Premium Rates Increase

If Your Premium increases as a result of Our right to change Premium, You will have the option of:

- maintaining Your current Coverage at an increased Premium;
- electing a decrease in Coverage to an available Coverage amount; or
- canceling or lapsing the Policy (subject to any rights You may have under a Contingent Nonforfeiture Benefit).

Refund Of Unearned Premium

Refunds Due to Your Death: In the event of Your death, We will refund Unearned Premium. The refund will be made within 30 days' of Our receipt of written notice and proof of Your death. It will be paid to Your beneficiary or estate.

All Other Refunds: Except as provided in the When the Policy Ends provision, all other Unearned Premium will be applied as a reduction in future Premium due.

Grace Period

The Grace Period is the period of time specified below during which any unpaid Premium payment, after the First Premium, must be paid in order to keep this Policy from ending. This Policy will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in termination of this Policy as of the Premium Due Date.

The Grace Period will begin on the Premium Due Date when the Premium payment has not been received by Us. After a period ending 31 days following the Premium Due Date, We will send a written notice of termination for non-payment of Premium to You and to any person You have designated to be notified in case of lapse, at the address(es) You have provided. This notice will explain that a Premium payment has been missed; and will show the Premium amount that You must pay no later than the end of the Grace Period so that this Policy does not end. This notice will provide an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

Protection Against Unintentional Lapse

You have the right to designate at least one person, in addition to Yourself, to receive notice of termination for non-payment of Premium. You may change this designation at any time. To do so, You must send written notice to Us at Our Administrative Office. Every two (2) years, We will remind You in writing of Your right to designate one person to receive notice of termination for non-payment of Premium.

Reinstatement

If the Policy ends for non-payment of Premium, You may apply to reinstate the Policy. To apply for reinstatement You must submit an Application and pay all Premium due as of the date the Policy ended through the date of Reinstatement. The completed Application must be received by Us at Our Administrative Office within one year after the end of the Grace Period. The Policy may only be reinstated as provided below.

The Policy will be reinstated upon either:

- Our written approval of the Application; or
- the 45th day after the date We receive Your Application and all past due Premium, if We have not given You prior written notice of Our disapproval of the Application.

If the Policy is reinstated in accordance with this Reinstatement provision, We will only pay Benefits relating to Covered Expenses incurred after the date of reinstatement. In all other respects Your rights and Our rights will remain the same; subject to any provisions noted on or attached to the Policy upon reinstatement.

Continuation For Lapse Due To Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment

We will provide a retroactive continuation of Coverage if:

- the Policy ends due to non-payment of Premium (lapse); and
- within seven (7) months after the Policy ends We are given proof that You were Chronically Ill and met the Eligibility For The Payment of Benefits requirements of the Policy, beginning on or before the end of the Grace Period.

We must receive written notice from You that the Policy should be continued under this Continuation For Lapse Due to Alzheimer’s Disease And Other Forms of Cognitive Or Functional Impairment provision.

Upon receipt of written notice from You, You will be required to provide Us with:

- proof that You met the Eligibility For The Payment of Benefits requirements of the Policy; and
- all Premium due as of the date the Policy ended through the date of Reinstatement;

within that seven-month period. The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically Ill. In addition, We will require a Current Eligibility Certification. Any Covered Expenses incurred during this continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Unpaid Premium

When Benefits for Covered Expenses are payable under the Policy, any Premium due and unpaid will be deducted from the amount We pay.

Right To Reduce Coverage And Lower Premium

You have the right to reduce Your future Premium at any time by requesting:

- the deletion of a feature or option for which an additional Premium is charged, other than Waiver of Home and Community Care Elimination Period, or a Guaranteed or Future Purchase Option, if applicable; or
- a decrease in Your Coverage to available Coverage amounts.

To reduce Your future Premium in this manner, You must provide us with a signed written request in a form acceptable to Us. You will not be required to provide proof of insurability.

Reducing Your Nursing Facility Maximum may result in a proportional decrease in: (a) the Coverage Maximum; and (b) other payment limits that are based on the Nursing Facility Maximum.

Reducing Your Coverage Maximum alone will not change Your Nursing Facility Maximum and related payment limits; but will reduce the period during which the full Nursing Facility Maximum can be paid for Covered Expenses.

Where Benefit Increases apply, as stated in the Schedule, You have the right to Change or terminate Your Benefit Increases, other than Guaranteed or Future Purchase Options, as follows:

- You may reduce Your Coverage to an available Benefit Increase that results in a reduced or less frequent annual increase in Your Nursing Facility Maximum; or
- You may reduce Premium by terminating Your Benefit Increases.

If You choose to reduce or terminate Benefit Increases, Your Premium, and the Maximums and payment limits listed below, will be adjusted to the Premium and payments limits that would have been in effect as if the change had been made as of Your original Policy Effective Date:

- the Nursing Facility Maximum;
- the Coverage Maximum; and
- other payment limits that are based on the Nursing Facility Maximum.

The Premium reduction associated with any reduction in Coverage will be based on the Premium applicable to the Coverage being reduced. You will not be entitled to a refund for any Premium paid prior to the effective date of the reduction in Coverage, as outlined below. Any change in Coverage or Premium under this Right to Reduce Coverage and Lower Premium provision will become effective on the Premium Due Date following Our receipt of Your written request.

We will send You written notice of:

- the reduction in Coverage;
- the effective date of the reduction; and
- the amount of Premium due as of the Premium Due Date following Our receipt of Your written request.

Once Coverage is reduced, it may not be increased.

GENERAL PROVISIONS

Entire Contract; Changes

The entire contract between You and Us is as stated in the Policy. No change in the Policy will be valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, the Policy. No agent has the authority to change the Policy or waive any of its provisions.

Payment of Premium following:
- a change to the Policy requested by You; or
- a change in Premium as provided in the Premium Rate Changes provision;

shall constitute acceptance by You of any such change.

Misstatements and Incontestability

In issuing the Policy, We have relied upon the information presented by You in Your Application. Any incorrect or omitted material information in Your Application for the Policy, or an increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied.

Time Limit on Certain Defenses: For any portion of Your Coverage that has been in effect for less than six (6) months, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that was material to Our acceptance of the Application. Failure to disclose material information is considered a misrepresentation.

For any portion of Your Coverage that has been in force for at least six (6) months but less than two (2) years, We may rescind it or deny an otherwise valid Claim upon a showing of a misrepresentation in Your Application for that Coverage that was both material to the acceptance of the Application and pertains to the conditions for which Benefits are sought.

Any portion of Your Coverage that has been in force for at least two (2) years will not be contestable upon the grounds of misrepresentation alone; and may be contested only upon a showing that You knowingly and intentionally misrepresented relevant facts relating to Your health.

Any Benefits We pay will not be recovered by Us in the event the Policy or a portion of Your Coverage is rescinded.

Misstatement Of Age

If Your age was misstated in Your Application, We will pay the Benefits that the Premium paid would have purchased at Your true age. If based on Your true age, the Policy would not have become effective, We will rescind the Policy and refund all Premium paid for the Policy without interest.

Time Periods

All time periods start and end at 12:01 a.m. based on Your residence address.

Non-Participating; Dividends Not Payable

The Policy does not participate in Our profits or surplus earnings, has no cash value, and will not earn dividends at any time.

Conformity With Internal Revenue Code

If on its effective date the Policy does not comply with the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended, it will be treated as if it had been changed to comply with those requirements. We will inform You in writing of any required change in the provisions of the Policy.

Governing Jurisdiction

The Policy is governed by the laws of the Policy Issue State.

Currency

All payments by or to Us must be made in lawful currency of the United States of America. Any foreign exchange rate will be determined by Us based on:

- the date on which the Claim for payment for Covered Expenses is received by Us; and
- the exchange rate for that date, as reported by a licensed bank or other financial institution designated by Us.

No Cash Values, Borrowing, Or Use As Collateral

The Policy does not provide for a cash surrender value or other money that can be: borrowed; or paid, assigned or pledged as collateral for a loan.

Communications Through Electronic Means Or Other Technologies

We reserve the right to designate the form and means of all communications, notices or proofs required by the Policy. If We agree, You may contact Us about the Policy using electronic means or other technologies. If You agree, We may contact You regarding the Policy using electronic means or other technologies. Except where prohibited by state or federal law, electronic communications have the same legal effect, validity and enforceability as other forms of communication.

BENEFIT PROVISIONS

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility For The Payment Of Benefits

For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is necessary due to Your continually being Chronically Ill. The proof can be based on information from care providers, personal Physicians, other Licensed Health Care Practitioners and other sources.

Conditions For Receiving Benefits

Benefits will be paid as reimbursement for expenses paid on Your behalf only if all of the following conditions have been satisfied:

- You must meet the above Eligibility For The Payment of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with, and received pursuant to, Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- Except as stated in the Extension of Benefits provision, the Policy must not have ended on or before the date(s) the Covered Care is received.
- Any applicable Elimination Period must be satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the Coverage provided for the Benefits being claimed.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.
- Your Policy must not have ended.

Definitions

Activities Of Daily Living (ADLs) mean 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.

Chronically Ill or **Chronically Ill Individual** refer to a person who has been certified by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- requiring Substantial Supervision to protect the person from threats to health and safety due to Severe Cognitive Impairment.

Current Eligibility Certification is a written certification by a Licensed Health Care Practitioner who is not a member of Your Immediate Family certifying that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Plan of Care is a written, individualized plan for care and support services specific to You that:

- has been developed as a result of an assessment of You and incorporates any information provided by Your personal Physician; and
- has been prescribed by a Licensed Health Care Practitioner who is not a member of Your Immediate Family; and
- fairly, accurately and appropriately addresses Your long term care and support service needs; and
- specifies: the type, frequency and duration of all services required to meet those needs; and the types of providers to furnish those services.

We retain the right to discuss the Plan of Care with the Licensed Health Care Practitioner and Your Physician. We may also verify that the Plan of Care is appropriate and consistent with generally accepted standards of care for a Chronically Ill Individual. The Plan of Care must be updated as Your needs change. We must receive a copy of the Plan of Care upon its completion and each time it is updated. We retain the right to request periodic updates not more frequently than once every 30 days. We will make a copy of the current Plan of Care available to Your personal Physician, when requested. No more than one Plan of Care may be in effect at a time.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that:

- is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long-term memory; orientation as to people, places, or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either Hands-on Assistance or Standby Assistance where:

- **Hands-on Assistance** means the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform an Activity of Daily Living; or
- **Standby Assistance** means the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing an Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect a person who has a Severe Cognitive Impairment from threats to his or her health or safety (such as may result from wandering).

PRIVILEGED CARE® COORDINATION SERVICES

Privileged Care Coordination Services

These services are available when You meet the Eligibility for Payment of Benefits and require Covered Care.

These services are intended to help You identify Your care needs and community resources available to deliver care when You are Chronically Ill. Privileged Care Coordination Services are furnished by a Privileged Care Coordination Team provided by Us at no additional cost to You. We will pay for these services when You receive them while the Policy is in effect.

To receive these services You or Your Representative should contact Us at Our Administrative Office.

About The Privileged Care Coordination Services

These services will provide You with access to a team of qualified individuals who will review Your specific situation and provide the following services:

- Conduct assessments of Your functional and cognitive capabilities and personal needs for care and services on an ongoing basis.
- Work with You to identify the specific care, services and providers required to meet Your needs.
- Develop and suggest initial and subsequent Plans of Care to assist You in meeting Your needs.
- Provide the initial and ongoing Current Eligibility Certifications.
- Assist You in completing initial Claims forms, if requested.
- Monitor Your care needs on an ongoing basis to help You receive appropriate care while You are Chronically Ill.

The **Privileged Care Coordination Team** includes a Licensed Health Care Practitioner who is qualified by training and experience to assess and coordinate the overall care needs of a Chronically Ill Individual.

Privileged Care Coordination Services Are Voluntary

You are not required to use these Privileged Care Coordination Services. You may, at Your own expense, use any other Licensed Health Care Practitioner to provide a Plan of Care, Current Eligibility Certification, or assistance in coordinating services.

Benefits Paid Will Not Reduce Any Payment Limits

These payments will be at Our expense and will not reduce the Coverage available under the Policy.

Payment Limitations

Payment for these services is NOT subject to: any Elimination Period requirement; the Coverage Maximum; or any other Coverage limits. Use of these services cannot be used to satisfy any Elimination Period requirement and does not qualify You for any Waiver of Premium Benefit.

NURSING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in a Nursing Facility, as described below.

Covered Expenses

Covered Expenses for Nursing Facility care means expenses You incur for care and support services, meals and room charges provided by the Nursing Facility. They include expenses for: private duty Nursing Care provided by a Nurse who is not employed by the facility; and all levels of care (including skilled, intermediate and custodial care) provided by the Nursing Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Definitions

Nursing Care means care, furnished on a Physician's orders, that requires the specialized skills of a Nurse, or must be performed by, or under, the continual, direct and immediate supervision of a Nurse, to meet a person's need to: (a) improve or maintain health; and (b) receive Substantial Supervision when needed due to Severe Cognitive Impairment or Substantial Assistance with Activities of Daily Living.

A **Nursing Facility** is a facility, not excluded below, that is engaged primarily in providing continuous (24 hours-a-day, every day) Nursing Care to all of its confined inpatients in accordance with the authority granted by a license issued by the federal government or the State in which it is located. The facility must have at least one full-time (at least 30 hours per week) Nurse. A Nurse must be on duty or on call in the facility at all times. The facility must maintain a daily record of all care and services provided to its confined inpatients.

Excluded Places: A Nursing Facility does NOT include any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) an Assisted Living Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing or unit in which You are Confined, We will consider You to be in a Nursing Facility only if that ward, wing or unit satisfies the above definition of a Nursing Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

ASSISTED LIVING FACILITY BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred during Your Confinement in an Assisted Living Facility, as described below.

Covered Expenses

Covered Expenses for care in an Assisted Living Facility means expenses You incur for Assisted Living Care, support services, meals, and room charges provided by the Assisted Living Facility. They do not include expenses for medications or any items or services provided for Your comfort or convenience, such as: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Assisted Living Care means Substantial Assistance provided to persons who are unable to perform Activities of Daily Living; or Substantial Supervision provided to persons who have Severe Cognitive Impairment.

Assisted Living Facility means a facility (including a facility for people with Alzheimer's disease) that is not excluded below and is required to engage primarily in providing continual (24 hours a day, every day) Assisted Living Care to its confined inpatients in accordance with the authority granted by a license or certification issued by the federal government or the State in which it is located.

If the facility is not required to have such a license or certification to provide continual (24 hours a day, every day) Assisted Living Care, the facility must provide Assisted Living Care in accordance with all applicable laws and regulations and at all times satisfy each of the following:

- it maintains records for all care and services provided to each confined inpatient;
- it has an awake employee on duty in the facility who is trained and ready to provide its confined inpatients with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment;
- it has an awake employee who is aware of the whereabouts of its confined inpatients;
- it provides three (3) meals a day and accommodates special dietary needs;
- it has written formal procedures, including an agreement with a Physician or Nurse, for the furnishing of medical care and services in case of an emergency; and
- it has the appropriate methods and procedures to provide necessary assistance to confined inpatients in managing prescribed medications.

Excluded Places: An Assisted Living Facility does NOT include any of the following: (a) a facility that does not fully satisfy the above definition; (b) a clinic or hospital (including a sub-acute care or rehabilitation hospital); (c) a place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness; (d) a Nursing Facility; or (e) Your Home.

If a facility has multiple licenses, certifications or purposes and has a separate ward, wing, or unit in which You are a Confined inpatient, We will consider You to be in an Assisted Living Facility only if such ward, wing, or unit satisfies the above definition of an Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

BED RESERVATION BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred to reserve Your accommodations when You are temporarily absent from a:

- Nursing Facility;
- Assisted Living Facility; or
- Hospice Care Facility.

Covered Expenses

Covered Expenses for Bed Reservation Benefits means the expenses You incur for reserving Your room accommodations in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility when Your Confinement is interrupted by a temporary absence.

The temporary absence can be for any reason, including, but not limited to, hospital stays as well as spending holidays or other time with Your family.

Payment Limitations

We will pay up to the lesser of:

- the Covered Expenses You incur to reserve Your accommodations; or
- the amount We would have otherwise paid if You had remained in the Nursing Facility, Assisted Living Facility, or Hospice Care Facility.

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limitations shown above;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

HOME AND COMMUNITY CARE BENEFIT

The Benefit

Under this Benefit, We will pay for Covered Expenses incurred for Home and Community Care provided by caregivers who are not Immediate Family Members (unless otherwise permitted pursuant to the Exclusions and Limitations provision).

Covered Expenses

Covered Expenses for Home and Community Care means expenses You incur for: Adult Day Care; Nurse and Therapist Services; Home Health or Personal Care Services; and Homemaker and Chore Care. The Covered Care You receive must be:

- consistent with the long term care and support service needs addressed in Your Plan of Care;
- necessary to enable You to continue to remain safely at Home; and
- necessary because You are Chronically Ill;

Definitions

Adult Day Care means a program for six (6) or more individuals of social and/or health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Nurse and Therapist Services means health care services provided in Your Home by a Nurse, or a licensed physical, occupational, respiratory or speech therapist.

Home Health or Personal Care Services means assistance You receive in Your Home from a Formal Provider with: simple health care tasks; personal hygiene; managing medications; performing Activities of Daily Living; and supervision needed when You have Severe Cognitive Impairment.

Homemaker and Chore Care means the following tasks a Formal or Informal Provider furnishes in Your Home: meal planning and preparation; doing laundry; light house cleaning (such as: vacuuming, mopping, dishwashing, cleaning the kitchen or bath, and changing bedding); minor household repairs related to Your safety at Home (such as to handrails and safety rails, stairs, or floors); taking out the garbage; and simple cleaning tasks to remove unsafe debris or dirt from Your Home. Homemaker and Chore Care does not mean any type of: pet care; residential upkeep, construction, renovation or routine home preservation (such as painting); lawn or yard care; snow removal; transportation or vehicle or equipment maintenance; or similar tasks.

A **Formal Provider** may be either an Independent Provider of Home Health or Personal Care Services or an employee of a Home Health Agency.

An **Informal Provider** may be either an Independent Provider of Homemaker and Chore Care or an employee of a Homemaker Agency.

Home Health Agency means an entity that is regularly engaged in providing Home Health or Personal Care Services for compensation and employs staff who are qualified by education, training or experience to provide such care and services.
The entity must:

- be supervised by a qualified professional such as a Nurse, a licensed social worker, or a Physician;
- keep clinical records or care plans on all patients;
- provide ongoing supervision and training to its staff appropriate to the services to be provided; and
- have the appropriate State licensure or certification, where required.

Homemaker Agency means an entity that is regularly engaged in providing solely Homemaker and Chore Care services for compensation and does not provide Home Health or Personal Care services.

An **Independent Provider** means a person who:
- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

When providing Home Health or Personal Care Services the Independent Provider:
- must be licensed or certified to provide such care or services for compensation in the State where the care or services are furnished. We will require written proof of licensure or certification and will accept inclusion in a State sponsored nurse aide registry, if the State in which the care and services are received maintains such a registry. We do not require the provider to obtain licensure or certification to provide the Covered Care unless such licensure or certification is offered or legally required within the applicable jurisdiction; or
- must provide Us with written proof of completion, within the last 5 years, of an established training course that includes training in safely assisting persons with Activities of Daily Living, or providing supervision of persons with Severe Cognitive Impairment if the State where the care or services are furnished does not offer licensure or certification.

Payment Limitations

Payment of this Benefit is subject to:
- the Elimination Period requirement;
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

HOME ASSISTANCE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Home Assistance, as described below.

Covered Expenses

Covered Expenses for Home Assistance means expenses You incur (including tax, delivery, installation and labor costs) for the following services and items:

- Home Modifications, Assistive Devices and Supportive Equipment;
- Emergency Medical Response Systems; and
- Caregiver Training.

These services and items must be:

- intended to enable You to remain safely in Your Home; and
- stated in, and furnished in accordance with, Your Plan of Care.

Definitions

Home Modifications, Assistive Devices and Supportive Equipment means items that are intended to relieve Your need for direct physical assistance; and (as stated in Your Plan of Care) are expected to enable You to remain safely in Your Home for at least 90 days after the date of purchase or first rental of the item. This may include:

- ramps to permit Your movement from one level of Your Home to another;
- grab bars to assist You in toileting, bathing or showering;
- hospital beds, wheelchairs or crutches for You alone;
- adaptive equipment to enable independent feeding and dressing (such as specialized utensils and fasteners); and
- pumps and other devices for intravenous injection.

This does NOT include expenses for:

- home repair or remodeling;
- the purchase, rental, installation or servicing of an elevator, escalator, garage door opener, swimming pool, hot tub, Jacuzzi or whirlpool type tub, or other similar items or services;
- items that will, other than incidentally, increase the value of Your Home; and
- artificial limbs, teeth, corrective lenses, hearing aids, or equipment placed in Your body, temporarily or permanently.

Emergency Medical Response Systems means the installation of, and any ongoing fees for, any type of medical alert system.

Caregiver Training means the training of a family member, friend, or other person to provide care for You in Your Home when that person will not be paid to provide care for You. We will pay for Caregiver Training that, at a minimum, consists of training in the proper use and care of a therapeutic device or an appropriate care giving procedure. Caregiver Training does not include training provided to a family member, friend or other person when You are Confined in a hospital, Nursing Facility or Assisted Living Facility, unless it is reasonably expected that the training will make it possible for You to return to Your Home, where You can be cared for by the person receiving the training.

Payment Limitations

Payment of this Benefit is subject to: the Coverage Maximum; the payment limit shown in the Schedule for this Benefit; and all other provisions and conditions of the Policy. Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

HOSPICE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Hospice Care, as described below.

Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

- Hospice Care received while You are living at Home; or
- Hospice Care and related care and support services (including room charges) provided by a Hospice Care Facility.

Covered Expenses for Hospice Care do not include:

- the cost of medications, supplies, equipment or Physician visits; and
- any charges for: transportation; televisions; telephones; beauty care; guest meals; or entertainment.

Definitions

Hospice Care means services designed to provide palliative care and alleviate Your physical, emotional, spiritual and social discomforts when You are:

- Chronically Ill; and
- Terminally Ill.

Hospice Care Facility means a facility that provides a formal Hospice Care program directed by a Physician on an inpatient basis. A Hospice Care Facility must be licensed or certified by the State in which it is located, if such license or certification is required. A Hospice Care Facility may be licensed or certified as a Nursing Facility, Assisted Living Facility, or other type of health care facility. A Hospice Care Facility does not mean a hospital, clinic, a community living center, or a place that provides residential or retirement care only.

Terminally Ill means having six (6) months or less to live, as determined by a Physician.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Benefit when Hospice Care is received in a Hospice Care Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Hospice Care received while You are living at Home; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

With the exception of Privileged Care Coordination Services and Caregiver Training payments, this Benefit will not be payable at the same time as any other Benefit.

RESPITE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Respite Care, as described below.

Covered Expenses

Covered Expenses for Respite Care means expenses You incur for Respite Care that would be payable under the following Benefits if there were no Elimination Period requirement:

- the Nursing Facility Benefit;
- the Assisted Living Facility Benefit; and
- the Home and Community Care Benefit;

Definition

Respite Care means temporary care You receive in order to provide short-term relief for the person who normally and primarily provides You with care in Your Home on a regular, unpaid basis.

In addition to the information otherwise required under Your Plan of Care, Your Plan of Care must provide:

- the name of the unpaid caregiver for whom the respite is being provided;
- the period of respite; and
- the Covered Care You will require to replace care normally provided by the unpaid caregiver.

Respite Care can be received: in Your Home; or during a temporary stay in a Nursing Facility or Assisted Living Facility.

Payment Limitations

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for the Nursing Facility Benefit for Respite Care received in a Nursing Facility;
- the payment limit shown in the Schedule for the Assisted Living Facility Benefit for Respite Care received in an Assisted Living Facility;
- the payment limit shown in the Schedule for the Home and Community Care Benefit for Respite Care received while You are living at Home;
- the maximum payment period (days per calendar year) shown in the Schedule for this Benefit; and
- all other provisions and conditions of the Policy.

Payment of this Benefit is not subject to any Elimination Period requirement; and days of Covered Care under this Benefit cannot be used to satisfy any Elimination Period requirement.

ALTERNATE CARE BENEFIT

The Benefit

Under this Benefit We will pay for Covered Expenses incurred for Alternate Care, as described below.

Covered Expenses

Covered Expenses for Alternate Care means the expenses You incur for Qualified Long Term Care Services that:

- are furnished in accordance with a Mutual Agreement;
- are not specifically covered under another Benefit of the Policy;
- are not specifically excluded from payment by the Policy;
- are cost-effective alternatives to care and services available under the Policy;
- are clearly specified in Your Plan of Care and in the Mutual Agreement;
- are received after Our written approval of the Mutual Agreement; and
- are received while the Mutual Agreement is in effect.

Definition

The **Mutual Agreement** is a written document agreed to by You, Your personal Physician and Us which sets forth:

- the care and services, devices and treatments that will be considered as Covered Care under this Benefit;
- how any Elimination Period requirement affects payment under this Benefit; and
- the duration and payment maximums for Covered Care under this Benefit.

The Mutual Agreement will not waive any rights You or We have with respect to the Policy.

The Mutual Agreement may be discontinued at any time, by either You or Us, without affecting Your right to Benefits otherwise remaining under the Policy.

Payment Limitations

Payment of this Benefit is subject to:

- the Elimination Period requirement, if any, set forth in the Mutual Agreement;
- the Coverage Maximum;
- the payment limits set forth in the Mutual Agreement; and
- all other provisions and conditions of the Policy.

WAIVER OF PREMIUM BENEFIT

The Benefit

The Schedule specifies the Benefits for which this waiver applies. We will waive Your Premium payments for each Coverage Month that begins while You are receiving Covered Care for which payment will be made under any such Benefits. This waiver applies to the entire Premium for the Policy (including all applicable Riders).

This waiver stops when You are no longer incurring Covered Expenses for which payment will be made under any of the Benefits to which it applies. Any Premium paid by You for Coverage Months during the period of time for which this waiver applies will be credited toward Your future Premium. When this waiver stops, You will be required to resume and continue paying Premium as Premium becomes due in accordance with the Paying Premium provision of the Policy.

If the Policy ends and You have paid Premium for Coverage Months during which the waiver applied, any Unearned Premium will be refunded as provided in the Refund of Unearned Premium provisions.

CLAIMS PROVISIONS

Notifying Us About A Claim And Initiating The Claim Process

In order to initiate Your Claim with Us, You or Your Representative must contact Us at Our Administrative Office, by phone or in writing, and provide Us with the following:

- Your name;
- Your Policy Number (as shown in the Schedule); and
- an address to which Our Claim forms should be sent.

Once You contact Us to initiate Your Claim, We will send to You the Claim forms You will need to file with Us in order for Us to determine: Your eligibility for the payment of Benefits; and whether Benefits are payable for Covered Expenses.

If You or Your Representative do not receive the Claim forms from Us within 15 days, We can begin reviewing Your Claim without the Claim forms. To review a Claim in this manner, You must provide Us with a letter that includes the information outlined below in the Claim Forms And Required Documentation provision. The letter must be sent to Us at Our Administrative Office.

You must initiate the Claim process within 30 days of the date Covered Expenses are incurred, or as soon as reasonably possible thereafter. Providing early notification to Our Claims department can help greatly with the Claims process. Early notice may also provide additional time to plan for Your Covered Care. You or Your Representative may contact Us when You first become Chronically Ill, even before You have incurred Covered Expenses.

In addition, We will make available certain information to help You or Your Immediate Family plan for long term care. Please see the Information and Referral Services provision below.

Assistance With Completing Claim Forms

You may contact Us by phone or in writing if You require assistance with Your Claim or completing Claim forms.

Claim Forms And Required Documentation

Our Claim forms will include instructions explaining the information You must provide to Us and how to submit the Claim forms to Us. Review the Claim forms and instructions carefully. Answer all questions and send all required information to the address on the Claim forms. The information You submit to Us must be in the form of written documentation acceptable to Us and must:

- describe and confirm that You are Chronically Ill;
- include a Current Eligibility Certification from a Licensed Health Care Practitioner;
- describe and confirm the Covered Care You are receiving;
- include a copy of Your Plan of Care;
- include copies of itemized bills, paid invoices and, if necessary, cancelled checks or other verifiable proof of payment for Covered Expenses ("**Proofs of Loss**"). These items should include information sufficient to enable Us to identify and, if necessary, contact the provider of the Covered Care;
- include copies of documents and explanations of benefits related to any Medicare coverage, coverage under any other federal, state, or other government health care program or law, except Medicaid, or any other long term care coverage applicable to Your Claim; and
- provide Us with the written authorization to evaluate Your Claim (which We include in the Claim forms).

A final determination regarding Your eligibility for payment of Benefits and whether Benefits are payable for Covered Expenses cannot be made until We receive the above information. You may also be required to provide Us with copies of other records and documents (such as hospital records), which We may reasonably require in addition to the information above before a final determination can be made.

Except as required by law, documentation relating to Your Claim must be provided to Us in English.

Proofs Of Loss - Denial Of Claim For Failure To Timely Provide Proofs Of Loss

If You incur Covered Expenses subsequent to Your submission of Your Claim forms, You are required to provide Us with Proofs of Loss with respect to those Covered Expenses no later than 90 days after the end of the Coverage Month in which the Covered Expenses were incurred.

We will not deny Your Claim for failure to provide Us with timely Proofs of Loss if We are provided with Proofs of Loss no later than one (1) year from the date Proofs of Loss are otherwise required. Unless We are provided with proof, in a form satisfactory to Us, that You were incapacitated or incapable of providing Us with Proofs of Loss within the one (1) year period, or unless prohibited by law, any portion of the Claim for which Proofs of Loss are not timely submitted may be denied for failure to provide Us with Proofs of Loss within the one (1) year period.

How We Determine Your Initial And Ongoing Eligibility For The Payment Of Benefits

In order for Us to determine Your initial eligibility for the payment of Benefits, We:

- must be in receipt of completed Claim forms and Proofs of Loss; and
- will obtain information about You from Your personal Physician and You directly.

In addition, at Our expense, We may:

- consult with any Licensed Health Care Practitioners, agencies and other care providers You have used or are currently using; and
- require You to participate in a medical or physical examination or assessment.

In order for Us to determine Your ongoing eligibility for the payment of Benefits, at periodic intervals, We may:

- obtain information about You from: Your personal Physician; and You directly;
- consult with any Licensed Health Care Practitioners, agencies and other care providers You have used or are currently using; or
- at Our expense, require You to participate in a medical or physical examination or assessment.

In addition, You will be required to assist Us in periodically updating Your Plan of Care and providing Us with Current Eligibility Certifications. When a Licensed Health Care Practitioner has certified that You are unable to perform Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity and You are in claim status, the certification cannot be rescinded and additional certifications may not be required until after the expiration of the ninety-day period. You will also be required to provide Us with a copy of Your Medicare Explanation(s) of Benefits (or similar form for other plans or programs subject to the Non-Duplication or other provisions of the Exclusions and Limitations section) to help Us determine which Covered Expenses (if any) are excluded from Coverage under the Policy.

We may use third party service providers to assist Us in gathering information related to Our determination of both Your initial and ongoing eligibility for the payment of Benefits. Certain third party service providers may be Our affiliates. If We use Our affiliates, We will notify You prior to use. You will have the right to request that We use third party service providers who are not affiliated with Us.

In certain instances, to assist Us in determining initial or ongoing eligibility for the payment of Benefits or whether You incurred Covered Expenses, We may require that You participate in a sworn recorded interview or a formal proceeding.

Appealing A Claim Decision

We will inform You, in writing, if a Claim, or any part of a Claim, is denied and the reason for the denial as soon as reasonably possible after Our receipt of all information needed to make a decision regarding Your Claim.

Appealing Our Determination That The Benefit Trigger Is Not Met

If We deny Your Claim based on Our determination that the requirements of the Eligibility For The Payment Of Benefits provisions (referred to as the "Benefit Trigger") have not been met, We will give written notice to You or Your authorized Representative, if any, of:

- the specific reason We determined that the Benefit Trigger has not been met; and
- Your right to appeal the Benefit Trigger denial to Us for a review by Our internal staff.

A written request to appeal Our determination that the Benefit Trigger has not been met must be sent to Us, with any additional supporting information, within 180 calendar days after receipt of Our Benefit Trigger determination notice. The internal appeal review will be made by a person not involved in the initial adverse determination; and will take into consideration all available data and other information provided to Us. Within 30 calendar days of Our receipt of all necessary information upon which a final determination can be made We will provide written notice:

- explaining of Our determination; and
- any rights You have, under the laws and regulations of the Issue State, to an independent third party review of Our Benefit Trigger determination after exhaustion of Our internal appeal process.

Appealing Other Claim Decisions

Within 60 days of Your receipt of Our written explanation for denying Your Claim, You may make a written request for additional information regarding the denial. Within 45 days of the date of Our receipt of Your written request We will:

- provide You with a written explanation of the reasons for the denial; and
- make available to You the information We used to determine the denial.

Within 120 days of Your receipt of Our written denial of your Claim, if You believe that Our determination to deny Your Claim is in error, You may **"Appeal"** Our determination to deny Your Claim as follows:

- You must send Us a written Appeal (no special form is required) that explains to Us why You believe We should change Our decision to deny Your Claim. You may authorize someone else to act for You in this Appeal process.
- The written Appeal should include the names, addresses and phone numbers of any care providers You believe We should contact to learn more about Your Eligibility for the Payment of Benefits and the Covered Care You received. This should include any Physician, health care professionals and other care providers who treated You; and the facilities from which You received care, treatment, services, equipment or other items.

Following Your Appeal, You will be sent written notice and explanation of Our final determination within 30 days of Our receipt of all necessary information upon which a final determination can be made. In the event We change Our determination to deny Your Claim, We will promptly pay any Benefits due to You.

Time Of Payment Of Benefits

If We determine that You are eligible for the payment of Benefits, We will promptly pay Benefits for Covered Expenses provided for in the initial Proofs of Loss. In the event that Benefits are payable in the future, and upon Our receipt of subsequent Proofs of Loss, We will pay Benefits for Covered Expenses You incur at the end of each monthly period following Our first Benefit payment date.

To Whom Benefits Are Paid

Except as otherwise assigned in accordance with the Direct Payment Of Benefits to Providers - Assignment of Benefits provision below, all Benefit payments for Covered Expenses will be payable to You while You are living.

To the extent that Your Coverage provides for additional Benefits beyond Your death, those Benefits are payable in accordance with the beneficiary designation in effect at the time of Your death. If no beneficiary designation is in effect at the time of Your death, the Benefits will be paid to Your estate. Any other unassigned Benefits for Covered Expenses that are unpaid at Your death may be paid, at Our option, to either: the provider of Your Covered Care; Your beneficiary; or Your estate.

If, upon Your death, Benefits are payable to an estate, We may pay up to $5,000 of those Benefits directly to someone related to You by blood or marriage who is deemed by Us to be entitled to receive the Benefit payment. We will be discharged from any liability to the extent of any such payment made in good faith.

Beneficiary Designations

Unless You have named an irrevocable beneficiary, You have the right to name and change a beneficiary at any time for Benefits payable upon Your death, by providing a written request to Us. Unless otherwise specified by You, the designation of a new beneficiary will take effect on the date You signed the written request to make the change. Your request to designate a new beneficiary does not affect any payment made, or other action taken, by Us prior to Our receipt of Your written request to make the change. Consent of any beneficiary will not be required for surrender of the Policy, change of beneficiary, or any other change. The terms of an irrevocable beneficiary designation cannot be changed or revoked without the consent of that beneficiary.

Direct Payment Of Benefits To Providers - Assignment Of Benefits

We may require that You provide Us with a written assignment of the Benefits You are due under the Policy authorizing Us to pay such Benefits directly to a Nursing Facility, Assisted Living Facility, Hospice Care Facility, Adult Day Care provider, or Formal or Informal Provider providing the care to You for which We are paying Benefits for Covered Expenses. The care provider must also agree to the assignment of Benefits in writing and provide Us with a copy of applicable taxpayer identification documentation. You must notify Us in writing of any change or termination of any such assignment of Benefits. Unless a particular assignment was made at Our request, We do not assume any responsibility for the validity or effect of an assignment of Benefits. Our payment of Benefits pursuant to an assignment of Benefits will fully satisfy any obligations We may have for payment of Benefits under the Policy.

Information And Referral Services

You and Your Immediate Family may contact Us to request information or referral services related to long term care resources or the development of a long term care plan. We will provide certain information or services to You or Your Immediate Family, at no cost, to assist You or Your Immediate Family with assessing individual long term care needs or identifying local long term care service providers. Additional information or services may also be made available to You or Your Immediate Family that You or Your Immediate Family may choose to purchase at an additional cost.

The information or services made available to You or Your Immediate Family under this provision may be provided by independent, non-affiliated entities. These entities are solely responsible to You for the provision of any information or services offered, or accessed, by You or Your Immediate Family and We make no representations, warranties or promises regarding any providers, services or information offered, or accessed, by You or Your Immediate Family.

If You choose to purchase additional information or services outside of the information or services offered by Us, any cost incurred by You is Your responsibility. No Policy Benefits are payable for any costs You may incur as a result of Your purchase of any additional information or services.

Right To Recover An Excess Payment

If, at any time, We make a payment in excess of Benefits payable under the Policy ("**Excess Payment**"), We have the right to recover such Excess Payment from any person to whom, or for whom, or with respect to whom, such Excess Payment was made. In the event that such Excess Payment is not returned to Us within 60 days of Our request to return the Excess Payment, We may deduct the amount of such Excess Payment from Your future Benefit payments, if applicable and where permitted by law.

Except in the event that the Policy is rescinded in accordance with the Misstatements and Incontestability provision, We have the right to recover any payment for Benefits made by Us in error and any payment for Benefits made as a result of fraud by any party including, but not limited to, You or Your care providers.

Legal Actions

You may not bring any legal action against Us seeking Benefit payments under the Policy until 60 days after Proofs of Loss have been received by Us. You may not bring any legal action against Us seeking Benefit payments under the Policy more than the greater of:

- three (3) years from the date Proofs of Loss have been received by Us, or
- the minimum time period to which We can limit the taking of legal actions against the Policy under the laws of the Policy Issue State.

EXCLUSIONS AND LIMITATIONS

This section states the conditions under which Benefit payments will be limited, or not available at all, even if You otherwise qualify for Benefits. Benefits for which You otherwise qualify will not be limited or excluded by type of illness, treatment, medical condition or accident except as provided below.

Exclusions

We will not pay Benefits for any expenses incurred for any Covered Care:

- for which no charge is normally made in the absence of insurance;
- provided outside the United States, unless specifically provided for by a Benefit;
- provided by Your Immediate Family, unless a Benefit specifically states that a member of Your Immediate Family can provide Covered Care. We will not consider care to have been provided by a member of Your Immediate Family when:
  - he or she is a regular employee of the organization that is providing the services; and
  - such organization receives payment for the services; and
  - he or she receives no compensation other than the normal compensation for employees in her or his job category;
- provided by or in a Veteran's Administration or federal government facility, unless a valid charge is made to You or Your estate;
- resulting from illness, treatment or medical condition arising out of any of the following:
  - war or any act of war, whether declared or not;
  - attempted suicide or an intentionally self-inflicted injury;
- for Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication

Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- any other federal, State or other government health or long term care program, or law, except Medicaid.

However, this Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

Coordination With Other Coverage

We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

We consider **Other Long Term Care coverage** to be coverage, whether group or individual, that provides nursing facility, assisted living facility, hospice, or home health care benefits. This provision applies whether those benefits are payable on an expense reimbursement, indemnity, cash payment or other basis. This provision also applies to benefits payable in conjunction with life insurance and annuities, but only to the extent that the benefits are payments for Qualified Long Term Care Services and exceed the amount of accelerated life insurance or annuity benefit payments.

When Coverage is reduced, the amount We will pay will be the lesser of:

- the amount We would have paid in the absence of this provision; or
- the difference between the actual expense incurred for the Covered Care and the total amount payable for that Covered Care under:
  - all Other Long Term Care Coverage that was effective before this Coverage; plus
  - all Other Long Term Care Coverage that does not coordinate its payment with this Coverage.

CONTINGENT NONFORFEITURE BENEFIT

The Benefit

Under this Benefit, You may convert to a Shortened Benefit Period if We make a substantial increase in the Premium for the Policy, as described below and subject to the Payment Limitations.

How This Benefit Works

If We make a substantial increase in Your Premium, as determined by the following Table, We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the Premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period as described below. This option may be elected at any time during the 120-day period following the date of the Premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Table Indicating a Substantial Premium Increase*`

Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30 – 34	190%	67	46%	80	20%
35 – 39	170%	68	44%	81	19%
40 – 44	150%	69	42%	82	18%
45 – 49	130%	70	40%	83	17%
50 – 54	110%	71	38%	84	16%
55 – 59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

* Percentage increase is cumulative from Policy Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. The Issue Age is the age upon which Your Premium is based as of the Policy Effective Date.

Shortened Benefit Period

If You convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all Premium paid for the Policy, excluding any waived Premium; or
- the maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

The reduced Coverage Maximum will not be reduced by any Benefits previously paid under the Policy.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in Premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

Please keep the Policy and attachments in a safe place with Your other important documents.

FUTURE PURCHASE OPTIONS ENDORSEMENT

This Endorsement adds the following Future Purchase Options to the Policy.

The Benefit

Under this Endorsement, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

5% Future Purchase Option

This 5% Future Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements on the date the offer is made by Us.

