

**State:** Arkansas **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** MEGA 3  
**Project Name/Number:** MEGA 3/8010

## Filing at a Glance

Company: Genworth Life Insurance Company  
Product Name: MEGA 3  
State: Arkansas  
TOI: LTC03G Group Long Term Care  
Sub-TOI: LTC03G.001 Qualified  
Filing Type: Form/Rate  
Date Submitted: 01/10/2013  
SERFF Tr Num: GEFA-128674776  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 8010  
Implementation: On Approval  
Date Requested:  
Author(s): Richard Cromwell, June Lipscomb, Jeanette Mai, Jim Lites, Camisha Jones  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 01/28/2013  
Disposition Status: Approved  
Implementation Date:  
State Filing Description:

**State:** Arkansas **Filing Company:** Genworth Life Insurance Company  
**TOI/Sub-TOI:** LTC03G Group Long Term Care/LTC03G.001 Qualified  
**Product Name:** MEGA 3  
**Project Name/Number:** MEGA 3/8010

## General Information

Project Name: MEGA 3 Status of Filing in Domicile: Pending  
Project Number: 8010 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: Pending  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type: Labor Union  
Overall Rate Impact: Filing Status Changed: 01/28/2013  
State Status Changed: 01/28/2013  
Deemer Date: Created By: Jeanette Mai  
Submitted By: Jim Lites Corresponding Filing Tracking Number:

### Filing Description:

Re: Genworth Life Insurance Company  
FEIN # 91-6027719 NAIC # 70025  
GROUP ACCIDENT AND HEALTH INSURANCE  
Long Term Care Insurance Policies 8010POL, et al. and 8011POL et al. (See enclosed Attachment A)

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

The group policies are guaranteed renewable and intended to provide federally tax qualified long term care insurance under the Health Insurance Portability and Accountability Act of 1996.

Premium rates for the policy forms, 8010POL et al are gender based.

Policy forms 8011POL et al are identical to policy forms 8010POL et al except that the premiums for the policy/certificate and related endorsements/riders are unisex based rather than gender based. Accordingly, all references to gender have been removed.

The forms are designed so that the group master policy may be issued to any group eligible by statute and/or regulation in your state for long term care insurance. Coverage may be issued to eligible employees or eligible retirees of an employer group or eligible members of other allowable groups. Coverage may also be offered to any of the following family members of eligible employees of employer groups, eligible retirees of employer groups or the eligible participants of other allowable groups: spouse, partner, surviving spouse or partner, adult child, sibling, parent or grandparent.

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

The group policyholder will select and design the number and types of plans it wishes to offer to applicants. The policyholder will design these plans with respect to selecting single or multiple options of the following:

- Rate Guarantee Period

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- Eligibility for Coverage
- Coverage Maximum
- Elimination Period
- Nursing Facility Maximum
- Benefit Increase Options
- Optional Benefits and Riders
- Policyholder contribution to premium payment

Parameters for these category options are included in the Statement of Variability attached.

Benefit Provisions. The following core benefits will be included in each policy/certificate:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture Benefit

The following optional riders and endorsements may be offered with the policy/certificate (based on plan design):

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

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

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Additional Forms. A Personal Worksheet, Master Application, Application Part I, Coverage Selection form and Things You Should Know form are included for your review and approval.

Format. The forms will be computer generated and printed. The enclosed forms are in final printed format other than "John Doe" and bracketed variable information included for filing purposes. We ask that minor modifications in paper size and stock, ink, border, company logo, signatures and titles, font type (but not size) and adaptation to electronic and computer printing will be allowed.

Marketing Method. This product will be marketed through employee meetings, agent/producer assisted sales, the Internet or the direct response method. Each applicant will receive an Outline of Coverage at time of application.

It is our intention to use Potential Rate Increase Disclosure form 45912 04/04/11, Application form 43160, Application Part II form 133363 05/15/12, and Overflow form 135282 01/01/13 in the solicitation of this product. These forms were previously approved by your Department on 6/20/2011, 9/13/2005 and 8/8/2012 respectively. We also intend to use Wellness Endorsement form, 7053 END-WE, previously approved by your Department on 6/20/2011.

In addition, we are submitting a completed Long Term Care Partnership Certification Form in order that, upon approval, the policy may be marketed as a qualified Partnership Policy under your state's Long Term Care Partnership Program. Certificates issued to residents of your state, pursuant to group master policies issued to eligible groups outside the state on policy form series 8010POL and 8011POL (as approved in the situs state of the group), are included in this certification, and will qualify for the Long Term Care Partnership Program.

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

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

Sincerely,

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

Attachment A

Form Number Description

8010POL Policy (Gender Based)  
8010CRT Certificate

Endorsements

8010 END-FPO Future Purchase Option  
8010 END-GPO Guaranteed Purchase Option  
8010 END-WHC Waiver of Home and Community Care Elimination Period

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8010 END-INF International Nursing Facility  
 8010 END-IC International Coverage Benefit

Riders

8010 RDR-RP10 10 Year Refund of Premium on Death Benefit  
 8010 RDR-GRP Graded Refund of Premium on Death  
 8010 RDR-RB Restoration Benefit  
 8010 RDR-TB Transition Benefit  
 8010 RDR-NFO Nonforfeiture Benefit  
 8010 RDR-SB Shared Benefit  
 8010 RDR-SURV10 10 Year Survivorship Benefit  
 8010 RDR-ESURV Enhanced Survivorship Benefit  
 8010 RDR-SBI Simple Benefit Increase  
 8010 RDR-CBI Compound Benefit Increase  
 8010 RDR-LP65 To Age 65 Premium Payment  
 8010 RDR-LP10 10 Year Premium Payment  
 8010 RDR-INFC Informal Care Benefit

8010-OL Outline of Coverage

8011POL Policy (Unisex)  
 8011CRT Certificate

Endorsements

8011 END-FPO Future Purchase Option  
 8011 END-GPO Guaranteed Purchase Option  
 8011 END-WHC Waiver of Home and Community Care Elimination Period  
 8011 END-INF International Nursing Facility  
 8011 END-IC International Coverage Benefit

Riders

8011 RDR-RP10 10 Year Refund of Premium on Death Benefit  
 8011 RDR-GRP Graded Refund of Premium on Death  
 8011 RDR-RB Restoration Benefit  
 8011 RDR-TB Transition Benefit  
 8011 RDR-NFO Nonforfeiture Benefit  
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8011-OL Outline of Coverage

Applications

80108011MA Master Application  
 135343 01/01/13 Application Part I

Additional Forms

135342 01/01/13 Coverage Selection  
 135923 01/01/13 Personal Worksheet  
 135922 01/01/13 Things You Should Know

Actuarial Memoranda and Rate Sheets  
 Statement of Variability  
 Certificate of Readability

**Company and Contact**

**Filing Contact Information**

James Lites, Filing Analyst james.lites@genworth.com  
 401 Parkway Place Drive 888-325-5433 [Phone] 7493 [Ext]  
 Little Rock, AR 72211 434-522-3470 [FAX]

**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: \$2,450.00  
 Retaliatory? Yes  
 Fee Explanation: 47 Forms @ \$50.00 each = \$2350.00  
 2 Rates @ \$50.00 each = \$100.00  
 Total = \$2450.00  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Genworth Life Insurance Company	\$2,450.00	01/10/2013	66442255

SERFF Tracking #:

GEFA-128674776

State Tracking #:

Company Tracking #:

8010

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

MEGA 3

Project Name/Number:

MEGA 3/8010

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/28/2013	01/28/2013

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Non-Filed Consumer Notice for Information	Jim Lites	01/25/2013	01/25/2013

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## Disposition

Disposition Date: 01/28/2013

Implementation Date:

Status: Approved

Comment:

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

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Supporting Document	Long Term Care Partnership Certification	Approved	Yes
Supporting Document	Non-Filed Consumer Notice for Information	Approved	Yes
Form	Group Master Policy	Approved	Yes
Form	Group Master Policy	Approved	Yes
Form	Certificate	Approved	Yes
Form	Certificate	Approved	Yes
Form	Future Purchase Option Endorsement	Approved	Yes
Form	Future Purchase Option Endorsement	Approved	Yes

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Guaranteed Purchase Option Endorsement	Approved	Yes
Form	Guaranteed Purchase Option Endorsement	Approved	Yes
Form	Waiver of Home and Community Care Elimination Period Endorsement	Approved	Yes
Form	Waiver of Home and Community Care Elimination Period Endorsement	Approved	Yes
Form	International Nursing Facility Endorsement	Approved	Yes
Form	International Nursing Facility Endorsement	Approved	Yes
Form	International Coverage Benefit Endorsement	Approved	Yes
Form	International Coverage Benefit Endorsement	Approved	Yes
Form	10 Year Refund of Premium on Death Benefit Rider	Approved	Yes
Form	10 Year Refund of Premium on Death Benefit Rider	Approved	Yes
Form	Graded Refund of Premium on Death Rider	Approved	Yes
Form	Graded Refund of Premium on Death Rider	Approved	Yes
Form	Restoration Benefit Rider	Approved	Yes
Form	Restoration Benefit Rider	Approved	Yes
Form	Transition Benefit Rider	Approved	Yes
Form	Transition Benefit Rider	Approved	Yes
Form	Nonforfeiture Benefit Rider	Approved	Yes
Form	Nonforfeiture Benefit Rider	Approved	Yes
Form	Shared Benefit Rider	Approved	Yes
Form	Shared Benefit Rider	Approved	Yes
Form	10 Year Survivorship Benefit Rider	Approved	Yes

State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	10 Year Survivorship Benefit Rider	Approved	Yes
Form	Enhanced Survivorship Benefit Rider	Approved	Yes
Form	Enhanced Survivorship Benefit Rider	Approved	Yes
Form	Simple Benefit Increase Rider	Approved	Yes
Form	Simple Benefit Increase Rider	Approved	Yes
Form	Compound Benefit Increase Rider	Approved	Yes
Form	Compound Benefit Increase Rider	Approved	Yes
Form	To Age 65 Premium Payment Rider	Approved	Yes
Form	To Age 65 Premium Payment Rider	Approved	Yes
Form	10 Year Premium Payment Rider	Approved	Yes
Form	10 Year Premium Payment Rider	Approved	Yes
Form	Informal Care Benefit Rider	Approved	Yes
Form	Informal Care Benefit Rider	Approved	Yes
Form	Outline of Coverage	Approved	Yes
Form	Outline of Coverage	Approved	Yes
Form	Master Application	Approved	Yes
Form	Application Part I	Approved	Yes
Form	Coverage Selection	Approved	Yes
Form	Personal Worksheet	Approved	Yes
Form	Things You Should Know	Approved	Yes
Rate	Standard Premium Rates RS Form 8010	Approved	Yes
Rate	Standard Premium Rates RS Form 8011	Approved	Yes

SERFF Tracking #:

GEFA-128674776

State Tracking #:

Company Tracking #:

8010

State:

Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI:

LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name:

MEGA 3

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## Amendment Letter

Submitted Date: 01/25/2013

Comments:

Non-filed consumer notice form 62133, required by Arkansas Bulletin 15-2009, is attached for your information.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

### Supporting Document Schedule Item Changes

Satisfied - Item:	Non-Filed Consumer Notice for Information
Comments:	Non-Filed Consumer Notice required by Arkansas Bulletin 15-2009 is attached for your information.
Attachment(s):	
62133_AR Notice.pdf	

State: Arkansas

Filing Company:

Genworth Life Insurance Company

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## Form Schedule

### Lead Form Number: 8010POL

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/25/2013	Group Master Policy	8010POL	POL	Initial		56.800	8010POL.pdf
2	Approved 01/25/2013	Group Master Policy	8011POL	POL	Initial		56.800	8011POL.pdf
3	Approved 01/25/2013	Certificate	8010CRT	CER	Initial		52.600	8010CRT.pdf
4	Approved 01/25/2013	Certificate	8011CRT	CER	Initial		52.600	8011CRT.pdf
5	Approved 01/25/2013	Future Purchase Option Endorsement	8010 END-FPO	CERA	Initial		58.500	8010 END-FPO.pdf
6	Approved 01/28/2013	Future Purchase Option Endorsement	8011 END-FPO	CERA	Initial		58.500	8011 END-FPO.pdf
7	Approved 01/28/2013	Guaranteed Purchase Option Endorsement	8010 END-GPO	CERA	Initial		56.000	8010 END-GPO.pdf
8	Approved 01/28/2013	Guaranteed Purchase Option Endorsement	8011 END-GPO	CERA	Initial		56.000	8011 END-GPO.pdf
9	Approved 01/28/2013	Waiver of Home and Community Care Elimination Period Endorsement	8010 END-WHC	CERA	Initial		69.200	8010 END-WHC.pdf
10	Approved 01/28/2013	Waiver of Home and Community Care Elimination Period Endorsement	8011 END-WHC	CERA	Initial		69.200	8011 END-WHC.pdf

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## Lead Form Number: 8010POL

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11	Approved 01/28/2013	International Nursing Facility Endorsement	8010 END-INF	CERA	Initial		50.500	8010 END-INF.pdf
12	Approved 01/28/2013	International Nursing Facility Endorsement	8011 END-INF	CERA	Initial		50.500	8011 END-INF.pdf
13	Approved 01/28/2013	International Coverage Benefit Endorsement	8010 END-IC	CERA	Initial		52.000	8010 END-IC.pdf
14	Approved 01/28/2013	International Coverage Benefit Endorsement	8011 END-IC	CERA	Initial		52.000	8011 END-IC.pdf
15	Approved 01/28/2013	10 Year Refund of Premium on Death Benefit Rider	8010 RDR-RP10	CERA	Initial		59.100	8010 RDR-RP10.pdf
16	Approved 01/28/2013	10 Year Refund of Premium on Death Benefit Rider	8011 RDR-RP10	CERA	Initial		59.100	8011 RDR-RP10.pdf
17	Approved 01/28/2013	Graded Refund of Premium on Death Rider	8010 RDR-GRP	CERA	Initial		58.500	8010 RDR-GRP.pdf
18	Approved 01/28/2013	Graded Refund of Premium on Death Rider	8011 RDR-GRP	CERA	Initial		58.500	8011 RDR-GRP.pdf
19	Approved 01/28/2013	Restoration Benefit Rider	8010 RDR-RB	CERA	Initial		55.500	8010 RDR-RB.pdf
20	Approved 01/28/2013	Restoration Benefit Rider	8011 RDR-RB	CERA	Initial		55.500	8011 RDR-RB.pdf

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## Lead Form Number: 8010POL

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
21	Approved 01/28/2013	Transition Benefit Rider	8010 RDR-TB	CERA	Initial		58.400	8010 RDR-TB.pdf
22	Approved 01/28/2013	Transition Benefit Rider	8011 RDR-TB	CERA	Initial		58.400	8011 RDR-TB.pdf
23	Approved 01/28/2013	Nonforfeiture Benefit Rider	8010 RDR-NFO	CERA	Initial		55.500	8010 RDR-NFO.pdf
24	Approved 01/28/2013	Nonforfeiture Benefit Rider	8011 RDR-NFO	CERA	Initial		55.500	8011 RDR-NFO.pdf
25	Approved 01/28/2013	Shared Benefit Rider	8010 RDR-SB	CERA	Initial		58.300	8010 RDR-SB.pdf
26	Approved 01/28/2013	Shared Benefit Rider	8011 RDR-SB	CERA	Initial		58.300	8011 RDR-SB.pdf
27	Approved 01/28/2013	10 Year Survivorship Benefit Rider	8010 RDR-SURV10	CERA	Initial		56.600	8010 RDR-SURV10.pdf
28	Approved 01/28/2013	10 Year Survivorship Benefit Rider	8011 RDR-SURV10	CERA	Initial		56.600	8011 RDR-SURV10.pdf
29	Approved 01/28/2013	Enhanced Survivorship Benefit Rider	8010 RDR-ESURV	CERA	Initial		58.700	8010 RDR-ESURV.pdf
30	Approved 01/28/2013	Enhanced Survivorship Benefit Rider	8011 RDR-ESURV	CERA	Initial		58.700	8011 RDR-ESURV.pdf
31	Approved 01/28/2013	Simple Benefit Increase Rider	8010 RDR-SBI	CERA	Initial		59.200	8010 RDR-SBI.pdf
32	Approved 01/28/2013	Simple Benefit Increase Rider	8011 RDR-SBI	CERA	Initial		59.200	8011 RDR-SBI.pdf

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## Lead Form Number: 8010POL

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
33	Approved 01/28/2013	Compound Benefit Increase Rider	8010 RDR- CBI	CERA	Initial		60.800	8010 RDR-CBI.pdf
34	Approved 01/28/2013	Compound Benefit Increase Rider	8011 RDR- CBI	CERA	Initial		60.800	8011 RDR-CBI.pdf
35	Approved 01/28/2013	To Age 65 Premium Payment Rider	8010 RDR- LP65	CERA	Initial		54.500	8010 RDR- LP65.pdf
36	Approved 01/28/2013	To Age 65 Premium Payment Rider	8011 RDR- LP65	CERA	Initial		54.500	8011 RDR- LP65.pdf
37	Approved 01/28/2013	10 Year Premium Payment Rider	8010 RDR- LP10	CERA	Initial		59.500	8010 RDR- LP10.pdf
38	Approved 01/28/2013	10 Year Premium Payment Rider	8011 RDR- LP10	CERA	Initial		59.500	8011 RDR- LP10.pdf
39	Approved 01/28/2013	Informal Care Benefit Rider	8010 RDR- INFC	CERA	Initial		58.400	8010 RDR- INFC.pdf
40	Approved 01/28/2013	Informal Care Benefit Rider	8011 RDR- INFC	CERA	Initial		58.400	8011 RDR- INFC.pdf
41	Approved 01/28/2013	Outline of Coverage	8010-OL	OUT	Initial		54.200	8010-OL.pdf
42	Approved 01/28/2013	Outline of Coverage	8011-OL	OUT	Initial		54.200	8011-OL.pdf
43	Approved 01/28/2013	Master Application	80108011M A	AEF	Initial		0.000	80108011MA.pdf
44	Approved 01/28/2013	Application Part I	135343 01/01/13	AEF	Initial		55.900	135343_010113_n onsecure.pdf

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## Lead Form Number: 8010POL

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
45	Approved 01/28/2013	Coverage Selection	135342 01/01/13	OTH	Initial		0.000	135342_010113_n onsecure (2).pdf
46	Approved 01/25/2013	Personal Worksheet	135923 01/01/13	OTH	Initial		0.000	135923_010113_n onsecure.pdf
47	Approved 01/25/2013	Things You Should Know	135922 01/01/13	OTH	Initial		0.000	135922_010113_n onsecure.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

**GENWORTH LIFE INSURANCE COMPANY**

A Stock Insurance Company (herein called We, Us and Our)

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

**GROUP LONG TERM CARE INSURANCE POLICY (“Group Policy”)**

**DECLARATIONS**

**Policyholder:** [XYZ Employer/Association]

**Group Policy Number:** [XXXXXX]

**Group Policy Effective Date:** [January 1, 2013]

**Group Policy Issued In:** [State]

**Group Policy Anniversary Dates:** [January 1 of 2014] and each succeeding year

**Premium Due Dates:** [The Group Policy Effective Date and the first day of each succeeding month]

**[Rate Guarantee Period:** [xx] years from the Group Policy Effective Date]

This Group Policy is issued in consideration of payment of any required Premium, as stated in the Premium Rate Schedule, and any applicable Application. We will provide Coverage to the Policyholder and any Insured in accordance with the terms, provisions and conditions of this Group Policy and its Certificate(s).

This Group Policy becomes effective on the Group Policy Effective Date. All time periods under this Group Policy start and end at 12:01 a.m. Eastern Time in the United States.

**Signed for Genworth Life Insurance Company.**

Secretary

President and CEO, Long Term Care Division]

**NOTICES: PLEASE READ CAREFULLY!**

This Group Policy, and any Certificate(s) issued hereunder, may not cover all of the costs associated with long term care incurred during the period of Coverage. The buyer is advised to review carefully all Policy limitations.

**Neither this Group Policy, nor any Certificate issued hereunder, is a Medicare Supplement Policy. If a person is eligible for Medicare, the Guide to Health Insurance for People with Medicare is available from Us for review.**

**TAX DISCLOSURE: This Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.**

**NOTE:** The Insurance Department, or similar regulating body, of the State in which this Group Policy is issued does not in any way warrant that this Group Policy meets the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

**The Group Policy is non-participating.**

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## GENERAL DEFINITIONS

This section provides the definitions of words used in this Group Policy that have a special meaning when applied to this Group Policy. Additional definitions or explanations may also appear in this Group Policy, including the Schedule, where they can assist the Policyholder in understanding related text. To help the Policyholder recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

**Application** means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by Policyholder.

**Benefits** mean each of the benefits identified in the Certificate's Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of the Certificate.

**Certificate** means the certificate issued to each Insured under this Group Policy, including all applicable Application(s), and any riders, endorsements, amendments and attachments. It evidences Coverage an Insured has under this Group Policy, including Continuation Coverage described in the Period of Coverage section.

**Coverage** means the Benefits available to an Insured under the Group Policy, as evidenced by the Insured's Certificate.

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

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

**Direct Billed** means the obligation an Insured has to pay any Premium directly to Us or Our administrator in order to maintain Coverage under the Insured's Certificate when the Policyholder is not paying Premium on the Insured's behalf.

**Elimination Period** means the length of time, as stated in an Insured's Schedule before the Insured is entitled to Benefits under the Coverage. The Insured's Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which an Insured receives Covered Care. Each Benefit provided for under the Certificate states the extent to which Coverage is subject to the Elimination Period.

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

Covered Care an Insured receives and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication or Coordination With Other Coverage provisions as provided for in the Certificate may be used to satisfy the Elimination Period.

**Group Policy** means the policy issued under the Group Policy Number shown on the Declarations page of this Group Policy.

**Insured** means each individual that is issued a Certificate under this Group Policy.

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

**Policyholder** means the entity named as the Policyholder on the Declarations page of this Group Policy.

**Premium** means the premium identified in the Premium Rate Schedule, as attached to the Schedule of Exhibits of this Group Policy, or where noted, as reflected in the Schedule of an Insured's Certificate. Premium may change in accordance with the terms of this Group Policy.

**Premium Due Date** means the date on which Premium is due to be paid to Us.

**Qualified Long Term Care Services** means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance Or Personal Care Services which:

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

As used above, **Maintenance Or Personal Care Services** means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which an Insured is Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

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

**Schedule** means the section of an Insured's Certificate that states an Insured's Coverage features and limits as of the original Certificate Effective Date, and as may change over time. Changes in an Insured's Schedule may be made by Rider.

**Spouse or Partner** means the person:

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

Spouse or Partner excludes:

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

The Insured may only have one Spouse or Partner for purposes of the Certificate.

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

**Unearned Premium** equals A multiplied by [B divided by C], that is,  $(A * [B/C])$ , where:

A = The total Premium paid during the Coverage Period.

B = The number of days remaining in the Coverage Period after the Insured's Coverage has ended.

C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. There is no Unearned Premium for Coverage which has become paid-up.

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

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

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

## GENERAL PROVISIONS

### Contract

This Group Policy constitutes the entire contract between the Policyholder and Us. While this Group Policy is in force, it determines governing contractual provisions between the Policyholder and Us. No change in this Group Policy is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, this Group Policy. No agent or producer has the authority to change the Group Policy, or any Certificate, or waive any of their provisions.

Payment of Premium following:

- a change to Coverage requested by the Policyholder; or
  - a change in Premium as provided in Our Right to Change Premiums provision;
- shall constitute acceptance by the Policyholder of any such change.

The Group Policy consists of:

- the Declarations page;
- the Table of Contents page;
- the General Definitions,
- these General Provisions;
- the Premium Provisions;
- the Discontinuance Provisions
- the Group Policy's Application(s) and any supplements thereto;
- any Group Policy Riders and Endorsements;
- the Schedule of Exhibits, which includes the Group Policy Eligibility Schedule(s), Benefits Master Schedule(s), Premium Rate Schedule(s) and all applicable Certificate form(s), Riders and Endorsements.

### Governing Jurisdiction

The Group Policy is governed by the laws of the State where this Group Policy is issued, as stated in the Declarations page of this Group Policy.

### Incontestability/Misstatements

We will not contest the validity of the Group Policy after it has been in force two (2) years, except for nonpayment of Premium. Benefits We pay will not be recovered by Us if the Group Policy is rescinded.

We may also have the right to deny benefits or rescind an Insured's Coverage as provided for in the Misstatements and Incontestability provision of the Insured's Certificate.

### Certificates

We will furnish an individual Certificate for delivery to each Insured. The Certificate will include a description of the following:

- the Benefits and Coverage available;
- Premium and renewal requirements;
- the applicable exclusions and limitations;
- information regarding filing a Claim for the payment of Benefits;
- other important information regarding the Coverage .

### Non-Participating; Dividends Not Payable

This Group Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

### **Coverage Under The Group Policy**

This Group Policy is issued to the Policyholder, whose acceptance is evidenced by the signed Application for this Group Policy and payment of any required Premium. No Coverage under this Group Policy shall take effect:

- unless such Coverage is approved by Us in writing;
- before the Group Policy Effective Date stated in the Declarations page; nor
- after the date We cease to offer such Coverage under this Group Policy as provided in the Discontinuation Provisions.

### **Information To Be Furnished**

The Policyholder and each Insured will furnish Us with all information, which We reasonably require from time to time, related to the Coverage provided and any reporting requirements imposed under applicable law. This includes information that will enable Us to determine Premium and an Insured's eligibility for Coverage.

The Policyholder will allow Us to inspect all documents, books and records which relate to Premium, eligibility for Coverage, and an Insured's Coverage under this Group Policy.

On, or prior to January 31st of each year, We will furnish copies of any information We are required to report to the Internal Revenue Service. The information:

- will be given to each Insured where Benefits have been paid during the preceding year; and
- will show the aggregate amount of Benefits paid to an Insured.

We may also prepare and report other information required by law or regulation.

### **Group Policy Changes**

The Group Policy may be changed at any time by written agreement between the Policyholder and Us without the consent of any other person. No change in this Group Policy is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, this Group Policy. No agent or producer has the authority to change the Group Policy or any Certificate or waive any of their provisions. We may amend this Group Policy unilaterally, without Policyholder's written consent, if:

- the Policyholder has made a written request to amend this Group Policy and We have agreed to such amendment;
- the amendment is required so that this Group Policy will conform to any law, regulation or ruling of:
  - any State that affects this Group Policy or any Insured covered under the Group Policy; or
  - the federal government.
- We change the Premium in accordance with the terms of this Group Policy.

### **Persons Eligible for Coverage**

A person who is a member of an Eligible Class defined in the Group Policy Eligibility Schedule attached to this Group Policy can apply for the Coverage available for such Eligible Class under this Group Policy. The person must apply for Coverage while a member of his or her Eligible Class. We must be provided with proof of insurability, in a form and manner We specify and that is satisfactory to Us.

If the information provided to Us by the Policyholder or an Insured incorrectly identifies a person as being eligible, We have the right to deny benefits or rescind that person's Coverage as provided for in the Clerical Error and Misstatement of Eligibility provision.

### **Coverage Limitation**

We reserve the right to limit the initial Coverage amounts for an Insured based on Our maximum issue limits in effect at the time the Certificate is issued, as determined from the Benefits Master Schedule. These limitations may take into consideration other coverage the Insured may have under another long term care insurance policy or certificate.

**Conformity With Internal Revenue Code**

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

**Currency**

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

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

**No Cash Values, Borrowing, Or Use As Collateral**

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

**Communications Through Electronic Means Or Other Technologies**

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

**Clerical Error and Misstatement of Eligibility**

Clerical error, misstatement as to an Insured's eligibility, or delays in making entries on the records by the Policyholder or Us:

- will not void an Insured's Coverage if an Insured's Coverage would otherwise have been in effect; and
- will not cause an Insured to become insured if they are otherwise not eligible; and
- will not extend Coverage if Coverage would otherwise have ended or been reduced.

