

**State:** Arkansas **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group LTC7046.7050.7053  
**Project Name/Number:** Batch 2 Red Resubmit for Insurer Identity/46870 04/01/12 et al

## Filing at a Glance

Company: Genworth Life Insurance Company  
Product Name: Group LTC7046.7050.7053  
State: Arkansas  
TOI: LTC03G Group Long Term Care  
Sub-TOI: LTC03G.001 Qualified  
Filing Type: Advertisement  
Date Submitted: 08/31/2012  
SERFF Tr Num: GEFA-128667701  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 46870\_04.01.12\_RM2.2  
  
Implementation: On Approval  
Date Requested:  
Author(s): Marcia Chalfant, Andy Zimmerman, Michael DeWitt, Robin Bennis  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 09/04/2012  
Disposition Status: Approved  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Batch 2 Red Resubmit for Insurer Identity  
 Project Number: 46870 04/01/12 et al  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The advertising was filed simultaneously in DE, our state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Discretionary, Trust, Other

Explanation for Other Group Market Type: Labor Union

Overall Rate Impact:

Filing Status Changed: 09/04/2012

State Status Changed: 09/04/2012

Deemer Date:

Created By: Marcia Chalfant

Submitted By: Marcia Chalfant

Corresponding Filing Tracking Number:

Filing Description:

Genworth Life Insurance Company (Genworth Life) submits, for the Department's approval the referenced advertising material. This material is new and does not replace any advertisements previously filed by Genworth Life. A Forms Listing of the material appears below.

The submitted material was previously Filed in SERFF GEFA-127969948 on January 23, 2012 and GEFA-128127132 on March 2, 2012.

Since then, the material has been revised to:

1. provide more prominence to the insuring company name in all the forms;
2. add one instance of variability intended in the form number 47485; and
3. reflect revised form numbers in all the forms.

Specifically, Genworth Life Insurance Company has been added to the beginning of each form. In most cases, this mention replaces mention of the insurer appearing at the bottom of the form in the prior version.

The New Hire Voluntary Flyer, formerly form number 47485 12/16/11 and now number 47485 09/01/12, has also been revised adding brackets to the word "additional" under the heading "The Opportunity" on the first page. Variability for the term is reflected in the revised Explanation of Variability.

Except as indicated herein, no other changes have been made to the submitted forms.

As in both of the referenced prior filings, the material will be used under group contracts issued on Genworth Life's approved group long term care insurance products issued under any one of the approved policy form series – 7046, 7050, and 7053.

The Arkansas Department of Insurance approved the product series:

7046: September 13, 2005, and subsequently, most recent SERFF Filing ID Number GEFA-125368281

7050: September 11, 2008 under Filing ID Number GEFA-125754849

7053: June 20, 2011 under Filing ID Number GEFA-127125383

The method and manner of distribution and all other variability remain the same as in the referenced prior submission(s).

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions, please feel free to contact me at 800 284.5568, extension 813.5085 (toll free).

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FORMS LISTING - GROUP LONG TERM CARE INSURANCE MARKETING MATERIAL – Part 2 Rev 08/20/12

- | Form Number | Title   | Type of Solicitation       |
|-------------|---|----------------------------|
| 1           | 46870 04/01/12 Plan Today LTC Booklet         | PPR Invitation to Contract |
| 2           | 46871 04/01/12 Plan Today LTC Booklet         | ACC Invitation to Contract |
| 3           | 46893 04/01/12 Program Reminder Postcard      | ACC Invitation to Inquire  |
| 4           | 46893LF 04/01/12 Program Reminder Postcard    | ACC Invitation to Inquire  |
| 5           | 46969 04/01/12 Folder for Information Kit     | Invitation to Inquire      |
| 6           | 47485 09/01/12 New Hire Voluntary Flyer       | Invitation to Contract     |
| 7           | 47486 04/01/12 New Hire Core Flyer            | Invitation to Contract     |
| 8           | 47801 04/01/12 What Does this Program Cover?  | Invitation to Contract     |
| 9           | 47804 04/01/12 Is this Program Right for You? | Invitation to Contract     |
| 10          | 49892 04/01/12 Announcement Postcard          | Invitation to Inquire      |
| 11          | 49921 04/01/12 Extension Postcard             | Invitation to Inquire      |
| 12          | 49922 04/01/12 Enrollment Flyer II            | Invitation to Inquire      |
| 13          | 48034 04/01/12 What Are Your Premiums?        | Invitation to Contract     |

**Company and Contact**

**Filing Contact Information**

Marcia Chalfant, Policy Contract Analyst    marcia.chalfant@genworth.com  
 6620 W Broad Street                                804-922-5085 [Phone]  
 Bldg 1    804-662-2596 [FAX]  
 Long Term Care  
 Richmond, VA 23230-1700

**Filing Company Information**

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

**Filing Fees**

Fee Required?                                Yes  
 Fee Amount:                                    \$650.00  
 Retaliatory?                                    No  
 Fee Explanation:                                13 forms @ \$50 each  
 Per Company:                                    No

Company	Amount	Date Processed	Transaction #
Genworth Life Insurance Company	\$650.00	08/31/2012	62199863

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	09/04/2012	09/04/2012

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## Disposition

Disposition Date: 09/04/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Explanation of Variability 46870 040112 Rev 2012 08 31	Approved	Yes
<b>Form</b>	Plan Today LTC Booklet PPR	Approved	Yes
<b>Form</b>	Plan Today LTC Booklet ACC	Approved	Yes
<b>Form</b>	Program Reminder Postcard	Approved	Yes
<b>Form</b>	Program Reminder Postcard	Approved	Yes
<b>Form</b>	Folder for Information Kit	Approved	Yes
<b>Form</b>	What Does this Program Cover?	Approved	Yes
<b>Form</b>	New Hire Voluntary Flyer	Approved	Yes
<b>Form</b>	New Hire Core Flyer	Approved	Yes
<b>Form</b>	Is this Program Right for You?	Approved	Yes
<b>Form</b>	Announcement Postcard	Approved	Yes
<b>Form</b>	Extension Postcard	Approved	Yes
<b>Form</b>	Enrollment Flyer II	Approved	Yes
<b>Form</b>	What Are Your Premiums?	Approved	Yes

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## Form Schedule

Lead Form Number: 46870 04/01/12							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 09/04/2012	46870 04/01/12	ADV	Plan Today LTC Booklet PPR	Initial:	0.000	46870_040112_varsSTD NoDiscFILE.pdf
2	Approved 09/04/2012	46871 04/01/12	ADV	Plan Today LTC Booklet ACC	Initial:	0.000	46871_040112_varsSTD NoDiscFILE.pdf
3	Approved 09/04/2012	46893 04/01/12	ADV	Program Reminder Postcard	Initial:	0.000	46893_040112_varsSTD NoDiscFILE.pdf
4	Approved 09/04/2012	46893LF 04/01/12	ADV	Program Reminder Postcard	Initial:	0.000	46893LF_040112_varsST DNoDiscFILE.pdf
5	Approved 09/04/2012	46969 04/01/12	ADV	Folder for Information Kit	Initial:	0.000	46969_040112_varsSTD NoDiscFILE.pdf
6	Approved 09/04/2012	47801 04/01/12	ADV	What Does this Program Cover?	Initial:	0.000	47801_040112_varsSTD NoDiscFILE.pdf
7	Approved 09/04/2012	47485 09/01/12	ADV	New Hire Voluntary Flyer	Initial:	0.000	47485_090112_VarsNoDi scFILE.pdf
8	Approved 09/04/2012	47486 04/01/12	ADV	New Hire Core Flyer	Initial:	0.000	47486_040112_varsSTD NoDiscFILE.pdf
9	Approved 09/04/2012	47804 04/01/12	ADV	Is this Program Right for You?	Initial:	0.000	47804_040112_varsSTD NoDiscFILE.pdf
10	Approved 09/04/2012	49892 04/01/12	ADV	Announcement Postcard	Initial:	0.000	49892_040112_varsSTD NoDiscRev201208FILE.p df
11	Approved 09/04/2012	49921 04/01/12	ADV	Extension Postcard	Initial:	0.000	49921_040112_varsSTD NoDiscFILE.pdf

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### Lead Form Number: 46870 04/01/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
12	Approved 09/04/2012	49922 04/01/12	ADV	Enrollment Flyer II	Initial:	0.000	49922_040112_varsSTD NoDiscIFILE.pdf
13	Approved 09/04/2012	48034 04/01/12	ADV	What Are Your Premiums?	Initial:	0.000	48034_040112_VarsSTD NoDiscIFILE.pdf

### Form Type Legend:

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

1

[Genworth Logo/  
Group Logo]

**Plan today  
Help protect tomorrow**

**GROUP LONG TERM CARE INSURANCE PROGRAM**  
Underwritten by Genworth Life Insurance Company



# Plan today

*You're working hard to ensure your financial plan will allow you to live life on your own terms in retirement. You may be looking forward to enjoying more time with family and friends or pursuing a hobby.*

What would happen if you had an accident, developed a chronic condition, or became ill and needed ongoing assistance?

Do your plans adequately address a critical concern about the future — that the cost of a long term care situation may deplete the assets you've worked so hard to accumulate?

**1** During [the/Group Name's] [initial/Buy-up] enrollment period, you have **1** a chance to get the facts — and understand how this problem may affect your plans, your family and your future.

## **Living longer has its own set of challenges**

Medical advances help us live longer, but a longer life can bring with it a greater chance of needing some kind of help in the future.

An accident, illness, stroke or chronic disease can happen at any age. And if it happens to you, you might need long term care.

**2** *Many people think only the elderly need long term care, but here's the reality: 40% of people receiving long term care services are between 18 and 64.<sup>1</sup>*

**2** <sup>1</sup> U.S. Department of Health and Human Services, National Clearinghouse for Long Term Care Information, Updated October 22, 2008.

## Needing care can be costly

The costs for long term care services are high [and keep rising]. Each year, Genworth commissions CareScout® to conduct a cost of care study. The costs shown below — and throughout this booklet — are from the Genworth [YYYY] Cost of Care survey, conducted by CareScout [mm/yy].

- 1 Today, in [Metro area, State/State], it costs about \$[XX]/hour to have a [licensed non-certified aide] come to your home. If you need around-the-clock care, [a private room] in [a/an] [Metro area, State/State] nursing facility averages \$[XX,XXX] a year. Since typical stays can average three years<sup>2</sup>, your care could cost [hundreds of thousands of dollars/almost \$[XXX,XXX]].

Where will the money to pay for care come from — your savings, your family, the government? These are options most of us would prefer not to rely on. While you may have the money to cover these costs, is that really how you want to spend it?

### [METRO AREA, STATE/STATE] COSTS OF CARE\*

	ONE YEAR	THREE YEARS OF CARE	
COST	CURRENT	CURRENT	IN [25] YEARS**
HOME CARE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
ASSISTED LIVING FACILITY	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
NURSING HOME FACILITY	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

\* Home Care is based on the cost of [XX hours] of care provided by a [[licensed] home health aide] @ \$[XX.XX] per hour. Assisted Living Facility is based on one bedroom with a single occupancy rate. Nursing Home Facility is based on [the private room rate].

\*\* Projected cost for the year [20XX] based on long term care costs increasing [5]% each year.

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

# Reality check

## Is your current financial plan enough?

There are many myths and misconceptions about long term care and long term care insurance. Knowing the realities might help you decide whether insurance should be part of your plan.

2

MYTH:

*“It won’t happen to me...”*

**REALITY:** People need long term care services far more often than you might think. Research shows that two-thirds of people who reach age 65 will need long term care at some point during their lives.<sup>3</sup>

MYTH:

*“My insurance will cover me...”*

**REALITY:** Health and disability insurance were not designed to cover the costs for long term care.

- Health insurance is designed to cover short-term acute care such as hospital stays, operations, prescription drugs, and doctors visits, but usually pays little or nothing toward long term care.
- Disability insurance is designed to replace your income and is usually needed to pay for basic living expenses.

MYTH:

*“My friends and family will take care of me...”*

**REALITY:** Caregiving is very difficult. People who go through it are often unprepared for the physical and emotional strain. Consider these issues as you think about whether relying on friends and family would be a good option for you.

2

<sup>3</sup> U.S. Department of Health and Human Services, National Clearinghouse for Long Term Care Information, Updated October 22, 2008.

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MYTH:

*“The government will pay for it...”*

**REALITY:** Government programs like Medicare and Medicaid may cover some long term care expenses, but there are limitations:

- Medicare is designed to cover healthcare and has significant limitations when it comes to covering long term care.
- Medicaid does pay for long term care but requires recipients to first use most of their assets and income to pay for care.

Many of us question whether these government sponsored programs will be there when we need them.

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MYTH:

*“My savings will cover the cost...”*

**REALITY:** Your savings and investments may pay for some of your long term care needs. However:

- You are likely planning to use your savings for other purposes.
- You could need long term care services before you have saved enough money to cover those expenses.

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MYTH:

*“Long term care insurance is too expensive...”*

**REALITY:** Coverage to help you address the costs of long term care services may be more affordable than you think — especially if you start early, during your working years.

You can choose a plan to fit your needs, selecting just the features and benefits that are valuable to you.

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## LONG TERM CARE SITUATIONS CAN RESULT FROM:

- BROKEN BONES
- ILLNESSES LIKE MULTIPLE SCLEROSIS
- DISEASES LIKE ALZHEIMER'S OR PARKINSON'S
- STROKES OR OTHER CHRONIC CONDITIONS

### **What does long term care insurance cover ?**

Long term care insurance helps to reimburse the expenses you incur for qualified long term care services received at home, in the community or in a nursing facility. You may qualify for these benefits if you need help performing any two of the following everyday activities: bathing, dressing, eating, continence, toileting, or transferring. You may also qualify for benefits if you suffer from a severe cognitive impairment requiring substantial supervision.

### **Long term care insurance can help you retain control**

Long term care insurance can be a practical and affordable way to pay the high costs of long term care services. It may also help you:

- Maintain control over how you spend your savings.
- Have more choice in who provides your care and where you receive it.
- Afford higher quality care for a longer period of time.

1 3 [The [Group Name]/This] [Voluntary] Program offers comprehensive long term care coverage for [Carrie Smith/ [a [45]-year-old]] starting at \$[xx.xx] per month.\* This plan would provide [you with] up to a \$[xxx] [Daily/Monthly] Benefit and \$[xxx,xxx] in Total Coverage.

2  
1 3  
1  
1

### Can you pay for long term care out of your savings?

Let's continue the example above. If you invested your monthly premium of \$[XX] at [7]% (after tax) instead of purchasing insurance, you'd be able to save \$[XX,XXX] [over the next 25 years/ by the time you reach age 80]. While that might seem like a lot, that may not be enough to cover [even a/[x] year[s]] in [a/an] [Metro area, State/State] nursing facility.

1 3  
3  
1

On the other hand, if you decide to purchase insurance, as soon as your coverage goes into effect, your monthly premium would give you access to \$[XX,XXX] of Total Coverage for covered long term care expenses.

1

	TODAY	IN [25] YEARS
BUY INSURANCE COVERAGE	\$[YYY,YYY]	\$[YYY,YYY]**
INVEST THE PREMIUM	\$[XX.XX]	\$[AA,AAA]

3  
1  
3

By adding long term care insurance to your financial plan, you'll know you are doing what you can to minimize the chance of becoming a burden on family and friends. To learn more about the details of this Program, including costs, benefits and any restrictions that apply, [visit the [Group Name] website at [www.webaddress.com] or] call [888 888.8888].

2 1

2 1 \*[Based on your age of [XX] as of [12/31/11.]] [Your premium for this coverage has been reduced by the amount that [Group Name] is paying for coverage for eligible [employees] [and spouses].] These premiums are not guaranteed, and the insurer has the right to change rates in the future.

1

\*\* This amount can grow over time to help your coverage keep up with the cost of care if you select a [benefit increase/inflation] option. There is an additional premium for these options.

3

# Help protect tomorrow

## The value of Group Long Term Care Insurance

This Group Long Term Care Insurance Program enables you to:

- Obtain a valuable benefit at competitive group rates.
- 2 [• Benefit from an easy application process, [without medical underwriting/[or] with streamlined underwriting] [, depending on your age [and the plan you choose]].<sup>4</sup>] 1
- 2 [• Keep your coverage with you. If you leave the group and pay the premiums when due — it's fully portable.] [If you leave the group, you will have to assume the payments for your [Group Name] paid portion of the premiums to maintain your coverage.] 2 1
- Tailor a plan that's personalized to fit your needs and your budget.
- 2 [• Include your spouse [and other family members] in this valuable Program.] 1
- 1 [The [Group Name] dedicated website and t/T]he information kit contain[s] all the details of this Program, including costs, benefits and any restrictions that may apply. Take time to review them so you can decide whether this Program is right for you. 2

1 <sup>4</sup> [Depending on your age and the plan you choose, w/W]ith this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] if you are an eligible [full-time/ or part-time] [actively-at-work employee/ member in good standing/retiree] [under age [XX]] and apply before [end enrollment date]. This is a limited time offer and will not be available each year with the same terms.] 2 1

### **A name you can trust**

Genworth Life Insurance Company (Genworth Life) has been selected to provide Group Long Term Care Insurance for [Group Name] [employees] [and their families]. Genworth Life was chosen based on its long term care experience, leadership and commitment.

1

3 With more than [35] years of experience and over one million policyholders, Genworth Life is a long term care industry leader and has been recognized as the fastest growing provider of group long term care insurance.<sup>5</sup>

2 Genworth's commitment can be seen in its:

- Multi-million dollar partnership with the Alzheimer's Association to help find a cure.]
- Annual Cost of Care survey, to help make people aware of just how much they could spend on long term care.
- Leadership in shaping public policy with federal, state and local governments to address the growing financial issues Americans may face in long term care situations.

The Genworth family of companies is dedicated to outstanding claims servicing. This servicing includes access to negotiated discounts for long term care providers and a network of care coordinators who can assist with planning for long term care in your community. Genworth Life will be your resource when you need it most — at time of claim.

3 <sup>5</sup>LIMRA's [2010] Total Long-Term Care Insurance Market Report.

## Benefit Eligibility, Limitations and Exclusions

**2** To understand the benefits and features available to you under this Program, [go to [www.genworth.com/group]tc] [(Group ID [XXXX] and Access Code [XXXX])] [or] call [888.888.8888]. **1**  
A brief summary of the limitations and exclusions that may apply appears below.

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

**Limitations and Exclusions:** As with any insurance program, certain limitations apply.

**1 2** Charges that are not covered include those for services: [• for which no charge is made ] [• received outside of the United States ] [• provided by your immediate family [except as covered under the Informal Care benefit ]][• for which benefits are payable by a Worker's Compensation or occupational disease act or law ] [• provided by a Veterans Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [• war or an act of war ] [• attempted suicide or self-inflicted injury ] [• your participation in a felony, riot or insurrection ] [• service in the armed forces or units auxiliary thereto ] [• alcoholism or drug addiction].

**1 2** **[Pre-Existing Conditions Limitation:** Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/12] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you are required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]

**1 2** **Other Limitations on Benefits:** Benefits [under the Program coordinate with other [group] long term care insurance, meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another **2**  
insurance program such as: • Medicare [• any state or federal worker's compensation, employer's liability, or occupational disease law ] [• any other federal, state or government health care or long term care program] (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid. **2**

This is a summary of the limitations and exclusions. State variations may apply. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the war exclusion is qualified. Check your Outline of Coverage for complete details and any state variations that apply.

## Take the next step!

Now is a great time to consider this valuable insurance and gain control of what may be one of life's major risks. The younger you are, the lower your costs will be. In addition, the longer you wait, the greater the chance that your health may decline, meaning you may not be able to qualify for coverage.