Offers and Benefit Increases cease when:

- You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums;
- the applicable maximum has been exhausted; or
- this Endorsement ends.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each applicable anniversary for which You elected this Future Purchase Option since the Policy Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

When This Endorsement Is In Force

This Endorsement is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Policy Effective Date and ends on the earlier of the following:

- the date the Policy ends; or
- the date the Policy is continued under any Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

FUTURE PURCHASE OPTIONS ENDORSEMENT

This Endorsement adds the following Future Purchase Options to the Policy.

The Benefit

Under this Endorsement, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

5% Future Purchase Option

This 5% Future Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements on the date the offer is made by Us.

Offers and Benefit Increases cease when:

- You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums;
- the applicable maximum has been exhausted; or
- this Endorsement ends.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each applicable anniversary for which You elected this Future Purchase Option since the Policy Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

When This Endorsement Is In Force

This Endorsement is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Policy Effective Date and ends on the earlier of the following:

- the date the Policy ends; or
- the date the Policy is continued under any Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

GUARANTEED PURCHASE OPTIONS ENDORSEMENT

This Endorsement adds the following Guaranteed Purchase Options to the Policy.

The Benefit

Under this Endorsement, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

5% Guaranteed Purchase Options

This 5% Guaranteed Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

The Guaranteed Purchase Option is available even if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements.

Offers and Benefit Increases cease when:

- You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums;
- the applicable maximum has been exhausted; or
- this Endorsement ends.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each applicable anniversary for which You elected this Future Purchase Option since the Policy Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

Offers and Benefit Increases cease when:

- You have refused or declined three consecutive options to increase Benefit maximums;
- the applicable maximum has been exhausted; or
- this Endorsement ends.

When This Endorsement Is In Force

This Endorsement is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Policy Effective Date and ends on the earlier of the following:

- the date the Policy ends; or
- the date the Policy is continued under any Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

GUARANTEED PURCHASE OPTIONS ENDORSEMENT

This Endorsement adds the following Guaranteed Purchase Options to the Policy.

The Benefit

Under this Endorsement, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

5% Guaranteed Purchase Options

This 5% Guaranteed Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

The Guaranteed Purchase Option is available even if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements.

Offers and Benefit Increases cease when:

- You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums;
- the applicable maximum has been exhausted; or
- this Endorsement ends.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each applicable anniversary for which You elected this Future Purchase Option since the Policy Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum, less any Benefits paid.

Offers and Benefit Increases cease when:

- You have refused or declined three consecutive options to increase Benefit maximums;
- the applicable maximum has been exhausted; or
- this Endorsement ends.

When This Endorsement Is In Force

This Endorsement is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Policy Effective Date and ends on the earlier of the following:

- the date the Policy ends; or
- the date the Policy is continued under any Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

WAIVER OF HOME AND COMMUNITY CARE ELIMINATION PERIOD ENDORSEMENT

This Endorsement adds the following Waiver of Home and Community Care Elimination Period to the Policy.

The Benefit

This Endorsement waives the Elimination Period for the Home and Community Care Benefit of the Policy. Days for which payment is made under the Home and Community Care Benefit will count towards satisfying any Elimination Period specified in Your Policy applicable to other Benefits.

Under this Endorsement, the **Payment Limitations** provision of the Home and Community Care Benefit of the Policy is deleted and replaced with the following:

Payment of this Benefit is subject to:

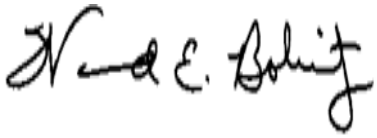
- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions of the Policy.

When This Endorsement Is In Force

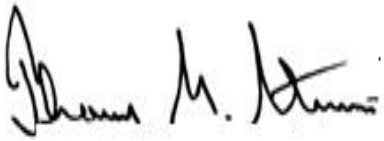
This Endorsement has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It becomes part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

WAIVER OF HOME AND COMMUNITY CARE ELIMINATION PERIOD ENDORSEMENT

This Endorsement adds the following Waiver of Home and Community Care Elimination Period to the Policy.

The Benefit

This Endorsement waives the Elimination Period for the Home and Community Care Benefit of the Policy. Days for which payment is made under the Home and Community Care Benefit will count towards satisfying any Elimination Period specified in Your Policy applicable to other Benefits.

Under this Endorsement, the **Payment Limitations** provision of the Home and Community Care Benefit of the Policy is deleted and replaced with the following:

Payment of this Benefit is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule for this Benefit; and
- all other provisions of the Policy.

When This Endorsement Is In Force

This Endorsement has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It becomes part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

INTERNATIONAL NURSING FACILITY BENEFIT ENDORSEMENT

This Endorsement adds the following International Nursing Facility Benefit to the Policy.

The Benefit

Under this Benefit, We will pay for Covered Expenses incurred during Your Confinement in an Out-of-Country Nursing Facility, as described below and subject to the Conditions and Payment Limitations.

Covered Expenses

Covered Expenses for International Nursing Facility care means expenses You have paid for care and support services (including room and board) provided to You by an Out-of-Country Nursing Facility (including room and board).

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to:
  - A Current Eligibility Certification from a Licensed Health Care Practitioner certifying that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

  We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:
- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:
- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to:
- the Elimination Period requirement;
- the Coverage Maximum;
- the limits determined below; and
- all other provisions and conditions applicable to the Policy.

Payment for care in an Out-of-Country Nursing Facility will not exceed 75% of the Nursing Facility Maximum.

This Benefit is not payable at the same time as any other Benefit.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

When This Endorsement Is In Force

This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

INTERNATIONAL NURSING FACILITY BENEFIT ENDORSEMENT

This Endorsement adds the following International Nursing Facility Benefit to the Policy.

The Benefit

Under this Benefit, We will pay for Covered Expenses incurred during Your Confinement in an Out-of-Country Nursing Facility, as described below and subject to the Conditions and Payment Limitations.

Covered Expenses

Covered Expenses for International Nursing Facility care means expenses You have paid for care and support services (including room and board) provided to You by an Out-of-Country Nursing Facility (including room and board).

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to:
  - A Current Eligibility Certification from a Licensed Health Care Practitioner certifying that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

  We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:
- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:
- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to:
- the Elimination Period requirement;
- the Coverage Maximum;
- the limits determined below; and
- all other provisions and conditions applicable to the Policy.

Payment for care in an Out-of-Country Nursing Facility will not exceed 75% of the Nursing Facility Maximum.

This Benefit is not payable at the same time as any other Benefit.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

When This Endorsement Is In Force

This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

This Endorsement adds the following International Coverage Benefit to the Policy.

The Benefit

Under this Benefit, We will pay for Covered Expenses incurred outside the United States, as described below and subject to the Conditions and Payment Limitations.

Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services received outside of the United States that are provided:

- in a Home and would otherwise have been payable under the Home and Community Care Benefit; or
- to You by an Out-of-Country Nursing Facility (including room and board).

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to
  - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Covered Care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

  We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;

- have a Graduate Nurse on duty or on call in the facility at all times;
- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:
- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:
- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to: the Elimination Period requirement; the Coverage Maximum; the limits determined below; and all other provisions and conditions applicable to the Policy.

This Benefit is not payable at the same time as any other Benefit. Payment for care in an Out-of-Country Nursing Facility will not exceed 50% of the Nursing Facility Maximum.

Payment under this Benefit for Covered Care at Home will not exceed 25% of the Nursing Facility Maximum and is limited to payment for 365 days on which You receive Covered Care at Home.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense payable under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

When This Endorsement Is In Force

This Endorsement has been issued in consideration of Your Application and payment of the Premium for the Policy. It becomes a part of the Policy. It takes effect on the Policy Effective Date; and ends when the Policy ends.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

This Endorsement adds the following International Coverage Benefit to the Policy.

The Benefit

Under this Benefit, We will pay for Covered Expenses incurred outside the United States, as described below and subject to the Conditions and Payment Limitations.

Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services received outside of the United States that are provided:

- in a Home and would otherwise have been payable under the Home and Community Care Benefit; or
- to You by an Out-of-Country Nursing Facility (including room and board).

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to
  - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Covered Care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

  We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

Requirements: To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;

- have a Graduate Nurse on duty or on call in the facility at all times;
- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:
- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

Excluded Places: The definition of an Out-of-Country Nursing Facility does NOT include any of the following:
- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

Payment Limitations

Payment of this Benefit is subject to: the Elimination Period requirement; the Coverage Maximum; the limits determined below; and all other provisions and conditions applicable to the Policy.

This Benefit is not payable at the same time as any other Benefit. Payment for care in an Out-of-Country Nursing Facility will not exceed 50% of the Nursing Facility Maximum.

Payment under this Benefit for Covered Care at Home will not exceed 25% of the Nursing Facility Maximum and is limited to payment for 365 days on which You receive Covered Care at Home.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense payable under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

When This Endorsement Is In Force

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In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

10-YEAR REFUND OF PREMIUM ON DEATH BENEFIT RIDER

This Rider adds the following 10-Year Refund of Premium on Death Benefit to the Policy.

The Benefit

Under this Rider, We will refund the Premium You paid in the event You die, as described below and subject to the Payment Limitations below.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid by You (and not waived) for Your Policy;
  REDUCED BY
- the amount of any Benefits paid or payable under Your Policy.

Payment Limitations

Payment under this Rider will made to Your designated beneficiary, in the event that You die:

- before Your policy has ended; and
- Your Policy has continued, except under a nonforfeiture benefit, for at least 10 consecutive years.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

Notice Regarding Tax Law: Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

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President and CEO, Long Term Care Division

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We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid by You (and not waived) for Your Policy;
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- the amount of any Benefits paid or payable under Your Policy.

Payment Limitations

Payment under this Rider will made to Your designated beneficiary, in the event that You die:

- before Your policy has ended; and
- Your Policy has continued, except under a nonforfeiture benefit, for at least 10 consecutive years.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

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- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Policy remain the same.

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President and CEO, Long Term Care Division

GRADED REFUND OF PREMIUM ON DEATH BENEFIT RIDER

This Rider adds the following Graded Refund of Premium on Death Benefit to the Policy.

The Benefit

Under this Rider, We will refund the Premium You paid in the event You die before age 75, as described below and subject to the Payment Limitations below.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid by You (and not waived) for Your Policy.

B = The amount of any Benefits paid or payable under Your Policy.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

Age	Covered Percent	Age	Covered Percent
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

Payment Limitations

Payment under this Rider will made to Your designated beneficiary, in the event that You die before age 75 while the Policy is in force.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

Notice Regarding Tax Law: Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the Premium Due Date on which You are 75 years of age;
- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

GRADED REFUND OF PREMIUM ON DEATH BENEFIT RIDER

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The Benefit

Under this Rider, We will refund the Premium You paid in the event You die before age 75, as described below and subject to the Payment Limitations below.

How Much We Will Pay

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid by You (and not waived) for Your Policy.

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67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

Payment Limitations

Payment under this Rider will made to Your designated beneficiary, in the event that You die before age 75 while the Policy is in force.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Policy was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

Notice Regarding Tax Law: Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

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This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the Premium Due Date on which You are 75 years of age;
- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Policy remain the same.

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Secretary

President and CEO, Long Term Care Division

RESTORATION BENEFIT RIDER

This Rider adds the following Restoration Benefit to the Policy.

The Benefit

Subject to the Payment Limitations below, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below.

Definitions

Fully Recover means that for a period of at least 180 consecutive days:

- Your Policy has not ended, is not being under continued under a nonforfeiture benefit and premiums are not being waived under the Waiver of Premium Benefit;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments with respect to the status of Your health; and
- require You to undergo a physical examination.

Restoration means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Coverage limit will be changed.

This Restoration will not apply when Your Policy is in force under any nonforfeiture benefit.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

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Secretary

President and CEO, Long Term Care Division

TRANSITION BENEFIT RIDER

This Rider adds the following Transition Benefit to the Policy.

The Benefit

Under this Rider, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below and subject to the Payment Limitations below.

Covered Expenses

Covered Expenses for this Transition Benefit Rider means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The payment amount for this Rider is set forth in the Schedule and will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

Payment Limitations

This is a one-time payment. Payment made under this Rider is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule; and
- all other provisions and conditions of the Policy.

Payment made under this Rider is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

Notice Regarding Tax Law: Payment made under this Rider may have tax implications. You are advised to review this Rider with a qualified tax professional to determine any such tax impact.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earlier of:

- the date Your Policy ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

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Secretary

President and CEO, Long Term Care Division

NONFORFEITURE BENEFIT RIDER

This Rider adds the following Nonforfeiture Benefit to the Policy.

The Benefit

Under this Rider, We will provide You with a continuation of Your Policy if Your Policy ends because the Premium due is not received by Us by the end of the Grace Period (lapse) before the Coverage Maximum has been exhausted, as described below and subject to the Conditions and Payment Limitations provided below.

How This Rider Works

If Your Policy ends, We will continue Your Policy, on a paid-up basis, which means that no further Premium will become due. The Coverage Maximum will be replaced by the Nonforfeiture Allowance, defined below. Otherwise, Your Policy will continue under the same terms and conditions of the Policy, except that any future Benefit Increases will no longer apply. Where Benefits under the Policy are subject to a Monthly Nursing Facility Maximum, the corresponding daily Nursing Facility Benefit is the pro-rata portion of that monthly amount based on a 30-day month.

Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is the greater of:

- the sum of all Premium paid by You for Your Policy, excluding any premium waived under the Waiver of Premium Benefit; or
- an amount equal to thirty (30) times the daily Nursing Facility Benefit that is in effect at the time of lapse.

Conditions

The continuation of Your Policy is subject to the following conditions:

- The Policy must have been in force for at least 3 consecutive years from the Policy Effective Date when the Policy lapses (as noted above).

Payment Limitations

Coverage under this Rider ends when:

- the total Covered Expense paid under this Rider equals the Nonforfeiture Allowance

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earlier of:

- the date Your Policy ends, subject to the provisions of this Rider; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Policy remain the same.

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- the total Covered Expense paid under this Rider equals the Nonforfeiture Allowance

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earlier of:

- the date Your Policy ends, subject to the provisions of this Rider; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

SHARED BENEFIT RIDER

This Rider adds the following Shared Benefit Provisions to the Policy.

Shared Benefit Provisions

Under this Rider, We will automatically continue Your Spouse or Partner's Coverage when his or her Policy ends because the Coverage Maximum of his or her Policy has been exhausted by using the remaining Coverage Maximum of Your Policy, as described and subject to the Conditions below. Once this Rider takes effect, the person named as Your Spouse or Partner will be covered under Your Policy the same as You. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Policy as of the Policy Effective Date.

If the Schedule in Your Policy states that this Rider is:

- "Included With Joint Waiver," this means that We will waive Premium payments, in accordance with the Waiver of Premium Benefit, for both You and Your Spouse or Partner while either You or Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Once both You or Your Spouse or Partner no longer meet the requirements of the Waiver of Premium Benefit, both You and Your Spouse or Partner will be required to pay Premium in accordance with the Paying Premium provision of the Policy.
- "Included Without Joint Waiver," this means that We will not waive Premium payments for Your Spouse or Partner's policy when You meet the requirements of the Waiver of Premium Benefit. In addition, Premium for Your Policy will not be waived when Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Your Spouse or Partner cannot qualify for the Waiver of Premium Benefit under Your Policy even if he or she becomes the sole Insured upon Your death.

Conditions

Coverage under this Rider is subject to all of the following conditions:

- Your Policy with Us and Your Spouse or Partner's policy with Us must be identical. This means You and Your Spouse or Partner must both have the same Shared Benefit Rider form with the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Spouse or Partner's policy as of the Policy Effective Date; and he or she must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Policy as of the Policy Effective Date.
- Your Policy will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Policy has exhausted its Coverage Maximum.
- Benefits paid under Your Policy on behalf of Your Spouse or Partner will be paid according to the applicable benefits, limits, Claims payment provisions and all other provisions of Your Policy on the date the expense is incurred; and will count against the Coverage Maximum of Your Policy.
- No Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Policy.
- Continuation of Your Spouse or Partner's Coverage under Your Policy will terminate when the Coverage Maximum of Your Policy is exhausted.
- We will give You written notice once Your Spouse or Partner has exhausted his or her Coverage Maximum and this Rider takes effect.

Coverage Maximum Transfer/Continued Sharing Upon Death

Coverage Maximum Transfer: If You die while both You and Your Spouse or Partner have Shared Benefit Riders in force, upon written notification of Your death, the remaining Coverage Maximum of Your Policy will be added to the Coverage Maximum of Your Spouse or Partner's Policy. If the remaining Coverage Maximum of Your Spouse or Partner's Policy is added to the Coverage Maximum of Your Policy under a Coverage Maximum Transfer, any future Benefit Increases will then be based on Your Coverage Maximum as increased by the Coverage Maximum Transfer.

Continued Sharing: If You die while this Rider is in force and Your Spouse or Partner is sharing Coverage under Your Policy at time of Your death, he or she may continue Coverage under Your Policy subject to the terms of this Rider.

Unpaid Covered Expenses: Any Covered Expenses incurred by You prior to when the Policy ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of the Policy and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Spouse or Partner's policy.

Any Covered Expenses incurred by Your Spouse or Partner prior to when his or her Policy ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of his or her policy and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Policy.

Affect on Premium: When Your Spouse or Partner dies and either the Coverage Maximum Transfer or Continued Sharing provisions applies to Your Policy, the cost for this Rider will no longer be included in the Premium for the Policy and the Premium will be reduced by the cost of this Rider.

Guaranteed Minimum Benefit

Guaranteed Minimum: will be equal to 50% of the lesser of:

- Your Coverage Maximum in effect on the Policy Effective Date; or
- If Your Coverage Maximum has been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum Benefit is applied

To ensure that at least the Guaranteed Minimum is available to pay for Covered Expenses You may incur, We will reset Your Coverage Maximum, as described below, on the date Your Coverage Maximum is exhausted; but only if the total Benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum, defined above, reduced by the total Benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the Coverage Maximum as amended under this Guaranteed Minimum Benefit.
- All other Benefit limits, terms and conditions under the Policy will remain the same.
- The Policy will cover You alone; and this Rider will terminate.
- The cost of this Rider will no longer apply to Your future Premium.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It can be continued in force by the timely payment of Premium until it is terminated.

Except as provided in the "Note" below, this Rider will automatically terminate on the earliest of:

- the date the Policy ends or is continued under any Nonforfeiture Benefit;
- the date of death of Your Spouse or Partner;
- the date the identical Shared Benefit Rider on Your Spouse or Partner's Policy ends for any reason other than exhausting the Coverage Maximum applicable to his or her Policy;
- the date We reset Your Coverage Maximum as provided under the Guaranteed Minimum Benefit;

- the date the Benefit levels and Benefit options under the policies of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either You or Your Spouse or Partner; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: This Rider cannot be terminated if Your Spouse or Partner has begun to access Benefits under Your Policy until he or she is no longer eligible for continued Benefits under Your Policy.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

SHARED BENEFIT RIDER

This Rider adds the following Shared Benefit Provisions to the Policy.

Shared Benefit Provisions

Under this Rider, We will automatically continue Your Spouse or Partner's Coverage when his or her Policy ends because the Coverage Maximum of his or her Policy has been exhausted by using the remaining Coverage Maximum of Your Policy, as described and subject to the Conditions below. Once this Rider takes effect, the person named as Your Spouse or Partner will be covered under Your Policy the same as You. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Policy as of the Policy Effective Date.

If the Schedule in Your Policy states that this Rider is:

- "Included With Joint Waiver," this means that We will waive Premium payments, in accordance with the Waiver of Premium Benefit, for both You and Your Spouse or Partner while either You or Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Once both You or Your Spouse or Partner no longer meet the requirements of the Waiver of Premium Benefit, both You and Your Spouse or Partner will be required to pay Premium in accordance with the Paying Premium provision of the Policy.
- "Included Without Joint Waiver," this means that We will not waive Premium payments for Your Spouse or Partner's policy when You meet the requirements of the Waiver of Premium Benefit. In addition, Premium for Your Policy will not be waived when Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Your Spouse or Partner cannot qualify for the Waiver of Premium Benefit under Your Policy even if he or she becomes the sole Insured upon Your death.

Conditions

Coverage under this Rider is subject to all of the following conditions:

- Your Policy with Us and Your Spouse or Partner's policy with Us must be identical. This means You and Your Spouse or Partner must both have the same Shared Benefit Rider form with the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Spouse or Partner's policy as of the Policy Effective Date; and he or she must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Policy as of the Policy Effective Date.
- Your Policy will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Policy has exhausted its Coverage Maximum.
- Benefits paid under Your Policy on behalf of Your Spouse or Partner will be paid according to the applicable benefits, limits, Claims payment provisions and all other provisions of Your Policy on the date the expense is incurred; and will count against the Coverage Maximum of Your Policy.
- No Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Policy.
- Continuation of Your Spouse or Partner's Coverage under Your Policy will terminate when the Coverage Maximum of Your Policy is exhausted.
- We will give You written notice once Your Spouse or Partner has exhausted his or her Coverage Maximum and this Rider takes effect.

Coverage Maximum Transfer/Continued Sharing Upon Death

Coverage Maximum Transfer: If You die while both You and Your Spouse or Partner have Shared Benefit Riders in force, upon written notification of Your death, the remaining Coverage Maximum of Your Policy will be added to the Coverage Maximum of Your Spouse or Partner's Policy. If the remaining Coverage Maximum of Your Spouse or Partner's Policy is added to the Coverage Maximum of Your Policy under a Coverage Maximum Transfer, any future Benefit Increases will then be based on Your Coverage Maximum as increased by the Coverage Maximum Transfer.

Continued Sharing: If You die while this Rider is in force and Your Spouse or Partner is sharing Coverage under Your Policy at time of Your death, he or she may continue Coverage under Your Policy subject to the terms of this Rider.

Unpaid Covered Expenses: Any Covered Expenses incurred by You prior to when the Policy ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of the Policy and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Spouse or Partner's policy.

Any Covered Expenses incurred by Your Spouse or Partner prior to when his or her Policy ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of his or her policy and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Policy.

Affect on Premium: When Your Spouse or Partner dies and either the Coverage Maximum Transfer or Continued Sharing provisions applies to Your Policy, the cost for this Rider will no longer be included in the Premium for the Policy and the Premium will be reduced by the cost of this Rider.

Guaranteed Minimum Benefit

Guaranteed Minimum: will be equal to 50% of the lesser of:

- Your Coverage Maximum in effect on the Policy Effective Date; or
- If Your Coverage Maximum has been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum Benefit is applied

To ensure that at least the Guaranteed Minimum is available to pay for Covered Expenses You may incur, We will reset Your Coverage Maximum, as described below, on the date Your Coverage Maximum is exhausted; but only if the total Benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum, defined above, reduced by the total Benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the Coverage Maximum as amended under this Guaranteed Minimum Benefit.
- All other Benefit limits, terms and conditions under the Policy will remain the same.
- The Policy will cover You alone; and this Rider will terminate.
- The cost of this Rider will no longer apply to Your future Premium.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It can be continued in force by the timely payment of Premium until it is terminated.

Except as provided in the "Note" below, this Rider will automatically terminate on the earliest of:

- the date the Policy ends or is continued under any Nonforfeiture Benefit;
- the date of death of Your Spouse or Partner;
- the date the identical Shared Benefit Rider on Your Spouse or Partner's Policy ends for any reason other than exhausting the Coverage Maximum applicable to his or her Policy;
- the date We reset Your Coverage Maximum as provided under the Guaranteed Minimum Benefit;

- the date the Benefit levels and Benefit options under the policies of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either You or Your Spouse or Partner; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: This Rider cannot be terminated if Your Spouse or Partner has begun to access Benefits under Your Policy until he or she is no longer eligible for continued Benefits under Your Policy.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.
Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

10-YEAR SURVIVORSHIP BENEFIT RIDER

This Rider adds the following 10 Year Survivorship Benefit to the Policy.

The Benefit

Under this Rider, if Your Spouse or Partner dies, Your Policy will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Policy.

Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - had not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the prior 10-year period;
  - included a similar 10-Year Survivorship Benefit for the entire prior 10-year period; and
  - Your Spouse or Partner had been Your Spouse or Partner for the entire 10-year period of concurrent Survivorship Benefit coverage.

Limitation: This Benefit will not apply if long term care benefits were paid or payable by Us for any Covered Expenses incurred, by either You or Your Spouse or Partner during the first 10 years of such concurrent Survivorship Benefit coverage. For the purposes of this Rider, a Benefit is considered to be "payable" if a Covered Expense is incurred even if a claim for benefits has not been submitted in accordance with the Claims provisions of the Policy.

We must receive written proof of Your Spouse or Partner's death, in a form acceptable to Us, within one year of his or her death.

This Rider applies to the Premium for Your Policy and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request if You wish to terminate this Rider for any other reason.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider;
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us if such date is prior to the end of the 10-year period provided for above; or
- the date a Benefit has been paid or payable by Us for Covered Expenses incurred by either You or Your Spouse or Partner during the first 10 years of concurrent Survivorship Benefit coverage.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

10-YEAR SURVIVORSHIP BENEFIT RIDER

This Rider adds the following 10 Year Survivorship Benefit to the Policy.

The Benefit

Under this Rider, if Your Spouse or Partner dies, Your Policy will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Policy.

Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - had not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the prior 10-year period;
  - included a similar 10-Year Survivorship Benefit for the entire prior 10-year period; and
  - Your Spouse or Partner had been Your Spouse or Partner for the entire 10-year period of concurrent Survivorship Benefit coverage.

Limitation: This Benefit will not apply if long term care benefits were paid or payable by Us for any Covered Expenses incurred, by either You or Your Spouse or Partner during the first 10 years of such concurrent Survivorship Benefit coverage. For the purposes of this Rider, a Benefit is considered to be "payable" if a Covered Expense is incurred even if a claim for benefits has not been submitted in accordance with the Claims provisions of the Policy.

We must receive written proof of Your Spouse or Partner's death, in a form acceptable to Us, within one year of his or her death.

This Rider applies to the Premium for Your Policy and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request if You wish to terminate this Rider for any other reason.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider;
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us if such date is prior to the end of the 10-year period provided for above; or
- the date a Benefit has been paid or payable by Us for Covered Expenses incurred by either You or Your Spouse or Partner during the first 10 years of concurrent Survivorship Benefit coverage.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

ENHANCED SURVIVORSHIP BENEFIT RIDER

This Rider adds the following Enhanced Survivorship Benefit to the Policy.

The Benefit

Under this Rider, if Your Spouse or Partner for this Benefit dies, Your Policy will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for purposes of this Benefit is the person named as such in the Schedule of Your Policy.

Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - has not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the Qualification Period for this Rider as shown in Your Policy Schedule;
  - included a similar Enhanced Survivorship Benefit with a concurrent coverage requirement equal to or longer than the Qualification Period for this Rider as shown in Your Policy Schedule; and
- he or she had been Your Spouse or Partner for the entire period of concurrent Enhanced Survivorship Benefit coverage.

This Benefit will apply even if long term care Benefits were paid or payable by Us for expenses incurred by either You or Your Spouse or Partner during the Qualification Period.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Policy and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request if You wish to terminate this Rider for any other reason.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider; or
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us .

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

ENHANCED SURVIVORSHIP BENEFIT RIDER

This Rider adds the following Enhanced Survivorship Benefit to the Policy.

The Benefit

Under this Rider, if Your Spouse or Partner for this Benefit dies, Your Policy will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for purposes of this Benefit is the person named as such in the Schedule of Your Policy.

Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - has not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the Qualification Period for this Rider as shown in Your Policy Schedule;
  - included a similar Enhanced Survivorship Benefit with a concurrent coverage requirement equal to or longer than the Qualification Period for this Rider as shown in Your Policy Schedule; and
- he or she had been Your Spouse or Partner for the entire period of concurrent Enhanced Survivorship Benefit coverage.

This Benefit will apply even if long term care Benefits were paid or payable by Us for expenses incurred by either You or Your Spouse or Partner during the Qualification Period.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Policy and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

Note: You must send Us a written request if You wish to terminate this Rider for any other reason.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Policy ends;
- the date Your Policy is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider; or
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us .

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

SIMPLE BENEFIT INCREASES RIDER

This Rider adds the following Simple Benefit Increases to the Policy.

The Benefit

Under this Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

5% Simple Benefit Increases

On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum in effect as of the Policy Effective Date.

Calculation of the increased amounts is not reduced by Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each anniversary since the Policy Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Policy; or
- this Rider ends.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Policy.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

SIMPLE BENEFIT INCREASES RIDER

This Rider adds the following Simple Benefit Increases to the Policy.

The Benefit

Under this Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

5% Simple Benefit Increases

On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum in effect as of the Policy Effective Date.

Calculation of the increased amounts is not reduced by Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each anniversary since the Policy Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Policy; or
- this Rider ends.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Policy.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

COMPOUND BENEFIT INCREASES RIDER

This Rider adds the following Compound Benefit Increases to the Policy.

The Benefit

Under this Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

[5%, 4%, 3%] Compound Benefit Increases

On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by **[**5%, 4%, 3%**]** where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum in effect on each anniversary of the Policy Effective Date, less any Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by [5%, 4%, 3%] for each anniversary since the Policy Effective Date where the [5%, 4%, 3%] equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that would have been in effect on each anniversary since the Policy Effective Date, less any Benefits paid.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Policy; or
- this Rider ends.

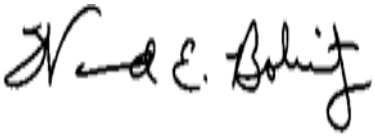
When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It will automatically terminate on the earliest of:

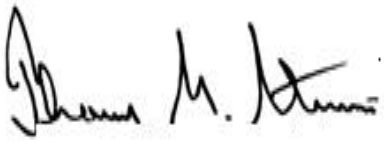
- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Policy.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

COMPOUND BENEFIT INCREASES RIDER

This Rider adds the following Compound Benefit Increases to the Policy.

The Benefit

Under this Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to Conditions provided below.

[5%, 4%, 3%] Compound Benefit Increases

On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by **[**5%, 4%, 3%**]** where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum in effect on each anniversary of the Policy Effective Date, less any Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.

If Your Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum have been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Policy, We will:

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by [5%, 4%, 3%] for each anniversary since the Policy Effective Date where the [5%, 4%, 3%] equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that would have been in effect on each anniversary since the Policy Effective Date, less any Benefits paid.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Policy; or
- this Rider ends.

When This Rider Is In Force

This Rider is a part of the Policy. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Policy Effective Date. It continues until terminated. It will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Policy.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Secretary

President and CEO, Long Term Care Division

TO AGE 65 PREMIUM PAYMENT RIDER

This Rider adds the following provisions to the Policy.

Paid-Up Feature – After Age 65

Under this Rider, if You pay Premium as it becomes due, the Policy will be paid-up and no future Premium payments will be required as of the anniversary of the Policy Effective Date on which You are 65 years of age except that We do have the right to increase Premium that become due prior to the date the Policy becomes paid-up in accordance with the Premium Rate Changes provision of the Policy.

Limited Pay Contingent Nonforfeiture Benefit

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Policy are approximately the same as prior to the Premium rate change;
- offer to convert the Policy to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Triggers Indicating A Substantial Premium Increase*

Issue Age	Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

* Percentage increase is cumulative from Policy Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. This Issue Age is the age upon which Your Premium is based as of the Policy Effective Date.

Reduced Benefits Plan: When converted in accordance with the above, the Policy will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A equals ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and

B equals the ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

These reduced maximums and payment limits will not be affected by any Benefit Increases provision. The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is “Unlimited”.

Payment Limitations: The above future Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

When This Rider Is In Force

This Rider is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium for the Policy. Unless added at a later date, this Rider takes effect on the Policy Effective Date. It continues as long as

This Rider will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: If You change to another Premium Payment Mode (such as lifetime), the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

Important Note Regarding Tax Law

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

TO AGE 65 PREMIUM PAYMENT RIDER

This Rider adds the following provisions to the Policy.

Paid-Up Feature – After Age 65

Under this Rider, if You pay Premium as it becomes due, the Policy will be paid-up and no future Premium payments will be required as of the anniversary of the Policy Effective Date on which You are 65 years of age except that We do have the right to increase Premium that become due prior to the date the Policy becomes paid-up in accordance with the Premium Rate Changes provision of the Policy.

Limited Pay Contingent Nonforfeiture Benefit

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Policy are approximately the same as prior to the Premium rate change;
- offer to convert the Policy to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Triggers Indicating A Substantial Premium Increase*

Issue Age	Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

* Percentage increase is cumulative from Policy Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. This Issue Age is the age upon which Your Premium is based as of the Policy Effective Date.

Reduced Benefits Plan: When converted in accordance with the above, the Policy will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A equals ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and

B equals the ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

These reduced maximums and payment limits will not be affected by any Benefit Increases provision. The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is “Unlimited”.

Payment Limitations: The above future Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

When This Rider Is In Force

This Rider is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium for the Policy. Unless added at a later date, this Rider takes effect on the Policy Effective Date. It continues as long as

This Rider will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: If You change to another Premium Payment Mode (such as lifetime), the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

Important Note Regarding Tax Law

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

10-YEAR PREMIUM PAYMENT RIDER

This Rider adds the following provisions to the Policy.

Paid-Up Feature – After 10 Years

Under this Rider, if You pay Premium as it becomes due and this Rider has continuously been in force for 10 years, the Policy will be paid-up and no future Premium payments will be required, except that We have the right to increase Premium that becomes due prior to the date the Policy becomes paid-up in accordance with the Premium Rate Changes provision of the Policy.

Limited Pay Contingent Nonforfeiture Benefit

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Policy are approximately the same as prior to the Premium rate change;
- offer to convert the Policy to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Triggers Indicating A Substantial Premium Increase*

Issue Age	Increase Over Initial Premium
Under 65	50%
65-80	30%
Over 80	10%

* Percentage increase is cumulative from Policy Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. The Issue Age is the age upon which Your premium is based as of the Policy Effective Date.

Reduced Benefits Plan: When converted in accordance with the above, the Policy will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A equals ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and

B equals the ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

These reduced maximums and payment limits will not be affected by any Benefit Increases provision. The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is “Unlimited”.

Payment Limitations: The above future Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

When This Rider Is In Force

This Rider is part of the Policy. It has been issued in consideration of Your Application and payment of the Premium for the Policy. Unless added at a later date, this Rider takes effect on the Policy Effective Date.

This Rider will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: If You change to another Premium Payment Mode (such as lifetime), the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

Note Regarding Tax Law

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

10-YEAR PREMIUM PAYMENT RIDER

This Rider adds the following provisions to the Policy.

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Under this Rider, if You pay Premium as it becomes due and this Rider has continuously been in force for 10 years, the Policy will be paid-up and no future Premium payments will be required, except that We have the right to increase Premium that becomes due prior to the date the Policy becomes paid-up in accordance with the Premium Rate Changes provision of the Policy.

Limited Pay Contingent Nonforfeiture Benefit

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- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

Triggers Indicating A Substantial Premium Increase*

Issue Age	Increase Over Initial Premium
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* Percentage increase is cumulative from Policy Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. The Issue Age is the age upon which Your premium is based as of the Policy Effective Date.

Reduced Benefits Plan: When converted in accordance with the above, the Policy will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A equals ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and

B equals the ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

These reduced maximums and payment limits will not be affected by any Benefit Increases provision. The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is “Unlimited”.

Payment Limitations: The above future Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

When This Rider Is In Force

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This Rider will automatically terminate on the earliest of:

- the date the Policy ends;
- the date the Policy is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

Note: If You change to another Premium Payment Mode (such as lifetime), the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

Note Regarding Tax Law

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

Genworth Financial
Genworth Life Insurance Company
[Administrative Office
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Policy form series 8000

NOTICE TO BUYER

This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

CAUTION

The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your Application. A copy of Your Application will be attached to Your issued Policy. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

1. POLICY DESIGNATION

The Policy is an individual policy of insurance.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy, and not this Outline of Coverage, contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The 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.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Policy on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY**.

(b) WAIVER OF PREMIUM: Premium will be waived for each coverage month while You are receiving Benefits that qualify for this waiver as described in the Schedule at the end of this Outline Of Coverage.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE. We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

30-Day Free Look Period: You have 30 days from the day You receive the Policy to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Policy during this 30-Day Free Look Period; or (b) Our denial of Your Application.

Unearned Premium Refunds: Unearned Premium will be refunded if the Policy ends due to death, surrender or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

The Policy reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Policy.

9. BENEFITS PROVIDED BY THIS POLICY

(a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. When the plan selected pays for less than 100% of the Covered Expenses, You will be responsible for the payment of any expenses not covered by the Policy. The limits and features chosen for Your Policy are shown at the end of this Outline Of Coverage.

(b) Institutional Benefits: These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. Bed Reservation coverage is available for temporary absences (up to 60 days per calendar year) from one of these facilities.

(c) Non-Institutional Benefits: These include the following:

Privileged Care© Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The ***Home and Community Care Benefit*** covers services received at home and in the community for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services and Homemaker and Chore Care from formal and informal providers. These providers may be nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. They can be independent; and do not need to be associated with an agency or provider organization.
- Non-Institutional Hospice Care (as part of a separate Hospice Care Benefit).

The ***Home Assistance Benefit*** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to 90 days/3 months of full Nursing Facility Benefits.

The ***Hospice Care Benefit*** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The ***Respite Care Benefit*** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The ***Alternate Care Benefit*** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The ***Contingent Nonforfeiture Benefit*** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as determined under the Policy.

(d) Eligibility For The Payment Of Benefits: For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for Covered Expenses paid on Your behalf that meet all of the following conditions:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- The Policy must be in force on the date(s) the Covered Care is received.
- We will pay for Covered Expenses incurred after any applicable Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the specific Benefits being claimed.
- You must meet the requirements for payment in accordance with all the provisions of the Policy.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy contains additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Policy.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:

- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

Coverage Maximum means the maximum amount of Benefits under the Policy as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Covered Care means those Qualified Long Term Care Services for which the Policy pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

A *Current Eligibility Certification* is a written certification by a Licensed Health Care Practitioner, who is not a member of Your Immediate Family, that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the length of time, as determined in the Schedule, before You are eligible for Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on

which You receive Covered Care. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Nursing Facility Maximum means the maximum amount We will pay for Confinement in a Nursing Facility. This may be a daily maximum or a monthly maximum. This amount is also used to determine other Benefit maximums.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

OTHER FEATURES AND OPTIONS

(Options are available for an additional Premium)

[International Coverage Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.**] OR**

[International Nursing Facility Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.**]**

Optional Nonforfeiture Benefit: This Benefit provides for the continuation of the Policy if the Policy ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for the Policy; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time the Policy ends. In no event will this amount exceed the unused Coverage Maximum at the time the Policy ends.

[Optional] [Shared Benefit Rider: When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum Benefit is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases. **[**When the Shared Benefit Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.**]**

[Optional] [Waiver of Home Care Elimination Period: This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.**]**

[Optional] [Restoration Benefit: This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.**]**

[Optional] [Transition Benefit: This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [10 Year Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years: and (2) die while the Policy is still in-force.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [Graded Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional 10 Year Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.**]**

[Optional Enhanced Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.**]**

10. EXCLUSIONS AND LIMITATIONS

There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for the Policy, or any increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of the Policy.

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Policy in order to qualify for coverage.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Policy.

Exclusions/Exceptions and Limitations: We will not pay Benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- For which no charge is normally made in the absence of insurance;
- Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;
- Provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;
- Provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made;
- Resulting from illness, treatment or medical condition arising out of any of the following:
  - War or any act of war, whether declared or not;
  - Attempted suicide or an intentionally self-inflicted injury;
- For Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- Any other Federal, state or other government health or long term care program, or law except Medicaid.

This Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

Coordination with Other Coverage: We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of the Policy may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at the time the Policy is issued, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

AVAILABLE BENEFIT INCREASE OPTIONS

[5%[/4%][/3%] Compound Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by **[**5%, 4%, 3%**]** where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximums in effect on each anniversary of the Policy Effective Date, less any Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Simple Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums in effect as of the Policy Effective Date.
Calculation of the increased amounts is not reduced by Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Future Purchase Options: This 5% Future Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements on the date the offer is made by Us.