If a clerical error or misstatement is found, Premium and/or Benefits will be adjusted based on the true facts and the provisions of this Group Policy or the Certificate.

## PREMIUM PROVISIONS

### Premium Rates

The initial Premium rates appear in the Premium Rate Schedule attached to this Group Policy. They can be changed as stated in these Premium Provisions. Premium for each Insured will be based on his or her age and gender as shown in the Insured's Certificate.

### [Premium Rate Guarantee

Premium rates are guaranteed only for the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy. This guarantee does not apply to a rate change due to a change in the terms of Coverage, in benefits, in eligible classes, or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision.

At the expiration of the Rate Guarantee Period, We may change Premium as stated in the Right to Change Premium provision.]

### Payment Of Premiums And Grace Period

The total Premium due on any Premium Due Date will be the sum of the Premiums due for the Coverage provided for all Insureds. The Policyholder is responsible for submitting Premium for all Insureds, except those for Insureds who are Direct Billed. Insureds who are Direct Billed, must pay their Premium directly to Us or Our insurance administrator as specified in the Insured's Certificate. When the Policyholder is responsible for paying Premium, Premium must be paid within [31/45/60] days of the Premium Due Date. If Premium is not paid within the specified period, the Grace Period provisions will apply.

Premiums will be determined in accordance with the Premium Rate Schedule.

### Grace Period

The **Grace Period** is the period of time specified below during which any due and unpaid Premium payment, after the First Premium, must be paid in order to keep this Group Policy from being discontinued for non-payment of Premium in accordance with the Discontinuance Provisions. This Group Policy will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in discontinuance of this Group Policy as of the Premium Due Date.

The Grace Period will begin on the Premium Due Date when the Premium payment has not been received by Us. If, after a period ending 31 days following the Premium Due Date, we have not received the Premium which is due, we will send a written notice of Discontinuance for non-payment of Premium to Policyholder at the address Policyholder has provided. This notice will explain that a Premium payment has been missed and will show the Premium amount that the Policyholder must pay no later than the end of the Grace Period so that this Group Policy is not discontinued for non-payment of Premium in accordance with the Discontinuance Provision. This notice will provide the Policyholder with an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

### Right To Change Premium

We reserve the right to change Premium on or after any of the following dates:

- [the date the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy expires;]
- the date there is a change in benefits or eligibility for benefits under this Group Policy;
- the date there is a change in: benefits; the terms of Coverage; eligible classes; or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision, including, but not limited to, changes in rating practices;
- the date We determine an increase is applicable because of a change in the factors bearing on the risk assumed, or Our estimates for future cost factors;

- the date We determine an increase is applicable because of actual or expected experience. A change in Premium rates due to experience may occur only once during any 12 month period.

We can change Premium either on a Group Policy or class basis. Written notice of any such change in Premium will be given to the Policyholder [60/90/120/180] days before the effective date of the change.

Premium will not change due to a change in an Insured's age, health, or use of benefits. A change in Premium may occur only once during any 12 month period.

## DISCONTINUANCE PROVISIONS

### Discontinuance Of The Offer Of Coverage Under The Group Policy

The Policyholder may elect to discontinue the offer of Coverage under this Group Policy for any, or all, Eligible Classes stated in the Group Policy Eligibility Schedule. We must be given 31 days advance written notice of any such election by the Policyholder. The notice must provide Us with the date on which the Policyholder has elected such discontinuance to take effect.

Following at least [31/60/90/180] days advance written notice to the Policyholder, We have the right to discontinue the offer of new or additional Coverage under the Group Policy:

- when the Group Policy is replaced;
- when the number of insured Eligible Persons is less than [2 - 20];
- with respect to Eligible Family Members if the number of Eligible Persons insured is less than [2 - 20] [;and
- with respect to any class or classes of Eligible Persons (including Eligible Family Members) any time after the most recent Rate Guarantee Period, if any, has expired].

### Discontinuance For Failure To Pay Premium

This Group Policy may be discontinued for failure of the Policyholder to pay Premium in accordance with the requirements of Payment of Premiums and Grace Period provision of this Group Policy. This Group Policy may also be discontinued as of the effective date of a Premium increase if the Policyholder provides Us with Prior written notice of such discontinuance.

### Continuation Coverage

Discontinuance of this Group Policy shall not affect an Insured's right to continue any Coverage in effect at the time of the discontinuance. An Insured's Coverage is guaranteed renewable and may be continued in accordance with the Continuation Coverage provision in the Insured's Certificate even if this Group Policy is discontinued in accordance with the Discontinuance Provisions of this Group Policy.

An Insured must pay Us all Premium required for the continuation of the Insured's Coverage. The Premium for the continuation of the Insured's Coverage may change in the future as stated in the Premium and Renewal section of the Certificate.

[If the Policyholder stops paying Premium for all or a portion of the Insured's Coverage for any reason, the Insured has the right to continue that Coverage by paying the Premium. In this event, We will send the Insured a notice giving the Insured the option to pay the difference in Premium and maintain the Insured's Coverage.]

## **SCHEDULE OF EXHIBITS**

The Group Policy includes the following Exhibits and related forms and listings

- The Group Policy Eligibility Schedule.
- The Benefits Master Schedule.
- The Certificate Forms (including any applicable optional Riders and Endorsements and required version pages for specific States).
- The Premium Rate Exhibit.

## GROUP POLICY ELIGIBILITY SCHEDULE

**Group Policyholder:** [XYZ Employer/Association]

**Group Policy Number:** [LTCG-XXXX]

**Schedule Effective Date:** [January 1, 2013]

### ELIGIBILITY FOR COVERAGE

A person who is a member of an Eligible Class, as defined below, can apply for the Coverage available for such Eligible Class.

[All Eligible Persons and their Eligible Family Members as defined below who:

- are at least 18 years of age (or the age of majority if greater where the person resides);
- are, at the time of Application, less than [80] years of age [(this age limit does not apply to persons whose eligibility is based on being an employee)];
- have a valid Social Security or individual Tax Identification Number from the United States government; and
- at the time of Application maintain a permanent residence in the United States of America, or one of its territories or possessions.

If We determine that residents of a State are prohibited by law from being insured under this Group Policy, such persons will not be included in the classes of persons eligible for Coverage.]

**[Minimum Participation Requirements:** The Group Policy will not take effect unless [at least the lesser of [3-10] or [5 - 20%] of eligible [employees][members] are enrolled on the effective date.]

**[Coverage Limits:** Each Insured is subject to the Company's maximum issue limits in effect on his or her Coverage Effective Date. These limitations may take into consideration other coverage the Insured may have under another long term care insurance policy or certificate.]

**Eligible Class I:** [All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis. ]

- **[Employees:** All hourly or salaried employees of the Policyholder, other than members of Class II, who are Actively at Work on a full-time or part-time basis. Full-time means working for the Policyholder at least [40] hours per Week; part-time means working for the Policyholder at least [17.5] hours per Week. A Week is considered to start at 12:01 a.m. on Sunday and end at 12:01 a.m. on the following Sunday.]

[Actively at Work means You, the proposed Insured, are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

- **[Retirees:** Former employees of the Policyholder who have retired under the Policyholder's retirement or pension plan, and who satisfy the age and service requirements determined by the Policyholder.]
- **[Members:** All members in good standing with the Policyholder.]

**Eligible Class II:** All persons associated with the Policyholder in the manner described below. Coverage is on a [non-contributory] basis.

- **Employees:** All employees of the Policyholder who are [in Job Category 8 or higher, and who are] Actively-at-Work employees. ]

**[Eligible Class III:** All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis.

**[Eligible Family Members**

The members of an Eligible Person's family listed and described below.

- **[Spouse or Partner** of the Eligible Person.]

**[Surviving Spouse or Partner** who is participating in a health benefits program or a retirement plan sponsored by the Policyholder and was a Spouse or Partner at the time of the Eligible Person's death.]

**[Adult Child** (including a natural, step or adopted child) who has reached full legal age, with attendant rights and responsibilities.]

- **[Sibling** who is related to the Eligible Person or Spouse or Partner, as a brother, sister, , step-brother or step-sister.]
- **[Parent** of an Eligible Person or Spouse or Partner, including a natural parent, adoptive parent or step-parent.]
- **[Grandparent** of an Eligible Person or Spouse or Partner, including a natural grandparent, adoptive grandparent or step-grandparent.]]

## BENEFITS MASTER SCHEDULE

**[Group Policyholder:** [XYZ Employer/Association]

**Schedule Effective Date:** [January 1, 2012]

**Applicable To Class(es)** [I, II & III]

### COVERAGE FEATURES AND LIMITS

Coverage is provided for Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of an Insured's Coverage.

**Elimination Period** [30 or 90 days of Covered Care as applicable to the plan selected[\*].  
The Elimination Period is satisfied by days an Insured incurs a Covered Expense while the Insured is Chronically Ill.]

**OR**

**Elimination Period** [XX calendar days]

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

[\*As an option, some plans may provide that there is no Elimination Period for the Home and Community Care Benefit. In addition, days for which payment is made under that Benefit will count towards satisfying the Elimination Period.]

**Nursing Facility Maximum:** [An amount from \$1,500 - \$12,000 per calendar month, to be purchased in \$500 increments.]

**Coverage Maximum:** [Either "Unlimited" or an amount equal to 24, 36, 48, 60, 72, 96 or 120 times the monthly Nursing Facility Maximum, as applicable to the plan selected.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

- reduced on a dollar for dollar basis as payments are made for Covered Expenses; and
- are exhausted when they are reduced to zero.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

- first reduced on a dollar for dollar basis as payments are made for Covered Expenses; then
- if not exhausted, increased when Benefit Increases apply; and
- are exhausted when they are reduced to zero.]

[Benefit Increases\*\*:  
[None] will apply unless one of the following options is selected:  
[5% Compound;  
4% Compound;  
3% Compound;  
5% Simple.]

\*\*The attached listing describes the above Benefit Increases that may be offered.]

Other plans, features, limits and options may be available in the future based on mutual written agreement between Us and Policyholder as provided for in the Group Policy Changes section of this Group Policy.]

**BENEFITS MASTER SCHEDULE**

(Continued)

<b>[ Benefits and Services Provided</b>	<b>We Pay Covered Expenses Up to these Limits (except where otherwise noted)</b>
Privileged Care Coordination Services .....	Not subject to coverage limits
Nursing Facility Benefit .....	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit.....	[XX% of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit .....	[60] days per calendar year
International Benefit.....	See Endorsement listed below
Home and Community Care Benefit.....	[XX% of the] Nursing Facility Maximum with [Incidental] Homemaker and Chore Care per [day][calendar month]
Home Assistance Benefit.....	A Certificate total payment maximum equal to (Equipment, modifications & training) [\$Y,YYY][X times the Nursing Facility Maximum]
Hospice Care Benefit.....	As stated in the Benefit
Respite Care Benefit.....	[30] days per calendar year
Alternate Care Benefit .....	Payment subject to mutual agreement
Waiver of Premium Benefit .....	Included
The Waiver of Premium applies only during period for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.	
[This also applies when the Insured's Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under either the Insured's Coverage or his or her Coverage.]	
Contingent Nonforfeiture Benefit .....	As stated in the Benefit

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

**Available Options**

- International [Coverage] [Nursing Facility] Benefit [Nonforfeiture Benefit]
- [Shared Benefit [with] [without] Joint Waiver
- [10 Year Survivorship Benefit]
- [Enhanced Survivorship Benefit -Qualification Period: [XX] years]
- [10 Year Refund of Premium on Death Benefit]
- [Graded Refund of Premium on Death Benefit]
- [Restoration Benefit]
- [Informal Care Benefit.....[XX% of the] Nursing Facility Maximum per day for 30 days per calendar year]
- [Transition Benefit .....A Certificate total payment maximum equal to [5 times][20% of] the Nursing Facility Maximum]]
- [[5%, 4%, 3%] Compound Benefit Increase]
- [5% Simple Benefit Increase ]
- [Future Purchase Option ]
- [Guaranteed Purchase Option]
- [Waiver of Home and Community Care And Informal Care Elimination Period]
- [10 Year Premium Payment Rider]
- [To Age 65 Premium Payment Rider]
- [ Wellness Endorsement]

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

## CERTIFICATE FORMS

[See the attached copies of applicable forms.][The following forms are based on the State of issue for the Group Policy and will be used for Certificates furnished to residents of any available State that is not an Extra-territorial State.

### Certificate Forms

Form Number	Form Title
8010CRT	Certificate

### [Options Available by Rider or Endorsement

8010END- IC	International Coverage Benefit Endorsement
8010END-INF	International Nursing Facility Benefit Endorsement
8010END-FPO	Future Purchase Option Endorsement
8010END-GPO	Guaranteed Purchase Option Endorsement
8010END-WHC	Waiver of Home and Community Care and Informal Care Elimination Period Endorsement
8010RDR-NFO	Nonforfeiture Benefit Rider
8010RDR-SURV10	10 Year Survivorship Benefit Rider
8010RDR-ESURV	Enhanced Survivorship Benefit Rider
8010RDR-LP65	To Age 65 Premium Payment Rider
8010RDR-LP10	10 Year Premium Payment Rider
8010RDR-SB	Shared Benefit [with][without] Joint Waiver Rider
8010RDR-RP10	10 Year Refund of Premium on Death Benefit Rider
8010RDR-GRP	Graded Refund of Premium on Death Benefit Rider
8010RDR-RB	Restoration Benefit Rider
8010RDR-INFC	Informal Care Benefit Rider
8010RDR-TB	Transition Benefit Rider
8010RDR-CBI	[5%, 4%, 3%] Compound Benefit Increase Rider
8010RDR-SBI	5% Simple Benefit Increase Rider
7053END-WE	Wellness Endorsement]

### [EXCEPTIONS:

NONE]

[NOTE: See next page for states available with Extra-territorial exceptions.]

**[Extra-territorial States - State Variation Certificate Forms**

The following forms will be used as required for Certificates furnished to residents of available Extra-territorial states. Standard version certificate forms apply to any Extra-territorial state that does not use a state version of the form.

**Form Number**

**Form Title**

**State A**

8010CRT SA

Certificate – State A

**State B**

8010CRT SB

Certificate – State B

**State C**

8010CRT SC

Certificate - State C

**Optional Rider Forms - State Variations** (not previously listed)

8010RDR-LP65 SA

To Age 65 Premium Payment Rider - State A

8010RDR-LP10 SA

10 Year Premium Payment Rider - State A

**Standard Version Certificate Forms** (not previously listed)

NONE

**Optional Rider Forms** (not previously listed)

NONE

]

**GENWORTH LIFE INSURANCE COMPANY**

A Stock Insurance Company (herein called We, Us and Our)

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

**GROUP LONG TERM CARE INSURANCE POLICY (“Group Policy”)**

**DECLARATIONS**

**Policyholder:** [XYZ Employer/Association]

**Group Policy Number:** [XXXXXX]

**Group Policy Effective Date:** [January 1, 2013]

**Group Policy Issued In:** [State]

**Group Policy Anniversary Dates:** [January 1 of 2014] and each succeeding year

**Premium Due Dates:** [The Group Policy Effective Date and the first day of each succeeding month]

**[Rate Guarantee Period:** [xx] years from the Group Policy Effective Date]

This Group Policy is issued in consideration of payment of any required Premium, as stated in the Premium Rate Schedule, and any applicable Application. We will provide Coverage to the Policyholder and any Insured in accordance with the terms, provisions and conditions of this Group Policy and its Certificate(s).

This Group Policy becomes effective on the Group Policy Effective Date. All time periods under this Group Policy start and end at 12:01 a.m. Eastern Time in the United States.

**Signed for Genworth Life Insurance Company.**

[

Secretary

President and CEO, Long Term Care Division]

**NOTICES: PLEASE READ CAREFULLY!**

This Group Policy, and any Certificate(s) issued hereunder, may not cover all of the costs associated with long term care incurred during the period of Coverage. The buyer is advised to review carefully all Policy limitations.

**Neither this Group Policy, nor any Certificate issued hereunder, is a Medicare Supplement Policy. If a person is eligible for Medicare, the Guide to Health Insurance for People with Medicare is available from Us for review.**

**TAX DISCLOSURE: This Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.**

**NOTE:** The Insurance Department, or similar regulating body, of the State in which this Group Policy is issued does not in any way warrant that this Group Policy meets the requirements of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

**The Group Policy is non-participating.**

## TABLE OF CONTENTS

<b>Section</b>	<b>Contents of Section</b>	<b>Page</b>
Declarations .....	This is the first page of this Group Policy and includes notices and other important information.	1
Table of Contents .....	This lists the major sections in this Group Policy.	2
General Definitions .....	This provides the definitions of words used in this Group Policy, or in the Schedule, that have special meaning when applied to this Group Policy. Additional terms not defined in this section are defined or explained in the provisions in which they are most commonly used.	3
General Provisions .....	This tells the Policyholder: the documents which state all of the contractual agreements; the importance of completing all applicable Applications truthfully; and other rights, obligations and features.	5
Premium and Renewal .....	This states: how and when to pay Premium; the importance of paying Premium on time; what happens if Premium is not paid on time; and how We may change Premium.	8
Discontinuance Provisions.....	This describes: how the offer of new Coverage under this Group Policy may be discontinued; discontinuance of this Group Policy as a result of the failure to pay Premium; and an Insured's right to Continuation Coverage.	10
Schedule of Exhibits .....	This includes attachments describing eligibility, available Benefits, forms evidencing coverage applicable to Insureds, and Premium rates.	11

## GENERAL DEFINITIONS

This section provides the definitions of words used in this Group Policy that have a special meaning when applied to this Group Policy. Additional definitions or explanations may also appear in this Group Policy, including the Schedule, where they can assist the Policyholder in understanding related text. To help the Policyholder recognize defined terms, they are printed in **bold** where they are defined and the first letter of each word is capitalized wherever it appears.

**Application** means the written or electronic form(s) provided by Us and completed and signed, in written or electronic form, by Policyholder.

**Benefits** mean each of the benefits identified in the Certificate's Schedule under "Benefits and Services Provided." Benefits may change in accordance with the terms of the Certificate.

**Certificate** means the certificate issued to each Insured under this Group Policy, including all applicable Application(s), and any riders, endorsements, amendments and attachments. It evidences Coverage an Insured has under this Group Policy, including Continuation Coverage described in the Period of Coverage section.

**Coverage** means the Benefits available to an Insured under the Group Policy, as evidenced by the Insured's Certificate.

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

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

**Direct Billed** means the obligation an Insured has to pay any Premium directly to Us or Our administrator in order to maintain Coverage under the Insured's Certificate when the Policyholder is not paying Premium on the Insured's behalf.

**Elimination Period** means the length of time, as stated in an Insured's Schedule before the Insured is entitled to Benefits under the Coverage. The Insured's Schedule describes how the Elimination Period is satisfied and whether it is based on calendar days or days on which an Insured receives Covered Care. Each Benefit provided for under the Certificate states the extent to which Coverage is subject to the Elimination Period.

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

Covered Care an Insured receives and related Covered Expenses that are otherwise excluded from Coverage because of the Non-Duplication or Coordination With Other Coverage provisions as provided for in the Certificate may be used to satisfy the Elimination Period.

**Group Policy** means the policy issued under the Group Policy Number shown on the Declarations page of this Group Policy.

**Insured** means each individual that is issued a Certificate under this Group Policy.

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

**Policyholder** means the entity named as the Policyholder on the Declarations page of this Group Policy.

**Premium** means the premium identified in the Premium Rate Schedule, as attached to the Schedule of Exhibits of this Group Policy, or where noted, as reflected in the Schedule of an Insured's Certificate. Premium may change in accordance with the terms of this Group Policy.

**Premium Due Date** means the date on which Premium is due to be paid to Us.

**Qualified Long Term Care Services** means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance Or Personal Care Services which:

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

As used above, **Maintenance Or Personal Care Services** means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which an Insured is Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

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

**Schedule** means the section of an Insured's Certificate that states an Insured's Coverage features and limits as of the original Certificate Effective Date, and as may change over time. Changes in an Insured's Schedule may be made by Rider.

**Spouse or Partner** means the person:

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

Spouse or Partner excludes:

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

The Insured may only have one Spouse or Partner for purposes of the Certificate.

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

**Unearned Premium** equals A multiplied by [B divided by C], that is,  $(A \cdot [B/C])$ , where:

A = The total Premium paid during the Coverage Period.

B = The number of days remaining in the Coverage Period after the Insured's Coverage has ended.

C = The total number of days in the Coverage Period.

The amount of Unearned Premium will be rounded to the nearest penny. There is no Unearned Premium for Coverage which has become paid-up.

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

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

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

## GENERAL PROVISIONS

### Contract

This Group Policy constitutes the entire contract between the Policyholder and Us. While this Group Policy is in force, it determines governing contractual provisions between the Policyholder and Us. No change in this Group Policy is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, this Group Policy. No agent or producer has the authority to change the Group Policy, or any Certificate, or waive any of their provisions.

Payment of Premium following:

- a change to Coverage requested by the Policyholder; or
  - a change in Premium as provided in Our Right to Change Premiums provision;
- shall constitute acceptance by the Policyholder of any such change.

The Group Policy consists of:

- the Declarations page;
- the Table of Contents page;
- the General Definitions,
- these General Provisions;
- the Premium Provisions;
- the Discontinuance Provisions
- the Group Policy's Application(s) and any supplements thereto;
- any Group Policy Riders and Endorsements;
- the Schedule of Exhibits, which includes the Group Policy Eligibility Schedule(s), Benefits Master Schedule(s), Premium Rate Schedule(s) and all applicable Certificate form(s), Riders and Endorsements.

### Governing Jurisdiction

The Group Policy is governed by the laws of the State where this Group Policy is issued, as stated in the Declarations page of this Group Policy.

### Incontestability/Misstatements

We will not contest the validity of the Group Policy after it has been in force two (2) years, except for nonpayment of Premium. Benefits We pay will not be recovered by Us if the Group Policy is rescinded.

We may also have the right to deny benefits or rescind an Insured's Coverage as provided for in the Misstatements and Incontestability provision of the Insured's Certificate.

### Certificates

We will furnish an individual Certificate for delivery to each Insured. The Certificate will include a description of the following:

- the Benefits and Coverage available;
- Premium and renewal requirements;
- the applicable exclusions and limitations;
- information regarding filing a Claim for the payment of Benefits;
- other important information regarding the Coverage .

### Non-Participating; Dividends Not Payable

This Group Policy does not participate in Our profits or surplus earnings; has no cash values; and will not pay dividends at any time.

### **Coverage Under The Group Policy**

This Group Policy is issued to the Policyholder, whose acceptance is evidenced by the signed Application for this Group Policy and payment of any required Premium. No Coverage under this Group Policy shall take effect:

- unless such Coverage is approved by Us in writing;
- before the Group Policy Effective Date stated in the Declarations page; nor
- after the date We cease to offer such Coverage under this Group Policy as provided in the Discontinuation Provisions.

### **Information To Be Furnished**

The Policyholder and each Insured will furnish Us with all information, which We reasonably require from time to time, related to the Coverage provided and any reporting requirements imposed under applicable law. This includes information that will enable Us to determine Premium and an Insured's eligibility for Coverage.

The Policyholder will allow Us to inspect all documents, books and records which relate to Premium, eligibility for Coverage, and an Insured's Coverage under this Group Policy.

On, or prior to January 31st of each year, We will furnish copies of any information We are required to report to the Internal Revenue Service. The information:

- will be given to each Insured where Benefits have been paid during the preceding year; and
- will show the aggregate amount of Benefits paid to an Insured.

We may also prepare and report other information required by law or regulation.

### **Group Policy Changes**

The Group Policy may be changed at any time by written agreement between the Policyholder and Us without the consent of any other person. No change in this Group Policy is valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, this Group Policy. No agent or producer has the authority to change the Group Policy or any Certificate or waive any of their provisions. We may amend this Group Policy unilaterally, without Policyholder's written consent, if:

- the Policyholder has made a written request to amend this Group Policy and We have agreed to such amendment;
- the amendment is required so that this Group Policy will conform to any law, regulation or ruling of:
  - any State that affects this Group Policy or any Insured covered under the Group Policy; or
  - the federal government.
- We change the Premium in accordance with the terms of this Group Policy.

### **Persons Eligible for Coverage**

A person who is a member of an Eligible Class defined in the Group Policy Eligibility Schedule attached to this Group Policy can apply for the Coverage available for such Eligible Class under this Group Policy. The person must apply for Coverage while a member of his or her Eligible Class. We must be provided with proof of insurability, in a form and manner We specify and that is satisfactory to Us.

If the information provided to Us by the Policyholder or an Insured incorrectly identifies a person as being eligible, We have the right to deny benefits or rescind that person's Coverage as provided for in the Clerical Error and Misstatement of Eligibility provision.

### **Coverage Limitation**

We reserve the right to limit the initial Coverage amounts for an Insured based on Our maximum issue limits in effect at the time the Certificate is issued, as determined from the Benefits Master Schedule. These limitations may take into consideration other coverage the Insured may have under another long term care insurance policy or certificate.

**Conformity With Internal Revenue Code**

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

**Currency**

All payments by or to Us must be made in lawful currency of the United States of America.

Any foreign exchange rate will be determined by Us based on:

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

**No Cash Values, Borrowing, Or Use As Collateral**

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

**Communications Through Electronic Means Or Other Technologies**

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

**Clerical Error and Misstatement of Eligibility**

Clerical error, misstatement as to an Insured's eligibility, or delays in making entries on the records by the Policyholder or Us:

- will not void an Insured's Coverage if an Insured's Coverage would otherwise have been in effect; and
- will not cause an Insured to become insured if they are otherwise not eligible; and
- will not extend Coverage if Coverage would otherwise have ended or been reduced.

If a clerical error or misstatement is found, Premium and/or Benefits will be adjusted based on the true facts and the provisions of this Group Policy or the Certificate.

## PREMIUM PROVISIONS

### Premium Rates

The initial Premium rates appear in the Premium Rate Schedule attached to this Group Policy. They can be changed as stated in these Premium Provisions. Premium for each Insured will be based on his or her age as shown in the Insured's Certificate.

### [Premium Rate Guarantee

Premium rates are guaranteed only for the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy. This guarantee does not apply to a rate change due to a change in the terms of Coverage, in benefits, in eligible classes, or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision.

At the expiration of the Rate Guarantee Period, We may change Premium as stated in the Right to Change Premium provision.]

### Payment Of Premiums And Grace Period

The total Premium due on any Premium Due Date will be the sum of the Premiums due for the Coverage provided for all Insureds. The Policyholder is responsible for submitting Premium for all Insureds, except those for Insureds who are Direct Billed. Insureds who are Direct Billed, must pay their Premium directly to Us or Our insurance administrator as specified in the Insured's Certificate. When the Policyholder is responsible for paying Premium, Premium must be paid within [31/45/60] days of the Premium Due Date. If Premium is not paid within the specified period, the Grace Period provisions will apply.

Premiums will be determined in accordance with the Premium Rate Schedule.

### Grace Period

The **Grace Period** is the period of time specified below during which any due and unpaid Premium payment, after the First Premium, must be paid in order to keep this Group Policy from being discontinued for non-payment of Premium in accordance with the Discontinuance Provisions. This Group Policy will remain in effect during the Grace Period; however, Our failure to receive due and unpaid Premium by the end of the Grace Period will result in discontinuance of this Group Policy as of the Premium Due Date.

The Grace Period will begin on the Premium Due Date when the Premium payment has not been received by Us. If, after a period ending 31 days following the Premium Due Date, we have not received the Premium which is due, we will send a written notice of Discontinuance for non-payment of Premium to Policyholder at the address Policyholder has provided. This notice will explain that a Premium payment has been missed and will show the Premium amount that the Policyholder must pay no later than the end of the Grace Period so that this Group Policy is not discontinued for non-payment of Premium in accordance with the Discontinuance Provision. This notice will provide the Policyholder with an additional 35 days from the date the written notice was mailed to pay any due and unpaid Premium.