With the right long term care insurance in place, you can:

- Help protect your family's financial security;
- Have more control over decisions about your care;
- Take comfort knowing that you're confidently moving toward a more secure future.

### **[For details about this Program][and to enroll online]:**

•Go to [[www.genworth.com/grouplfc](http://www.genworth.com/grouplfc)],  
[use Group ID: **[XXXXXX]** and Access Code: **[XXXX]**] or ]

- Call **[888 888.8888]**

A [Group Name] Program expert will be available to answer your questions and send you a free information kit.]

2

2

2 1

1

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This brochure contains information about long term care and long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

1

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**1** [Genworth Logo/  
Group Logo]

**Help protect your future from  
one of life's uncertainties**

**GROUP LONG TERM CARE INSURANCE PROGRAM**  
Underwritten by Genworth Life Insurance Company



# Plan today

*In these uncertain times, it is often difficult to manage your plans for the future. You may dream about enjoying time with family and friends, taking vacations, pursuing hobbies and living a comfortable and fulfilling life.*

But, are your plans adequately protected from the impact of an unforeseen accident, illness or chronic disease?

An unexpected long term care event could require you to spend savings and assets you've earmarked for other things like retirement.

**1** During [the/Group Name's] [initial/Buy-up] enrollment period, you have a chance to get the facts — and decide whether long term care insurance might be a simple way to add some certainty to your financial future. **1**

## **Living longer has its own set of challenges**

Medical advances help us live longer, but a longer life can bring with it a greater chance of needing some kind of help in the future.

An accident, illness, stroke, or chronic disease can happen at any age. And if it happens to you, you might need long term care.

**2** *Many people think only the elderly need long term care, but here's the reality: 40% of people receiving long term care services are between 18 and 64.<sup>1</sup>*

**2** <sup>1</sup> U.S. Department of Health and Human Services, National Clearinghouse for Long Term Care Information, Updated October 22, 2008.

**There is an affordable solution**

The costs for long term care services are high [and keep rising]. Each year, Genworth commissions CareScout® to conduct a cost of care study. The costs shown below — and throughout this booklet — are from the Genworth [YYYY] Cost of Care survey, conducted by CareScout [mm/yy].

- 1 Today, in [Metro area, State]/State], it costs about \$[XX]/hour to have a [licensed non-certified aide] come to your home. If you need around-the-clock care, [a private room] in [a/an] [Metro Area, State/State] nursing facility averages \$[XX,XXX] a year. Since typical stays can average three years<sup>2</sup>, your care could cost [hundreds of thousands of dollars/almost \$[XXX,XXX]].

Where will the money to pay for care come from — your savings, your family, the government? These are options most of us would prefer not to rely on.

**1 [METRO AREA, STATE/STATE] COSTS OF CARE \***

COST	THREE YEARS OF CARE		
	ONE YEAR CURRENT	CURRENT	IN [25] YEARS**
HOME CARE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
ASSISTED LIVING FACILITY	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
NURSING HOME FACILITY	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

\* Home Care is based on the cost of [XX hours] of care provided by a [[licensed] home health aide] @ \$[XX.XX] per hour. Assisted Living Facility is based on one bedroom with a single occupancy rate. Nursing Home Facility is based on [the private room rate].

\*\* Projected cost for the year [20XX] based on long term care costs increasing [5]% each year.

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

# Reality check

## Are you covered?

There are many myths and misconceptions about long term care and long term care insurance. Knowing the realities might help you decide whether insurance should be part of your plan.

2 MYTH:

*“It won’t happen to me...”*

**REALITY:** People need long term care services far more often than you might think. Research shows that two-thirds of people who reach age 65 will need long term care at some point during their lives.<sup>3</sup>

MYTH:

*“My insurance will cover me...”*

**REALITY:** Health and disability insurance were not designed to cover the costs for long term care.

- Health insurance is designed to cover short-term acute care such as hospital stays, operations, prescription drugs, and doctors visits, but usually pays little or nothing toward long term care.
- Disability insurance is designed to replace your income and is usually needed to pay for basic living expenses.

MYTH:

*“My friends and family will take care of me...”*

**REALITY:** Caregiving is very difficult. People who go through it are often unprepared for the physical and emotional strain. Consider these issues as you think about whether relying on friends and family would be a good option for you.

2 <sup>3</sup> U.S. Department of Health and Human Services, National Clearinghouse for Long Term Care Information, Updated October 22, 2008.

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MYTH:

*“The government will pay for it...”*

**REALITY:** Government programs like Medicare and Medicaid may cover some long term care expenses, but there are limitations:

- Medicare is designed to cover healthcare and has significant limitations when it comes to covering long term care.
- Medicaid does pay for long term care but requires recipients to first use most of their assets and income to pay for care.

Many of us question whether these government sponsored programs will be there when we need them.

---

MYTH:

*“My savings will cover the cost...”*

**REALITY:** Your savings and investments may pay for some of your long term care needs. However:

- You are likely planning to use your savings for other purposes.
- You could need long term care services before you have saved enough money to cover those expenses.

---

MYTH:

*“Long term care insurance is too expensive...”*

**REALITY:** Coverage to help you address the costs of long term care services may be more affordable than you think — especially if you start early, during your working years.

You can choose a plan to fit your needs, selecting just the features and benefits that are valuable to you.

---

LONG TERM CARE SITUATIONS CAN RESULT FROM:

- BROKEN BONES
- ILLNESSES LIKE MULTIPLE SCLEROSIS
- DISEASES LIKE ALZHEIMER'S OR PARKINSON'S
- STROKES OR OTHER CHRONIC CONDITIONS

### **What does long term care insurance cover ?**

Long term care insurance helps to reimburse the expenses you incur for qualified long term care services received at home, in the community or in a nursing facility. You may qualify for these benefits if you need help performing any two of the following everyday activities: bathing, dressing, eating, continence, toileting, or transferring. You may also qualify for benefits if you suffer from a severe cognitive impairment requiring substantial supervision.

### **Long term care insurance can help you gain control**

Long term care insurance can be a practical and affordable way to pay the high costs of long term care services. It may also help you:

- Maintain control over how you spend your savings.
- Have more choice in who provides your care and where you receive it.
- Afford higher quality care for a longer period of time.
- Provide greater certainty and control of your future in an otherwise uncertain world.

1 3 [The [Group Name]/This] [Voluntary] Program offers comprehensive long term care coverage for [John Smith/a [45]-year-old] starting at \$[xx.xx] per month.[\*] This plan would provide [you with] up to a \$[xxx] [Daily/Monthly] Benefit and \$[xxx,xxx] in Total Coverage.

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### Can you pay for long term care out of your savings?

Let's continue the example above. If you invested your monthly premium \$[XX] at [7]% (after tax) instead of purchasing insurance, you'd be able to save \$[X,XXX] [over the next 25 years/by the time you reach age 80].

1 3 While that might seem like a lot, that may not be enough to cover [even a/ [X] year[s]] in [a/an] [Metro Area, State/State] nursing facility.

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On the other hand, if you decide to purchase insurance, as soon as your coverage goes into effect, your monthly premium would give you access to \$[XX,XXX] of Total Coverage for covered long term care expenses.

1

	TODAY	IN [25] YEARS
BUY INSURANCE COVERAGE	\$(YYY,YYY)	\$(YYY,YYY)**
INVEST THE PREMIUM	\$(XX.XX)	\$(AA,AAA)

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3

By selecting long term care insurance as one of your [employee] benefits, you can cost-effectively strengthen your financial plan and help preserve your hard-earned savings for the things that matter most to you. To learn more about the details of this Program, including costs, benefits and any restrictions that apply, [visit the [Group Name] website at [www.webaddress.com] or] call [888 888.8888].

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2 1

2 1 \* [Based on your age of [XX] as of [12/31/11.]] [Your premium for this coverage has been reduced by the amount that [Group Name] is paying for coverage for eligible [employees] [and spouses].] These premiums are not guaranteed, and the insurer has the right to change rates in the future.

1

\*\* This amount can grow over time to help your coverage keep up with the cost of care if you select a [benefit increase/inflation] option. There is an additional premium for these options.

3

# Help protect tomorrow

## 1 2 Advantages of the [Group Name] Long Term Care Insurance Program

This Group Long Term Care Insurance Program enables you to:

- Obtain a valuable benefit at competitive group rates.

2 [• Benefit from an easy application process, [without medical underwriting/[or] [with streamlined underwriting] [, depending on your age [and the plan you choose]].<sup>4</sup>

1

2 [• Keep your coverage with you. If you leave the group and pay the premiums when due — it's fully portable.] [If you leave the group, you will have to assume the payments for your [Group Name] paid portion of the premiums to maintain your coverage.]

2

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- Easily tailor a plan to fit your needs and your budget.

2 [• Include your spouse [and other family members] in this valuable Program.]

1

1 [The [Group Name] dedicated website and t/T]he information kit contain[s] all the details of this Program, including costs, benefits, and any restrictions that may apply. Take time to review them so you can decide whether this Program is right for you.

1

1 <sup>4</sup> [Depending on your age and the plan you choose, w/W]ith this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] if you are an eligible [full-time/ or part-time] [actively-at-work employee/member in good standing/retiree] [under age [XX]] and apply before [end enrollment date]. This is a limited time offer and will not be available each year with the same terms.]

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### **A name you can trust**

Genworth Life Insurance Company (Genworth Life) has been selected to provide Group Long Term Care Insurance for [Group Name] [employees] [and their families]. Genworth Life was chosen based on its long term care experience, leadership and commitment.

1

3 With more than [35] years of experience and over one million policyholders, Genworth Life is a long term care industry leader and has been recognized as the fastest growing provider of group long term care insurance.<sup>5</sup>

Genworth's commitment can be seen in its:

- 2
- Multi-million dollar partnership with the Alzheimer's Association to help find a cure.]
  - Annual Cost of Care survey, to help make people aware of just how much they could spend on long term care.
  - Leadership in shaping public policy with federal, state and local governments to address the growing financial issues Americans may face in long term care situations.

The Genworth family of companies is dedicated to outstanding claims servicing. This servicing includes access to negotiated discounts for long term care providers and a network of care coordinators who can assist with planning for long term care in your community. Genworth Life will be your resource when you need it most — at time of claim.

3 <sup>5</sup> LIMRA's [2010] Total Long-Term Care Insurance Market Report.

## Benefit Eligibility, Limitations and Exclusions

**2** To understand the benefits and features available to you under this Program, [go to [www.genworth.com/groupptc] [(Group ID [XXXX] and Access Code [XXXX])] [or] call [888.888.8888]. **1**  
A brief summary of the limitations and exclusions that may apply appears below.

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

**1 2** **Limitations and Exclusions:** As with any insurance program, certain limitations apply. Charges that are not covered include those for services: [**•** for which no charge is made ] [**•** received outside of the United States ][**•** provided by your immediate family [except as covered under the Informal Care benefit ]][**•** for which benefits are payable by a Worker's Compensation or occupational disease act or law ][**•** provided by a Veterans Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [**•** war or an act of war ] [**•** attempted suicide or self-inflicted injury ][**•** your participation in a felony, riot or insurrection ][**•** service in the armed forces or units auxiliary thereto ][**•** alcoholism or drug addiction].

**1 2** **[Pre-Existing Conditions Limitation:** Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/12] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]

**1 2** **Other Limitations on Benefits:** Benefits [under the Program coordinate with other [group] long term care insurance, meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another insurance program such as: **•** Medicare [**•** any state or federal worker's compensation, employer's liability, or occupational disease law ] [**•** any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)] or law except Medicaid]. **2**

This is a summary of the limitations and exclusions. State variations may apply. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the war exclusion is qualified. Check your Outline of Coverage for complete details and any state variations that apply. **2**

## Take the next step!

Deciding on a long term care insurance program may not have been at the top of your priority list, but here are three reasons you should look into this coverage now:

1. You may not get a chance like this again. This is a limited time offer and will not be available each year with the same terms.
2. You'll never be younger, so the rates for this Program will never be lower.
3. If you wait, you take the risk that you may develop a health condition that keeps you from qualifying.

A few minutes is all the time it takes to get the facts, run a quote and enroll.

1

### [For details about this Program [and to enroll online]:

2

- Go to [[www.genworth.com/grouplfc](http://www.genworth.com/grouplfc)],  
[use Group ID: [XXXXXX] and Access Code: [XXXX]] or ]

1 2

- Call [888 888.8888]

A [Group Name] Program expert will be available to answer your questions and send you a free information kit.]

1

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This brochure contains information about long term care and long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series[7046, 7050 or 7053]underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

1

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[ Group Name Logo ]

# Enrollment ends soon

1

**GROUP LONG TERM CARE INSURANCE PROGRAM**  
Underwritten by Genworth Life Insurance Company



# There's still time to enroll in the [Group Name] Group Long Term Care Insurance Program.

[ENROLL BY: [MONTH DAY, YEAR]]

Long term care insurance can help provide you with greater certainty in an otherwise uncertain world. Without it, the money to pay for long term care may have to come out of your savings or income.

[No medical underwriting] [or] [Streamlined underwriting]

[With this Program, [there is no medical underwriting] [or] [you have streamlined underwriting] [, depending on your age and the plan you choose,] if you apply during this enrollment period]\*

It's easy to take the next step!

[[Go to: [www.genworth.com/grouplfc](http://www.genworth.com/grouplfc)]

[Use Group ID: [XXXX] and Access Code: [XXXX]]

- Get the facts fast
- Get a quote
- [• Enroll online]

[or] [Call] **888 888.8888** to speak with an expert on this Program.]

\*Applies to eligible [full-time/ or part-time] [actively-at-work employees] [members in good standing] [retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name] on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

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[ Group Name Logo ]

# Enrollment ends soon

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**GROUP LONG TERM CARE INSURANCE PROGRAM**  
Underwritten by Genworth Life Insurance Company



# There's still time to enroll in the [Group Name] Group Long Term Care Insurance Program.

[ENROLL BY: [MONTH DAY, YEAR]]

Long term care insurance can help provide you with greater certainty in an otherwise uncertain world. Without it, the money to pay for long term care may have to come out of your savings or income.

**Review your coverage options now.** The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying later.

It's easy to take the next step!

[[Go to: [[www.genworth.com/groupltc](http://www.genworth.com/groupltc)]]

[Use Group ID: [XXXX] and Access Code: [XXXX]]

- Get the facts fast
- Get a quote
- Enroll online

[or] [Call] [**888 888.8888**] to speak with an expert on this Program.]

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name] on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

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Help protect what matters –  
your family, your finances, your future.

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GROUP LONG TERM CARE INSURANCE  
Underwritten by Genworth Life Insurance Company

GROUP LONG TERM CARE INSURANCE

INFORMATION AND  
ENROLLMENT KIT

All the information you need to know about this Group Long Term Care Insurance Program is in this kit.

### **Is this Program right for you?**

An overview of the key issues to think about when considering this Program.

### **What does this Program cover?**

Explains your choices and gives rules of thumb to help you choose.

### **Applications**

The forms you need to apply for the Program, along with instructions for submitting them and a toll free number to call with questions.

### **What else do you need to know?**

Enclosed is everything that you need to apply for this coverage and your Outline of Coverage, *A Shopper's Guide to Long Term Care Insurance* and other important disclosures concerning this Program.

← ● See side pocket information.

## THE POWER TO DECIDE FOR YOURSELF

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This Information Kit can help  
answer the following questions:

Is this Program right for you?

What does this Program cover?

What are your premiums?

[For more details about this Program:]

[Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc)  
[Use Group ID: [XXXXXX] and Access Code [XXXX]] [or]

[[C/c]all [800 416.3624]  
Talk to a program expert.]

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### GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This kit contains educational information about long term care  
and long term care insurance. It is part of the announcement  
of a long term care insurance program now available to you.  
Insurance is provided using policy form series [7046, 7050 or  
7053]. Form numbers can vary by state, including a state  
specific variation.

1

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company. Genworth, Genworth Financial and the Genworth  
logo are registered service marks of Genworth Financial, Inc.

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1 [Group Name Logo]

# What does this Program cover?

**GROUP LONG TERM CARE INSURANCE PROGRAM**  
Underwritten by Genworth Life Insurance Company



# The Program

12

## [Group Name] Group Long Term Care Insurance Program

By now, you may realize how important long term care insurance can be to your financial plan. But you may still have questions about exactly what this Program offers and how it can be tailored to fit your particular needs. This brochure is designed to provide an overview of this Program and to answer many of those questions, including:

What does this Program cover? .....page 1

What are your basic choices and  
how should you decide? .....page 2

What additional options do you have? .....page [6]

What features are included at no additional cost? ...page [8]

How much will coverage cost? .....page [9]

How do you qualify for benefits? .....page [10]

What should you do next? .....page [12]

1

# Coverage

## What does long term care insurance cover?

If you need help with some of the basic daily activities we often take for granted (like eating, bathing or dressing) or you need supervision due to a cognitive impairment like Alzheimer's, you could need long term care. Unlike health or disability insurance, long term care insurance helps reimburse the expenses you might incur to obtain such care. It can cover long term care you receive in your home, in an assisted living facility, or in a nursing home.

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

31

### Care at home and in the community

This Program can help reimburse expenses for care and support you receive at home and in the community, including:

- Nurse and therapist visits
- Home health or personal care services
- Homemaker services
- Emergency medical response systems
- Training for family or friends who will not be paid to provide your care
- Home modifications and devices that will help keep you at home for 90 days

21

[It may also help reimburse for the cost of services from independent providers[, friends] [or family members ]who provide care to help you stay in your home.]

### Care in an assisted living facility

Assisted living may be an answer if you need help with daily activities and prefer a community setting. This Program can help cover expenses for:

- Personal care services
- Medication monitoring
- [• Room and board charges]

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### Care in a nursing facility

Nursing facility care may be an answer if you need continual help with daily activities. This Program can help pay for:

- All levels of care – including skilled, intermediate and custodial care
- Private-duty nurses
- Room and board charges

*[40% of people currently receiving long term care are adults 18 to 64 years old.]*

2

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

# Basic Choices

## What are your basic choices and how should you decide?

Everyone's needs are different and, ultimately, your personal priorities must guide your choices. However, there are some rules of thumb that may help you with decision-making. As you decide, keep in mind that for many people, having some protection is better than having no protection.

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### **[[Employer/Sponsor]-paid Core Plan with buy-up options**

Recognizing the important role long term care insurance can play in helping protect your savings and your financial future, [Group Name] is paying for a base amount of coverage (the Core Plan) for eligible [employees ][and ][their spouses/[ or ] [domestic ]partners].

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### *[Employer/Sponsor-paid] Core Plan consists of:*

- *[Daily/Monthly] Benefit of \$[XX,XXX]*
- *Total Coverage Maximum of \$[XX,XXX]*
- *[Buy more coverage over time] Benefit Increase Option.]*

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The Core Plan will pay up to [50]% of the [Daily/Monthly] Benefit for Home Care, [100]% for Assisted Living care and [100]% for Nursing Home care. If you want to purchase additional coverage, there are several "buy-up options" from which to choose.]

1

### **The basic choices you need to make:**

1. Which [Daily/Monthly] [Benefit/Buy-Up option] is right for you?
2. Which Total Coverage [Maximum/Buy-Up option] is best for you?
3. Which Benefit Increase [Option/Buy-Up option] should you choose?

### **1. [Daily/Monthly] Benefit [Choices/Buy-Up Options]**

Your [Daily/Monthly] Benefit is the maximum amount your plan will reimburse each [day/month] for covered long term care expenses.

The table indicates the choices available to you with the [Group Name] Group Long Term Care Insurance Program. You will be reimbursed up to [50]% of your [Daily/Monthly] Benefit for Home Care, [100]% for Assisted Living, and [100]% for Nursing Home care.