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

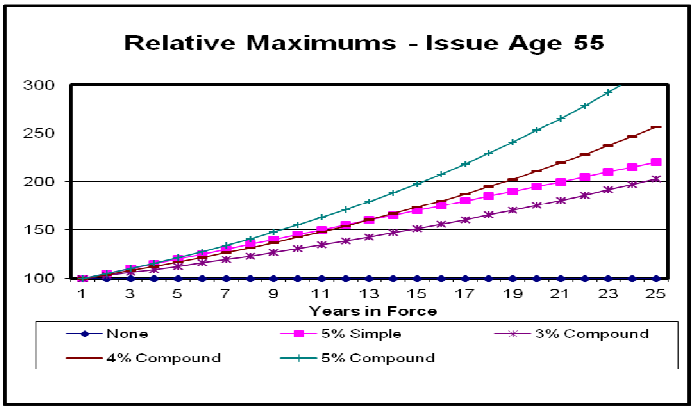
[5% Guaranteed Purchase Options: This 5% Guaranteed Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

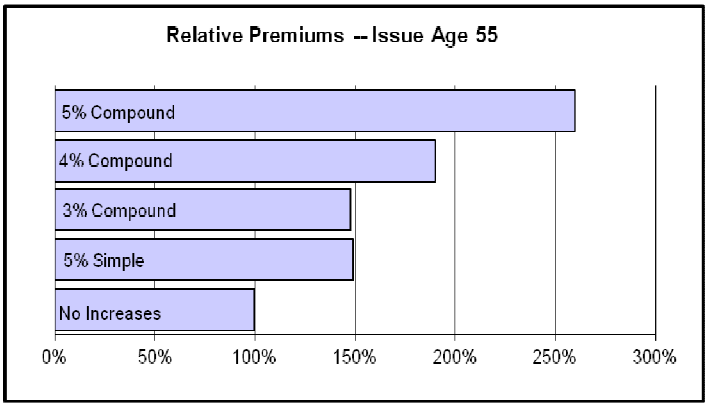
You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

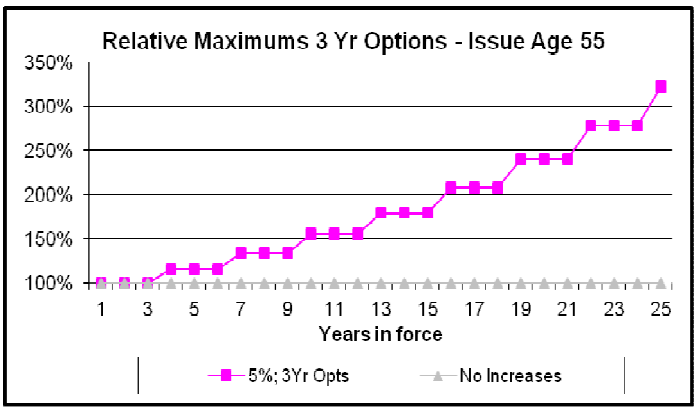
The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

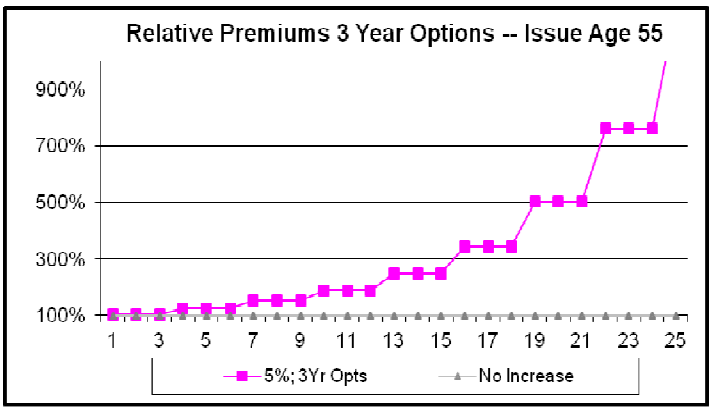
The Guaranteed Purchase Option is available even if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements.
Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

INFLATION PROTECTION – GRAPHIC COMPARISONS









12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

13. PREMIUM

Options and Premium	Annual Premium for Selected Option [Applicant A	Applicant B]
[Plan Selected	[Plan A]	[Plan A]]
Policy without any Benefit Increases	$_____	[$_____]
[**O** Nonforfeiture Benefit	$_____]	[$_____]
[**O** Shared Benefit Rider [with Joint Waiver **O** Yes **O** No]	$_____]	[$_____]
[**O** Waiver of Home Care Elimination Period	$_____]	[$_____]
[**O** 10 Year Survivorship Benefit	$_____]	[$_____]
[**O** Enhanced Survivorship Benefit – Qualifying Period : 7 Yrs	$_____]	[$_____]
[**O** Refund of Premium On Death Benefit: [**O** Graded **O** 10 Years]	$_____]	[$_____]
[**O** Transition Benefit	$_____]	[$_____]
[**O** Restoration Benefit	$_____]	[$_____]
[**O** [5%, 4%, 3%] Compound Benefit Increase	$_____]	[$_____]
[**O** 5% Simple Benefit Increase	$_____]	[$_____]
[**O** Future Purchase Option	$_____]	[$_____]
[**O** Guaranteed Purchase Option	$_____]	[$_____]
Anticipated Discounts	$ _____	[$_____]
Total if paid annually	$ _____	[$_____]
Modal Payment Factor*	__.___	[__.___]
Modal Premium (After Factor)	$ _____	[$_____]
Annual Total Modal Premium	$ _____	[$_____]
Premium Payment Period:	O Lifetime O 10 Years O To Age 65	O Lifetime O 10 Years O To Age 65

* You may have the right to choose one of the following Premium Payment Modes: annual in one payment; semi-annual in two payments; quarterly in four payments; or monthly in twelve payments. If You elect a Premium Payment Mode other than annual, You will pay additional charges for electing that Premium Payment Mode. The additional charges associated with paying more frequently than once a year are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor. The modal premium factors are: 1.00 for annual; .51 for semi-annual; .26 for quarterly; and .09 for monthly.

14. ADDITIONAL FEATURES AND REMINDERS

Underwriting: We will underwrite Your Application by reviewing the information submitted on Your application and any other information You authorize Us to obtain.

Continuation for Lapse Due to Cognitive or Functional Impairment: If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Reminder: This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when Your Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Outline of Coverage

SCHEDULE *(Complete to show coverage selected)*

	Applicant A	Applicant B
[Shared Benefit Rider (Selections for both applicants must be identical) [Includes Joint Waiver of Premium [**O** Yes **O** No]]	**O** Yes **O** No	**O** Yes **O** No
Covered Percentage	[100%] [80%]	[100%] [80%]
Elimination Period – [Days of Covered Care][Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]
[Waiver of Home Care Elimination Period]	[**O** Yes **O** No]	[**O** Yes **O** No]
Nursing Facility Maximum - per [Calendar Month]	$_____	$_____
Assisted Living Facility Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
Home and Community Care Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
[Benefit Multiplier - Years worth of Benefits Based on 12 months per year]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]
Coverage Maximum [(Nursing Facility Maximum X Benefit Multiplier)]	$_____	$_____
Benefit Increases [The Coverage Maximum and amounts based on the Nursing Facility Maximum are reduced as payments are made for Covered Expenses, then increased when Benefit Increases apply and exhausted only when the total of all Benefits paid equals the then applicable maximum amount.]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]

Benefits And Services Provided	**We Pay The Covered Expenses Up To These Limits**
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit: (Includes room charges in an Assisted Living Facility)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: (Covers Formal and Informal Care Providers)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Home Assistance Benefit: (Covers equipment, modifications & training)	A Policy total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit	30 days per Calendar Year
Alternate Care Benefit:	Payment subject to mutual agreement

The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit.; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.
The maximum total amount payable for all Covered Expenses incurred in a [day][calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

Genworth Financial
Genworth Life Insurance Company
[Administrative Office
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Policy form series 8001

NOTICE TO BUYER

This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

CAUTION

The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your Application. A copy of Your Application will be attached to Your issued Policy. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

1. POLICY DESIGNATION

The Policy is an individual policy of insurance.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy, and not this Outline of Coverage, contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The 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.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Policy on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY**.

(b) WAIVER OF PREMIUM: Premium will be waived for each coverage month while You are receiving Benefits that qualify for this waiver as described in the Schedule at the end of this Outline Of Coverage.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE. We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

30-Day Free Look Period: You have 30 days from the day You receive the Policy to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Policy during this 30-Day Free Look Period; or (b) Our denial of Your Application.

Unearned Premium Refunds: Unearned Premium will be refunded if the Policy ends due to death, surrender or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

The Policy reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Policy.

9. BENEFITS PROVIDED BY THIS POLICY

(a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. When the plan selected pays for less than 100% of the Covered Expenses, You will be responsible for the payment of any expenses not covered by the Policy. The limits and features chosen for Your Policy are shown at the end of this Outline Of Coverage.

(b) Institutional Benefits: These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. Bed Reservation coverage is available for temporary absences (up to 60 days per calendar year) from one of these facilities.

(c) Non-Institutional Benefits: These include the following:

Privileged Care© Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The ***Home and Community Care Benefit*** covers services received at home and in the community for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services and Homemaker and Chore Care from formal and informal providers. These providers may be nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. They can be independent; and do not need to be associated with an agency or provider organization.
- Non-Institutional Hospice Care (as part of a separate Hospice Care Benefit).

The ***Home Assistance Benefit*** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to 90 days/3 months of full Nursing Facility Benefits.

The ***Hospice Care Benefit*** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The ***Respite Care Benefit*** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The ***Alternate Care Benefit*** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The ***Contingent Nonforfeiture Benefit*** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as determined under the Policy.

(d) Eligibility For The Payment Of Benefits: For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for Covered Expenses paid on Your behalf that meet all of the following conditions:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- The Policy must be in force on the date(s) the Covered Care is received.
- We will pay for Covered Expenses incurred after any applicable Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the specific Benefits being claimed.
- You must meet the requirements for payment in accordance with all the provisions of the Policy.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy contains additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Policy.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:

- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

Coverage Maximum means the maximum amount of Benefits under the Policy as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Covered Care means those Qualified Long Term Care Services for which the Policy pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

A *Current Eligibility Certification* is a written certification by a Licensed Health Care Practitioner, who is not a member of Your Immediate Family, that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the length of time, as determined in the Schedule, before You are eligible for Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on

which You receive Covered Care. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Nursing Facility Maximum means the maximum amount We will pay for Confinement in a Nursing Facility. This may be a daily maximum or a monthly maximum. This amount is also used to determine other Benefit maximums.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

OTHER FEATURES AND OPTIONS

(Options are available for an additional Premium)

[International Coverage Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.**] OR**

[International Nursing Facility Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.**]**

Optional Nonforfeiture Benefit: This Benefit provides for the continuation of the Policy if the Policy ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for the Policy; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time the Policy ends. In no event will this amount exceed the unused Coverage Maximum at the time the Policy ends.

[Optional] [Shared Benefit Rider: When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum Benefit is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases. **[**When the Shared Benefit Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.**]**

[Optional] [Waiver of Home Care Elimination Period: This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.**]**

[Optional] [Restoration Benefit: This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.**]**

[Optional] [Transition Benefit: This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [10 Year Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years: and (2) die while the Policy is still in-force.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [Graded Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional 10 Year Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.**]**

[Optional Enhanced Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.**]**

10. EXCLUSIONS AND LIMITATIONS

There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for the Policy, or any increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of the Policy.

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Policy in order to qualify for coverage.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Policy.

Exclusions/Exceptions and Limitations: We will not pay Benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- For which no charge is normally made in the absence of insurance;
- Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;
- Provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;
- Provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made;
- Resulting from illness, treatment or medical condition arising out of any of the following:
  - War or any act of war, whether declared or not;
  - Attempted suicide or an intentionally self-inflicted injury;
- For Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- Any other Federal, state or other government health or long term care program, or law except Medicaid.

This Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

Coordination with Other Coverage: We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of the Policy may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at the time the Policy is issued, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

AVAILABLE BENEFIT INCREASE OPTIONS

[5%[/4%][/3%] Compound Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by **[**5%, 4%, 3%**]** where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximums in effect on each anniversary of the Policy Effective Date, less any Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Simple Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums in effect as of the Policy Effective Date.
Calculation of the increased amounts is not reduced by Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Future Purchase Options: This 5% Future Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements on the date the offer is made by Us.

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

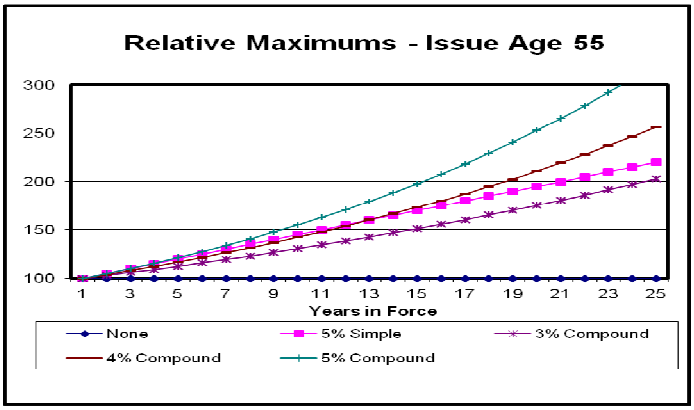
[5% Guaranteed Purchase Options: This 5% Guaranteed Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

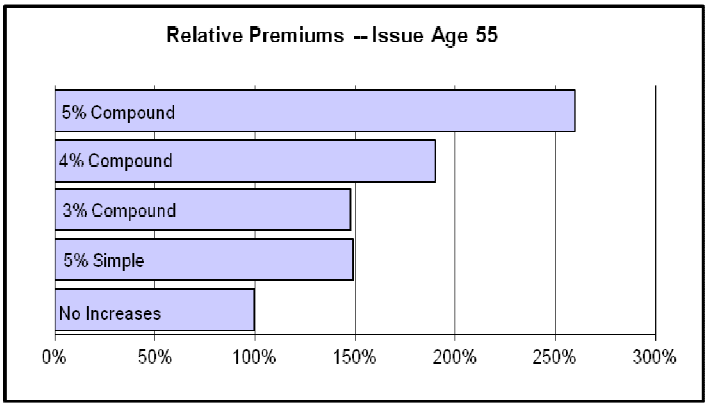
You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

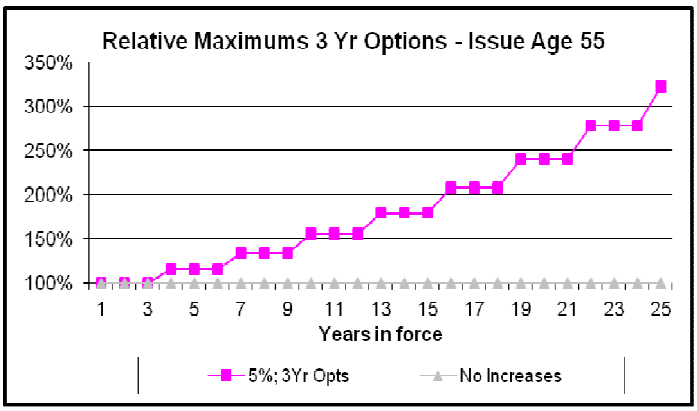
The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

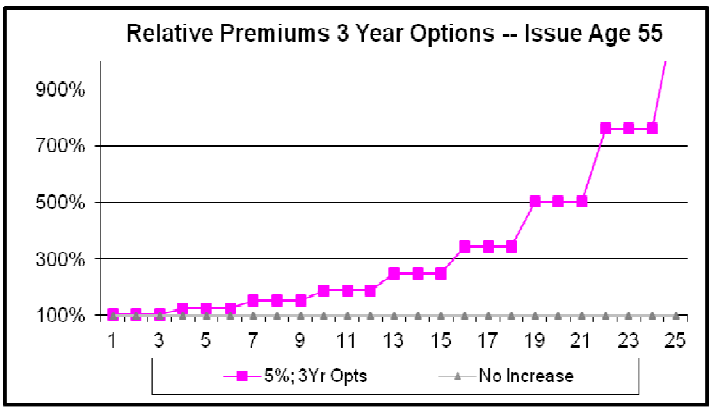
The Guaranteed Purchase Option is available even if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements.
Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

INFLATION PROTECTION – GRAPHIC COMPARISONS









12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

13. PREMIUM

Options and Premium	Annual Premium for Selected Option [Applicant A	Applicant B]
[Plan Selected	[Plan A]	[Plan A]]
Policy without any Benefit Increases	$_____	[$_____]
[O Nonforfeiture Benefit	$_____]	[$_____]
[O Shared Benefit Rider [with Joint Waiver O Yes O No]	$_____]	[$_____]
[O Waiver of Home Care Elimination Period	$_____]	[$_____]
[O 10 Year Survivorship Benefit	$_____]	[$_____]
[O Enhanced Survivorship Benefit – Qualifying Period : 7 Yrs	$_____]	[$_____]
[O Refund of Premium On Death Benefit: [O Graded O 10 Years]	$_____]	[$_____]
[O Transition Benefit	$_____]	[$_____]
[O Restoration Benefit	$_____]	[$_____]
[O [5%, 4%, 3%] Compound Benefit Increase	$_____]	[$_____]
[O 5% Simple Benefit Increase	$_____]	[$_____]
[O Future Purchase Option	$_____]	[$_____]
[O Guaranteed Purchase Option	$_____]	[$_____]
Anticipated Discounts	$ _____	[$_____]
Total if paid annually	$ _____	[$_____]
Modal Payment Factor*	__.___	[__.___]
Modal Premium (After Factor)	$ _____	[$_____]
Annual Total Modal Premium	$ _____	[$_____]
Premium Payment Period:	O Lifetime O 10 Years O To Age 65	O Lifetime O 10 Years O To Age 65

* You may have the right to choose one of the following Premium Payment Modes: annual in one payment; semi-annual in two payments; quarterly in four payments; or monthly in twelve payments. If You elect a Premium Payment Mode other than annual, You will pay additional charges for electing that Premium Payment Mode. The additional charges associated with paying more frequently than once a year are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor. The modal premium factors are: 1.00 for annual; .51 for semi-annual; .26 for quarterly; and .09 for monthly.

14. ADDITIONAL FEATURES AND REMINDERS

Underwriting: We will underwrite Your Application by reviewing the information submitted on Your application and any other information You authorize Us to obtain.

Continuation for Lapse Due to Cognitive or Functional Impairment: If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Reminder: This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when Your Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Outline of Coverage

SCHEDULE *(Complete to show coverage selected)*

	Applicant A	Applicant B
[Shared Benefit Rider (Selections for both applicants must be identical) [Includes Joint Waiver of Premium [**O** Yes **O** No]]	**O** Yes **O** No	**O** Yes **O** No
Covered Percentage	[100%] [80%]	[100%] [80%]
Elimination Period – [Days of Covered Care][Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]
[Waiver of Home Care Elimination Period]	[**O** Yes **O** No]	[**O** Yes **O** No]
Nursing Facility Maximum - per [Calendar Month]	$_____	$_____
Assisted Living Facility Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
Home and Community Care Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
[Benefit Multiplier - Years worth of Benefits Based on 12 months per year]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]
Coverage Maximum [(Nursing Facility Maximum X Benefit Multiplier)]	$_____	$_____
Benefit Increases [The Coverage Maximum and amounts based on the Nursing Facility Maximum are reduced as payments are made for Covered Expenses, then increased when Benefit Increases apply and exhausted only when the total of all Benefits paid equals the then applicable maximum amount.]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]

Benefits And Services Provided	**We Pay The Covered Expenses Up To These Limits**
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit: (Includes room charges in an Assisted Living Facility)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: (Covers Formal and Informal Care Providers)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Home Assistance Benefit: (Covers equipment, modifications & training)	A Policy total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit	30 days per Calendar Year
Alternate Care Benefit:	Payment subject to mutual agreement

The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit.; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.
The maximum total amount payable for all Covered Expenses incurred in a [day][calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

Genworth

[Genworth Life
Administrative Offices:
3100 Albert Lankford Drive
Lynchburg, VA 24501]

Application Part I for [Privileged Choice Flex] Individual Long Term Care Insurance from Genworth Life Insurance Company

Coverage is intended to be federally tax-qualified long term care insurance within the context of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
A separate Application Part II Medical History - Examiner use Long Term Care Insurance must be completed by each Applicant listed below.

Applicant A *Print name*

Applicant B *Print name*

Personal profile

Applicant A

○ Mr. ○ Mrs. ○ Miss ○ Ms. ○ Other Title

Name (as it should appear on your policy)

○ Married/Legal Partner ○ Single ○ Widowed

Social Security/Tax ID Number

Email address

Date of birth (mm/dd/yyyy) Age Birthplace (state/country)

○ Male ○ Female

Height: ft. in. Weight: lbs.

Daytime phone

Evening phone

Best time to call

○ AM ○ PM

Applicant B

○ Mr. ○ Mrs. ○ Miss ○ Ms. ○ Other Title

Name (as it should appear on your policy)

○ Married/Legal Partner ○ Single ○ Widowed

Social Security/Tax ID Number

Email address

Date of birth (mm/dd/yyyy) Age Birthplace (state/country)

○ Male ○ Female

Height: ft. in. Weight: lbs.

Daytime phone

Evening phone

Best time to call

○ AM ○ PM

Resident Address (street address; your policy form will be determined by the state below.)

City State Zip

Mailing Address (if different from Resident Address)

City State Zip

Applicant A *Print name* .....

Applicant B *Print name* .....

Insurability profile

Genworth Life Insurance Company is referred to as "we," "us," and "the Company" in this Application.

"You" and "your" refers to each Applicant in this Application.

[1.] Are you covered by Medicaid (not the same as Medicare)?

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

[2.] Are you currently receiving, or have you received, Social Security Disability Insurance benefits within the past 3 years?

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

[3a.] Do you use a Walker, Motorized Scooter, Stair Lift, Wheelchair or Quad Cane; Hospital Bed; Oxygen, Respirator or Kidney Dialysis; or need assistance or supervision by another person in performing any of the following: Moving in/out of bed or chair, Bathing, Dressing, Eating, Toileting, Bowel/Bladder control, or Walking?

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

[3b.] Do you currently reside in, have you been advised by a licensed healthcare provider, or are you planning to: receive home care, use an adult day care facility, or enter a nursing home, assisted care facility, or any other custodial or long term care facility?

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

[4.] Have you had, do you currently have, or has a licensed healthcare provider diagnosed you as having or treated you for, any of the following conditions:

- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig's Disease)
- Bipolar Disorder (Manic Depression)
- Cirrhosis of the Liver
- Congestive Heart Failure (CHF) in combination with any of the following: Heart Attack or Angina; Angioplasty or Heart Surgery
- Cystic Fibrosis
- Dementia
- Diabetes under treatment with Insulin or with a history of TIA, Heart Disease, or Circulatory/Vascular Disease
- Ehlers-Danlos Syndrome
- Frequent or persistent forgetfulness or memory loss
- Huntington's Disease
- Marfan's Syndrome
- Metastatic Cancer (spread from original site/location)
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Myelofibrosis
- Organ Transplant (other than Kidney or Cornea)
- Parkinson's Disease
- Schizophrenia or other forms of Psychosis
- Senility
- Stroke
- Transient Ischemic Attack (TIA) within the past 5 years
- TIA in combination with Heart Disease or Heart Surgery
- TIA two or more times

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

BEFORE YOU CONTINUE WITH THIS APPLICATION: If you answered YES to any of the questions in the Insurability profile, we suggest that you do not submit this Application. If you answered NO to every question, please continue.

[5.] In the past 4 years have you had Cancer of the: Brain, Esophagus, Liver, Ovary, Pancreas, or Stomach?

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

[6.] Have you ever been diagnosed by a licensed healthcare provider as having: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) caused by the Human Immunodeficiency Virus (HIV) infection or other sickness or condition derived from such infection or tested positive for HIV or exposure to the HIV infection?

Applicant A ○ Yes ○ No **Applicant B** ○ Yes ○ No

Applicant A *Print name* .....

Applicant B *Print name* .....

Client profile

[7.] Have you ever used tobacco or any other product that contains nicotine?

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Type of Product	Type of Product .....
Frequency	Frequency .....
Date last used (MM/YY)	Date last used (MM/YY) .....

[8a.] Do you work 20 or more hours a week outside your home?

If YES, list occupation.

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Occupation:	Occupation: .....
.....	.....

[8b.] Do you perform volunteer work?

If YES, list type of work and list hours worked per week.

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Type of work:	Type of work: .....
.....	.....
Hours per week:	Hours per week: .....

[8c.] Do you have any hobbies, interests, or participate in any outside activities on a regular basis?

If YES, please describe.

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Activities:	Activities: .....
.....	.....

[9.] Do you drive an automobile?

If YES, provide approximate annual mileage.

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Mileage:	Mileage: .....

[10.] Do you live in some form of a residential retirement community?

If YES, list the specific services that are received (e.g., housekeeping, laundry, meals).

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Services:	Services: .....
.....	.....

[11a.] Provide details on Personal Finances

Applicant A	**Applicant B**
Total Liabilities $	Total Liabilities $ .....
Gross Annual Income $	Gross Annual Income $ .....
Total Assets $	Total Assets $ .....

[11b.] Within the past 5 years, have you filed for bankruptcy or had any judgment entered against you or liens filed against any property you own?

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Remarks:	Remarks: .....
.....	.....

Applicant A *Print name* .....

Applicant B *Print name* .....

Other coverage and replacement

[12a.] Do you have any Accident and Sickness, Long Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force or applied for? (Including any health care service contract, health maintenance organization contract or life insurance with Long Term Care coverage.)

If YES, provide details for Applicant.

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Company:	Company: .....
Long Term Care? ○ Yes ○ No	Long Term Care? ○ Yes ○ No
Daily Benefit: $.....	Daily Benefit: $.....
Monthly Benefit: $.....	Monthly Benefit: $.....

[12b.] Did you have another Long Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force during the last 12 months?

If YES, with which company?

If that insurance lapsed, when did it lapse?

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Company:	Company: .....
Lapse Date :	Lapse Date : .....

[12c.] Do you intend to replace any of your Long Term Care coverage with this policy?

If YES, name company being replaced.

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Company:	Company: .....
Policy/Certificate #:	Policy/Certificate #: .....

[12d.] Within the past 2 years, have you had another application or reinstatement request for long term care or life insurance declined, postponed, or have you been rated substandard by any other company?

If YES, with which company?

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
Company:	Company: .....
Product:	Product: .....
Reason:	Reason: .....

Applicant A *Print name*

Applicant B *Print name*

Protection against unintentional lapse

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance policy for non-payment of premium.
I understand that notice will not be given until 30 days after a premium is due and unpaid.

One of the circles must be checked.

Applicant A Select one	**Applicant B** Select one (Complete whenever there is a second Applicant)
○ I elect NOT to designate any person to receive such notice.	○ Same as Applicant A.
○ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:	○ I elect NOT to designate any person to receive such notice.
	○ I designate the following person to receive notice prior to cancellation of my policy for non-payment of premium:
○ Mr. ○ Mrs. ○ Miss	○ Mr. ○ Mrs. ○ Miss
○ Ms. ○ Other Title	○ Ms. ○ Other Title
Name	Name
Address	Address
City	City
State Zip	State Zip
Phone	Phone
Relationship	Relationship

Declarations

By providing your Signature below, you hereby acknowledge and agree that you have read, understand and agree to the following provisions of this Declarations section:

- **Application for Coverage;**
- **Authorization;**
- **Receipt;**
- **Agreement;**
- **Conditional Insurance Agreement (if applicable);**
- **Request for a Later Policy Effective Date (if applicable);**
- **Rejection of 5% Compound Inflation Protection (if applicable);**
- **Caution; and**
- **Fraud Notice**

You further acknowledge and agree that these provisions shall apply to the entire Application, as outlined below.

Application for Coverage. The Application Part I for Individual Long Term Care Insurance and Application Part II Medical History – Examiner use Long Term Care Insurance together form your Application for coverage with the Company (hereinafter collectively referred to as the "Application" and individually referred to as "Application Part I for Individual Long Term Care Insurance" and "Application Part II Medical History - Examiner use Long Term Care Insurance"). In the case of two Applicants, each Application Part II Medical History – Examiner use Long Term Care Insurance shall be considered part of the Application.

Authorization. You authorize Genworth Life Insurance Company, its third party service organizations (such as EMSI), affiliates, and any reinsurers (our "representatives") to obtain information as to the diagnosis, treatment or prognosis of your physical and mental condition, other coverage and any other information requested by us to evaluate your Application for coverage. Upon presentation of this Authorization and these Declarations, or a copy thereof, the Company, or its representatives, may obtain

Declarations *(Continued)*

such information or records thereof from any physician, health professional, hospital, clinic, Veterans Administration or other medical or medically-related facility, care provider or evaluator, prescription drug database provider, insurance company, consumer reporting agency or insurance support organization or any other person or organization which may have such information. Genworth Life Insurance Company, or its designees, may also obtain and/or provide/exchange such information from, or with, the MIB, Inc. This Authorization includes information about drugs, alcoholism, and mental illness. The Company, or its representatives, may conduct a phone or in-person interview as part of the application and underwriting process, the results of which will become part of this Application and form a basis for a decision to issue coverage. You agree that this Authorization will be valid for 24 months from the date signed. You, or your authorized representative, may request a photocopy of your Application. You hereby authorize any physician, health professional, hospital, clinic, Veterans Administration or other medical or medically-related facility, care provider or evaluator, prescription drug database provider, insurance company, consumer reporting agency or insurance support organization, or any other person or organization which may have information, knowledge or records related to your diagnosis, treatment or prognosis of your physical and mental condition, other coverage or any other information requested by us, to provide such information, knowledge or records to Genworth Life Insurance Company, or its representatives. You hereby agree that a photographic copy of this Authorization shall be as valid as the original.

Receipt. You have received and read the Privacy Notice. When you applied for coverage under this policy to be issued by Genworth Life Insurance Company, you also received the Outline of Coverage, Long Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, Potential Rate Increase Disclosure Form, and the Shopper's Guide for Long Term Care Insurance.

Agreement. You have reviewed the Application in its entirety and you agree to all of the following:

a. The answers contained herein are full, complete and true to the best of your knowledge and belief;
b. The Application will be part of policy for which you are applying;
c. If you qualify for coverage, and an Initial Premium is paid, the coverage will take effect on either: the date you sign this Application Part I for Individual Long Term Care Insurance, or on a date set by the Company, if you request a later policy effective date, as provided for in the Policy Effective Date provision below;
d. Neither an agent, broker nor medical examiner has the Company's authorization to accept risk, pass on insurability, or make, void or change any questions, conditions or provisions of the Application, policy or receipt, as applicable;
e. The Company may require an attending physician statement, medical records, an underwriting assessment, a medical exam, a Department of Motor Vehicles report or other similar questionnaire, test, MIB report, financial information, or a prescription drug medication report; and
f. The information obtained by the Company may be used to evaluate insurance fraud or abuse, or for other compliance-related activities, all, or some of which, may be reported to the MIB.

Conditional Insurance Agreement - Individual Applicants

This Conditional Insurance Agreement applies to individual applicants where the following requirements have been satisfied:

a. You submitted your Initial Premium payment to the Company at the time your Application Part I for Individual Long Term Care Insurance was submitted;
b. You did not make a Request for a Later Policy Effective Date, as provided for below;
c. You answered "No" to all parts of questions #1 through #6 in the Insurability profile of this Application Part I for Individual Long Term Care Insurance and the Company was able to verify the accuracy of your answers during underwriting of your Application; and
d. No misrepresentation or misstatement was made in the Application.

When all of the requirements set forth above are satisfied, as determined by the Company, we agree:

a. That we will not decline your Application based on any change in your health status that occurs after the date you signed this Application Part I for Individual Long Term Care Insurance, although the Company may decline your Application based on: information we obtain after the date you signed this Application Part I for Individual Long Term Care Insurance that does not indicate a change in Your health status; or information we learn as part of our underwriting process so long as that information does not indicate a change in Your health status.

Applicant A *Print name* **Applicant B** *Print name*

Conditional Insurance Agreement - Individual Applicants *(Continued)*

b. If we approve your Application, we will provide coverage under the policy for which your Application was made, and that policy will be effective as of the date you signed this Application Part I for Individual Long Term Care Insurance; and

c. If we decline your Application, we will provide limited coverage for Covered Expenses incurred on or after the date you signed this Application Part I for Individual Long Term Care Insurance through the date your Application is declined. For purposes of this Conditional Insurance Agreement only, your Application shall be deemed declined, if not otherwise declined sooner by us, if we do not approve it within [120/150] days of the date you signed this Application Part I for Individual Long Term Care Insurance, although we reserve the right to approve your Application at a later date. This limited coverage will be provided under the same provisions, conditions, limitations and exclusions as set forth in the policy for which this Application is being made; **except that in no event will the total payment of Covered Expenses exceed the lesser of (a) $10,000; or (b) the actual Covered Expenses incurred. This Conditional Insurance Agreement will only pay benefits for Covered Expenses that are incurred within [120/150] days following the date you signed this Application Part I for Individual Long Term Care Insurance, or the date that your Application is declined, whichever occurs first.**

If all of the requirements set forth above are not satisfied, as determined by the Company, you understand and agree:

a. That there will be no Conditional Insurance Agreement; and

b. The Company will determine the Effective Date of the policy, if your Application is approved.

Conditional Insurance Agreement - Applicants Requesting Shared Benefits

This Conditional Insurance Agreement applies to applicants requesting Shared Benefits where the following requirements have been satisfied:

a. The Initial Premium payment was submitted to the Company by both applicants requesting Shared Benefits at the time their respective Application Part I for Individual Long Term Care Insurance was submitted;

b. Neither applicant requesting Shared Benefits made a Request for a Later Policy Effective Date, as provided below;

c. Both applicants requesting Shared Benefits answered "No" to all parts of questions #1 through #6 in the Insurability profile of their respective Application Part I for Individual Long Term Care Insurance and the Company was able to verify the accuracy of each applicant's answers during underwriting of the Application; and

d. No misrepresentation or misstatement was made in either Application.

When all of the requirements set forth above are satisfied, as determined by the Company, we agree:

a. That we will not decline the Application based on any change in your health status or the status of your Spouse or Partner that occurs after the latest date upon which the Application Part I for Individual Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made, although the Company may decline the Application based on: information we obtain after the latest date upon which the Application Part I for Individual Long Term Care Insurance was signed by you or your Spouse or Partner that does not indicate a change in your health status or the status of your Spouse or Partner, or information we learn as part of our underwriting process so long as that information does not indicate a change in your health status or the status of your Spouse or Partner.

b. If we approve the Application, we will provide coverage under the policy for which the Application was made as of the latest date upon which the Application Part I for Individual Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made.

c. If we decline the Application, we will provide limited coverage for Covered Expenses incurred on or after the latest date upon which the Application Part I for Individual Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made through the date the Application is declined. For purposes of this Conditional Insurance Agreement only, the Application shall be deemed declined, if not otherwise declined sooner by us, if we do not approve it within [120/150] days of the latest date upon which the Application Part I for Individual Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made, although we reserve the right to approve the Application at a later date. This limited coverage will be provided under the same provisions, conditions, limitations and exclusions as set forth in the policy for which this

Applicant A *Print name* ▪

Applicant B *Print name* ▪

Conditional Insurance Agreement - Applicants Requesting Shared Benefits *(Continued)*

Application is being made; **except that in no event will the total payment of Covered Expenses exceed the lesser of (a) $10,000; or (b) the actual Covered Expenses incurred. This Conditional Insurance Agreement will only pay benefits for Covered Expenses that are incurred within [120/150] days following the date both applicants signed this Application Part I for Individual Long Term Care Insurance, or the date that the Application is declined, whichever occurs first.**

If all of the requirements set forth above are not satisfied, as determined by the Company, you and your Spouse or Partner understand and agree:

a. That there will be no Conditional Insurance Agreement; and
b. The Company will determine the Effective Date of the policy, if the Application is approved.

Policy effective date

Request for a Later Policy Effective Date.
By checking the circle below, you acknowledge that, if your Application is approved, the effective date of your coverage will be a later date, as set forth by the Company. You further understand and agree that:

a. The Company will consider any changes in your health status after the date you sign this Part I for Individual Long Term Care Insurance Application up through the approval of your Application, if applicable, in determining whether to issue coverage;
b. If any answer to the questions contained in this Application changes prior to the Effective Date set forth by the Company, you are required to notify the Company of any such change. You further understand that any failure to notify the Company will be deemed a misrepresentation in the Application and may result in the denial of benefits or rescission of your coverage, subject to the Time Limit on Certain Defenses provision in the Policy; and
c. In no circumstance will the policy take effect until (a) the Initial Premium is received by the Company; and (b) the Company determines the Effective Date of the policy.

Check circle only to request that your policy takes effect at a date later than the date you signed this Application.

Applicant A ○ **Applicant B** ○

Rejection of 5% Compound Inflation Protection Initial only if you have selected a benefit increase option other than 5% Compound

I have reviewed the outline of coverage (or disclosure form) and the graphs that compare the benefits and premiums of this policy with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection of at least 5% Compound. Initial below (if rejecting 5% Compound Inflation Protection).

Applicant A _____ Applicant B _____

Caution and Fraud Notice

Caution: If your answers on this Application are incorrect or untrue, Genworth Life Insurance Company may have the right to deny benefits or rescind your coverage, subject to the Time Limit on Certain Defenses provision in the Policy.

FRAUD NOTICE: Any person who knowingly presents a false statement in an Application for insurance coverage may be guilty of a criminal offense and subject to penalties under state law.

Signature

Signature of Applicant A

X

Date Signed ▪

Signature of Applicant B

X

Date Signed ▪

Signature of Licensed and Appointed Insurance Producer/Agent/Representative

X

Date Signed ▪

State in which application is signed ▪

Insurance Producer / Agent / Representative Information

Name of Licensed and Appointed Insurance Producer/Agent/Representative (Please print)

Street Address

City | State | Zip

Insurance Producer/Agent/Representative Code # or Soc. Sec. #/Tax ID | Email Address

Phone Number | Fax Number

Signature of Soliciting Insurance Producer/Agent/Representative

X

Name of Licensed and Appointed Brokerage General Agency (if applicable)

Producer Code # of Brokerage General Agency

If more than one agent worked on this application, please provide the following:

Name of Licensed and Appointed Insurance Producer/Agent/Representative | Percentage

Insurance Producer/Agent/Representative Code # or Soc. Sec. #/Tax ID | Email Address

Name of Licensed and Appointed Insurance Producer/Agent/Representative | Percentage

Insurance Producer/Agent/Representative Code # or Soc. Sec. #/Tax ID | Email Address

Insurance Producer / Agent / Representative Report

1. Did you personally interview the Applicant face to face and witness his or her signature?

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
If NO, give details.	

2. Did you observe any physical or mental impairments related to walking or talking, or any form of tremor?

Applicant A ○ Yes ○ No	**Applicant B** ○ Yes ○ No
If YES, please explain.	

3. List other health insurance policies sold by you to the Applicant.

Applicant A	**Applicant B**

4. List health insurance policies sold by you to the Applicant in the last five years that are no longer in force.

Applicant A	**Applicant B**

Genworth

Genworth Life
[Administrative Offices:]
[3100 Albert Lankford Drive]
[Lynchburg, VA 24501]

Application Part II Medical History - Examiner use Long Term Care Insurance from Genworth Life Insurance Company

Please complete all sections of this form and return to Genworth Life Insurance Company.
A separate form must be completed by each Applicant listed on Application I.

1. Applicant information

Applicant

First Name | Middle Initial | Last Name

Date of Birth (MM-DD-YYYY) | Social Security/Tax ID number

Primary Care Provider (if none, state NONE)

Name

Address

Telephone number

Date last seen

Reason last seen

2. Medical questions - provide details to any "Yes" answer in section 7

Have you had or been told by a professional health care provider or treatment facility that you have/had any of the following?

	Yes	No
(1) Angina	○	○
(2) Chest Pains	○	○
(3) Heart Attack	○	○
(4) Heart Disease/Disorder, Coronary Artery Disease or Congestive Heart Failure	○	○
(5) Heart Murmur or Valvular Heart Disease	○	○
(6) High Blood Pressure	○	○
(7) Irregular Heartbeat/Palpitations	○	○
(8) Peripheral Vascular Disease or other Disorders of the Arteries	○	○
(9) Colitis or Crohn's Disease	○	○
(10) Esophagus Disorder	○	○
(11) Hepatitis	○	○
(12) Intestinal Disorder	○	○
(13) Liver Disorder	○	○
(14) Pancreatitis	○	○
(15) Stomach Disorder	○	○
(16) Weight Loss Procedure	○	○
(17) Diabetes	○	○
(18) Thyroid Disorder	○	○
(19) Cancer (excluding Basal Cell Carcinoma)	○	○
(20) Leukemia or Lymphoma	○	○
(21) Tumor, Mass, Lump, Skin Lesions/Disorders	○	○
(22) Asthma	○	○
(23) Chronic Bronchitis/COPD/Emphysema	○	○
(24) Cystic Fibrosis	○	○
(25) Sleep Apnea	○	○
(26) Blood Disorder including Anemia or Clotting Disorder	○	○
(27) Macular Degeneration or Retinitis Pigmentosa	○	○
(28) Bipolar Disorder (Manic Depression)	○	○
(29) Depression	○	○
(30) Other mental, emotional or psychological disorder not listed	○	○
(31) Bladder Disorder	○	○
(32) Kidney Disorder (excluding Kidney Stones)	○	○
(33) Prostate Disorder	○	○
(34) Amputation	○	○
(35) Arthritis, including Rheumatoid Arthritis	○	○
(36) Back, Spine, or Neck Disorder	○	○
(37) Bone, Joint or Muscle Disorder including Fibromyalgia	○	○
(38) Osteoporosis/Osteopenia or Compression Failure	○	○
(39) ALS (Lou Gehrig's disease)	○	○
(40) Alzheimer's Disease, Dementia or Memory Loss	○	○
(41) Brain or Nervous System Disorder including Head Injury	○	○
(42) Huntington's Disease	○	○
(43) Injury due to falls or imbalance	○	○
(44) Multiple Sclerosis	○	○
(45) Muscular Dystrophy	○	○
(46) Paralysis	○	○
(47) Parkinson's Disease or Other Tremors	○	○

2. Medical questions- *continued* provide details to any "Yes" answer in section 7

Have you had or been told by a professional health care provider or treatment facility that you have/had any of the following?

	Yes	No
(48) Post-Polio Syndrome	○	○
(49) Seizures, Convulsions or Fainting	○	○
(50) Stroke/Mini Stroke (Transient Ischemic Attack – TIA)	○	○
(51) Human Immunodeficiency Virus (HIV) Infection/AIDS	○	○
(52) Lupus (SLE), Scleroderma or CREST Syndrome	○	○
(53) Organ Transplant	○	○
(54) Other conditions causing crippling, limited motion or requiring adaptive devices	○	○

3. Medical questions- provide details to any "Yes" answer in section 7

	Yes	No
1. Do you expect to have any medical test or procedures performed within the next 6 months?	○	○
2. Other than previously answered, have you within the past 5 years:		
a. Been a patient in a hospital or medical facility?	○	○
b. Been treated by a professional health care provider for a condition or illness not listed above?	○	○
c. Been advised to have any diagnostic test, hospitalization, treatment or surgery which was not completed?	○	○
d. Required assistance with managing medications, shopping, transportation or housekeeping/cooking?	○	○
e. Received home health care; used an adult day care facility; been confined to a nursing home, assisted care facility or other long term care facility?	○	○

3. Have you ever requested or received:

○ Worker's Compensation ○ Other Disability Income

Brief description of disability

.....

