

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 134612 04/30/12
Project Name/Number: 134612 04/30/12/134612 04/30/12

Filing at a Glance

Company: Genworth Life Insurance Company
Product Name: 134612 04/30/12
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form
Date Submitted: 12/13/2012
SERFF Tr Num: GEFA-128658764
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 134612 04/30/12

Implementation: On Approval
Date Requested:
Author(s): Brenda Bond, Ronald Jackson, June Lipscomb, Lisa Davis
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/02/2013
Disposition Status: Approved
Implementation Date:

State Filing Description:
Pending rate increase approvals.

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 134612 04/30/12
Project Name/Number: 134612 04/30/12/134612 04/30/12

General Information

Project Name: 134612 04/30/12 Status of Filing in Domicile: Pending
Project Number: 134612 04/30/12 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/02/2013
State Status Changed: 01/02/2013
Deemer Date: Created By: Brenda Bond
Submitted By: Lisa Davis Corresponding Filing Tracking Number:

Filing Description:

RE: Genworth Life Insurance Company
NAIC Group 350, Company 70025

134612 04/30/12, Limited Nonforfeiture Benefit Endorsement
134613 8/17/12, Contingent Nonforfeiture Benefit Endorsement

The above forms are being submitted for your review and approval. Form 134612 04/30/12 is a newer version of form 112087B 10/14/10 which has expired. Form number 134613 8/17/12 is a replacement for form 111362E 10/14/10. These forms are also being submitted to Delaware, our state of domicile.

Genworth Life Insurance Company plans on filing an inforce rate increase on certain closed blocks of long term care business. After approval, these endorsements will be given to policyholders who are affected by the resulting rate increase.

134612 04/30/12, Limited Nonforfeiture Benefit Endorsement, will be given to persons who have policies that do not have a nonforfeiture benefit, and whose rates will increase by a percentage that will not result in the right to receive a contingent nonforfeiture benefit. This will provide them with a limited right to receive a nonforfeiture benefit, as described in the endorsement.

134613 8/17/12, Contingent Nonforfeiture Benefit Endorsement, will be given to persons who have policies that were issued without a contingent nonforfeiture provision, and whose rates will increase by a percentage that will result in the right to receive a contingent nonforfeiture benefit. Those percentages are shown on the endorsement.

There are bracketed items appearing in these endorsements. A variability certification is included to clarify these items.

If there are any questions you may contact me using the information provided below.

Sincerely,

Brenda Bond
Product Development Analyst

State: Arkansas **Filing Company:** Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 134612 04/30/12
Project Name/Number: 134612 04/30/12/134612 04/30/12

Company and Contact

Filing Contact Information

Lisa Davis, Product Filing Analyst lisa.davis@genworth.com
 6620 West Broad Street 804-922-5343 [Phone]
 Bldg 2 - 5th Floor 804-281-6057 [FAX]
 Richmond, VA 23230

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: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Genworth Life Insurance Company	\$100.00	12/13/2012	65727050

State: Arkansas Filing Company: Genworth Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 134612 04/30/12
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/02/2013	01/02/2013

SERFF Tracking #:

GEFA-128658764

State Tracking #:

Company Tracking #:

134612 04/30/12

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

134612 04/30/12

Project Name/Number:

134612 04/30/12/134612 04/30/12

Disposition

Disposition Date: 01/02/2013

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Variability	Approved	Yes
Form	Limited Nonforfeiture Benefit Endorsement	Approved	Yes
Form	Contingent Nonforfeiture Benefit Endorsement	Approved	Yes

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 134612 04/30/12
Project Name/Number: 134612 04/30/12/134612 04/30/12

Filing Company: Genworth Life Insurance Company

Form Schedule

Lead Form Number: 134612 04/30/12								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/02/2013	Limited Nonforfeiture Benefit Endorsement	134612 04/30/12	POLA	Initial		52.600	134612 043012.pdf
2	Approved 01/02/2013	Contingent Nonforfeiture Benefit Endorsement	134613 8/17/12	POLA	Initial		52.400	134613 081712.pdf

Form Type Legend:

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

GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)
Administrative Office: [3100 Albert Lankford Drive], [Lynchburg, VA 24501]

Insured/Policyholder: [insured name1]
[insured name2]

[Policy] Number: [123456789]

LIMITED NONFORFEITURE BENEFIT ENDORSEMENT

This Endorsement adds the following Limited Nonforfeiture Benefit to the [Policy].

The Benefit

As stated in the [Policy], We will give You (the Customer) prior written notice of any change in the premium rates for the [Policy].

Subject to the Conditions and Payment Limitations below, this Benefit provides a continuation of the [Policy] if, no later than 90 days following the effective date of the premium rate increase:

- You provide Us with a written request signed by each insured to continue the [Policy] under this Limited Nonforfeiture Benefit Endorsement

Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is an amount equal to A minus B, where:

A= The sum of all premium paid for the [Policy], excluding any waived premium.

B= The amount of all benefits paid or payable under the [Policy] for expenses incurred prior to the date the [Policy] is continued under the provisions of this Benefit.