### Right To Change Premium

We reserve the right to change Premium on or after any of the following dates:

- [the date the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy expires;]
- the date there is a change in benefits or eligibility for benefits under this Group Policy;
- the date there is a change in: benefits; the terms of Coverage; eligible classes; or a change in the terms of the Group Policy required by any law, regulation, judicial or administrative order or decision, including, but not limited to, changes in rating practices;
- the date We determine an increase is applicable because of a change in the factors bearing on the risk assumed, or Our estimates for future cost factors;

- the date We determine an increase is applicable because of actual or expected experience. A change in Premium rates due to experience may occur only once during any 12 month period.

We can change Premium either on a Group Policy or class basis. Written notice of any such change in Premium will be given to the Policyholder [60/90/120/180] days before the effective date of the change.

Premium will not change due to a change in an Insured's age, health, or use of benefits. A change in Premium may occur only once during any 12 month period.

## DISCONTINUANCE PROVISIONS

### **Discontinuance Of The Offer Of Coverage Under The Group Policy**

The Policyholder may elect to discontinue the offer of Coverage under this Group Policy for any, or all, Eligible Classes stated in the Group Policy Eligibility Schedule. We must be given 31 days advance written notice of any such election by the Policyholder. The notice must provide Us with the date on which the Policyholder has elected such discontinuance to take effect.

Following at least [31/60/90/180] days advance written notice to the Policyholder, We have the right to discontinue the offer of new or additional Coverage under the Group Policy:

- when the Group Policy is replaced;
- when the number of insured Eligible Persons is less than [2 - 20];
- with respect to Eligible Family Members if the number of Eligible Persons insured is less than [2 - 20] [;and
- with respect to any class or classes of Eligible Persons (including Eligible Family Members) any time after the most recent Rate Guarantee Period, if any, has expired].

### **Discontinuance For Failure To Pay Premium**

This Group Policy may be discontinued for failure of the Policyholder to pay Premium in accordance with the requirements of Payment of Premiums and Grace Period provision of this Group Policy. This Group Policy may also be discontinued as of the effective date of a Premium increase if the Policyholder provides Us with Prior written notice of such discontinuance.

### **Continuation Coverage**

Discontinuance of this Group Policy shall not affect an Insured's right to continue any Coverage in effect at the time of the discontinuance. An Insured's Coverage is guaranteed renewable and may be continued in accordance with the Continuation Coverage provision in the Insured's Certificate even if this Group Policy is discontinued in accordance with the Discontinuance Provisions of this Group Policy.

An Insured must pay Us all Premium required for the continuation of the Insured's Coverage. The Premium for the continuation of the Insured's Coverage may change in the future as stated in the Premium and Renewal section of the Certificate.

[If the Policyholder stops paying Premium for all or a portion of the Insured's Coverage for any reason, the Insured has the right to continue that Coverage by paying the Premium. In this event, We will send the Insured a notice giving the Insured the option to pay the difference in Premium and maintain the Insured's Coverage.]

## **SCHEDULE OF EXHIBITS**

The Group Policy includes the following Exhibits and related forms and listings

- The Group Policy Eligibility Schedule.
- The Benefits Master Schedule.
- The Certificate Forms (including any applicable optional Riders and Endorsements and required version pages for specific States).
- The Premium Rate Exhibit.

## GROUP POLICY ELIGIBILITY SCHEDULE

**Group Policyholder:** [XYZ Employer/Association]

**Group Policy Number:** [LTCG-XXXX]

**Schedule Effective Date:** [January 1, 2013]

### ELIGIBILITY FOR COVERAGE

A person who is a member of an Eligible Class, as defined below, can apply for the Coverage available for such Eligible Class.

[All Eligible Persons and their Eligible Family Members as defined below who:

- are at least 18 years of age (or the age of majority if greater where the person resides);
- are, at the time of Application, less than [80] years of age [(this age limit does not apply to persons whose eligibility is based on being an employee);
- have a valid Social Security or individual Tax Identification Number from the United States government; and
- at the time of Application maintain a permanent residence in the United States of America, or one of its territories or possessions.

If We determine that residents of a State are prohibited by law from being insured under this Group Policy, such persons will not be included in the classes of persons eligible for Coverage.]

**[Minimum Participation Requirements:** The Group Policy will not take effect unless [at least the lesser of [3-10] or [5 - 20%] of eligible [employees][members] are enrolled on the effective date.]

**[Coverage Limits:** Each Insured is subject to the Company's maximum issue limits in effect on his or her Coverage Effective Date. These limitations may take into consideration other coverage the Insured may have under another long term care insurance policy or certificate.]

**Eligible Class I:** [All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis. ]

- **[Employees:** All hourly or salaried employees of the Policyholder, other than members of Class II, who are Actively at Work on a full-time or part-time basis. Full-time means working for the Policyholder at least [40] hours per Week; part-time means working for the Policyholder at least [17.5] hours per Week. A Week is considered to start at 12:01 a.m. on Sunday and end at 12:01 a.m. on the following Sunday.]

[Actively at Work means You, the proposed Insured, are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

- **[Retirees:** Former employees of the Policyholder who have retired under the Policyholder's retirement or pension plan, and who satisfy the age and service requirements determined by the Policyholder.]
- **[Members:** All members in good standing with the Policyholder.]

**Eligible Class II:** All persons associated with the Policyholder in the manner described below. Coverage is on a [non-contributory] basis.

- **Employees:** All employees of the Policyholder who are [in Job Category 8 or higher, and who are] Actively-at-Work employees. ]

**[Eligible Class III:** All persons associated with the Policyholder in the manner described below. Coverage is on a [contributory] basis.

**[Eligible Family Members**

The members of an Eligible Person's family listed and described below.

- **[Spouse or Partner** of the Eligible Person.]

**[Surviving Spouse or Partner** who is participating in a health benefits program or a retirement plan sponsored by the Policyholder and was a Spouse or Partner at the time of the Eligible Person's death.]

**[Adult Child** (including a natural, step or adopted child) who has reached full legal age, with attendant rights and responsibilities.]

- **[Sibling** who is related to the Eligible Person or Spouse or Partner, as a brother, sister, , step-brother or step-sister.]
- **[Parent** of an Eligible Person or Spouse or Partner, including a natural parent, adoptive parent or step-parent.]
- **[Grandparent** of an Eligible Person or Spouse or Partner, including a natural grandparent, adoptive grandparent or step-grandparent.]]

## BENEFITS MASTER SCHEDULE

**[Group Policyholder:** [XYZ Employer/Association]

**Schedule Effective Date:** [January 1, 2012]

**Applicable To Class(es)** [I, II & III]

### COVERAGE FEATURES AND LIMITS

Coverage is provided for Covered Expenses that are incurred after the Elimination Period has been satisfied. Payment is subject to the limits determined below and all other provisions of an Insured's Coverage.

**Elimination Period** [30 or 90 days of Covered Care as applicable to the plan selected[\*]. The Elimination Period is satisfied by days an Insured incurs a Covered Expense while the Insured is Chronically Ill.]

**OR**

**Elimination Period** [XX calendar days]

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

[\*As an option, some plans may provide that there is no Elimination Period for the Home and Community Care Benefit. In addition, days for which payment is made under that Benefit will count towards satisfying the Elimination Period.]

**Nursing Facility Maximum:** [An amount from \$1,500 - \$12,000 per calendar month, to be purchased in \$500 increments.]

**Coverage Maximum:** [Either "Unlimited" or an amount equal to 24, 36, 48, 60, 72, 96 or 120 times the monthly Nursing Facility Maximum, as applicable to the plan selected.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

- reduced on a dollar for dollar basis as payments are made for Covered Expenses; and
- are exhausted when they are reduced to zero.]

[The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

- first reduced on a dollar for dollar basis as payments are made for Covered Expenses; then
- if not exhausted, increased when Benefit Increases apply; and
- are exhausted when they are reduced to zero.]

[Benefit Increases\*\*:  
[None] will apply unless one of the following options is selected:  
[5% Compound;  
4% Compound;  
3% Compound;  
5% Simple.]

\*\*The attached listing describes the above Benefit Increases that may be offered.]

Other plans, features, limits and options may be available in the future based on mutual written agreement between Us and Policyholder as provided for in the Group Policy Changes section of this Group Policy.]

## BENEFITS MASTER SCHEDULE

(Continued)

<b>[ Benefits and Services Provided</b>	<b>We Pay Covered Expenses Up to these Limits (except where otherwise noted)</b>
Privileged Care Coordination Services.....	Not subject to coverage limits
Nursing Facility Benefit.....	Nursing Facility Maximum per [day][calendar month]
Assisted Living Facility Benefit.....	[XX% of the] Nursing Facility Maximum per [day][calendar month]
Bed Reservation Benefit.....	[60] days per calendar year
International Benefit.....	See Endorsement listed below
Home and Community Care Benefit..... with [Incidental] Homemaker and Chore Care	[XX% of the] Nursing Facility Maximum per [day][calendar month]
Home Assistance Benefit..... (Equipment, modifications & training)	A Certificate total payment maximum equal to [\$Y,YYY][X times the Nursing Facility Maximum]
Hospice Care Benefit.....	As stated in the Benefit
Respite Care Benefit.....	[30] days per calendar year
Alternate Care Benefit.....	Payment subject to mutual agreement
Waiver of Premium Benefit.....	Included
The Waiver of Premium applies only during period for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.	
[This also applies when the Insured's Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under either the Insured's Coverage or his or her Coverage.]	
Contingent Nonforfeiture Benefit.....	As stated in the Benefit

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

### Available Options

International [Coverage] [Nursing Facility] Benefit	
[Nonforfeiture Benefit]	
[Shared Benefit [with] [without] Joint Waiver	
[10 Year Survivorship Benefit]	
[Enhanced Survivorship Benefit -Qualification Period: [XX] years]	
[10 Year Refund of Premium on Death Benefit]	
[Graded Refund of Premium on Death Benefit]	
[Restoration Benefit]	
[Informal Care Benefit.....	[XX% of the] Nursing Facility Maximum per day for 30 days per calendar year]
[Transition Benefit.....	A Certificate total payment maximum equal to [5 times][20% of] the Nursing Facility Maximum]]
[[5%, 4%, 3%] Compound Benefit Increase]	
[5% Simple Benefit Increase ]	
[Future Purchase Option ]	
[Guaranteed Purchase Option]	
[Waiver of Home and Community Care And Informal Care Elimination Period]	
[10 Year Premium Payment Rider]	
[To Age 65 Premium Payment Rider]	
[ Wellness Endorsement]	

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

## CERTIFICATE FORMS

[See the attached copies of applicable forms.][The following forms are based on the State of issue for the Group Policy and will be used for Certificates furnished to residents of any available State that is not an Extra-territorial State.

### Certificate Forms

Form Number	Form Title
8011CRT	Certificate

### [Options Available by Rider or Endorsement

8011END- IC	International Coverage Benefit Endorsement
8011END-INF	International Nursing Facility Benefit Endorsement
8011END-FPO	Future Purchase Option Endorsement
8011END-GPO	Guaranteed Purchase Option Endorsement
8011END-WHC	Waiver of Home and Community Care and Informal Care Elimination Period Endorsement
8011RDR-NFO	Nonforfeiture Benefit Rider
8011RDR-SURV10	10 Year Survivorship Benefit Rider
8011RDR-ESURV	Enhanced Survivorship Benefit Rider
8011RDR-LP65	To Age 65 Premium Payment Rider
8011RDR-LP10	10 Year Premium Payment Rider
8011RDR-SB	Shared Benefit [with][without] Joint Waiver Rider
8011RDR-RP10	10 Year Refund of Premium on Death Benefit Rider
8011RDR-GRP	Graded Refund of Premium on Death Benefit Rider
8011RDR-RB	Restoration Benefit Rider
8011RDR-INFC	Informal Care Benefit Rider
8011RDR-TB	Transition Benefit Rider
8011RDR-CBI	[5%, 4%, 3%] Compound Benefit Increase Rider
8011RDR-SBI	5% Simple Benefit Increase Rider
7053END-WE	Wellness Endorsement]

### [EXCEPTIONS:

NONE]

[NOTE: See next page for states available with Extra-territorial exceptions.]

**[Extra-territorial States - State Variation Certificate Forms**

The following forms will be used as required for Certificates furnished to residents of available Extra-territorial states. Standard version certificate forms apply to any Extra-territorial state that does not use a state version of the form.

**Form Number**

**Form Title**

**State A**

8011CRT SA

Certificate – State A

**State B**

8011CRT SB

Certificate – State B

**State C**

8011CRT SC

Certificate - State C

**Optional Rider Forms - State Variations** (not previously listed)

8011RDR-LP65 SA

To Age 65 Premium Payment Rider - State A

8011RDR-LP10 SA

10 Year Premium Payment Rider - State A

**Standard Version Certificate Forms** (not previously listed)

NONE

**Optional Rider Forms** (not previously listed)

NONE

]

# GENWORTH LIFE INSURANCE COMPANY

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

## LONG TERM CARE INSURANCE CERTIFICATE

### Policyholder

[XYZ Employer/Trustee of the XXX Employer Trust]  
[Participating Employer: XYZ Employer]

### Insured

[John B. Doe]

### DECLARATIONS

We are pleased to issue this Certificate to You (the Insured named in the Schedule) under the terms of the Group Policy issued to the Policyholder shown above. Your Coverage is subject to the terms of the Group Policy and this Certificate; and may be continued until this Certificate ends (as described in the Period of Coverage section). Keep this Certificate in a safe place with Your other legal documents.

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

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

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

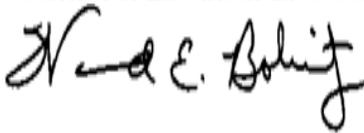
**THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means that You have the right, subject to the terms of the Group Policy, to continue the Certificate in force by paying the required Premium when due, until Benefits have been exhausted. We cannot cancel or refuse to continue the Certificate, except as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

**WE HAVE A LIMITED RIGHT TO CHANGE PREMIUM. We have the right to change Premium becoming due in the future.** We can change Premium either on a Group Policy or class basis. Premium will not change due to a change in Your age, health or use of Benefits. We will not change Premium more frequently than once in any 12-month period. [Premium changes may be implemented on or after the date the Rate Guarantee Period shown in the Schedule expires.]

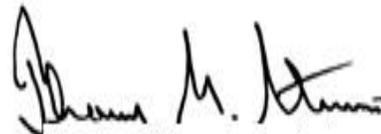
**FREE LOOK – [30/45/60/90] DAY RIGHT TO EXAMINE YOUR CERTIFICATE:** You have [30/45/60/90] days from the day You receive the Certificate to examine and return it to Us. You can return it for any reason. Simply return it to the address shown above, or to the agent, producer or office through which it was bought. We will refund the full amount paid for the Certificate within 30 days of such a return. The Certificate will then be void from the start, and You will not be insured under the Certificate or entitled to any Benefits.

**[The Group Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.]**

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

[Payment of Benefits is subject to Pre-Existing Conditions Limitations]

## TABLE OF CONTENTS

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

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

**SCHEDULE**

**Policyholder**  
[John Q. Doe]

**Group Policy Number**  
[XXXXXXX]

**Policy Effective Date**  
[10/01/2012]

**Insured**  
[John Q. Doe]  
[Apt #1234]  
[1234 Main Street]  
[Anytown, USA 99999]

**Certificate Number**  
[XXXXXXX]

**Participating Employer**  
[XYZ Employer]

**Certificate Effective Date**  
[10/01/2012]

**Gender**  
[Male, Female]

**Age on Certificate Effective Date**  
[50]

**COVERAGE FEATURES AND LIMITS**

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

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

**OR**

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

**Coverage Maximum**  
[\$XXX,XXX]

**Nursing Facility Maximum**  
[\$X,XXX per calendar month]

**Benefit Increases**  
[5% Compound]

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

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

**SCHEDULE**

(Continued)

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

The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

[This also applies when Your Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under the terms of his or her Policy.]

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

International [Coverage] [Nursing Facility] Benefit ....	Included
[Nonforfeiture Benefit.....	Included]
[Shared Benefit.....	Included [with] [without] Joint Waiver]
[10 Year Survivorship Benefit.....	Included]
[Enhanced Survivorship Benefit.....	Qualification Period: [XX] years]
[10 Year Refund of Premium on Death Benefit.....	Included]
[Graded Refund of Premium on Death Benefit.....	Included]
[Transition Benefit.....	A Certificate total payment maximum equal to [5 times][20% of] the Nursing Facility Maximum]
[Restoration Benefit.....	Included]
[Informal Care Benefit.....	[XX% of the] Nursing Facility Maximum per day for 30 days per calendar year]
[[5%, 4%, 3%] Compound Benefit Increase .....	Included]
[5% Simple Benefit Increase .....	Included]
[Future Purchase Option .....	Included]
[Guaranteed Purchase Option .....	Included]
[Waiver of Home and Community Care and Informal Care Elimination Period.....	Included]
[10 Year Premium Payment .....	Included]
[To Age 65 Premium Payment.....	Included]
[Wellness .....	Included]

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

**SCHEDULE**

(Continued)

**PREMIUM DATA**

	Annual Premium
Basic Certificate Coverage .....	[\$XXX.XX]
[Nonforfeiture Benefit Rider .....	\$XXX.XX]
[Shared Benefit Rider .....	\$XXX.XX]
Spouse or Partner for Shared Benefit: Mary Jane Doe]	
[10 Year Survivorship Benefit Rider .....	[\$XX.XX]
Spouse or Partner for 10 Year Survivorship Benefit: Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider.....	[\$XX.XX]
Spouse or Partner for Enhanced Survivorship Benefit Mary Jane Doe]	
[10 Year Refund of Premium on Death Benefit Rider .....	\$XX.XX]
[Graded Refund of Premium on Death Benefit Rider.....	\$XX.XX]
[Transition Benefit Rider .....	\$XX.XX]
[Restoration Benefit Rider.....	\$XX.XX]
[Informal Care Rider .....	\$XX.XX]
[[5%, 4%, 3%] Compound Benefit Increase Rider .....	[\$XX.XX]
[5% Simple Benefit Increase Rider .....	[\$XX.XX]
[Future Purchase Option Endorsement.....	[\$XX.XX]
[Guaranteed Purchase Option Endorsement.....	[\$XX.XX]
[Waiver of Home and Community Care and Informal Care Elimination Period Endorsement .....	[\$XX.XX]
 Total First Year Annual Premium [- Lifetime Premium Payment Mode] .....	[\$XXX.XX]
[Group Policyholder's Annual Premium Contribution (while applicable):.....	\$XXX.XX]
[[10 Year][To Age 65] Premium Payment Factor.....	XXX]
[Total First Year Premium - [10 Year][To Age 65]Premium Payment Mode.....	\$XXX.XX]

**First Premium**  
[\$XXX.XX]

**Premium Payment Mode**  
[Quarterly]

**Modal Premium**  
[\$XXX.XX]

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

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

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

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

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

[Your Premium Rate Guarantee: The rates that determine the Premium for Your Certificate are guaranteed [until xx/xx/xxxx.][for three/five/xx years from the Certificate Effective Date]. At the end of this period We reserve the right to increase Your Premium as stated in the Premium and Renewal section.]

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

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

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

**[MODAL PREMIUM DISCLOSURE**

**Premium Payment Options**

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

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

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

Where applicable, the availability or selection of a Premium Payment Mode will be determined in accordance with the terms of Your Group Policy.

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

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

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

\*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g., electronic funds transfer[]; payroll deduction; or pension deduction[]).

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

**Calculation Of Modal Premium**

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

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

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

## [MODAL PREMIUM DISCLOSURE

### Premium Payment Options

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

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

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

Where applicable, the availability or selection of a Premium Payment Mode will be determined in accordance with the terms of Your Group Policy.

If You select a Premium Payment Mode other than Annual, Your Annual Premium is determined by multiplying the Modal Premium Payment amount by the number of payments to be made during a year. As an example, the following chart compares the total Premium payments for each payment mode and the corresponding Modal Premium that You would pay on each Premium Due Date.

#### Hypothetical Example: Yearly Cost Comparison of Alternate Modal Premium Payments

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year	Total of Modal Premium Payments During the Year
Annual	1	\$1,200	\$1,200
Semi-Annual	2	\$600	\$1,200
Quarterly	4	\$300	\$1,200
Monthly	12	\$100	\$1,200

\*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g., electronic funds transfer[; payroll deduction or pension deduction]).

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

### Calculation Of Annual Premium

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

- Annual - 1.00
- Semiannual – 2.00
- Quarterly – 4.00
- Monthly – 12.00

When Premium payments are made more frequently than monthly, calculation of Your total Annual Premium is based on the number of Premium payments to be made during a year.]

## GENERAL DEFINITIONS

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

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

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

**Certificate** means the certificate as issued to You, including all Applications, and any Riders, Endorsements, amendments, or attachments. It evidences Coverage You have under the Group Policy, including Continuation Coverage described in the Period of Coverage section.

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

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

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

**Coverage** means the Benefits available under the Group Policy as evidenced by the Certificate.

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

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

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

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

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

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

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

**Group Policy** means the policy issued under the Group policy number shown in the Schedule that has been issued to the Policyholder named in the Schedule.

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

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

**Licensed Health Care Practitioner** means any of the following:

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

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

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

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

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

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

**Premium** means the premium identified in the Schedule under Premium Data. Premium may change in accordance with the terms of the Group Policy and as provided for in this Certificate.

**Premium Due Date** means the date on which Premium is due to be paid to Us.

**Qualified Long Term Care Services** means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance Or Personal Care Services which:

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

As used above, **Maintenance Or Personal Care Services** means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

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

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

**Schedule** means the section of the Certificate that states the Certificate features and limits as of the original Certificate Effective Date and as may change over time.

**Spouse or Partner** means the person:

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

Spouse or Partner excludes:

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

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

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

**Unearned Premium** equals A multiplied by [B divided by C], that is  $(A*[B/C])$ , where:

A = The total Premium paid during the Coverage Period.

B = The number of days remaining in the Coverage Period after Coverage has ended.

C = The total number of days in the Coverage Period.

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

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

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

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

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

## PERIOD OF COVERAGE

### **Certificate Taking Effect And Consideration**

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

### **[Deferred Certificate Effective Date [(applicable only to employees)]:**

[If Your Coverage is based on Your being an employee, You must be Actively at Work with the employer forming the basis for Your eligibility on the Certificate Effective Date and for the prior [10/30/45] [workdays] [calendar day period]. If You cannot satisfy this requirement, Your Certificate Effective Date will be deferred until the first day of Your employer's regularly scheduled payroll billing period on which You are Actively at Work, and have been Actively at Work for the prior [10/30/45] [workdays] [calendar day period].]

**[Actively at Work]** means You are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

[If Your Coverage is not based on Your being an employee, ]You must be in "Active Service" on the Certificate Effective Date and for the prior [10/30/45] [workdays][calendar day period]. If You do not meet this requirement, Your Certificate Effective Date will be deferred until the [first/fifteenth day of the month after] [first payroll period after] [date] You return to Active Service.]

**[Active Service]** means You are able to engage in substantially all of the usual activities of a person in good health of like age and sex, and are not: (1) confined in a hospital, nursing, assisted living, or custodial care facility; or (2) receiving home health care services.]

### **Your Right To Cancel The Certificate At Any Time**

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

- the cancellation date requested by You;
- [the first day of the [calendar month][Coverage Month] following the date We receive Your written request;] or
- the date We receive Your written request.

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

### **Continuation Coverage**

Except if Your Coverage ends as provided for in the "When the Certificate Ends" provision, Your Coverage will be continued in accordance with the terms of the Certificate even if the Policyholder ceases to sponsor the Group Policy or discontinues coverage for the group of eligible persons to which You belong.

You must pay Us all Premium required for the continuation of Your Coverage. The Premium for the continuation of Your Coverage may change in the future as stated in the Premium and Renewal section of the Certificate.

### **[Continuing Coverage Paid For By The Policyholder**

If the Policyholder stops paying Premium for all or a portion of Your Coverage for any reason, You have the right to continue that Coverage by paying the Premium Yourself. In this event, We will send You a notice giving You the option to pay the difference in Premium to maintain Your Coverage.]

### **When The Certificate Ends**

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

- the date of Your death;
- the date the Certificate is cancelled by You, as stated in the above provision entitled Your Right To Cancel The Certificate At Any Time;
- the date the Coverage Maximum is exhausted;
- the date on which Premium is due, if the Premium is not received by Us by the end of the Grace Period;
- the Certificate Effective Date, if the Certificate is rescinded in accordance with the Misstatements and Incontestability provision of the Certificate; or
- the date the Policyholder discontinues sponsorship of the Group Policy or coverage of a group of eligible persons to which You belong, but only if, within 31 days thereafter the Certificate is replaced by other group coverage that:
  - is effective on the day following the date the Certificate ends; and
  - provides benefits that are substantially equivalent to or greater than those provided under the replaced Group Policy; and
  - provides immediate coverage to all persons insured under the Group Policy on the date their coverage under the replaced Group Policy is discontinued; and
  - calculates premium based on Your age on Your Certificate Effective Date.

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

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

### **Extension Of Benefits**

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

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

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

## PREMIUM AND RENEWAL

### Paying Premium

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

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

### Notifying Us Of Changes

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

### Premium Rate Changes

As stated on the first page of the Certificate, **We have the right to change Premium becoming due in the future.** We can change Premium either on a Group Policy or class basis. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. [Premium changes may be implemented on or after the date the Rate Guarantee Period shown in the Schedule expires.]

If Your Premium is paid by payroll or pension deduction, or other automatic payment methods, either We or the Policyholder will notify You of a change in Your Premium. If You are paying Premium directly to Us, We will give You at least 60 days' written notice before We change Premium.

### [Your Premium Rate Guarantee

The rates that determine the Premium for Your Coverage are guaranteed for only the Rate Guarantee Period, if any, shown in the Schedule.]

### Your Options If Premium Rates Increase

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

- maintaining Your current Coverage at an increased Premium;
- electing a decrease in Coverage to an available Coverage amount set forth in the Group Policy or to such Coverage amounts as We may otherwise make available; or
- canceling or lapsing the Certificate (subject to any rights You may have under a Contingent Nonforfeiture Benefit).

### Refund Of Unearned Premium

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

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

As an exception to the above, any refund of Unearned Premium attributed to Premium paid by the Policyholder will be paid to the Policyholder.

**Grace Period**

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

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

**Protection Against Unintentional Lapse**

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

You may change this designation at any time.

**Reinstatement**

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

The Certificate will be reinstated upon either:

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

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

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

We will provide continuation of Coverage from the date the Certificate ends if:

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

Within the seven (7) month period, You, or Your Representative will be required to provide Us with:

- A written notice that the Certificate should be continued under this Continuation For Lapse Due to Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment provision;

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

The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically Ill. In addition, We will require a Current Eligibility Certification.

Any Covered Expenses incurred during this continuation period will be paid to the same extent they would have been paid if the Certificate had not ended.

### **Unpaid Premium**

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

### **Right To Reduce Coverage And Lower Premium**

To the extent available under the Group Policy, You may have the right to reduce Your future Premium at any time by requesting:

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

We reserve the right to determine what represents an acceptable decrease. To reduce Your future Premium in this manner, You must provide us with a signed written request in a form acceptable to Us. You will not be required to provide proof of insurability.

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

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

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

- You may reduce Your Coverage to an available Benefit Increase that results in a reduced or less frequent annual increase in Your Nursing Facility Maximum; or
- You may reduce Premium by terminating Your Benefit Increases (where that option is available under the Group Policy).

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

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

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

We will send You written notice of:

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

Once Coverage is reduced, it may not be increased.