.....

From date (MM-DD-YYYY) ..... To date (MM-DD-YYYY) .....

4. Medical questions - height and weight

	Yes	No
a. Height ..... Weight		
b. Have you lost or gained 15 pounds or more in the past year?	○	○
If yes, was the weight lost or gained? ○ Lost ○ Gained How many pounds?		
Was this change intentional?	○	○
What was the cause of this?		
c. Are you currently pregnant?	○	○
What is your due date? ..... Amount of weight gained?		

5. Applicant's history

	Yes	No
a. Do you drink alcohol?	○	○
If "No," have you ever used alcohol in any form?	○	○
Date of last use?		
Reason for quitting?		
If "Yes," What type?		
Frequency and Amount		
b. Have you ever been advised to quit alcohol use?	○	○
Details		
c. Have you received or been advised to receive Alcohol Counseling Treatment?	○	○
Details		
(Provide healthcare provider or facility details in Section 7)		

5. Applicant's history *continued*

	Yes	No
d. Other than as prescribed by a physician, have you ever used marijuana, narcotics, stimulants, sedatives, hallucinogens, or any prescription drugs? *For any type used, indicate frequency of use*	○	○

Name of Substance

Date last used ○ Occasionally ○ Daily ○ Weekly ○ Monthly

Name of Substance

Date last used ○ Occasionally ○ Daily ○ Weekly ○ Monthly

e. Have you received or been advised to receive Drug Counseling or Treatment?	○	○

Details

6. Family history

Father	Yes	No	Unknown
Is your father living?	○	○	○
Age if living Age:			
Age at death Age:			
History of Coronary Artery Disease?	○	○	○
Age of Onset:			
History of Cancer?	○	○	○
Age of Onset:			
History of Diabetes?	○	○	○
History of Alzheimer's Disease or Dementia?	○	○	○
History of Huntington's Disease?	○	○	○

Mother	Yes	No	Unknown
Is your mother living?	○	○	○
Age if living Age:			
Age at death Age:			
History of Coronary Artery Disease?	○	○	○
Age of Onset:			
History of Cancer?	○	○	○
Age of Onset:			
History of Diabetes?	○	○	○
History of Alzheimer's Disease or Dementia?	○	○	○
History of Huntington's Disease?	○	○	○

7. Details (For explanations and requested information. Identify applicable question number and letter. If additional space is needed use overflow form.)

Question # ..... Condition .....

Date ..... Duration of Condition ..... Details/Diagnosis .....

Medications ..... Treatments ..... Test .....

Results ..... Additional Details .....

Care Provider/Treatment Facility

Name ..... Telephone # .....

Street Address ..... City ..... State ..... Zip .....

Question # ..... Condition .....

Date ..... Duration of Condition ..... Details/Diagnosis .....

Medications ..... Treatments ..... Test .....

Results ..... Additional Details .....

Care Provider/Treatment Facility

Name ..... Telephone # .....

Street Address ..... City ..... State ..... Zip .....

Question # ..... Condition .....

Date ..... Duration of Condition ..... Details/Diagnosis .....

Medications ..... Treatments ..... Test .....

Results ..... Additional Details .....

Care Provider/Treatment Facility

Name ..... Telephone # .....

Street Address ..... City ..... State ..... Zip .....

Question # ..... Condition .....

Date ..... Duration of Condition ..... Details/Diagnosis .....

Medications ..... Treatments ..... Test .....

Results ..... Additional Details .....

Care Provider/Treatment Facility

Name ..... Telephone # .....

Street Address ..... City ..... State ..... Zip .....

8. Signature

As set forth in the Declarations Section of the Application, this Application Part II Medical History - Examiner use Long Term Care Insurance is part of the Application for coverage with the Company. By signing below, you acknowledge and agree that the provisions set forth in the Declarations Section of the Application shall apply to this Application Part II Medical History - Examiner use Long Term Care Insurance, as part of the Application for coverage with the Company. You further agree that you have reviewed this Application Part II Medical History - Examiner use Long Term Care Insurance and that the answers contained herein are full, complete and true to the best of your knowledge and belief.

Signature of Applicant	Date	Signature of Examiner

Genworth

[Genworth Life
Administrative Offices:
3100 Albert Lankford Drive
Lynchburg, VA 24501]

Coverage Selection for [Privileged Choice Flex] Individual Long Term Care Insurance from Genworth Life Insurance Company

Coverage is intended to be federally tax-qualified long term care insurance within the context of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

	Applicant A *Print name*	[**Applicant B** *Print name*
	.	.]

Coverage selection

[**Shared Benefit Rider**	○ Yes ○ No If Shared Benefit Rider is chosen, both Applicants must make identical selections below.]	
[**Benefit Multiplier**[Months]/[Days] Choose a [Monthly] or [Daily] benefit multiplier.]	[○ 120/3650 ○ 48/1460 ○ 96/2920 ○ 36/1095 ○ 72/2190 ○ 24/730 ○ 60/1825]	[○ 120/3650 ○ 48/1460 ○ 96/2920 ○ 36/1095 ○ 72/2190 ○ 24/730 ○ 60/1825]
[**Monthly]/[Daily] Maximum**	[$ ..... ○ Per Day ○ Per Month] Choose a Monthly Maximum between [$1,500] and [$12,000] in [$100] increments; [or] [choose a Daily Maximum between [$50] and [$400] in [$5] increments.]	[$ ..... ○ Per Day ○ Per Month]
[**Elimination Period**	[○ 30 days ○ 180 days ○ 90 days ○ 365 days]	[○ 30 days ○ 180 days ○ 90 days ○ 365 days]]
[**Elimination Period Type**	[○ Service days* ○ Calendar days] * Service days are days of Covered Care]	[○ Service days* ○ Calendar days]
[**Waive Home and Community Care Elimination Period**	○ Yes ○ No]	[○ Yes ○ No]
[**Assisted Living Facility Maximum** Percentage of Daily or Monthly Maximum]	[○ 100% ○ 50%]	[○ 100% ○ 50%]
[**Home and Community Care** Percentage of Daily or Monthly Maximum]	[○ 100% ○ 50%]	[○ 100% ○ 50%]
[**Inflation protection / benefit increases** Benefit increases reduced by claims]	[○ 5% Compound ○ 5% Simple ○ 4% Compound ○ Future Purchase Option** ○ 3% Compound ○ None] [**Future Purchase Option not available with Shared, 10-Pay or Pay to 65]	[○ 5% Compound ○ 5% Simple ○ 4% Compound ○ Future Purchase Option** ○ 3% Compound ○ None]

Other choices

[**Restoration Benefit**	○ Yes ○ No Restoration Benefit not available with Shared Coverage Benefit]	[○ Yes ○ No]
[**Transition Benefit**	○ Yes ○ No] [Transition Benefit not available with Waiver of Home and Community Care Elimination Period]	[○ Yes ○ No]
[**Refund of Premium Benefit** Refund of Premium not available with Shared Benefit Rider.]	[○ 10 year ○ Graded* ○ None] [Beneficiary designation for Refund of Premium Benefit is Your estate unless otherwise designated and submitted on a separate form.] [* Graded Refund of Premium is only available for ages 64 and younger.]	[○ 10 year ○ Graded* ○ None]

	Applicant A *Print name*	**Applicant B** *Print name*

Other choices *continued*

Nonforfeiture Benefit	◯ Yes (Accept) ◯ No (Decline)	◯ Yes (Accept) ◯ No (Decline)
Survivorship Benefit	◯ 7 Yr. Enhanced ◯ 10 Years ◯ None	◯ 7 Yr. Enhanced ◯ 10 Years ◯ None

Survivorship Benefit only available for the couple who initially apply for and are both issued policies. Survivorship Benefit is not available for single Applicants or when only one policy is issued.

Eligibility for couples benefits

The second Applicant on this form or the individual designated here will be the named individual for any couples discount, Survivorship Benefit or Shared Benefit Rider, as applicable.

Criteria to qualify for couples benefits: Two people who, at the time of Application

- are joined by marriage; or
- are joined by a relationship legally recognized under state law as entitled to the same rights and benefits of married persons; or
- are and have been living together for the past three consecutive years in a committed domestic relationship as partners. You and such person cannot be joined to anyone else by: (a) marriage; or (b) a domestic relationship legally recognized under State law.

◯ Yes ◯ No

If YES and second Applicant is applying on this Application, no further information is needed. If second Applicant is not applying on this Application, please provide the following:

Print spouse/partner name

Social Security Number

Date of Birth

Existing coverage number

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. Please refer to the Modal Premium Disclosure in your policy.

Premium information

Full modal premium	Full modal premium
$	$
Premium Payments	**Premium Payments**
◯ Lifetime	◯ Lifetime
◯ Pay-to-65*	◯ Pay-to-65*
◯ 10 Pay**	◯ 10 Pay**
* Only available for ages 55 and younger.	** 10 Pay not available with 10 Year Survivorship
Premium Payment mode	**Premium Payment mode**
◯ Annual (1.0)	◯ Annual (1.0)
◯ Semi-annual (.51)	◯ Semi-annual (.51)
◯ Quarterly (.26)	◯ Quarterly (.26)
◯ Monthly*** (.09)	◯ Monthly*** (.09)

*** Automatic draft of checking account required. Must complete Payment Authorization Form.

MultiLife/list bill

List bill ◯ Yes ◯ No	List bill ◯ Yes ◯ No
MultiLife/List bill number	MultiLife/List bill number

App. folder No.

[XXXXX]

Company Copy

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and *ask* you to fill out the rest to help you and the company decide if you should buy this policy.

SECTION A

Premium Information

Policy Form #: 8000, 8001 or state equivalent

The premium for the coverage you are considering will be: (Complete *only* the premium for the desired payment frequency.)

$ annually $ semi-annually $ quarterly $ monthly

Type of Policy Guaranteed renewable.

The Company's Right to Increase Premiums The company has the right to increase premiums based on premium class, provided it raises premiums for all similar policies issued in the same state and on the same form as this policy.

Rate Increase History The company has sold long-term care insurance since 1974 and has sold this policy since 2013. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *Following is a summary of the rate increases:*

Policy Form Series	Years Available for sale	Percentage of Increase[1]	Effective Year[2]
6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%	2007-2013
6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-1998	0-9%	2007-2013
7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-1999	0-12%	2007-2013
		0-18%	2011-2013
7011, 7012, 7030, 7031, 7032, 7033, 7034, 50024, 51005, 51006, 51007	1997-2003	0-11%	2007-2013
		0-18%	2011-2013
[XXXX, XXXX, XXXX, XXXX]	[YYYY-YYYY]	[xx% - xx%	[YYYY-
		xx% - xx%]	YYYY]

[1] Note: not every policy form series was available in every state

[2] Varies by state

Questions Related to Your Income

How will you pay each year's premium? ◯ From my Income ◯ From my Savings/Investments ◯ My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

◯ Yes ◯ No — *If you have not considered this possibility, please do not proceed with the application until doing so.*

SECTION B

What is your annual income? (check one)

◯ Under $10,000 ◯ $10,000-$20,000 ◯ $20,001-$30,000 ◯ $30,001-$50,000 ◯ Over $50,000

How do you expect your income to change in the next 10 years? (check one)

◯ No change ◯ Increase ◯ Decrease

If you will be paying with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) ◯ Yes ◯ No

If not, how will you pay for the difference between future costs and your daily benefit amount?

◯ From my Income ◯ From my Savings/Investments ◯ My Family will Pay

The national median annual cost of care in 2012 was $81,030 ($222 per day), but this figure varies across the country. In ten years the national median annual cost would be about $132,000, if costs increase 5% annually.

Select Elimination Period you are considering. The approximate cost of care for that period (based on a national median cost of $222/day) is shown for each elimination period choice.

◯ Zero Days ($0) ◯ 30 Days ($6,600) ◯ 90 Days ($19,980)
◯ 180 Days ($39,960) ◯ 365 Days ($81,030)

How are you planning to pay for your care during the Elimination Period? (check one)

◯ From my Income ◯ From my Savings/Investments ◯ My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

◯ Under $20,000 ◯ $20,000-$30,000 ◯ $30,001-$50,000 ◯ Over $50,000

How do you expect your assets to change over the next ten years? (check one)

◯ Stay about the same ◯ Increase ◯ Decrease

If you are buying this policy to protect your assets and your assets are less than $30,000, you may wish to consider other options for financing your long-term care.

LONG TERM CARE INSURANCE PERSONAL WORKSHEET *continued*

DISCLOSURE STATEMENT

Check one: ◯ The answers to the preceding questions accurately describe my financial situation.
◯ I choose not to complete this information (in section B on the prior page), and I have signed the Verification of Financial Non-Disclosure.
NOTE: Section A of this worksheet must be completed even if you do not disclose your financial information.

YOU MUST CHECK THE CIRCLE BELOW TO ACKNOWLEDGE THAT YOU HAVE READ THE FOLLOWING STATEMENT. PLEASE SIGN BELOW.

◯ **(THIS CIRCLE MUST BE CHECKED)** I acknowledge that the carrier and/or its Agent/Producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures.
I understand that the rates for this policy may increase in the future.

Applicant A Signature	Printed Name	Date *mm/dd/yyyy*
X		| |
Applicant B Signature	Printed Name	Date *mm/dd/yyyy*
X		| |

I explained to the applicant(s) the importance of completing this information.

Agent/Producer's Signature	Agent/Producer's Printed Name	Date *mm/dd/yyyy*
X		| |

Complete this section ONLY if your Agent/Producer has advised you that this policy may not be suitable for you.
My Agent/Producer has advised me that this policy may not be suitable for me. However, I still want the company to consider my application.

Applicant A Signature	Date *mm/dd/yyyy*	Applicant B Signature	Date *mm/dd/yyyy*
X	| |	X	| |

In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.

Genworth

Genworth Life Insurance Company
Long Term Care Insurance Division

Applicant Copy

SUITABILITY STATEMENT

THINGS YOU SHOULD KNOW BEFORE YOU BUY LONG TERM CARE INSURANCE

Long Term Care Insurance – A long term care insurance policy may pay most of the costs for your care in a nursing home. Many policies also pay for care at home or other community settings. Since policies can vary in coverage, you should read this policy and make sure you understand what it covers before you buy it.

You should *not* buy this insurance policy unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.

The personal worksheet includes questions designed to help you and the company determine whether this policy is suitable for your needs.

Medicare – Medicare does *not* pay for most long term care.

Medicaid – Medicaid will generally pay for long term care if you have very little income and few assets. You probably should *not* buy this policy if you are now eligible for Medicaid.

Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services.

When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.

Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

Shopper's Guide – Make sure the insurance company or agent/producer gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long Term Care Insurance." Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the policy within 30 days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the policy.

Counseling – Free counseling and additional information about long term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

Facilities – Some long term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long term care insurance policy. Read the policy carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the policy.

Long Term Care Insurance is underwritten by Genworth Life Insurance Company.

135363 01/01/13

Genworth

Administrative Offices:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Long Term Care Insurance Application Overflow Form
from Genworth Life Insurance Company

APPLICANT

a. Full Name (First)	(Middle)	(Last)	b. Date of Birth (Mo./Day/Yr.)	c. Social Security Number

REMARKS (Provide explanations and requested information. Identify applicable item number and letter if any.)

This Long Term Care Insurance Application Overflow Form is part of the Application for coverage with the Company. By signing below, you acknowledge and agree that the provisions set forth in the Declarations Section of the Application shall apply to this Long Term Care Insurance Application Overflow Form, as part of the Application. You further agree that you have reviewed this Long Term Care Insurance Application Overflow Form and that the answers contained here in are full, complete and true to the best of your knowledge and belief.

Signature of Applicant

Date signed

Signature of Licensed and Appointed Insurance Producer/Agent/
Representative or Examiner

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Genworth Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: *Arkansas* **Filing Company:** *Genworth Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *PC Flex 8000*
Project Name/Number: *PC Flex 8000/8000*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved 08/08/2012	Standard Premium Rates RS (Form 8000)	8000	New		Standard Premium Rates RS (Form 8000).pdf
2	Approved 08/08/2012	Standard Premium Rates RS (Form 8001)	8001	New		Standard Premium Rates RS _Form 8001_v.pdf

GENWORTH LIFE INSURANCE COMPANY

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

LONG TERM CARE INSURANCE POLICY

Policy Form Series: 8000

May 2012

Premium Rates

Table A

The Base premium rate table varies by Benefit Period, Benefit Increase Option, Underwriting Class, Marital Class, Gender and Issue Age. These premium rates provided in the base tables are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, and 3650. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.

Base Rating Tables 1 - 12

The base rate tables are provided for Single Males, Single Females and Married Applicants for all four underwriting classes; Standard, Select, Preferred and Preferred Best. The unit is per $10 of Daily Benefit or $300 of Monthly Benefits.

Table A-1 and A-2

These two tables of factors convert base rates from No Bio to either FPO or GPO. The factors are applied directly to the No Bio Base Rates found in Tables 1-12.

Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

Table C

Table C converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates.

Table D-1 to D-4

Table D-1 converts the Elimination Period from Service Days to Calendar Days. Table D-2 converts the 100% Home Care to Reduced Home Care coverage. Table D-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage. Table D-4 converts the policy to an 80% Coinsurance Plan.

Table E-1 to E-11

These tables contain factors for other benefit options and riders available through the policy.

Table F

This table contains modal factors for different billing frequencies.

Rate Calculation Example
Issue Age: 60
Benefit Period: 1,095 Day
5% Compound Inflation for Life
Underwriting Class: Married – Preferred Class

Step	Description	Rate Calculation
1	Get annual rate per $10 Daily Benefit from appropriate Base Table	144.40
1a	If BIO is FPO or GPO use the No Bio Base Rate and apply A-1 or A-2 Factor	1.000
2	Premium payment term is Lifetime.	1.00
3	Result: Step 1 x Step 1a x Step 2	144.40
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	158.84
6	Plan Options and Features (Tables D-1 to D-4)	
	60% Home & Community Care. Factor from Table D-2	-4.0%
	75% Assisted Living Facility Coverage. Factor from Table D-3	-1.9%
	Sum of factors for Tables D-1 to D-4	-5.9%
7	Result: Step 5 x (1 + sum of factors from Step 6)	149.46844
8	Optional Benefits (Tables E-1 to E-10)	
	0-Day elimination period for Home Care. Factor from Table E-1	5.8%
	Restoration of Benefits. Factor from Table E-7	7.0%
	Nonforfeiture Benefit. Factor from Table E-8	22.0%
	Sum of factors for Tables E-1 to E-10	34.8%
9	Result: Step 7 x (1 + sum of factors from step 8)	201.483457
10	$200 Daily Benefit i.e. 20 “units” of daily benefit	20
11	Result: Step 9 x Step 10	4029.6691
12	Premiums payable semi-annually. Factor from Table F	0.51
13	Result: Step 11 x Step 12	$2,055.13
14	Apply Discount Factors if Applicable	$2,055.13

GENWORTH LIFE INSURANCE COMPANY

Base Table 1
Male - Single Standard Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.60	80.40	83.11	104.74	109.82	65.09	102.08	105.50	132.98	138.67
30	52.98	86.45	87.58	110.38	118.09	70.23	110.41	111.81	140.93	148.93
35	57.36	92.49	92.05	116.02	126.36	75.36	118.73	118.12	148.87	159.18
40	60.85	98.57	96.79	120.98	140.52	80.31	126.75	125.09	157.10	173.10
45	61.95	100.79	97.74	121.20	149.17	82.11	129.80	127.16	159.16	180.23
50	66.22	105.41	102.05	127.84	166.36	86.14	135.05	130.75	165.24	206.07
55	71.79	114.04	112.59	143.80	175.72	94.90	148.58	146.64	181.98	212.27
60	99.09	157.77	151.17	169.90	192.72	123.04	198.71	190.40	224.47	254.61
65	147.76	217.74	202.74	237.00	264.41	182.13	285.22	265.55	305.30	340.65
70	248.59	339.31	317.27	354.18	396.31	310.90	441.25	410.90	460.95	517.72
75	429.62	566.44	529.05	666.78	826.40	555.95	734.65	686.14	864.78	1061.46
80	751.84	934.63	846.48	1066.85	1322.24	972.91	1212.17	1097.82	1383.65	1698.34
85	1095.53	1359.46	1216.82	1533.59	1900.72	1417.67	1763.16	1578.12	1988.99	2441.36
90	1718.48	2095.83	1904.58	2400.41	2975.04	2223.80	2718.21	2470.10	3113.21	3821.26
94	2362.91	2973.81	2645.25	3333.90	4132.00	3057.73	3856.91	3430.70	4323.90	5307.30

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	71.30	112.87	116.68	147.06	154.74	83.19	129.00	135.09	170.25	179.18
30	76.40	122.57	124.14	156.46	167.41	88.17	138.65	142.32	179.36	191.91
35	81.49	132.26	131.60	165.86	180.07	93.14	148.29	149.54	188.47	204.63
40	87.45	141.60	139.03	175.24	195.17	99.54	160.08	158.69	197.27	220.12
45	89.99	145.38	141.01	177.74	202.61	102.04	165.59	161.61	198.33	226.98
50	93.15	153.55	148.66	188.59	235.17	105.72	173.50	170.21	206.41	245.12
55	105.17	167.03	164.85	204.15	238.14	116.85	191.45	182.53	225.99	260.60
60	141.85	229.39	219.78	246.67	283.96	164.87	261.02	254.31	285.43	328.59
65	200.27	319.02	297.02	342.89	383.48	227.22	354.43	347.56	401.25	448.73
70	346.90	501.67	467.15	529.45	580.81	399.96	564.87	539.01	610.94	670.17
75	627.54	843.41	787.71	992.80	1181.44	704.98	966.77	890.36	1122.17	1346.72
80	1098.20	1391.63	1260.34	1588.48	1890.30	1233.72	1595.17	1424.58	1795.47	2154.75
85	1600.23	2024.18	1811.73	2283.44	2717.31	1797.70	2320.25	2047.83	2580.99	3097.46
90	2510.16	3120.62	2835.76	3574.08	4253.18	2819.92	3577.05	3205.30	4039.81	4848.19
94	3451.47	4427.90	3938.55	4964.00	5907.20	3877.39	5075.54	4451.80	5610.85	6733.60

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	92.94	141.09	141.24	178.03	187.32	99.45	155.01	157.30	198.26	206.86
30	95.08	153.21	151.37	190.81	204.15	104.13	167.15	167.10	211.17	223.49
35	102.92	164.32	160.55	203.56	221.00	111.67	178.80	176.44	224.05	240.13
40	106.47	176.29	170.31	216.24	240.84	117.09	191.05	187.18	237.82	258.93
45	109.70	182.31	172.74	218.47	249.04	119.85	196.29	190.25	241.28	266.47
50	112.80	191.94	182.85	220.62	275.10	123.25	204.06	196.92	244.93	289.46
55	124.10	211.84	197.82	240.60	280.67	135.45	230.63	221.73	257.01	296.08
60	168.69	284.76	273.17	306.58	352.94	184.03	312.50	298.36	333.43	380.14
65	246.49	378.08	376.01	434.14	485.49	271.59	414.24	398.10	470.78	525.82
70	428.52	608.30	581.47	659.05	722.94	476.10	671.86	633.84	721.82	792.19
75	757.94	1042.33	959.83	1209.71	1439.57	837.09	1148.02	1069.25	1301.09	1422.28
80	1262.92	1648.07	1468.30	1850.58	2202.20	1433.17	1858.35	1677.08	2039.26	2225.10
85	1841.62	2401.40	2114.19	2664.66	3170.96	2089.02	2705.15	2412.55	2933.66	3201.23
90	2891.45	3700.61	3306.29	4167.12	4958.91	3278.21	4169.67	3774.73	4589.99	5008.46
94	3973.83	5251.76	4592.89	5788.74	6888.65	4506.58	5916.87	5243.10	6375.52	6956.82

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	105.96	168.93	173.36	218.50	226.40
30	113.19	181.10	182.84	231.52	242.83
35	120.42	193.27	192.32	244.54	259.26
40	127.72	205.81	204.05	259.41	277.01
45	130.01	210.28	207.77	264.10	283.90
50	133.70	216.19	210.98	269.24	303.82
55	146.79	249.41	245.63	273.42	311.50
60	199.38	340.24	323.54	360.28	407.34
65	296.70	450.40	420.18	507.42	566.15
70	523.67	735.43	686.22	784.60	861.43
75	916.24	1253.71	1178.66	1392.46	1405.00
80	1603.42	2068.62	1885.86	2227.94	2248.00
85	2336.41	3008.90	2710.92	3202.66	3231.50
90	3664.96	4638.73	4243.18	5012.86	5058.00
94	5039.32	6581.98	5893.30	6962.30	7025.00

GENWORTH LIFE INSURANCE COMPANY

Base Table 2
Female - Single Standard Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	66.30	109.66	113.36	139.66	162.89	88.77	139.24	143.90	177.30	196.33
30	72.27	117.91	119.46	147.18	167.63	95.78	150.60	152.52	187.91	206.74
35	78.23	126.16	125.56	154.69	172.37	102.79	161.95	161.13	198.51	217.14
40	84.45	134.46	132.03	162.66	204.08	109.54	172.88	170.64	210.21	253.58
45	87.35	137.48	133.33	164.26	227.78	112.00	177.04	173.45	213.67	280.08
50	93.56	143.78	139.21	171.51	244.11	117.50	184.22	178.35	219.74	308.37
55	106.12	155.55	153.56	204.33	271.32	133.90	202.68	200.04	266.16	343.34
60	135.16	215.21	206.21	246.42	294.83	167.83	271.05	259.72	310.37	371.83
65	208.61	307.39	286.23	335.00	373.29	257.13	402.67	374.89	438.77	480.93
70	339.09	462.82	432.77	493.18	554.82	424.08	601.89	560.48	638.72	724.82
75	468.81	618.12	577.31	689.92	1033.97	606.67	801.68	748.74	894.78	1296.30
80	820.42	1019.90	923.70	1103.87	1654.35	1061.67	1322.77	1197.98	1431.65	2074.08
85	1195.47	1483.49	1327.81	1586.82	2378.13	1547.01	1924.03	1722.10	2057.99	2981.49
90	1875.24	2287.04	2078.32	2483.71	3722.29	2426.68	2966.22	2695.46	3221.21	4666.68
94	2578.46	3245.13	2886.55	3449.60	5169.85	3336.69	4208.82	3743.70	4473.90	6481.50

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	97.26	153.95	159.16	196.08	219.06	113.48	175.97	184.27	227.02	244.42
30	104.21	167.18	169.34	208.62	232.34	120.26	189.12	194.13	239.16	261.78
35	111.15	180.40	179.51	221.16	245.62	127.04	202.26	203.98	251.30	279.13
40	119.29	193.14	189.65	233.65	285.86	135.78	218.35	216.46	266.67	317.60
45	122.75	198.30	192.35	236.97	314.88	139.19	225.87	220.45	271.58	343.61
50	127.07	209.45	202.78	249.83	351.93	144.21	236.67	232.17	286.05	366.81
55	148.38	227.84	224.87	299.20	385.17	159.40	261.14	248.98	331.28	413.58
60	193.49	312.89	299.79	358.27	414.69	224.88	356.04	346.90	414.56	457.02
65	282.74	450.39	419.33	490.78	541.38	320.78	500.37	490.68	574.30	633.51
70	473.19	684.29	637.21	726.16	792.25	545.57	770.49	735.24	837.87	914.13
75	684.79	920.36	859.57	1027.23	1547.44	769.29	1054.97	971.58	1161.08	1749.01
80	1198.38	1518.59	1375.31	1643.57	2475.90	1346.26	1740.70	1554.53	1857.73	2798.42
85	1746.21	2208.86	1977.01	2362.63	3559.11	1961.69	2531.93	2234.63	2670.48	4022.72
90	2739.16	3405.33	3094.45	3698.03	5570.78	3077.16	3903.39	3497.69	4179.89	6296.44
94	3766.35	4831.89	4297.85	5136.15	7737.20	4231.10	5538.59	4857.90	5805.40	8745.05

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	126.77	192.44	192.67	237.37	265.18	135.65	211.43	214.57	264.35	286.99
30	129.69	208.97	206.47	254.42	283.34	142.04	228.59	228.52	281.56	307.65
35	140.38	224.13	219.00	271.43	301.44	152.32	245.06	241.83	298.74	328.28
40	145.22	240.46	232.32	288.32	352.76	160.32	262.12	256.53	317.10	377.43
45	149.63	248.67	235.63	291.27	387.04	164.66	269.56	260.72	321.70	410.18
50	153.88	261.81	249.42	292.26	411.69	170.51	280.20	270.40	325.62	433.18
55	175.09	288.97	269.84	352.62	453.95	190.30	315.93	303.78	397.37	478.94
60	230.10	388.42	372.62	445.28	515.43	251.03	424.44	405.25	484.27	540.99
65	347.99	533.76	530.85	621.39	685.39	380.22	584.81	562.02	657.83	737.75
70	584.53	829.74	793.14	903.91	986.12	641.11	908.58	859.08	979.03	1071.33
75	827.08	1137.43	1047.40	1251.67	1885.54	905.74	1244.61	1156.63	1382.21	2035.45
80	1378.14	1798.44	1602.25	1914.76	2884.43	1550.41	2014.45	1813.82	2167.58	3190.50
85	2009.63	2620.50	2307.06	2757.07	4153.30	2259.91	2932.40	2609.28	3118.20	4589.82
90	3155.23	4038.24	3607.91	4311.64	6495.14	3546.40	4519.93	4082.52	4878.77	7181.22
94	4336.36	5730.92	5011.89	5989.49	9022.69	4875.25	6413.91	5670.62	6776.62	9974.75

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	144.53	230.42	236.47	291.33	308.81
30	154.40	248.21	250.56	308.70	331.96
35	164.26	265.99	264.65	326.06	355.11
40	175.41	283.79	280.73	345.88	402.09
45	179.68	290.46	285.81	352.13	433.31
50	187.13	298.59	291.38	358.98	454.66
55	205.52	342.90	337.71	442.11	503.92
60	271.96	460.47	437.87	523.26	566.55
65	412.45	635.86	593.19	694.27	790.10
70	697.69	987.43	925.02	1054.15	1156.53
75	984.39	1351.79	1265.87	1512.75	2185.36
80	1722.68	2230.45	2025.39	2420.40	3496.58
85	2510.19	3244.30	2911.50	3479.33	5026.33
90	3937.56	5001.62	4557.13	5445.90	7867.30
94	5414.15	7096.90	6329.35	7563.75	10926.80

GENWORTH LIFE INSURANCE COMPANY

Base Table 3
Male and Female - Married Standard Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	32.86	53.40	55.20	72.23	87.67	43.24	67.81	70.08	82.03	105.67
30	35.49	57.43	58.17	73.46	91.25	46.65	73.34	74.27	86.93	109.85
35	38.11	61.45	61.14	74.68	94.83	50.06	78.87	78.46	91.82	114.03
40	43.80	66.26	65.05	83.04	113.03	56.36	85.20	84.08	103.03	136.29
45	47.77	68.47	66.41	88.15	126.79	60.44	88.19	86.40	110.19	153.20
50	53.15	70.73	80.72	106.51	141.41	65.99	90.61	87.72	117.53	175.16
55	54.76	77.49	88.64	112.03	149.36	69.10	100.95	99.63	133.17	180.42
60	65.35	104.04	99.69	120.98	162.51	81.15	131.05	125.56	152.38	184.92
65	98.16	144.65	134.67	150.98	175.65	121.00	189.48	176.40	197.76	226.30
70	149.15	203.58	190.36	212.67	243.19	186.54	264.75	246.54	276.57	317.70
75	257.77	339.87	317.43	357.87	404.64	333.57	440.79	411.68	471.10	509.12
80	451.10	560.79	507.89	572.59	647.42	583.75	727.30	658.69	753.76	814.59
85	657.31	815.69	730.09	823.10	930.67	850.60	1057.90	946.86	1083.53	1170.98
90	1031.08	1257.52	1142.75	1288.33	1456.70	1334.28	1630.92	1482.05	1695.96	1832.83
94	1417.74	1784.32	1587.15	1789.35	2023.20	1834.64	2314.15	2058.40	2355.50	2545.60

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	47.37	74.98	77.51	93.05	117.91	55.26	85.70	89.74	105.29	130.03
30	50.75	81.42	82.47	97.95	123.45	58.57	92.11	94.54	113.25	149.49
35	54.13	87.86	87.43	102.84	128.99	61.88	98.52	99.34	121.20	168.95
40	61.39	95.19	93.45	115.51	153.62	68.04	107.62	106.66	131.12	182.01
45	66.25	98.78	95.81	123.65	172.22	71.54	112.50	109.79	135.90	187.94
50	71.36	103.02	99.74	132.22	199.90	77.13	116.41	114.20	145.69	208.35
55	76.57	113.48	112.00	149.71	202.41	81.04	130.07	124.01	165.77	213.43
60	93.55	151.29	144.94	175.89	206.23	108.73	172.15	167.72	203.53	227.28
65	133.04	211.92	197.31	221.21	254.75	150.94	235.44	230.89	258.86	298.09
70	208.14	301.00	280.29	317.67	348.49	239.98	338.92	323.41	366.56	402.10
75	376.53	506.05	472.63	535.58	605.59	422.99	580.06	534.21	605.35	684.48
80	658.93	834.98	756.21	856.93	968.94	740.23	957.10	854.74	968.56	1095.17
85	960.15	1214.52	1087.05	1231.83	1392.86	1078.62	1392.14	1228.68	1392.31	1574.30
90	1506.12	1872.39	1701.47	1928.09	2180.12	1691.96	2146.22	1923.16	2179.26	2464.13
94	2070.92	2656.76	2363.15	2677.90	3027.95	2326.45	3045.32	2671.05	3026.75	3422.40

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	61.74	93.73	93.83	112.64	142.73	66.07	102.97	104.49	123.05	153.51
30	63.16	101.78	100.56	119.45	150.55	69.18	111.33	111.29	133.49	171.44
35	68.37	109.16	106.66	126.22	158.31	74.18	119.35	117.78	143.91	189.34
40	74.74	118.51	114.48	142.54	189.57	81.32	129.18	126.41	157.75	211.42
45	80.76	123.87	117.37	151.98	211.69	86.55	134.27	129.86	164.75	224.35
50	86.42	128.78	122.68	154.68	233.85	93.26	137.82	138.99	172.22	246.05
55	90.35	143.93	134.40	176.44	238.55	97.42	157.36	151.31	200.64	249.30
60	111.25	187.81	180.15	218.61	256.33	121.37	205.21	195.93	237.75	269.04
65	163.74	251.15	249.79	280.08	322.52	178.91	275.17	264.46	296.50	347.15
70	257.11	364.98	348.88	395.43	433.77	285.66	403.12	380.30	433.09	475.31
75	454.77	625.40	575.90	652.60	737.90	502.26	688.82	641.55	714.12	800.03
80	757.77	988.85	880.99	998.32	1128.82	859.91	1115.02	1006.25	1119.67	1254.14
85	1104.99	1440.85	1268.52	1437.49	1625.39	1253.41	1623.10	1447.54	1610.73	1804.18
90	1734.90	2220.38	1983.79	2248.01	2541.87	1966.93	2501.82	2264.86	2520.16	2822.82
94	2384.34	3151.08	2755.76	3122.82	3531.03	2703.95	3550.15	3145.88	3500.51	3920.91

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	70.40	112.22	115.16	133.45	164.29
30	75.20	120.88	122.03	147.53	192.33
35	80.00	129.54	128.89	161.61	220.37
40	87.90	139.85	138.34	172.96	233.26
45	92.35	144.67	142.36	177.52	237.01
50	100.10	146.87	155.29	189.76	258.25
55	104.48	170.80	168.21	224.84	260.05
60	131.49	222.62	211.70	256.90	281.75
65	194.07	299.19	279.13	312.93	371.78
70	314.20	441.26	411.73	470.76	516.86
75	549.74	752.23	707.20	775.64	862.16
80	962.05	1241.18	1131.52	1241.02	1379.46
85	1401.84	1805.35	1626.56	1783.97	1982.97
90	2198.96	2783.25	2545.92	2792.30	3103.78
94	3023.57	3949.21	3536.00	3878.20	4310.80

GENWORTH LIFE INSURANCE COMPANY

Base Table 4
Male - Single Select Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	38.88	64.32	66.49	83.79	87.86	52.07	81.66	84.40	106.38	110.94
30	42.38	69.16	70.06	88.30	94.47	56.18	88.32	89.45	112.74	119.14
35	45.89	73.99	73.64	92.82	101.09	60.29	94.98	94.50	119.10	127.34
40	48.68	78.86	77.43	96.79	112.42	64.25	101.40	100.07	125.68	138.48
45	49.56	80.63	78.19	96.96	119.34	65.69	103.84	101.73	127.33	144.18
50	52.98	84.33	81.64	102.27	133.09	68.91	108.04	104.60	132.19	164.86
55	57.43	91.23	90.07	115.04	140.58	75.92	118.86	117.31	145.58	169.82
60	79.27	126.22	120.94	135.92	154.18	98.43	158.97	152.32	179.58	203.69
65	118.21	174.19	162.19	189.60	211.53	145.70	228.18	212.44	244.24	272.52
70	198.87	271.45	253.82	283.34	317.05	248.72	353.00	328.72	368.76	414.18
75	343.70	453.15	423.24	533.42	661.12	444.76	587.72	548.91	691.82	849.17
80	601.47	747.70	677.18	853.48	1057.79	778.33	969.74	878.26	1106.92	1358.67
85	876.42	1087.56	973.45	1226.88	1520.58	1134.14	1410.53	1262.50	1591.20	1953.09
90	1374.78	1676.66	1523.66	1920.33	2380.03	1779.04	2174.56	1976.08	2490.57	3057.00
94	1890.33	2379.05	2116.20	2667.12	3305.60	2446.18	3085.53	2744.56	3459.12	4245.84

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	57.04	90.30	93.34	117.65	123.79	66.55	103.20	108.07	136.20	143.34
30	61.12	98.05	99.31	125.17	133.92	70.53	110.92	113.85	143.49	153.52
35	65.19	105.81	105.28	132.69	144.06	74.51	118.63	119.63	150.78	163.70
40	69.96	113.28	111.22	140.19	156.13	79.63	128.06	126.95	157.81	176.10
45	71.99	116.30	112.81	142.19	162.09	81.63	132.47	129.29	158.66	181.58
50	74.52	122.84	118.93	150.87	188.14	84.58	138.80	136.17	165.13	196.10
55	84.14	133.62	131.88	163.32	190.51	93.48	153.16	146.02	180.79	208.48
60	113.48	183.51	175.82	197.34	227.17	131.90	208.82	203.45	228.34	262.87
65	160.22	255.22	237.62	274.31	306.78	181.78	283.54	278.05	321.00	358.98
70	277.52	401.34	373.72	423.56	464.65	319.97	451.90	431.21	488.75	536.14
75	502.03	674.73	630.17	794.24	945.15	563.98	773.42	712.29	897.74	1077.38
80	878.56	1113.30	1008.27	1270.78	1512.24	986.97	1276.14	1139.66	1436.38	1723.80
85	1280.18	1619.35	1449.39	1826.75	2173.85	1438.16	1856.20	1638.26	2064.79	2477.96
90	2008.13	2496.49	2268.60	2859.26	3402.55	2255.94	2861.64	2564.24	3231.85	3878.55
94	2761.18	3542.32	3150.84	3971.20	4725.76	3101.91	4060.43	3561.44	4488.68	5386.88

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	74.35	112.87	113.00	142.42	149.85	79.56	124.01	125.84	158.61	165.49
30	76.06	122.57	121.09	152.65	163.32	83.31	133.72	133.68	168.93	178.79
35	82.34	131.46	128.44	162.85	176.80	89.34	143.04	141.15	179.24	192.10
40	85.17	141.03	136.25	172.99	192.68	93.67	152.84	149.74	190.26	207.14
45	87.76	145.85	138.19	174.77	199.23	95.88	157.03	152.20	193.03	213.18
50	90.24	153.55	146.28	176.50	220.08	98.60	163.25	157.53	195.94	231.57
55	99.28	169.47	158.26	192.48	224.53	108.36	184.50	177.38	205.61	236.87
60	134.95	227.81	218.54	245.26	282.35	147.23	250.00	238.69	266.74	304.11
65	197.19	302.46	300.81	347.31	388.39	217.27	331.39	318.48	376.62	420.66
70	342.82	486.64	465.17	527.24	578.35	380.88	537.49	507.07	577.46	633.75
75	606.35	833.86	767.87	967.77	1151.66	669.67	918.41	855.40	1040.87	1137.83
80	1010.34	1318.46	1174.64	1480.46	1761.76	1146.54	1486.68	1341.66	1631.41	1780.08
85	1473.30	1921.12	1691.35	2131.73	2536.77	1671.21	2164.12	1930.04	2346.93	2560.99
90	2313.16	2960.49	2645.03	3333.70	3967.13	2622.56	3335.73	3019.79	3671.99	4006.76
94	3179.07	4201.41	3674.32	4630.99	5510.92	3605.26	4733.50	4194.48	5100.42	5565.46

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	84.77	135.14	138.69	174.80	181.12
30	90.55	144.88	146.27	185.22	194.26
35	96.34	154.62	153.86	195.63	207.41
40	102.18	164.65	163.24	207.53	221.61
45	104.01	168.22	166.22	211.28	227.12
50	106.96	172.95	168.78	215.39	243.06
55	117.43	199.53	196.50	218.74	249.20
60	159.50	272.19	258.83	288.22	325.87
65	237.36	360.32	336.14	405.94	452.92
70	418.94	588.34	548.98	627.68	689.14
75	732.99	1002.97	942.93	1113.97	1124.00
80	1282.74	1654.90	1508.68	1782.35	1798.40
85	1869.13	2407.12	2168.73	2562.13	2585.20
90	2931.97	3710.98	3394.54	4010.28	4046.40
94	4031.46	5265.58	4714.64	5569.84	5620.00