For an idea of how much [daily/monthly] coverage you may need, the rule of thumb shows current costs for care at home, in assisted living facilities, and in nursing homes in your area.

### **2. Total Coverage Maximum [Choices/Buy-Up Options]**

This is the total amount available for the lifetime of your coverage. It is a "pool of money" that can reimburse you for covered care expenses until it is exhausted, as long as your coverage remains in effect.

Your Total Coverage choices are related to the [Daily/Monthly] Benefit you select. See the rule of thumb for a way to think about how much total coverage you may need.

*[On average, a 65-year old today will need some long term care services for three years.]*

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

**1 3** **[DAILY/MONTHLY] [BENEFIT CHOICES/BUY-UP OPTIONS] [FOR CARRIE MURRAY]**

<b>2 1</b>		HOME CARE	ASSISTED LIVING	NURSING HOME
<b>1 3</b>	YOUR [DAILY] BENEFIT [CHOICES]			
<b>1</b>	[\$XXX]/[day/month] =	[\$XXX]/[day/month]	[\$XXX]/[day/month]	[\$XXX]/[day/month]
	[\$XXX]/[day/month] =	[\$XXX]/[day/month]	[\$XXX]/[day/month]	[\$XXX]/[day/month]
	[\$XXX]/[day/month] =	[\$XXX]/[day/month]	[\$XXX]/[day/month]	[\$XXX]/[day/month]
	[\$XXX]/[day/month] =	[\$XXX]/[day/month]	[\$XXX]/[day/month]	[\$XXX]/[day/month]
	[\$XXX]/[day/month] =	[\$XXX]/[day/month]	[\$XXX]/[day/month]	[\$XXX]/[day/month]

**RULE OF THUMB**

Choose a [Daily/Monthly] Benefit that comes close to covering the cost of care[ in Metro Area, State/State]. If cost is a concern, choose a [Daily/Monthly] Benefit that comes close to covering current home care or assisted living costs in your area.

Cost for a [day/month] of care[ in Metro Area, State/State]<sup>1</sup>

Home care: \$ [XXX/XXXX]  
 Assisted living care: \$ [XXX/XXXX]  
 Nursing home care: \$ [XXX/XXXX]

**1 3** **TOTAL COVERAGE MAXIMUM [CHOICES/BUY-UP OPTIONS] [FOR CARRIE MURRAY]**

<b>2 1</b>		TOTAL COVERAGE [CHOICES]			
<b>1 3</b>	YOUR [DAILY] BENEFIT				
<b>1</b>	[\$ [XXX]/[day/month] = \$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
	[\$ [XXX]/[day/month] = \$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
	[\$ [XXX]/[day/month] = \$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
	[\$ [XXX]/[day/month] = \$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]
	[\$ [XXX]/[day/month] = \$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]	\$ [XXX,XXX]

**RULE OF THUMB**

Consider your needs, family situation, financial resources and family health history to estimate how long this coverage should last. Ideally, your Total Coverage Maximum would help provide at least [three] years of home or assisted living care in your area.

Cost for [3] years of care[ in Metro Area, State/State]<sup>1</sup>

Home care: \$ [XXX,XXX]  
 Assisted living care: \$ [XXX,XXX]  
 Nursing home care: \$ [XXX,XXX]

**3** <sup>1</sup> Genworth [YYYY] Cost of Care survey, conducted by CareScout® [mm/yy]

# Basic Choices

[To compare the costs and benefits of the Benefit Increase Options available to you go to: **[www.genworth.com/groupitc; ]** [Group ID: [XXXX]; Access Code: [XXXX]] and use the Benefit Increase comparison tool.]

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### 3. Benefit Increase Options

1 Your [Daily/Monthly] Benefit and Total Coverage Maximum may be sufficient today, but long term care expenses, like many other costs, are likely to increase in the future. Choosing a Benefit Increase Option can help ensure your coverage keeps pace with the rising costs of care.

Automatic benefit increase options can be included in your plan for an additional cost.

This Program offers Benefit Increase Options to help you protect against rising care costs:

- [Buy more coverage over time]
- [Automatic 5% Increase for Life – Compound]
- [Automatic 5% Increase for Life – Age Adjusted]
- [Automatic 3% Increase for Life – Compound]
- [Automatic 5% Increase for Life – [Equal/Simple]]
- [Automatic [5,4,3]% increases until age [70/76]]

1

#### BENEFIT INCREASE OPTIONS

#### RULES OF THUMB

##### 2 [Buy more coverage over time – [Future/Guaranteed] Purchase Option

1 Every [two/three] years, you will be offered additional coverage [– as long as you’re not in claims status]. [If you accept the offer][Unless you decline the offer], both your [Daily/Monthly] Benefit and your Total Coverage Maximum [(less any claims paid)] will increase by [3/5%], compounded annually. The premium for the increase to your coverage will be based on your age at the time of the increase.

[This option is automatically included in the cost of your plan unless you select an automatic benefit increase option.]

##### Consider this if:

- You prefer lower premiums today.
- You want some control over when your coverage will increase.

##### This may not fit if:

- You don’t want to decide every [three/two] years whether to increase your coverage.
- You don’t want a premium increase each time you increase your coverage.]

1

##### 2 [Automatic 5% Increase for Life – Compound

1 Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year. The increases in benefits will not increase your premiums.

##### Consider this if:

- You want the most comprehensive inflation protection available through this Program.
- You want your coverage to automatically increase each year without increasing your premiums.

##### This may not fit if:

- You don’t want to pay a higher initial premium than you would for other options.]

*[If long term care costs continue to increase at [the current rate of 5% per year], they will double every 15 years.]*

2

*Genworth [YYYY] Cost of Care survey, conducted by CareScout [mm/yy].]*

3

BENEFIT INCREASE OPTIONS	RULES OF THUMB
<p>2 1 [Automatic 5% Increase for Life – Age Adjusted Your [Daily/Monthly] Benefit and Total Coverage Maximum[ (less any claims paid)] will automatically increase by 5%, compounded every year up to age 66. After that, it will increase on every coverage anniversary date by 5% on a simple basis. The increases in benefits will not increase your premiums.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want your coverage to automatically increase each year without increasing your premiums.</li> <li>• You want compounding in the early years, but at a lower cost than with other compound options.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You don't want to pay a higher initial premium.]</li> </ul>
<p>2 1 [Automatic [3/4%] Increase for Life – Compound Your [Daily/Monthly] Benefit and Total Coverage Maximum[ (less any claims paid)] will automatically increase by [3/4%] compound every year. The increases in benefits will not increase your premiums.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want your coverage to automatically increase each year without increasing your premiums.</li> <li>• You want a more affordable compound option.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You don't want to pay a higher initial premium.]</li> </ul>
<p>2 1 [Automatic 5% Increase for Life – [Equal/Simple] Your [Daily/Monthly] Benefit and Total Coverage Maximum will automatically increase by 5% on a simple basis every year based on your original amounts. The increases in benefits will not increase your premiums.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want your coverage to automatically increase each year without increasing your premiums.</li> <li>• You want a more affordable automatic option.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You don't want to pay a higher initial premium.]</li> </ul>
<p>2 1 [Automatic [5/4/3]% Increase Until Age [70/76] Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase [5/4/3]% compound every year until you're age [70/76].</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want your benefits to increase each year without increasing your premiums.</li> <li>• You want a more affordable automatic option.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You're trying to minimize your premium.</li> <li>• You want your benefit to continue growing past age [70/76].]</li> </ul>
<p>2 1 [Automatic Increase for Life – Graded Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want your benefits to increase each year without increasing your premiums.</li> <li>• In the early years, you want the strength of compounding but with a lower cost than some other compound options.]</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You don't want to pay a higher initial premium.]</li> </ul>

1

# Additional Options

After you make your basic choices you may want to consider additional options to enhance your coverage for an additional cost, or options to reduce your coverage to help better fit your budget.

ADDITIONAL OPTIONS THAT CAN REDUCE PREMIUMS	RULES OF THUMB
<p><b>2</b> <b>1</b></p> <p><b>[Lower [Daily/Monthly] Benefit]</b> Choose a [Daily/Monthly] Benefit that comes close to covering less expensive home care or assisted living costs.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want to keep your premiums low.</li> <li>• You believe that some coverage is better than none.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You want the Program to reimburse more of your long term care costs.]</li> </ul>
<p><b>2</b></p> <p><b>[Lower Total Coverage Maximum]</b> Choose a Total Coverage Maximum that covers three or fewer years of home care or assisted living care costs.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want to keep your premiums low.</li> <li>• You are willing to pay for some of your care out-of-pocket.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You want the Program to reimburse more of your long term care costs.]</li> </ul>
<p><b>2</b> <b>1</b></p> <p><b>[Reduced Home Care Coverage Percentage]</b> Decrease the percentage of your [Daily/Monthly] Benefit that can be used for home care. Choose [50],[60] [or] [75]%. ]</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want to keep your premiums low and you are willing to pay for some of your care out-of-pocket.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You want the Program to reimburse more of your home care expenses.]</li> </ul>
<p><b>2</b> <b>1</b></p> <p><b>[Longer Waiting Period]</b> Choose to have your benefits begin after [you have completed] [60/90/180] days [of paid service] and your claim has been approved.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"> <li>• You want to keep your premiums low.</li> <li>• You are willing to pay some of your initial expenses out-of-pocket.</li> </ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"> <li>• You want to begin receiving benefits more quickly.]</li> </ul>
<p><b>2</b> <b>1</b></p> <p><b>[Couples Discount]</b> If you and your spouse [or partner] both apply for coverage, each of you can receive a [xx]% discount. When both you and your spouse [or partner] apply for coverage together, a premium discount may apply: [xx]% if both are eligible to apply. [40% if both are issued, 25% if both are eligible to apply and only one is issued.] Applicants must meet certain underwriting criteria to be eligible for the discount.</p>	<p>You may qualify if you and your [spouse/partner] apply at the same time. If you qualify, this discount will automatically be applied to your premium.]</p>
<p><b>2</b> <b>1</b></p> <p><b>[Preferred Health Discount]</b> If you are in good health, based on a review of your medical records, you'll receive a [x]% discount.</p>	<p>You may qualify for a discount if you are in good health. If you qualify, this discount will automatically be applied to your premium.]</p>

## ADDITIONAL OPTIONS TO ENHANCE YOUR COVERAGE

## RULES OF THUMB

2

### [Higher [Daily/Monthly] Benefit

Choose an offered [Daily/Monthly] Benefit that comes close to covering more expensive nursing home care costs.

1

#### Consider this if:

- You want to plan for the most expensive care scenarios.

#### This may not fit if:

- You think you may not be able to sustain a higher premium payment for the life of your coverage.]

2

### [Higher Total Coverage Maximum

Choose an offered Total Coverage Maximum that covers three or more years of care.

#### Consider this if:

- You want to plan for the most expensive care scenarios.

#### This may not fit if:

- You think you may not be able to sustain a higher premium payment for the life of your coverage.]

2

### [Increased Percentage of Coverage for Home Care

You may choose to [increase the percentage of your [Daily/Monthly] Benefit that can be used for home care. Choose [60%],[75%],[or][100%].

1

#### Consider this if:

- You want a higher percentage of your benefit available for home care.

#### This may not fit if:

- You want to minimize your current premium payments.]

2

### [Non-Forfeiture Benefit

If you stop making premium payments after three years, this benefit provides some coverage at a reduced amount.

#### Consider this if:

- You want to preserve some coverage if you're not able to continue paying your premiums.

#### This may not fit if:

- You want to minimize your current premium payments.]

2

### [Shorter Waiting Period

Your benefits can begin after you have one day of paid service and complete a [30][60] [calendar] day waiting period.

1

#### Consider this if:

- You want to minimize your waiting period.

#### This may not fit if:

- You want to minimize your current premium payments.]

2

### [Accelerated Premium Payments

You can pay up your coverage earlier by paying a larger premium. [This option is not available with the Buy More Coverage Over Time Benefit Increase Option.]

1

#### Consider this if:

- You have the resources and desire to pay for your coverage on an accelerated basis instead of paying over your lifetime.

#### This may not fit if:

- You want to minimize your current premium payments.]

2

### [Home Care Right Away

Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.

1

#### Consider this if:

- You want to avoid paying expenses for [home and community/home, community, and informal] care during the waiting period and don't mind paying a higher premium to get this benefit.

#### This may not fit if:

- You want to minimize your current premium.]

2

### [Transition Payment

Pays a one-time cash benefit while you're satisfying your waiting period.

#### Consider this if:

- You want help offsetting the costs of qualified services received during the waiting period.

#### This may not fit if:

- You want to minimize your current premium.]

Note: This is not a page to be printed in final book. When appropriate variables are input, text will NOT overflow to this page.

<p><b>2</b> <b>[Refund of Premium]</b> Refunds all or part of the premiums you've paid if you die.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"><li>• You worry about paying premiums for a benefit you may never receive.</li></ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"><li>• You want to minimize your current premium.]</li></ul>
<p><b>2</b> <b>[Restoration of Benefits]</b> Restores your Total Coverage Maximum if you fully recover after being on claim.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"><li>• You want the option of rebuilding your Total Coverage Maximum.</li></ul> <p>This may not fit if:</p> <ul style="list-style-type: none"><li>• You want to minimize your current premium.]</li></ul>
<p><b>2</b> <b>[[Enhanced ]Survivorship]</b> <b>1</b> For insured couples, waives premium for the surviving spouse[ or partner] if one of you dies after the [7/10-year] qualifying period[ and no benefits have been paid].</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"><li>• You want to make sure your spouse[ or partner] doesn't have to pay premiums after you die. Coverage for both you and your spouse[ or partner] must include a similar survivorship benefit with the same qualifying period.</li></ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"><li>• You want to minimize your current premium.]</li></ul>
<p><b>2</b> <b>[Shared Coverage]</b> <b>1</b> Allows you and your spouse[ or partner] to draw from each other's Total Coverage Maximum.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"><li>• Both you and your spouse[ or partner] are buying the same coverage and want a larger pool of money for either one of you to use.</li></ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"><li>• You want to minimize your current premium.]</li></ul>
<p><b>2</b> <b>[Shared Coverage with Joint Waiver]</b> <b>1</b> Allows you and your spouse[ or partner] to draw from each other's Total Coverage Maximum and waives premiums.</p>	<p><b>Consider this if:</b></p> <ul style="list-style-type: none"><li>• Both you and your spouse[ or partner] are buying the same coverage and want a larger pool of money for either one of you to use. If one of you goes on claim, no premiums will be due for either of you.</li></ul> <p><b>This may not fit if:</b></p> <ul style="list-style-type: none"><li>• You want to minimize your current premium.]</li></ul>

# Plan Features

## FEATURES INCLUDED IN THE PROGRAM – AT NO ADDITIONAL COST TO YOU

	<b>Care Coordination</b>	Helps you identify care needs and community resources once you are chronically ill.	
	<b>Free Look</b>	Allows you to return your certificate within [30] days if you're not 100% satisfied.	1
	<b>Home Assistance</b>	Reimburses qualified expenses to help you stay in your home – [up to [90] x your Daily Benefit/[3X] your Monthly Benefit].	1
	<b>Alternate Care</b>	Covers some care situations that might otherwise not be covered by another benefit.	
	<b>Waiver of Premium</b>	Your premiums will be waived as long as you are receiving benefits.	
	<b>Hospice Care</b>	Reimburses qualified expenses for hospice care received at home or in a facility.	
	<b>Respite Care</b>	Reimburses qualified expenses for home or facility care up to [30] days per year to provide the unpaid primary caregiver a rest.	1
	<b>Bed Reservation</b>	Reimburses qualified expenses incurred to reserve your place in a facility from which you're temporarily absent for up to [60] days per year.	1
2	<b>[Informal Care]</b>	Reimburses qualified expenses for unpaid caregivers, including family members, who come to your home to provide long term care services.]	
2	<b>[Home Care Right Away]</b>	Allows you to receive [home and community/home, community, and informal] care benefits with no waiting period.]	1
2	<b>[Transition Benefit]</b>	Pays a one-time cash benefit while you are satisfying your waiting period.]	
2	<b>[[Return/Refund] of Premium at Death]</b>	Refunds all or part of the premiums you've paid if you die.]	
2	<b>[Non-Forfeiture Benefit]</b>	Lets you keep some coverage, at a reduced amount, if you stop paying premiums.]	
2	<b>[Restoration of Benefits]</b>	Restores your Total Coverage Maximum if you fully recover after being on claim.]	
2	<b>[[Enhanced] Survivorship]</b>	For insured couples, waives premium for the surviving spouse[ or partner] if one of you dies after the [7/10 year] qualifying period[ and no benefits have been paid].]	1
2	<b>[Shared Coverage [with Joint Waiver]]</b>	Allows you and your spouse[ or partner] to draw from each other's Total Coverage Maximum [and waives premiums].]	
	<b>Contingent Non-Forfeiture</b>	Allows you to keep some coverage if premium rates must increase.	
2	<b>[International Coverage]</b>	If you think you may retire outside the United States, you'll also be covered for[ qualified] nursing home care you receive in other countries. Your covered expenses will be reimbursed up to 75% of your [Daily/Monthly] Benefit for up to 4 years.]	1 1

# Plan Costs

## MONTHLY PREMIUMS FOR SELECT PLAN DESIGNS

While you consider your choices, use the following information to help determine which combinations best fit your budget. This table shows monthly premiums for selected basic choices. Premiums shown are not guaranteed and are based on [age] [XX][ your current age][ as of [date]]. Actual plan costs will be based on your age and the plan design you select.

1 [MONTHLY] BENEFIT CHOICES	2 TOTAL COVERAGE CHOICES	3 BENEFIT INCREASE CHOICES	1 [YOUR/EMPLOYEE] MONTHLY COST[*]	1 2 [OTHERS**] MONTHLY COST	
1 \$[100]	\$[109,500]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	
	\$[185,500]	\$[185,500]	[Buy more coverage over time]	[\$000.00]	[\$000.00]
			[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]
	\$[365,000]	\$[365,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]
			[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]
\$[200]	\$[219,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	
	\$[365,000]	\$[365,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]
			[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]
\$[730,000]	\$[730,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	
\$[300]	\$[328,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	
	\$[547,000]	\$[547,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]
			[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]
\$[1,095,000]	\$[1,095,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	
\$[400]	\$[438,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	
	\$[730,000]	\$[730,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]
			[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]
			[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]
\$[1,460,000]	\$[1,460,000]	[Buy more coverage over time]	[\$000.00]	[\$000.00]	
		[Automatic [5]% for Life – Compound]	[\$000.00]	[\$000.00]	
		[Automatic 5% Increase for Life – Age Adjusted]	[\$000.00]	[\$000.00]	

3

1

3

2

The [Group Name] Program [may.] offer[s] additional options. To find their cost, [go to [www.genworth.com/groupitc](http://www.genworth.com/groupitc)] [using Group ID: [XXXX] and [Access Code: [XXXX]] or] [C/c]all [888 888.8888].]

2 1

[\* Your monthly cost has been reduced to reflect [Group Name]’s contribution.]  
 [\*\* Others include eligible [retirees,] spouses [and other family members]]

# More to Know...

## How do you qualify for benefits?

### Qualifying for benefits

To be eligible for benefits you must:

- Need help with at least two “activities of daily living” and will likely need it for at least 90 days,  
OR
- Be diagnosed with a cognitive impairment that requires supervision.  
AND
- A medically licensed healthcare professional must confirm your condition.

### Waiting Period

- 1** If you are eligible for benefits, a [60/90]-day elimination period for care in a Nursing Home or Assisted Living Facility must be met. The elimination period begins on the first day you receive covered long term care services. If you continue to qualify, you will receive benefits for the covered long term care services after [60/90] **1** [calendar/covered-service days.] You will only need to satisfy the elimination period once in your lifetime [and your covered-service days do not need to be consecutive]. [There is no elimination **1** period for formal [or informal] care received at home.]