## GENERAL PROVISIONS

### Entire Contract; Changes

The Certificate reflects Your Coverage and is a part of the Group Policy. While the Group Policy is in force, the Group Policy determines governing contractual provisions. No change in the Group Policy or the Certificate will be valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, the Group Policy and, if applicable, the Certificate. No agent has the authority to change the Group Policy or the Certificate or waive any of their provisions.

Payment of Premium following:

- a change to the Certificate requested by You; or
  - a change in Premium as provided in the Premium Rate Changes provision;
- shall constitute acceptance by You of any such change.

### Misstatements and Incontestability

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

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

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

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

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

### Misstatement Of Age And Gender

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

### Clerical Error and Misstatement of Eligibility

Clerical error, misstatement as to Your eligibility, or delays in making entries on the records by You, the Policyholder, or Us:

- will not void the Certificate if the Certificate would otherwise have been in effect; and
- will not cause You to become insured if You were otherwise not eligible; and
- will not extend the Certificate if the Certificate would otherwise have ended or been reduced.

If a clerical error or misstatement is found, Premium and Benefits will be adjusted based on the true facts and the provisions of the Certificate.

**Time Periods**

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

**Non-Participating; Dividends Not Payable**

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

**Conformity With Internal Revenue Code**

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

**Governing Jurisdiction**

The Group Policy is governed by the laws of the State in which it was issued. The Certificate is governed by the laws of the State having jurisdiction over the Certificate as of the Certificate Effective Date.

**Currency**

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

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

**No Cash Values, Borrowing, Or Use As Collateral**

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

**Communications Through Electronic Means Or Other Technologies**

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

## [REPLACEMENT PROVISIONS]

If the Certificate is replacing identical or substantially equivalent coverage under another group long term care insurance policy that was issued to the Group Policyholder, the following terms and conditions will apply.

### Definition

**Replaced Coverage** means the coverage You had under another group long term care insurance policy that was replaced by the Group Policy described in the Certificate.

### Conditions

In order for the Certificate to take effect:

- Your Replaced Coverage must have been in force on a Premium paying basis on the day immediately prior to the Certificate Effective Date;
- There is no interruption between Your Replaced Coverage and Your Coverage under the Group Policy;
- All Premium for the Replaced Coverage must be fully paid up through the date on which the Replaced Coverage ends; and
- We must receive Your First Premium for the Certificate when it is due.

### Terms Applicable To The Certificate

- The Premium for the Certificate will be based upon Your Age on the original effective date of the Replaced Coverage;
- Any Actively at Work requirement (if applicable) will be waived for the Certificate to the extent that the requirement is the same as the actively at work requirement under the Replaced Coverage;
- Your Coverage Maximum will be reduced to the extent that benefits similar to the Benefits under the Certificate were paid under the Replaced Coverage;
- Any periodic maximum or lifetime limit that applies to a particular item of Covered Care will be reduced to the extent that benefits were paid for a similar service under the Replaced Coverage;
- If You had a periodic benefit increase feature under the Replaced Coverage, the date Our initial increase offer is made to You will be based on the date of Your last such increase under the Replaced Coverage. Subsequent increase offers will be made to You in accordance with the terms of the Certificate;
- [The calculation of the amount returned under a Refund of Premium on Death Benefit will reflect the length of time You were covered under the Replaced Coverage and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a similar return of Premium provision;]
- [We will give credit for time periods applicable to Pre-Existing Conditions to the extent that similar limitations or exclusions were satisfied under the Replaced Coverage;]
- If the Certificate is converted to paid-up status under a Nonforfeiture Benefit, the calculation of Your Nonforfeiture Benefit Allowance will reflect the length of time You were covered and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a nonforfeiture protection provision other than a contingent nonforfeiture benefit; and
- Your Elimination Period requirement will be reduced to the extent that a similar requirement was completely or partially satisfied by You under the Replaced Coverage.]

## BENEFIT PROVISIONS

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

#### Eligibility For The Payment Of Benefits

For You to be eligible for the payment of Benefits described in the Certificate:

- You must be Chronically III;
- We must receive a Current Eligibility Certification every 12 months; and
- We must receive ongoing proof, acceptable to Us, which verifies that the Covered Care You receive is necessary due to Your continually being Chronically III. The proof can be based on information from care providers, personal Physicians, other Licensed Health Care Practitioners and other sources.

#### Conditions For Receiving Benefits

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

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

#### Definitions

**Activities Of Daily Living (ADLs)** mean the following self-care functions:

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

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

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

**Current Eligibility Certification** is a written certification by a Licensed Health Care Practitioner who is not a member of Your Immediate Family certifying that You meet the above requirements for being Chronically Ill.

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

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

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

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

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

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

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

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

## PRIVILEGED CARE® COORDINATION SERVICES

### Privileged Care Coordination Services

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

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

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

### About The Privileged Care Coordination Services

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

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

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

### Privileged Care Coordination Services Are Voluntary

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

We will pay for the cost of Privileged Care Coordination Services and Your Coverage Maximum will not be reduced by these payments.

### Limitations on Use of Privileged Care Coordination Services

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

## NURSING FACILITY BENEFIT

### The Benefit

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

### Covered Expenses

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

### Definitions

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

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

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

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

### Payment Limitations

Payment of the Nursing Facility Benefit is subject to:

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

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

## ASSISTED LIVING FACILITY BENEFIT

### The Benefit

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

### Covered Expenses

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

### Definitions

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

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

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

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

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

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

### Payment Limitations

Payment of the the Assisted Living Facility Benefit is subject to:

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

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

## **BED RESERVATION BENEFIT**

### **The Benefit**

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

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

### **Covered Expenses**

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

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

### **Payment Limitations**

We will pay up to the lesser of:

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

Payment of the Bed Reservation Benefit is subject to:

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

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

## [HOME AND COMMUNITY CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definitions

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

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

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

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

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

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

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

The entity must:

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

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

An **Independent Provider** means a person who:

- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

When providing Home Health or Personal Care Services the Independent Provider:

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

#### **Payment Limitations**

Payment of the Home and Community Care Benefit is subject to:

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

## [HOME AND COMMUNITY CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definitions

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

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

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

**Incidental Homemaker and Chore Care** means Homemaker and Chore Care provided in Your Home:

- during the same visit in which You receive Home Health or Personal Care Services covered under this Benefit; and
- by the same Formal Provider who provided the Home Health or Personal Care Services.

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

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

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

The entity must:

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

An **Independent Provider** means a person who:

- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

When providing Home Health or Personal Care Services the Independent Provider:

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

### **Payment Limitations**

Payment of the Home and Community Care Benefit is subject to:

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

## HOME ASSISTANCE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

These services and items must be:

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

### Definitions

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

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

This does NOT include expenses for:

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

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

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

### Payment Limitations

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

## HOSPICE CARE BENEFIT

### The Benefit

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

### Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

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

Covered Expenses for Hospice Care do not include:

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

### Definitions

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

- Chronically Ill; and
- Terminally Ill.

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

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

### Payment Limitations

Payment of the Hospice Care Benefit is subject to:

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

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

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

## RESPITE CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definition

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

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

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

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

### Payment Limitations

Payment of the Respite Care Benefit is subject to:

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

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

## ALTERNATE CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definition

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

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

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

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

### Payment Limitations

Payment of Alternate Care Benefit is subject to:

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

## WAIVER OF PREMIUM BENEFIT

### The Benefit

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

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

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

## CLAIMS PROVISIONS

### Notifying Us About A Claim And Initiating The Claim Process

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

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

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

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

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

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

### Assistance With Completing Claim Forms

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

### Claim Forms And Required Documentation

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

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

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

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

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

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

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

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

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

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

In addition, at Our expense, We may:

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

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

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

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

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

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

### **Notification if Your Claim is Denied**

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

### **Appealing Our Determination That The Benefit Trigger Is Not Met**

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

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

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

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

### **Appealing Other Claim Decisions**

Within 60 days of Your receipt of Our written explanation for denying Your Claim for reasons other than the Benefit Trigger has not been met, You may make a written request for additional information regarding the denial. Within 45 days of the date of Our receipt of Your written request We will:

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

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

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

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

### **Time Of Payment Of Benefits**

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

## **To Whom Benefits Are Paid**

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

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

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

## **Beneficiary Designations**

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

## **Direct Payment Of Benefits To Providers - Assignment Of Benefits**

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

## **[Information And Referral Services**

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

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

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

**Right To Recover An Excess Payment**

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

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

**Legal Actions**

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

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

## EXCLUSIONS AND LIMITATIONS

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

### Exclusions

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

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

### Non-Duplication

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

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

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

### [Coordination With Other Coverage

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

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

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

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

**[No Pre-Existing Conditions Exclusion**

Except as stated in the Misstatements and Incontestability provision in the General Provisions, We will not reduce or deny any Claim because of a sickness or physical or medical condition that existed prior to the Certificate Effective Date.]

**[Pre-Existing Conditions Limitation**

We will not pay for 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 (6)~~ twelve (12) months following Your initial Certificate Effective Date.

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 (6) months prior to Your initial Certificate Effective Date.

A **Health Care Professional** includes: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

If the Group Policy or this Certificate replaces another long-term care policy or certificate, We will waive any time periods applicable to pre-existing conditions for similar benefits to the extent that similar limitations or exclusions were satisfied under the original policy.]

## CONTINGENT NONFORFEITURE BENEFIT

### The Benefit

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

### How This Benefit Works

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

- offer to reduce Your current level of Coverage without proof of insurability so that the Premium for the Certificate is not increased;
- offer to convert the Certificate 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 Certificate Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. The Issue Age is the age upon which Your Premium is based as of the Certificate Effective Date.

### Shortened Benefit Period

If You convert in accordance with the above, the Certificate 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. After conversion, Benefit Increases will no longer apply and the amount of reduced Coverage Maximum will be the greater of:

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

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

### Payment Limitations

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

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

# GENWORTH LIFE INSURANCE COMPANY

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

## LONG TERM CARE INSURANCE CERTIFICATE

### Policyholder

[XYZ Employer/Trustee of the XXX Employer Trust]  
[Participating Employer: XYZ Employer]

### Insured

[John B. Doe]

### DECLARATIONS

We are pleased to issue this Certificate to You (the Insured named in the Schedule) under the terms of the Group Policy issued to the Policyholder shown above. Your Coverage is subject to the terms of the Group Policy and this Certificate; and may be continued until this Certificate ends (as described in the Period of Coverage section). Keep this Certificate in a safe place with Your other legal documents.

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

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

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

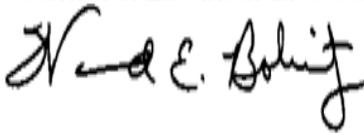
**THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means that You have the right, subject to the terms of the Group Policy, to continue the Certificate in force by paying the required Premium when due, until Benefits have been exhausted. We cannot cancel or refuse to continue the Certificate, except as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

**WE HAVE A LIMITED RIGHT TO CHANGE PREMIUM. We have the right to change Premium becoming due in the future.** We can change Premium either on a Group Policy or class basis. Premium will not change due to a change in Your age, health or use of Benefits. We will not change Premium more frequently than once in any 12-month period. [Premium changes may be implemented on or after the date the Rate Guarantee Period shown in the Schedule expires.]

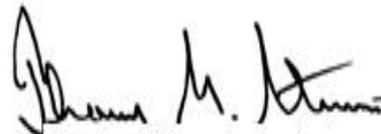
**FREE LOOK – [30/45/60/90] DAY RIGHT TO EXAMINE YOUR CERTIFICATE:** You have [30/45/60/90] days from the day You receive the Certificate to examine and return it to Us. You can return it for any reason. Simply return it to the address shown above, or to the agent, producer or office through which it was bought. We will refund the full amount paid for the Certificate within 30 days of such a return. The Certificate will then be void from the start, and You will not be insured under the Certificate or entitled to any Benefits.

**[The Group Policy is intended to be a federally tax qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.]**

Signed for Genworth Life Insurance Company.



Secretary



President and CEO, Long Term Care Division

[Payment of Benefits is subject to Pre-Existing Conditions Limitations]

## TABLE OF CONTENTS

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

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

## SCHEDULE

**Policyholder**  
[John Q. Doe]

**Group Policy Number**  
[XXXXXXX]

**Policy Effective Date**  
[10/01/2012]

**Insured**  
[John Q. Doe]  
[Apt #1234]  
[1234 Main Street]  
[Anytown, USA 99999]

**Certificate Number**  
[XXXXXXX]

**Certificate Effective Date**  
[10/01/2012]

**Participating Employer** **Age on Certificate Effective Date**  
[XYZ Employer] [50]

## COVERAGE FEATURES AND LIMITS

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

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

**OR**

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

**Coverage Maximum**  
[\$XXX,XXX]

**Nursing Facility Maximum**  
[\$X,XXX per calendar month]

**Benefit Increases**  
[5% Compound]

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

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

**SCHEDULE**

(Continued)

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

The Waiver of Premium applies only during periods for which Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

[This also applies when Your Spouse or Partner for Shared Benefit qualifies for Waiver of Premium under the terms of his or her Policy.]

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

International [Coverage] [Nursing Facility] Benefit ....	Included
[Nonforfeiture Benefit.....	Included]
[Shared Benefit.....	Included [with] [without] Joint Waiver]
[10 Year Survivorship Benefit.....	Included]
[Enhanced Survivorship Benefit.....	Qualification Period: [XX] years]
[10 Year Refund of Premium on Death Benefit.....	Included]
[Graded Refund of Premium on Death Benefit.....	Included]
[Transition Benefit.....	A Certificate total payment maximum equal to [5 times][20% of] the Nursing Facility Maximum]
[Restoration Benefit.....	Included]
[Informal Care Benefit.....	[XX% of the] Nursing Facility Maximum per day for 30 days per calendar year]
[[5%, 4%, 3%] Compound Benefit Increase .....	Included]
[5% Simple Benefit Increase .....	Included]
[Future Purchase Option .....	Included]
[Guaranteed Purchase Option .....	Included]
[Waiver of Home and Community Care and Informal Care Elimination Period.....	Included]
[10 Year Premium Payment .....	Included]
[To Age 65 Premium Payment.....	Included]
[Wellness .....	Included]

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

**SCHEDULE**

(Continued)

**PREMIUM DATA**

	Annual Premium
Basic Certificate Coverage .....	[\$XXX.XX]
[Nonforfeiture Benefit Rider .....	\$XXX.XX]
[Shared Benefit Rider .....	\$XXX.XX]
Spouse or Partner for Shared Benefit: Mary Jane Doe]	
[10 Year Survivorship Benefit Rider .....	[\$XX.XX]
Spouse or Partner for 10 Year Survivorship Benefit: Mary Jane Doe]	
[Enhanced Survivorship Benefit Rider.....	[\$XX.XX]
Spouse or Partner for Enhanced Survivorship Benefit Mary Jane Doe]	
[10 Year Refund of Premium on Death Benefit Rider .....	\$XX.XX]
[Graded Refund of Premium on Death Benefit Rider.....	\$XX.XX]
[Transition Benefit Rider .....	\$XX.XX]
[Restoration Benefit Rider.....	\$XX.XX]
[Informal Care Rider .....	\$XX.XX]
[[5%, 4%, 3%] Compound Benefit Increase Rider .....	[\$XX.XX]
[5% Simple Benefit Increase Rider .....	[\$XX.XX]
[Future Purchase Option Endorsement.....	[\$XX.XX]
[Guaranteed Purchase Option Endorsement.....	[\$XX.XX]
[Waiver of Home and Community Care and Informal Care Elimination Period Endorsement .....	[\$XX.XX]
 Total First Year Annual Premium [- Lifetime Premium Payment Mode] .....	[\$XXX.XX]
[Group Policyholder's Annual Premium Contribution (while applicable):.....	\$XXX.XX]
[[10 Year][To Age 65] Premium Payment Factor.....	XXX]
[Total First Year Premium - [10 Year][To Age 65]Premium Payment Mode.....	\$XXX.XX]

**First Premium**  
[\$XXX.XX]

**Premium Payment Mode**  
[Quarterly]

**Modal Premium**  
[\$XXX.XX]

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

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

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

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

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

[Your Premium Rate Guarantee: The rates that determine the Premium for Your Certificate are guaranteed [until xx/xx/xxxx.][for three/five/xx years from the Certificate Effective Date]. At the end of this period We reserve the right to increase Your Premium as stated in the Premium and Renewal section.]

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

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

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

## [MODAL PREMIUM DISCLOSURE

### Premium Payment Options

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

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

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

Where applicable, the availability or selection of a Premium Payment Mode will be determined in accordance with the terms of Your Group Policy.

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

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

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

\*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g., electronic funds transfer[]; payroll deduction; or pension deduction[]).

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

### Calculation Of Modal Premium

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

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

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

## [MODAL PREMIUM DISCLOSURE

### Premium Payment Options

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

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

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

Where applicable, the availability or selection of a Premium Payment Mode will be determined in accordance with the terms of Your Group Policy.

If You select a Premium Payment Mode other than Annual, Your Annual Premium is determined by multiplying the Modal Premium Payment amount by the number of payments to be made during a year. As an example, the following chart compares the total Premium payments for each payment mode and the corresponding Modal Premium that You would pay on each Premium Due Date.

#### Hypothetical Example: Yearly Cost Comparison of Alternate Modal Premium Payments

Premium Payment Mode*	Number of Premium Payments per Year	Amount of Each Modal Premium Payment During the Year	Total of Modal Premium Payments During the Year
Annual	1	\$1,200	\$1,200
Semi-Annual	2	\$600	\$1,200
Quarterly	4	\$300	\$1,200
Monthly	12	\$100	\$1,200

\*The availability of certain Premium Payment Modes will vary based on the method of payment selected (e.g., electronic funds transfer[; payroll deduction or pension deduction]).

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

### Calculation Of Annual Premium

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

- Annual - 1.00
- Semiannual – 2.00
- Quarterly – 4.00
- Monthly – 12.00

When Premium payments are made more frequently than monthly, calculation of Your total Annual Premium is based on the number of Premium payments to be made during a year.]

## GENERAL DEFINITIONS

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

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

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

**Certificate** means the certificate as issued to You, including all Applications, and any Riders, Endorsements, amendments, or attachments. It evidences Coverage You have under the Group Policy, including Continuation Coverage described in the Period of Coverage section.

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

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

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

**Coverage** means the Benefits available under the Group Policy as evidenced by the Certificate.

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

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

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

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

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

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

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

**Group Policy** means the policy issued under the Group policy number shown in the Schedule that has been issued to the Policyholder named in the Schedule.

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

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

**Licensed Health Care Practitioner** means any of the following:

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

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

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

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

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

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

**Premium** means the premium identified in the Schedule under Premium Data. Premium may change in accordance with the terms of the Group Policy and as provided for in this Certificate.

**Premium Due Date** means the date on which Premium is due to be paid to Us.

**Qualified Long Term Care Services** means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance Or Personal Care Services which:

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

As used above, **Maintenance Or Personal Care Services** means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are Chronically Ill. This includes protection from threats to health and safety due to Severe Cognitive Impairment.

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

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

**Schedule** means the section of the Certificate that states the Certificate features and limits as of the original Certificate Effective Date and as may change over time.

**Spouse or Partner** means the person:

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

Spouse or Partner excludes:

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

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

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

**Unearned Premium** equals  $A$  multiplied by  $[B \text{ divided by } C]$ , that is  $(A*[B/C])$ , where:

$A$  = The total Premium paid during the Coverage Period.

$B$  = The number of days remaining in the Coverage Period after Coverage has ended.

$C$  = The total number of days in the Coverage Period.

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

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

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

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

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

## PERIOD OF COVERAGE

### **Certificate Taking Effect And Consideration**

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

### **[Deferred Certificate Effective Date [(applicable only to employees)]:**

[If Your Coverage is based on Your being an employee, You must be Actively at Work with the employer forming the basis for Your eligibility on the Certificate Effective Date and for the prior [10/30/45] [workdays] [calendar day period]. If You cannot satisfy this requirement, Your Certificate Effective Date will be deferred until the first day of Your employer's regularly scheduled payroll billing period on which You are Actively at Work, and have been Actively at Work for the prior [10/30/45] [workdays] [calendar day period].]

**[Actively at Work]** means You are an employee who is performing the usual duties of Your job at the usual place of work as required by Your employer on a [full-time basis at least [30] hours each week]. You will be considered Actively at Work while on employer approved vacations, holidays and regularly scheduled days off, or during temporary business closures. You will not be considered to be Actively at Work if You are unable to perform Your usual duties due to a sickness, accident or injury or if You are on a leave of absence, a sabbatical or retired from the same employer.]

[If Your Coverage is not based on Your being an employee, ]You must be in "Active Service" on the Certificate Effective Date and for the prior [10/30/45] [workdays][calendar day period]. If You do not meet this requirement, Your Certificate Effective Date will be deferred until the [first/fifteenth day of the month after] [first payroll period after] [date] You return to Active Service.]

**[Active Service]** means You are able to engage in substantially all of the usual activities of a person in good health of like age and sex, and are not: (1) confined in a hospital, nursing, assisted living, or custodial care facility; or (2) receiving home health care services.]

### **Your Right To Cancel The Certificate At Any Time**

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

- the cancellation date requested by You;
- [the first day of the [calendar month][Coverage Month] following the date We receive Your written request;] or
- the date We receive Your written request.

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

### **Continuation Coverage**

Except if Your Coverage ends as provided for in the "When the Certificate Ends" provision, Your Coverage will be continued in accordance with the terms of the Certificate even if the Policyholder ceases to sponsor the Group Policy or discontinues coverage for the group of eligible persons to which You belong.

You must pay Us all Premium required for the continuation of Your Coverage. The Premium for the continuation of Your Coverage may change in the future as stated in the Premium and Renewal section of the Certificate.

**[Continuing Coverage Paid For By The Policyholder**

If the Policyholder stops paying Premium for all or a portion of Your Coverage for any reason, You have the right to continue that Coverage by paying the Premium Yourself. In this event, We will send You a notice giving You the option to pay the difference in Premium to maintain Your Coverage.]

**When The Certificate Ends**

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

- the date of Your death;
- the date the Certificate is cancelled by You, as stated in the above provision entitled Your Right To Cancel The Certificate At Any Time;
- the date the Coverage Maximum is exhausted;
- the date on which Premium is due, if the Premium is not received by Us by the end of the Grace Period;
- the Certificate Effective Date, if the Certificate is rescinded in accordance with the Misstatements and Incontestability provision of the Certificate; or
- the date the Policyholder discontinues sponsorship of the Group Policy or coverage of a group of eligible persons to which You belong, but only if, within 31 days thereafter the Certificate is replaced by other group coverage that:
  - is effective on the day following the date the Certificate ends; and
  - provides benefits that are substantially equivalent to or greater than those provided under the replaced Group Policy; and
  - provides immediate coverage to all persons insured under the Group Policy on the date their coverage under the replaced Group Policy is discontinued; and
  - calculates premium based on Your age on Your Certificate Effective Date.

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

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

**Extension Of Benefits**

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

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

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

## PREMIUM AND RENEWAL

### Paying Premium

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

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

### Notifying Us Of Changes

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

### Premium Rate Changes

As stated on the first page of the Certificate, **We have the right to change Premium becoming due in the future.** We can change Premium either on a Group Policy or class basis. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12-month period. [Premium changes may be implemented on or after the date the Rate Guarantee Period shown in the Schedule expires.]

If Your Premium is paid by payroll or pension deduction, or other automatic payment methods, either We or the Policyholder will notify You of a change in Your Premium. If You are paying Premium directly to Us, We will give You at least 60 days' written notice before We change Premium.

### [Your Premium Rate Guarantee

The rates that determine the Premium for Your Coverage are guaranteed for only the Rate Guarantee Period, if any, shown in the Schedule.]

### Your Options If Premium Rates Increase

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

- maintaining Your current Coverage at an increased Premium;
- electing a decrease in Coverage to an available Coverage amount set forth in the Group Policy or to such Coverage amounts as We may otherwise make available; or
- canceling or lapsing the Certificate (subject to any rights You may have under a Contingent Nonforfeiture Benefit).

### Refund Of Unearned Premium

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

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

As an exception to the above, any refund of Unearned Premium attributed to Premium paid by the Policyholder will be paid to the Policyholder.

## **Grace Period**

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

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

## **Protection Against Unintentional Lapse**

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

You may change this designation at any time.

## **Reinstatement**

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

The Certificate will be reinstated upon either:

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

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

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

We will provide continuation of Coverage from the date the Certificate ends if:

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

Within the seven (7) month period, You, or Your Representative will be required to provide Us with:

- A written notice that the Certificate should be continued under this Continuation For Lapse Due to Alzheimer's Disease And Other Forms of Cognitive Or Functional Impairment provision;

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

The proof must be in the form of an assessment from a Licensed Health Care Practitioner (or other proof approved by Us), which demonstrates that You were Chronically Ill. In addition, We will require a Current Eligibility Certification.

Any Covered Expenses incurred during this continuation period will be paid to the same extent they would have been paid if the Certificate had not ended.

### **Unpaid Premium**

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

### **Right To Reduce Coverage And Lower Premium**

To the extent available under the Group Policy, You may have the right to reduce Your future Premium at any time by requesting:

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

We reserve the right to determine what represents an acceptable decrease. To reduce Your future Premium in this manner, You must provide us with a signed written request in a form acceptable to Us. You will not be required to provide proof of insurability.

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

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

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

- You may reduce Your Coverage to an available Benefit Increase that results in a reduced or less frequent annual increase in Your Nursing Facility Maximum; or
- You may reduce Premium by terminating Your Benefit Increases (where that option is available under the Group Policy).

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

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

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

We will send You written notice of:

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

Once Coverage is reduced, it may not be increased.

## GENERAL PROVISIONS

### Entire Contract; Changes

The Certificate reflects Your Coverage and is a part of the Group Policy. While the Group Policy is in force, the Group Policy determines governing contractual provisions. No change in the Group Policy or the Certificate will be valid until and unless approved in writing by one of Our officers. That approval must be noted on, or attached to, the Group Policy and, if applicable, the Certificate. No agent has the authority to change the Group Policy or the Certificate or waive any of their provisions.

Payment of Premium following:

- a change to the Certificate requested by You; or
  - a change in Premium as provided in the Premium Rate Changes provision;
- shall constitute acceptance by You of any such change.

### Misstatements and Incontestability

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

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

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

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

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

### Misstatement Of Age

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

### Clerical Error and Misstatement of Eligibility

Clerical error, misstatement as to Your eligibility, or delays in making entries on the records by You, the Policyholder, or Us:

- will not void the Certificate if the Certificate would otherwise have been in effect; and
- will not cause You to become insured if You were otherwise not eligible; and
- will not extend the Certificate if the Certificate would otherwise have ended or been reduced.

If a clerical error or misstatement is found, Premium and Benefits will be adjusted based on the true facts and the provisions of the Certificate.

**Time Periods**

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

**Non-Participating; Dividends Not Payable**

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

**Conformity With Internal Revenue Code**

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

**Governing Jurisdiction**

The Group Policy is governed by the laws of the State in which it was issued. The Certificate is governed by the laws of the State having jurisdiction over the Certificate as of the Certificate Effective Date.

**Currency**

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

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

**No Cash Values, Borrowing, Or Use As Collateral**

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

**Communications Through Electronic Means Or Other Technologies**

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

## [REPLACEMENT PROVISIONS]

If the Certificate is replacing identical or substantially equivalent coverage under another group long term care insurance policy that was issued to the Group Policyholder, the following terms and conditions will apply.

### Definition

**Replaced Coverage** means the coverage You had under another group long term care insurance policy that was replaced by the Group Policy described in the Certificate.