GENWORTH LIFE INSURANCE COMPANY

Base Table 5
Female - Single Select Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	53.04	87.73	90.69	111.73	130.31	71.02	111.39	115.12	141.84	157.06
30	57.81	94.33	95.57	117.74	134.10	76.62	120.48	122.01	150.32	165.39
35	62.58	100.93	100.45	123.75	137.90	82.23	129.56	128.90	158.81	173.71
40	67.56	107.57	105.63	130.13	163.26	87.63	138.31	136.51	168.17	202.87
45	69.88	109.98	106.66	131.41	182.22	89.60	141.63	138.76	170.94	224.06
50	74.85	115.02	111.37	137.21	195.29	94.00	147.38	142.68	175.79	246.70
55	84.90	124.44	122.85	163.46	217.06	107.12	162.14	160.03	212.93	274.67
60	108.13	172.17	164.97	197.14	235.86	134.26	216.84	207.78	248.30	297.46
65	166.89	245.91	228.98	268.00	298.63	205.70	322.14	299.91	351.02	384.74
70	271.27	370.26	346.22	394.54	443.86	339.26	481.51	448.38	510.98	579.86
75	375.05	494.50	461.85	551.94	827.18	485.34	641.34	598.99	715.82	1037.04
80	656.33	815.92	738.96	883.10	1323.48	849.34	1058.22	958.39	1145.32	1659.26
85	956.37	1186.79	1062.25	1269.45	1902.50	1237.61	1539.23	1377.68	1646.40	2385.19
90	1500.19	1829.64	1662.65	1986.97	2977.83	1941.34	2372.97	2156.37	2576.97	3733.34
94	2062.76	2596.10	2309.24	2759.68	4135.88	2669.35	3367.06	2994.96	3579.12	5185.20

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	77.81	123.16	127.33	156.86	175.25	90.78	140.78	147.42	181.62	195.54
30	83.36	133.74	135.47	166.90	185.87	96.21	151.29	155.30	191.33	209.42
35	88.92	144.32	143.61	176.93	196.50	101.63	161.81	163.18	201.04	223.30
40	95.43	154.51	151.72	186.92	228.68	108.62	174.68	173.17	213.34	254.08
45	98.20	158.64	153.88	189.58	251.90	111.35	180.70	176.36	217.26	274.89
50	101.66	167.56	162.22	199.86	281.54	115.37	189.34	185.74	228.84	293.45
55	118.70	182.27	179.90	239.36	308.14	127.52	208.91	199.18	265.02	330.86
60	154.79	250.31	239.83	286.62	331.75	179.90	284.83	277.52	331.65	365.62
65	226.19	360.31	335.46	392.62	433.10	256.62	400.30	392.54	459.44	506.81
70	378.55	547.43	509.77	580.93	633.80	436.46	616.39	588.19	670.30	731.30
75	547.83	736.29	687.66	821.78	1237.95	615.43	843.98	777.26	928.86	1399.21
80	958.71	1214.88	1100.25	1314.85	1980.72	1077.01	1392.56	1243.62	1486.18	2238.73
85	1396.97	1767.09	1581.61	1890.10	2847.29	1569.35	2025.54	1787.71	2136.39	3218.18
90	2191.33	2724.27	2475.56	2958.42	4456.63	2461.73	3122.71	2798.15	3343.91	5037.15
94	3013.08	3865.51	3438.28	4108.92	6189.76	3384.88	4430.87	3886.32	4644.32	6996.04

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	101.42	153.95	154.13	189.90	212.14	108.52	169.14	171.65	211.48	229.60
30	103.75	167.18	165.18	203.54	226.67	113.63	182.87	182.81	225.25	246.12
35	112.30	179.31	175.20	217.14	241.15	121.86	196.05	193.46	239.00	262.62
40	116.18	192.36	185.86	230.66	282.21	128.25	209.70	205.22	253.68	301.94
45	119.71	198.93	188.50	233.01	309.63	131.72	215.65	208.58	257.36	328.14
50	123.11	209.45	199.54	233.81	329.35	136.40	224.16	216.32	260.50	346.54
55	140.07	231.17	215.88	282.10	363.16	152.24	252.75	243.02	317.89	383.15
60	184.08	310.73	298.10	356.22	412.34	200.82	339.55	324.20	387.42	432.79
65	278.39	427.01	424.68	497.11	548.31	304.18	467.85	449.62	526.26	590.20
70	467.62	663.79	634.51	723.12	788.90	512.89	726.87	687.26	783.22	857.06
75	661.67	909.94	837.92	1001.33	1508.43	724.59	995.69	925.31	1105.77	1628.36
80	1102.51	1438.75	1281.80	1531.81	2307.54	1240.33	1611.56	1451.06	1734.06	2552.40
85	1607.71	2096.40	1845.64	2205.65	3322.64	1807.93	2345.92	2087.42	2494.56	3671.85
90	2524.19	3230.59	2886.33	3449.31	5196.11	2837.12	3615.94	3266.02	3903.02	5744.97
94	3469.09	4584.73	4009.51	4791.59	7218.15	3900.20	5131.13	4536.50	5421.30	7979.80

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	115.62	184.34	189.18	233.06	247.05
30	123.52	198.56	200.45	246.96	265.57
35	131.41	212.79	211.72	260.85	284.09
40	140.33	227.03	224.59	276.70	321.68
45	143.74	232.37	228.65	281.70	346.65
50	149.70	238.87	233.10	287.18	363.73
55	164.42	274.32	270.17	353.69	403.14
60	217.57	368.38	350.30	418.61	453.24
65	329.96	508.69	474.55	555.42	632.08
70	558.15	789.94	740.02	843.32	925.22
75	787.51	1081.43	1012.70	1210.20	1748.29
80	1378.15	1784.36	1620.31	1936.32	2797.26
85	2008.16	2595.44	2329.20	2783.46	4021.06
90	3150.05	4001.30	3645.71	4356.72	6293.84
94	4331.32	5677.52	5063.48	6051.00	8741.44

GENWORTH LIFE INSURANCE COMPANY

Base Table 6
Male and Female - Married Select Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	26.29	42.72	44.16	57.78	70.14	34.59	54.25	56.06	65.62	84.54
30	28.39	45.94	46.54	58.76	73.00	37.32	58.67	59.42	69.54	87.88
35	30.49	49.16	48.91	59.74	75.86	40.05	63.10	62.77	73.46	91.22
40	35.04	53.01	52.04	66.43	90.42	45.08	68.16	67.26	82.42	109.03
45	38.22	54.78	53.13	70.52	101.43	48.35	70.55	69.12	88.15	122.56
50	42.52	56.58	64.58	85.21	113.13	52.79	72.49	70.18	94.02	140.13
55	43.81	61.99	70.91	89.62	119.49	55.28	80.76	79.70	106.54	144.34
60	52.28	83.23	79.75	96.78	130.01	64.92	104.84	100.45	121.90	147.94
65	78.53	115.72	107.74	120.78	140.52	96.80	151.58	141.12	158.21	181.04
70	119.32	162.86	152.29	170.14	194.55	149.23	211.80	197.23	221.26	254.16
75	206.22	271.90	253.94	286.30	323.71	266.86	352.63	329.34	376.88	407.30
80	360.88	448.63	406.31	458.07	517.94	467.00	581.84	526.95	603.01	651.67
85	525.85	652.55	584.07	658.48	744.54	680.48	846.32	757.49	866.82	936.78
90	824.86	1006.02	914.20	1030.67	1165.36	1067.42	1304.74	1185.64	1356.77	1466.27
94	1134.19	1427.45	1269.72	1431.48	1618.56	1467.71	1851.32	1646.72	1884.40	2036.48

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	37.90	59.98	62.01	74.44	94.33	44.21	68.56	71.79	84.23	104.02
30	40.60	65.14	65.98	78.36	98.76	46.86	73.69	75.63	90.60	119.59
35	43.30	70.29	69.94	82.27	103.19	49.50	78.82	79.47	96.96	135.16
40	49.12	76.15	74.76	92.41	122.89	54.44	86.10	85.33	104.90	145.61
45	53.00	79.02	76.65	98.92	137.78	57.23	90.00	87.83	108.72	150.35
50	57.09	82.42	79.79	105.78	159.92	61.70	93.13	91.36	116.55	166.68
55	61.26	90.78	89.60	119.77	161.93	64.83	104.06	99.21	132.62	170.74
60	74.84	121.03	115.95	140.71	164.98	86.98	137.72	134.18	162.82	181.82
65	106.43	169.54	157.85	176.97	203.80	120.75	188.35	184.71	207.09	238.47
70	166.51	240.80	224.23	254.14	278.79	191.98	271.14	258.73	293.25	321.68
75	301.22	404.84	378.10	428.46	484.47	338.39	464.05	427.37	484.28	547.58
80	527.14	667.99	604.97	685.54	775.16	592.19	765.68	683.79	774.85	876.13
85	768.12	971.62	869.64	985.47	1114.29	862.90	1113.72	982.95	1113.84	1259.44
90	1204.90	1497.91	1361.17	1542.47	1744.10	1353.57	1716.98	1538.52	1743.41	1971.30
94	1656.73	2125.41	1890.52	2142.32	2422.36	1861.16	2436.25	2136.84	2421.40	2737.92

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	49.40	74.98	75.06	90.12	114.19	52.86	82.38	83.60	98.44	122.81
30	50.53	81.42	80.45	95.56	120.44	55.34	89.06	89.03	106.79	137.15
35	54.69	87.33	85.33	100.97	126.64	59.35	95.48	94.22	115.13	151.47
40	59.79	94.81	91.58	114.03	151.66	65.06	103.34	101.13	126.20	169.13
45	64.61	99.10	93.89	121.59	169.35	69.24	107.42	103.89	131.80	179.48
50	69.13	103.02	98.14	123.74	187.08	74.61	110.26	111.19	137.77	196.84
55	72.28	115.14	107.52	141.15	190.84	77.93	125.89	121.04	160.51	199.44
60	89.00	150.25	144.12	174.88	205.06	97.10	164.17	156.74	190.20	215.23
65	130.99	200.92	199.83	224.06	258.01	143.12	220.14	211.57	237.20	277.72
70	205.69	291.98	279.10	316.34	347.02	228.53	322.49	304.24	346.48	380.25
75	363.82	500.32	460.72	522.08	590.32	401.80	551.05	513.24	571.29	640.03
80	606.21	791.08	704.79	798.66	903.06	687.92	892.01	805.00	895.74	1003.31
85	883.99	1152.68	1014.82	1149.99	1300.31	1002.73	1298.48	1158.03	1288.58	1443.34
90	1387.92	1776.31	1587.03	1798.41	2033.50	1573.54	2001.45	1811.88	2016.13	2258.26
94	1907.47	2520.87	2204.61	2498.25	2824.82	2163.16	2840.12	2516.70	2800.41	3136.73

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	56.32	89.78	92.13	106.76	131.43
30	60.16	96.70	97.62	118.02	153.86
35	64.00	103.63	103.11	129.29	176.30
40	70.32	111.88	110.67	138.37	186.61
45	73.88	115.74	113.89	142.02	189.61
50	80.08	117.50	124.23	151.81	206.60
55	83.58	136.64	134.57	179.87	208.04
60	105.19	178.10	169.36	205.52	225.40
65	155.26	239.35	223.30	250.34	297.42
70	251.36	353.01	329.38	376.61	413.49
75	439.79	601.78	565.76	620.51	689.73
80	769.64	992.94	905.22	992.82	1103.56
85	1121.47	1444.28	1301.25	1427.18	1586.37
90	1759.17	2226.60	2036.74	2233.84	2483.02
94	2418.86	3159.37	2828.80	3102.56	3448.64

GENWORTH LIFE INSURANCE COMPANY

Base Table 7
Male - Single Preferred Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	35.24	51.46	53.19	59.92	83.25	45.04	65.33	67.52	75.49	97.94
30	35.98	55.33	56.05	62.87	88.15	46.64	70.66	71.56	79.21	109.14
35	36.71	59.20	58.91	65.82	93.05	48.23	75.99	75.60	82.93	120.33
40	41.00	63.25	61.95	77.53	105.16	52.79	81.12	80.06	92.74	132.80
45	43.68	64.81	62.56	86.19	113.14	55.28	83.07	81.38	98.92	140.07
50	45.14	67.46	68.58	89.87	120.12	56.06	86.43	83.68	105.76	148.80
55	49.25	72.99	72.05	95.64	134.34	62.15	95.09	93.85	116.47	162.27
60	63.42	100.97	96.75	108.74	136.06	78.74	127.17	121.86	143.66	169.88
65	94.57	139.35	129.75	154.19	169.23	116.56	182.54	169.95	201.96	218.02
70	159.10	217.16	203.06	236.42	253.64	198.98	282.40	262.97	306.19	331.34
75	274.95	362.52	338.59	381.73	422.04	355.81	470.18	439.13	502.50	543.06
80	481.16	598.16	541.74	610.77	675.26	622.67	775.80	702.61	804.00	868.90
85	701.12	870.05	778.76	877.98	970.69	907.32	1128.43	1010.00	1155.75	1249.04
90	1099.80	1341.32	1218.92	1374.23	1519.34	1423.24	1739.67	1580.87	1809.00	1955.02
94	1512.23	1903.23	1692.95	1908.65	2110.20	1956.96	2468.45	2195.65	2512.50	2715.30

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	49.34	72.24	74.68	84.25	117.53	54.83	82.56	86.46	97.54	139.49
30	50.75	78.45	79.45	89.04	127.07	57.22	88.73	91.09	106.56	144.64
35	52.15	84.65	84.22	93.83	136.60	59.61	94.90	95.71	115.57	149.79
40	57.49	91.72	90.04	113.29	149.98	63.77	102.87	102.78	131.37	164.04
45	60.58	95.19	92.32	128.31	157.47	65.42	106.80	105.81	142.02	171.85
50	64.72	98.27	95.15	129.29	169.79	69.15	111.04	108.94	143.00	176.97
55	68.87	106.90	105.51	130.66	182.04	76.51	122.53	116.82	144.64	191.97
60	90.78	146.81	140.66	157.76	190.92	105.51	167.05	162.76	182.57	210.30
65	128.17	204.18	190.09	225.90	245.43	145.42	226.83	222.44	264.33	287.19
70	222.02	321.07	298.98	348.11	371.72	255.98	361.52	344.97	401.66	428.91
75	401.63	539.78	504.13	571.28	631.60	451.19	618.73	569.83	645.71	713.89
80	702.85	890.64	806.61	914.05	1010.56	789.58	1020.90	911.73	1033.14	1142.22
85	1024.16	1295.47	1159.50	1313.94	1452.68	1150.53	1484.95	1310.61	1485.13	1641.95
90	1606.52	1997.19	1814.87	2056.61	2273.76	1804.76	2289.30	2051.39	2324.56	2570.00
94	2208.97	2833.85	2520.65	2856.40	3158.00	2481.55	3248.33	2849.15	3228.55	3569.45

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	64.31	90.30	90.40	101.99	142.27	67.07	99.21	100.68	112.64	151.94
30	63.15	98.06	96.87	108.59	154.96	68.30	106.98	106.95	118.87	161.96
35	65.86	105.17	102.75	115.16	167.65	71.47	114.43	112.92	125.09	171.97
40	69.99	114.19	110.29	139.80	185.08	76.18	122.95	120.44	144.04	192.76
45	73.85	119.37	113.09	157.71	193.56	79.14	126.97	123.03	156.72	205.13
50	78.38	122.84	117.03	151.25	198.62	81.97	130.60	126.03	156.83	208.99
55	81.27	135.58	126.61	153.99	214.55	89.96	147.60	141.91	174.86	228.62
60	107.95	182.25	174.83	196.07	237.30	117.78	200.00	190.95	212.95	249.00
65	157.75	241.98	240.65	286.02	310.72	173.82	265.11	254.78	305.38	336.52
70	274.26	389.31	372.14	433.32	462.68	304.71	430.00	405.66	469.33	507.00
75	485.09	667.09	614.29	696.10	769.60	535.74	734.73	684.31	761.72	834.39
80	808.28	1054.76	939.70	1064.87	1177.30	917.23	1189.34	1073.32	1194.31	1308.00
85	1178.65	1536.89	1353.07	1533.31	1695.20	1336.97	1731.30	1544.02	1718.11	1881.67
90	1850.55	2368.38	2116.01	2397.86	2651.04	2098.05	2668.59	2415.82	2688.16	2944.06
94	2543.28	3361.11	2939.43	3330.97	3682.68	2884.21	3786.80	3355.56	3733.86	4089.32

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	69.83	108.12	110.95	123.29	161.61
30	73.45	115.91	117.02	129.16	168.96
35	77.07	123.69	123.09	135.03	176.30
40	82.37	131.72	130.59	148.29	200.44
45	84.44	134.58	132.97	155.73	216.71
50	85.57	138.36	135.03	162.42	219.35
55	98.65	159.62	157.20	195.72	242.70
60	127.60	217.75	207.06	229.83	260.70
65	189.89	288.25	268.91	324.75	362.33
70	335.15	470.68	439.18	505.34	551.31
75	586.39	802.38	754.34	827.35	899.19
80	1026.18	1323.93	1206.94	1323.76	1438.70
85	1495.29	1925.71	1734.98	1902.91	2068.14
90	2345.56	2968.81	2715.62	2978.46	3237.08
94	3225.15	4212.50	3771.70	4136.75	4495.95

GENWORTH LIFE INSURANCE COMPANY

Base Table 8
Female - Single Preferred Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	43.61	70.19	72.55	88.99	115.02	56.82	89.11	92.10	112.03	140.30
30	46.29	75.47	76.45	92.12	121.18	60.24	96.38	97.61	117.46	148.51
35	48.97	80.74	80.35	95.25	127.33	63.66	103.64	103.11	122.88	156.71
40	58.03	86.05	84.50	103.29	140.94	74.29	110.64	109.20	136.08	176.13
45	64.81	87.99	85.34	107.27	149.02	82.00	113.31	111.01	143.95	188.64
50	68.39	92.02	89.09	127.33	156.23	84.93	117.89	114.15	148.44	202.74
55	74.56	99.56	98.29	135.63	173.65	94.07	129.71	128.02	176.65	219.74
60	90.27	137.73	131.97	160.97	201.83	107.40	173.47	166.22	202.73	261.49
65	133.51	196.73	183.18	216.65	245.91	164.56	257.71	239.93	283.76	307.79
70	217.01	296.21	276.97	324.17	355.09	271.42	385.20	358.71	419.83	463.87
75	300.04	395.60	369.48	464.30	472.67	388.28	513.07	479.20	602.17	710.09
80	525.07	652.74	591.17	742.88	756.27	679.49	846.57	766.72	963.47	1136.14
85	765.10	949.44	849.80	1067.89	1087.14	990.11	1231.37	1102.16	1384.99	1633.21
90	1200.16	1463.72	1330.13	1671.48	1701.61	1553.12	1898.36	1725.12	2167.81	2556.32
94	1650.22	2076.90	1847.40	2321.50	2363.35	2135.54	2693.62	2396.00	3010.85	3550.45

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	62.23	98.53	101.86	120.47	156.55	72.62	112.62	117.93	139.08	172.65
30	65.40	107.00	108.38	129.78	165.94	75.49	121.04	124.24	154.26	193.48
35	68.56	115.47	114.89	139.08	175.32	78.35	129.45	130.55	169.44	214.31
40	80.79	123.61	121.37	152.85	197.56	89.45	139.75	138.53	176.83	233.22
45	89.85	126.90	123.10	160.63	212.06	97.04	144.56	141.08	177.28	242.99
50	91.85	134.05	129.78	170.42	231.39	99.27	151.46	148.60	197.85	253.22
55	104.25	145.82	143.91	198.57	246.51	110.33	167.13	159.35	219.88	272.92
60	123.84	200.25	191.87	234.02	291.64	143.93	227.86	222.02	270.78	321.40
65	180.95	288.25	268.36	317.40	346.49	205.30	320.24	314.04	371.42	405.44
70	302.84	437.95	407.82	477.31	507.04	349.16	493.12	470.55	550.73	585.04
75	438.27	589.03	550.13	691.31	750.49	492.35	675.18	621.81	781.40	799.55
80	766.97	971.90	880.21	1106.10	1200.78	861.61	1114.05	994.90	1250.24	1279.28
85	1117.59	1413.67	1265.30	1590.01	1726.13	1255.49	1620.43	1430.16	1797.22	1838.97
90	1753.08	2179.41	1980.47	2488.72	2701.76	1969.40	2498.17	2238.52	2813.04	2878.38
94	2410.49	3092.41	2750.65	3456.55	3752.45	2707.93	3544.70	3109.05	3907.00	3997.75

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	81.11	123.16	123.30	145.84	189.51	86.81	135.32	137.32	161.56	203.83
30	81.39	133.75	132.14	158.27	202.36	89.53	146.30	146.25	174.14	216.93
35	86.59	143.46	140.17	170.69	215.17	94.71	156.85	154.77	186.72	230.01
40	98.35	153.89	148.68	188.62	243.80	107.34	167.76	164.18	204.70	261.84
45	109.53	159.13	150.80	197.44	260.66	117.40	172.52	166.86	213.80	282.29
50	111.23	167.56	159.63	199.36	270.68	120.03	179.33	173.05	218.19	291.03
55	123.02	184.94	172.69	234.03	290.53	132.64	202.20	194.41	258.49	308.37
60	147.27	248.59	238.48	290.85	362.49	160.66	271.64	259.36	316.32	380.46
65	222.71	341.61	339.73	401.87	438.66	243.34	374.28	359.69	425.44	472.16
70	374.10	531.04	507.62	594.14	631.12	410.30	581.50	549.82	643.52	685.65
75	529.34	727.95	670.34	842.35	914.46	579.67	796.55	740.25	930.21	1069.38
80	882.02	1151.00	1025.45	1288.60	1398.91	992.26	1289.24	1160.85	1458.76	1678.89
85	1286.18	1677.12	1476.53	1855.46	2014.30	1446.34	1876.73	1669.95	2098.51	2415.08
90	2019.37	2584.47	2309.09	2901.67	3150.07	2269.69	2892.74	2612.83	3283.36	3778.75
94	2775.30	3667.78	3207.64	4030.84	4375.90	3120.15	4104.88	3629.22	4560.59	5248.67

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	92.50	147.47	151.34	177.28	218.15
30	97.67	158.86	160.36	190.01	231.51
35	102.84	170.24	169.37	202.74	244.86
40	116.34	181.63	179.67	220.78	279.88
45	125.27	185.90	182.92	230.17	303.93
50	128.82	191.10	186.48	237.02	311.38
55	142.26	219.46	216.13	282.95	326.22
60	174.06	294.69	280.24	341.79	398.43
65	263.97	406.95	379.64	449.01	505.66
70	446.51	631.96	592.03	692.90	740.18
75	630.00	865.14	810.16	1018.07	1224.29
80	1102.50	1427.48	1296.26	1628.91	1958.86
85	1606.50	2076.34	1863.37	2341.56	2815.87
90	2520.00	3201.02	2916.58	3665.05	4407.44
94	3465.00	4541.99	4050.80	5090.35	6121.45

GENWORTH LIFE INSURANCE COMPANY

Base Table 9
Male and Female - Married Preferred Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	24.49	37.28	39.43	50.93	69.54	34.28	45.21	47.79	60.72	83.25
30	27.43	39.12	40.10	51.91	72.48	35.75	48.90	50.05	62.68	83.25
35	30.36	40.96	40.76	52.89	75.42	37.22	52.58	52.31	64.64	83.25
40	34.42	45.08	44.25	59.44	84.93	42.94	57.97	57.20	73.42	101.28
45	37.13	47.43	46.00	63.66	91.11	46.98	61.09	59.84	79.33	115.33
50	38.37	49.54	58.30	76.40	97.64	47.65	64.19	63.13	86.48	126.47
55	41.86	51.66	60.79	81.29	108.53	52.83	67.30	66.42	93.05	137.34
60	46.73	69.36	66.45	87.61	115.65	55.39	87.37	83.70	110.34	144.40
65	65.44	96.43	89.78	100.66	117.11	80.66	126.32	117.60	131.85	150.87
70	99.44	135.72	126.91	141.77	162.13	124.36	176.50	164.36	184.38	211.79
75	171.85	226.58	211.62	238.58	269.76	222.38	293.86	274.46	314.07	339.41
80	300.74	373.86	338.59	381.73	431.62	389.17	484.87	439.14	502.51	543.06
85	438.22	543.79	486.73	548.73	620.45	567.07	705.26	631.26	722.36	780.64
90	687.40	838.35	761.83	858.89	971.14	889.52	1087.28	988.06	1130.65	1221.88
94	945.18	1189.55	1058.10	1192.90	1348.80	1223.09	1542.77	1372.30	1570.35	1697.05

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	34.28	49.98	52.85	68.56	93.05	44.07	57.13	59.83	73.46	97.94
30	38.20	54.28	55.57	71.50	95.50	45.05	61.40	63.03	76.40	97.94
35	42.12	58.57	58.29	74.44	97.94	46.03	65.67	66.23	79.33	97.94
40	47.74	64.76	63.58	82.92	116.08	51.83	73.24	72.57	91.91	124.45
45	51.49	68.42	66.38	88.15	129.66	55.60	77.93	76.06	100.88	146.07
50	55.01	72.04	70.52	95.00	144.33	58.78	82.32	79.37	105.78	150.43
55	58.54	75.66	74.67	102.84	154.07	61.94	86.71	82.68	112.63	163.17
60	63.85	100.85	96.63	127.38	162.28	72.48	114.76	111.81	147.39	166.38
65	88.70	141.28	131.55	147.48	169.83	100.63	156.96	153.93	172.58	198.73
70	138.76	200.67	186.86	211.78	232.33	159.98	225.95	215.60	244.38	268.07
75	251.02	337.36	315.08	357.05	403.73	281.99	386.71	356.14	403.57	456.31
80	439.29	556.64	504.13	571.28	645.97	493.48	638.07	569.82	645.71	730.10
85	640.10	809.66	724.68	821.22	928.58	719.07	928.10	819.12	928.21	1049.51
90	1004.08	1248.23	1134.29	1285.38	1453.43	1127.96	1430.83	1282.10	1452.85	1642.72
94	1380.61	1771.14	1575.40	1785.25	2018.65	1550.95	2030.23	1780.70	2017.85	2281.55

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	44.68	62.48	63.98	83.00	112.64	49.28	68.65	70.38	90.47	119.98
30	47.54	67.84	67.76	87.20	116.46	53.15	74.22	74.56	95.02	125.57
35	53.20	72.77	71.11	91.36	120.20	58.43	79.57	78.52	99.55	131.11
40	58.12	80.63	77.89	102.32	143.24	63.59	87.90	86.00	111.35	154.81
45	62.77	85.80	81.32	108.35	159.37	67.27	93.01	89.97	118.33	171.79
50	66.62	90.05	86.74	111.14	168.84	69.44	98.55	96.06	122.17	177.64
55	69.08	95.96	89.60	121.20	181.58	74.47	104.91	100.87	133.08	190.20
60	75.93	125.19	120.11	158.32	201.70	81.79	136.80	130.62	172.18	203.98
65	109.17	167.43	166.54	186.73	215.01	119.27	183.45	176.31	197.67	231.43
70	171.41	243.32	232.59	263.62	289.18	190.44	268.75	253.54	288.73	316.88
75	303.18	416.93	383.93	435.06	491.94	334.84	459.21	427.69	476.08	533.35
80	505.18	659.22	587.31	665.54	752.55	573.28	743.34	670.82	746.44	836.09
85	736.66	960.55	845.66	958.32	1083.60	835.62	1082.06	965.01	1073.81	1202.79
90	1156.60	1480.23	1322.50	1498.66	1694.59	1311.30	1667.87	1509.88	1680.09	1881.88
94	1589.56	2100.68	1837.13	2081.86	2354.04	1802.65	2366.75	2097.22	2333.65	2613.94

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	53.87	74.82	76.78	97.94	127.33
30	58.77	80.60	81.36	102.84	134.68
35	63.66	86.37	85.93	107.74	142.02
40	69.07	95.17	94.12	120.39	166.37
45	71.77	100.23	98.62	128.31	184.20
50	72.27	107.05	105.38	133.20	186.45
55	79.87	113.87	112.14	144.96	198.81
60	87.66	148.41	141.14	186.05	206.26
65	129.37	199.46	186.08	208.62	247.86
70	209.47	294.17	274.49	313.84	344.57
75	366.50	501.49	471.46	517.09	574.77
80	641.38	827.46	754.34	827.34	919.63
85	934.58	1203.58	1084.36	1189.31	1321.97
90	1466.00	1855.51	1697.26	1861.52	2069.17
94	2015.75	2632.82	2357.30	2585.45	2873.85

GENWORTH LIFE INSURANCE COMPANY

Base Table 10
Male - Single Preferred Best Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	31.72	46.31	47.87	53.93	74.93	40.54	58.80	60.77	67.94	88.15
30	32.38	49.80	50.45	56.58	79.34	41.97	63.59	64.40	71.29	98.22
35	33.04	53.28	53.02	59.24	83.75	43.41	68.39	68.04	74.64	108.30
40	36.90	56.92	55.75	69.77	94.64	47.51	73.01	72.05	83.47	119.52
45	39.31	58.33	56.30	77.57	101.83	49.75	74.76	73.24	89.03	126.06
50	40.63	60.71	61.72	80.88	108.11	50.45	77.79	75.31	95.18	133.92
55	44.33	65.69	64.85	86.08	120.91	55.94	85.58	84.47	104.82	146.04
60	57.08	90.87	87.08	97.87	122.45	70.87	114.45	109.67	129.29	152.89
65	85.11	125.42	116.78	138.77	152.31	104.90	164.29	152.96	181.76	196.22
70	143.19	195.44	182.75	212.78	228.28	179.08	254.16	236.67	275.57	298.21
75	247.46	326.27	304.73	343.56	379.84	320.23	423.16	395.22	452.25	488.75
80	433.05	538.34	487.57	549.69	607.74	560.40	698.22	632.35	723.60	782.01
85	631.01	783.04	700.88	790.18	873.62	816.58	1015.59	909.00	1040.18	1124.13
90	989.82	1207.19	1097.03	1236.81	1367.41	1280.92	1565.70	1422.78	1628.10	1759.51
94	1361.00	1712.91	1523.66	1717.79	1899.18	1761.26	2221.60	1976.09	2261.25	2443.77

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	44.41	65.02	67.21	75.83	105.78	49.35	74.30	77.81	87.79	125.54
30	45.67	70.60	71.51	80.14	114.36	51.50	79.86	81.98	95.90	130.18
35	46.94	76.19	75.80	84.45	122.94	53.65	85.41	86.14	104.01	134.81
40	51.74	82.55	81.03	101.96	134.98	57.39	92.58	92.50	118.23	147.63
45	54.52	85.67	83.09	115.48	141.72	58.88	96.12	95.23	127.82	154.67
50	58.25	88.44	85.64	116.36	152.81	62.24	99.94	98.05	128.70	159.27
55	61.98	96.21	94.96	117.59	163.84	68.86	110.28	105.14	130.18	172.77
60	81.70	132.13	126.59	141.98	171.83	94.96	150.35	146.48	164.31	189.27
65	115.35	183.76	171.08	203.31	220.89	130.88	204.15	200.20	237.90	258.47
70	199.82	288.96	269.08	313.30	334.55	230.38	325.37	310.47	361.49	386.02
75	361.47	485.80	453.72	514.15	568.44	406.07	556.86	512.85	581.14	642.50
80	632.57	801.57	725.95	822.64	909.50	710.62	918.81	820.56	929.82	1028.00
85	921.74	1165.92	1043.55	1182.55	1307.41	1035.48	1336.46	1179.55	1336.62	1477.75
90	1445.87	1797.47	1633.38	1850.95	2046.38	1624.28	2060.37	1846.25	2092.10	2313.00
94	1988.07	2550.46	2268.59	2570.76	2842.20	2233.39	2923.50	2564.24	2905.70	3212.51

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	57.88	81.27	81.36	91.79	128.05	60.36	89.29	90.61	101.38	136.75
30	56.84	88.25	87.19	97.73	139.46	61.47	96.28	96.25	106.99	145.76
35	59.28	94.65	92.47	103.64	150.88	64.32	102.99	101.63	112.58	154.78
40	62.99	102.77	99.26	125.82	166.57	68.56	110.66	108.40	129.64	173.48
45	66.46	107.43	101.78	141.94	174.20	71.23	114.28	110.73	141.05	184.62
50	70.54	110.55	105.33	136.12	178.76	73.78	117.54	113.43	141.15	188.09
55	73.14	122.02	113.95	138.59	193.09	80.96	132.84	127.72	157.37	205.76
60	97.16	164.02	157.35	176.47	213.57	106.00	180.00	171.85	191.66	224.10
65	141.97	217.78	216.58	257.42	279.65	156.44	238.60	229.30	274.85	302.87
70	246.83	350.38	334.93	389.99	416.42	274.23	387.00	365.10	422.40	456.30
75	436.58	600.38	552.86	626.49	692.64	482.16	661.26	615.88	685.55	750.95
80	727.45	949.29	845.73	958.38	1059.57	825.51	1070.41	965.99	1074.88	1177.20
85	1060.79	1383.20	1217.76	1379.98	1525.68	1203.28	1558.17	1389.62	1546.29	1693.50
90	1665.49	2131.54	1904.41	2158.07	2385.94	1888.25	2401.73	2174.23	2419.34	2649.66
94	2288.95	3025.00	2645.48	2997.88	3314.42	2595.79	3408.12	3020.01	3360.48	3680.39

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	62.85	97.31	99.86	110.96	145.45
30	66.11	104.31	105.32	116.24	152.06
35	69.36	111.32	110.78	121.53	158.67
40	74.13	118.55	117.53	133.46	180.39
45	76.00	121.12	119.67	140.16	195.04
50	77.01	124.52	121.53	146.18	197.42
55	88.79	143.66	141.48	176.15	218.43
60	114.84	195.98	186.35	206.85	234.63
65	170.90	259.43	242.02	292.28	326.10
70	301.64	423.61	395.26	454.81	496.18
75	527.75	722.14	678.91	744.62	809.27
80	923.56	1191.53	1086.25	1191.38	1294.83
85	1345.77	1733.14	1561.48	1712.61	1861.32
90	2111.00	2671.93	2444.06	2680.61	2913.38
94	2902.63	3791.25	3394.53	3723.08	4046.36

GENWORTH LIFE INSURANCE COMPANY

Base Table 11
Female - Single Preferred Best Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	39.25	63.17	65.30	80.09	103.52	51.14	80.20	82.89	100.83	126.27
30	41.66	67.92	68.81	82.91	109.06	54.22	86.74	87.84	105.71	133.65
35	44.07	72.67	72.32	85.73	114.60	57.29	93.28	92.80	110.59	141.04
40	52.23	77.45	76.05	92.96	126.84	66.86	99.58	98.28	122.47	158.52
45	58.33	79.19	76.81	96.54	134.12	73.80	101.98	99.91	129.56	169.78
50	61.55	82.82	80.18	114.60	140.61	76.44	106.10	102.74	133.60	182.47
55	67.10	89.60	88.46	122.07	156.29	84.66	116.74	115.22	158.99	197.77
60	81.24	123.96	118.77	144.87	181.65	96.66	156.12	149.60	182.46	235.34
65	120.16	177.06	164.86	194.99	221.32	148.10	231.94	215.94	255.38	277.01
70	195.31	266.59	249.27	291.75	319.58	244.28	346.68	322.84	377.85	417.48
75	270.04	356.04	332.53	417.87	425.40	349.45	461.76	431.28	541.95	639.08
80	472.56	587.47	532.05	668.59	680.64	611.54	761.91	690.05	867.12	1022.53
85	688.59	854.50	764.82	961.10	978.43	891.10	1108.23	991.94	1246.49	1469.89
90	1080.14	1317.35	1197.12	1504.33	1531.45	1397.81	1708.52	1552.61	1951.03	2300.69
94	1485.20	1869.21	1662.66	2089.35	2127.02	1921.99	2424.26	2156.40	2709.77	3195.41

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	56.01	88.68	91.67	108.42	140.90	65.36	101.36	106.14	125.17	155.39
30	58.86	96.30	97.54	116.80	149.34	67.94	108.93	111.82	138.83	174.13
35	61.70	103.92	103.40	125.17	157.79	70.52	116.51	117.50	152.50	192.88
40	72.71	111.25	109.24	137.57	177.81	80.50	125.77	124.68	159.14	209.90
45	80.87	114.21	110.79	144.57	190.85	87.34	130.10	126.97	159.55	218.69
50	82.67	120.65	116.80	153.38	208.25	89.34	136.31	133.74	178.07	227.90
55	93.83	131.24	129.52	178.71	221.86	99.30	150.42	143.42	197.89	245.63
60	111.46	180.23	172.68	210.62	262.48	129.54	205.07	199.82	243.70	289.26
65	162.86	259.43	241.52	285.66	311.84	184.77	288.22	282.64	334.28	364.90
70	272.56	394.16	367.04	429.58	456.34	314.24	443.81	423.50	495.66	526.54
75	394.44	530.13	495.12	622.18	675.44	443.12	607.66	559.63	703.26	719.60
80	690.28	874.71	792.19	995.49	1080.71	775.45	1002.64	895.41	1125.22	1151.35
85	1005.83	1272.30	1138.77	1431.01	1553.51	1129.94	1458.39	1287.15	1617.50	1655.07
90	1577.77	1961.47	1782.42	2239.84	2431.59	1772.46	2248.35	2014.66	2531.74	2590.54
94	2169.44	2783.17	2475.59	3110.90	3377.21	2437.13	3190.23	2798.15	3516.30	3597.98

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	73.00	110.85	110.97	131.25	170.56	78.13	121.78	123.59	145.40	183.45
30	73.25	120.38	118.93	142.44	182.12	80.57	131.67	131.62	156.72	195.24
35	77.93	129.12	126.15	153.62	193.65	85.24	141.17	139.29	168.04	207.01
40	88.52	138.50	133.82	169.76	219.42	96.61	150.99	147.76	184.23	235.66
45	98.57	143.22	135.72	177.69	234.59	105.66	155.26	150.17	192.42	254.06
50	100.11	150.81	143.67	179.43	243.61	108.02	161.40	155.75	196.37	261.93
55	110.71	166.45	155.42	210.62	261.48	119.37	181.98	174.97	232.64	277.54
60	132.54	223.73	214.64	261.77	326.24	144.60	244.47	233.43	284.69	342.41
65	200.44	307.45	305.76	361.68	394.79	219.00	336.85	323.72	382.89	424.94
70	336.69	477.93	456.85	534.73	568.01	369.27	523.35	494.84	579.17	617.08
75	476.41	655.16	603.31	758.12	823.02	521.70	716.89	666.22	837.19	962.44
80	793.82	1035.90	922.90	1159.74	1259.02	893.03	1160.32	1044.77	1312.88	1511.00
85	1157.56	1509.41	1328.88	1669.92	1812.87	1301.71	1689.05	1502.95	1888.66	2173.58
90	1817.43	2326.02	2078.18	2611.50	2835.06	2042.72	2603.47	2351.55	2955.02	3400.88
94	2497.77	3301.01	2886.87	3627.75	3938.31	2808.14	3694.40	3266.30	4104.53	4723.81

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	83.25	132.72	136.21	159.55	196.34
30	87.90	142.97	144.32	171.01	208.35
35	92.56	153.22	152.43	182.47	220.37
40	104.70	163.47	161.70	198.71	251.89
45	112.74	167.31	164.63	207.15	273.54
50	115.94	171.99	167.83	213.32	280.24
55	128.03	197.51	194.52	254.66	293.60
60	156.65	265.22	252.22	307.61	358.59
65	237.57	366.26	341.68	404.11	455.09
70	401.86	568.76	532.83	623.61	666.16
75	567.00	778.63	729.14	916.26	1101.86
80	992.25	1284.73	1166.63	1466.02	1762.98
85	1445.85	1868.70	1677.03	2107.40	2534.28
90	2268.00	2880.92	2624.92	3298.55	3966.70
94	3118.50	4087.79	3645.72	4581.32	5509.31

GENWORTH LIFE INSURANCE COMPANY

Base Table 12
Male and Female - Married Preferred Best Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	22.04	33.55	35.49	45.84	62.59	30.85	40.69	43.01	54.65	74.93
30	24.68	35.21	36.09	46.72	65.23	32.18	44.01	45.05	56.41	74.93
35	27.32	36.86	36.68	47.60	67.88	33.50	47.32	47.08	58.18	74.93
40	30.98	40.57	39.82	53.50	76.44	38.65	52.17	51.48	66.08	91.15
45	33.42	42.69	41.40	57.29	82.00	42.28	54.98	53.86	71.40	103.80
50	34.53	44.59	52.47	68.76	87.88	42.89	57.77	56.82	77.83	113.82
55	37.67	46.49	54.71	73.16	97.68	47.55	60.57	59.78	83.75	123.61
60	42.06	62.42	59.81	78.85	104.09	49.85	78.63	75.33	99.31	129.96
65	58.90	86.79	80.80	90.59	105.40	72.59	113.69	105.84	118.67	135.78
70	89.50	122.15	114.22	127.59	145.92	111.92	158.85	147.92	165.94	190.61
75	154.67	203.92	190.46	214.72	242.78	200.14	264.47	247.01	282.66	305.47
80	270.66	336.47	304.73	343.56	388.45	350.25	436.38	395.22	452.26	488.75
85	394.40	489.41	438.05	493.86	558.40	510.36	634.74	568.13	650.12	702.58
90	618.66	754.51	685.65	773.00	874.02	800.57	978.55	889.25	1017.59	1099.69
94	850.66	1070.59	952.29	1073.61	1213.92	1100.78	1388.49	1235.07	1413.32	1527.35

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.85	44.98	47.57	61.70	83.75	39.66	51.42	53.85	66.11	88.15
30	34.38	48.85	50.01	64.35	85.95	40.55	55.26	56.73	68.76	88.15
35	37.91	52.71	52.46	67.00	88.15	41.43	59.10	59.61	71.40	88.15
40	42.97	58.29	57.22	74.63	104.47	46.65	65.91	65.31	82.72	112.00
45	46.34	61.58	59.74	79.34	116.69	50.04	70.14	68.45	90.79	131.46
50	49.51	64.84	63.47	85.50	129.90	52.90	74.09	71.43	95.20	135.39
55	52.69	68.09	67.20	92.56	138.66	55.75	78.04	74.41	101.37	146.85
60	57.47	90.77	86.97	114.64	146.05	65.23	103.28	100.63	132.65	149.74
65	79.83	127.15	118.40	132.73	152.85	90.57	141.26	138.54	155.32	178.86
70	124.88	180.60	168.17	190.60	209.10	143.98	203.36	194.04	219.94	241.26
75	225.92	303.62	283.57	321.35	363.36	253.79	348.04	320.53	363.21	410.68
80	395.36	500.98	453.72	514.15	581.37	444.13	574.26	512.84	581.14	657.09
85	576.09	728.70	652.22	739.09	835.72	647.17	835.29	737.21	835.39	944.56
90	903.67	1123.41	1020.86	1156.84	1308.09	1015.16	1287.74	1153.89	1307.57	1478.44
94	1242.55	1594.03	1417.86	1606.73	1816.79	1395.85	1827.20	1602.63	1816.07	2053.40

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	40.21	56.23	57.58	74.70	101.38	44.35	61.78	63.34	81.42	107.99
30	42.79	61.06	60.98	78.48	104.81	47.84	66.80	67.10	85.52	113.01
35	47.88	65.49	64.00	82.22	108.18	52.59	71.61	70.67	89.59	118.00
40	52.31	72.57	70.10	92.09	128.92	57.24	79.11	77.40	100.22	139.33
45	56.49	77.22	73.18	97.51	143.44	60.54	83.71	80.97	106.50	154.61
50	59.96	81.05	78.07	100.02	151.95	62.50	88.70	86.45	109.95	159.88
55	62.17	86.36	80.64	109.08	163.42	67.03	94.42	90.78	119.77	171.18
60	68.34	112.67	108.10	142.48	181.53	73.62	123.12	117.56	154.96	183.58
65	98.25	150.69	149.88	168.05	193.51	107.34	165.10	158.68	177.91	208.29
70	154.27	218.99	209.33	237.26	260.27	171.40	241.87	228.18	259.86	285.19
75	272.86	375.23	345.54	391.55	442.75	301.36	413.29	384.92	428.47	480.02
80	454.66	593.30	528.58	598.99	677.30	515.95	669.01	603.74	671.80	752.48
85	663.00	864.50	761.10	862.48	975.24	752.06	973.86	868.51	966.43	1082.51
90	1040.94	1332.20	1190.25	1348.80	1525.13	1180.17	1501.08	1358.89	1512.08	1693.69
94	1430.60	1890.61	1653.42	1873.67	2118.63	1622.39	2130.08	1887.50	2100.29	2352.55

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.48	67.34	69.10	88.15	114.60
30	52.89	72.54	73.22	92.56	121.21
35	57.29	77.73	77.34	96.97	127.82
40	62.16	85.65	84.71	108.35	149.73
45	64.59	90.21	88.76	115.48	165.78
50	65.04	96.35	94.84	119.88	167.81
55	71.88	102.48	100.93	130.46	178.93
60	78.89	133.57	127.03	167.45	185.63
65	116.43	179.51	167.47	187.76	223.07
70	188.52	264.75	247.04	282.46	310.11
75	329.85	451.34	424.31	465.38	517.29
80	577.24	744.71	678.90	744.61	827.67
85	841.12	1083.22	975.92	1070.38	1189.77
90	1319.40	1669.96	1527.53	1675.37	1862.25
94	1814.18	2369.54	2121.57	2326.91	2586.47

Table A-1
Future Purchase Options

FPO Offer	% Load
5% Compounded Annually every 3 years	1.065

Table A-2
Guaranteed Purchase Options

GPO Offer	% Load
5% Compounded Annually every 3 years	1.105

Table B
Limited Pay Factors

(Multiple of Lifetime Pay Rates)

Issue Age	10-Year Premium Payment	To Age 65 Premium Payment
< 25	4.56	1.25
25-29	4.21	1.38
30-34	3.92	1.75
35-39	3.63	2.07
40-44	3.34	2.30
45	3.16	2.40
46	3.10	2.42
47	3.05	2.43
48	3.00	2.45
49	2.93	2.48
50	2.87	2.50
51	2.82	2.51
52	2.76	2.53
53	2.69	2.55
54	2.64	2.56
55	2.58	2.58
56	2.53	
57	2.45	
58	2.37	
59	2.28	
60	2.20	
61	2.15	
62	2.09	
63	2.03	
64	1.99	
65	1.93	
66	1.87	
67	1.81	
68	1.76	
69	1.70	
70	1.64	
71	1.59	
72	1.54	
73	1.48	
74	1.43	
75	1.37	
76	1.31	
77	1.25	
78	1.20	
79	1.14	
80	1.08	
81 and over	1.04	

Table C-1
Service Day Elimination Period (% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.