### Filing a claim

Claims professionals can help you understand the benefits available to you, and how to access them. You’ll receive a toll-free number to contact Genworth’s Claims Services. After speaking with a Genworth Intake professional, you’ll be contacted by a member of the care coordination team. The claim process may include a face to face meeting and needs assessment. The Genworth care coordination team can help in developing your plan of care and provide information concerning available long term care resources in your area.

## What else should you consider?

### Your State Long Term Care Partnership Program

Your state may recognize this coverage as qualified long term care insurance under a Long Term Care Partnership Program. If your coverage qualifies for Partnership and you apply for Medicaid, such coverage may enable you to keep some of your assets and still qualify for Medicaid. [For every dollar of Partnership qualified insurance benefits you receive under this Program, you’ll be able to keep an equal amount of your assets] For more information concerning your State’s Partnership Program, see “Important Information Regarding LTCI Partnership”, in *Applications* in the Information Kit. **2 1**

### Tax-Qualified Plan

Coverage under the Group Program is intended to be qualified long term care insurance under federal tax law (IRC 7702B). Please consult your tax advisor concerning the impact of tax qualified coverage.

### Guaranteed Renewability

Insurance is subject to underwriting approval. Once you’re insured, as long as your premiums are paid on time and your benefits have not been exhausted, your coverage is guaranteed renewable and cannot be cancelled by Genworth Life Insurance Company. While Genworth Life reserves the right to raise future premiums by group and class, your premiums will never increase individually due to changes in your health status or your age.

## Benefit Eligibility, Limitations and Exclusions

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To understand the benefits and features available to you under this Program [go to [www.genworth.com/group]tc] [(Group ID [XXXX] and Access code [XXXX])] [or] call [888.888.8888]. A brief summary of the limitations and exclusions that may apply appears below.

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You may qualify for reimbursement when you need assistance with 2 or more everyday activities which are bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a severe cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

12

**Limitations and Exclusions:** As with any insurance program, certain limitations apply. Charges that are not covered include those for services: [•for which no charge is made ][•received outside of the United States ][•provided by your immediate family [except as covered under the Informal Care benefit ]][•for which benefits are payable by a Worker's Compensation or occupational disease act or law ][•provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [•war or an act of war ][•attempted suicide or self-inflicted injury ][•your participation in a felony, riot or insurrection ][•service in the armed forces or units auxiliary thereto ][•alcoholism or drug addiction].

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

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**Other Limitations on Benefits:** Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another insurance program such as: •Medicare [•any state or federal worker's compensation, employer's liability, or occupational disease law ][•any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid].

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This is a summary of the limitations and exclusions. State variations may apply. The specific language may vary or change the impact of the exclusion. For **example, in Oklahoma, the war exclusion is qualified.** Check your Outline of Coverage for complete details and any state variations that apply.

# The Next Steps

## What should you do next?

1

Now is the time to find answers to any remaining questions and apply for coverage under [Group Name's] Long Term Care Insurance Program.

2 1

### **[Go to: [www.genworth.com/groupltc](http://www.genworth.com/groupltc)]**

Use Group ID: [XXXXXX] and  
Access Code: [XXXXXX].

This website has the information to answer your questions about the Program [and to enroll online today.] ]

2

2

[OR]

1

### **Call [888.888.8888]**

Use this toll-free customer service line to speak to an expert on this Program who can answer your questions.

OR

### **Apply now using the application in this kit.**

The *Applications* section in the Information Kit contains easy to follow instructions for completing and submitting a written application.

*[Most people would prefer to receive long term care  
in their own home if possible.]* **2**

*[Over 70]% of our long term care  
insurance claims start with home care  
and [over 80]% continue with home care  
until the claim ends.*

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

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This material contains information about long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. The plan options and premium costs shown are subject to the terms and conditions of the Group Policy and may change in the future. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

1

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX] issued to [Group Name], on policy form series [7046, 7050 or 7053]. Form numbers can vary by state, including a state specific variation.

This is only a summary of coverage. The terms and provisions of the Group Policy will prevail.

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**1** [Genworth Logo/  
Group Logo]

# Help protect your future from life's uncertainties

## GROUP LONG TERM CARE INSURANCE PROGRAM Underwritten by Genworth Life Insurance Company



### Your Group Long Term Care Insurance Program

[Group Name] [Voluntary] benefits [now] include Group Long Term Care Insurance for [newly hired/active/retired] [Group Name] [employees]. Under [the [Group Name]/this Voluntary] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. **1**

### The need

Long term care insurance enhances [Group Name's] benefit offerings by meeting a largely unrecognized need many of us may have. It pays for covered expenses for long term care services whether they are received at home, in the community or in a nursing facility. Here are a few points to consider: **1**

- These expenses aren't covered by either [our] disability or health insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of savings.

### The cost

**1** Today, a private room in [Metro Area, State/State] nursing facilities averages **3**  
**2** \$[XX,XXX]<sup>1</sup> a year [and costs are rising]. Since a typical stay can average three years<sup>2</sup>,  
a long term care situation could cost almost \$[xxxxxx]. **3**

### The opportunity

As [a/an] [newly hired/active/retired] [Group Name] [employee], you [and your spouse/  
eligible family member] have the opportunity to get [additional] coverage, with [no  
underwriting] [or] [streamlined underwriting] [depending on your age and the plan  
you choose], during the first [XX] days [[after your [XX]-day waiting period]/[of your  
[employment/membership/retirement]]]. **1**

**2** *Two-thirds of us  
will likely need  
some kind of  
long term care  
as we get older.<sup>3</sup>*

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/2011]. **3**

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]

<sup>3</sup> National Clearinghouse For Long Term Care Information, "Own Your Future" website, U.S. Department of Health and Human Services, Last Updated October 22, 2008. **2**

## What are your basic choices?

### Step 1: Choose a [Daily] Benefit

This is the maximum amount you'll be reimbursed each [day] for covered long term care expenses. You have the following choices.

1 [Daily] Benefit Choices	Will Reimburse Up to This Amount For Covered:			1
	Home Care	Assisted Living Care	Nursing Facility Care	
[\$100/[day]]	[\$50/[day]]	[\$100/[day]]	[\$100/[day]]	1
[\$200/[day]]	[\$100/[day]]	[\$200/[day]]	[\$200/[day]]	
[\$300/[day]]	[\$150/[day]]	[\$300/[day]]	[\$300/[day]]	
1 [Metro Area, State/State] cost of care <sup>4</sup>	[\$106/[day]]	[\$103/[day]]	[\$190/[day]]	3

<sup>4</sup> Genworth [2012] Cost of Care Survey, conducted by CareScout, [04/2012].

### Step 2: Select Your Total Coverage Amount

This is the total amount of money available to pay covered long term care expenses for the lifetime of your coverage. You have Total Coverage choices available, depending on the [Daily/Monthly] Benefit you chose.

1 [Daily] Benefit Choices	Total Coverage Choices			1
[\$100/[day]]	[\$109,500]	[\$182,500]	[\$365,000]	
[\$200/[day]]	[\$219,000]	[\$365,000]	[\$730,000]	1
[\$300/[day]]	[\$328,000]	[\$547,000]	[\$1,095,000]	

*[For more information  
or to enroll:]*

2 1

**[Go to:  
www.genworth.com/  
groupltc.]**

2 1

Use Group ID: [XXXX]  
and Access Code: [XXXX]

**[or] [C/c]all:  
[XXX XXX.XXXX]**

2 1

To speak with a Program expert [or to order an information kit].

2 1

[(available [month/day/  
year])]

**Step 3: Choose a Benefit Increase Option**

This program offers [3] Benefit Increase Options to help you protect against the rising cost of care:

2 1

**[Buy More Coverage Over Time]**

1

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

**[Automatic 3% Increase for Life - Compound]**

1

Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 3% compound every year.]

**[Automatic 5% Increase for Life - Compound]**

1

Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year.]

**A simple solution can fit your needs and budget**

It's easy to apply for coverage – and it may be more affordable than you think. You can tailor a plan to meet your individual needs and your budget.

[Call the toll-free number and speak with a Program Expert [or go to the dedicated website] to get a personalized quote.]

2

2 1 [With the [new] [Group Name] Group Long Term Care Insurance Program, a [45] year old can purchase comprehensive coverage starting at \$[XX.XX] per month.<sup>5</sup>

3

2 **A sampling of [additional] available plans for a [45] year old.**

3

[Daily/Monthly] Benefit	\$[100]	\$[200]	\$[300]
Total Coverage	\$ [109,500]	\$[219,000]	\$[328,500]
Monthly Premium	\$[XX]	\$[YY]	\$[ZZ]

1

<sup>5</sup> Assumes the ["Buy more coverage over time" benefit increase option] [and does not include the optional non-forfeiture benefit]. These premiums are not guaranteed, and the insurer has the right to change rates in the future. While Genworth Life Insurance Company reserves the right to change future premiums for the Group Policy, your premiums will never increase solely due to changes in your age or your health status.

2 1

Details about benefits, costs, limitations and exclusions can be found in the outline of coverage.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

1

## Benefit Eligibility, Limitations and Exclusions

To understand the benefits and features available to you under this Program [go to [www.genworth.com/grouplrc](http://www.genworth.com/grouplrc) (Group ID [XXXX] and Access code [XXXX]) [or] call [888.888.8888]. The limitations and exclusions that apply to this coverage are listed below.

2 1

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

**Limitations and Exclusions:** As with any insurance program, certain limitations apply. Charges that are not covered include those for services: [• for which no charge is made ][• received outside of the United States ][• provided by your immediate family [except as covered under the Informal Care benefit ]][• for which benefits are payable by a Worker's Compensation or occupational disease act or law ][• provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [• war or an act of war ][• attempted suicide or self-inflicted injury ][• your participation in a felony, riot or insurrection ][• service in the armed forces or units auxiliary thereto ][• alcoholism or drug addiction].

2 1

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

2 1

**Other Limitations on Benefits:** Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another insurance program such as: • Medicare [• any state or federal worker's compensation, employer's liability, or occupational disease law ] [• any other federal, state or government health care or long term care program] (including the Community Living Assistance Services and Supports Act - CLASS Act), or law except Medicaid].

2 1

This is a summary of the limitations and exclusions. State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the war exclusion is qualified. Check your Outline of Coverage for complete details and any state variations that apply.

1

[Genworth Logo/  
Group Logo]

# Help protect your future from life's uncertainties

## GROUP LONG TERM CARE INSURANCE PROGRAM Underwritten by Genworth Life Insurance Company



### Your long term care insurance benefit

As [a/an] [newly hired/active/retired] [Group Name] [employee], [Group Name] is providing a generous benefit... employer-paid group long term care insurance.

1

Long term care insurance enhances [Group Name's] benefit offerings by meeting a largely unrecognized need many of us may have. It pays for covered expenses for long term care services whether they are received at home, in the community or in a nursing facility. Here are a few points to consider:

1

- These expenses aren't covered by either [our] disability or health insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of savings.

1 Today, a private room in [Metro Area, State/State] nursing facilities averages \$[XX,XXX] a year [and costs are rising]. Since a typical stay can average three years<sup>2</sup>, a long term care situation could cost almost \$[xxxxxx].

3

3

Your core coverage, paid for by [Group Name] as long as you are an [employee], consists of:

1

- Up to \$[75] per [day/month] for your [Daily/Monthly] benefit (100% of which may be used for facility care, [50]% for homecare).
- A total coverage amount of \$[XX,XXX].
- [Buy more coverage over time] benefit increase option.

1

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1 2

### An opportunity to increase your coverage

Your core plan is designed to provide basic protection. But under the [Group Name] Program, you [and your spouse] have the opportunity to get additional coverage, with [no underwriting] [or] [streamlined underwriting] [depending on your age and the plan you choose], during the first [XX] days [[after your [XX]-day waiting period]/[of your [employment/membership/retirement]]. [Group Name] will apply the same contribution they would have paid for your core plan to reduce your buy up premiums.

1

*Two thirds of us will likely need some kind of long term care as we get older.<sup>3</sup>*

2

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/2011].

3

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> National Clearinghouse for Long-Term Care Information, "Own Your Future" website, U.S. Department of Health and Human Services, last updated October 22, 2008.

2

## What are your basic choices?

### Step 1: Choose a Buy Up [Daily/Monthly] Benefit

If you want to add to your coverage, you have the following choices.

Will Reimburse Up to This Amount For Covered Care:			
[Daily] Benefit Choices	Home Care	Assisted Living Care	Nursing Facility Care
[\$100/[day]]	[\$50/[day]]	[\$100/[day]]	[\$100/[day]]
[\$200/[day]]	[\$100/[day]]	[\$200/[day]]	[\$200/[day]]
[\$300/[day]]	[\$150/[day]]	[\$300/[day]]	[\$300/[day]]
<sup>1</sup> [Metro Area, State/State] cost of care <sup>4</sup>	[\$106/[day]]	[\$103/[day]]	[\$190/[day]]

<sup>3</sup> <sup>4</sup>Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/2011].

### Step 2: Choose a Buy Up Total Coverage Amount

You have Total Coverage choices available, depending on the [Daily/Monthly] Benefit you chose.

[Daily] Benefit Choices	Total Coverage Choices		
[\$100/[day]]	[\$109,500]	[\$182,500]	[\$365,000]
[\$200/[day]]	[\$219,000]	[\$365,000]	[\$730,000]
[\$300/[day]]	[\$328,000]	[\$547,000]	[\$1,095,000]

*[For more information or to enroll]*

2 1

[Go to: [www.genworth.com/groupitc](http://www.genworth.com/groupitc).]

2 1

[Use Group ID: [XXXX] and Access Code: [XXXX]]

[or] [C/c]all: [XXX XXX.XXXX]

2 1

To speak with a Program expert[ or to order an information kit[ (available [month/day/year]).]

2 1

### Step 3: Select a Buy Up Benefit Increase Option

This program offers [3] additional Benefit Increase Options to help you protect against the rising cost of care:

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

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

[Automatic 5% Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year.]

### A simple solution can fit your needs and budget

It’s easy to apply for coverage – and it may be more affordable than you think. You can tailor a plan to meet your individual needs and your budget.

[Call the toll-free number and speak with a Program Expert [or go to the dedicated website] to get a personalized quote.]

[With the [new] [Group Name] Group Long Term Care Insurance Program, a [45] year old can purchase comprehensive coverage starting at \$[XX.XX] per month.]<sup>5</sup>

### A sampling of [additional] available plans for a [45] year old.

[Daily/Monthly] Benefit	[\$100]	[\$200]	[\$300]
Total Coverage	[\$109,500]	[\$219,000]	[\$328,500]
Monthly Premium	[\$XX]	[\$YY]	[\$ZZ]

<sup>5</sup> Assumes the ["Buy more coverage over time" benefit increase option] [and does not include the optional non-forfeiture benefit]. ] These premiums are not guaranteed, and the insurer has the right to change rates in the future. While Genworth Life Insurance Company reserves the right to change future premiums for the Group Policy, your premiums will never increase solely due to changes in your age or your health status.

Details about benefits, costs, limitations and exclusions can be found in the outline of coverage.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy Number [XXXXX] issued to [Group Name], on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

## Benefit Eligibility, Limitations and Exclusions

To understand the benefits and features available to you under this Program [go to [www.genworth.com/group]tc] [(Group ID [XXXX] and Access code [XXXX])] [or] call [888.888.8888]. A brief summary of the limitations and exclusions that may apply appears below.

2 1

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

**Limitations and Exclusions:** As with any insurance program, certain limitations apply. Charges that are not covered include those for services: [• for which no charge is made ] [• received outside of the United States ] [• provided by your immediate family [except as covered under the Informal Care benefit ] ] [• for which benefits are payable by a Worker's Compensation or occupational disease act or law ] [• provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [• war or an act of war ] [• attempted suicide or self-inflicted injury ] [• your participation in a felony, riot or insurrection ] [• service in the armed forces or units auxiliary thereto ] [• alcoholism or drug addiction].

2 1

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

2 1

**Other Limitations on Benefits:** Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another insurance program such as: • Medicare [• any state or federal worker's compensation, employer's liability, or occupational disease law ] [• any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid].

2 1

This is a summary of the limitations and exclusions. State variations may apply. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the war exclusion is qualified. Check your Outline of Coverage for complete details and any state variations that apply.

[Genworth Logo/  
Group Logo]

# Is this Program right for you?

GROUP LONG TERM CARE INSURANCE PROGRAM  
Underwritten by Genworth Life Insurance Company





# Plan today

*A few minutes now could make a big difference in your financial future.*

You made a good decision when you chose to find out more about your group long term care insurance program. But with all your other priorities, enrolling today may not be at the top of your list. It may seem easier to simply wait and make the decision later.

On the other hand, if you take a few minutes now to answer the following questions, they may help you decide whether long term care insurance is right for you. And that could make all the difference in helping to protect your financial security in the future.

	Y E S	N O
1. Are you concerned that your retirement savings could be impacted by the expense of long term care?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is it important for you not to be a burden on family and friends?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you worried about whether government programs will be able to pay for the care you may need?	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you feel confident if you could protect your savings and other assets from the unexpected?	<input type="checkbox"/>	<input type="checkbox"/>

*If you answered “yes” to two or more of these questions, long term care insurance may be right for you. Read on to find out more.*

# Protect your future

## *Do you have a realistic plan for your future?*

Many of us are concerned about our future financial security. The costs for long term care services continue to increase, whether it's for home care, assisted living or nursing home care.<sup>1</sup> Beyond paying for these services out of your savings, what are your other choices?

### **Can you rely on family or friends?**

Family and friends are very important ... too important for you to risk becoming an emotional or financial burden on them. The idea of them spending too much time and energy away from their lives to take care of you may not be one you want to consider. And they may not be in a financial position to help pay for others to provide those services. So relying on family and friends to provide all or even the majority of your care may not be desirable.

### **Can you count on government programs and other insurance?**

Many people think Medicare and Medicaid will be there to help them, but that's not necessarily true. Medicare generally covers only skilled nursing home care after a hospital stay of at least three days, and its coverage for other long term care services is very limited. And if you want Medicaid to cover your long term care expenses, you'll most likely have to spend down your savings in order to qualify. So the savings you've worked so hard to build up may have to be depleted — not quite what you had in mind.

You might also assume that long term care expenses are covered by other types of insurance, such as disability or health insurance, but they aren't. Disability insurance replaces lost income when you can't work. Health insurance covers hospital stays, prescription drugs and doctors' visits. Neither will cover the costs of long term care services.

### **Include long term care insurance in your financial plan.**

For many people, particularly those who consider themselves planners, long term care insurance can be one of the answers. It helps cover the cost of care you might need as the result of an accident or illness that leaves you unable to handle the activities of daily living. It's coverage that is designed so you or your family won't have to jeopardize the savings you've earmarked for other things. But you may still have some questions about this Program and whether now is the right time for you.

<sup>1</sup> Genworth [YYYY] Cost of Care survey, conducted by CareScout [mm/yy]



## *Is this Program right for you?*

Only you can decide. By choosing to enroll in this Program, you can be confident that you have created a good path to strengthen your future financial security.

### **Affordable, quality coverage**

You may have heard that long term care insurance is expensive. But take a look at your premiums. Quality coverage under this Group Program may cost much less than you thought. This Program gives you choices. A range of coverage levels is available that can be tailored to where you live, what you can afford and how much protection you want.

### **Control of your financial plan**

Enrolling in this Program can help you close the potential gap in your financial plan. You can relax in the knowledge that you have done what you can to avoid becoming a burden to your family or friends.