### Conditions

In order for the Certificate to take effect:

- Your Replaced Coverage must have been in force on a Premium paying basis on the day immediately prior to the Certificate Effective Date;
- There is no interruption between Your Replaced Coverage and Your Coverage under the Group Policy;
- All Premium for the Replaced Coverage must be fully paid up through the date on which the Replaced Coverage ends; and
- We must receive Your First Premium for the Certificate when it is due.

### Terms Applicable To The Certificate

- The Premium for the Certificate will be based upon Your Age on the original effective date of the Replaced Coverage;
- Any Actively at Work requirement (if applicable) will be waived for the Certificate to the extent that the requirement is the same as the actively at work requirement under the Replaced Coverage;
- Your Coverage Maximum will be reduced to the extent that benefits similar to the Benefits under the Certificate were paid under the Replaced Coverage;
- Any periodic maximum or lifetime limit that applies to a particular item of Covered Care will be reduced to the extent that benefits were paid for a similar service under the Replaced Coverage;
- If You had a periodic benefit increase feature under the Replaced Coverage, the date Our initial increase offer is made to You will be based on the date of Your last such increase under the Replaced Coverage. Subsequent increase offers will be made to You in accordance with the terms of the Certificate;
- [The calculation of the amount returned under a Refund of Premium on Death Benefit will reflect the length of time You were covered under the Replaced Coverage and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a similar return of Premium provision;]
- [We will give credit for time periods applicable to Pre-Existing Conditions to the extent that similar limitations or exclusions were satisfied under the Replaced Coverage;]
- If the Certificate is converted to paid-up status under a Nonforfeiture Benefit, the calculation of Your Nonforfeiture Benefit Allowance will reflect the length of time You were covered and the benefit amounts paid to You under the Replaced Coverage, to the extent that the Replaced Coverage had a nonforfeiture protection provision other than a contingent nonforfeiture benefit; and
- Your Elimination Period requirement will be reduced to the extent that a similar requirement was completely or partially satisfied by You under the Replaced Coverage.]

## BENEFIT PROVISIONS

### LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

#### Eligibility For The Payment Of Benefits

For You to be eligible for the payment of Benefits described in the Certificate:

- You must be Chronically III;
- We must receive a Current Eligibility Certification every 12 months; and
- We must receive ongoing proof, acceptable to Us, which verifies that the Covered Care You receive is necessary due to Your continually being Chronically III. The proof can be based on information from care providers, personal Physicians, other Licensed Health Care Practitioners and other sources.

#### Conditions For Receiving Benefits

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

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

#### Definitions

**Activities Of Daily Living (ADLs)** mean the following self-care functions:

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

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

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

**Current Eligibility Certification** is a written certification by a Licensed Health Care Practitioner who is not a member of Your Immediate Family certifying that You meet the above requirements for being Chronically Ill.

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

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

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

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

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

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

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

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

## **PRIVILEGED CARE® COORDINATION SERVICES**

### **Privileged Care Coordination Services**

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

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

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

### **About The Privileged Care Coordination Services**

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

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

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

### **Privileged Care Coordination Services Are Voluntary**

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

We will pay for the cost of Privileged Care Coordination Services and Your Coverage Maximum will not be reduced by these payments.

### **Limitations on Use of Privileged Care Coordination Services**

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

## NURSING FACILITY BENEFIT

### The Benefit

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

### Covered Expenses

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

### Definitions

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

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

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

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

### Payment Limitations

Payment of the Nursing Facility Benefit is subject to:

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

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

## ASSISTED LIVING FACILITY BENEFIT

### The Benefit

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

### Covered Expenses

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

### Definitions

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

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

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

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

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

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

### Payment Limitations

Payment of the the Assisted Living Facility Benefit is subject to:

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

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

## **BED RESERVATION BENEFIT**

### **The Benefit**

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

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

### **Covered Expenses**

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

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

### **Payment Limitations**

We will pay up to the lesser of:

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

Payment of the Bed Reservation Benefit is subject to:

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

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

## [HOME AND COMMUNITY CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definitions

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

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

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

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

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

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

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

The entity must:

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

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

An **Independent Provider** means a person who:

- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

When providing Home Health or Personal Care Services the Independent Provider:

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

#### **Payment Limitations**

Payment of the Home and Community Care Benefit is subject to:

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

## [HOME AND COMMUNITY CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definitions

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

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

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

**Incidental Homemaker and Chore Care** means Homemaker and Chore Care provided in Your Home:

- during the same visit in which You receive Home Health or Personal Care Services covered under this Benefit; and
- by the same Formal Provider who provided the Home Health or Personal Care Services.

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

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

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

The entity must:

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

An **Independent Provider** means a person who:

- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

When providing Home Health or Personal Care Services the Independent Provider:

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

### **Payment Limitations**

Payment of the Home and Community Care Benefit is subject to:

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

## HOME ASSISTANCE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

These services and items must be:

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

### Definitions

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

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

This does NOT include expenses for:

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

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

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

### Payment Limitations

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

## HOSPICE CARE BENEFIT

### The Benefit

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

### Covered Expenses

Covered Expenses for Hospice Care means expenses You incur for:

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

Covered Expenses for Hospice Care do not include:

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

### Definitions

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

- Chronically Ill; and
- Terminally Ill.

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

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

### Payment Limitations

Payment of the Hospice Care Benefit is subject to:

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

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

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

## RESPITE CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definition

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

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

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

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

### Payment Limitations

Payment of the Respite Care Benefit is subject to:

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

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

## ALTERNATE CARE BENEFIT

### The Benefit

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

### Covered Expenses

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

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

### Definition

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

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

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

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

### Payment Limitations

Payment of Alternate Care Benefit is subject to:

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

## WAIVER OF PREMIUM BENEFIT

### The Benefit

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

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

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

## CLAIMS PROVISIONS

### Notifying Us About A Claim And Initiating The Claim Process

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

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

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

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

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

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

### Assistance With Completing Claim Forms

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

### Claim Forms And Required Documentation

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

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

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

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

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

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

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

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

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

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

In addition, at Our expense, We may:

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

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

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

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

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

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

### **Notification if Your Claim is Denied**

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

### **Appealing Our Determination That The Benefit Trigger Is Not Met**

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

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

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

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

### **Appealing Other Claim Decisions**

Within 60 days of Your receipt of Our written explanation for denying Your Claim for reasons other than the Benefit Trigger has not been met, You may make a written request for additional information regarding the denial. Within 45 days of the date of Our receipt of Your written request We will:

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

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

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

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

### **Time Of Payment Of Benefits**

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

## **To Whom Benefits Are Paid**

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

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

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

## **Beneficiary Designations**

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

## **Direct Payment Of Benefits To Providers - Assignment Of Benefits**

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

## **[Information And Referral Services**

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

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

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

**Right To Recover An Excess Payment**

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

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

**Legal Actions**

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

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

## EXCLUSIONS AND LIMITATIONS

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

### Exclusions

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

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

### Non-Duplication

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

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

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

### [Coordination With Other Coverage

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

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

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

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

**[No Pre-Existing Conditions Exclusion**

Except as stated in the Misstatements and Incontestability provision in the General Provisions, We will not reduce or deny any Claim because of a sickness or physical or medical condition that existed prior to the Certificate Effective Date.]

**[Pre-Existing Conditions Limitation**

We will not pay for 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 (6)~~ twelve (12) months following Your initial Certificate Effective Date.

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 (6) months prior to Your initial Certificate Effective Date.

A **Health Care Professional** includes: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

If the Group Policy or this Certificate replaces another long-term care policy or certificate, We will waive any time periods applicable to pre-existing conditions for similar benefits to the extent that similar limitations or exclusions were satisfied under the original policy.]

## CONTINGENT NONFORFEITURE BENEFIT

### The Benefit

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

### How This Benefit Works

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

- offer to reduce Your current level of Coverage without proof of insurability so that the Premium for the Certificate is not increased;
- offer to convert the Certificate 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 Certificate Effective Date. It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. The Issue Age is the age upon which Your Premium is based as of the Certificate Effective Date.

### Shortened Benefit Period

If You convert in accordance with the above, the Certificate 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. After conversion, Benefit Increases will no longer apply and the amount of reduced Coverage Maximum will be the greater of:

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

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

### Payment Limitations

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

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

## **FUTURE PURCHASE OPTIONS ENDORSEMENT**

*This Endorsement adds the following Future Purchase Options to the Certificate.*

### **The Benefit**

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

### **5% Future Purchase Option**

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

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

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

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

Offers and Benefit Increases cease when:

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

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

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

**When This Endorsement Is In Force**

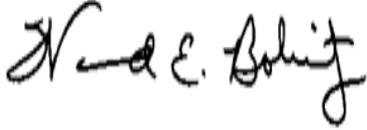
This Endorsement is part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. It takes effect on the Certificate Effective Date and ends on the earlier of the following:

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

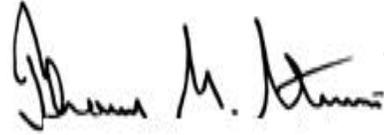
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

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### **The Benefit**

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

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

Offers and Benefit Increases cease when:

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

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

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

**When This Endorsement Is In Force**

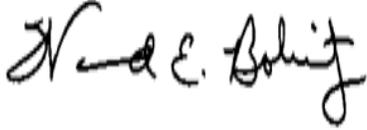
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- the date the Certificate is continued under any Nonforfeiture Benefit.

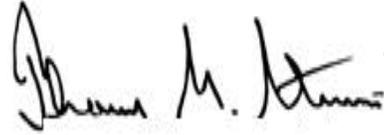
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## **GUARANTEED PURCHASE OPTIONS ENDORSEMENT**

*This Endorsement adds the following Guaranteed Purchase Options to the Certificate.*

### **The Benefit**

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

### **5% Guaranteed Purchase Options**

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

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

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

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

Offers and Benefit Increases cease when:

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

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

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

**When This Endorsement Is In Force**

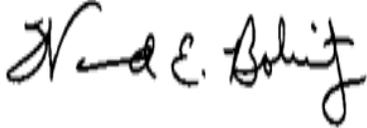
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- the date the Certificate is continued under any Nonforfeiture Benefit.

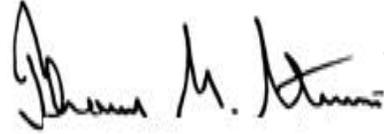
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

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

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

Offers and Benefit Increases cease when:

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

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

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

**When This Endorsement Is In Force**

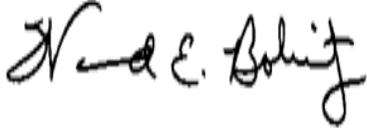
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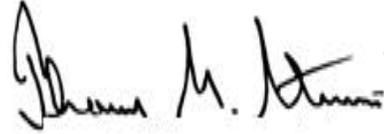
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Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

**WAIVER OF HOME AND COMMUNITY CARE AND INFORMAL CARE ELIMINATION PERIOD  
ENDORSEMENT**

*This Endorsement adds the following Waiver of Home and Community Care and Informal Care Elimination Period to the Certificate.*

**The Benefit**

Under this Endorsement, We will waive the Elimination Period for the Home and Community Care Benefit of the Certificate and any Informal Care Benefit provided by Rider.

Days for which payment is made under the Home and Community Care Benefit or the Informal Care Benefit, if any, will count towards satisfying any Elimination Period specified in Your Certificate applicable to other Benefits.

Under this Endorsement, the **Payment Limitations** provisions of the Home and Community Care Benefit and Informal Care Benefit, if any, are deleted and replaced with the following:

Payment of this Benefit is subject to:

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

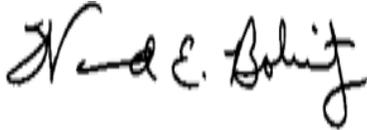
**When This Endorsement Is In Force**

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

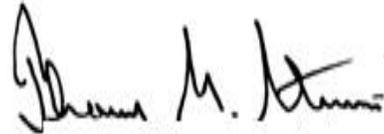
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Days for which payment is made under the Home and Community Care Benefit or the Informal Care Benefit, if any, will count towards satisfying any Elimination Period specified in Your Certificate applicable to other Benefits.

Under this Endorsement, the **Payment Limitations** provisions of the Home and Community Care Benefit and Informal Care Benefit, if any, are deleted and replaced with the following:

Payment of this Benefit is subject to:

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

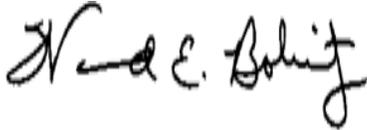
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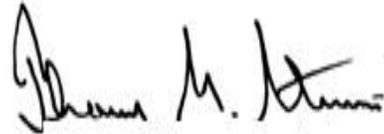
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**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## INTERNATIONAL NURSING FACILITY BENEFIT ENDORSEMENT

*This Endorsement adds the following International Nursing Facility Benefit to the Certificate.*

### The Benefit

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

### Covered Expenses

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

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to:
  - A Current Eligibility Certification from a Licensed Health Care Practitioner certifying that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

### Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

**Requirements:** To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:

- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

**Payment Limitations**

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the limits determined below; and
- all other provisions and conditions applicable to the Certificate.

Payment for care in an Out-of-Country Nursing Facility will not exceed 75% of the Nursing Facility Maximum.

This Benefit is not payable at the same time as any other Benefit.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

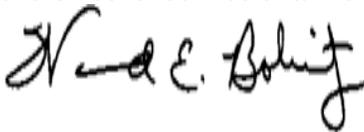
**When This Endorsement Is In Force**

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

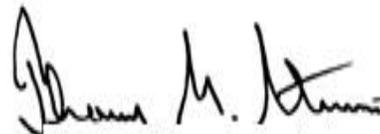
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## INTERNATIONAL NURSING FACILITY BENEFIT ENDORSEMENT

*This Endorsement adds the following International Nursing Facility Benefit to the Certificate.*

### The Benefit

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

### Covered Expenses

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

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to:
  - A Current Eligibility Certification from a Licensed Health Care Practitioner certifying that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Confinement care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

### Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

**Requirements:** To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;
- have a Graduate Nurse on duty or on call in the facility at all times;

- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:

- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

#### **Payment Limitations**

Payment of this Benefit is subject to:

- the Elimination Period requirement;
- the Coverage Maximum;
- the limits determined below; and
- all other provisions and conditions applicable to the Certificate.

Payment for care in an Out-of-Country Nursing Facility will not exceed 75% of the Nursing Facility Maximum.

This Benefit is not payable at the same time as any other Benefit.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

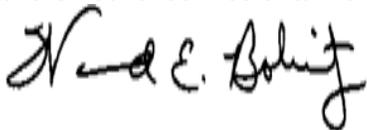
#### **When This Endorsement Is In Force**

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

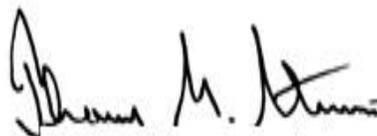
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

*This Endorsement adds the following International Coverage Benefit to the Certificate.*

### The Benefit

Under the International Coverage Benefit, We will pay for Covered Expenses incurred outside the United States, as described below and subject to the Conditions and Payment Limitations.

### Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services received outside of the United States that are provided:

- in a Home and would otherwise have been payable under the Home and Community Care Benefit; or
- to You by an Out-of-Country Nursing Facility (including room and board).

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to
  - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Covered Care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

### Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

**Requirements:** To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;

- have a Graduate Nurse on duty or on call in the facility at all times;
- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:

- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

**Payment Limitations**

Payment of this Benefit is subject to: the Elimination Period requirement; the Coverage Maximum; the limits determined below; and all other provisions and conditions applicable to the Certificate.

This Benefit is not payable at the same time as any other Benefit. Payment for care in an Out-of-Country Nursing Facility will not exceed 50% of the Nursing Facility Maximum.

Payment under this Benefit for Covered Care at Home will not exceed 25% of the Nursing Facility Maximum and is limited to payment for 365 days on which You receive Covered Care at Home.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense payable under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

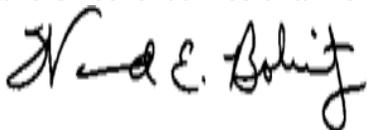
**When This Endorsement Is In Force**

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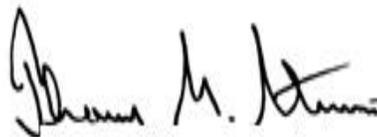
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

*This Endorsement adds the following International Coverage Benefit to the Certificate.*

### The Benefit

Under the International Coverage Benefit, We will pay for Covered Expenses incurred outside the United States, as described below and subject to the Conditions and Payment Limitations.

### Covered Expenses

Covered Expenses for International Coverage means expenses You have paid for care and support services received outside of the United States that are provided:

- in a Home and would otherwise have been payable under the Home and Community Care Benefit; or
- to You by an Out-of-Country Nursing Facility (including room and board).

Covered Expenses do not include expenses for prescription medications or any items or services provided for Your comfort and convenience, such as: transportation; televisions; telephones; beauty care; guest meals; and entertainment.

### Conditions

Payment of this Benefit is subject to all of the following conditions:

- We will not provide Privileged Care Coordination Services in connection with this Benefit.
- The Waiver of Premium Benefit will not apply to any Coverage Months during which payment is made under this Benefit.
- To determine whether You are eligible for the payment of Benefits, as provided for in the Eligibility for the Payment of Benefits provision, You must obtain and furnish Us with the following documentation in English, at Your own expense. Such documentation shall include, but may not be limited to
  - A Current Eligibility Certification from a Licensed Health Care Practitioner that You are Chronically Ill.
  - A satisfactory Plan of Care prescribing the need for Covered Care due to Your being Chronically Ill.
  - Properly completed Claims forms, billing statements, and supporting medical and care documentation acceptable to Us as verifiable Proofs of Loss and payment.
  - A copy of Your passport, airline ticket or other proof acceptable to Us that You are outside of the United States at the time You are receiving care.

We may require that You provide Us with all of the above information at reasonable intervals. We will not require this more frequently than once every 30 days.

This Benefit will not be payable if it is prohibited by United States Government sanctions specified by the United States Department of the Treasury's Office of Foreign Assets Control (or its successor organization) pursuant to 31 CFR 500-598, as amended or supplemented periodically, or any other governmental pronouncement. This includes, but is not limited to, care delivered in a foreign country to which travel is prohibited under federal law.

### Definition

An **Out-of-Country Nursing Facility** is an institution, not excluded below, that:

- is located outside of the United States; and
- is a legally operated facility that is engaged primarily in providing continual (24 hours-a-day, every day) nursing care to all of its residents or inpatients; and
- satisfies all of the following requirements.

**Requirements:** To satisfy this Out-of-Country Nursing Facility definition, such facility, or a separate portion, ward, wing or unit thereof, must at all times:

- provide such nursing care in accordance with the authority granted by a license or similar accreditation acceptable to Us that has been issued by the national or requisite political subdivision of the country in which it is located to provide the levels of care for which Benefits would be payable under the Nursing Facility Benefit;
- employ at least one full-time (at least 30 hours per week) Graduate Nurse;

- have a Graduate Nurse on duty or on call in the facility at all times;
- have an awake employee on duty in the facility who is:
  - trained and ready to provide its residents with scheduled and unscheduled care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment; and
  - aware of the whereabouts of the residents;
- provide three (3) meals a day and accommodate special dietary needs;
- have arrangements with a Physician or Graduate Nurse to furnish medical care and services in case of an emergency;
- have the appropriate methods and procedures to provide necessary assistance to residents in managing prescribed medications; and
- have accommodations for at least 10 resident inpatients in that location.

For the purposes of this definition, a **Graduate Nurse** is a person who:

- has completed a post-secondary nursing care training program; and
- holds a current license to provide skilled nursing care to sick or infirm individuals under the direction of a Physician.

**Excluded Places:** The definition of an Out-of-Country Nursing Facility does NOT include any of the following:

- A hospital (including any sub-acute or rehabilitation hospital) or clinic.
- An Assisted Living Facility.
- A place that operates primarily for the treatment of alcoholism, drug addiction, or mental illness.
- Your Home or other residential establishment or environment, including an ocean going vessel.

**Payment Limitations**

Payment of this Benefit is subject to: the Elimination Period requirement; the Coverage Maximum; the limits determined below; and all other provisions and conditions applicable to the Certificate.

This Benefit is not payable at the same time as any other Benefit. Payment for care in an Out-of-Country Nursing Facility will not exceed 50% of the Nursing Facility Maximum.

Payment under this Benefit for Covered Care at Home will not exceed 25% of the Nursing Facility Maximum and is limited to payment for 365 days on which You receive Covered Care at Home.

No payment will be made under this Benefit for Covered Expenses incurred more than 4 calendar years after the date the first Covered Expense payable under this Benefit was incurred.

If this Benefit is subject to a monthly maximum, payment for periods of less than a full calendar month will be pro-rated based on: a 30-day month; and the number of days for which payment is being made.

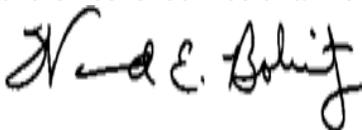
**When This Endorsement Is In Force**

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

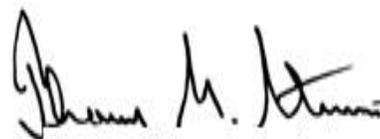
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## 10-YEAR REFUND OF PREMIUM ON DEATH BENEFIT RIDER

*This Rider adds the following 10-Year Refund of Premium on Death Benefit to the Certificate.*

### The Benefit

Under the 10-Year Refund of Premium on Death Benefit, We will refund the Premium You paid in the event You die, as described below and subject to the Payment Limitations below.

### How Much We Will Pay

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid by You (and not waived) for Your Certificate;  
REDUCED BY
- the amount of any Benefits paid or payable under Your Certificate.

### Payment Limitations

Payment under this Rider will be made to Your designated beneficiary, in the event that You die:

- before Your Certificate has ended; and
- Your Certificate has continued, except under a nonforfeiture benefit, for at least 10 consecutive years.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Certificate was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

### When This Rider Is In Force

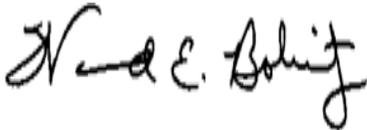
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

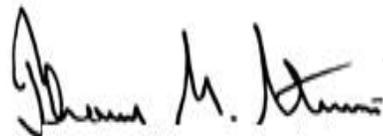
**In all other respects the provisions and conditions of the Certificate remain the same.**

### Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## 10-YEAR REFUND OF PREMIUM ON DEATH BENEFIT RIDER

*This Rider adds the following 10-Year Refund of Premium on Death Benefit to the Certificate.*

### The Benefit

Under the 10-Year Refund of Premium on Death Benefit, We will refund the Premium You paid in the event You die, as described below and subject to the Payment Limitations below.

### How Much We Will Pay

We will pay as a refund of Premium an amount equal to:

- the total amount of Premium paid by You (and not waived) for Your Certificate;  
REDUCED BY
- the amount of any Benefits paid or payable under Your Certificate.

### Payment Limitations

Payment under this Rider will be made to Your designated beneficiary, in the event that You die:

- before Your Certificate has ended; and
- Your Certificate has continued, except under a nonforfeiture benefit, for at least 10 consecutive years.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Certificate was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

### When This Rider Is In Force

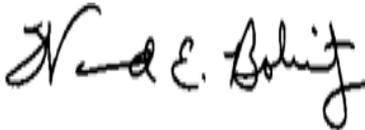
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

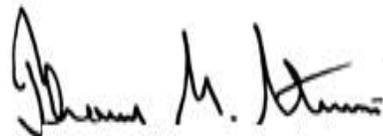
**In all other respects the provisions and conditions of the Certificate remain the same.**

### Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

**GRADED REFUND OF PREMIUM ON DEATH BENEFIT RIDER**

*This Rider adds the following Graded Refund of Premium on Death Benefit to the Certificate.*

**The Benefit**

Under the Graded Refund of Premium on Death Benefit, We will refund the Premium You paid in the event You die before age 75, as described below and subject to the Payment Limitations below.

**How Much We Will Pay**

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid by You (and not waived) for Your Certificate.

B = The amount of any Benefits paid or payable under Your Certificate.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

<u>Age</u>	<u>Covered Percent</u>	<u>Age</u>	<u>Covered Percent</u>
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

**Payment Limitations**

Payment under this Rider will made to Your designated beneficiary, in the event that You die before age 75 while the Certificate is in force.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Certificate was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

**When This Rider Is In Force**

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the Premium Due Date on which You are 75 years of age;
- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

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

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

**GRADED REFUND OF PREMIUM ON DEATH BENEFIT RIDER**

*This Rider adds the following Graded Refund of Premium on Death Benefit to the Certificate.*

**The Benefit**

Under the Graded Refund of Premium on Death Benefit, We will refund the Premium You paid in the event You die before age 75, as described below and subject to the Payment Limitations below.

**How Much We Will Pay**

We will pay as a refund of Premium an amount equal to A minus B, where:

A = The Covered Percent of the total amount of Premium paid by You (and not waived) for Your Certificate.

B = The amount of any Benefits paid or payable under Your Certificate.

The Covered Percent used to determine the refund amount depends on Your age on Your Premium Due Date immediately prior to Your death, as determined from the table below.

<u>Age</u>	<u>Covered Percent</u>	<u>Age</u>	<u>Covered Percent</u>
65 or less	100%	71	40%
66	90%	72	30%
67	80%	73	20%
68	70%	74	10%
69	60%	75 or older	0%
70	50%		

**Payment Limitations**

Payment under this Rider will be made to Your designated beneficiary, in the event that You die before age 75 while the Certificate is in force.

We must receive written proof of Your death within one (1) year of Your death. This Benefit will not be paid if Your Certificate was being continued in force under any Nonforfeiture Benefit.

The payment of any Covered Expenses We receive after payment for this Rider has been made will be reduced by any amount paid under this Rider.

If no beneficiary is named or none survives You, Payment under this Rider will be made to Your estate.

**Notice Regarding Tax Law:** Payment of this Benefit may have tax implications for Your estate or designated beneficiary. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.

**When This Rider Is In Force**

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the Premium Due Date on which You are 75 years of age;
- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

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

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

Secretary

President and CEO, Long Term Care Division

## RESTORATION BENEFIT RIDER

*This Rider adds the following Restoration Benefit to the Certificate.*

### The Benefit

Under the Restoration Benefit, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below and subject to the Payment Limitations below.

### Definitions

**Fully Recover** means that for a period of at least 180 consecutive days:

- Your Certificate has not ended, is not being under continued under a nonforfeiture benefit and premiums are not being waived under the Waiver of Premium Benefit;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments with respect to the status of Your health; and
- require You to undergo a physical examination.

**Restoration** means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

### Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Coverage limit will be changed.

This Restoration will not apply when Your Certificate is in force under any nonforfeiture benefit.

### When This Rider Is In Force

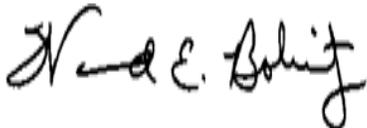
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

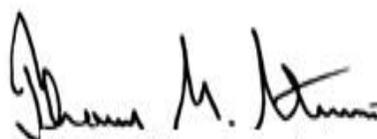
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## RESTORATION BENEFIT RIDER

*This Rider adds the following Restoration Benefit to the Certificate.*

### The Benefit

Under the Restoration Benefit, We will provide a Restoration by increasing the amount of Your unused Coverage Maximum if, after receiving benefits, You Fully Recover from being Chronically Ill, as described below and subject to the Payment Limitations below.

### Definitions

**Fully Recover** means that for a period of at least 180 consecutive days:

- Your Certificate has not ended, is not being under continued under a nonforfeiture benefit and premiums are not being waived under the Waiver of Premium Benefit;
- You have neither required, nor received, care or services that would qualify as Covered Care;
- You have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and
- You have not had Severe Cognitive Impairment.

To verify that You have Fully Recovered, You must give Us the right, at Our expense, to:

- obtain copies of Your medical records and care notes;
- interview You and Your care providers and Licensed Health Care Practitioners;
- perform on-site nursing, functional and/or cognitive assessments with respect to the status of Your health; and
- require You to undergo a physical examination.