GENWORTH LIFE INSURANCE COMPANY

Table D-1

30 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.6%	1.6%	1.6%	1.6%	1.6%
25-29	1.6%	1.6%	1.6%	1.6%	1.6%
30-34	1.6%	1.6%	1.6%	1.6%	1.6%
35-39	1.6%	1.6%	1.6%	1.6%	1.6%
40-44	1.6%	1.6%	1.6%	1.6%	1.6%
45-49	1.6%	1.6%	1.6%	1.6%	1.6%
50-54	2.4%	2.4%	2.4%	2.4%	2.4%
55-59	2.4%	2.4%	2.4%	2.4%	2.4%
60-64	2.8%	2.8%	2.8%	2.8%	2.8%
65-69	2.8%	2.8%	2.8%	2.8%	2.8%
70-74	2.8%	2.8%	2.8%	2.8%	2.8%
75-79	2.8%	2.8%	2.8%	2.8%	2.8%
80-84	2.8%	2.8%	2.8%	2.8%	2.8%
85-89	2.8%	2.8%	2.8%	2.8%	2.8%
90-94	2.8%	2.8%	2.8%	2.8%	2.8%

60 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	2.7%	2.7%	2.7%	2.7%	2.7%
55-59	2.7%	2.7%	2.7%	2.7%	2.7%
60-64	3.1%	3.1%	3.1%	3.1%	3.1%
65-69	3.1%	3.1%	3.1%	3.1%	3.1%
70-74	3.1%	3.1%	3.1%	3.1%	3.1%
75-79	3.1%	3.1%	3.1%	3.1%	3.1%
80-84	3.1%	3.1%	3.1%	3.1%	3.1%
85-89	3.1%	3.1%	3.1%	3.1%	3.1%
90-94	3.1%	3.1%	3.1%	3.1%	3.1%

90 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	3.0%	3.0%	3.0%	3.0%	3.0%
55-59	3.0%	3.0%	3.0%	3.0%	3.0%
60-64	3.5%	3.5%	3.5%	3.5%	3.5%
65-69	3.5%	3.5%	3.5%	3.5%	3.5%
70-74	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	3.5%	3.5%	3.5%	3.5%	3.5%
80-84	3.5%	3.5%	3.5%	3.5%	3.5%
85-89	3.5%	3.5%	3.5%	3.5%	3.5%
90-94	3.5%	3.5%	3.5%	3.5%	3.5%

180 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	2.5%	2.5%	2.5%	2.5%
25-29	2.5%	2.5%	2.5%	2.5%	2.5%
30-34	2.5%	2.5%	2.5%	2.5%	2.5%
35-39	2.5%	2.5%	2.5%	2.5%	2.5%
40-44	2.5%	2.5%	2.5%	2.5%	2.5%
45-49	2.5%	2.5%	2.5%	2.5%	2.5%
50-54	3.7%	3.7%	3.7%	3.7%	3.7%
55-59	3.7%	3.7%	3.7%	3.7%	3.7%
60-64	4.3%	4.3%	4.3%	4.3%	4.3%
65-69	4.3%	4.3%	4.3%	4.3%	4.3%
70-74	4.3%	4.3%	4.3%	4.3%	4.3%
75-79	4.3%	4.3%	4.3%	4.3%	4.3%
80-84	4.3%	4.3%	4.3%	4.3%	4.3%
85-89	4.3%	4.3%	4.3%	4.3%	4.3%
90-94	4.3%	4.3%	4.3%	4.3%	4.3%

365 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	5.0%	5.0%	5.0%	5.0%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%	5.0%
50-54	7.4%	7.4%	7.4%	7.4%	7.4%
55-59	7.4%	7.4%	7.4%	7.4%	7.4%
60-64	8.7%	8.7%	8.7%	8.7%	8.7%
65-69	8.7%	8.7%	8.7%	8.7%	8.7%
70-74	8.7%	8.7%	8.7%	8.7%	8.7%
75-79	8.7%	8.7%	8.7%	8.7%	8.7%
80-84	8.7%	8.7%	8.7%	8.7%	8.7%
85-89	8.7%	8.7%	8.7%	8.7%	8.7%
90-94	8.7%	8.7%	8.7%	8.7%	8.7%

Table D-2

50% Home & Community Care Care

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%

60% Home & Community Care Care

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-3.0%	-3.0%	-3.0%
55-59	-6.5%	-5.0%	-3.0%	-3.0%	-3.0%
60-64	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
65-69	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
70-74	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
75-79	-7.0%	-5.0%	-5.0%	-5.0%	-5.0%
80-84	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
85-89	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
90-94	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%

75% Home & Community Care Care

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%

Table D-3

50% Assisted Living Facility

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-8.0%

60% Assisted Living Facility

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-4.5%

75% Assisted Living Facility

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-2.5%

Table E-1

0-Day Home Care EP, 30-Day NH and ALF EP

(% Increase from 30-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	4.6%	9.5%	3.4%	3.4%	3.4%

0-Day Home Care EP, 60-Day NH and ALF EP

(% Increase from 60-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.4%	9.5%	5.8%	5.8%	5.8%

0-Day Home Care EP, 90-Day NH and ALF EP

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	9.5%	9.5%	7.5%	7.5%	7.5%

0-Day Home Care EP, 180-Day NH and ALF EP

(% Increase from 180-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	17.9%	9.5%	13.7%	13.7%	13.7%

0-Day Home Care EP, 365-Day NH and ALF EP

(% Increase from 365-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	27.8%	9.5%	24.2%	24.2%	24.2%

Table E-2 (% Increase to Base Rate)
Monthly Benefits

All Issue ages 6.0%

Table E-3 (% Increase to Base Rate)
Transition Benefit
(Benefit up to 5 times the Daily Benefit or 20% of the Monthly Benefit)

All Issue ages 4.0%

Table E-4
10 Year Return of Premium on Death Benefit

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%

Table E-5
Graded Return of Premium on Death Benefit

Issue Age	
18-64	8%
65+	N/A

Table E-6 (% Increase to Base Rate)
10-Year Survivorship Rider

All Issue ages 12.0%

Table E-7
Restoration of Benefits (% Increase to Base Rate)

Issue Age	Lifetime Maximum		730 x Daily Benefit			Lifetime Maximum		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	11.0%	9.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%

Issue Age	Lifetime Maximum		1,460 x Daily Benefit			Lifetime Maximum		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%

Issue Age	Lifetime Maximum		2,190 x Daily Benefit			Lifetime Maximum		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%

Issue Age	Lifetime Maximum		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	6.0%	4.0%	4.0%	4.0%	4.0%

Table E-8
Nonforfeiture Benefit (% Increase to Base Rate)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	30.0%	30.0%	30.0%	30.0%	30.0%
25-29	29.0%	29.0%	29.0%	29.0%	29.0%
30-34	28.0%	28.0%	28.0%	28.0%	28.0%
35-39	27.0%	27.0%	27.0%	27.0%	27.0%
40-44	26.0%	26.0%	26.0%	26.0%	26.0%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%
55-59	23.0%	23.0%	23.0%	23.0%	23.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%
65-69	21.0%	21.0%	21.0%	21.0%	21.0%
70-74	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	19.0%	19.0%	19.0%	19.0%	19.0%
80-84	18.0%	18.0%	18.0%	18.0%	18.0%
85-89	17.0%	17.0%	17.0%	17.0%	17.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%

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Table E-9
Shared Benefit Rider (% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	8.0%	8.0%	8.0%	8.0%	8.0%	6.0%	6.0%	6.0%	6.0%	6.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
40-44	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
45-49	20.0%	20.0%	20.0%	20.0%	20.0%	13.0%	13.0%	13.0%	13.0%	13.0%
50-54	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
55-59	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	18.0%	18.0%	18.0%	18.0%	18.0%
70-74	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
80-84	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
85-89	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
90-94	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	10.0%	10.0%	10.0%	10.0%	10.0%

Table E-10
Shared Benefit Rider with Joint Waiver Rider (% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%
25-29	10.0%	10.0%	10.0%	10.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%
30-34	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
35-39	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
40-44	16.0%	16.0%	16.0%	16.0%	16.0%	13.0%	13.0%	13.0%	13.0%	13.0%
45-49	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%	17.0%	17.0%	17.0%	17.0%	17.0%
55-59	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
60-64	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
65-69	27.0%	27.0%	27.0%	27.0%	27.0%	20.0%	20.0%	20.0%	20.0%	20.0%
70-74	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
75-79	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
80-84	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
85-89	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
90-94	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
55-59	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
70-74	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
75-79	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
80-84	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
85-89	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%

Table E-11 (% Increase to Base Rate)

7-Year Enhanced Benefit Rider

All Issue ages	16.0%

Table F
Adjustments to annual premium rates when alternative billing frequencies are used

Mode	Factor
Annual	1.00
Semi-Annually	0.51
Quarterly	0.26
Monthly & Others	0.09

Premiums for payment options in the Other Category will be calculated using the following formula: Monthly Rate * 12 / # Payments per Year.

Discounts Available

2 Apply - 1 Issue Couples Discount
A discount of 15% may apply to individuals where two valid applications are received and only one policy is issued. This discount will be applied to the Single Rates shown in the Base Rate Tables.

List Bill/Commonly Marketed Discount
For groups with 4 or more actively at work employees/members a 5% discount may apply if the group is commonly marketed or list billed.

Producer Discount
A 10% discount may apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

GENWORTH LIFE INSURANCE COMPANY

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

LONG TERM CARE INSURANCE POLICY

Policy Form Series: 8001

May 2012

Premium Rates

Table A

The Base premium rate table varies by Benefit Period, Benefit Increase Option, Underwriting Class, Marital Class, and Issue Age. These premium rates provided in the base tables are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, and 3650. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.

Base Rating Tables 1 - 8

The base rate tables are provided for Single and Married Applicants for all four underwriting classes; Standard, Select, Preferred and Preferred Best. The unit is per $10 of Daily Benefit or $300 of Monthly Benefits.

Table A-1 and A-2

These two tables of factors convert base rates from No Bio to either FPO or GPO. The factors are applied directly to the No Bio Base Rates found in Tables 1-12.

Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

Table C

Table C converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates.

Table D-1 to D-4

Table D-1 converts the Elimination Period from Service Days to Calendar Days. Table D-2 converts the 100% Home Care to Reduced Home Care coverage. Table D-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage. Table D-4 converts the policy to an 80% Coinsurance Plan.

Table E-1 to E-11

These tables contain factors for other benefit options and riders available through the policy.

Table F

This table contains modal factors for different billing frequencies.

Rate Calculation Example
Issue Age: 60
Benefit Period: 1,095 Day
5% Compound Inflation for Life
Underwriting Class: Married – Preferred Class

Step	Description	Rate Calculation
1	Get annual rate per $10 Daily Benefit from appropriate Base Table	144.40
1a	If BIO is FPO or GPO use the No Bio Base Rate and apply A-1 or A-2 Factor	1.000
2	Premium payment term is Lifetime.	1.00
3	Result: Step 1 x Step 1a x Step 2	144.40
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	158.84
6	Plan Options and Features (Tables D-1 to D-4)	
	60% Home & Community Care. Factor from Table D-2	-4.0%
	75% Assisted Living Facility Coverage. Factor from Table D-3	-1.9%
	Sum of factors for Tables D-1 to D-4	-5.9%
7	Result: Step 5 x (1 + sum of factors from Step 6)	149.46844
8	Optional Benefits (Tables E-1 to E-10)	
	0-Day elimination period for Home Care. Factor from Table E-1	5.8%
	Restoration of Benefits. Factor from Table E-7	7.0%
	Nonforfeiture Benefit. Factor from Table E-8	22.0%
	Sum of factors for Tables E-1 to E-10	34.8%
9	Result: Step 7 x (1 + sum of factors from step 8)	201.483457
10	$200 Daily Benefit i.e. 20 “units” of daily benefit	20
11	Result: Step 9 x Step 10	4029.6691
12	Premiums payable semi-annually. Factor from Table F	0.51
13	Result: Step 11 x Step 12	$2,055.13
14	Apply Discount Factors if Applicable	$2,055.13

GENWORTH LIFE INSURANCE COMPANY

Base Table 1
Single Standard Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	60.81	100.59	103.98	128.83	146.44	81.43	127.72	132.00	163.56	178.45
30	66.29	108.16	109.58	135.77	152.28	87.86	138.14	139.90	173.34	188.81
35	71.76	115.73	115.17	142.70	158.11	94.29	148.55	147.80	183.12	199.17
40	77.13	123.33	121.11	149.74	184.38	100.48	158.58	156.52	193.74	228.63
45	79.48	126.10	122.30	150.91	203.41	102.73	162.40	159.10	196.77	249.13
50	85.08	131.89	127.69	157.97	220.00	107.77	168.98	163.60	202.84	276.66
55	95.48	142.68	140.86	185.57	241.69	121.81	185.91	183.49	240.07	302.71
60	123.98	197.40	189.15	222.70	263.18	153.94	248.62	238.23	283.74	335.49
65	189.74	279.60	260.34	304.62	339.54	233.88	366.26	340.99	397.39	437.44
70	311.04	424.53	396.97	450.09	505.68	389.00	552.09	514.11	583.61	660.62
75	456.66	602.10	562.35	682.75	969.62	590.95	780.90	729.33	885.48	1223.50
80	799.16	993.47	899.76	1092.40	1551.39	1034.16	1288.49	1166.93	1416.77	1957.60
85	1164.48	1445.04	1293.41	1570.33	2230.13	1506.92	1874.16	1677.46	2036.60	2814.05
90	1826.64	2227.77	2024.46	2457.90	3490.63	2363.80	2889.33	2625.59	3187.73	4404.60
94	2511.63	3161.03	2811.75	3413.75	4848.10	3250.23	4099.73	3646.65	4427.40	6117.50

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	89.21	141.22	145.99	180.88	199.12	104.09	161.41	169.02	209.42	224.19
30	95.59	153.35	155.33	192.45	212.21	110.31	173.47	178.06	220.62	240.11
35	101.96	165.48	164.66	204.02	225.30	116.53	185.53	187.10	231.82	256.03
40	109.42	177.16	173.96	215.54	257.74	124.54	200.28	198.55	245.15	287.37
45	112.59	181.89	176.43	218.61	280.07	127.67	207.18	202.21	248.87	307.45
50	116.55	192.12	186.00	230.85	315.74	132.28	217.08	212.97	261.36	329.08
55	134.99	208.99	206.26	269.74	339.59	146.21	239.54	228.38	298.64	366.16
60	177.48	287.01	274.99	323.67	374.16	206.27	326.58	318.20	374.53	417.20
65	257.17	409.67	381.41	444.94	492.43	291.77	455.13	446.32	520.65	576.23
70	434.04	627.68	584.49	665.18	726.70	500.43	706.75	674.41	767.52	838.50
75	667.05	896.51	837.30	1016.55	1433.98	749.36	1027.63	946.40	1149.02	1624.30
80	1167.34	1479.24	1339.68	1626.48	2294.37	1311.38	1695.59	1514.24	1838.43	2598.88
85	1700.98	2151.62	1925.79	2338.07	3298.15	1910.87	2466.31	2176.72	2642.75	3735.89
90	2668.20	3317.09	3014.28	3659.58	5162.33	2997.44	3802.23	3407.04	4136.47	5847.48
94	3668.78	4706.68	4186.50	5082.75	7169.90	4121.48	5395.06	4732.00	5745.10	8121.50

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	116.28	176.53	176.72	218.97	241.04	124.43	193.94	196.82	243.86	262.16
30	118.96	191.69	189.39	234.70	258.79	130.29	209.55	209.48	259.74	281.56
35	128.77	205.60	200.89	250.39	276.50	139.72	224.52	221.56	275.59	300.95
40	133.21	220.56	213.10	265.98	318.06	146.92	240.09	235.03	292.52	340.69
45	137.25	228.09	216.13	268.70	344.25	150.76	246.85	238.87	296.77	365.63
50	141.14	240.15	228.78	270.06	369.36	155.86	256.60	247.62	300.61	388.63
55	159.29	265.06	247.51	317.90	400.23	173.30	289.49	278.34	353.86	422.25
60	211.06	356.29	341.80	402.28	465.05	230.26	389.74	372.11	437.51	491.13
65	316.52	485.51	482.85	563.35	623.42	346.54	531.94	511.20	599.85	672.05
70	536.17	761.09	727.52	828.00	904.53	589.95	835.20	789.26	899.29	984.79
75	805.66	1107.95	1020.26	1238.65	1747.29	884.46	1214.67	1129.54	1357.06	1845.37
80	1342.44	1751.84	1560.74	1894.85	2672.94	1514.07	1966.06	1771.43	2127.79	2891.23
85	1957.57	2552.59	2247.28	2728.40	3848.78	2206.94	2861.95	2548.30	3060.98	4159.36
90	3073.50	3933.59	3514.44	4266.81	6018.91	3463.27	4411.35	3987.11	4789.23	6507.66
94	4224.03	5582.41	4882.04	5927.22	8361.14	4760.98	6259.83	5538.09	6652.26	9039.19

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	132.57	211.36	216.91	268.75	283.27
30	141.62	227.41	229.57	284.77	304.33
35	150.67	243.45	242.23	300.79	325.39
40	160.62	259.62	256.96	319.07	363.32
45	164.28	265.61	261.62	324.84	387.00
50	170.57	273.05	266.46	331.16	407.90
55	187.32	313.92	309.16	389.82	444.27
60	249.46	423.20	402.42	472.74	517.20
65	376.57	578.37	539.56	636.35	720.67
70	643.74	909.31	851.00	970.59	1065.05
75	963.26	1321.38	1238.83	1475.46	1943.45
80	1685.71	2180.28	1982.13	2360.74	3109.52
85	2456.31	3171.31	2849.31	3393.56	4469.94
90	3853.04	4889.11	4459.79	5311.66	6996.42
94	5297.93	6937.25	6194.15	7377.30	9717.25

GENWORTH LIFE INSURANCE COMPANY

Base Table 2
Married Standard Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	32.86	53.40	55.20	72.23	87.67	43.24	67.81	70.08	82.03	105.67
30	35.49	57.43	58.17	73.46	91.25	46.65	73.34	74.27	86.93	109.85
35	38.11	61.45	61.14	74.68	94.83	50.06	78.87	78.46	91.82	114.03
40	43.80	66.26	65.05	83.04	113.03	56.36	85.20	84.08	103.03	136.29
45	47.77	68.47	66.41	88.15	126.79	60.44	88.19	86.40	110.19	153.20
50	53.15	70.73	80.72	106.51	141.41	65.99	90.61	87.72	117.53	175.16
55	54.76	77.49	88.64	112.03	149.36	69.10	100.95	99.63	133.17	180.42
60	65.35	104.04	99.69	120.98	162.51	81.15	131.05	125.56	152.38	184.92
65	98.16	144.65	134.67	150.98	175.65	121.00	189.48	176.40	197.76	226.30
70	149.15	203.58	190.36	212.67	243.19	186.54	264.75	246.54	276.57	317.70
75	257.77	339.87	317.43	357.87	404.64	333.57	440.79	411.68	471.10	509.12
80	451.10	560.79	507.89	572.59	647.42	583.75	727.30	658.69	753.76	814.59
85	657.31	815.69	730.09	823.10	930.67	850.60	1057.90	946.86	1083.53	1170.98
90	1031.08	1257.52	1142.75	1288.33	1456.70	1334.28	1630.92	1482.05	1695.96	1832.83
94	1417.74	1784.32	1587.15	1789.35	2023.20	1834.64	2314.15	2058.40	2355.50	2545.60

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	47.37	74.98	77.51	93.05	117.91	55.26	85.70	89.74	105.29	130.03
30	50.75	81.42	82.47	97.95	123.45	58.57	92.11	94.54	113.25	149.49
35	54.13	87.86	87.43	102.84	128.99	61.88	98.52	99.34	121.20	168.95
40	61.39	95.19	93.45	115.51	153.62	68.04	107.62	106.66	131.12	182.01
45	66.25	98.78	95.81	123.65	172.22	71.54	112.50	109.79	135.90	187.94
50	71.36	103.02	99.74	132.22	199.90	77.13	116.41	114.20	145.69	208.35
55	76.57	113.48	112.00	149.71	202.41	81.04	130.07	124.01	165.77	213.43
60	93.55	151.29	144.94	175.89	206.23	108.73	172.15	167.72	203.53	227.28
65	133.04	211.92	197.31	221.21	254.75	150.94	235.44	230.89	258.86	298.09
70	208.14	301.00	280.29	317.67	348.49	239.98	338.92	323.41	366.56	402.10
75	376.53	506.05	472.63	535.58	605.59	422.99	580.06	534.21	605.35	684.48
80	658.93	834.98	756.21	856.93	968.94	740.23	957.10	854.74	968.56	1095.17
85	960.15	1214.52	1087.05	1231.83	1392.86	1078.62	1392.14	1228.68	1392.31	1574.30
90	1506.12	1872.39	1701.47	1928.09	2180.12	1691.96	2146.22	1923.16	2179.26	2464.13
94	2070.92	2656.76	2363.15	2677.90	3027.95	2326.45	3045.32	2671.05	3026.75	3422.40

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	61.74	93.73	93.83	112.64	142.73	66.07	102.97	104.49	123.05	153.51
30	63.16	101.78	100.56	119.45	150.55	69.18	111.33	111.29	133.49	171.44
35	68.37	109.16	106.66	126.22	158.31	74.18	119.35	117.78	143.91	189.34
40	74.74	118.51	114.48	142.54	189.57	81.32	129.18	126.41	157.75	211.42
45	80.76	123.87	117.37	151.98	211.69	86.55	134.27	129.86	164.75	224.35
50	86.42	128.78	122.68	154.68	233.85	93.26	137.82	138.99	172.22	246.05
55	90.35	143.93	134.40	176.44	238.55	97.42	157.36	151.31	200.64	249.30
60	111.25	187.81	180.15	218.61	256.33	121.37	205.21	195.93	237.75	269.04
65	163.74	251.15	249.79	280.08	322.52	178.91	275.17	264.46	296.50	347.15
70	257.11	364.98	348.88	395.43	433.77	285.66	403.12	380.30	433.09	475.31
75	454.77	625.40	575.90	652.60	737.90	502.26	688.82	641.55	714.12	800.03
80	757.77	988.85	880.99	998.32	1128.82	859.91	1115.02	1006.25	1119.67	1254.14
85	1104.99	1440.85	1268.52	1437.49	1625.39	1253.41	1623.10	1447.54	1610.73	1804.18
90	1734.90	2220.38	1983.79	2248.01	2541.87	1966.93	2501.82	2264.86	2520.16	2822.82
94	2384.34	3151.08	2755.76	3122.82	3531.03	2703.95	3550.15	3145.88	3500.51	3920.91

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	70.40	112.22	115.16	133.45	164.29
30	75.20	120.88	122.03	147.53	192.33
35	80.00	129.54	128.89	161.61	220.37
40	87.90	139.85	138.34	172.96	233.26
45	92.35	144.67	142.36	177.52	237.01
50	100.10	146.87	155.29	189.76	258.25
55	104.48	170.80	168.21	224.84	260.05
60	131.49	222.62	211.70	256.90	281.75
65	194.07	299.19	279.13	312.93	371.78
70	314.20	441.26	411.73	470.76	516.86
75	549.74	752.23	707.20	775.64	862.16
80	962.05	1241.18	1131.52	1241.02	1379.46
85	1401.84	1805.35	1626.56	1783.97	1982.97
90	2198.96	2783.25	2545.92	2792.30	3103.78
94	3023.57	3949.21	3536.00	3878.20	4310.80

GENWORTH LIFE INSURANCE COMPANY

Base Table 3
Single Select Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.65	80.47	83.18	103.06	117.15	65.14	102.18	105.60	130.85	142.76
30	53.03	86.53	87.66	108.61	121.82	70.29	110.51	111.92	138.67	151.05
35	57.41	92.58	92.14	114.16	126.49	75.43	118.84	118.24	146.50	159.34
40	61.71	98.67	96.89	119.79	147.50	80.38	126.87	125.22	155.00	182.91
45	63.58	100.88	97.84	120.73	162.73	82.18	129.92	127.28	157.42	199.30
50	68.06	105.51	102.15	126.38	176.00	86.22	135.18	130.88	162.27	221.33
55	76.38	114.14	112.69	148.46	193.35	97.45	148.73	146.79	192.06	242.17
60	99.18	157.92	151.32	178.16	210.54	123.15	198.90	190.58	226.99	268.39
65	151.79	223.68	208.27	243.70	271.63	187.10	293.01	272.79	317.91	349.95
70	248.83	339.62	317.58	360.07	404.54	311.20	441.67	411.29	466.89	528.50
75	365.33	481.68	449.88	546.20	775.70	472.76	624.72	583.46	708.38	978.80
80	639.32	794.77	719.81	873.92	1241.11	827.33	1030.79	933.54	1133.41	1566.08
85	931.59	1156.03	1034.72	1256.26	1784.10	1205.54	1499.33	1341.97	1629.28	2251.24
90	1461.31	1782.22	1619.57	1966.32	2792.51	1891.04	2311.46	2100.47	2550.18	3523.68
94	2009.30	2528.82	2249.40	2731.00	3878.48	2600.18	3279.78	2917.32	3541.92	4894.00

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	71.37	112.98	116.79	144.70	159.30	83.27	129.13	135.22	167.54	179.35
30	76.47	122.68	124.26	153.96	169.77	88.25	138.78	142.45	176.50	192.09
35	81.57	132.38	131.73	163.22	180.24	93.22	148.42	149.68	185.46	204.82
40	87.54	141.73	139.16	172.43	206.19	99.63	160.23	158.84	196.12	229.90
45	90.07	145.51	141.14	174.89	224.06	102.14	165.74	161.77	199.10	245.96
50	93.24	153.70	148.80	184.68	252.59	105.82	173.66	170.38	209.09	263.26
55	107.99	167.19	165.01	215.79	271.67	116.97	191.63	182.70	238.91	292.93
60	141.98	229.61	219.99	258.94	299.33	165.02	261.26	254.56	299.62	333.76
65	205.74	327.74	305.13	355.95	393.94	233.42	364.10	357.06	416.52	460.98
70	347.23	502.14	467.59	532.14	581.36	400.34	565.40	539.53	614.02	670.80
75	533.64	717.21	669.84	813.24	1147.18	599.49	822.10	757.12	919.22	1299.44
80	933.87	1183.39	1071.74	1301.18	1835.49	1049.10	1356.47	1211.39	1470.75	2079.10
85	1360.78	1721.30	1540.63	1870.45	2638.52	1528.69	1973.05	1741.38	2114.20	2988.71
90	2134.56	2653.67	2411.42	2927.66	4129.86	2397.95	3041.78	2725.63	3309.18	4677.98
94	2935.02	3765.34	3349.20	4066.20	5735.92	3297.18	4316.05	3785.60	4596.08	6497.20

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	93.03	141.22	141.38	175.17	192.83	99.54	155.15	157.45	195.09	209.72
30	95.17	153.35	151.51	187.76	207.03	104.23	167.64	167.58	207.79	225.25
35	103.02	164.48	160.71	200.31	221.20	111.78	179.62	177.25	220.47	240.76
40	106.57	176.45	170.48	212.78	254.45	117.53	192.07	188.02	234.02	272.55
45	109.80	182.47	172.90	214.96	275.40	120.61	197.48	191.10	237.42	292.50
50	112.91	192.12	183.02	216.05	295.48	124.68	205.28	198.10	240.49	310.90
55	127.43	212.05	198.01	254.32	320.18	138.64	231.59	222.67	283.09	337.80
60	168.85	285.03	273.44	321.82	372.04	184.21	311.80	297.69	350.01	392.90
65	253.21	388.40	386.28	450.68	498.74	277.23	425.55	408.96	479.88	537.64
70	428.93	608.87	582.02	662.40	723.62	471.96	668.16	631.41	719.44	787.83
75	644.53	886.36	816.21	990.92	1397.83	707.57	971.73	903.64	1085.65	1476.29
80	1073.95	1401.47	1248.59	1515.88	2138.35	1211.26	1572.84	1417.15	1702.23	2312.98
85	1566.06	2042.07	1797.83	2182.72	3079.02	1765.55	2289.56	2038.64	2448.78	3327.49
90	2458.80	3146.87	2811.55	3413.45	4815.13	2770.61	3529.08	3189.69	3831.39	5206.13
94	3379.22	4465.93	3905.63	4741.78	6688.91	3808.78	5007.86	4430.48	5321.81	7231.35

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	106.06	169.09	173.53	215.00	226.62
30	113.30	181.92	183.66	227.82	243.46
35	120.54	194.76	193.78	240.63	260.31
40	128.50	207.70	205.57	255.26	290.66
45	131.42	212.49	209.30	259.87	309.60
50	136.46	218.44	213.17	264.93	326.32
55	149.86	251.14	247.33	311.86	355.42
60	199.57	338.56	321.94	378.19	413.76
65	301.26	462.70	431.65	509.08	576.54
70	514.99	727.45	680.80	776.47	852.04
75	770.61	1057.10	991.06	1180.37	1554.76
80	1348.56	1744.22	1585.70	1888.59	2487.62
85	1965.05	2537.05	2279.45	2714.85	3575.95
90	3082.43	3911.28	3567.83	4249.32	5597.14
94	4238.34	5549.80	4955.32	5901.84	7773.80

GENWORTH LIFE INSURANCE COMPANY

Base Table 4
Married Select Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	26.29	42.72	44.16	57.78	70.14	34.59	54.25	56.06	65.62	84.54
30	28.39	45.94	46.54	58.76	73.00	37.32	58.67	59.42	69.54	87.88
35	30.49	49.16	48.91	59.74	75.86	40.05	63.10	62.77	73.46	91.22
40	35.04	53.01	52.04	66.43	90.42	45.08	68.16	67.26	82.42	109.03
45	38.22	54.78	53.13	70.52	101.43	48.35	70.55	69.12	88.15	122.56
50	42.52	56.58	64.58	85.21	113.13	52.79	72.49	70.18	94.02	140.13
55	43.81	61.99	70.91	89.62	119.49	55.28	80.76	79.70	106.54	144.34
60	52.28	83.23	79.75	96.78	130.01	64.92	104.84	100.45	121.90	147.94
65	78.53	115.72	107.74	120.78	140.52	96.80	151.58	141.12	158.21	181.04
70	119.32	162.86	152.29	170.14	194.55	149.23	211.80	197.23	221.26	254.16
75	206.22	271.90	253.94	286.30	323.71	266.86	352.63	329.34	376.88	407.30
80	360.88	448.63	406.31	458.07	517.94	467.00	581.84	526.95	603.01	651.67
85	525.85	652.55	584.07	658.48	744.54	680.48	846.32	757.49	866.82	936.78
90	824.86	1006.02	914.20	1030.67	1165.36	1067.42	1304.74	1185.64	1356.77	1466.27
94	1134.19	1427.45	1269.72	1431.48	1618.56	1467.71	1851.32	1646.72	1884.40	2036.48

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	37.90	59.98	62.01	74.44	94.33	44.21	68.56	71.79	84.23	104.02
30	40.60	65.14	65.98	78.36	98.76	46.86	73.69	75.63	90.60	119.59
35	43.30	70.29	69.94	82.27	103.19	49.50	78.82	79.47	96.96	135.16
40	49.12	76.15	74.76	92.41	122.89	54.44	86.10	85.33	104.90	145.61
45	53.00	79.02	76.65	98.92	137.78	57.23	90.00	87.83	108.72	150.35
50	57.09	82.42	79.79	105.78	159.92	61.70	93.13	91.36	116.55	166.68
55	61.26	90.78	89.60	119.77	161.93	64.83	104.06	99.21	132.62	170.74
60	74.84	121.03	115.95	140.71	164.98	86.98	137.72	134.18	162.82	181.82
65	106.43	169.54	157.85	176.97	203.80	120.75	188.35	184.71	207.09	238.47
70	166.51	240.80	224.23	254.14	278.79	191.98	271.14	258.73	293.25	321.68
75	301.22	404.84	378.10	428.46	484.47	338.39	464.05	427.37	484.28	547.58
80	527.14	667.99	604.97	685.54	775.16	592.19	765.68	683.79	774.85	876.13
85	768.12	971.62	869.64	985.47	1114.29	862.90	1113.72	982.95	1113.84	1259.44
90	1204.90	1497.91	1361.17	1542.47	1744.10	1353.57	1716.98	1538.52	1743.41	1971.30
94	1656.73	2125.41	1890.52	2142.32	2422.36	1861.16	2436.25	2136.84	2421.40	2737.92

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	49.40	74.98	75.06	90.12	114.19	52.86	82.38	83.60	98.44	122.81
30	50.53	81.42	80.45	95.56	120.44	55.34	89.06	89.03	106.79	137.15
35	54.69	87.33	85.33	100.97	126.64	59.35	95.48	94.22	115.13	151.47
40	59.79	94.81	91.58	114.03	151.66	65.06	103.34	101.13	126.20	169.13
45	64.61	99.10	93.89	121.59	169.35	69.24	107.42	103.89	131.80	179.48
50	69.13	103.02	98.14	123.74	187.08	74.61	110.26	111.19	137.77	196.84
55	72.28	115.14	107.52	141.15	190.84	77.93	125.89	121.04	160.51	199.44
60	89.00	150.25	144.12	174.88	205.06	97.10	164.17	156.74	190.20	215.23
65	130.99	200.92	199.83	224.06	258.01	143.12	220.14	211.57	237.20	277.72
70	205.69	291.98	279.10	316.34	347.02	228.53	322.49	304.24	346.48	380.25
75	363.82	500.32	460.72	522.08	590.32	401.80	551.05	513.24	571.29	640.03
80	606.21	791.08	704.79	798.66	903.06	687.92	892.01	805.00	895.74	1003.31
85	883.99	1152.68	1014.82	1149.99	1300.31	1002.73	1298.48	1158.03	1288.58	1443.34
90	1387.92	1776.31	1587.03	1798.41	2033.50	1573.54	2001.45	1811.88	2016.13	2258.26
94	1907.47	2520.87	2204.61	2498.25	2824.82	2163.16	2840.12	2516.70	2800.41	3136.73

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	56.32	89.78	92.13	106.76	131.43
30	60.16	96.70	97.62	118.02	153.86
35	64.00	103.63	103.11	129.29	176.30
40	70.32	111.88	110.67	138.37	186.61
45	73.88	115.74	113.89	142.02	189.61
50	80.08	117.50	124.23	151.81	206.60
55	83.58	136.64	134.57	179.87	208.04
60	105.19	178.10	169.36	205.52	225.40
65	155.26	239.35	223.30	250.34	297.42
70	251.36	353.01	329.38	376.61	413.49
75	439.79	601.78	565.76	620.51	689.73
80	769.64	992.94	905.22	992.82	1103.56
85	1121.47	1444.28	1301.25	1427.18	1586.37
90	1759.17	2226.60	2036.74	2233.84	2483.02
94	2418.86	3159.37	2828.80	3102.56	3448.64

GENWORTH LIFE INSURANCE COMPANY

Base Table 5
Single Preferred Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	41.02	64.38	66.55	79.98	105.17	53.17	81.74	84.48	100.70	127.17
30	43.10	69.22	70.13	83.06	110.94	56.03	88.41	89.53	105.60	136.30
35	45.17	74.06	73.71	86.13	116.70	58.88	95.07	94.58	110.50	145.43
40	52.75	78.98	77.51	95.30	129.85	67.63	101.50	100.16	122.65	162.70
45	58.26	80.81	78.28	100.73	137.90	73.72	103.94	101.82	129.99	173.58
50	61.19	84.41	82.73	115.72	145.03	75.98	108.14	104.71	135.21	186.02
55	66.72	91.32	90.15	123.23	161.46	84.18	118.98	117.43	157.99	201.92
60	81.95	126.33	121.05	144.78	181.44	98.52	159.12	152.47	184.42	233.09
65	121.44	178.94	166.62	197.29	222.14	149.68	234.41	218.24	258.41	279.96
70	199.06	271.70	254.06	296.97	323.64	248.96	353.33	329.03	384.60	422.79
75	292.26	385.35	359.90	438.70	456.98	378.21	499.77	466.78	571.27	658.31
80	511.46	635.83	575.84	701.92	731.17	661.87	824.62	746.85	914.03	1053.30
85	745.26	924.84	827.77	1009.01	1051.05	964.44	1199.45	1073.59	1313.92	1514.11
90	1169.04	1425.80	1295.64	1579.32	1645.13	1512.84	1849.15	1680.41	2056.57	2369.92
94	1607.43	2023.09	1799.50	2193.50	2284.90	2080.16	2623.79	2333.90	2856.35	3291.55