And enrolling will enable you to check this off of your “to do” list and move confidently on to other things you enjoy.

### **A trusted provider**

Genworth Life Insurance Company (Genworth Life) is a provider you can count on. Genworth Life has been an industry leader for more than [35] years, [and is the fastest growing provider of Group LTC Insurance.<sup>2</sup>]

It’s that kind of experience and stability that led [your employer/group name] to choose Genworth Life as your long term care insurance provider. [More importantly, [Group Name] has chosen Genworth Life because they believe it’s the best choice for you.]

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[<sup>2</sup> LIMRA’s [2010] Total Long-Term Care Insurance Market Report]

# The time is now

*A few minutes today can make all the difference for you and your family tomorrow.*

You may think you are still too young to enroll, but actually, the younger you are when you enroll, the lower your premiums will be. <sup>2</sup> Also consider the following: 40% of long term care in this country is provided to working age people aged 18-64.<sup>[2] [3]</sup>

People often think they can put off the decision to buy long term care insurance until they are older. But considering coverage earlier has advantages:

- You'll never be younger than you are right now, so premiums for this Program may never be lower.
- If you wait, not only will you pay higher premiums, but you may run the risk that a future health condition might keep you from qualifying.

- This may be your only chance to sign up for a Program like this with group rates.[.] and [no medical/streamlined] underwriting for eligible [employees][ and their spouses [ / [domestic] ]partners].]

<sup>2</sup> [ <sup>[2] [3]</sup> U.S. Department of Health and Human Services; National Clearinghouse for Long-Term Care Information, Updated October 22, 2008. ]

The chart below shows monthly premiums and total premiums paid to age 80 for a person aged [45] under the [Group Name] Program.

	Monthly premium*	Total paid by age 80
Enroll today	\$(XXXX)	\$(XXXX)
Wait [5] years	\$(XXXX)	\$(XXXX)
Wait [10] years	\$(XXXX)	\$(XXXX)
Wait [20] years	\$(XXXX)	\$(XXXX)

\* Assumes a \$[XXX] [Daily/Monthly] Benefit, \$[XXXX] Total Coverage, [100%] of the [Daily/Monthly] Benefit available for Assisted Living care, [75%] of the [Daily/Monthly] Benefit available for home care, [XXX] day waiting period; and [Buy More Coverage Over Time] benefit increase option. Premiums shown assume that [each/no] benefit increase option[s] [has been taken] [and that premiums for such purchases are taken from current rate tables for older ages]. [Premium rates shown do not include the [employer] contribution.]

These premiums are not guaranteed, and the insurer has the right to change rates in the future.

**There will never be a better time to enroll than now.**

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

This brochure contains information about long term care and long term care insurance. It is part of the announcement of a Group Long Term Care Insurance Program now available to you. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series[7046, 7050 or 7053] underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

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Genworth Life Insurance Company is a Genworth Financial company. Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc.

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[Group Logo/  
Genworth Logo]

Exclusively for [employees] of 1  
[Group Name]

**GROUP LONG TERM CARE INSURANCE PROGRAM**  
Underwritten by Genworth Life Insurance Company



# Introducing [Group Name] Group Long Term Care Insurance Program

**[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]**

Great news for eligible [Group Name] [employees]] and their families]]! We are offering an exciting Group Long Term Care Insurance Program from Genworth Life Insurance Company.

Many people need long term care and many more are caregivers to those who need it. Long term care insurance can help relieve the stress related to caregiving as well as the cost of long term care. [With this Program, there is [no medical underwriting] [or], [streamlined underwriting], [depending on your age and the plan you choose] if you apply during this enrollment period.\*][ The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]

[Go to: [www.genworth.com/groupltc]

[Group ID: [XXXXX] Access Code: [XXXX]]

• Get the facts fast • Get a quote • [Enroll online]]

[or] [Call [888 888.8888] to speak with an expert on the Group Program.]

[\* Applies to eligible [employees] of [Group Name] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

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[ Group Name Logo ]

# Hurry, there's still time...<sup>1</sup>

ENROLLMENT PERIOD EXTENDED TO [MONTH XX, XXXX]<sup>1</sup>  
Underwritten by Genworth Life Insurance Company



# There's still time to enroll in the [Group Name] Group Long Term Care Insurance Program.

## ENROLLMENT PERIOD EXTENDED TO: [MONTH XX, XXXX]

Long term care insurance can help provide you with greater certainty in an otherwise uncertain world. Without it, the money to pay for long term care may have to come out of your savings or income.

### [No medical underwriting] [or] [Streamlined underwriting]

[With this Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose,] if you apply during this enrollment period.]\*

It's easy to take the next step!

[Go to: [www.genworth.com/grouplctc]

[Use Group ID: [XXXX] and Access Code: [XXXX]]

- Get the facts fast
- Get a quote
- [• Enroll online]]

[or] [Call [888 888.8888] to speak with an expert on the Group Program.]

\*Applies to eligible [full-time/ or part-time] [actively-at-work employees] [members in good standing] [retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXXX] issued to [Group Name] on policy form series [7046, 7050 or 7053] underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

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[Genworth Logo/  
Group Logo]

Now Available:

Valuable Benefit for

[Group Name] [Employees]

1

**GROUP LONG TERM CARE INSURANCE PROGRAM**

Underwritten by Genworth Life Insurance Company



**GROUP LONG TERM CARE INSURANCE**

Help protect yourself and your family from the high cost of long term care.

This comprehensive group long term care insurance, available to you [and your eligible family members], can help:

1

- Protect your savings and assets when you retire
- Stay in your home to receive care as long as possible
- Relieve the burden of future care from loved ones

An accident or illness can happen at any time. Are you prepared to pay as much as [\$42,000] a year for care in your home or [\$74,000] a year for care in a facility?<sup>1</sup>

3

**ADVANTAGES OF GROUP COVERAGE:**

With the [Group Name] Group Long Term Care Insurance Program, you [and your eligible family members] may receive lower premiums and enjoy an easier approval process than with an individual plan. [And, your group coverage can move with you if you should [change jobs[, retire] or ]leave [the [group]/Group Name]].

1

2

1

[We've made it easy for you — simply visit us online at [www.genworth.com/groupltc]. [Enter Group ID [XXXXX] and Access Code [XXXXX]] or call [800 416.3624].

2

1

<sup>1</sup> Based on rates for a non-Medicaid certified, licensed Home Health Aide ([40] hours per week) and private nursing home room. Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

3

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series [7046, 7050 or 7053], underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

1

1 [ Genworth Logo  
/Group Name Logo]

# What are your [premiums]? 1/3

---

GROUP LONG TERM CARE INSURANCE PROGRAM  
Underwritten by Genworth Life Insurance Company

[Inside Front Cover]

1/3

# [Premiums]

1

## [Monthly] Premiums for the [Group Name/Voluntary] Group Long Term Care Insurance Program

2/1

[[Group name] is paying for a basic level of long term care insurance coverage for eligible [employees][and] [their [spouses/(or)[domestic] partners].

1

**[Group Name] Coverage consists of:**

- A [Daily/Monthly] benefit of [\$XXX/XXXX]
- A Total Coverage Amount of [\$XXX,XXX]
- The [Buy more coverage over time] benefit increase option

1

The premium [group name] pays for core coverage is applied to reduce the premiums for the buy-up options selected.)

2

Use the following tables to find your premiums for basic [and selected additional ] choices under the [Group Name] Program.

1

- 1 Locate the table showing your preferred [Monthly/Daily] Benefit.
- 2 Find the columns showing the Total Coverage Amount and Benefit Increase Option you want.
- 3 Find your age and the premium for your choices.

2/1

[Couples Discount

You and your spouse[ or partner] may be eligible for a premium discount if you both apply. When both you and your spouse[ or partner] apply for coverage together, a premium discount may apply: [[x]% if both are eligible for the discount.] [40% if both are issued, 25% if both are eligible and only one is issued.]]

2/1

[Preferred Health Discount

You may qualify for a discount if you are in good health.]

2/1

- Go to: [[www.genworth.com/groupltc](http://www.genworth.com/groupltc)]  
[Use Group ID: [XXXXXX] and Access Code: [XXXXXX]]

OR ]

1

If you have questions or need help:

- Call [1 XXX XXX.XXXX]

# 1 [Monthly] [Employee][Premiums] for [Group Name] Group Long Term Care Insurance Program

BASIC CHOICES

## 1 \$[3,000] [Daily/Monthly] Benefit

1 Includes: [90 Day [calendar/service]] Waiting Period; [[75%] of [Monthly] Benefit for Assisted Living Facility;] [75%] of [Monthly] Benefit available for home care

## 1 2

Total Coverage Choice		[\$[x,xxxx,xxx]]			[\$[x,xxxx,xxx]]			[\$[x,xxxx,xxx]]		
Benefit Increase Options		[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]
Age										
3	25	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	30	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	31	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	32	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	33	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	34	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	35	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	36	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	37	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	38	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	39	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	40	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	41	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	42	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	43	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	44	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	45	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	46	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	47	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	48	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	49	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	50	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	51	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	52	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	53	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	54	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	55	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	56	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	57	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	58	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	59	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	60	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	61	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	62	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	63	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	64	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	65	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	66	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	67	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	68	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	69	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	70	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	71	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	72	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	73	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	74	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	75	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	76	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	77	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	78	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
	79	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

# 1 [Monthly] [Employee][Premiums] for [Group Name] Group Long Term Care Insurance Program

BASIC CHOICES

## 1 1 \$[4,500] [Daily/Monthly] Benefit

Includes: [90 Day [calendar/service]] Waiting Period; [[75%] of [Monthly] Benefit for Assisted Living Facility;] [75%] of [Monthly] Benefit available for home care

## 1 2

### Total Coverage Choice

\$[x,xxxx,xxx]

\$[x,xxxx,xxx]

\$[x,xxxx,xxx]

### Benefit Increase Options

3

Age	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]
25	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
30	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
31	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
32	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
33	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
34	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
35	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
36	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
37	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
38	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
39	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
40	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
41	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
42	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
43	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
44	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
45	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
46	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
47	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
48	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
49	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
50	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
51	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
52	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
53	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
54	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
55	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
56	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
57	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
58	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
59	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
60	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
61	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
62	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
63	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
64	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
65	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
66	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
67	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
68	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
69	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
70	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
71	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
72	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
73	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
74	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
75	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
76	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
77	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
78	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
79	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

# 1 [Monthly] [Employee][Premiums] for [Group Name] Group Long Term Care Insurance Program

BASIC CHOICES

## 1 1 \$[6,000] [Daily/Monthly] Benefit

Includes: [90 Day [calendar/service]] Waiting Period; [[75%] of [Monthly] Benefit for Assisted Living Facility;] [75%] of [Monthly] Benefit available for home care

## 1 2

### Total Coverage Choice

**[\$[x,xxxx,xxx]]**

**[\$[x,xxxx,xxx]]**

**[\$[x,xxxx,xxx]]**

### Benefit Increase Options

3

Age	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]	[Buy more coverage (FPO)]	[Auto 5% for Life Comp]	[Auto 3% for Life Comp]
25	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
30	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
31	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
32	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
33	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
34	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
35	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
36	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
37	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
38	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
39	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
40	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
41	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
42	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
43	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
44	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
45	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
46	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
47	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
48	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
49	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
50	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
51	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
52	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
53	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
54	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
55	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
56	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
57	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
58	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
59	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
60	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
61	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
62	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
63	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
64	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
65	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
66	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
67	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
68	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
69	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
70	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
71	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
72	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
73	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
74	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
75	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
76	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
77	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
78	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]
79	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

NOTE: Space allocated for  
additional rates/explanations

2/1

[In addition, to fit your budget and retirement plans, all plans offer flexible payment options. You can pay your premiums monthly through electronic funds transfer (EFT), or quarterly, semi-annually, or annually. To determine the premium for modes other than [monthly], multiply the premium shown for your chosen plan in the [Premium] Tables by

1

1

[X.XXX] for Annual [Premiums]  
[X.XXX] for Semi-Annual [Premiums]  
[X.XXX] for Quarterly [Premiums]

**Modal Premium Disclosure:** Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g. monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. For example, the total annual premium paid on a monthly basis will be more than the total premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for monthly, quarterly or semi-annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Certificate.]

[Inside Back Cover]

## GROUP LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company

**1** This booklet contains [premium] information for the Group Long Term Care Insurance Program now available to you. Other material is available to you concerning the benefits, features, limitations and exclusions of the Program.

**1/3** [Premiums] in this booklet are for the basic choices available in your plan. [For optional features you wish to add,/ If you have questions,] contact us:

- 1**
- Go to: **[www.genworth.com/groupltc]**  
[Use Group ID: **[XXXXX]** and Access Code: **[XXXXX]**]
  - Call **[1 XXX XXX.XXXX]**

While Genworth Life Insurance Company reserves the right to change future rates for the Group Policy, your premiums will never increase solely due to changes in your age or your health status.

**1** This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXX] issued to [Group Name], on policy form series [7046/7050/7053.] Form numbers can vary by state, including a state specific variation.

**1** [Genworth Life Insurance Company is a Genworth Financial company. Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc.]

**State:** Arkansas      **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** Group LTC7046.7050.7053  
**Project Name/Number:** Batch 2 Red Resubmit for Insurer Identity/46870 04/01/12 et al

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability 46870 040112 Rev 2012 08 31	Approved	09/04/2012
Comments:			
Attachment(s):			
EOV Kit2.2_NoDiscl Rev20120831.pdf			

Genworth Life Insurance Company  
Explanation of Variability 46870 04/01/12 et al REVISED  
Administrator: 1= Case Specific: 2= In or Out Text 3= Substitute Text

Form	Title	Variable Text [***]	Explanation	Var Type
46870 04/01/12	Plan Today LTC Booklet - PPR Page 1	[Genworth Logo/Group Logo]	Insert Genworth logo / Group Logo	1
		[the/Group Name's	Varies based on group policyholder preference	1
		[initial /Buy-up]	Insert type of enrollment based on group program	1
		["Many people think....18 and 64 <sup>1</sup> ."	Quote and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2
	Page 2	[and keep rising]	Will appear based on most current Genworth survey results at time of print.	2
		.....are from the Genworth [ YYYY] Cost of Care Survey, conducted by CareScout [mm]yy].	Survey date will be most current Genworth survey at time of print .	3
		[Metro Area, State/State],	Will use location based on recipient or group address	1
		[\$XX]/hour	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[licensed non-certified aide]	Alternate language: licensed certified or licensed Medicare certified	3
		[a private room]	Alternate language: semi private	3
		[a/an]	[a/an] for proper syntax	3
		[Metro area, State/State]	Will use cost of care for nursing facilities in Metro area and or state location based on recipient or group location	1
		[\$XX,XXX]	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[hundreds of thousands of dollars/almost[\$XXX,XXX]]	Alternate language based on whether three years of care in locality exceeds two hundred thousand dollars	3
		[\$XXX,XXX]	Will use cost of care for recipient's or group's locale based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[METRO, STATE/STATE] COST OF CARE*	Will use cost of care for nursing facilities in Metro area and or state location based on recipient or group address	3
		in [25]years	Insert number of years until recipient reaches age 80 if recipient's age available; default to 25, assuming average age of 45 is used	3
		Home Care [\$XXXX];[XXXX];[XXXX]	Will use 1 year, 3 year and 25 year projection for home care costs in recipient or group location, based on Genworth's most current Annual Cost of Care Survey at time of print.	3

Genworth Life Insurance Company  
 Explanation of Variability 46870 04/01/12 et al REVISED  
 Administrator: 1= Case Specific; 2= In or Out Text 3= Substitute Text

Form	Title	Variable Text [***]	Explanation	Var Type
		Assisted Living Facility [\$XXXX];[XXXX];[XXXX]	Will use 1 year, 3 year and 25 year projection for assisted living facility costs in recipient or group location, based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		Nursing Home Facility [\$XXXX];[XXXX];[XXXX]	Will use 1 year, 3 year and 25 year projection for nursing home costs in recipient or group location, based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		....*Home Care is based on the cost of [XX hours] of care provided by a [[licensed] home health aide] @ [XX.XX] per hour. ....	Will use number of hours, type of care, type of provider and cost per hour of that care from Genworth's most current Annual Cost of Care Survey at time of print.	3
		Projected cost for the year [20XX] based on long term care costs increasing [5%] each year....	Will use most current year at time of print for the Cost of Care Survey. % will be based on Survey results, with a range of 3% to 10%.	3
		Genworth Life Insurance Company business operations information 12/1974 through [3/2011]	Will use available statistics for latest year at time of print.	3
Page 3		[MYTH: It won't happen to me..."	This item and its citation may not appear. Subsequent footnote numbers will be corrected if deleted	2
Page 6		[The [Group Name]/This]	Will use [The [Group Name]] or [This] based on group policyholder's preference	1 3
		[Voluntary]	In or out based on group policyholder's preference	1 2
		[CARRIE Smith/[a [45] -year old]]	Will use employee/ member name or 45 year old if personalized data not available	1 3
		starting at [\$XX.XX] per month	Will use case specific premium	1
		[you with]	"you with" will appear when personalized data is used.	2
		up to [\$XXX] [Daily/Monthly] Benefit and [\$XXX,XXX] in Total Coverage.	Will use case specific plan design	1
		.... monthly premium [\$XX] at [7% (after tax) you'd be able to save [\$xx,xxx]	Will use premium from case specific plan design. Investment % will be based on current market conditions at time of print, with a range of 3% to 15%.	1 3
		[over the next 25 year/ by the time you reach age 80].	Calculation will be amount of savings resulting from premium, % increase and number of years for recipient to reach age 80, or default to 25 years.	1 3
		to cover [even a/[x] year[s]] in [a/an] [Metro area, State/State] nursing facility	Will use Cost of Care for recipient or group location based on Genworth's most current Cost of Care Survey at time of print to determine "even a year" or "X years".	3
		[\$XXXXXX] of Total Coverage	Will use case specific plan design amounts	1

Genworth Life Insurance Company  
Explanation of Variability 46870 04/01/12 et al REVISED  
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Form	Title	Variable Text [***]	Explanation	Var Type
		[25] years	Insert number of years until recipient reaches age 80 if personalized data used; default to 25, assuming average age of 45 is used	3
		Buy Insurance Coverage [\$YYY,YYY] [\$YYY,YYY]**	Will use Total Coverage Today based on case specific plan amount and Total Coverage in [25 years or number of years until recipient reaches age 80], with no inflation protection	1 3
		Invest The Premium [\$XXX.XX] [\$AA,AAA]	Will use current case specific premium and savings from above calculation with assumptions as stated.	1 3
		[visit the [Group Name] website at [www.webaddress.com] or] call [888.888.8888]	In or out depending on whether group has a web site. Use appropriate case specific phone number	2 1 1
		[Based on your age of [xx] as of [12/31/11.]]	Included if personalized data is provided	2 1
		[Your premium for this coverage has been reduced by the amount that [Group Name] is paying for coverage for eligible [employees][and spouses].	Included for Core plans. If included, insert Group name, employee/member and spouses based on eligible classes.	1
		[benefit increase/inflation]	Include appropriate name for options to increase over time	3
Page 7		[Benefit from an easy application process, [without medical underwriting/ [or] with streamlined underwriting] [,depending on your age [and the plan you choose]].4]	Include if other than long form underwriting is available under the group program. Particulars of underwriting based on case specific requirements.	2 1
		[Keep your coverage with you. If you leave the group and pay the premiums when due-it's fully portable.]	Will use for employees or members, etc. Delete if recipient is retiree or retiree spouse.	1
		[If you leave the group, you will have to assume the payments for your [Group Name] paid portion of the premiums to maintain your coverage.]	Include if Core plan. Insert Group Name	1
		[Group Name]	Insert Group name	1
		[Include your spouse [and other family members] in this valuable Program.]	include based on eligible classes under group program	2 1
		[The [Group Name] dedicated website and t/T]he free information kit contain[s]	Insert group name, and include website reference based on group program	1 2