Conditions

Continuation of the [Policy] under the provisions of this Benefit is subject to the following conditions:

- The [Policy] will be continued under a paid-up status (with no further premium becoming due); subject to all of the terms and conditions of the [Policy].
- Except as stated below, the [Policy] will have the same Benefits, Elimination Period requirement and other payment limits that were in effect prior to the effective date of the premium rate increase on the [Policy].
- Any Benefit Increase provision that was in effect under the [Policy] will no longer apply.

Payment Limitations

Coverage under this Benefit ends and the [Policy] terminates when the first of the following occurs:

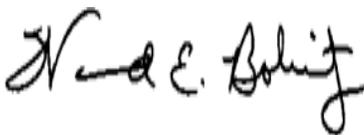
- the total amount paid under this Benefit equals the Nonforfeiture Allowance; or
- the maximum amount payable under the [Policy], as determined from the Schedule, is exhausted.

When This Endorsement Terminates

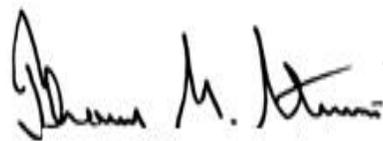
If not elected, this Endorsement automatically terminates 90 days after the effective date of the [Policy's] first premium rate increase that occurs on or after [**<Rate action effective date>** Mmmmmm dd,yyyy].

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

Signed for Genworth Life Insurance Company,



Secretary



President and CEO, Long Term Care Division

GENWORTH LIFE INSURANCE COMPANY

A Delaware domiciled stock insurance company (herein called We, Us and Our)
Administrative Office: [3100 Albert Lankford Drive], [Lynchburg, VA 24501]

Insured/Policyholder: [insured name1]
[insured name2]

[Policy] Number: [123456789]

CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Nonforfeiture Benefit to the above identified [Policy].

The Benefit

This Benefit allows You to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the [Policy].

How This Benefit Works

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

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

Table Indicating a Substantial Premium Increase*

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

* Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

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

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

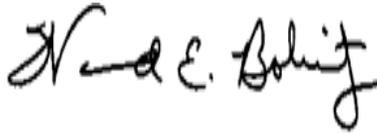
It will not be reduced by any Benefits previously paid under the [Policy].

Payment Limitations

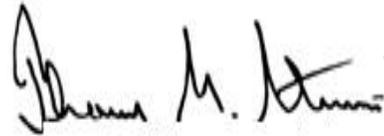
Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the [Policy], while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the [Policy] had remained in premium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

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

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

SERFF Tracking #:

GEFA-128658764

State Tracking #:**Company Tracking #:**

134612 04/30/12

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

134612 04/30/12

Project Name/Number:

134612 04/30/12/134612 04/30/12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	01/02/2013
Comments:			
Attachment(s):			
FleschScore.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	01/02/2013
Bypass Reason:	N/A on this endorsement filing		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	01/02/2013
Bypass Reason:	N/A on this endorsement filing. These endorsements will be used with the new rates which were filed on 12/13/2012 under the following SERFF Tracking numbers: GEFA-128791139, GEFA-128791239 and GEFA-128791135.		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	01/02/2013
Bypass Reason:	N/A on this endorsement filing.		

		Item Status:	Status Date:
Satisfied - Item:	Variability	Approved	01/02/2013
Comments:			
Attachment(s):			
SOV_134612_134613.pdf			

FLESCH SCORE CERTIFICATION

We certify that to the best of our knowledge and belief, the Flesch Score of the below referenced forms meet any readability requirements in effect in your state. The Flesch Scores are:

FORM NUMBER	FLESCH SCORE
134612 04/30/12	52.6
134613 8/17/12	52.4

For Genworth Life Insurance Company,

By: 

Paul Loveland
Vice President, Product Compliance

CERTIFICATION OF VARIABILITY
August 24, 2012

RE: 134612 04/30/12, Limited Nonforfeiture Benefit Endorsement
134613 8/17/12, Contingent Nonforfeiture Benefit Endorsement

We certify that the ranges bracketed will be as follows:

134612 04/30/12, LIMITED NONFORFEITURE BENEFIT ENDORSEMENT

Home Office/Administrative Office/Service Center

- The home office, administrative office and/or administrative office address at issue will appear.

Insured/Policyholder/Policy Number

- Any "John Doe" specific information regarding the actual name of the Owner and the policy number will be shown.

Policy

- Either Policy or Certificate will appear.

Rate action effective date

- The rate action effective date will appear.

134613 8/17/12, CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

Home Office/Administrative Office/Service Center

- The home office, administrative office and/or administrative office address at issue will appear.

Insured/Policyholder/Policy Number

- Any "John Doe" specific information regarding the actual name of the Owner and the policy number will be shown.

Policy

- Either Policy or Certificate will appear.

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. Any variable text included in this Statement of Variability will be effective only for future issues. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text included in this Statement will be allowed to be used on the referenced forms received by consumers.

For Genworth Life Insurance Company



Paul Loveland, Vice President Product Compliance