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	58.24	90.38	93.43	109.24	144.46	67.10	103.30	108.18	126.20	162.37
30	60.86	98.15	99.41	117.15	153.89	69.82	111.02	113.97	139.47	178.34
35	63.47	105.91	105.38	125.05	163.32	72.54	118.74	119.75	152.74	194.31
40	73.57	113.72	111.66	140.59	182.81	81.49	128.32	127.44	162.74	211.78
45	80.78	117.07	113.56	150.61	195.14	87.24	132.86	130.14	166.35	220.94
50	83.44	122.96	119.05	157.67	212.29	89.93	138.93	136.30	180.84	229.58
55	93.28	133.75	132.00	177.51	226.52	99.85	153.30	146.17	196.56	247.83
60	113.59	183.69	176.00	210.38	260.41	132.02	209.01	203.65	243.44	286.96
65	164.59	262.18	244.10	289.03	315.16	186.74	291.29	285.64	338.22	368.78
70	277.79	401.72	374.08	437.26	465.09	320.27	452.33	431.62	504.52	536.64
75	426.91	573.76	535.87	654.11	713.64	479.59	657.68	605.70	739.33	773.00
80	747.09	946.70	857.39	1046.58	1141.82	839.28	1085.17	969.12	1182.93	1236.80
85	1088.62	1377.02	1232.50	1504.45	1641.37	1222.95	1578.43	1393.11	1700.46	1777.90
90	1707.64	2122.91	1929.13	2354.80	2569.10	1918.36	2433.42	2180.52	2661.59	2782.80
94	2348.01	3012.24	2679.35	3270.55	3568.20	2637.75	3452.82	3028.50	3696.65	3865.00

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	75.91	112.98	113.10	132.24	174.87	80.69	124.12	125.96	146.39	187.75
30	75.74	122.68	121.21	142.86	187.67	82.95	134.11	134.06	157.00	199.89
35	80.16	131.59	128.56	153.47	200.44	87.51	143.70	141.79	167.61	212.02
40	89.56	141.58	136.78	173.48	225.60	97.68	153.87	150.62	185.90	240.43
45	98.47	146.81	139.11	185.12	239.86	105.54	158.40	153.28	196.10	258.37
50	101.05	153.70	146.43	184.45	248.34	108.23	164.23	158.48	199.17	265.59
55	110.07	169.63	158.40	209.21	266.97	119.41	185.27	178.13	232.56	283.65
60	135.08	228.03	218.76	261.47	323.67	147.37	249.43	238.15	284.28	339.71
65	202.57	310.71	309.02	365.95	399.00	221.79	340.44	327.17	388.22	430.11
70	343.15	487.11	465.62	544.29	578.90	377.57	534.53	505.14	589.53	630.27
75	515.62	709.08	652.96	797.02	869.56	566.05	777.38	722.91	877.98	996.54
80	859.16	1121.16	998.87	1219.26	1330.22	969.00	1258.27	1133.71	1376.78	1563.92
85	1252.84	1633.64	1438.26	1755.62	1915.40	1412.43	1831.64	1630.91	1980.59	2249.74
90	1967.03	2517.47	2249.23	2745.53	2995.39	2216.47	2823.24	2551.75	3098.85	3520.01
94	2703.36	3572.70	3124.49	3813.93	4161.04	3047.00	4006.26	3544.37	4304.32	4889.29

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	85.47	135.27	138.82	160.54	200.62
30	90.16	145.54	146.92	171.15	212.11
35	94.85	155.81	155.02	181.75	223.60
40	105.80	166.16	164.45	198.31	255.25
45	112.61	169.99	167.44	207.09	276.89
50	115.42	174.75	170.53	213.89	282.85
55	128.74	200.91	197.86	255.91	300.33
60	159.66	270.84	257.55	307.09	355.74
65	241.00	370.16	345.31	410.49	461.23
70	411.99	581.96	544.65	634.76	681.63
75	616.48	845.68	792.85	958.94	1123.51
80	1078.84	1395.37	1268.56	1534.30	1797.62
85	1572.02	2029.63	1823.56	2205.56	2584.07
90	2465.92	3129.02	2854.26	3452.18	4044.64
94	3390.64	4439.82	3964.25	4794.70	5617.55

GENWORTH LIFE INSURANCE COMPANY

Base Table 6
Married Preferred Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	24.49	37.28	39.43	50.93	69.54	34.28	45.21	47.79	60.72	83.25
30	27.43	39.12	40.10	51.91	72.48	35.75	48.90	50.05	62.68	83.25
35	30.36	40.96	40.76	52.89	75.42	37.22	52.58	52.31	64.64	83.25
40	34.42	45.08	44.25	59.44	84.93	42.94	57.97	57.20	73.42	101.28
45	37.13	47.43	46.00	63.66	91.11	46.98	61.09	59.84	79.33	115.33
50	38.37	49.54	58.30	76.40	97.64	47.65	64.19	63.13	86.48	126.47
55	41.86	51.66	60.79	81.29	108.53	52.83	67.30	66.42	93.05	137.34
60	46.73	69.36	66.45	87.61	115.65	55.39	87.37	83.70	110.34	144.40
65	65.44	96.43	89.78	100.66	117.11	80.66	126.32	117.60	131.85	150.87
70	99.44	135.72	126.91	141.77	162.13	124.36	176.50	164.36	184.38	211.79
75	171.85	226.58	211.62	238.58	269.76	222.38	293.86	274.46	314.07	339.41
80	300.74	373.86	338.59	381.73	431.62	389.17	484.87	439.14	502.51	543.06
85	438.22	543.79	486.73	548.73	620.45	567.07	705.26	631.26	722.36	780.64
90	687.40	838.35	761.83	858.89	971.14	889.52	1087.28	988.06	1130.65	1221.88
94	945.18	1189.55	1058.10	1192.90	1348.80	1223.09	1542.77	1372.30	1570.35	1697.05

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	34.28	49.98	52.85	68.56	93.05	44.07	57.13	59.83	73.46	97.94
30	38.20	54.28	55.57	71.50	95.50	45.05	61.40	63.03	76.40	97.94
35	42.12	58.57	58.29	74.44	97.94	46.03	65.67	66.23	79.33	97.94
40	47.74	64.76	63.58	82.92	116.08	51.83	73.24	72.57	91.91	124.45
45	51.49	68.42	66.38	88.15	129.66	55.60	77.93	76.06	100.88	146.07
50	55.01	72.04	70.52	95.00	144.33	58.78	82.32	79.37	105.78	150.43
55	58.54	75.66	74.67	102.84	154.07	61.94	86.71	82.68	112.63	163.17
60	63.85	100.85	96.63	127.38	162.28	72.48	114.76	111.81	147.39	166.38
65	88.70	141.28	131.55	147.48	169.83	100.63	156.96	153.93	172.58	198.73
70	138.76	200.67	186.86	211.78	232.33	159.98	225.95	215.60	244.38	268.07
75	251.02	337.36	315.08	357.05	403.73	281.99	386.71	356.14	403.57	456.31
80	439.29	556.64	504.13	571.28	645.97	493.48	638.07	569.82	645.71	730.10
85	640.10	809.66	724.68	821.22	928.58	719.07	928.10	819.12	928.21	1049.51
90	1004.08	1248.23	1134.29	1285.38	1453.43	1127.96	1430.83	1282.10	1452.85	1642.72
94	1380.61	1771.14	1575.40	1785.25	2018.65	1550.95	2030.23	1780.70	2017.85	2281.55

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	44.68	62.48	63.98	83.00	112.64	49.28	68.65	70.38	90.47	119.98
30	47.54	67.84	67.76	87.20	116.46	53.15	74.22	74.56	95.02	125.57
35	53.20	72.77	71.11	91.36	120.20	58.43	79.57	78.52	99.55	131.11
40	58.12	80.63	77.89	102.32	143.24	63.59	87.90	86.00	111.35	154.81
45	62.77	85.80	81.32	108.35	159.37	67.27	93.01	89.97	118.33	171.79
50	66.62	90.05	86.74	111.14	168.84	69.44	98.55	96.06	122.17	177.64
55	69.08	95.96	89.60	121.20	181.58	74.47	104.91	100.87	133.08	190.20
60	75.93	125.19	120.11	158.32	201.70	81.79	136.80	130.62	172.18	203.98
65	109.17	167.43	166.54	186.73	215.01	119.27	183.45	176.31	197.67	231.43
70	171.41	243.32	232.59	263.62	289.18	190.44	268.75	253.54	288.73	316.88
75	303.18	416.93	383.93	435.06	491.94	334.84	459.21	427.69	476.08	533.35
80	505.18	659.22	587.31	665.54	752.55	573.28	743.34	670.82	746.44	836.09
85	736.66	960.55	845.66	958.32	1083.60	835.62	1082.06	965.01	1073.81	1202.79
90	1156.60	1480.23	1322.50	1498.66	1694.59	1311.30	1667.87	1509.88	1680.09	1881.88
94	1589.56	2100.68	1837.13	2081.86	2354.04	1802.65	2366.75	2097.22	2333.65	2613.94

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	53.87	74.82	76.78	97.94	127.33
30	58.77	80.60	81.36	102.84	134.68
35	63.66	86.37	85.93	107.74	142.02
40	69.07	95.17	94.12	120.39	166.37
45	71.77	100.23	98.62	128.31	184.20
50	72.27	107.05	105.38	133.20	186.45
55	79.87	113.87	112.14	144.96	198.81
60	87.66	148.41	141.14	186.05	206.26
65	129.37	199.46	186.08	208.62	247.86
70	209.47	294.17	274.49	313.84	344.57
75	366.50	501.49	471.46	517.09	574.77
80	641.38	827.46	754.34	827.34	919.63
85	934.58	1203.58	1084.36	1189.31	1321.97
90	1466.00	1855.51	1697.26	1861.52	2069.17
94	2015.75	2632.82	2357.30	2585.45	2873.85

GENWORTH LIFE INSURANCE COMPANY

Base Table 7
Single Preferred Best Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	36.92	57.94	59.90	71.98	94.65	47.85	73.57	76.03	90.63	114.45
30	38.79	62.30	63.12	74.75	99.84	50.42	79.56	80.58	95.04	122.67
35	40.65	66.65	66.34	77.52	105.03	52.99	85.56	85.12	99.45	130.89
40	47.47	71.09	69.76	85.77	116.86	60.86	91.35	90.15	110.38	146.43
45	52.43	72.73	70.45	90.66	124.11	66.35	93.55	91.64	116.99	156.22
50	55.07	75.97	74.46	104.15	130.53	68.38	97.33	94.24	121.69	167.42
55	60.05	82.19	81.14	110.91	145.31	75.76	107.08	105.69	142.19	181.73
60	73.76	113.70	108.95	130.30	163.30	88.67	143.21	137.22	165.98	209.78
65	109.30	161.05	149.96	177.56	199.93	134.71	210.97	196.42	232.57	251.96
70	179.15	244.53	228.65	267.27	291.28	224.06	318.00	296.13	346.14	380.51
75	263.03	346.82	323.91	394.83	411.28	340.39	449.79	420.10	514.14	592.48
80	460.31	572.24	518.26	631.73	658.05	595.68	742.16	672.16	822.63	947.97
85	670.74	832.36	744.99	908.11	945.95	867.99	1079.50	966.23	1182.53	1362.70
90	1052.14	1283.22	1166.08	1421.39	1480.62	1361.56	1664.23	1512.37	1850.91	2132.92
94	1446.69	1820.78	1619.55	1974.15	2056.41	1872.14	2361.41	2100.51	2570.72	2962.40

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	52.42	81.34	84.09	98.32	130.01	60.39	92.97	97.36	113.58	146.13
30	54.77	88.33	89.46	105.43	138.50	62.84	99.92	102.57	125.52	160.51
35	57.12	95.32	94.84	112.55	146.99	65.29	106.87	107.78	137.47	174.88
40	66.21	102.35	100.49	126.53	164.53	73.34	115.48	114.70	146.46	190.60
45	72.70	105.36	102.20	135.55	175.63	78.52	119.57	117.13	149.72	198.85
50	75.10	110.66	107.15	141.90	191.06	80.94	125.04	122.67	162.76	206.62
55	83.95	120.38	118.80	159.76	203.87	89.87	137.97	131.55	176.90	223.05
60	102.23	165.32	158.40	189.34	234.37	118.82	188.11	183.29	219.10	258.26
65	148.13	235.96	219.69	260.13	283.64	168.07	262.16	257.08	304.40	331.90
70	250.01	361.55	336.67	393.53	418.58	288.24	407.10	388.46	454.07	482.98
75	384.22	516.38	482.28	588.70	642.28	431.63	591.91	545.13	665.40	695.70
80	672.38	852.03	771.65	941.92	1027.64	755.35	976.65	872.21	1064.64	1113.12
85	979.76	1239.32	1109.25	1354.01	1477.23	1100.66	1420.59	1253.80	1530.41	1600.11
90	1536.88	1910.62	1736.22	2119.32	2312.19	1726.52	2190.07	1962.47	2395.43	2504.52
94	2113.20	2711.02	2411.42	2943.50	3211.38	2373.97	3107.54	2725.65	3326.99	3478.50

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	68.32	101.68	101.79	119.02	157.39	72.62	111.71	113.36	131.75	168.97
30	68.16	110.41	109.08	128.58	168.90	74.65	120.70	120.66	141.30	179.90
35	72.15	118.43	115.71	138.13	180.39	78.76	129.33	127.61	150.85	190.82
40	80.60	127.42	123.10	156.14	203.04	87.91	138.48	135.56	167.31	216.38
45	88.62	132.13	125.20	166.61	215.87	94.99	142.56	137.95	176.49	232.54
50	90.94	138.33	131.79	166.00	223.51	97.41	147.80	142.63	179.25	239.04
55	99.06	152.67	142.56	188.29	240.27	107.46	166.74	160.32	209.30	255.29
60	121.57	205.23	196.88	235.33	291.30	132.63	224.49	214.34	255.85	305.73
65	182.32	279.64	278.12	329.35	359.10	199.61	306.39	294.45	349.40	387.10
70	308.84	438.39	419.06	489.86	521.01	339.81	481.08	454.62	530.57	567.24
75	464.06	638.17	587.67	717.32	782.61	509.44	699.64	650.62	790.18	896.88
80	773.24	1009.05	898.98	1097.33	1197.20	872.10	1132.44	1020.34	1239.10	1407.53
85	1127.56	1470.28	1294.43	1580.06	1723.86	1271.19	1648.47	1467.82	1782.53	2024.76
90	1770.33	2265.72	2024.31	2470.97	2695.85	1994.83	2540.92	2296.57	2788.97	3168.01
94	2433.03	3215.43	2812.04	3432.54	3744.93	2742.30	3605.63	3189.93	3873.88	4400.36

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	76.92	121.74	124.94	144.49	180.56
30	81.14	130.99	132.23	154.03	190.90
35	85.37	140.23	139.52	163.58	201.24
40	95.22	149.54	148.01	178.48	229.72
45	101.35	152.99	150.70	186.38	249.20
50	103.88	157.28	153.48	192.50	254.57
55	115.87	180.82	178.07	230.32	270.30
60	143.69	243.76	231.80	276.38	320.17
65	216.90	333.14	310.78	369.44	415.11
70	370.79	523.76	490.19	571.28	613.47
75	554.83	761.11	713.57	863.05	1011.16
80	970.96	1255.83	1141.70	1380.87	1617.85
85	1414.82	1826.67	1641.20	1985.01	2325.67
90	2219.33	2816.11	2568.83	3106.97	3640.17
94	3051.58	3995.84	3567.83	4315.23	5055.80

GENWORTH LIFE INSURANCE COMPANY

Base Table 8
Married Preferred Best Rates

Annual rates per $10 Daily Benefit (or per $300 Monthly Benefit)

Issue Age	Lifetime Maximum:		730 x Daily Benefit			Lifetime Maximum:		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	22.04	33.55	35.49	45.84	62.59	30.85	40.69	43.01	54.65	74.93
30	24.68	35.21	36.09	46.72	65.23	32.18	44.01	45.05	56.41	74.93
35	27.32	36.86	36.68	47.60	67.88	33.50	47.32	47.08	58.18	74.93
40	30.98	40.57	39.82	53.50	76.44	38.65	52.17	51.48	66.08	91.15
45	33.42	42.69	41.40	57.29	82.00	42.28	54.98	53.86	71.40	103.80
50	34.53	44.59	52.47	68.76	87.88	42.89	57.77	56.82	77.83	113.82
55	37.67	46.49	54.71	73.16	97.68	47.55	60.57	59.78	83.75	123.61
60	42.06	62.42	59.81	78.85	104.09	49.85	78.63	75.33	99.31	129.96
65	58.90	86.79	80.80	90.59	105.40	72.59	113.69	105.84	118.67	135.78
70	89.50	122.15	114.22	127.59	145.92	111.92	158.85	147.92	165.94	190.61
75	154.67	203.92	190.46	214.72	242.78	200.14	264.47	247.01	282.66	305.47
80	270.66	336.47	304.73	343.56	388.45	350.25	436.38	395.22	452.26	488.75
85	394.40	489.41	438.05	493.86	558.40	510.36	634.74	568.13	650.12	702.58
90	618.66	754.51	685.65	773.00	874.02	800.57	978.55	889.25	1017.59	1099.69
94	850.66	1070.59	952.29	1073.61	1213.92	1100.78	1388.49	1235.07	1413.32	1527.35

Issue Age	Lifetime Maximum:		1,460 x Daily Benefit			Lifetime Maximum:		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	30.85	44.98	47.57	61.70	83.75	39.66	51.42	53.85	66.11	88.15
30	34.38	48.85	50.01	64.35	85.95	40.55	55.26	56.73	68.76	88.15
35	37.91	52.71	52.46	67.00	88.15	41.43	59.10	59.61	71.40	88.15
40	42.97	58.29	57.22	74.63	104.47	46.65	65.91	65.31	82.72	112.00
45	46.34	61.58	59.74	79.34	116.69	50.04	70.14	68.45	90.79	131.46
50	49.51	64.84	63.47	85.50	129.90	52.90	74.09	71.43	95.20	135.39
55	52.69	68.09	67.20	92.56	138.66	55.75	78.04	74.41	101.37	146.85
60	57.47	90.77	86.97	114.64	146.05	65.23	103.28	100.63	132.65	149.74
65	79.83	127.15	118.40	132.73	152.85	90.57	141.26	138.54	155.32	178.86
70	124.88	180.60	168.17	190.60	209.10	143.98	203.36	194.04	219.94	241.26
75	225.92	303.62	283.57	321.35	363.36	253.79	348.04	320.53	363.21	410.68
80	395.36	500.98	453.72	514.15	581.37	444.13	574.26	512.84	581.14	657.09
85	576.09	728.70	652.22	739.09	835.72	647.17	835.29	737.21	835.39	944.56
90	903.67	1123.41	1020.86	1156.84	1308.09	1015.16	1287.74	1153.89	1307.57	1478.44
94	1242.55	1594.03	1417.86	1606.73	1816.79	1395.85	1827.20	1602.63	1816.07	2053.40

Issue Age	Lifetime Maximum:		2,190 x Daily Benefit			Lifetime Maximum:		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	40.21	56.23	57.58	74.70	101.38	44.35	61.78	63.34	81.42	107.99
30	42.79	61.06	60.98	78.48	104.81	47.84	66.80	67.10	85.52	113.01
35	47.88	65.49	64.00	82.22	108.18	52.59	71.61	70.67	89.59	118.00
40	52.31	72.57	70.10	92.09	128.92	57.24	79.11	77.40	100.22	139.33
45	56.49	77.22	73.18	97.51	143.44	60.54	83.71	80.97	106.50	154.61
50	59.96	81.05	78.07	100.02	151.95	62.50	88.70	86.45	109.95	159.88
55	62.17	86.36	80.64	109.08	163.42	67.03	94.42	90.78	119.77	171.18
60	68.34	112.67	108.10	142.48	181.53	73.62	123.12	117.56	154.96	183.58
65	98.25	150.69	149.88	168.05	193.51	107.34	165.10	158.68	177.91	208.29
70	154.27	218.99	209.33	237.26	260.27	171.40	241.87	228.18	259.86	285.19
75	272.86	375.23	345.54	391.55	442.75	301.36	413.29	384.92	428.47	480.02
80	454.66	593.30	528.58	598.99	677.30	515.95	669.01	603.74	671.80	752.48
85	663.00	864.50	761.10	862.48	975.24	752.06	973.86	868.51	966.43	1082.51
90	1040.94	1332.20	1190.25	1348.80	1525.13	1180.17	1501.08	1358.89	1512.08	1693.69
94	1430.60	1890.61	1653.42	1873.67	2118.63	1622.39	2130.08	1887.50	2100.29	2352.55

Issue Age	Lifetime Maximum:		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.48	67.34	69.10	88.15	114.60
30	52.89	72.54	73.22	92.56	121.21
35	57.29	77.73	77.34	96.97	127.82
40	62.16	85.65	84.71	108.35	149.73
45	64.59	90.21	88.76	115.48	165.78
50	65.04	96.35	94.84	119.88	167.81
55	71.88	102.48	100.93	130.46	178.93
60	78.89	133.57	127.03	167.45	185.63
65	116.43	179.51	167.47	187.76	223.07
70	188.52	264.75	247.04	282.46	310.11
75	329.85	451.34	424.31	465.38	517.29
80	577.24	744.71	678.90	744.61	827.67
85	841.12	1083.22	975.92	1070.38	1189.77
90	1319.40	1669.96	1527.53	1675.37	1862.25
94	1814.18	2369.54	2121.57	2326.91	2586.47

Table A-1
Future Purchase Options

FPO Offer	% Load
5% Compounded Annually every 3 years	1.065

Table A-2
Guaranteed Purchase Options

GPO Offer	% Load
5% Compounded Annually every 3 years	1.105

Table B
Limited Pay Factors

(Multiple of Lifetime Pay Rates)

Issue Age	10-Year Premium Payment	To Age 65 Premium Payment
< 25	4.56	1.25
25-29	4.21	1.38
30-34	3.92	1.75
35-39	3.63	2.07
40-44	3.34	2.30
45	3.16	2.40
46	3.10	2.42
47	3.05	2.43
48	3.00	2.45
49	2.93	2.48
50	2.87	2.50
51	2.82	2.51
52	2.76	2.53
53	2.69	2.55
54	2.64	2.56
55	2.58	2.58
56	2.53	
57	2.45	
58	2.37	
59	2.28	
60	2.20	
61	2.15	
62	2.09	
63	2.03	
64	1.99	
65	1.93	
66	1.87	
67	1.81	
68	1.76	
69	1.70	
70	1.64	
71	1.59	
72	1.54	
73	1.48	
74	1.43	
75	1.37	
76	1.31	
77	1.25	
78	1.20	
79	1.14	
80	1.08	
81 and over	1.04	

Table C-1
Service Day Elimination Period (% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.

Table D-1

30 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.6%	1.6%	1.6%	1.6%	1.6%
25-29	1.6%	1.6%	1.6%	1.6%	1.6%
30-34	1.6%	1.6%	1.6%	1.6%	1.6%
35-39	1.6%	1.6%	1.6%	1.6%	1.6%
40-44	1.6%	1.6%	1.6%	1.6%	1.6%
45-49	1.6%	1.6%	1.6%	1.6%	1.6%
50-54	2.4%	2.4%	2.4%	2.4%	2.4%
55-59	2.4%	2.4%	2.4%	2.4%	2.4%
60-64	2.8%	2.8%	2.8%	2.8%	2.8%
65-69	2.8%	2.8%	2.8%	2.8%	2.8%
70-74	2.8%	2.8%	2.8%	2.8%	2.8%
75-79	2.8%	2.8%	2.8%	2.8%	2.8%
80-84	2.8%	2.8%	2.8%	2.8%	2.8%
85-89	2.8%	2.8%	2.8%	2.8%	2.8%
90-94	2.8%	2.8%	2.8%	2.8%	2.8%

60 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	2.7%	2.7%	2.7%	2.7%	2.7%
55-59	2.7%	2.7%	2.7%	2.7%	2.7%
60-64	3.1%	3.1%	3.1%	3.1%	3.1%
65-69	3.1%	3.1%	3.1%	3.1%	3.1%
70-74	3.1%	3.1%	3.1%	3.1%	3.1%
75-79	3.1%	3.1%	3.1%	3.1%	3.1%
80-84	3.1%	3.1%	3.1%	3.1%	3.1%
85-89	3.1%	3.1%	3.1%	3.1%	3.1%
90-94	3.1%	3.1%	3.1%	3.1%	3.1%

90 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	3.0%	3.0%	3.0%	3.0%	3.0%
55-59	3.0%	3.0%	3.0%	3.0%	3.0%
60-64	3.5%	3.5%	3.5%	3.5%	3.5%
65-69	3.5%	3.5%	3.5%	3.5%	3.5%
70-74	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	3.5%	3.5%	3.5%	3.5%	3.5%
80-84	3.5%	3.5%	3.5%	3.5%	3.5%
85-89	3.5%	3.5%	3.5%	3.5%	3.5%
90-94	3.5%	3.5%	3.5%	3.5%	3.5%

180 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	2.5%	2.5%	2.5%	2.5%
25-29	2.5%	2.5%	2.5%	2.5%	2.5%
30-34	2.5%	2.5%	2.5%	2.5%	2.5%
35-39	2.5%	2.5%	2.5%	2.5%	2.5%
40-44	2.5%	2.5%	2.5%	2.5%	2.5%
45-49	2.5%	2.5%	2.5%	2.5%	2.5%
50-54	3.7%	3.7%	3.7%	3.7%	3.7%
55-59	3.7%	3.7%	3.7%	3.7%	3.7%
60-64	4.3%	4.3%	4.3%	4.3%	4.3%
65-69	4.3%	4.3%	4.3%	4.3%	4.3%
70-74	4.3%	4.3%	4.3%	4.3%	4.3%
75-79	4.3%	4.3%	4.3%	4.3%	4.3%
80-84	4.3%	4.3%	4.3%	4.3%	4.3%
85-89	4.3%	4.3%	4.3%	4.3%	4.3%
90-94	4.3%	4.3%	4.3%	4.3%	4.3%

365 Day Calendar Day EP (% Increase from Service Day EP)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	5.0%	5.0%	5.0%	5.0%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%	5.0%
50-54	7.4%	7.4%	7.4%	7.4%	7.4%
55-59	7.4%	7.4%	7.4%	7.4%	7.4%
60-64	8.7%	8.7%	8.7%	8.7%	8.7%
65-69	8.7%	8.7%	8.7%	8.7%	8.7%
70-74	8.7%	8.7%	8.7%	8.7%	8.7%
75-79	8.7%	8.7%	8.7%	8.7%	8.7%
80-84	8.7%	8.7%	8.7%	8.7%	8.7%
85-89	8.7%	8.7%	8.7%	8.7%	8.7%
90-94	8.7%	8.7%	8.7%	8.7%	8.7%

Table D-2

50% Home & Community Care Care

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%

60% Home & Community Care Care

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-3.0%	-3.0%	-3.0%
55-59	-6.5%	-5.0%	-3.0%	-3.0%	-3.0%
60-64	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
65-69	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
70-74	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
75-79	-7.0%	-5.0%	-5.0%	-5.0%	-5.0%
80-84	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
85-89	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
90-94	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%

75% Home & Community Care Care

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%

Table D-3

50% Assisted Living Facility

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-8.0%

60% Assisted Living Facility

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-4.5%

75% Assisted Living Facility

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-2.5%

Table E-1

0-Day Home Care EP, 30-Day NH and ALF EP

(% Increase from 30-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	4.6%	9.5%	3.4%	3.4%	3.4%

0-Day Home Care EP, 60-Day NH and ALF EP

(% Increase from 60-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.4%	9.5%	5.8%	5.8%	5.8%

0-Day Home Care EP, 90-Day NH and ALF EP

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	9.5%	9.5%	7.5%	7.5%	7.5%

0-Day Home Care EP, 180-Day NH and ALF EP

(% Increase from 180-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	17.9%	9.5%	13.7%	13.7%	13.7%

0-Day Home Care EP, 365-Day NH and ALF EP

(% Increase from 365-Day EP for NH, ALF and HC)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	27.8%	9.5%	24.2%	24.2%	24.2%

Table E-2 (% Increase to Base Rate)
Monthly Benefits

All Issue ages 6.0%

Table E-3 (% Increase to Base Rate)
Transition Benefit
(Benefit up to 5 times the Daily Benefit or 20% of the Monthly Benefit)

All Issue ages 4.0%

Table E-4
10 Year Return of Premium on Death Benefit

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%

Table E-5
Graded Return of Premium on Death Benefit

Issue Age	
18-64	8%
65+	N/A

Table E-6 (% Increase to Base Rate)
10-Year Survivorship Rider

All Issue ages 12.0%

Table E-7
Restoration of Benefits (% Increase to Base Rate)

Issue Age	Lifetime Maximum		730 x Daily Benefit			Lifetime Maximum		1,095 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	11.0%	9.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%

Issue Age	Lifetime Maximum		1,460 x Daily Benefit			Lifetime Maximum		1,825 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%

Issue Age	Lifetime Maximum		2,190 x Daily Benefit			Lifetime Maximum		2,920 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%

Issue Age	Lifetime Maximum		3,650 x Daily Benefit		
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	6.0%	4.0%	4.0%	4.0%	4.0%

Table E-8
Nonforfeiture Benefit

(% Increase to Base Rate)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	30.0%	30.0%	30.0%	30.0%	30.0%
25-29	29.0%	29.0%	29.0%	29.0%	29.0%
30-34	28.0%	28.0%	28.0%	28.0%	28.0%
35-39	27.0%	27.0%	27.0%	27.0%	27.0%
40-44	26.0%	26.0%	26.0%	26.0%	26.0%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%
55-59	23.0%	23.0%	23.0%	23.0%	23.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%
65-69	21.0%	21.0%	21.0%	21.0%	21.0%
70-74	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	19.0%	19.0%	19.0%	19.0%	19.0%
80-84	18.0%	18.0%	18.0%	18.0%	18.0%
85-89	17.0%	17.0%	17.0%	17.0%	17.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%

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Table E-9
Shared Benefit Rider

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	8.0%	8.0%	8.0%	8.0%	8.0%	6.0%	6.0%	6.0%	6.0%	6.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
40-44	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
45-49	20.0%	20.0%	20.0%	20.0%	20.0%	13.0%	13.0%	13.0%	13.0%	13.0%
50-54	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
55-59	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	18.0%	18.0%	18.0%	18.0%	18.0%
70-74	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
80-84	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
85-89	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
90-94	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	10.0%	10.0%	10.0%	10.0%	10.0%

GENWORTH LIFE INSURANCE COMPANY

Table E-10
Shared Benefit Rider with Joint Waiver Rider (% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%
25-29	10.0%	10.0%	10.0%	10.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%
30-34	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
35-39	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
40-44	16.0%	16.0%	16.0%	16.0%	16.0%	13.0%	13.0%	13.0%	13.0%	13.0%
45-49	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%	17.0%	17.0%	17.0%	17.0%	17.0%
55-59	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
60-64	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
65-69	27.0%	27.0%	27.0%	27.0%	27.0%	20.0%	20.0%	20.0%	20.0%	20.0%
70-74	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
75-79	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
80-84	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
85-89	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
90-94	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
55-59	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
70-74	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
75-79	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
80-84	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
85-89	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%

Table E-11 (% Increase to Base Rate)

7-Year Enhanced Benefit Rider

All Issue ages	16.0%

Table F
Adjustments to annual premium rates when alternative billing frequencies are used

Mode	Factor
Annual	1.00
Semi-Annually	0.51
Quarterly	0.26
Monthly & Others	0.09

Premiums for payment options in the Other Category will be calculated using the following formula: Monthly Rate * 12 / # Payments per Year.

Discounts Available

2 Apply - 1 Issue Couples Discount
A discount of 15% may apply to individuals where two valid applications are received and only one policy is issued. This discount will be applied to the Single Rates shown in the Base Rate Tables.

List Bill/Commonly Marketed Discount
For groups with 4 or more actively at work employees/members a 5% discount may apply if the group is commonly marketed or list billed.

Producer Discount
A 10% discount may apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	08/08/2012
Comments:	Readability Certification attached		
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	08/08/2012
Comments:	Previously approved application form 36156, approved effective 1/7/2005.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	08/08/2012
Comments:	Outlines of Coverage for Policy Forms 8000 and 8001 attached here, and on the SERFF Form Schedule.		
Attachment(s):			
8000 OL.pdf 8001 OL.pdf			

		Item Status:	Status Date:
Satisfied - Item:	HIV Form for Information	Approved	08/08/2012
Comments:	HIV Form attached for information.		
Attachment(s):			
ARHIV.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	08/08/2012
Comments:	Statement of Variability attached		
Attachment(s):			
Flex 8000 Statement of Variability.pdf			

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: PC Flex 8000
Project Name/Number: PC Flex 8000/8000

		Item Status:	Status Date:
Satisfied - Item:	Partnership Certification	Approved	08/08/2012
Comments:	Partnership Certification attached		
Attachment(s):			
AR Certification.pdf			

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.

Form	Form Number	Score
Policy	8000	54.30
Outline of Coverage	8000 OL	54.00
Future Purchase Options Endorsement	8000 END-FPO	58.50
Guaranteed Purchase Options Endorsement	8000 END-GPO	58.50
Waiver of Home and Community Care Endorsement	8000 END-WHC	52.80
International Nursing Facility Endorsement	8000 END-INF	50.50
International Coverage Benefit Endorsement	8000 END-IC	52.00
10 Year Refund of Premium Rider	8000 RDR-RP10	59.10
Graded Refund of Premium Rider	8000 RDR-GRP	58.50
Restoration Rider	8000 RDR-RB	55.50
Transition Rider	8000 RDR-TB	58.40
NFO Rider	8000 RDR-NFO	55.50
Shared Benefit Rider	8000 RDR-SB	58.30
10 Year Survivorship Rider	8000 RDR-SURV10	56.60
Enhanced Survivorship Rider	8000 RDR-ESURV	58.70
Simple Benefit Increase Rider	8000 RDR-SBI	59.20
Compound Benefit Increase Rider	8000 RDR-CBI	60.80
To Age 65 Premium Payment Rider	8000 RDR-LP65	54.50
10 Year Premium Payment Rider	8000 RDR-LP10	59.50
Application Part I	130948 05/15/12	55.90
Application Part II	133363 05/15/12	55.90

Form	Form Number	Score
Policy	8001	54.30
Outline of Coverage	8001 OL	54.00
Future Purchase Options Endorsement	8001 END-FPO	58.50
Guaranteed Purchase Options Endorsement	8001 END-GPO	58.50
Waiver of Home and Community Care Endorsement	8001 END-WHC	52.80
International Nursing Facility Endorsement	8001 END-INF	50.50
International Coverage Benefit Endorsement	8001 END-IC	52.00
10 Year Refund of Premium Rider	8001 RDR-RP10	59.10
Graded Refund of Premium Rider	8001 RDR-GRP	58.50
Restoration Rider	8001 RDR-RB	55.50
Transition Rider	8001 RDR-TB	58.40
NFO Rider	8001 RDR-NFO	55.50
Shared Benefit Rider	8001 RDR-SB	58.30
10 Year Survivorship Rider	8001 RDR-SURV10	56.60
Enhanced Survivorship Rider	8001 RDR-ESURV	58.70
Simple Benefit Increase Rider	8001 RDR-SBI	59.20
Compound Benefit Increase Rider	8001 RDR-CBI	60.80
To Age 65 Premium Payment Rider	8001 RDR-LP65	54.50
10 Year Premium Payment Rider	8001 RDR-LP10	59.50
Application Part I	130948 05/15/12	55.90
Application Part II	133363 05/15/12	55.90

Paul Loveland
Vice President, Product Compliance

May 30, 2012

Genworth Financial
Genworth Life Insurance Company
[Administrative Office
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Policy form series 8000

NOTICE TO BUYER

This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

CAUTION

The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your Application. A copy of Your Application will be attached to Your issued Policy. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

1. POLICY DESIGNATION

The Policy is an individual policy of insurance.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy, and not this Outline of Coverage, contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The 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.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Policy on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY**.

(b) WAIVER OF PREMIUM: Premium will be waived for each coverage month while You are receiving Benefits that qualify for this waiver as described in the Schedule at the end of this Outline Of Coverage.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE. We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

30-Day Free Look Period: You have 30 days from the day You receive the Policy to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Policy during this 30-Day Free Look Period; or (b) Our denial of Your Application.

Unearned Premium Refunds: Unearned Premium will be refunded if the Policy ends due to death, surrender or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

The Policy reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Policy.

9. BENEFITS PROVIDED BY THIS POLICY

(a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. When the plan selected pays for less than 100% of the Covered Expenses, You will be responsible for the payment of any expenses not covered by the Policy. The limits and features chosen for Your Policy are shown at the end of this Outline Of Coverage.

(b) Institutional Benefits: These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. Bed Reservation coverage is available for temporary absences (up to 60 days per calendar year) from one of these facilities.

(c) Non-Institutional Benefits: These include the following:

Privileged Care© Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The ***Home and Community Care Benefit*** covers services received at home and in the community for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services and Homemaker and Chore Care from formal and informal providers. These providers may be nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. They can be independent; and do not need to be associated with an agency or provider organization.
- Non-Institutional Hospice Care (as part of a separate Hospice Care Benefit).

The ***Home Assistance Benefit*** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to 90 days/3 months of full Nursing Facility Benefits.

The ***Hospice Care Benefit*** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The ***Respite Care Benefit*** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The ***Alternate Care Benefit*** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The ***Contingent Nonforfeiture Benefit*** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as determined under the Policy.

(d) Eligibility For The Payment Of Benefits: For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for Covered Expenses paid on Your behalf that meet all of the following conditions:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- The Policy must be in force on the date(s) the Covered Care is received.
- We will pay for Covered Expenses incurred after any applicable Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the specific Benefits being claimed.
- You must meet the requirements for payment in accordance with all the provisions of the Policy.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy contains additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Policy.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:

- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

Coverage Maximum means the maximum amount of Benefits under the Policy as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Covered Care means those Qualified Long Term Care Services for which the Policy pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

A *Current Eligibility Certification* is a written certification by a Licensed Health Care Practitioner, who is not a member of Your Immediate Family, that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the length of time, as determined in the Schedule, before You are eligible for Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on

which You receive Covered Care. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Nursing Facility Maximum means the maximum amount We will pay for Confinement in a Nursing Facility. This may be a daily maximum or a monthly maximum. This amount is also used to determine other Benefit maximums.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

OTHER FEATURES AND OPTIONS

(Options are available for an additional Premium)

[International Coverage Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.**] OR**

[International Nursing Facility Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.**]**

Optional Nonforfeiture Benefit: This Benefit provides for the continuation of the Policy if the Policy ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for the Policy; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time the Policy ends. In no event will this amount exceed the unused Coverage Maximum at the time the Policy ends.

[Optional] [Shared Benefit Rider: When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum Benefit is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases. **[**When the Shared Benefit Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.**]**

[Optional] [Waiver of Home Care Elimination Period: This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.**]**

[Optional] [Restoration Benefit: This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.**]**

[Optional] [Transition Benefit: This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [10 Year Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years: and (2) die while the Policy is still in-force.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [Graded Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional 10 Year Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.**]**

[Optional Enhanced Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.**]**

10. EXCLUSIONS AND LIMITATIONS

There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for the Policy, or any increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of the Policy.

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Policy in order to qualify for coverage.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Policy.

Exclusions/Exceptions and Limitations: We will not pay Benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- For which no charge is normally made in the absence of insurance;
- Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;
- Provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;
- Provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made;
- Resulting from illness, treatment or medical condition arising out of any of the following:
  - War or any act of war, whether declared or not;
  - Attempted suicide or an intentionally self-inflicted injury;
- For Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- Any other Federal, state or other government health or long term care program, or law except Medicaid.

This Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

Coordination with Other Coverage: We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of the Policy may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at the time the Policy is issued, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

AVAILABLE BENEFIT INCREASE OPTIONS

[5%[/4%][/3%] Compound Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by **[**5%, 4%, 3%**]** where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximums in effect on each anniversary of the Policy Effective Date, less any Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Simple Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums in effect as of the Policy Effective Date.
Calculation of the increased amounts is not reduced by Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Future Purchase Options: This 5% Future Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements on the date the offer is made by Us.