**Restoration** means that We will increase the amount in Your unused Coverage Maximum by the amount of Covered Expenses previously paid by Us that were not previously restored.

### Payment Limitations

This Restoration will apply only to Your Coverage Maximum. No other Coverage limit will be changed.

This Restoration will not apply when Your Certificate is in force under any nonforfeiture benefit.

### When This Rider Is In Force

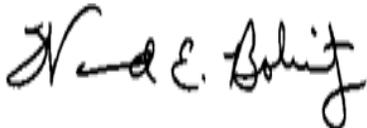
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

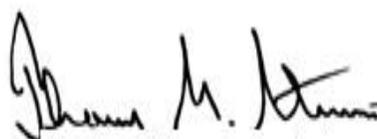
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## TRANSITION BENEFIT RIDER

*This Rider adds the following Transition Benefit to the Certificate.*

### The Benefit

Under the Transition Benefit, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below and subject to the Payment Limitations below.

### Covered Expenses

Covered Expenses for this Transition Benefit Rider means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The payment amount for this Rider is set forth in the Schedule and will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

### Payment Limitations

This is a one-time payment. Payment made under this Rider is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule; and
- all other provisions and conditions of the Certificate.

Payment made under this Rider is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

**Notice Regarding Tax Law:** Payment made under this Rider may have tax implications. You are advised to review this Rider with a qualified tax professional to determine any such tax impact.

### When This Rider Is In Force

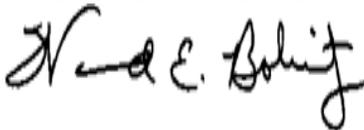
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earlier of:

- the date Your Certificate ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

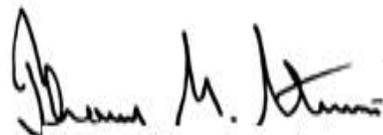
**In all other respects the provisions and conditions of the Certificate remain the same.**

### Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## TRANSITION BENEFIT RIDER

*This Rider adds the following Transition Benefit to the Certificate.*

### The Benefit

Under the Transition Benefit, We will pay for Covered Expenses incurred while You are satisfying the Elimination Period, as described below and subject to the Payment Limitations below.

### Covered Expenses

Covered Expenses for this Transition Benefit Rider means expenses You incur for Qualified Long Term Care Services received during the Elimination Period.

The payment amount for this Rider is set forth in the Schedule and will be paid as a lump sum once We have verified that You have: (a) satisfied the Eligibility for the Payment of Benefits provision; and (b) begun to satisfy the Elimination Period. You may use this payment to cover costs associated with care received during the Elimination Period.

### Payment Limitations

This is a one-time payment. Payment made under this Rider is subject to:

- the Coverage Maximum;
- the payment limit shown in the Schedule; and
- all other provisions and conditions of the Certificate.

Payment made under this Rider is not subject to any Elimination Period requirement; and cannot be used to satisfy any Elimination Period requirement.

**Notice Regarding Tax Law:** Payment made under this Rider may have tax implications. You are advised to review this Rider with a qualified tax professional to determine any such tax impact.

### When This Rider Is In Force

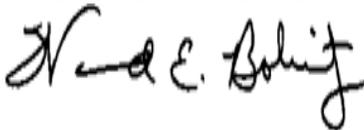
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earlier of:

- the date Your Certificate ends; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

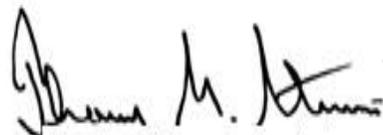
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Secretary



President and CEO, Long Term Care Division

## NONFORFEITURE BENEFIT RIDER

*This Rider adds the following Nonforfeiture Benefit to the Certificate.*

### The Benefit

Under the Nonforfeiture Benefit, We will provide You with a continuation of Your Certificate if Your Certificate ends because the Premium due is not received by Us by the end of the Grace Period (lapse) before the Coverage Maximum has been exhausted, as described below and subject to the Conditions and Payment Limitations provided below.

### How This Rider Works

If Your Certificate ends, We will continue Your Certificate, on a paid-up basis, which means that no further Premium will become due. The Coverage Maximum will be replaced by the Nonforfeiture Allowance, defined below. Otherwise, Your Certificate will continue under the same terms and conditions of the Certificate, except that any future Benefit Increases will no longer apply. Where Benefits under the Certificate are subject to a Monthly Nursing Facility Maximum, the corresponding daily Nursing Facility Benefit is the pro-rata portion of that monthly amount based on a 30-day month.

### Nonforfeiture Allowance

As used below, the Nonforfeiture Allowance is the greater of:

- the sum of all Premium paid by You for Your Certificate, excluding any premium waived under the Waiver of Premium Benefit; or
- an amount equal to thirty (30) times the daily Nursing Facility Benefit that is in effect at the time of lapse.

### Conditions

The continuation of Your Certificate is subject to the following condition:

- The Certificate must have been in force for at least 3 consecutive years from the Certificate Effective Date when the Certificate lapses (as noted above).

### Payment Limitations

Coverage under this Rider ends when:

- the total Covered Expense paid under this Rider equals the Nonforfeiture Allowance

### When This Rider Is In Force

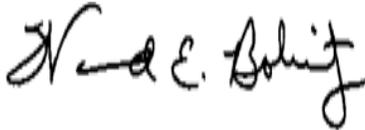
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earlier of:

- the date Your Certificate ends, subject to the provisions of this Rider; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

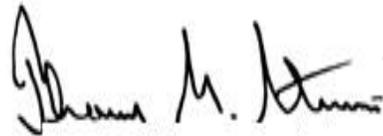
**In all other respects the provisions and conditions of the Certificate remain the same.**

### Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

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### Payment Limitations

Coverage under this Rider ends when:

- the total Covered Expense paid under this Rider equals the Nonforfeiture Allowance

### When This Rider Is In Force

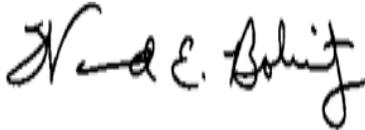
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- the date Your Certificate ends, subject to the provisions of this Rider; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

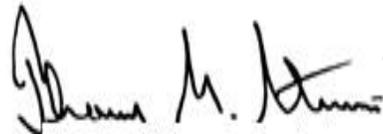
**In all other respects the provisions and conditions of the Certificate remain the same.**

### Signed for Genworth Life Insurance Company.

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## SHARED BENEFIT RIDER

*This Rider adds the following Shared Benefit Provisions to the Certificate.*

### Shared Benefit Provisions

Under the Shared Benefit, We will automatically continue Your Spouse or Partner's Coverage when his or her Certificate ends because the Coverage Maximum of his or her Certificate has been exhausted by using the remaining Coverage Maximum of Your Certificate, as described and subject to the Conditions below. Once this Rider takes effect, the person named as Your Spouse or Partner will be covered under Your Certificate the same as You. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Certificate as of the Certificate Effective Date.

If the Schedule in Your Certificate states that this Rider is:

- "Included With Joint Waiver," this means that We will waive Premium payments, in accordance with the Waiver of Premium Benefit, for both You and Your Spouse or Partner while either You or Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Once both You or Your Spouse or Partner no longer meet the requirements of the Waiver of Premium Benefit, both You and Your Spouse or Partner will be required to pay Premium in accordance with the Paying Premium provision of the Certificate.
- "Included Without Joint Waiver," this means that We will not waive Premium payments for Your Spouse or Partner's Certificate when You meet the requirements of the Waiver of Premium Benefit. In addition, Premium for Your Certificate will not be waived when Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Your Spouse or Partner cannot qualify for the Waiver of Premium Benefit under Your Certificate even if he or she becomes the sole Insured upon Your death.

### Conditions

Coverage under this Rider is subject to all of the following conditions:

- Your Certificate with Us and Your Spouse or Partner's Certificate with Us must be identical. This means You and Your Spouse or Partner must both have the same Shared Benefit Rider form with the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Spouse or Partner's Certificate as of the Certificate Effective Date; and he or she must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Certificate as of the Certificate Effective Date.
- Your Certificate will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Certificate has exhausted its Coverage Maximum.
- Benefits paid under Your Certificate on behalf of Your Spouse or Partner will be paid according to the applicable benefits, limits, Claims payment provisions and all other provisions of Your Certificate on the date the expense is incurred; and will count against the Coverage Maximum of Your Certificate.
- No Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Certificate.
- Continuation of Your Spouse or Partner's Coverage under Your Certificate will terminate when the Coverage Maximum of Your Certificate is exhausted.
- We will give You written notice once Your Spouse or Partner has exhausted his or her Coverage Maximum and this Rider takes effect.

### Coverage Maximum Transfer/Continued Sharing Upon Death

**Coverage Maximum Transfer:** If You die while both You and Your Spouse or Partner have Shared Benefit Riders in force, upon written notification of Your death, the remaining Coverage Maximum of Your Certificate will be added to the Coverage Maximum of Your Spouse or Partner's Certificate. If the remaining Coverage Maximum of Your Spouse or Partner's Certificate is added to the Coverage Maximum of Your Certificate under a Coverage Maximum Transfer, any future Benefit Increases will then be based on Your Coverage Maximum as increased by the Coverage Maximum Transfer.

**Continued Sharing:** If You die while this Rider is in force and Your Spouse or Partner is sharing Coverage under Your Certificate at time of Your death, he or she may continue Coverage under Your Certificate subject to the terms of this Rider.

**Unpaid Covered Expenses:** Any Covered Expenses incurred by You prior to when the Certificate ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of the Certificate and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Spouse or Partner's Certificate.

Any Covered Expenses incurred by Your Spouse or Partner prior to when his or her Certificate ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of his or her Certificate and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Certificate.

**Affect on Premium:** When Your Spouse or Partner dies and either the Coverage Maximum Transfer or Continued Sharing provisions applies to Your Certificate, the cost for this Rider will no longer be included in the Premium for the Certificate and the Premium will be reduced by the cost of this Rider.

### **Guaranteed Minimum Benefit**

**Guaranteed Minimum:** will be equal to 50% of the lesser of:

- Your Coverage Maximum in effect on the Certificate Effective Date; or
- If Your Coverage Maximum has been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Certificate, the lowest Coverage Maximum available at any point in time from the Certificate Effective Date through the date the Guaranteed Minimum Benefit is applied.

To ensure that at least the Guaranteed Minimum is available to pay for Covered Expenses You may incur, We will reset Your Coverage Maximum, as described below, on the date Your Coverage Maximum is exhausted; but only if the total Benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum, defined above, reduced by the total Benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the Coverage Maximum as amended under this Guaranteed Minimum Benefit.
- All other Benefit limits, terms and conditions under the Certificate will remain the same.
- The Certificate will cover You alone; and this Rider will terminate.
- The cost of this Rider will no longer apply to Your future Premium.

### **When This Rider Is In Force**

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It can be continued in force by the timely payment of Premium until it is terminated.

Except as provided in the "Note" below, this Rider will automatically terminate on the earliest of:

- the date the Certificate ends or is continued under any Nonforfeiture Benefit;
- the date of death of Your Spouse or Partner;
- the date the identical Shared Benefit Rider on Your Spouse or Partner's Certificate ends for any reason other than exhausting the Coverage Maximum applicable to his or her Certificate;
- the date We reset Your Coverage Maximum as provided under the Guaranteed Minimum Benefit;

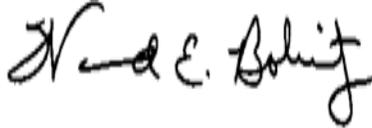
- the date the Benefit levels and Benefit options under the policies of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either You or Your Spouse or Partner; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**Note:** This Rider cannot be terminated if Your Spouse or Partner has begun to access Benefits under Your Certificate until he or she is no longer eligible for continued Benefits under Your Certificate.

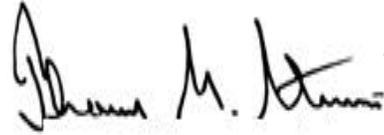
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## SHARED BENEFIT RIDER

*This Rider adds the following Shared Benefit Provisions to the Certificate.*

### Shared Benefit Provisions

Under the Shared Benefit, We will automatically continue Your Spouse or Partner's Coverage when his or her Certificate ends because the Coverage Maximum of his or her Certificate has been exhausted by using the remaining Coverage Maximum of Your Certificate, as described and subject to the Conditions below. Once this Rider takes effect, the person named as Your Spouse or Partner will be covered under Your Certificate the same as You. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Certificate as of the Certificate Effective Date.

If the Schedule in Your Certificate states that this Rider is:

- "Included With Joint Waiver," this means that We will waive Premium payments, in accordance with the Waiver of Premium Benefit, for both You and Your Spouse or Partner while either You or Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Once both You or Your Spouse or Partner no longer meet the requirements of the Waiver of Premium Benefit, both You and Your Spouse or Partner will be required to pay Premium in accordance with the Paying Premium provision of the Certificate.
- "Included Without Joint Waiver," this means that We will not waive Premium payments for Your Spouse or Partner's Certificate when You meet the requirements of the Waiver of Premium Benefit. In addition, Premium for Your Certificate will not be waived when Your Spouse or Partner meets the requirements of the Waiver of Premium Benefit. Your Spouse or Partner cannot qualify for the Waiver of Premium Benefit under Your Certificate even if he or she becomes the sole Insured upon Your death.

### Conditions

Coverage under this Rider is subject to all of the following conditions:

- Your Certificate with Us and Your Spouse or Partner's Certificate with Us must be identical. This means You and Your Spouse or Partner must both have the same Shared Benefit Rider form with the same plans, benefit levels and benefit options.
- You must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Spouse or Partner's Certificate as of the Certificate Effective Date; and he or she must be named as the Spouse or Partner for Shared Benefit in the Schedule of Your Certificate as of the Certificate Effective Date.
- Your Certificate will only pay for Covered Expenses Your Spouse or Partner incurs after the date his or her Certificate has exhausted its Coverage Maximum.
- Benefits paid under Your Certificate on behalf of Your Spouse or Partner will be paid according to the applicable benefits, limits, Claims payment provisions and all other provisions of Your Certificate on the date the expense is incurred; and will count against the Coverage Maximum of Your Certificate.
- No Elimination Period requirement will apply to the continuation of Your Spouse or Partner's Coverage under Your Certificate.
- Continuation of Your Spouse or Partner's Coverage under Your Certificate will terminate when the Coverage Maximum of Your Certificate is exhausted.
- We will give You written notice once Your Spouse or Partner has exhausted his or her Coverage Maximum and this Rider takes effect.

### Coverage Maximum Transfer/Continued Sharing Upon Death

**Coverage Maximum Transfer:** If You die while both You and Your Spouse or Partner have Shared Benefit Riders in force, upon written notification of Your death, the remaining Coverage Maximum of Your Certificate will be added to the Coverage Maximum of Your Spouse or Partner's Certificate. If the remaining Coverage Maximum of Your Spouse or Partner's Certificate is added to the Coverage Maximum of Your Certificate under a Coverage Maximum Transfer, any future Benefit Increases will then be based on Your Coverage Maximum as increased by the Coverage Maximum Transfer.

**Continued Sharing:** If You die while this Rider is in force and Your Spouse or Partner is sharing Coverage under Your Certificate at time of Your death, he or she may continue Coverage under Your Certificate subject to the terms of this Rider.

**Unpaid Covered Expenses:** Any Covered Expenses incurred by You prior to when the Certificate ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of the Certificate and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Spouse or Partner's Certificate.

Any Covered Expenses incurred by Your Spouse or Partner prior to when his or her Certificate ends, but unpaid as of Coverage Maximum Transfer effective date, will be paid in accordance with the provisions of his or her Certificate and shall reduce, on a dollar-for-dollar basis, the remaining Coverage Maximum of Your Certificate.

**Affect on Premium:** When Your Spouse or Partner dies and either the Coverage Maximum Transfer or Continued Sharing provisions applies to Your Certificate, the cost for this Rider will no longer be included in the Premium for the Certificate and the Premium will be reduced by the cost of this Rider.

### **Guaranteed Minimum Benefit**

**Guaranteed Minimum:** will be equal to 50% of the lesser of:

- Your Coverage Maximum in effect on the Certificate Effective Date; or
- If Your Coverage Maximum has been reduced in accordance with Your Right to Reduce Coverage and Lower Premium provision of the Certificate, the lowest Coverage Maximum available at any point in time from the Certificate Effective Date through the date the Guaranteed Minimum Benefit is applied.

To ensure that at least the Guaranteed Minimum is available to pay for Covered Expenses You may incur, We will reset Your Coverage Maximum, as described below, on the date Your Coverage Maximum is exhausted; but only if the total Benefits paid or payable for Your Covered Expenses are less than the Guaranteed Minimum.

When this reset occurs:

- Your Coverage Maximum will equal the Guaranteed Minimum, defined above, reduced by the total Benefits paid or payable for Your Covered Expenses.
- Any future Benefit Increases will be based on the Coverage Maximum as amended under this Guaranteed Minimum Benefit.
- All other Benefit limits, terms and conditions under the Certificate will remain the same.
- The Certificate will cover You alone; and this Rider will terminate.
- The cost of this Rider will no longer apply to Your future Premium.

### **When This Rider Is In Force**

This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It can be continued in force by the timely payment of Premium until it is terminated.

Except as provided in the "Note" below, this Rider will automatically terminate on the earliest of:

- the date the Certificate ends or is continued under any Nonforfeiture Benefit;
- the date of death of Your Spouse or Partner;
- the date the identical Shared Benefit Rider on Your Spouse or Partner's Certificate ends for any reason other than exhausting the Coverage Maximum applicable to his or her Certificate;
- the date We reset Your Coverage Maximum as provided under the Guaranteed Minimum Benefit;

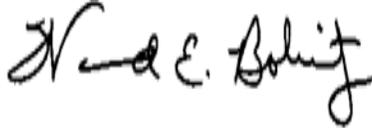
- the date the Benefit levels and Benefit options under the policies of both You and Your Spouse or Partner are no longer identical due to a change in coverage elected by either You or Your Spouse or Partner; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**Note:** This Rider cannot be terminated if Your Spouse or Partner has begun to access Benefits under Your Certificate until he or she is no longer eligible for continued Benefits under Your Certificate.

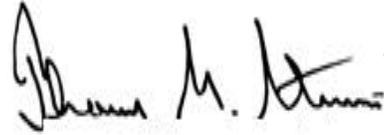
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## 10-YEAR SURVIVORSHIP BENEFIT RIDER

*This Rider adds the following 10 Year Survivorship Benefit to the Certificate.*

### The Benefit

Under the 10-Year Survivorship Benefit, if Your Spouse or Partner dies, Your Certificate will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Certificate.

### Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - had not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the prior 10-year period;
  - included a similar 10-Year Survivorship Benefit for the entire prior 10-year period; and
- Your Spouse or Partner had been Your Spouse or Partner for the entire 10-year period of concurrent Survivorship Benefit coverage.

**Limitation:** This Benefit will not apply if long term care benefits were paid or payable by Us for any Covered Expenses incurred, by either You or Your Spouse or Partner during the first 10 years of such concurrent Survivorship Benefit coverage. For the purposes of this Rider, a Benefit is considered to be "payable" if a Covered Expense is incurred even if a claim for benefits has not been submitted in accordance with the Claims provisions of the Certificate.

We must receive written proof of Your Spouse or Partner's death, in a form acceptable to Us, within one year of his or her death.

This Rider applies to the Premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

**Note:** You must send Us a written request if You wish to terminate this Rider for any other reason.

### When This Rider Is In Force

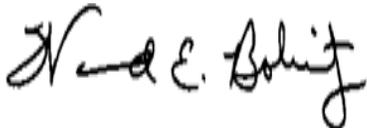
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earliest of:

- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider;
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us if such date is prior to the end of the 10-year period provided for above; or
- the date a Benefit has been paid or payable by Us for Covered Expenses incurred by either You or Your Spouse or Partner during the first 10 years of concurrent Survivorship Benefit coverage.

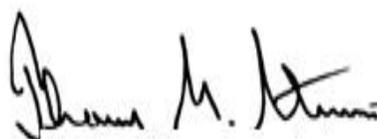
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## 10-YEAR SURVIVORSHIP BENEFIT RIDER

*This Rider adds the following 10 Year Survivorship Benefit to the Certificate.*

### The Benefit

Under the 10-Year Survivorship Benefit, if Your Spouse or Partner dies, Your Certificate will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for the purposes of this Benefit is the person named as such in the Schedule of Your Certificate.

### Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - had not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the prior 10-year period;
  - included a similar 10-Year Survivorship Benefit for the entire prior 10-year period; and
- Your Spouse or Partner had been Your Spouse or Partner for the entire 10-year period of concurrent Survivorship Benefit coverage.

**Limitation:** This Benefit will not apply if long term care benefits were paid or payable by Us for any Covered Expenses incurred, by either You or Your Spouse or Partner during the first 10 years of such concurrent Survivorship Benefit coverage. For the purposes of this Rider, a Benefit is considered to be "payable" if a Covered Expense is incurred even if a claim for benefits has not been submitted in accordance with the Claims provisions of the Certificate.

We must receive written proof of Your Spouse or Partner's death, in a form acceptable to Us, within one year of his or her death.

This Rider applies to the Premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

**Note:** You must send Us a written request if You wish to terminate this Rider for any other reason.

### When This Rider Is In Force

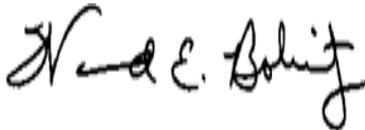
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- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider;
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us if such date is prior to the end of the 10-year period provided for above; or
- the date a Benefit has been paid or payable by Us for Covered Expenses incurred by either You or Your Spouse or Partner during the first 10 years of concurrent Survivorship Benefit coverage.

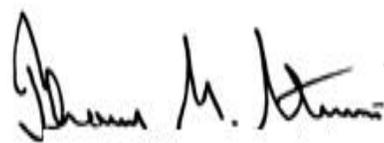
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## ENHANCED SURVIVORSHIP BENEFIT RIDER

*This Rider adds the following Enhanced Survivorship Benefit to the Certificate.*

### The Benefit

Under the Enhanced Survivorship Benefit, if Your Spouse or Partner for the Benefit dies, Your Certificate will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for purposes of this Benefit is the person named as such in the Schedule of Your Certificate.

### Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - has not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the Qualification Period for this Rider as shown in Your Certificate Schedule;
  - included a similar Enhanced Survivorship Benefit with a concurrent coverage requirement equal to or longer than the Qualification Period for this Rider as shown in Your Certificate Schedule; and
- he or she had been Your Spouse or Partner for the entire period of concurrent Enhanced Survivorship Benefit coverage.

This Benefit will apply even if long term care Benefits were paid or payable by Us for expenses incurred by either You or Your Spouse or Partner during the Qualification Period.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

**Note:** You must send Us a written request if You wish to terminate this Rider for any other reason.

### When This Rider Is In Force

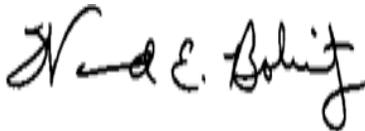
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- the date Your Certificate ends;
- the date Your Certificate is continued under any Nonforfeiture Benefit;
- the Premium Due Date following Our receipt of Your written request to terminate this Rider; or
- the date Your Spouse or Partner dies or no longer has qualifying concurrent coverage with Us .

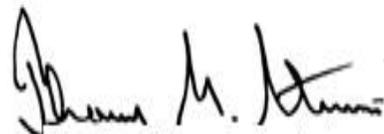
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## ENHANCED SURVIVORSHIP BENEFIT RIDER

*This Rider adds the following Enhanced Survivorship Benefit to the Certificate.*

### The Benefit

Under the Enhanced Survivorship Benefit, if Your Spouse or Partner for the Benefit dies, Your Certificate will be paid up and no further Premium payments will be required, as described below and subject to the following Conditions. Your Spouse or Partner for purposes of this Benefit is the person named as such in the Schedule of Your Certificate.

### Conditions

You must meet the following conditions on the date Your Spouse or Partner dies:

- both You and Your Spouse or Partner continuously had a long term care insurance policy or certificate that:
  - was provided under an individual or group policy issued by Us;
  - has not ended at the time of his or her death and was not continued under any nonforfeiture benefit for at least the Qualification Period for this Rider as shown in Your Certificate Schedule;
  - included a similar Enhanced Survivorship Benefit with a concurrent coverage requirement equal to or longer than the Qualification Period for this Rider as shown in Your Certificate Schedule; and
- he or she had been Your Spouse or Partner for the entire period of concurrent Enhanced Survivorship Benefit coverage.

This Benefit will apply even if long term care Benefits were paid or payable by Us for expenses incurred by either You or Your Spouse or Partner during the Qualification Period.

We must receive due written proof of Your Spouse or Partner's death within one year of his or her death.

This waiver applies to the Premium for Your Certificate and all attached riders in force on the date of Your Spouse or Partner's death. This Rider will not operate to waive Premium for any Benefits or changes added after the death of Your Spouse or Partner.

**Note:** You must send Us a written request if You wish to terminate this Rider for any other reason.

### When This Rider Is In Force

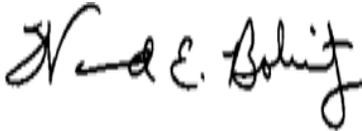
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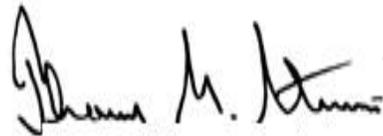
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Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## **SIMPLE BENEFIT INCREASES RIDER**

*This Rider adds the following Simple Benefit Increases to the Certificate.*

### **The Benefit**

Under the Simple Benefit Increases Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to the conditions provided below.

### **5% Simple Benefit Increases**

On each anniversary of the Certificate Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum in effect as of the Certificate Effective Date.

Calculation of the increased amounts is not reduced by Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Certificate.

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

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each anniversary since the Certificate Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Certificate; or
- this Rider ends.

**When This Rider Is In Force**

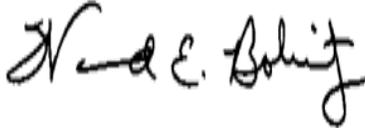
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- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Certificate.

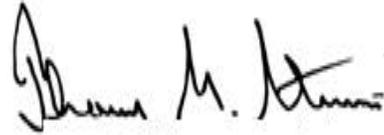
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Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## **SIMPLE BENEFIT INCREASES RIDER**

*This Rider adds the following Simple Benefit Increases to the Certificate.*

### **The Benefit**

Under the Simple Benefit Increases Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to the conditions provided below.

### **5% Simple Benefit Increases**

On each anniversary of the Certificate Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum in effect as of the Certificate Effective Date.

Calculation of the increased amounts is not reduced by Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Certificate.

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

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum for each anniversary since the Certificate Effective Date by 5% where the 5% equals .05 multiplied by Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Certificate; or
- this Rider ends.

**When This Rider Is In Force**

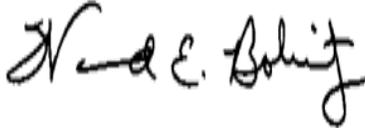
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- the date the Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Certificate.

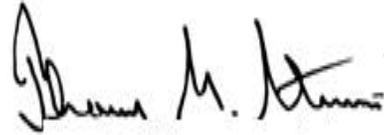
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**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## COMPOUND BENEFIT INCREASES RIDER

*This Rider adds the following Compound Benefit Increases to the Certificate.*

### The Benefit

Under the Compound Benefit Increases Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to the conditions provided below.

### [5%, 4%, 3%] Compound Benefit Increases

On each anniversary of the Certificate Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by [5%, 4%, 3%] where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum in effect on each anniversary of the Certificate Effective Date, less any Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Certificate.

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

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by [5%, 4%, 3%] for each anniversary since the Certificate Effective Date where the [5%, 4%, 3%] equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that would have been in effect on each anniversary since the Certificate Effective Date, less any Benefits paid.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Certificate; or
- this Rider ends.