Genworth Life Insurance Company  
 Explanation of Variability 46870 04/01/12 et al REVISED  
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Form	Title	Variable Text [***]	Explanation	Var Type
		[4[Depending on your age and the plan you choose, w/W]ith this Group long Term Care Insurance Program [there is no medical underwriting] [or,] [you have streamlined underwriting] if you are an eligible [full-time/ or part-time] [actively-at -work employee/[member in good standing/retiree][under age [XX] and apply before [end enrollment date]. This is a limited time offer and will not be available each year with the same terms.]	Include if other than long form underwriting is available under the group program. Particulars of underwriting based on case specific requirements.	2 1
	Page 8	[Group Name]	Insert Group name	1
		[employees][and their families]	Based on group eligibility criteria	1
		[35]	Will use the number of years that Genworth has been supporting long term care insurance	3
		[ • Multi-million dollar partnership with the Alzheimer's Association to help find a cure.]	Delete if no longer in effect	2
		LIMRA [2010]	Will update statistics and dates in effect at time of print for the same source.	3
	Page 9	[go to [www.genworth.com/group]tc] [(Group ID [XXXX] and Access Code [XXXX])]	Include website reference if available for the group. Insert group ID and Access Code,	2
		[888.888.8888]	Case specific information	1
	<b>Limitations and Exclusions</b>	[* for which no charge is made] [* received outside the United States] [* provided by your immediate family[, except as provided under the Informal Care Benefit]] [* for which benefits are payable by a Workers Compensation or occupational disease act or law] [* provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [* war or act of war] [* attempted suicide or self-inflicted injury] [* your participation in a felony, riot or insurrection] [* services in the armed forces or units auxiliary thereto] [* alcoholism or drug addiction].	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	1 2
	<b>Reviewer note: *</b> <b>= bullet</b>			

Genworth Life Insurance Company  
 Explanation of Variability 46870 04/01/12 et al REVISED  
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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>Pre-Existing Conditions Limitation</b>	<b>[Pre-Existing Conditions Limitation:</b> Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]	Will appear if pre-existing conditions limitation applies to the group. "Six" or "twelve" months will appear as it applies to the group or as is available within the situs state. "If you're required to answer questions about your health..." will appear if applicants are required to complete any application other than guaranteed issue.	1 2
	<b>Other Limitations on Benefits</b>	[under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits]...[* any state or federal worker's compensation, employer's liability, or occupational disease law.][ * any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid]	Reference to coordination provisions may be deleted depending on the group. Reference to group may also be deleted. Reference to non-duplication provisions may be deleted or replaced by situs state approved language if applicable to the group. All are based on the specifics of the issued group policy.	1 2
	Page 10	[and to enroll online]:	Include on-line enrollment reference based on group program	2
		[go to [www.genworth.com/groupitc][Group ID [XXXXX] and Access Code [XXXX)] [or]]	Include website reference if available for the group. Insert group ID and Access Code,	2 1
		call [888.888.8888]	Case specific information	1
		[Group Name]	Insert group name	1
		Group Policy Number [XXXXX]	Insert Group Policy number	1
		[Group Name]	Insert group name	1
		[For details about this Program ... free information kit.]	Include information based on case implementation for the group program	2

Genworth Life Insurance Company  
Explanation of Variability 46870 04/01/12 et al REVISED  
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Form	Title	Variable Text [***]	Explanation	Var Type
	Page 11	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
<b>46871 04/01/12</b>	Plan Today LTC Booklet - ACC Page 1	[Genworth Logo/Group Logo]	Insert Genworth logo/Group Logo	1
		[the/Group Name's	Varies based on group policyholder preference	1
		[initial /Buy-up]	Insert type of enrollment based on group program	1
		["Many people think....18 and 64'."	Quote and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2
		[and keep rising]	Will appear based on most current Genworth survey results at time of print.	2
	Page 2	.....are from the Genworth [ YYYY] Cost of Care Survey, conducted by CareScout [mm]yy].	Survey date will be most current Genworth survey at time of print .	3
		[Metro Area, State/State],	Will use location based on recipient or group address	1
		[\$XX]/hour	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[licensed non-certified aide]	Alternate language: licensed certified or licensed Medicare certified	3
		[a private room]	Alternate language: semi private	3
		[a/an]	[a/an] for proper syntax	3
		[Metro area, State/State]	Will use cost of care for nursing facilities in Metro area and or state location based on recipient or group location	1
		[\$[XX,XXX]	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[hundreds of thousands of dollars/almost[\$XXX,XXX]	Alternate language based on whether three years of care in locality exceeds two hundred thousand dollars	3
		[\$[XXX,XXX]	Will use cost of care for recipient's or group's locale based on Genworth's most current Annual Cost of Care Survey at time of print.	3
	[METRO, STATE/STATE] COST OF CARE*	Will use cost of care for nursing facilities in Metro area and or state location based on recipient or group address	1	
	in [25]years	Insert number of years until recipient reaches age 80 if recipient's age available; default to 25, assuming average age of 45 is used	3	

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Form	Title	Variable Text [***]	Explanation	Var Type
		Home Care [\$XXXX];[XXXX];[XXXX]	Will use 1 year, 3 year and 25 year projection for home care costs in recipient or group location, based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		Assisted Living Facility [\$XXXX];[XXXX];[XXXX]	Will use 1 year, 3 year and 25 year projection for assisted living facility costs in recipient or group location, based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		Nursing Home Facility [\$XXXX];[XXXX];[XXXX]	Will use 1 year, 3 year and 25 year projection for nursing home costs in recipient or group location, based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		....*Home Care is based on the cost of [XX hours] of care provided by a [[licensed] home health aide] @ [XX.XX] per hour. ....	Will use number of hours, type of care, type of provider and cost per hour of that care from Genworth's most current Annual Cost of Care Survey at time of print.	3
		Projected cost for the year [20XX] based on long term care costs increasing [5%] each year....	Will use most current year at time of print for the Cost of Care Survey. % will be based on Survey results, with a range of 3% to 10%.	3
		Genworth Life Insurance Company business operations information 12/1974 through [3/2011]	Will use available statistics for latest year at time of print.	3
Page 3		[MYTH: It won't happen to me..."	This item and its citation may not appear. Subsequent footnote numbers will be corrected if deleted	2
Page 6		[The [Group Name]/This]	Will use [The [Group Name]] or [This] based on group policyholder's preference	1 3
		[Voluntary]	In or out based on group policyholder's preference	1 2
		[CARRIE Smith/[a [45] -year old]]	Will use employee/ member name or 45 year old if personalized data not available	1 3
		starting at [\$XX.XX] per month	Will use case specific premium	1
		[you with]	"you with" will appear when personalized data is used.	2
		up to [\$XXX] [Daily/Monthly] Benefit and [\$XXX,XXX] in Total Coverage.	Will use case specific plan design	1
		.... monthly premium [\$XX] at [7% (after tax) you'd be able to save [\$xx,xxx]	Will use premium from case specific plan design. Investment % will be based on current market conditions at time of print, with a range of 3% to 15%.	1 3
		[over the next 25 year/ by the time you reach age 80].	Calculation will be amount of savings resulting from premium, % increase and number of years for recipient to reach age 80, or default to 25 years.	1 3
		to cover [even a/[x] year[s]] in [a/an] [Metro area, State/State] nursing facility	Will use Cost of Care for recipient or group location based on Genworth's most current Cost of Care Survey at time of print to determine "even a year" or "X years".	3

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Form	Title	Variable Text [***]	Explanation	Var Type
		[\$XXXXXX] of Total Coverage	Will use case specific plan design amounts	1
		[25] years	Insert number of years until recipient reaches age 80 if personalized data used; default to 25, assuming average age of 45 is used	3
		Buy Insurance Coverage [\$YYY,YYY] [\$YYY,YYY]**	Will use Total Coverage Today based on case specific plan amount and Total Coverage in [25 years or number of years until recipient reaches age 80], with no inflation protection	1 3
		Invest The Premium [\$XX.XX]	Will use current case specific premium and savings from above calculation with assumptions as stated.	1 3
		[\$AA,AAA]		
		[visit the [Group Name] website at [www.webaddress.com] or]	In or out depending on whether group has a web site.	2 1
		call [888.888.8888]	Use appropriate case specific phone number	1
		[Based on your age of [xx] as of [12/31/11.]]	Included if personalized data is provided	2 1
		[Your premium for this coverage has been reduced by the amount that [Group Name] is paying for coverage for eligible [employees][and spouses].	Included for Core plans. If included, insert Group name, employee/member and spouses based on eligible classes.	1
		[benefit increase/inflation]	Include appropriate name for options to increase over time	3
		[Group Name]	Include group name based on group policyholder preference	1 2
		[Benefit from an easy application process, [without medical underwriting/ [or] with streamlined underwriting] [,depending on your age [and the plan you choose]].4]	Include if other than long form underwriting is available under the group program. Particulars of underwriting based on case specific requirements.	2 1
		[Keep your coverage with you. If you leave the group and pay the premiums when due-it's fully portable.]	Will use for employees or members, etc. Delete if recipient is retiree or retiree spouse.	1
		[If you leave the group, you will have to assume the payments for your [Group Name] paid portion of the premiums to maintain your coverage.]	Include if Core plan. Insert Group Name	1
		[Group Name]	Insert Group name	1
		[Include your spouse [and other family members] in this valuable Program.]	include based on eligible classes under group program	2 1
		[The [Group Name] dedicated website and t/T]he free information kit contain[s]	Insert group name, and include website reference based on group program	1 2

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Form	Title	Variable Text [***]	Explanation	Var Type
		[4[Depending on your age and the plan you choose, w/W]ith this Group long Term Care Insurance Program [there is no medical underwriting] [or,] [you have streamlined underwriting] if you are an eligible [full-time/ or part-time] [actively-at -work employee/[member in good standing/retiree][under age [XX] and apply before [end enrollment date]. This is a limited time offer and will not be available each year with the same terms.]	Include if other than long form underwriting is available under the group program. Particulars of underwriting based on case specific requirements.	2 1
	Page 8	[Group Name]	Insert Group name	1
		[employees][and their families]	Based on group eligibility criteria	1
		[35]	Will use the number of years that Genworth has been supporting long term care insurance	3
		[ • Multi-million dollar partnership with the Alzheimer's Association to help find a cure.]	Delete if no longer in effect	2
		LIMRA [2010]	Will update statistics and dates in effect at time of print for the same source.	3
	Page 9	[go to [www.genworth.com/group]tc] [(Group ID [XXXX] and Access Code [XXXX])]	Include website reference if available for the group. Insert group ID and Access Code,	2
		[888.888.8888]	Case specific information	1
	Benefit Eligibility, Limitations and Exclusions Reviewer note: * = bullet	[* for which no charge is made] [* received outside the United States] [* provided by your immediate family[, except as provided under the Informal Care Benefit]] [* for which benefits are payable by a Workers Compensation or occupational disease act or law] [* provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [* war or act of war] [* attempted suicide or self-inflicted injury] [* your participation in a felony, riot or insurrection] [* services in the armed forces or units auxiliary thereto] [* alcoholism or drug addiction].	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	1 2

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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>Pre-Existing Conditions Limitation</b>	<b>[Pre-Existing Conditions Limitation:</b> Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]	Will appear if pre-existing conditions limitation applies to the group. "Six" or "twelve" months will appear as it applies to the group or as is available within the situs state. "If you're required to answer questions about your health..." will appear if applicants are required to complete any application other than guaranteed issue.	2
	<b>Other Limitations on Benefits</b>	[under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits]...[* any state or federal worker's compensation, employer's liability, or occupational disease law.][ * any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid]	Reference to coordination provisions may be deleted depending on the group. Reference to group may also be deleted. Reference to non-duplication provisions may be deleted or replaced by situs state approved language if applicable to the group. All are based on the specifics of the issued group policy.	2
	Page 10	[and to enroll online]:	Include on-line enrollment reference based on group program	2
		[go to [www.genworth.com/groupitc][Group ID [XXXXX] and Access Code [XXXX)] [or]]	Include website reference if available for the group. Insert group ID and Access Code,	2 1
		call [888.888.8888]	Case specific information	1
		[Group Name]	Insert group name	1
		Group Policy Number [XXXXX]	Insert Group Policy number	1
		[Group Name]	Insert group name	1
		[For details about this Program ... free information kit.]	Include information based on case implementation for the group program	2

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Form	Title	Variable Text [***]	Explanation	Var Type
	Page 11	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
<b>46893 04/01/12</b>	<b>Program Reminder - ACC</b>	[Group Name Logo]	Insert group name and or Logo	1
		[Group Name]	Insert group name	1
		[ENROLL BY:[Month Day, Year]]	In or out based on group program. Insert enrollment end date for case.	2 1
		[No medical underwriting][or][streamlined underwriting]	Include if other than long form underwriting is available under the group program.	2
		[With this program, [there is no medical underwriting][or] [you have streamlined underwriting] [,depending on your age and the plan you choose] if you apply during this enrollment period]*	Include if other than long form underwriting is available under the group program. Particulars of underwriting based on case specific requirements.	2 1
	Reviewer note: * = bullet	[[Go to: [www.genworth.com/groupltc [Use Group ID:[XXXX] and Access Code [XXXX]]] * Get the facts fast * Get a quote [* Enroll online]	Mention of website and "Enroll online" is in or out depending on whether group has a web site; Insert group ID and Access Code.	2 1
		[or] [Call] [888.888.8888] to speak with an expert on this Program.]	"Or" appears depending on the presence of mention of web site or not; Insert phone number on a case specific basis	2 1
		*Applies to eligible [full-time/ or part-time] [actively-at-work employees] [members in good standing] [retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.	Include if other than long form underwriting is available under the group program. Particulars of underwriting based on case specific requirements.	2 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
		For example [in Idaho,] the certificate form number may read [7046CERT][-ID, and] [in Pennsylvania, [7046CERT][-PA].]	Display group specific certificate form number for the policy form series and the state. For example, in [State,] the certificate form number may read [7046CERT-XX/7050CRT XX/7053CRT XX] .	1

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Form	Title	Variable Text [***]	Explanation	Var Type
46893LF <u>04/01/12</u>	Program Reminder	[Group Name Logo]	Insert group name and or Logo	1
		[Group Name]	Insert group name	1
		[ENROLL BY: [MONTH DAY, YEAR]]	In or out based on group program. Insert enrollment end date for case	2 1
		[[Go to: [www.genworth.com/grouplrc] [Use Group ID:[XXXX] and Access Code [XXXX] Get the facts fast Get a quote [Enroll online]	In or out depending on whether group has a web site; Insert group ID and Access Code	2 1
		[or [Call [888.888.8888] to speak with an expert on this Program.]	"Or" appears depending on the presence of mention of web site or not; Insert phone number on a case specific basis	2 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX],issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
46969 <u>04/01/12</u>	Folder for Information/Enrollment Kit	[For more details about this Program:]	In or out based on case implementation for the group program	2
		[Go to [www.Genworth.com/grouplrc]	In or out based on case implementation for the group program. Include information based on case implementation for the group program	2 1
		[Use Group ID: [XXXXX] and Access Code [XXXXX]] or]	Include information based on case implementation for the group program	1
		[C/call [800 416.3624]	Include information based on case implementation for the group program	1
		Insurance is provided using policy form series [7046, 7050, or 7053].	Insert Group specific policy form series.	1
47485 <u>04/01/12</u>	New Hire Voluntary Flyer	[Genworth Logo/Group Logo]	Varies based on group policyholder preference	1
		[Group Name][Voluntary]	Varies based on group policyholder preference	1
		[now]	Varies based on group policyholder preference	1
		[newly hired/active/retired]	Varies based on case specific requirements; adjust syntax as appropriate	1
		[Group Name]	Varies based on case specific details	1
		[employees]	Varies based on case specific requirements	1
		[the [Group Name]/this Voluntary]	Varies based on group policyholder preference	1
		[Group Name's]	Insert Group Name	1
		[Metro area, State/State]	Use location based on recipient or group address.	1
		\$ [XX,XXX] a year	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3

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Form	Title	Variable Text [***]	Explanation	Var Type	
	<b>The opportunity</b>	[and costs are rising] \$ [XXX,XXX]	Include if accurate based on cost of care survey data. Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	2 3	
		[a/an][newly hired/active/retired]	Varies based on case specific requirements; adjust syntax as appropriate	1	
		[Group Name][employee], [and your spouse/eligible family member]	Varies based on case specific requirements Varies based on case specific requirements	1 1	
		[additional]	Will not appear if used for group program's initial offer of coverage	1 2	
		[no underwriting][or][streamlined underwriting][depending on your age and the plan you choose,].	Varies based on case specific requirements. Particulars of underwriting based on case specific requirements.	1	
		[xx] days [[after your [xx]-day waiting period][of your [employment/membership/retirement]].	Varies based on case specific requirements	1	
		[Two thirds of us...as we get older <sup>3</sup> ]	Quote and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2	
		Genworth [2011] Cost of Care Survey, conducted by CareScout, [03/2011] ...through [3/2011]	Will use Genworth's most current Annual Cost of Care Survey at time of print. Will update statistics and dates in effect at time of print for the same source.	3 3	
		<b>What are your basic choices?</b>	[Daily/Monthly]	Varies based on case specific plan design	1
			[Daily] Benefit Choices	Varies based on case specific plan design	1
	[\$100/[day]]\$[50/[day]]\$[100/[day]]\$[100/[day]] \$[200/[day]]\$[100/[day]]\$[200/[day]]\$[200/[day]] \$[300/[day]]\$[150/[day]]\$[300/[day]]\$[300/[day]]		Varies based on case specific plan design	1	
	[Metro Area, State/State]		Will use Metro area and/or state location based on recipient or group address	1	
	[\$106/[day]] \$[103/[day]]\$[190/[day]]		Will use cost of care for nursing facilities in Metro area and or state location based on recipient or group address	3	
	<b>Select Your Total Coverage Amount</b>	Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/2011].	Will use Genworth's most current Annual Cost of Care Survey at time of print.	3	
		[Daily] Benefit Choices	Varies based on case specific plan design	1	
		[\$100/[day]]\$[109,500]]\$[182,500]]\$[365,000] \$[200/[day]]\$[219,000]]\$[365,000]]\$[730,000] \$[300/[day]]\$[328,000]]\$[547,000]]\$[1,095,000]	Varies based on case specific plan design	1	
		[For more information [or to enroll]:	Include information based on case implementation for the group program	2 1	

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Form	Title	Variable Text [***]	Explanation	Var Type
		[[Go to: [www.genworth.com/group]tc] [Use Group ID:[XXXX] and Access Code [XXXX]]	Include website reference if available for the group. Insert group ID and Access Code,	2 1
		[or [C]all: [XXX XXX.XXXX] to speak with a Program expert]	Include information based on case implementation for the group program	2 1
		[or to order an information kit[ (available[month/day/year])].	Include information based on case implementation for the group program	2 1
	<b>Choose a Buy Up Benefit Increase Option</b>	This program offers [3] ...	Varies based on case specific plan design	2 1
		[Buy More Coverage Over Time. Every [two/three]years, you will be offered..... [This feature is automatically included in your plan.]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic 5% Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year. The increases in benefits will not increase your premiums.	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic [3%/4%] Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum[ (less any claims paid)] will automatically increase by [3/4%] compound every year. The increases in benefits will not increase your premiums.	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic 5% Increase for Life - [Equal/Simple]. Your [Daily/Monthly] Benefit and Total Coverage Maximum will automatically increase by 5% on a simple basis every year based on your original amounts. The increases in benefits will not increase your premiums.	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic 5% Increase for Life – Age Adjusted Your [Daily/Monthly] Benefit and Total Coverage Maximum[ (less any claims paid)] will automatically increase by 5%, compounded every year up to age 66. After that, it will increase on every coverage anniversary date by 5% on a simple basis. The increases in benefits will not increase your premiums.]	Included based on case specific options. Variables will be based on group plan design.	2 1