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

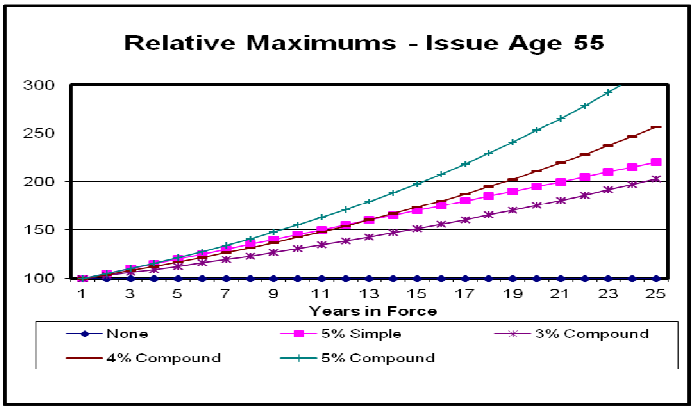
[5% Guaranteed Purchase Options: This 5% Guaranteed Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

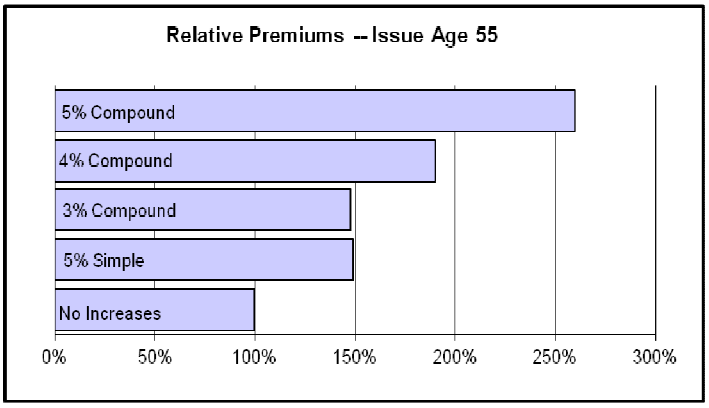
You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

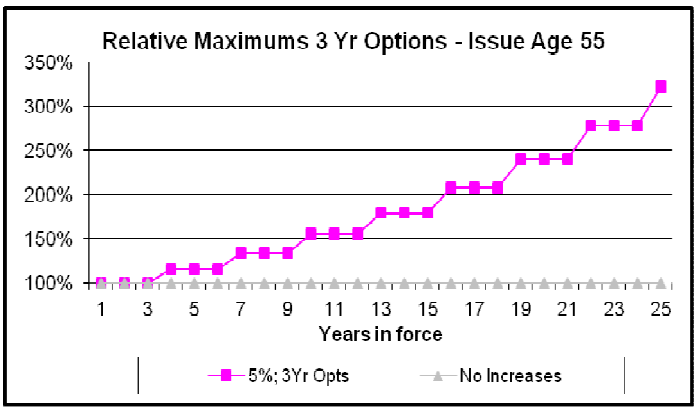
The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

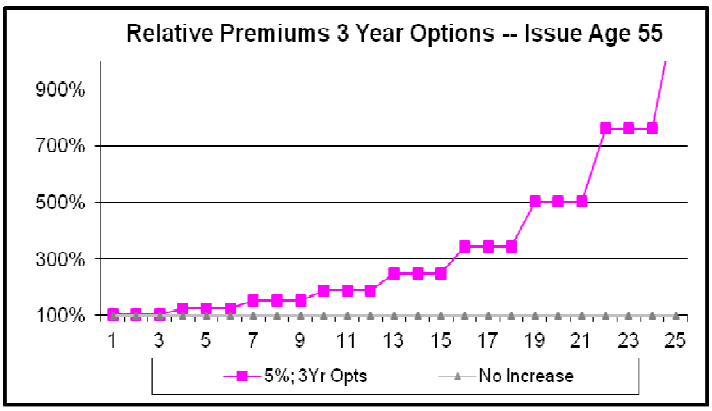
The Guaranteed Purchase Option is available even if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements.
Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

INFLATION PROTECTION – GRAPHIC COMPARISONS









12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

13. PREMIUM

Options and Premium	Annual Premium for Selected Option [Applicant A	Applicant B]
[Plan Selected	[Plan A]	[Plan A]]
Policy without any Benefit Increases	$_____	[$_____]
[**O** Nonforfeiture Benefit	$_____]	[$_____]
[**O** Shared Benefit Rider [with Joint Waiver **O** Yes **O** No]	$_____]	[$_____]
[**O** Waiver of Home Care Elimination Period	$_____]	[$_____]
[**O** 10 Year Survivorship Benefit	$_____]	[$_____]
[**O** Enhanced Survivorship Benefit – Qualifying Period : 7 Yrs	$_____]	[$_____]
[**O** Refund of Premium On Death Benefit: [**O** Graded **O** 10 Years]	$_____]	[$_____]
[**O** Transition Benefit	$_____]	[$_____]
[**O** Restoration Benefit	$_____]	[$_____]
[**O** [5%, 4%, 3%] Compound Benefit Increase	$_____]	[$_____]
[**O** 5% Simple Benefit Increase	$_____]	[$_____]
[**O** Future Purchase Option	$_____]	[$_____]
[**O** Guaranteed Purchase Option	$_____]	[$_____]
Anticipated Discounts	$ _____	[$_____]
Total if paid annually	$ _____	[$_____]
Modal Payment Factor*	__.___	[__.___]
Modal Premium (After Factor)	$ _____	[$_____]
Annual Total Modal Premium	$ _____	[$_____]
Premium Payment Period:	O Lifetime O 10 Years O To Age 65	O Lifetime O 10 Years O To Age 65

* You may have the right to choose one of the following Premium Payment Modes: annual in one payment; semi-annual in two payments; quarterly in four payments; or monthly in twelve payments. If You elect a Premium Payment Mode other than annual, You will pay additional charges for electing that Premium Payment Mode. The additional charges associated with paying more frequently than once a year are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor. The modal premium factors are: 1.00 for annual; .51 for semi-annual; .26 for quarterly; and .09 for monthly.

14. ADDITIONAL FEATURES AND REMINDERS

Underwriting: We will underwrite Your Application by reviewing the information submitted on Your application and any other information You authorize Us to obtain.

Continuation for Lapse Due to Cognitive or Functional Impairment: If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Reminder: This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when Your Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Outline of Coverage

SCHEDULE *(Complete to show coverage selected)*

	Applicant A	Applicant B
[Shared Benefit Rider (Selections for both applicants must be identical) [Includes Joint Waiver of Premium [**O** Yes **O** No]]	**O** Yes **O** No	**O** Yes **O** No
Covered Percentage	[100%] [80%]	[100%] [80%]
Elimination Period – [Days of Covered Care][Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]
[Waiver of Home Care Elimination Period]	[**O** Yes **O** No]	[**O** Yes **O** No]
Nursing Facility Maximum - per [Calendar Month]	$_____	$_____
Assisted Living Facility Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
Home and Community Care Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
[Benefit Multiplier - Years worth of Benefits Based on 12 months per year]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]
Coverage Maximum [(Nursing Facility Maximum X Benefit Multiplier)]	$_____	$_____
Benefit Increases [The Coverage Maximum and amounts based on the Nursing Facility Maximum are reduced as payments are made for Covered Expenses, then increased when Benefit Increases apply and exhausted only when the total of all Benefits paid equals the then applicable maximum amount.]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]

Benefits And Services Provided	**We Pay The Covered Expenses Up To These Limits**
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit: (Includes room charges in an Assisted Living Facility)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: (Covers Formal and Informal Care Providers)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Home Assistance Benefit: (Covers equipment, modifications & training)	A Policy total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit	30 days per Calendar Year
Alternate Care Benefit:	Payment subject to mutual agreement

The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit.; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.
The maximum total amount payable for all Covered Expenses incurred in a [day][calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

Genworth Financial
Genworth Life Insurance Company
[Administrative Office
3100 Albert Lankford Dr.
Lynchburg, Virginia 24501-4948
888.325.5433]

Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company

Policy form series 8001

NOTICE TO BUYER

This Policy may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

CAUTION

The issuance of this long term care insurance Policy is based upon Your responses to the questions on Your Application. A copy of Your Application will be attached to Your issued Policy. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind the Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

1. POLICY DESIGNATION

The Policy is an individual policy of insurance.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This Outline Of Coverage provides a very brief description of the important features of the Policy. You should compare this Outline Of Coverage to Outlines Of Coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual Policy, and not this Outline of Coverage, contains governing contractual provisions. This means that the Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

The 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.

4. TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED

(a) RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE. This means You have the right, subject to the terms of the Policy, to continue the Policy until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Policy on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY**.

(b) WAIVER OF PREMIUM: Premium will be waived for each coverage month while You are receiving Benefits that qualify for this waiver as described in the Schedule at the end of this Outline Of Coverage.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE. We can change Premium on a class basis; but only if We change Premium for all similar policies issued on the same form as the Policy and issued in the same State as the Policy Issue State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. We will give You at least 60 days written notice before We change Premium.

6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED

30-Day Free Look Period: You have 30 days from the day You receive the Policy to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Policy during this 30-Day Free Look Period; or (b) Our denial of Your Application.

Unearned Premium Refunds: Unearned Premium will be refunded if the Policy ends due to death, surrender or cancellation.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

8. LONG TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

The Policy reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Policy.

9. BENEFITS PROVIDED BY THIS POLICY

(a) Covered Services: Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Policy. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. When the plan selected pays for less than 100% of the Covered Expenses, You will be responsible for the payment of any expenses not covered by the Policy. The limits and features chosen for Your Policy are shown at the end of this Outline Of Coverage.

(b) Institutional Benefits: These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. Bed Reservation coverage is available for temporary absences (up to 60 days per calendar year) from one of these facilities.

(c) Non-Institutional Benefits: These include the following:

Privileged Care© Coordination Services are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The ***Home and Community Care Benefit*** covers services received at home and in the community for:

- Adult Day Care;
- Nurse and Therapist Services;
- Home Health or Personal Care Services and Homemaker and Chore Care from formal and informal providers. These providers may be nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. They can be independent; and do not need to be associated with an agency or provider organization.
- Non-Institutional Hospice Care (as part of a separate Hospice Care Benefit).

The ***Home Assistance Benefit*** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to 90 days/3 months of full Nursing Facility Benefits.

The ***Hospice Care Benefit*** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The ***Respite Care Benefit*** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The ***Alternate Care Benefit*** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The ***Contingent Nonforfeiture Benefit*** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as determined under the Policy.

(d) Eligibility For The Payment Of Benefits: For You to be eligible for the payment of Benefits under the Policy:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

Conditions: Benefits will only be paid as reimbursement for Covered Expenses paid on Your behalf that meet all of the following conditions:

- You must meet the above Eligibility For The Payment Of Benefits requirements.
- The expenses must qualify as Covered Expenses under the Policy.
- The Covered Care and related Covered Expenses must be consistent with and received pursuant to Your Plan of Care as prescribed by a Licensed Health Care Practitioner.
- The Policy must be in force on the date(s) the Covered Care is received.
- We will pay for Covered Expenses incurred after any applicable Elimination Period has been satisfied.
- You must not have exhausted the Coverage Maximum or any daily, monthly, annual or lifetime limits applicable to the specific Benefits being claimed.
- You must meet the requirements for payment in accordance with all the provisions of the Policy.
- The care, service, cost or item for which Benefits are payable must meet the definition of Qualified Long Term Care Services.

Meaning Of Terms: The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Policy contains additional definitions not provided for in this Outline of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Policy.

Activities of Daily Living means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

Chronically Ill or *Chronically Ill Individual* refers to a person who has been certified by a Licensed Health Care Practitioner as:

- Being unable to perform, without Substantial Assistance from another individual, at least two (2) Activities of Daily Living due to a loss of functional capacity. In addition, this loss of functional capacity must be expected to exist for a period of at least 90 days; or
- Requiring Substantial Supervision to protect the person from threats to health and safety due to a Severe Cognitive Impairment.

Severe Cognitive Impairment is a loss or deterioration in intellectual capacity that: is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's: short-term or long term memory; orientation as to people, places or time; deductive or abstract reasoning; and judgment as it relates to safety awareness.

Substantial Assistance is either:

- *Hands-on Assistance* which is the physical assistance (minimal, moderate or maximal) of another person without which You would be unable to perform the Activity of Daily Living; or
- *Standby Assistance* which is the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to Yourself while You are performing the Activity of Daily Living.

Substantial Supervision is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

Coverage Maximum means the maximum amount of Benefits under the Policy as determined from the Schedule. The Coverage Maximum will change as described in the Schedule and when You elect changes.

Covered Care means those Qualified Long Term Care Services for which the Policy pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

Covered Expenses means costs You incur for Covered Care. Each Benefit defines the Covered Expenses under that Benefit. An expense is considered to be incurred on the day on which the care, service or other item forming the basis for it is received by You.

A *Current Eligibility Certification* is a written certification by a Licensed Health Care Practitioner, who is not a member of Your Immediate Family, that You meet the above requirements for being Chronically Ill. The certification must be renewed and submitted to Us every 12 months.

Elimination Period means the length of time, as determined in the Schedule, before You are eligible for Benefits under the Policy. The Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on

which You receive Covered Care. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Nursing Facility Maximum means the maximum amount We will pay for Confinement in a Nursing Facility. This may be a daily maximum or a monthly maximum. This amount is also used to determine other Benefit maximums.

Qualified Long Term Care Services means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

OTHER FEATURES AND OPTIONS

(Options are available for an additional Premium)

[International Coverage Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.**] OR**

[International Nursing Facility Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.**]**

Optional Nonforfeiture Benefit: This Benefit provides for the continuation of the Policy if the Policy ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver of Premium Benefit) for the Policy; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time the Policy ends. In no event will this amount exceed the unused Coverage Maximum at the time the Policy ends.

[Optional] [Shared Benefit Rider: When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum Benefit is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases. **[**When the Shared Benefit Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.**]**

[Optional] [Waiver of Home Care Elimination Period: This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.**]**

[Optional] [Restoration Benefit: This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.**]**

[Optional] [Transition Benefit: This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [10 Year Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years: and (2) die while the Policy is still in-force.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [Graded Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional 10 Year Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.**]**

[Optional Enhanced Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.**]**

10. EXCLUSIONS AND LIMITATIONS

There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for the Policy, or any increase in Coverage, may cause the Coverage that became effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of the Policy.

Non-eligible Facilities/Providers: A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in the Policy in order to qualify for coverage.

Non-eligible Levels of Care: Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically provided for in the Policy.

Exclusions/Exceptions and Limitations: We will not pay Benefits for any expenses incurred for any room and board, care, treatment, services, equipment, or other items:

- For which no charge is normally made in the absence of insurance;
- Provided outside the United States of America, its territories and possessions; unless specifically provided for by a Benefit;
- Provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;
- Provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made;
- Resulting from illness, treatment or medical condition arising out of any of the following:
  - War or any act of war, whether declared or not;
  - Attempted suicide or an intentionally self-inflicted injury;
- For Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a Physician).

Non-Duplication: Benefits will be paid only for Covered Expenses that are in excess of the amount paid or payable under:

- Medicare (including amounts that would be reimbursable but for the application of a deductible or coinsurance amount); and
- Any other Federal, state or other government health or long term care program, or law except Medicaid.

This Non-Duplication provision will not disqualify a Covered Expense from being used to satisfy any Elimination Period requirement.

Coordination with Other Coverage: We will reduce the amount of Benefits We will pay for Covered Care when the total amount payable under this and all Other Long Term Care coverage is greater than the actual expense You incur for that Covered Care.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of the Policy may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured under the Policy.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) the Policy ends; or (d) the Policy is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at the time the Policy is issued, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

AVAILABLE BENEFIT INCREASE OPTIONS

[5%[/4%][/3%] Compound Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by **[**5%, 4%, 3%**]** where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximums in effect on each anniversary of the Policy Effective Date, less any Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Simple Benefit Increases: On each anniversary of the Policy Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums in effect as of the Policy Effective Date.
Calculation of the increased amounts is not reduced by Benefits paid.
These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.**]**

[5% Future Purchase Options: This 5% Future Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

Increases will not be available or effective, and may be revoked or rescinded, if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements on the date the offer is made by Us.

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

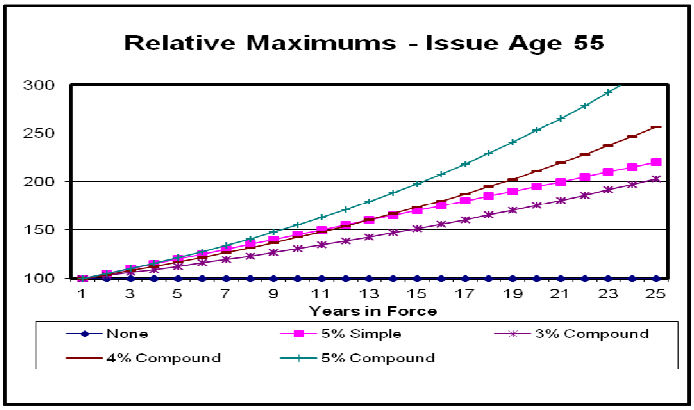
[5% Guaranteed Purchase Options: This 5% Guaranteed Purchase Option allows You to elect an increase to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums on every third anniversary of the Policy Effective Date.

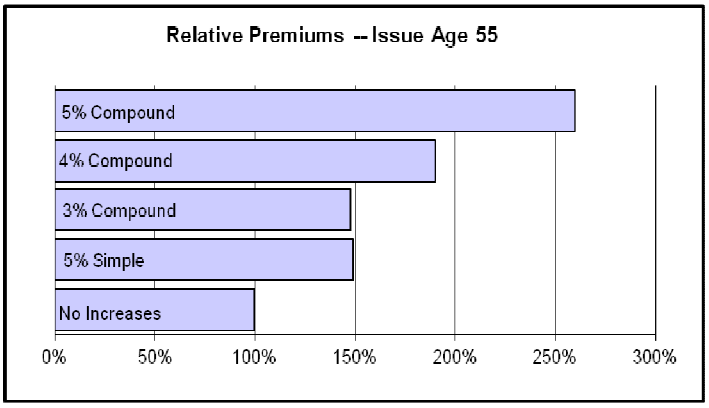
You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums, less any Benefits paid.

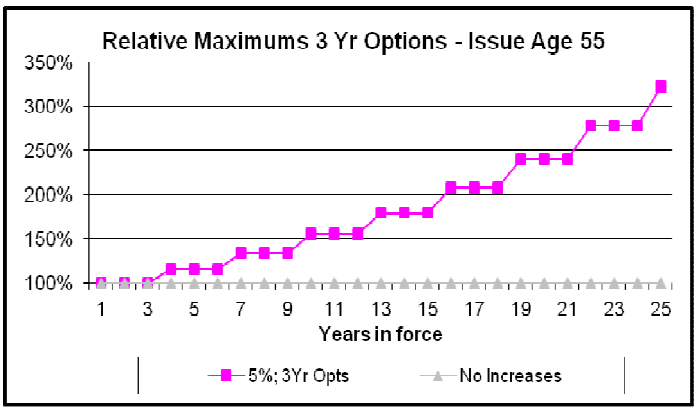
The increases will apply to Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that are in effect on the date the offer is made to You. The additional Premium for an increase will be based on: (1) the amount of the increase; and (2) Your age and the Premium in effect for the Policy on the date the increase takes effect.

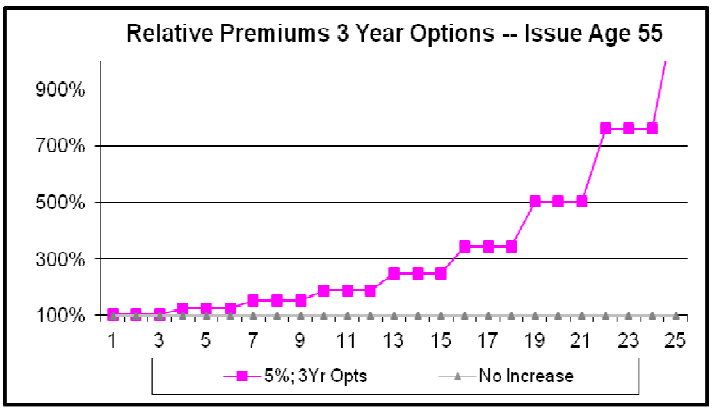
The Guaranteed Purchase Option is available even if You are Chronically Ill or otherwise meet the Eligibility for the Payment of Benefits requirements.
Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.**]**

INFLATION PROTECTION – GRAPHIC COMPARISONS









12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

13. PREMIUM

Options and Premium	Annual Premium for Selected Option [Applicant A	Applicant B]
[Plan Selected	[Plan A]	[Plan A]]
Policy without any Benefit Increases	$_____	[$_____]
[O Nonforfeiture Benefit	$_____]	[$_____]
[O Shared Benefit Rider [with Joint Waiver O Yes O No]	$_____]	[$_____]
[O Waiver of Home Care Elimination Period	$_____]	[$_____]
[O 10 Year Survivorship Benefit	$_____]	[$_____]
[O Enhanced Survivorship Benefit – Qualifying Period : 7 Yrs	$_____]	[$_____]
[O Refund of Premium On Death Benefit: [O Graded O 10 Years]	$_____]	[$_____]
[O Transition Benefit	$_____]	[$_____]
[O Restoration Benefit	$_____]	[$_____]
[O [5%, 4%, 3%] Compound Benefit Increase	$_____]	[$_____]
[O 5% Simple Benefit Increase	$_____]	[$_____]
[O Future Purchase Option	$_____]	[$_____]
[O Guaranteed Purchase Option	$_____]	[$_____]
Anticipated Discounts	$ _____	[$_____]
Total if paid annually	$ _____	[$_____]
Modal Payment Factor*	__.___	[__.___]
Modal Premium (After Factor)	$ _____	[$_____]
Annual Total Modal Premium	$ _____	[$_____]
Premium Payment Period:	O Lifetime O 10 Years O To Age 65	O Lifetime O 10 Years O To Age 65

* You may have the right to choose one of the following Premium Payment Modes: annual in one payment; semi-annual in two payments; quarterly in four payments; or monthly in twelve payments. If You elect a Premium Payment Mode other than annual, You will pay additional charges for electing that Premium Payment Mode. The additional charges associated with paying more frequently than once a year are calculated by multiplying the Annual Modal Premium by the applicable modal premium factor. The modal premium factors are: 1.00 for annual; .51 for semi-annual; .26 for quarterly; and .09 for monthly.

14. ADDITIONAL FEATURES AND REMINDERS

Underwriting: We will underwrite Your Application by reviewing the information submitted on Your application and any other information You authorize Us to obtain.

Continuation for Lapse Due to Cognitive or Functional Impairment: If the Policy terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if the Policy had not ended.

Reminder: This Outline Of Coverage is not a contract; and the only contract under which Coverage will be provided is the Policy issued when Your Application is approved. The Policy will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue the Policy until it ends.

15. ANSWERS TO QUESTIONS

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE POLICY.

Outline of Coverage

SCHEDULE *(Complete to show coverage selected)*

	Applicant A	Applicant B
[Shared Benefit Rider (Selections for both applicants must be identical) [Includes Joint Waiver of Premium [**O** Yes **O** No]]	**O** Yes **O** No	**O** Yes **O** No
Covered Percentage	[100%] [80%]	[100%] [80%]
Elimination Period – [Days of Covered Care][Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]	[**O**30 **O**90 **O**180 **O**365] [**O** Covered Care Days **O** Calendar Days]
[Waiver of Home Care Elimination Period]	[**O** Yes **O** No]	[**O** Yes **O** No]
Nursing Facility Maximum - per [Calendar Month]	$_____	$_____
Assisted Living Facility Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
Home and Community Care Maximum As a % of the Nursing Facility Maximum	[**O**100% **O**75% **O**60% **O**50%]	[**O**100% **O**75% **O**60% **O**50%]
[Benefit Multiplier - Years worth of Benefits Based on 12 months per year]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]	[**O**2 Years **O**3 Years **O**4 Years **O**5 Years **O**6 Years **O**8 Years **O**10 Years]
Coverage Maximum [(Nursing Facility Maximum X Benefit Multiplier)]	$_____	$_____
Benefit Increases [The Coverage Maximum and amounts based on the Nursing Facility Maximum are reduced as payments are made for Covered Expenses, then increased when Benefit Increases apply and exhausted only when the total of all Benefits paid equals the then applicable maximum amount.]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]	**O** 5% Compound [**O** 3% Compound] [**O** 4% Compound] [**O** 5% Simple] [**O** 5% Future Purchase Options] [**O** None]

Benefits And Services Provided	**We Pay The Covered Expenses Up To These Limits**
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit: (Includes room charges in an Assisted Living Facility)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: (Covers Formal and Informal Care Providers)	[XX% of the] [The selected % of the] Nursing Facility Maximum per [day][calendar month]
Home Assistance Benefit: (Covers equipment, modifications & training)	A Policy total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit	30 days per Calendar Year
Alternate Care Benefit:	Payment subject to mutual agreement

The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit.; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.
The maximum total amount payable for all Covered Expenses incurred in a [day][calendar month] is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this form, you agree that this test may be performed and that underwriting decisions will be based on the test results.

DISCLOSURE OF TEST RESULTS:

All test results will be treated confidentially. The results of the test will be reported to the insurer identified on this form. Results of the tests will not otherwise be disclosed except as allowed by law or as stated below.

MEANING OF TEST RESULTS:

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you may be at increased risk of developing AIDS or AIDS-related conditions. The test is a test for antibodies of the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus.

Positive HIV antibody test results could adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

RELEASE OF RESULTS:

The results of this test may be released to the following:

(1) the proposed insured;

(2) the person legally authorized to consent to the test;

(3) a licensed physician, medical practitioner, or other person designated by the proposed insured;

(4) an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular proposed insured;

(5) a reinsurer, if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality;

(6) persons who have the responsibility to make underwriting decisions on behalf of the insurer; or

(7) insurer's legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

CONSENT:

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

Date:_____

Signature of Proposed Insured or Parent/Guardian

○ **Genworth Life and Annuity Insurance Company**

New Business: P.O. Box 320
Lynchburg, VA 24505-0320

○ **Genworth Life Insurance Company**

New Business: P.O. Box 461
Lynchburg, VA 24505-0461

GENWORTH LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Individual Long Term Care Insurance
Form Series 8000, 8001 and related forms

Language that appears in the forms contained in this filing may vary as described herein.

For all forms, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the form containing variable language.

GENERAL GUIDELINES

While not enclosed in brackets, we may vary the names and/or titles of officers that appear on any of the forms. We may vary the barcodes, address and telephone number for the company and may include website information if deemed appropriate.

Individual information, such as names, ages, numbers, descriptions of coverage, coverage limits, amounts and timeframes, etc., including bracketed **[ ]** information will be completed with information appropriate to the specific insured (within the parameters contemplated by our rate filing) as described below.

GENERAL LIMITS APPLICABLE TO ALL FORMS

- **Nursing Facility Maximum**
  May range from **$30 to $400 per day** provided that this upper limit may be adjusted to be consistent with the prevailing cost of care. It may be expressed as a maximum per day or per calendar month **($900 -12,000 per month**, based on a 30 day month).

- **Coverage Maximum**
  An amount equal to the Nursing Facility Maximum payable for at least **12 months,** based on a daily/monthly benefits multiplier of **12/365, 24/730, 36/1095, 48/1460, 60/1825, 72/2190, 96/2920**, or **120/3650** as appropriate to the Insured.

- **Elimination Period**
  May be **0, 30, 90, 180 or 365 days**, or periods within those limits; and may be waived for Home and Community Care Benefits. The Elimination Period will be based on either “calendar days” or “Days of Covered Care” (service days) with or without individual choice between the two versions.

- **Assisted Living Facility Benefits**
  Will generally be equal to **100%** of the Nursing Facility Maximum but may be offered or limited to **50%, 60% 75%** of the Nursing Facility Maximum.

- **Home and Community Care Benefits**
  Will generally be equal to **100%** of the Nursing Facility Maximum but may be offered or limited to **50%, 60% 75%** of the Nursing Facility Maximum.

- **Home Assistance Benefit**
  Subject to a Policy maximum payment equal to **3 times the monthly Nursing Facility Maximum**.

- **Bed Reservation Benefits**
  Limited to **60 days** per calendar year

- **Respite Care**
  Limited to **30 days** per calendar year.

- **Shared Benefit Rider**
  May include or exclude a Joint Waiver of Premium.

- **Transition Benefit**
  Subject to a Policy maximum payment equal to **5 times the daily Nursing Facility Maximum** or **20% of the monthly Nursing Facility Maximum.**

VARIABILITY WITHIN POLICY FORMS

Forms 8000/8001 POLICY SCHEDULE

Page 3

Insured: *Name and address of the Insured*

Policy Number: *As assigned by the company*

Policy Effective Date: *Applicable date*

Issue State: A*pplicable state*

Gender: *As Applicable (Form 8000 only)*

Elimination Period:

Will show **0, 30, 90, 180** *or* **365** *days, or periods within those limits, as applicable.*

When the Elimination Period is based on days of Covered Care the following will appear:

*"**XX**"* days of Covered Care
The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.

When the Elimination Period is based on calendar days the following will appear:

*"**XX**"* calendar days
The Elimination Period is satisfied by days You are Chronically Ill beginning with the first day You incur a Covered Expense.

Coverage Maximum:

This will be expressed as a dollar amount (e.g."$xxx,xxx")

Nursing Facility Maximum:

*May range between **$30** to **$400 per day**; **$900 -12,000 per month**, based on a 30 day month.*

Will be expressed as a dollar amount per day or per calendar month (e.g. "$xxx.00 per day" or "$x,xxx.00 per calendar month")

Benefit Increases:

One of the following options will appear, as applicable:

5% Compound
4% Compound
3% Compound
5% Simple
Future Purchase Option
Guaranteed Purchase Option
None

When a Benefit Increase option is applicable, the following will appear:

The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
- first reduced on a dollar for dollar basis as payments are made for Covered Expenses; then
- if not exhausted, increased when Benefit Increases apply; and
- exhausted when they are reduced to zero.

When no Benefit Increase is applicable, the following will appear:

The Coverage Maximum and amounts based on the Nursing Facility Maximum are:
- reduced on a dollar for dollar basis as payments are made for Covered Expenses; and
- exhausted when they are reduced to zero.

The Schedule will continue with the following description of the Benefits and Services Provided. Bracketed information is variable and will be included as appropriate to reflect the applicable plan features chosen by the Insured:

Benefits and Services Provided	We Pay Covered Expenses Up to these Limits (except where otherwise noted)
Privileged Care Coordination Services	Not subject to coverage limits
Nursing Facility Benefit	Nursing Facility Maximum per **[**day**][**calendar month**]**
Assisted Living Facility Benefit	**[**[50%][60%][75%] of the **]**Nursing Facility Maximum per **[**day**][**calendar month**]**
Bed Reservation Benefit	60 days per calendar year
Home and Community Care Benefit	**[**[50%][60%][75%] of the **]**Nursing Facility Maximum per **[**day**]** **[**calendar month**]]**
Home Assistance Benefit (Equipment, modifications & training)	A Policy total payment maximum equal to **[**X times the Nursing Facility Maximum**]**
Hospice Care Benefit	Included
Respite Care Benefit	30 days per calendar year
Alternate Care Benefit	Payment subject to Mutual Agreement
International Benefit	See Endorsement listed below
Contingent Nonforfeiture Benefit	Included
Waiver of Premium Benefit	Included

The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.
[This also applies when Your Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under the Policy or his or her Policy.**]**

The following Riders and Endorsements are attached to, and made part of, the Policy.

International **[**Coverage**]** **[**Nursing Facility**]** Benefit	Included
[Nonforfeiture Benefit	Included**]**
[Shared Benefit	Included **[**with**]** **[**without**]** Joint Waiver
[10 Year Survivorship Benefit	Included**]**
[Enhanced Survivorship Benefit	Qualification Period: **[**XX**]** years**]**
[10 Year Refund of Premium on Death Benefit	Included**]**
[Graded Refund of Premium on Death Benefit	Included**]**
[Transition Benefit	A Policy total payment maximum equal to **[**5 times**][**20% of**]** the Nursing Facility Maximum**]**
[Restoration Benefit	Included**]**
[[5%, 4%, 3%] Compound Benefit Increase	Included**]**
[5% Simple Benefit Increase	Included**]**
[Future Purchase Option	Included**]**
[Guaranteed Purchase Option	Included**]**
[Waiver of Home and Community Care Elimination Period	Included**]**
[10 Year Premium Payment	Included**]**
[To Age 65 Premium Payment	Included**]**
[Wellness	Included**]**

The following (with the applicable bracketed phrase) will appear below the above listing:
The maximum total amount payable for all Covered Expenses incurred **[**on a day**]** **[**in a calendar month**]** is limited to the Nursing Facility Maximum. This does not apply to the Home Assistance Benefit and Alternate Care Benefit.

Page 3B

The Schedule will continue with the following Premium Data:

This area will list optional Riders with the applicable Annual Premium. When there is Shared Benefit and/or a Survivorship Benefit, the name of the Spouse/Partner will be indicated with the listing of the applicable Rider(s). Variable material indicating a Premium Payment Mode other than Lifetime will appear as applicable.

Premium Data -	**Annual Premium**
Basic Policy Coverage	**[**$XXX.XX**]**
[Nonforfeiture Benefit Rider	$XXX.XX**]**
[Shared Benefit Rider	$XXX.XX**]**
Spouse or Partner for Shared Benefit: Mary Jane Doe**]**	
[10 Year Survivorship Benefit Rider	$XX.XX**]**
Spouse or Partner for 10 Year Survivorship Benefit: Mary Jane Doe**]**	
[Enhanced Survivorship Benefit Rider	$XX.XX**]**
Spouse or Partner for Enhanced Survivorship Benefit Mary Jane Doe**]**	
[10 Year Refund of Premium on Death Benefit Rider	$XXX.XX**]**
[Graded Refund of Premium on Death Benefit Rider	$XX.XX**]**
[Transition Benefit Rider	$XX.XX**]**
[Restoration Benefit Rider	$XX.XX**]**
[[5%, 4%, 3%] Compound Benefit Increase Rider	$XX.XX**]**
[5% Simple Benefit Increase Rider	$XX.XX**]**
[Future Purchase Option Endorsement	$XX.XX**]**
[Guaranteed Purchase Option Endorsement	$XX.XX**]**
[Waiver of Home and Community Care Elimination Period Endorsement	$XX.XX**]**

Total First Year Annual Premium **[**- Lifetime Premium Payment Mode**]** .....**[**$XXXX.XX**]**
[[10 Year**][**To Age 65**]** Premium Payment Factor……xxxx**]**
[Total First Year Premium - **[**10 Year**][**To Age 65**]**Premium Payment Mode…… …$XXX.XX**]**

The above is followed by the following entries with the First Premium, Premium Payment Mode, Modal Premium, Premium Payment Period and Rating appearing as appropriate to the Insured:

First Premium	**Premium Payment Mode**	**Modal Premium**
[$XXX.XX]	[Quarterly]	[$XXX.XX]

The Modal Premium Payment amounts are calculated by multiplying the Annual Modal Premium by the applicable Modal Premium Factor:

Annual - 1.00;Semi-Annual - .51; Quarterly - .26; Monthly - .09

Total First Year Premium Payment Options (including all optional Coverage)

	Annual	Semi-Annual	Quarterly	Monthly
Modal Premium	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]
Total Yearly Cost for First Year Premium	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]	$[XXX.XX]

Premium Payment Period: **[**Lifetime**]**
[10 Years – See attached 10 Year Premium Payment Rider**]**
[To Age 65 – See attached To Age 65 Premium Payment Rider**]**

Rating: **[**Preferred Best, Preferred, Select, Standard**]**

Forms 8000/8001 POLICY SCHEDULE (Continued)

At the bottom of the page there may be an Optional Entry for Schedule Print Date to be used when a reprinting of the Schedule is appropriate to reflect insured requested changes, such as a change of address or others entries, including, but not limited to those that are administrative in nature:

[This Schedule reflects changes as of the Print Date: 02/20/2012
Attach it to Your Policy along with prior Schedule pages.]

Forms 8000-RDR CBI/8001-RDR CBI COMPOUND BENEFIT INCREASES RIDER

The applicable % Benefit Increase of 5%, 4% or 3%, and corresponding factors of .05, .04, or .03 will appear, as applicable to the Insured.

Forms 8000-OL/8001-OL OUTLINE OF COVERAGE

Item 9 – Benefits Provided

The Other Features and Options at the end of this item will include the following (as applicable) to describe the Riders, Endorsements and other Features included in the product being offered. One of the International Benefits will always be included; and the Nonforfeiture Benefit will always be described. All other Benefits and Features will be included or excluded based on the plan being offered. When a Feature is not optional, (e.g. included in base policy coverage) the word Optional will be deleted, or modified to indicate that the feature is included in certain plan(s). Riders and endorsements developed in the future will be described in a similar manner.

[International Coverage Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.**] OR**

[International Nursing Facility Benefit: This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.**]**

[Optional] [Shared Benefit Rider: When both You and Your Spouse or Partner named in the Policy's Schedule, have identical policies, if one person exhausts Benefits under his or her Policy, he or she can continue coverage under the other person's Policy. For purposes of this Rider, identical means that both Policies must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Policy Effective Date through the date the Guaranteed Minimum is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all claim payments; and Rider Premium ceases. When the Shared Benefit Rider includes Joint Waiver of Premium, Premium for the policies of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.**]**

[Optional] [Waiver of Home Care Elimination Period: This provides that there is no Elimination Period for the Home and Community Care Benefit; and each day of Covered Care under that Benefit will count towards satisfying the Elimination Period.**]**

[Optional] [Restoration Benefit: This Benefit provides that once You Fully Recover as provided for in the Rider, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue the Policy, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.**]**

[Optional] [Transition Benefit: This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact**.]**

[Optional] [10 Year Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years: and (2) die while the Policy is still in-force.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional] [Graded Refund of Premium On Death Benefit: This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.
Tax Considerations: Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.**]**

[Optional 10 Year Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and
- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.**]**

[Optional Enhanced Survivorship Benefit: This Benefit applies if You and Your Spouse or Partner for this Benefit (the person whose coverage qualifies You for a discount) have been insured with Us, for at least the Qualification Period for this Option (as shown in item 13 – Premium) when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.**]**

Item 11 – Relationship of Cost of Care and Benefits

The statements for the Available Benefit Increase Options will be the first section of each Benefit Increase (first 2 sections for Purchase Options) since the lead-in description in this item contains much of the wording common to all provisions.

Unless automatically included, 5% Compound Benefit Increases will always be offered, but may be combined with 4% and/or 3% increases when described in the Outline.

The Inflation Protection – Graphic comparisons will be as applicable to illustrate the Benefit Increase provisions being offered.

Item 13 – Premium

This item will indicate the applicable Premium for a single applicant or a couple for the policy and options available under the product being offered with the following variations. Plan information will be included when an item is included in some plans and optional for others.

Shared Benefit Rider – *When a choice of Joint Waiver is not optional this entry will indicate whether coverage is with or without Joint Waiver (rather than a Yes/No choice)*

Refund of Premium on Death Benefit – *This may allow for choice of either a "Graded" or "10 Year" version or if only 1 version is being offered show fill-in for either the "Graded Return of Premium on Death Benefit" or the "10 Year Return of Premium on Death Benefit" as applicable.*

SCHEDULE at end of Outline

This Schedule at the end of the Outline will be used to record applicant choices for a single applicant or a couple or may use multiple columns to display choices for varying plans.

Shared Benefit Rider – *When available, will indicate whether Joint Waiver of Premium is included, excluded, or an individual option.*

Elimination Period –*This will state whether it is based on "Days of Covered Care" "Calendar Days" or an individual choice.*

The Waiver of Home Care Elimination Period entry will not appear if that is not available and will be either an individual option (Yes/No choice) or indicated as "Included"

Nursing Facility Maximum – *This will indicate whether it is a "per Calendar Month' maximum or a "per Day" maximum; and will provide for either individual fill-in or plan amount choices*

Assisted Living Facility Maximum – *This will indicate the % of the Nursing Facility Maximum applicable to the Assisted Living Facility Benefit. It may be a predetermined % or a choice among the available options.*

Home and Community Care Maximum – *This will indicate the % of the Nursing Facility Maximum applicable to the Home and Community Care Benefit. It may be a predetermined % or a choice among the available options.*

Benefit Multiplier – *The individual choices may be based on days, months or years worth of benefits and will provide either Applicant choices or individual fill-in.*

.

Benefit Increases – *This will include the appropriate statement as to when the Coverage Maximum is exhausted.*

Unless automatically included, 5% Compound will always be included among the Applicant choices.

Benefits and Services Provided – *This table will be completed with the applicable variables based on the plan choices.*

Form 135362 05/24/12 **LONG TERM CARE INSURANCE PERSONAL WORKSHEET**

Rate Increase History section – *This section will be updated as appropriate.*

Section B – *References to the national median cost of care will be updated as appropriate.*

Form 130948 05/15/12 **APPLICATION PART I**

Header Section - *The Administrative Office address and marketing name of the product may be updated as appropriate.*

Personal Profile section – *The requirement to provide an e-mail address may or may not appear dependent upon underwriting requirements.*

Client Profile section – *Question 11a, regarding personal finances, may or may not appear dependent upon underwriting requirements.*

Conditional Insurance Agreement – *The time period may show either* 120 *or* 150 *days dependent upon underwriting requirements.*

Form 133363 05/15/12 **APPLICATION PART II**

Header Section - *The Administrative Office address may be updated as appropriate.*

Form 131384 05/09/12 **COVERAGE SELECTION**

Header Section - *The Administrative Office address and marketing name of the product may be updated as appropriate.*

Coverage Selection, Other Choices, Eligibility for Couples Discount, Premium Information and MultiLife/List Bill sections - *Variable information shown within these sections will appear, as appropriate, based on market specific requirements. Information within these sections will vary only within the parameters of the benefit choices included in the material submitted.*

All Sections - *The form may be revised to contain answers for only one applicant. In that event, the form will not include title lines for Applicant A and Applicant B. Reference will be solely to the Applicant where appropriate and the check box columns, additional text and spacing for the second applicant will be deleted. The dual check boxes and references would not then appear in any section of the form.*

135282 01/01/13 **Overflow Form**
Header Section - The Administrative Office address may be updated as appropriate.

Agency # 054.00

RULE 94

APPENDIX C
ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Genworth Life Insurance Company
6620 West Broad St. Bldg 2
Richmond, VA 23230
888-436-9678

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Jim Lites
6620 West Broad St. Bldg 2
Richmond, VA 23230
501-952-7168

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

8000 and 8001, et. al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

II. CERTIFICATIONS

A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.

B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.

C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

7/31/2012_____
Date

____Paul Loveland, VP___
Name and title of officer of the Issuer

_____
Signature of officer of the Issuer