**When This Rider Is In Force**

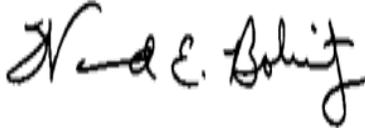
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- the date the Certificate ends;
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- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Certificate.

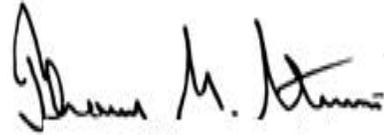
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## COMPOUND BENEFIT INCREASES RIDER

*This Rider adds the following Compound Benefit Increases to the Certificate.*

### The Benefit

Under the Compound Benefit Increases Rider, Your Coverage Maximum, Nursing Facility Maximum and other amounts based on the Nursing Facility Maximum will increase, as described below and subject to the conditions provided below.

### [5%, 4%, 3%] Compound Benefit Increases

On each anniversary of the Certificate Effective Date, Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximum will each increase by [5%, 4%, 3%] where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximum in effect on each anniversary of the Certificate Effective Date, less any Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Certificate.

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

- Subtract any prior Benefit Increases, on a dollar-for-dollar basis, from Your then current Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum; then
- Reduce Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum to the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum You requested; and then
- Increase Your reduced Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum by [5%, 4%, 3%] for each anniversary since the Certificate Effective Date where the [5%, 4%, 3%] equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximum that would have been in effect on each anniversary since the Certificate Effective Date, less any Benefits paid.

Benefit Increases cease when:

- the applicable maximum has been exhausted;
- they are terminated by You, subject to the Right to Reduce Coverage And Lower Premium provision of the Certificate; or
- this Rider ends.

**When This Rider Is In Force**

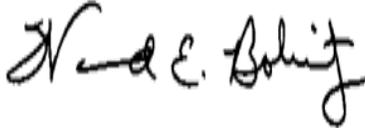
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- the date the Certificate ends;
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- the Premium Due Date following Our receipt of Your written request to terminate this Rider, subject to the Right To Reduce Coverage And Lower Premium provision of the Certificate.

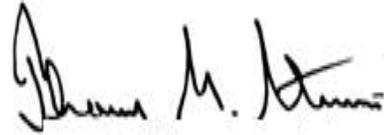
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## TO AGE 65 PREMIUM PAYMENT RIDER

*This Rider adds the following provisions to the Certificate.*

### **Paid-Up Feature – After Age 65**

Under this Rider, if You pay Premium as it becomes due, the Certificate will be paid-up and no future Premium payments will be required as of the anniversary of the Certificate Effective Date on which You are 65 years of age except that We do have the right to increase Premium that become due prior to the date the Certificate becomes paid-up in accordance with the Premium Rate Changes provision of the Certificate.

### **Limited Pay Contingent Nonforfeiture Benefit**

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Certificate are approximately the same as prior to the Premium rate change;
- offer to convert the Certificate to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

#### **Triggers Indicating A Substantial Premium Increase\***

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

\*Percentage increase is cumulative from Certificate Effective Date.

It does NOT include any increases attributed to later changes or Your election of additional or increased Benefit levels. This Issue Age is the age upon which Your Premium is based as of the Certificate Effective Date.

**Reduced Benefits Plan:** When converted in accordance with the above, the Certificate will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

A equals ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and

B equals the ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

These reduced maximums and payment limits will not be affected by any Benefit Increases provision. The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

**Payment Limitations:** The above future Benefit will not apply if the Certificate is continued in accordance with any other Nonforfeiture Benefit.

**When This Rider Is In Force**

This Rider is part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium for the Certificate. Unless added at a later date, this Rider takes effect on the Certificate Effective Date.

This Rider will automatically terminate on the earliest of:

- the date the Certificate ends;
- the date the Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**Note:** If You change to another Premium Payment Mode (such as lifetime), the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

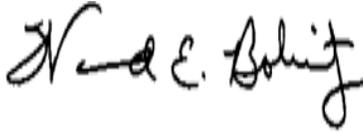
**Important Note Regarding Tax Law**

Premium paid under this Paid-Up Feature may have different tax implications than Premium paid under other payment methods. You are advised to review this feature with a qualified tax professional to determine any such tax impact.

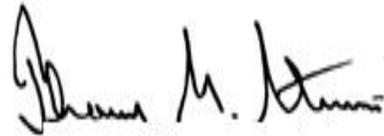
**In all other respects the provisions and conditions of the Certificate remain the same.**

**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

**TO AGE 65 PREMIUM PAYMENT RIDER**

*This Rider adds the following provisions to the Certificate.*

**Paid-Up Feature – After Age 65**

Under this Rider, if You pay Premium as it becomes due, the Certificate will be paid-up and no future Premium payments will be required as of the anniversary of the Certificate Effective Date on which You are 65 years of age except that We do have the right to increase Premium that become due prior to the date the Certificate becomes paid-up in accordance with the Premium Rate Changes provision of the Certificate.

**Limited Pay Contingent Nonforfeiture Benefit**

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Certificate are approximately the same as prior to the Premium rate change;
- offer to convert the Certificate to a paid-up status with a Reduced Benefits Plan, as described below. This option may be elected at any time during the 120-day period following the date of the Premium rate increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

**Triggers Indicating A Substantial Premium Increase\***

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

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

**Reduced Benefits Plan:** When converted in accordance with the above, the Certificate will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

- A equals ninety percent (90%) of the respective amounts in effect immediately prior to the lapse; and
- B equals the ratio of the number of completed months Premium was paid under the terms of this Rider divided by the number of months in that Premium payment period.

These reduced maximums and payment limits will not be affected by any Benefit Increases provision. The amount of any future Benefit Increases will be reduced in the same manner. There will be no reduction in Your Coverage Maximum if it is "Unlimited".

**Payment Limitations:** The above future Benefit will not apply if the Certificate is continued in accordance with any other Nonforfeiture Benefit.

**When This Rider Is In Force**

This Rider is part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium for the Certificate. Unless added at a later date, this Rider takes effect on the Certificate Effective Date.

This Rider will automatically terminate on the earliest of:

- the date the Certificate ends;
- the date the Certificate is continued under any Nonforfeiture Benefit; or
- the Premium Due Date following Our receipt of Your written request to terminate this Rider.

**Note:** If You change to another Premium Payment Mode (such as lifetime), the Unearned Premium will be applied to future Premium payments. There will be no other offset, adjustment or refund of any accelerated Premium paid under this Rider.

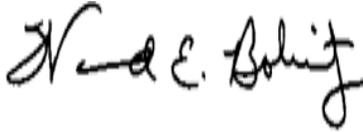
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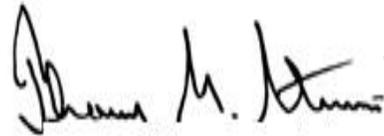
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Secretary



President and CEO, Long Term Care Division

## 10-YEAR PREMIUM PAYMENT RIDER

*This Rider adds the following provisions to the Certificate.*

### **Paid-Up Feature – After 10 Years**

Under this Rider, if You pay Premium as it becomes due and this Rider has continuously been in force for 10 years, the Certificate will be paid-up and no future Premium payments will be required, except that We have the right to increase Premium that becomes due prior to the date the Certificate becomes paid-up in accordance with the Premium Rate Changes provision of the Certificate.

### **Limited Pay Contingent Nonforfeiture Benefit**

If: (1) Premium has been paid under the terms of this Rider for at least 40% of the number of months in the Premium Payment Period; and (2) there is a substantial increase in Premium (as determined from the table below); We will do all of the following at least 60 days prior to the date the Premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the required Premium rates for the Certificate are approximately the same as prior to the Premium rate change;
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- notify You that a default or lapse at any time during the 120-day period following the date of the Premium increase will be deemed to be the election to convert to the nonforfeiture option which provided the greatest remaining Coverage Maximum. A default or lapse is Your failure to pay the required Premium within the Grace Period.

#### **Triggers Indicating A Substantial Premium Increase\***

<u>Issue Age</u>	<u>Increase Over Initial Premium</u>
Under 65	50%
65-80	30%
Over 80	10%

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

**Reduced Benefits Plan:** When converted in accordance with the above, the Certificate will continue with a reduced Coverage Maximum and Nursing Facility Maximum. It will have the same Benefits and Elimination Period (if any) that were in effect at the time of lapse or election to convert. The remaining Coverage Maximum, Nursing Facility Maximum and payment limits for each Benefit will be reduced to an amount equal to A multiplied by B, where:

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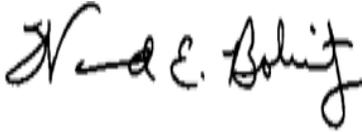
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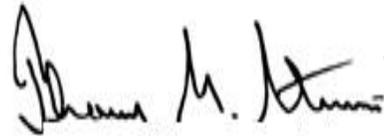
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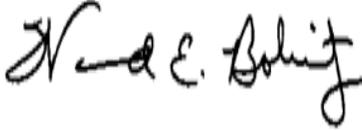
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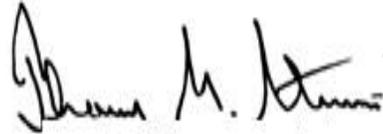
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**Signed for Genworth Life Insurance Company.**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501



Secretary



President and CEO, Long Term Care Division

## INFORMAL CARE BENEFIT RIDER

*This Rider adds the following Informal Care Benefit to the Certificate.*

### The Benefit

Under the Informal Care Benefit, We will pay for Covered Expenses incurred for Informal Care provided by an Informal Provider who is not an Immediate Family Member (unless otherwise permitted pursuant to the Exclusions and Limitations Provision of the Certificate), as described below and subject to the Payment Limitations below.

### Covered Expenses

Covered Expenses for Informal Care means expenses You incur for Homemaker and Chore Care that is:

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

### Definition

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

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

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

An **Independent Provider** means a person who:

- is not employed or compensated by, and is not otherwise affiliated with, a Home Health Agency; and
- provides to Us a valid United States federal or state government issued photo identification.

### Payment Limitations

Payment of this Benefit is subject to:

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

**When This Rider Is In Force**

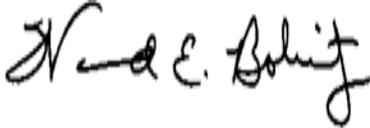
This Rider is a part of the Certificate. It has been issued in consideration of Your Application and payment of the Premium shown in the Schedule. This Rider takes effect on the Certificate Effective Date. It continues until terminated. It automatically terminates on the earlier of:

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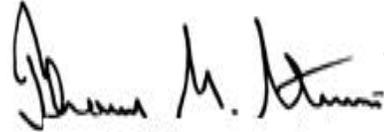
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President and CEO, Long Term Care Division

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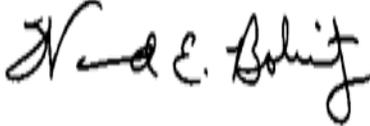
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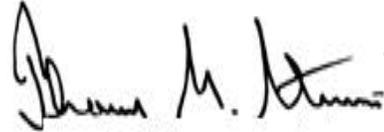
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Secretary



President and CEO, Long Term Care Division



Genworth®  
Financial

Genworth Life Insurance Company  
[Administrative Office]  
3100 Albert Lankford Dr.  
Lynchburg, Virginia 24501-4948  
888.325.5433]

# Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company  
Page 1 of [11]

Group Policy Form No.: Series 8010  
Certificate Form No.: 8010CRT  
Group Policyholder: [XYZ Company]

## NOTICE TO BUYER

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

## CAUTION

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The issuance of this long term care insurance Certificate is based upon Your responses to the questions on any Application You submit. A copy of Your Application(s), if any, will be provided to You. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind Your Coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

## 1. POLICY DESIGNATION

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The Policy is a Group Policy issued in [the state of INSERT STATE].

## 2. PURPOSE OF THE OUTLINE OF COVERAGE

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This Outline Of Coverage provides a very brief description of the important features of the Group Policy. You should compare this Outline Of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the Group Policy, and not the Outline Of Coverage, contains governing contractual provisions. This means that the Group Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this Coverage, or any other coverage, it is important that You **READ YOUR POLICY OR CERTIFICATE CAREFULLY!**

## 3. FEDERAL TAX CONSEQUENCES

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The Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

## 4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED

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- (a) **RENEWABILITY: THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of the Group Policy, to continue the Certificate until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Certificate on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY.**
- (b) **CONTINUATION COVERAGE:** Your Coverage will be continued in accordance with the terms of Your Certificate even if the Policyholder ceases to sponsor the Group Policy or discontinues coverage for the group of eligible persons to which You belong. You must pay Us all Premium required for the continuation of Your Coverage.
- (c) **WAIVER OF PREMIUM:** Premium will be waived for each coverage month while You are receiving Nursing Facility [Assisted Living Facility, Bed Reservation, Home and Community Care or Hospice Care] Benefits.

## 5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

---

**WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE.** We can change Premium either on a Group Policy or class basis; but only if We change Premium for all similar Certificates issued under the Group Policy in the same State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12 month period. [We will give You at least [60] days written notice before We change Premium.] [The rates used to determine Your Premium are guaranteed until [xx/xx/xxxx][xx years from the earliest effective date of Your Certificate.]

## Outline of Coverage

Page [2] of [11]

### 6. TERMS UNDER WHICH THE CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED

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**[30]-Day Free Look Period:** You have [30] days from the day You receive the Certificate to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Certificate during this Free Look Period; or (b) Our denial of Your Application.

**Unearned Premium Refunds:** Unearned Premium will be refunded if Your Coverage ends due to death, surrender or cancellation.

### 7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

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If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

### 8. LONG TERM CARE COVERAGE

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Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This Coverage reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Group Policy.

### 9. BENEFITS PROVIDED

---

**(a) Covered Services:** Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Group Policy as restated in the issued Certificate. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. Benefits are paid up to the applicable limits of Your Covered Expenses. You will be responsible for the payment of any expenses not reimbursed by Your Coverage. The limits and features for Your Coverage are based on Your plan choices. [The Coverage Worksheet at the end of this Outline of Coverage is provided to record those choices.]

**(b) Institutional Benefits:** These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. This includes room charges in a Nursing Facility or Hospice Care Facility.

The Assisted Living Facility Benefit includes room charges and pays up to [100%; 75%; 60%; 50%] [Your selected percentage] of the Nursing Facility Maximum.

Bed Reservation Benefits are available for temporary absences of up to 60 days per calendar year when room charges are covered in the facility.

**(c) Non-Institutional Benefits:** These include the following:

**Privileged Care<sup>®</sup> Coordination Services** are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The **Home and Community Care Benefit** covers services received at home and in the community for:

- Adult Day Care.
- Nurse and Therapist Services.  
[*Whichever of the following You select.*]
- [Home Health or Personal Care Services from Formal Providers (licensed or certified individuals and Home Health Agencies) and Incidental Homemaker and Chore Care received during the same visit and by the same person who provided You with those Home Health or Personal Care Services. [ - *As an alternative You may select the following:*]
- [Home Health or Personal Care Services and Homemaker and Chore Care from Formal or Informal Providers. These providers may include nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. The provider can be independent; and does not need to be associated with an agency or provider organization.]

The Home and Community Care Benefit pays up to [100%; 75%; 60%; 50%] [Your selected percentage] of the Nursing Facility Maximum.

The **Home Assistance Benefit** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to [90 days/3 months] of full Nursing Facility Benefits.

## Outline of Coverage

Page [3] of [11]

The **Hospice Care Benefit** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The **Respite Care Benefit** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The **Alternate Care Benefit** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The **Contingent Nonforfeiture Benefit** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as stated in the Certificate.

**(d) Eligibility For The Payment Of Benefits:** For You to be eligible for the payment of Benefits:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

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

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

**Meaning Of Terms:** The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Certificate contains additional definitions not provided for in this Outline Of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Certificate.

*Activities of Daily Living* means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

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

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

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

*Substantial Assistance* is either:

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

## Outline of Coverage

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*Substantial Supervision* is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

*Coverage* means the Benefits You have under the Group Policy or Continuation Coverage as evidenced by Your Certificate.

*Coverage Maximum* means the maximum amount of Benefits under Your Coverage. The Coverage Maximum will change as described below and when You elect changes.

[Your Coverage Maximum is \$\_\_\_\_\_.]

[The attached Coverage Worksheet shows Your Coverage Maximum and describes how it and other maximums are affected by Benefit Increases.]

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

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

*Covered Care* means those Qualified Long Term Care Services for which Your Certificate pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

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

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

*Elimination Period* means the length of time, beginning with the first day on which You incur a Covered Expense, before You are entitled to Benefits. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Your Elimination Period is [\_\_\_\_\_ days of Covered Care.][\_\_\_\_\_ Calendar Days.][as shown in the attached Coverage Worksheet.]

*Nursing Facility Maximum* means the maximum amount We will pay when You are Confined in a Nursing Facility. This may be a daily maximum or a monthly maximum, based on Your plan choice. This amount is also used to determine other Benefit maximums. The Nursing Facility Maximum is the maximum total amount payable for all Covered Expenses incurred (a) on a day when it is a daily maximum; or (b) in a calendar month when it is a monthly maximum. This limitation does not apply to Benefits that are not subject to a daily or monthly maximum.

Your Nursing Facility Maximum is [\$\_\_\_\_\_ per day.] [\$\_\_\_\_\_ per calendar month.] [as shown in the attached Coverage Worksheet.]

*Qualified Long Term Care Services* means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

### OTHER FEATURES AND OPTIONS

*(Optional items available for added Premium)*

**[Automatically Included International Coverage Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.] **[OR]**

**[Automatically Included International Nursing Facility Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.]

**[[Optional] [Automatically Included] Nonforfeiture Benefit:** This Benefit provides a continuation if Your Coverage ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver

## Outline of Coverage

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of Premium Benefit) for Your Coverage; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time Your Coverage ends. In no event will this amount exceed the unused Coverage Maximum at the time Your Coverage ends.]

**[Optional Shared Benefit Rider:** When both You and Your Spouse or Partner named in Your Certificate's Schedule, have identical Certificates, if one person exhausts Benefits under his or her Certificate, he or she can continue coverage under the other person's Certificate. For purposes of this Rider, identical means that both Certificates must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Certificate Effective Date through the date the Guaranteed Minimum Benefit is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all Claim payments; and Rider Premium ceases. When the Shared Coverage Rider includes Joint Waiver of Premium, Premium for the Certificates of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.]

**[Optional] [Automatically Included] [Waiver of Home Care and Informal Care Elimination Period:** This provides that there is no Elimination Period for [either] the Home and Community Care Benefit [or the Informal Care Benefit]; and each day of Covered Care under [those Benefits][that Benefit] will count towards satisfying the Elimination Period.]

**[Optional] [Automatically Included] [Restoration Benefit:** This Benefit provides that once You Fully Recover as provided for in the Benefit, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue Your Coverage, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.]

**[Optional] [Automatically Included] [Informal Care Benefit:** This Benefit provides for the payment of Covered Expenses incurred for Homemaker and Chore Care provided to You in Your Home by an Informal Provider, in accordance with Your Plan of Care. The provider may be either an Independent Provider of Homemaker and Chore Care or an employee of a Homemaker Agency. Payment is subject to a calendar year total of 30 days with a daily maximum of: 25% of the Nursing Facility Maximum per day when daily Benefits apply; or 1% of the Nursing Facility Maximum per day when Benefits are payable on a calendar month basis. This Benefit will not be paid for any day for which payment is made under the Home and Community Care Benefit. Payment of this Benefit is subject to the Elimination Period[ unless the Waiver of Home Care Elimination Period also applies].

**[Optional] [Automatically Included] [Transition Benefit:** This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [Automatically Included] [10 Year Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years; and (2) die while Your Coverage is still in-force.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [Automatically Included] [Graded Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional 10 Year Survivorship Benefit:** This Benefit applies if You and Your named Spouse or Partner for this Benefit have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and

## Outline of Coverage

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- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.]

**[Optional Enhanced Survivorship Benefit:** This Benefit applies if You and Your named Spouse or Partner for this Benefit have been insured with Us, for at least the Qualification Period when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.

The Qualifying Period is 7 years.]

### 10. EXCLUSIONS AND LIMITATIONS

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[There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for Coverage, or any increase in Coverage, may cause the Coverage that becomes effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of Your Certificate.]

**[Pre-Existing Conditions Limitation:** We will not pay for 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 (6)][twelve (12)] months following Your initial Certificate Effective Date.

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 (6) months prior to Your initial Certificate Effective Date. A Health Care Professional includes anyone who is: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

**Non-eligible Facilities/Providers:** A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in Your Certificate in order to qualify for Coverage.

**Non-eligible Levels of Care:** Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically indicated.

**Exclusions/Exceptions and Limitations:** We will not pay Benefits for any Covered Care:

- [for which no charge is normally made in the absence of insurance;]
- [provided outside the fifty (50) United States, the District of Columbia, and any territory of the United States of America; unless specifically provided for by a Benefit;]
- [provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;]
- [provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made to You or Your estate;]
- [resulting from illness, treatment or medical condition arising out of any of the following:
  - [war or any act of war, whether declared or not;]
  - [attempted suicide or an intentionally self-inflicted injury;]
- [for Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).]

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

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

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

## Outline of Coverage

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**[Coordination with Other Coverage:** We will reduce the amount of Benefits We will pay for Covered Expenses when the total amount payable under this and all Other Long Term Care coverage is greater than the actual Covered Expense You incur for Covered Care.]

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

### **11. RELATIONSHIP OF COST OF CARE AND BENEFITS**

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Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of Your Coverage may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at initial issue, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

#### **AVAILABLE BENEFIT INCREASE OPTIONS**

---

**[None Selected]** **[[5% Future Purchase Options]** will apply if no other Option is selected.]

**[ 5% [ /4%] [ /3%]** **Compound Benefit Increases:** On each anniversary of Your Certificate Effective Date Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by [5%, 4%, 3%] where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximums in effect on each anniversary of the Certificate Effective Date, less any Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Certificate.]

**[5% Simple Benefit Increases:** On each anniversary of Your Certificate Effective Date Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums in effect as of the Certificate Effective Date.

Calculation of the increased amounts is not reduced by Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.]

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

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

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

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

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.]

## Outline of Coverage

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

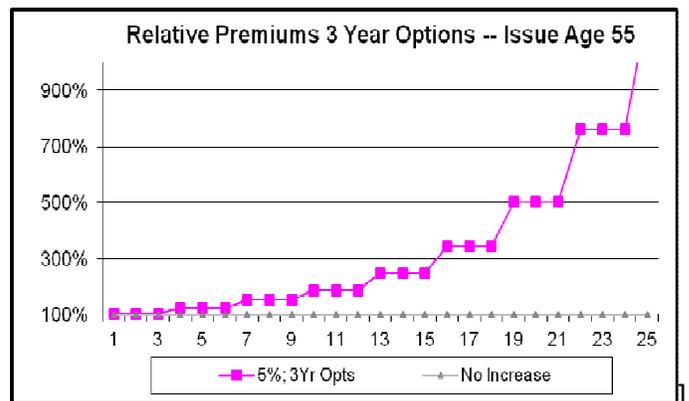
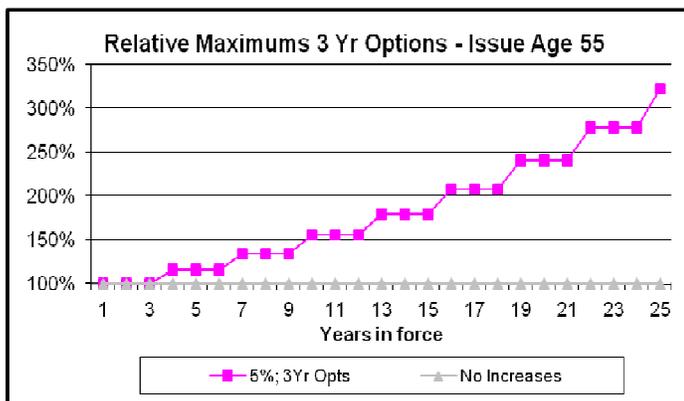
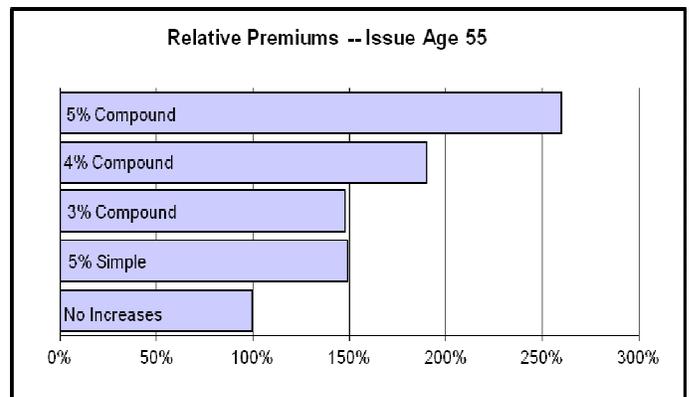
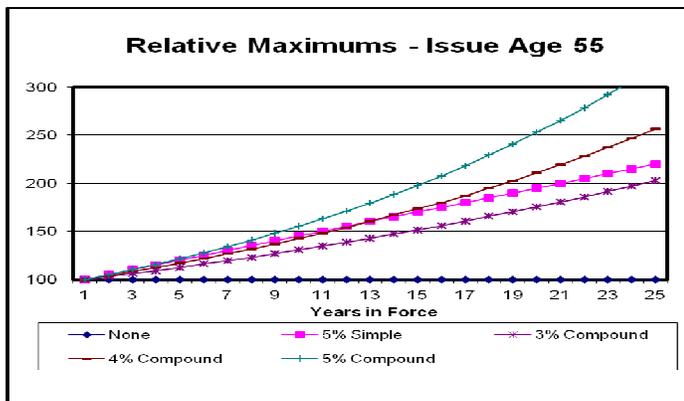
You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum,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

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

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

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.]

### [INFLATION PROTECTION – GRAPHIC COMPARISONS



## 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

## Outline of Coverage

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### 13. PREMIUM

The initial Premium for Your Coverage will be determined from the Premium rate schedule contained in Your enrollment material based on the options selected, Your age and the Premium Payment Mode.

*[(Complete to show Premium and Options Selected)]*

Premium Payment Mode	[Applicant A [O Monthly O Quarterly] [O Semi-Annual O Annual]	Applicant B] [O Monthly O Quarterly] [O Semi-Annual O Annual]
Modal Premium for Selected Coverage		
Certificate without any Benefit Increases	\$ _____]	[\$ _____]
[[O 5%, O 4%, O 3% ] Compound Benefit Increase	\$ _____]	[\$ _____]
[5% Simple Benefit Increase	\$ _____]	[\$ _____]
[Future Purchase Option	\$ _____]	[\$ _____]
[Guaranteed Purchase Option	\$ _____]	[\$ _____]
[Nonforfeiture Benefit	\$ _____]	[\$ _____]
[Shared Coverage Rider with Joint Waiver OYes ONo	\$ _____]	[\$ _____]
[Waiver of Home Care [and Informal Care] Elimination Period	\$ _____]	[\$ _____]
[10 Year Survivorship Benefit	\$ _____]	[\$ _____]
[Enhanced Survivorship Benefit – Qualifying Period: 7 Yrs	\$ _____]	[\$ _____]
[Refund of Premium On Death Benefit: [OGraded O10 Years]	\$ _____]	[\$ _____]
[Restoration Benefit	\$ _____]	[\$ _____]
[Informal Care Benefit	\$ _____]	[\$ _____]
[Transition Benefit	\$ _____]	[\$ _____]
[Anticipated Discounts	\$ _____]	[\$ _____]
[Total if paid annually	\$ _____]	[\$ _____]
[Modal Payment Factor*	_____]	[ _____]
Modal Premium (After Factor)	\$ _____]	[\$ _____]
Annual Total Modal Premium	\$ _____]	[\$ _____]
Premium Payment Period	[OLifetime O10 Years OTo Age 65]	[OLifetime O 10 Years OTo Age 65]

[\*You may have the right to choose one of the following Premium Payment Modes: Annual in one payment that provides Coverage for 12 Coverage Months; Semi-Annual in two payments that each provide Coverage for 6 Coverage Months; Quarterly in four payments that each provide Coverage for 3 Coverage Months; or Monthly in twelve payments that each provide Coverage for 1 Coverage Month.]