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Form	Title	Variable Text [***]	Explanation	Var Type
		[Automatic [5/4/3]% Increase Until Age [70/76] Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase [5/4/3]% compound every year until you're age [70/76].]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic Increase for Life – Graded Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter.]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Call the toll-free number and speak with a Program Expert [or go to the dedicated website]to get a personalized quote.	Include information based on case implementation for the group program	2
		[With the [new][Group Name] a [45] year old	Varies based on group specific requirements	2 1
		[\$[XX.XX]per month. 5]	Varies based on age demographics of the eligible class under the group policy	3
		Sampling of additional available plans for ...	Varies based on case specific plan design	1
		...plans for a [45] year old	Included based on case specific options. Variables will be based on group plan design.	2 1
		5. Assumes the ["Buy more... and does not include the optional non-forfeiture benefit].]	Varies based on age demographics of the eligible class under the group policy	3
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX],issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Varies based on case specific plan design	2 1
			Insert Group Policy number, Group name, and appropriate policy form series.	1

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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>Benefit Eligibility, Limitations and Exclusions</b> Reviewer note: * = bullet	[* for which no charge is made] [* received outside the United States] [* provided by your immediate family[, except as provided under the Informal Care Benefit]] [* for which benefits are payable by a Workers Compensation or occupational disease act or law] [* provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [* war or act of war] [* attempted suicide or self-inflicted injury] [* your participation in a felony, riot or insurrection] [* services in the armed forces or units auxiliary thereto] [* alcoholism or drug addiction].	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	1 2
	<b>Pre-Existing Conditions Limitation</b>	<b>[Pre-Existing Conditions Limitation:</b> Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]	Will appear if pre-existing conditions limitation applies to the group. "Six" or "twelve" months will appear as it applies to the group or as is available within the situs state. "If you're required to answer questions about your health..." will appear if applicants are required to complete any application other than guaranteed issue.	1 2
<b>47486 04/01/12</b>	<b>New Hire Core Flyer</b>	[Genworth Logo/Group Logo]	Varies based on group policyholder preference	1
		[a/an] [newly hired/active/retired]	Varies based on case specific requirements; adjust syntax as appropriate	1
		[Group Name]	Varies based on case specific details	1
		[Employee]	Varies based on case specific requirements	1
		[Group Name]	Varies based on case specific details	1
		[Group Name's]	Insert Group Name	1
		[Metro area, State/State]	Use location based on recipient or group address.	1

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Form	Title	Variable Text [***]	Explanation	Var Type
		\$ [XX,XXX] a year	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[and costs are rising]	Include if accurate based on cost of care survey data.	2
		\$ [XXX,XXX]	Will use cost of care for recipient or group location based on Genworth's most current Annual Cost of Care Survey at time of print.	3
		[Group Name]	Varies based on case specific details	1
		[employee].	Varies based on case specific requirements	1
		Up to [\$75] a [day/month] for your [Daily/Monthly] benefit	Varies based on case specific requirements	1
		[50]% for homecare	Varies based on case specific requirements	1
		A total coverage amount of \$[xx,xxx]	Varies based on case specific requirements	1
		[Buy more coverage over time] benefit increase option	Varies based on case specific requirements. Core plan design may or may not include a benefit increase option	1 2
		[Group Name]	Varies based on case specific details	1
		[and your spouse]	Varies based on case specific requirements	2
		[no underwriting][or][streamlined underwriting][depending on your age and the plan you choose.] .	Varies based on case specific requirements. Particulars of underwriting based on case specific requirements.	1
		[xx] days [[after your [xx]-day waiting period][of your [employment/membership/retirement]].	Varies based on case specific requirements	1
		[Group Name]	Insert Group Name	1
		[Two thirds of us...as we get older <sup>3</sup> ]	Quote and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2
		Genworth [2011] Cost of Care Survey, conducted by CareScout, [03/2011]	Will use Genworth's most current Annual Cost of Care Survey at time of print.	3
		...through [3/2011]	Will update statistics and dates in effect at time of print for the same source.	3
	<b>What are your basic choices?</b>	[Daily/Monthly]	Varies based on case specific plan design	1
		[Daily] Benefit Choices	Varies based on case specific plan design	1
		[\$100/[day]]\$[50/[day]]\$[100/[day]]\$[100/[day]]	Varies based on case specific plan design	1
		[\$200/[day]]\$[100/[day]]\$[200/[day]]\$[200/[day]]		
		[\$300/[day]]\$[150/[day]]\$[300/[day]]\$[300/[day]]		
		[Metro Area, State/State]	Will use Metro area and/or state location based on recipient or group address	1
		[\$106/[day]] \$[103/[day]]\$[190/[day]]	Will use cost of care for nursing facilities in Metro area and or state location based on recipient or group address	3

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Form	Title	Variable Text [***]	Explanation	Var Type
		Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/2011].	Will use Genworth's most current Annual Cost of Care Survey at time of print.	3
	<b>Choose a Buy Up Total Coverage Amount</b>	[Daily] Benefit Choices	Varies based on case specific plan design	1
		[\$100/[day]]\$[109,500]]\$[182,500]]\$[365,000]	Varies based on case specific plan design	1
		[\$200/[day]]\$[219,000]]\$[365,000]]\$[730,000]		
		[\$300/[day]]\$[328,000]]\$[547,000]]\$[1,095,000]		
		<b>[For more information [or to enroll]:</b>	Include information based on case implementation for the group program	2 1
		[[Go to: [www.genworth.com/group]tc] [Use Group ID:[XXXX] and Access Code [XXXX]]	Include website reference if available for the group. Insert group ID and Access Code,	2 1
		[or [C]all: [XXX XXX.XXXX] to speak with a Program expert]	Include information based on case implementation for the group program	2 1
		[or to order an information kit[ (available[month/day/year])].	Include information based on case implementation for the group program	2 1
	<b>Select a Buy Up Benefit Increase Option</b>	This program offers [3] additional...	Varies based on case specific plan design	2 1
		[Buy More Coverage Over Time. Every [two/three]years, you will be offered..... [This feature is automatically included in your plan.]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic 5% Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound every year. The increases in benefits will not increase your premiums.	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic [3%/4%] Increase for Life - Compound. Your [Daily/Monthly] Benefit and Total Coverage Maximum[ (less any claims paid)] will automatically increase by [3/4%] compound every year. The increases in benefits will not increase your premiums.	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic 5% Increase for Life - [Equal/Simple]. Your [Daily/Monthly] Benefit and Total Coverage Maximum will automatically increase by 5% on a simple basis every year based on your original amounts. The increases in benefits will not increase your premiums.	Included based on case specific options. Variables will be based on group plan design.	2 1

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Form	Title	Variable Text [***]	Explanation	Var Type
		[Automatic 5% Increase for Life – Age Adjusted Your [Daily/Monthly] Benefit and Total Coverage Maximum[ (less any claims paid)] will automatically increase by 5%, compounded every year up to age 66. After that, it will increase on every coverage anniversary date by 5% on a simple basis. The increases in benefits will not increase your premiums.]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic [5/4/3]% Increase Until Age [70/76] Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase [5/4/3]% compound every year until you're age [70/76].]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Automatic Increase for Life – Graded Your [Daily/Monthly] Benefit and Total Coverage Maximum [(less any claims paid)] will automatically increase by 5% compound while you're age 60 or younger, by 3% compound between the ages of 61 and 76, then by 2% compound each year thereafter.]	Included based on case specific options. Variables will be based on group plan design.	2 1
		[Call the toll-free number and speak with a Program Expert [or go to the dedicated website]to get a personalized quote.	Include information based on case implementation for the group program	2
		[With the [new][Group Name]	Varies based on group specific requirements	2 1
		a [45] year old	Varies based on age demographics of the eligible class under the group policy	3
		[\$[XX.XX]per month. 5]	Varies based on case specific plan design	1
		Sampling of additional available plans for ...	Included based on case specific options. Variables will be based on group plan design.	2 1
		...plans for a [45] year old	Varies based on age demographics of the eligible class under the group policy	3
		5. Assumes the ["Buy more... and does not include the optional non-forfeiture benefit].]	Varies based on case specific plan design	2 1

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Form	Title	Variable Text [***]	Explanation	Var Type
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
	<b>Benefit Eligibility, Limitations and Exclusions</b> Reviewer note: * = bullet	[* for which no charge is made] [* received outside the United States] [* provided by your immediate family[, except as provided under the Informal Care Benefit]] [* for which benefits are payable by a Workers Compensation or occupational disease act or law] [* provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [* war or act of war] [* attempted suicide or self-inflicted injury] [* your participation in a felony, riot or insurrection] [* services in the armed forces or units auxiliary thereto] [* alcoholism or drug addiction].	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	1 2
	<b>Pre-Existing Conditions Limitation</b>	<b>[Pre-Existing Conditions Limitation:</b> Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]	Will appear if pre-existing conditions limitation applies to the group. "Six" or "twelve" months will appear as it applies to the group or as is available within the situs state. "If you're required to answer questions about your health..." will appear if applicants are required to complete any application other than guaranteed issue.	1 2

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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>Other Limitations on Benefits</b>	[under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits]...[* any state or federal worker's compensation, employer's liability, or occupational disease law.][ * any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid]	Reference to coordination provisions may be deleted depending on the group. Reference to group may also be deleted. Reference to non-duplication provisions may be deleted or replaced by situs state approved language if applicable to the group. All are based on the specifics of the issued group policy.	1 2
<b>47801_04/01/12</b>	<b>What does this Program Cover?</b>	[Group Name / Logo]	Insert group name/logo if from program sponsor; or Genworth Life Insurance Company if from Genworth; or "A [Group [name] Voluntary Benefit"	1
	The Program (inside front cover)	[Group Name [voluntary]]	Insert group name of program sponsor. Voluntary in or out based on group policyholder preference	1 2
	Coverage Page 1	Page [6] [7] [8] [9] [10] [12]	Pagination updated based on case specific plan design	1
		[Take this coverage with you, even if you leave this group, as long as you pay your premiums.] [Membership has its privileges; however, if you choose to leave the association, you'll still be able to take this coverage with you as long as you pay your premiums.]	Variation based on type of group -- employer/employee uses 1st text; association/member.	3 1
		[It may also help reimburse for the cost of services from independent providers[, friends] [or family members ]who provide care to help you stay in your home.]	Included based on case specific plan design. Include [, friends] and [or family members] based on the type of informal care option under the case specific plan design	2 1
		[Room and board charges]	Include based on case specific plan design	1
		[40% of people currently receiving long term care are adults 18 to 64 years old. National Clearinghouse Long Term Care Information- "Own Your Future" website, U.S. Department of Health and Human Services, Updated October 22, 2008.]	Quote and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2

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Form	Title	Variable Text [***]	Explanation	Var Type
Basic Choices Page 2		[[Employer/Sponsor]-paid Core Plan with Buy-Up Options Recognizing the important role long term care insurance can play in helping protect your savings and your financial future, [Group Name] is paying for a base amount of coverage (the Core Plan) for eligible [employees ][and ][their spouses/[ or] [domestic ]partners].]	Include if Core Plan Sponsor, Group name and eligibility based on case specific requirements.	2 1
		[Employer/Sponsor-paid] Core plan consists of:	Include if Core Plan. Insert group name	2 1
		[Daily/Monthly] \$[XX,XXX]	Include if Core Plan, values based on case specific plan design	2 1
		Total Coverage Maximum of \$[XX,XXX]	Include if Core Plan, values based on case specific plan design	2 1
		[Buy More Coverage Over Time] Benefit Increase Option	Include if Core Plan,option based on case specific plan design	2 1
		The Core Plan will pay up to [50]% of the [Daily/Monthly] Benefit for Home Care, [100]% for Assisted Living care and [100]% for Nursing Home care.	Include if Core Plan, values based on case specific plan design	2 1
		[If you want to purchase additional coverage, there are several "Buy-Up Options" from which to choose.]]	Include if Core Plan, and group policy includes a buy-up, voluntary program.	2 1
		[Daily/Monthly] [Benefit/Buy-Up Option]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
		[Maximum/Buy-Up option]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
		[Option/Buy-Up option]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
		[Daily/Monthly] Benefit [Choices/Buy-Up Options]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
		[Daily/Monthly][day/month]	Varies based on case specific plan design.	1
		[Group Name [voluntary]]	Sponsor, Group name or voluntary based on group policyholder preference	1
		[50]% of the [Daily/Monthly] for home care... [100]% for Assisted Living... [100]% for Nursing Home care.	Varies based on case specific plan design.	1
		[daily/monthly]	Varies based on case specific plan design.	1
		[Choices/Buy-Up Options]	Buy-up Option is used if Core plan.	1
		[Daily/Monthly]	Varies based on case specific plan design.	1

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Form	Title	Variable Text [***]	Explanation	Var Type
	Header p 3	[On average.....2009]	May be deleted. Will use available statistics for latest year at time of print.	2 3
	Chart 1 -Daily/ Monthly	[DAILY/MONTHLY] [BENEFIT CHOICES/BUY-UP OPTIONS]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
		[FOR CARRIE MURRAY]	Will use employee/ member name or 45 year old if personalized data not available	3
	chart 1 p 3	YOUR [DAILY/MONTHLY] BENEFIT [CHOICES/BUY-UP OPTIONS]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
	chart 1 p 3	[\$XXX]/[day/month]	Varies based on case specific plan design.	1
	Rules of thumb chart 1 p 3	[Daily/Monthly]	Varies based on case specific plan design.	1
		[ in Metro area, state/State]	Show eligible person's location	1
		[Day/Month]	Varies based on case specific plan design.	1
		[a day/month] of care [in Metro area, state/State]	Substitute based on group plan design and eligible person's location	1
		\$ [XXX/XXXX]	Will use cost of care for recipient or group location based on	3
		\$ [XXX/XXXX]	Genworth's most current Annual Cost of Care Survey at time of	
		\$ [XXX/XXXX]	print.	
	Chart 2 Total Coverage Maximum	[CHOICES/BUY-UP OPTIONS]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
		[FOR CARRIE MURRAY]	Will use employee/ member name or 45 year old if personalized data not available	3
	chart 2 p 3	YOUR [DAILY/MONTHLY] BENEFIT	Varies based on case specific plan design.	1
		TOTAL COVERAGE [CHOICES/BUY-UP OPTIONS]	Varies based on case specific plan design. Buy-up Option is used if Core plan.	1
	chart 2 p 3	[\$[XXX/day/month]=\$ [XXX,XXX]; \$[XXX,XXX];	Varies based on case specific plan design.	1
	Rules of thumb chart 2 p 3	[\$[XXX,XXX] \$ [XXX,XXX]; \$[XXX,XXX];		
		[three]	Substitute 2, 3, 4, 5 depending on the cost of home or assisted living care in the eligible person's location	3
		[3] years ...[in Metro area, state/State]	Substitute 2, 3, 4, 5 depending on the cost of home of assisted living care; indicate eligible person's location	3 1
		\$ [XXX,XXX]	Will use cost of care for recipient or group location based on	3
		\$ [XXX,XXX]	Genworth's most current Annual Cost of Care Survey at time of	
		\$ [XXX,XXX]	print.	
	Citation	Genworth [YYYY] Cost of Care survey, conducted by CareScout®, [mm/yy]	Will use Genworth's most current Annual Cost of Care Survey at time of print.	3
	Basic Choices Benefit Increase Options Page [4]	[To compare.....tool.]	In or out depending on the availability of web site;	2

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Form	Title	Variable Text [***]	Explanation	Var Type
		[www.genworth.com/groupitc]; [Group ID: [XXXXX]; Access Code [XXXXX]]	URL, Group ID and Access Code based on case specifics	1
		[Daily/Monthly]	Based on group plan design	1
		[Buy more coverage over time]	Varies based on case specific plan design.	1
		[Automatic 5% Increase for Life – Compound]		
		[Automatic 5% Increase for Life – Age Adjusted]		
		[Automatic 3% Increase for Life – Compound]		
		[Automatic 5% Increase for Life – [Equal/Simple]]		
		[Automatic [5,4,3]% increases until age [70/76]]		
		<b>[Buy More coverage over time - [Future/Guaranteed] Purchase Option]</b>	Varies based on case specific plan design.	2 1
		[three/two]	Varies based on case specific requirements.	1
		[- as long as you're not in claims status].	Varies based on case specific requirements	1
		[If you accept the offer][Unless you decline the offer]	Varies based on case specific requirements	1
		[Daily/Monthly]	Varies based on case specific plan design.	1
		[(less any claims paid)]	Varies based on case specific requirements	1
		[3/5%]	Varies based on case specific requirements	1
		[This option is automatically included.....option.]	Varies based on case specific requirements	2
		[three/two]	Varies based on case specific requirements	1
		<b>[Automatic 5% Increase for Life....]</b>	Included based on group plan design; out if not offered	2 1
		[Daily/Monthly]	substitute depending on group plan	1
		[(less any claims paid)]	Varies based on case specific requirements	1
Header - p 5		[If long term care [the current rate of 5% per year].....CareScout [mm/yy].]	May or may not appear	2
Source		Genworth [YYYY] Cost of Care survey, conducted by CareScout, [mm/yy].]	Will use Genworth's most current Annual Cost of Care Survey at time of print.	3
		<b>[Automatic 5% Increase for Life- Age adjusted.....]</b>	Included based on case specific plan design.	2
		[Daily/Monthly]	Varies based on case specific plan design.	1
		[(less any claims paid)]	Varies based on case specific plan design.	1
		<b>[Automatic [3/4% Increase for Life....]</b>	Included based on case specific plan design.	2
		[Daily/Monthly]	Varies based on case specific requirements	1
		[(less any claims paid)]	Varies based on case specific requirements	1
		[3/4%]	Varies based on case specific requirements	1
		<b>[Automatic 5% Increase for Life- [Equal/Simple].....]</b>	Included based on case specific plan design. "Equal" or "Simple" based on policy form series offered; out if not offered	2 1
		[Daily/Monthly]	Varies based on case specific plan design.	1

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Form	Title	Variable Text [***]	Explanation	Var Type
		<b>[Automatic [5/4/3]% increase Until Age [70/76]...]</b>	Included based on case specific plan design; percents and age based on case specific requirements.	2 1
		[Daily/Monthly ]	Varies based on case specific plan design.	1
		[(less any claims paid)]	Varies based on case specific requirements	2
		[5/4/3]%	Varies based on case specific requirements	1
		age [70/76]	Varies based on case specific requirements	1
		<b>[Automatic Increase for Life - Graded...]</b>	Included based on case specific plan design.	2
		[Daily/Monthly ]	Varies based on case specific plan design.	1
	Additional Options Additional Options that can Reduce Premiums p [6]		Variables and availability of additional options are based on the case specific plan design under the group policy issued.	1
		<b>[Lower [Daily/Monthly] Benefit.....]</b>	Included based on case specific plan options.	2
		[Daily/Monthly]	Varies based on case specific plan design.	1
		<b>[Lower Total Coverage Maximum....]</b>	Included based on case specific plan options.	2
		<b>[Reduced Home Care Coverage Percentage....]</b>	Included based on case specific plan options.	2
		[Daily/Monthly]	Varies based on case specific plan design.	1
		[50]%, [60]%, [or] [75]%	Varies based on case specific plan design.	1
		<b>[Longer Waiting Period...]</b>	Included based on case specific plan options.	2
		[you have completed] [60/90/120] days [of paid service]	Include if service day waiting period. Varies based on case specific plan design	1
		<b>[Couples Discount...]</b>	Included based on case specific requirements.	2
		[or partner]	Varies based on case specific requirements	1
		[If you and your...[xx]% discount./When both you and your...is issued]	Varies based on case specific requirements	1
		[xx]%	Varies based on case specific requirements	1
		<b>[Preferred Health Discount...]</b>	Included based on case specific requirements.	2
		[x]% discount	Varies based on case specific requirements	1
	Additional Options to Enhance Coverage p [7] & overflow page		Variables and availability of additional options are based on the case specific plan design under the group policy issued.	1
		<b>[Higher [Daily/Monthly] Benefit.....]</b>	Included based on case specific requirements.	2 1
		[Daily/Monthly]	Varies based on case specific requirements	1
		<b>[Higher Total Coverage Maximum....]</b>	Included based on case specific requirements.	2
		<b>[Increased Percentage of Coverage for Home Care....]</b>	Included based on case specific requirements.	2
		[Daily/Monthly]	Varies based on case specific requirements	1
		[60]%, [75]%, [or] [100]%	Varies based on case specific requirements	1
		<b>[Non-Forfeiture Benefit....]</b>	Included based on case specific requirements.	2

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Form	Title	Variable Text [***]	Explanation	Var Type
		<b>[Shorter Waiting Period...]</b>	Included based on case specific requirements.	2
		[30][60][Calendar]	Varies based on case specific requirements	1
		<b>[Accelerated Premium Payments....]</b>	Included based on case specific requirements.	2
		[This option is not available with the Buy More Coverage Over Time Benefit Increase Option.]	Varies based on case specific requirements	1
		<b>[Home Care Right Away....]</b>	Included based on case specific requirements.	2
		[home and community/home, community, and informal]	Varies based on case specific requirements	1
		<b>[Transition Payment....]</b>	Included based on case specific requirements.	2
		<b>[Refund of Premium....]</b>	Included based on case specific requirements.	2
		<b>[Restoration of Benefits....]</b>	Included based on case specific requirements.	2
		<b>[[Enhanced] Survivorship....]</b>	Included based on case specific requirements.	2
		[or partner]	Varies based on case specific requirements	1
		[7/10-year]	Varies based on case specific requirements	1
		[and no benefits have been paid].	Varies based on case specific requirements	1
		<b>[Shared Coverage....]</b>	Included based on case specific requirements.	2
		[or partner]	Varies based on case specific requirements	1
		<b>[Shared Coverage with Joint Waiver....]</b>	Included based on case specific requirements.	2
		[or partner]	Varies based on case specific requirements	1
	Plan Features		Variables and availability of included features are based on the	1
	Features Included in the program chart p [8]		case specific plan design under the group policy issued.	
	Free Look	[30/45/60] days	Varies based on case specific requirements	1
	Home Assistance	[Up to [90]X your Daily Benefit/[3]X your Monthly Benefit]	Varies based on case specific requirements	1
	Respite Care	[30/21]	Varies based on case specific requirements	1
	Bed Reservation	[30/60]	Varies based on case specific requirements	1
	Informal Care	<b>[Informal Care.....services]</b>	Included based on case specific requirements.	1
	Home Care Right Away	<b>[Home Care Right Away... period.]</b>	Included based on case specific requirements.	1
		[home and community/home, community, and informal]	Varies based on case specific requirements	
	Transition Benefit	<b>[Transition Benefit... period.]</b>	Included based on case specific requirements.	2
	Return/Refund of Premium	<b>[[Return/Refund] of Premium .....die.]</b>	Included based on case specific requirements. Use appropriate title based on group policy requirements.	2 1
	Nonforfeiture Benefit	<b>[Non-Forfeiture Benefit.....premiums]</b>	Included based on case specific requirements.	2
	Restoration of Benefits	<b>[Restoration of Benefits... claim.]</b>	Included based on case specific requirements.	2
	[Enhanced] Survivorship	<b>[[Enhanced] Survivorship.... paid.]</b>	Included based on case specific requirements.	2
		[or partner]	In or out if domestic partners are eligible	2
		[7/10-year]	Varies based on case specific requirements	1

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		[and no benefits have been paid].	Varies based on case specific requirements	1
	Shared Coverage [with Joint Waiver]	<b>[Shared Coverage[ with Joint Waiver.... premiums].]</b>	Included based on case specific requirements.	2
		[or partner]	Varies based on case specific requirements	1
		[and waives premiums].	Varies based on case specific requirements	1
	International Benefit	<b>[International Coverage... 4 years.]</b>	Included based on case specific requirements.	2
		[qualified]	Varies based on case specific requirements	1
		[Daily/Monthly]	Varies based on case specific requirements	1
	Plan Costs & Chart p [9]	[age][XX][your current age][as of [date]].	Use personalized data or default to age[40, 45, 50, 55, 60, 65 or 70] based on demographics of the group	3
		[Group Name/[Voluntary]]	Group Name/Voluntary based on group policyholder preference.	1
		[may] offer[s]	Change syntax based on context	3
		[go to[ <a href="http://www.genworth.com/groupitc">www.genworth.com/groupitc</a> ] [using Group ID [XXXX] and [Access Code [XXXX]], or [C/call [XXX.XXX.XXXX]].	Include website reference if available for the group. Insert group ID and Access Code,	2
		[Monthly]	Varies based on case specific requirements	1
		[\$100] [\$200] [\$200]	Varies based on case specific requirements	1
		[\$109,500]; [\$185, 500]; [\$365,000] etc	Varies based on case specific requirements	1
		[Buy More coverage over time.]; [Automatic 5% for Life-Compound];Automatic 5% Increase for Life-Age Adjusted] etc	Varies based on case specific requirements	1
	Chart Costs		The chart contains monthly cost under the group policy for the plan designs shown. Rates can be personalized for the recipient's age or use a default age based on the demographics of the group.	1
		[YOUR/EMPLOYEE] MONTHLY COST [*].... [\$00.00]	Use EMPLOYEE if employer is paying for a portion of benefits. Include "*" if Core plan	1
		[OTHERS** MONTHLY COST... \$[000.00]]	Last column is included based on eligible classes under the group policy when there is a Core plan for one class only	1 2
		[* Your monthly cost has been reduced to reflect [Group Name's] contribution.]	Include if employer is paying a portion of premiums. Insert group name.	1
		[**] Others include eligible [retiree.] spouses [and other family members]]	Appears when cost for Others eligible class is shown. Eligibility will be based on case specific requirements.	1
	More to Know p [10] Waiting period	[60/90]	Varies based on case specific requirements	1
		[60/90]	Varies based on case specific requirements	1
		[Calendar/covered service days]	Varies based on case specific requirements	1

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Form	Title	Variable Text [***]	Explanation	Var Type
		[and your covered service days...consecutive).	Include if service day waiting period based on case specific requirements.	1
		[There is no elimination period for formal [or informal] care received at home.]	Include if waiting period does not apply to Home care benefits based on case specific requirements.	1
		[or informal]	Include if waiting period does not apply to informal care benefits based on case specific requirements.	1
	What else should you consider?	<b>[Your State Long Term Care Partnership Program]</b> Your state may recognize this coverage as qualified long term care insurance under a Long Term Care Partnership Program. If your coverage qualifies for Partnership and you apply for Medicaid, such coverage may enable you to keep some of your assets and still qualify for Medicaid. [For every dollar of Partnership qualified insurance benefits you receive under this Program, you'll be able to keep an equal amount of your assets.] For more information concerning your State's Partnership Program, see "Important Information Regarding LTCI Partnership", in Applications in the Information Kit.]	Include based on resident state partnership program.	2 1
		[For every dollar of Partnership qualified insurance benefits you receive under this Program, you'll be able to keep an equal amount of your assets.]	Include based on resident state partnership program.	2 1
	Benefit Eligibility, Limitations and Exclusions p [11]	[Go to [www.genworth.com/group]tc] ([Group ID] [XXXX] and [Access Code] {XXXX})]	In or out if website available for group; Web URL, ID and Access Code determined based on group;	2 1
		[or]	Include if web site is available for group;	2
		[Call [XXX.XXX.XXXX]	Determined based on group	1

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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>Limitations and Exclusions</b> <b>Reviewer note: *</b> <b>= bullet</b>	[* for which no charge is made] [* received outside the United States] [* provided by your immediate family[, except as provided under the Informal Care Benefit]] [* for which benefits are payable by a Workers Compensation or occupational disease act or law] [* provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [* war or act of war] [* attempted suicide or self-inflicted injury] [* your participation in a felony, riot or insurrection] [* services in the armed forces or units auxiliary thereto] [* alcoholism or drug addiction].	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	1 2
	<b>Pre-Existing Conditions Limitation</b>	<b>[Pre-Existing Conditions Limitation:</b> Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]	Will appear if pre-existing conditions limitation applies to the group. "Six" or "twelve" months will appear as it applies to the group or as is available within the situs state. "If you're required to answer questions about your health..." will appear if applicants are required to complete any application other than guaranteed issue.	1 2

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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>Other Limitations on Benefits</b>	[under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits]...[* any state or federal worker's compensation, employer's liability, or occupational disease law.][ * any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid]	Reference to coordination provisions may be deleted depending on the group. Reference to group may also be deleted. Reference to non-duplication provisions may be deleted or replaced by situs state approved language if applicable to the group. All are based on the specifics of the issued group policy.	1 2
	The Next Steps	[Group Name's [voluntary]]	Varies based on group policyholder preference	1
		[Go to [www.genworth.com/grouplrc] [Use Group ID: [XXXX] and [Access Code] [XXXX].] This website has.... today.]	Include website reference if available for the group. Insert group ID and Access Code,	2 1
		[and to enroll onlin today.]	Included based on case specific requirements	2
		[or]	Included if web site is available for group	2
	Inside Back Cover	Call [XXX.XXX.XXXX]	Varies based on case specific requirements	1
		[Most people would prefer to receive long term care in their own home if possible. [Over 70%] of our long term care insurance claims start with home care and [over 80%] continue with home care until the claim ends. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].]	May be deleted. If included, will use available statistics for latest year at time of print.	2 3
	Back Cover	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX],issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
<b>47804</b>	<b><u>04/01/12</u></b>	<b>Is this Program Right for You?</b>		
		[Genworth Logo/Group Logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		Genworth [YYYY] Cost of Care survey, conducted by CareScout[mm/yy]	Will use data and date from most recently published survey prior to publication date.	3

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Form	Title	Variable Text [***]	Explanation	Var Type
	<b>A trusted provider</b>	[35] years	Number of years is based on Genworth business operatoins data; Reference to "fastest growing provider" will appear if true based on most recent cited source.	3
		[and is the fastest growing provider of Group LTC Insurance.2]	Quote and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2
		[your employer/group name]	Insert "your employer" or the group's name based on policyholder preference.	1
	<b>The time is now...</b>	[More importantly, [Group Name] has chosen Genworth Life because they believe it's the best choice for you.]	Included based on policyholder preference. Insert Group Name	2 1
		[2 LIMRA's [2010] Total Long-Term Care Insurance Market Report]	In or out based on details of LIMRA survey; revise date with current survey	2 3
		[Also consider the following: 40% of long term care in this country is provided to working age people aged 18-64. [2][3] ]	Statement and citation may be deleted. Subsequent footnote numbers will be corrected if deleted.	2
		[This may be your...]	Paragraph in or out based on underwriting requirements at time of mailing; underwriting parameters vary based on case specific requirements	2 1
		aged [45]	Use personalized data or default to age[40, 45, 50, 55, 60, 65 or 70] based on demographics of the group	3
		...under the [Group Name] Program...	Insert Group Name/Voluntary based on group policyholder preference.	1
		Wait [5] ... [10]... [20] years	Insert number of years in 5-year intervals depending on age shown in the example above	3
		\$ [XXXX] Monthly premium*	Will use premium from case specific plan design.	1
		\$ [XXXX] Total paid by age 80	Amount shown is based on case specific premiums.	1
		* Assumes \$[xxx] [Daily/Monthly] Benefit; \$[ xxxx] Total Coverage [100%] of the [Daily/Monthly] Benefit available for Assisted Living care, [75%] of the [Daily/Monthly] Benefit available for home care, [XXX] day waiting period; and [Buy More Coverage Over Time]. assume that [each/no] benefit increase option[s] [has been taken][and that premiums for such purchases are taken from current rate tables for older ages]. [Premium rates shown do not include the [employer] contribution.]	Insert based on group specific plan design	1
		Group Policy number [XXXXX]	Insert based on group policy	1

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Form	Title	Variable Text [***]	Explanation	Var Type
48034 04/01/12	What are your premiums?	[Group Name]	Varies based on case specific details	1
		...on policy form series [7046, 7050, or 7053], underwritten by Genworth....	Insert Group specific policy form series.	1
	Title	[Genworth Logo/Group Logo]	Varies based on group policyholder preference	1
		[Premiums/Contributions]	Varies based on group policyholder preference	1 3
		[Monthly]	Varies based on case specific details	1
		[Group Name][Voluntary]	Varies based on group policyholder preference	1
		[employees][and] [their [spouses/[or][domestic] partners].	Varies based on case specific details	1
	Core Coverage paragraphs	[Group Name] Coverage. . .	Paragraph in or out based on Core plan under the group policy	2 1
		[Daily/Monthly] benefit of [\$XXX/XXXX]	Varies based on case specific details	1
		Total Coverage Amount of [\$XXX,XXXX]	Varies based on case specific details	1
		[Buy more coverage over time]	Varies based on case specific details	1
		[group name]	Varies based on case specific details	1
		[and selected additional ]	Insert if add'l options available in group plan	1 2
		[Group Name]	Varies based on case specific details	
		[Monthly/Daily]	Varies based on case specific details	1
		[Couples Discount...]	Varies based on case specific details	2 1
		[Preferred Health Discount...]	Varies based on case specific details	2 1
		[To find premiums .... XXXX]	Paragraph in or out based on case specific details	2 1
		[Group Name]	Varies based on case specific details	1
	Contact	[[Go to www.genworth.com/grouplrc].....]	In or out depending on web site or not	2 3
		Group ID, access code, website URL, and phone number	URL, group ID and access code, and phone number based on group specific	1
		[Monthly] [Employee][Premiums] for [Group Name]	Varies based on case specific details	1
		[\$3000][Daily/ Monthly][90 day] waiting period;[75%] of [monthly] benefit;[Informal Care]: benefit;	Insert amounts, daily or monthly and benefit types depending on the group plan design.	1
	Rate Tables	Total Coverage Choices [\$xxxxxxx]	Insert available Total Coverage amounts based on group specific plan	1
		[Buy more coverage over time][Autom 5% for Life comp][Auto 3% for Life comp]	Insert available benefit increase options based on group specific plan	1
		[\$xx.xx].....	Insert monthly rates for select ages for each of shown Daily or monthly benefits, total coverage amounts and benefit increase options.	1
		Modal Premium Disclosure	Included if modal factors affect premiums	2 1
	Inside Back Cover	Group Policy number [XXXXXX]	Insert based on group policy	1
Back Cover				

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Form	Title	Variable Text [***]	Explanation	Var Type
		[Group Name]	Varies based on case specific details	1
		...on policy form series [7046, 7050, or 7053], underwritten by Genworth....	Insert Group specific policy form series.	1
<b>49892</b>	<b>04/01/12</b>	<b>Announcement Postcard</b>		
		[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[employees]	Insert employees/associates/retirees/members	1
		[Group Name]	Insert group name or "voluntary" based on group policyholder preference	1
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Great news for eligible [Group Name] [employees][ and their families]!	Eligible classes are based on case specific requirements	1
		[With this Program, there is [no medical underwriting] [or], [streamlined underwriting], [depending on your age and the plan you choose] if you apply during this enrollment period.*]/[ The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]	Paragraph in or out based on underwriting requirements at time of mailing; underwriting parameters vary based on case specific requirements	2 1
		[Go to [www.genworth.com/group]tc] Group ID [XXXXX] and Access code [XXXX]...[Enroll online]]	In or out depending on whether group has a web site; Insert case specific URL, Group ID and Access Code	2 1
		[or] Call [888.888.8888]	Insert toll free number on a case specific basis	1
		[*Applies to eligible [employees] of [Group Name] who apply during this enrollment period. ...with the same terms.]	Substitute depending on group underwriting at the time of mailing.	2 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX], issued to [Group Name], on policy form series [7046, 7050, or 7053], underwritten by Genworth Life Insurance Company.	Insert Group Policy number, Group name, and appropriate policy form series.	1
<b>49921</b>	<b>04/01/12</b>	<b>Extension Postcard</b>		
		[Group Name Logo]	Insert group name / logo	1
		ENROLLMENT PERIOD EXTENDED TO [MONTH XX, XXXX]	Enrollment end date varies by group	1
		[Group Name]	Insert Group name	1
		ENROLLMENT PERIOD EXTENDED TO: [MONTH XX, XXXX]	Enrollment end date varies by group	1

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Form	Title	Variable Text [***]	Explanation	Var Type
		[No medical underwriting][or][Streamlined underwriting]	Paragraph in or out based on underwriting requirements at time of mailing; underwriting parameters vary based on case specific requirements	1 2
		[With this Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [,depending on your age and the plan you coose,] if you apply during this enrollment period.]*	Underwriting parameters vary based on case specific requirements	2
		[Go to [www.genworth.com/group]tc] [Use Group ID [XXXXX] and Access code [XXXX]] [Enroll online]	In or out depending on whether group has a web site; Insert case specific URL, Group ID and Access Code	2 1
		[or] [Call [888 888.8888] to speak with an expert on the Group Program.]	Varies based on case specific details	2 1
		*Applies to eligible [full-time/ or part-time ][actively at-work-employees][members in good standing][retirees] [under age [XX]] who apply during this enrollment period. This is a limited time offer and will not be available each year with the same term	Appears only if underwriting paragraph appears; varies based on case specific details.	2 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name] on policy form series [7046, 7050, or 7053], underwritten br Genworth Life Insurance Company.	Insert Group Policy number, Group name, and policy form.	1
<b>49922</b>	<b>04/01/12</b>	<b>Enrollment Flyer II</b>		
		[Genworth Logo/Group Logo]	Insert group (or Genworth Life) name and logo	1
		[Group Name]	Insert Group Name	1
		[Employees]	Insert employees/members/retirees based on group eligibility criteria	1
		[and your eligible family members],can help:	Based on case specific eligible classes	1
		[\$[42,000] a year for care in your home or \$[74,000] a year for care in a facility	Insert cost of care for group's location, based on Genworth Annual Cost of Care Survey. Will use data from most recently published survey prior to publication date.	3
		[Group Name]	Insert group name	1
		[and your eligible family members]	Based on case specific eligible classes	1
		[And, your group coverage can move with you if you should [change jobs [, retire] or] leave] [the [group]/Group Name]].	Will or will not appear based on group program specifics. Varies based on case specific requirements. "group" or the Group Name will end the statement.	2 1

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Form	Title	Variable Text [***]	Explanation	Var Type
		[We've made it easy...online at [www.genworth.com/groupplc] [Enter Group ID [XXXXX] and Access code [XXXXX]] or call [800 416.3624].	Insert case specific URL; In or out depending on whether group has Group ID and Access Code. Insert toll free number on a case specific basis	2 1
		([40] hours per week)and private nuesing home room. Genworth [2011] Cost of Care Survey. Conducted by CareScout, [04/11].	Will use data and date from most recently published survey prior to publication date.	3
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name] on policy form series [7046, 7050, or 7053].	Insert Group Policy number, Group name, and appropriate policy form series.	1
End EOV here				

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