If You have a Premium Payment Mode other than Annual, You may pay additional charges for that Premium Payment Mode. Refer to the Modal Premium Disclosure provided in Your Certificate.

### 14. ADDITIONAL FEATURES AND REMINDERS

**Underwriting:** We will underwrite an Application by reviewing the information submitted on the Application and any other information You authorize Us to obtain.

**Continuation for Lapse Due to Cognitive or Functional Impairment:** If Your Coverage terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if Your Coverage had not ended.

[Information and Referral Services are available to provide caregiver support services to You and Your family.]

**Reminder:** This Outline Of Coverage is not a contract; and the only Coverage to be provided will be as stated in the issued and effective Certificate. The Certificate will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue Your Coverage until it ends.

## Outline of Coverage

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### **15. ANSWERS TO QUESTIONS**

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CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE COVERAGE.

## Outline of Coverage

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<b>[COVERAGE WORKSHEET [Product Name]</b>	<i>(Complete to show coverage selected)</i>	
Applicant Name(s)	<b>[Applicant A</b>	<b>Applicant B]</b>
<b>[Shared Benefit Rider</b> (Selections for both applicants must be identical) [Includes] [Excludes] Joint Waiver of Premium	O Yes O No	O Yes O No]
<b>Elimination Period</b> [ <input type="radio"/> Days of Covered Care][ <input type="radio"/> Calendar Days]	[ _____ Days]	[ _____ Days]
<b>[Waiver of Home Care [and Informal Care] Elimination Period]</b>	[ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Included]	[ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Included]
<b>[Transition Benefit Rider – Not available with the above Waiver]</b>	[ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available ]	[ <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available ]
<b>Nursing Facility Maximum</b>	\$ _____ per _____]	\$ _____ per _____]
<b>Assisted Living Facility Maximum</b> As a % of the Nursing Facility Maximum	[ <input type="radio"/> 50% <input type="radio"/> 100%]	[ <input type="radio"/> 50% <input type="radio"/> 100%]
<b>Home and Community Care Maximum</b> As a % of the Nursing Facility Maximum	[ <input type="radio"/> 50% <input type="radio"/> 75%] [ <input type="radio"/> 100%]	[ <input type="radio"/> 50% <input type="radio"/> 75%] [ <input type="radio"/> 100%]
<b>[Benefit Multiplier</b> [ <input type="radio"/> Days <input type="radio"/> Months] worth of Benefits	[ <input type="radio"/> 120 <input type="radio"/> 48 <input type="radio"/> 96 <input type="radio"/> 36 <input type="radio"/> 72 <input type="radio"/> 24 <input type="radio"/> 60 <input type="radio"/> 12]	[ <input type="radio"/> 120 <input type="radio"/> 48 <input type="radio"/> 96 <input type="radio"/> 36 <input type="radio"/> 72 <input type="radio"/> 24 <input type="radio"/> 60 <input type="radio"/> 12]
<b>Coverage Maximum</b> [(Nursing Facility Maximum X Benefit Multiplier)]	\$ _____	\$ _____
<b>Benefit Increases</b> [The Coverage Maximum and amounts based on the Nursing Facility Maximum are reduced as Payments are made for Covered Expenses, then, if not exhausted, increased when Benefit Increases apply and exhausted when they are reduced to zero.]	[ <input type="radio"/> 5% Compound <input type="radio"/> 4% Compound <input type="radio"/> 3% Compound <input type="radio"/> 5% Simple <input type="radio"/> None <input type="radio"/> 5% Future Purchase Options [default if no other option chosen]]	[ <input type="radio"/> 5% Compound <input type="radio"/> 4% Compound <input type="radio"/> 3% Compound <input type="radio"/> 5% Simple <input type="radio"/> None <input type="radio"/> 5% Future Purchase Options [default if no other option chosen]]

<b>Benefits And Services Provided</b>	<b>We Pay Covered Expenses Up To These Limits</b>
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum
Assisted Living Facility Benefit: Room charges Included	The applicable percentage of the Nursing Facility Maximum
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: [ <input type="radio"/> Covers formal providers <input type="radio"/> Covers formal and informal providers]	The applicable percentage of the Nursing Facility Maximum
Home Assistance Benefit: (Covers equipment, modifications & training)	A Certificate total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit:	Up to 30 days per calendar year
Alternate Care Benefit:	Payment subject to mutual agreement
The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.	

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.

The Nursing Facility Maximum is the maximum total amount payable for all Covered Expenses incurred [on a day.] [in a calendar month.] [(a) on a day when it is a daily maximum; and (b) in a calendar month when it is a monthly maximum.] [This does not apply to Benefits that are not subject to a daily or monthly maximum. ]



Genworth®  
Financial

Genworth Life Insurance Company  
[Administrative Office]  
3100 Albert Lankford Dr.  
Lynchburg, Virginia 24501-4948  
888.325.5433]

# Long Term Care Insurance Outline of Coverage

from Genworth Life Insurance Company  
Page 1 of [11]

Group Policy Form No.: Series 8011  
Certificate Form No.: 8011CRT  
Group Policyholder: [XYZ Company]

## NOTICE TO BUYER

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

## CAUTION

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The issuance of this long term care insurance Certificate is based upon Your responses to the questions on any Application You submit. A copy of Your Application(s), if any, will be provided to You. If Your answers are incorrect or untrue, Genworth Life Insurance Company (called We, Us and Our in this Outline of Coverage) has the right to deny Benefits or rescind Your Coverage. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at this address: the Administrative Office address shown above.

## 1. POLICY DESIGNATION

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The Policy is a Group Policy issued in [the state of INSERT STATE].

## 2. PURPOSE OF THE OUTLINE OF COVERAGE

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This Outline Of Coverage provides a very brief description of the important features of the Group Policy. You should compare this Outline Of Coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the Group Policy, and not the Outline Of Coverage, contains governing contractual provisions. This means that the Group Policy sets forth in detail the rights and obligations of both You and Us. Therefore, if You purchase this Coverage, or any other coverage, it is important that You **READ YOUR POLICY OR CERTIFICATE CAREFULLY!**

## 3. FEDERAL TAX CONSEQUENCES

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The Group Policy is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

## 4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED

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- (a) **RENEWABILITY: THE CERTIFICATE IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of the Group Policy, to continue the Certificate until Benefits are exhausted, by paying Your Premium on time. We cannot change any of the terms of the Certificate on Our own, except that, in the future, **WE MAY INCREASE THE PREMIUM YOU PAY.**
- (b) **CONTINUATION COVERAGE:** Your Coverage will be continued in accordance with the terms of Your Certificate even if the Policyholder ceases to sponsor the Group Policy or discontinues coverage for the group of eligible persons to which You belong. You must pay Us all Premium required for the continuation of Your Coverage.
- (c) **WAIVER OF PREMIUM:** Premium will be waived for each coverage month while You are receiving Nursing Facility [Assisted Living Facility, Bed Reservation, Home and Community Care or Hospice Care] Benefits.

## 5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUM

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**WE HAVE THE RIGHT TO CHANGE PREMIUM BECOMING DUE IN THE FUTURE.** We can change Premium either on a Group Policy or class basis; but only if We change Premium for all similar Certificates issued under the Group Policy in the same State. Premium will not change due to a change in Your age, health, or use of Benefits. We will not change Premium more frequently than once in any 12 month period. [We will give You at least [60] days written notice before We change Premium.] [The rates used to determine Your Premium are guaranteed until [xx/xx/xxxx][xx years from the earliest effective date of Your Certificate.]

## Outline of Coverage

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### 6. TERMS UNDER WHICH THE CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED

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**[30]-Day Free Look Period:** You have [30] days from the day You receive the Certificate to review and return it to Us at Our Administrative Office if You are not satisfied with it for any reason. All Premium paid will be refunded within 30 days after: (a) return of the Certificate during this Free Look Period; or (b) Our denial of Your Application.

**Unearned Premium Refunds:** Unearned Premium will be refunded if Your Coverage ends due to death, surrender or cancellation.

### 7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

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If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Us. Neither We nor Our agents or producers represent Medicare, the federal government, or any state government.

### 8. LONG TERM CARE COVERAGE

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Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This Coverage reimburses You for covered long term care expenses You incur. It is subject to an Elimination Period, limitations, exclusions, and other provisions and conditions of the Group Policy.

### 9. BENEFITS PROVIDED

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**(a) Covered Services:** Payment of institutional and non-institutional Benefits described below is subject to the provisions, conditions, limitations and exclusions of the Group Policy as restated in the issued Certificate. Once the Elimination Period has been satisfied, Benefits are available up to daily or monthly and annual maximums until the applicable Benefit limits are exhausted. Benefits are paid up to the applicable limits of Your Covered Expenses. You will be responsible for the payment of any expenses not reimbursed by Your Coverage. The limits and features for Your Coverage are based on Your plan choices. [The Coverage Worksheet at the end of this Outline of Coverage is provided to record those choices.]

**(b) Institutional Benefits:** These pay for Covered Expenses incurred while confined in a Nursing Facility, Assisted Living Facility, or Hospice Care Facility. This includes room charges in a Nursing Facility or Hospice Care Facility.

The Assisted Living Facility Benefit includes room charges and pays up to [100%; 75%; 60%; 50%] [Your selected percentage] of the Nursing Facility Maximum.

Bed Reservation Benefits are available for temporary absences of up to 60 days per calendar year when room charges are covered in the facility.

**(c) Non-Institutional Benefits:** These include the following:

**Privileged Care<sup>®</sup> Coordination Services** are offered to assist in identifying care needs and community resources available to deliver care while You are Chronically Ill. When You choose to use these services they will be furnished by a Privileged Care Coordination team provided by Us at no cost to You.

The **Home and Community Care Benefit** covers services received at home and in the community for:

- Adult Day Care.
- Nurse and Therapist Services.  
[*Whichever of the following You select.*]
- [Home Health or Personal Care Services from Formal Providers (licensed or certified individuals and Home Health Agencies) and Incidental Homemaker and Chore Care received during the same visit and by the same person who provided You with those Home Health or Personal Care Services. [ - *As an alternative You may select the following:*]
- [Home Health or Personal Care Services and Homemaker and Chore Care from Formal or Informal Providers. These providers may include nurse's aides, home health aides, and other persons who provide care which is consistent with the needs addressed in Your Plan of Care. The provider can be independent; and does not need to be associated with an agency or provider organization.]

The Home and Community Care Benefit pays up to [100%; 75%; 60%; 50%] [Your selected percentage] of the Nursing Facility Maximum.

The **Home Assistance Benefit** covers: home modifications; assistive devices; supportive equipment; emergency medical response systems; and caregiver training. It pays up to a lifetime limit equal to [90 days/3 months] of full Nursing Facility Benefits.

## Outline of Coverage

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The **Hospice Care Benefit** covers services designed to provide palliative care and alleviate Your discomforts when You are both Chronically Ill and Terminally Ill. Benefits are payable up to: the Nursing Facility Maximum for care received in a covered facility; and the limit for the Home and Community Care Benefit when care is received while You are living at home.

The **Respite Care Benefit** provides short-term coverage to relieve the person who normally and primarily provides You with care in Your home on a regular, unpaid basis. It pays for up to 30 days per calendar year.

The **Alternate Care Benefit** may, subject to Our approval and mutual agreement, pay for Covered Expenses incurred for services, devices or treatments that are Qualified Long Term Care Services not specifically covered under another Benefit.

The **Contingent Nonforfeiture Benefit** gives You the right to reduce coverage or convert to limited paid-up Benefits in the event of a cumulative Premium increase that is considered to be substantial as stated in the Certificate.

**(d) Eligibility For The Payment Of Benefits:** For You to be eligible for the payment of Benefits:

- You must be Chronically Ill;
- We must receive a Current Eligibility Certification for You; and
- We must receive ongoing proof which verifies that the Covered Care You receive is needed due to You continually being Chronically Ill.

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

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

**Meaning Of Terms:** The following definitions are being provided to assist You in understanding certain terms used in this Outline Of Coverage. The Certificate contains additional definitions not provided for in this Outline Of Coverage. The definition of any capitalized term in this Outline Of Coverage is provided for in the General Definitions section of the Certificate.

*Activities of Daily Living* means the following self-care functions: bathing (washing oneself); continence (control of bowel and bladder functions); dressing (putting on and taking off clothes and assistive devices); eating (taking nourishment); toileting (including performing associated personal hygiene tasks); and transferring (moving in and out of a bed, chair or wheelchair).

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

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

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

*Substantial Assistance* is either:

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

## Outline of Coverage

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*Substantial Supervision* is continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another nearby person that is necessary to protect the severely cognitively impaired person from threats to his or her health or safety (such as may result from wandering).

*Coverage* means the Benefits You have under the Group Policy or Continuation Coverage as evidenced by Your Certificate.

*Coverage Maximum* means the maximum amount of Benefits under Your Coverage. The Coverage Maximum will change as described below and when You elect changes.

[Your Coverage Maximum is \$\_\_\_\_\_.]

[The attached Coverage Worksheet shows Your Coverage Maximum and describes how it and other maximums are affected by Benefit Increases.]

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

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

*Covered Care* means those Qualified Long Term Care Services for which Your Certificate pays Benefits or would pay Benefits in the absence of an Elimination Period or payment limits.

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

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

*Elimination Period* means the length of time, beginning with the first day on which You incur a Covered Expense, before You are entitled to Benefits. Days used to satisfy the Elimination Period do not need to be consecutive; and can be accumulated over time. Once satisfied, You will never have to satisfy a new Elimination Period for Your Coverage.

Your Elimination Period is [\_\_\_\_\_ days of Covered Care.][\_\_\_\_\_ Calendar Days.][as shown in the attached Coverage Worksheet.]

*Nursing Facility Maximum* means the maximum amount We will pay when You are Confined in a Nursing Facility. This may be a daily maximum or a monthly maximum, based on Your plan choice. This amount is also used to determine other Benefit maximums. The Nursing Facility Maximum is the maximum total amount payable for all Covered Expenses incurred (a) on a day when it is a daily maximum; or (b) in a calendar month when it is a monthly maximum. This limitation does not apply to Benefits that are not subject to a daily or monthly maximum.

Your Nursing Facility Maximum is [\$\_\_\_\_\_ per day.] [\$\_\_\_\_\_ per calendar month.] [as shown in the attached Coverage Worksheet.]

*Qualified Long Term Care Services* means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and maintenance or personal care services which: (1) are required by a Chronically Ill Individual; and (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

### OTHER FEATURES AND OPTIONS

*(Optional items available for added Premium)*

**[Automatically Included International Coverage Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays: up to 50% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility; and 25% of the Nursing Facility Maximum (for no more than 365 days) for care at Home. This Benefit terminates four years after the date for which it first makes payment.] **[OR]**

**[Automatically Included International Nursing Facility Benefit:** This Benefit will pay for Covered Expenses You receive while You are outside the United States. Subject to the Coverage Maximum, it pays up to 75% of the Nursing Facility Maximum for confinement in an Out-of-Country Nursing Facility. This Benefit terminates four years after the date for which it first makes payment.]

**[[Optional] [Automatically Included] Nonforfeiture Benefit:** This Benefit provides a continuation if Your Coverage ends due to non-payment of Premium after it has been in force for at least three years. Any Benefit Increases will cease; and the Coverage Maximum will be reduced to the greater of: (a) the sum of all Premium paid (and not waived under the Waiver

## Outline of Coverage

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of Premium Benefit) for Your Coverage; or (b) the amount equal to one month (30 days) of Benefits under the Nursing Facility Benefit in effect at the time Your Coverage ends. In no event will this amount exceed the unused Coverage Maximum at the time Your Coverage ends.]

**[Optional Shared Benefit Rider:** When both You and Your Spouse or Partner named in Your Certificate's Schedule, have identical Certificates, if one person exhausts Benefits under his or her Certificate, he or she can continue coverage under the other person's Certificate. For purposes of this Rider, identical means that both Certificates must have the same Shared Benefit Rider form with the same plans, Benefit levels and Benefit options. We guarantee that sharing coverage will not reduce a person's coverage below 50% of the lesser of: its original Coverage Maximum; or, if the Coverage Maximum has been reduced, the lowest Coverage Maximum available at any point in time from the Certificate Effective Date through the date the Guaranteed Minimum Benefit is applied. In addition, upon the death of one person, the survivor's available Coverage Maximum will be the total Coverage Maximum available to both persons at the time of death, considering all Claim payments; and Rider Premium ceases. When the Shared Coverage Rider includes Joint Waiver of Premium, Premium for the Certificates of both persons will be waived when one person qualifies for the Waiver of Premium Benefit.]

**[Optional] [Automatically Included] [Waiver of Home Care and Informal Care Elimination Period:** This provides that there is no Elimination Period for [either] the Home and Community Care Benefit [or the Informal Care Benefit]; and each day of Covered Care under [those Benefits][that Benefit] will count towards satisfying the Elimination Period.]

**[Optional] [Automatically Included] [Restoration Benefit:** This Benefit provides that once You Fully Recover as provided for in the Benefit, We will increase the amount of Your unused Coverage Maximum by the amount previously paid by Us that was not previously restored under this Benefit. For this Benefit to apply, You must continue Your Coverage, other than under any Nonforfeiture Benefit, for a period of 180 consecutive days during which You: have neither required, nor received, care or services that would qualify as Covered Care; have been able to continuously perform at least 5 Activities of Daily Living without any direct supervision or assistance; and have not had Severe Cognitive Impairment.]

**[Optional] [Automatically Included] [Informal Care Benefit:** This Benefit provides for the payment of Covered Expenses incurred for Homemaker and Chore Care provided to You in Your Home by an Informal Provider, in accordance with Your Plan of Care. The provider may be either an Independent Provider of Homemaker and Chore Care or an employee of a Homemaker Agency. Payment is subject to a calendar year total of 30 days with a daily maximum of: 25% of the Nursing Facility Maximum per day when daily Benefits apply; or 1% of the Nursing Facility Maximum per day when Benefits are payable on a calendar month basis. This Benefit will not be paid for any day for which payment is made under the Home and Community Care Benefit. Payment of this Benefit is subject to the Elimination Period[ unless the Waiver of Home Care Elimination Period also applies].

**[Optional] [Automatically Included] [Transition Benefit:** This Benefit provides for the payment of Covered Expenses incurred while the Elimination Period is being satisfied. It pays a lump sum equal to: 5 times the Nursing Facility Maximum when daily Benefits apply; or 20% of the Nursing Facility Maximum when monthly Benefits apply.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [Automatically Included] [10 Year Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to the total Premium paid less claims. To qualify You must: (1) have been insured for at least 10 years; and (2) die while Your Coverage is still in-force.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional] [Automatically Included] [Graded Refund of Premium On Death Benefit:** This Benefit provides for the payment of a death benefit equal to a percentage of the total Premium paid, less claims. The Benefit payable is based on Your age on the Premium Due Date immediately prior to Your death. If You are age 65 or younger, We will pay an amount equal to the total Premium paid less claims. If You are age 66, the Premium percentage reduces to 90%. Each year thereafter, the percentage of Premium payable under this Benefit is reduced by 10%. This Benefit terminates on the Premium Due Date on which You are 75 years of age.

*Tax Considerations:* Please note that payment of this Benefit may have tax implications. You are advised to review this Benefit with a qualified tax professional to determine any such tax impact.]

**[Optional 10 Year Survivorship Benefit:** This Benefit applies if You and Your named Spouse or Partner for this Benefit have been insured with Us for at least 10 years when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior 10 year period with no claim for long term care Benefits applicable to the first 10 years of such concurrent coverage; and

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- Both persons had coverage that included a similar 10 Year Survivorship Benefit for the entire period of concurrent coverage.]

**[Optional Enhanced Survivorship Benefit:** This Benefit applies if You and Your named Spouse or Partner for this Benefit have been insured with Us, for at least the Qualification Period when one dies. In that event, this Benefit provides that no further Premium payments will be required for the survivor's coverage once We receive proof of death, if:

- Both persons continuously had long term care insurance coverage in force with Us, other than under any Nonforfeiture Benefit, on the date of the deceased person's death and for at least the prior Qualification Period; and
- Both persons had coverage that included a similar Enhanced Survivorship Benefit for the entire period of concurrent coverage.

The Qualifying Period is 7 years.]

### 10. EXCLUSIONS AND LIMITATIONS

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[There are no exclusions or limitations for pre-existing conditions disclosed on Your Application. Any incorrect or omitted material information in Your Application for Coverage, or any increase in Coverage, may cause the Coverage that becomes effective as a result of Your Application to be rescinded (voided) or a Claim to be denied, as stated in the Misstatements/Incontestability provision of Your Certificate.]

**[Pre-Existing Conditions Limitation:** We will not pay for 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 (6)][twelve (12)] months following Your initial Certificate Effective Date.

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 (6) months prior to Your initial Certificate Effective Date. A Health Care Professional includes anyone who is: a Physician; a Nurse; a physician assistant; a physical, occupational, speech or respiratory therapist; a chiropractor; an acupuncturist; a homeopathic doctor; or a Licensed Health Care Practitioner.]

[If You were required to answer questions about Your health as part of Your Application, this Pre-Existing Conditions Limitation will not apply to You.]

**Non-eligible Facilities/Providers:** A Nursing Facility, Assisted Living Facility or Hospice Care Facility must meet the applicable definition stated in Your Certificate in order to qualify for Coverage.

**Non-eligible Levels of Care:** Coverage is not based on the specific level of care; but is for care furnished for a specific covered reason, by or through the covered facilities and providers. Care from Immediate Family members is covered only when specifically indicated.

**Exclusions/Exceptions and Limitations:** We will not pay Benefits for any Covered Care:

- [for which no charge is normally made in the absence of insurance;]
- [provided outside the fifty (50) United States, the District of Columbia, and any territory of the United States of America; unless specifically provided for by a Benefit;]
- [provided by Your Immediate Family, unless: specifically covered by a Benefit; or he or she is paid as a regular employee of the organization that provides the services to You;]
- [provided by, or in, a Veteran's Administration or Federal government facility, unless a valid charge is made to You or Your estate;]
- [resulting from illness, treatment or medical condition arising out of any of the following:
  - [war or any act of war, whether declared or not;]
  - [attempted suicide or an intentionally self-inflicted injury;]
- [for Your alcoholism or addiction to drugs or narcotics, including any illness, treatment, medical condition or accident resulting therefrom (except for an addiction to a prescription medication when administered in accordance with the advice of a physician).]

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

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

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

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**[Coordination with Other Coverage:** We will reduce the amount of Benefits We will pay for Covered Expenses when the total amount payable under this and all Other Long Term Care coverage is greater than the actual Covered Expense You incur for Covered Care.]

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

### **11. RELATIONSHIP OF COST OF CARE AND BENEFITS**

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Because the costs of long term care services will likely increase over time, You should consider whether and how the Benefits of Your Coverage may be adjusted. Benefit levels will not increase over time unless the plan You purchase provides Benefit Increases. Unless otherwise described, these increases: will be automatic; will not require proof of good health; will be made without a corresponding increase in Premium; and will continue without regard to Your age, claim status or claim history, or length of time You have been insured.

Benefit Increases cease when: (a) the applicable maximum has been exhausted; (b) they are terminated by You; (c) Your Coverage ends; or (d) Your Coverage is continued under any Nonforfeiture Benefit, if applicable.

If You do not purchase a Benefit Increases option at initial issue, You may need to provide proof of good health to later increase coverage. Available increase options are described below. They are followed by a graphic comparison of the Benefit levels of coverage that increase Benefits over time with coverage that does not increase Benefits. A similar graphic comparison illustrates Premium for those coverages at a given issue age.

#### **AVAILABLE BENEFIT INCREASE OPTIONS**

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[None Selected] [[5% Future Purchase Options] will apply if no other Option is selected.]

5%  /4%  /3% **Compound Benefit Increases:** On each anniversary of Your Certificate Effective Date Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by [5%, 4%, 3%] where the [5%, 4%, 3%] increase equals [.05, .04, .03] multiplied by: the Coverage Maximum, Nursing Facility Maximum or other amounts based on Your Nursing Facility Maximums in effect on each anniversary of the Certificate Effective Date, less any Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Certificate.]

**[5% Simple Benefit Increases:** On each anniversary of Your Certificate Effective Date Your then current: Coverage Maximum; Nursing Facility Maximum; and other amounts based on Your Nursing Facility Maximums will each increase by 5% where the 5% increase equals .05 multiplied by: Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums in effect as of the Certificate Effective Date.

Calculation of the increased amounts is not reduced by Benefits paid.

These Benefit Increases will be automatic; will not require proof of good health; and will be made without a corresponding increase in Premium. They will continue without regard to Your age, Claim status or Claim history, or length of time You have been insured under the Policy.]

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

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

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

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

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.]

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

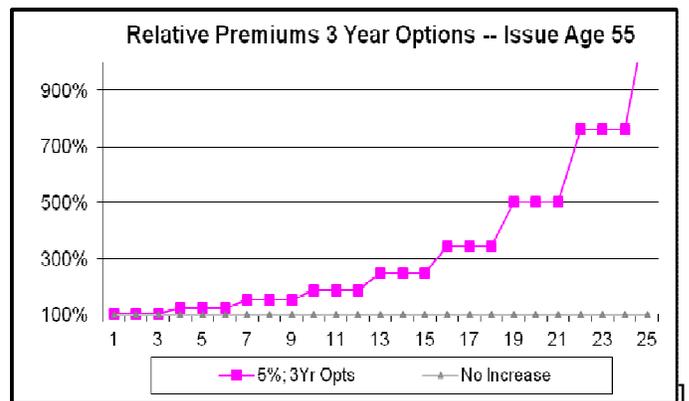
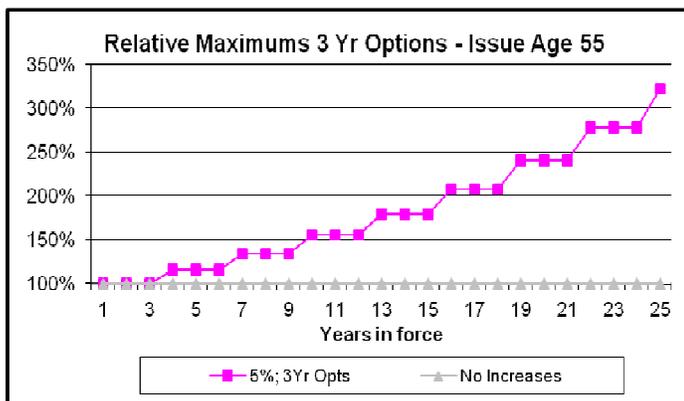
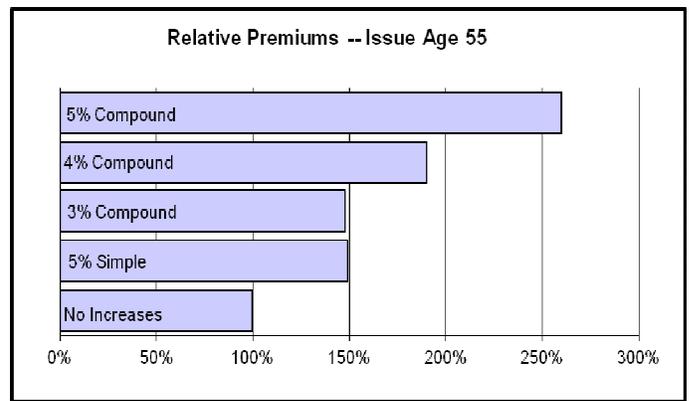
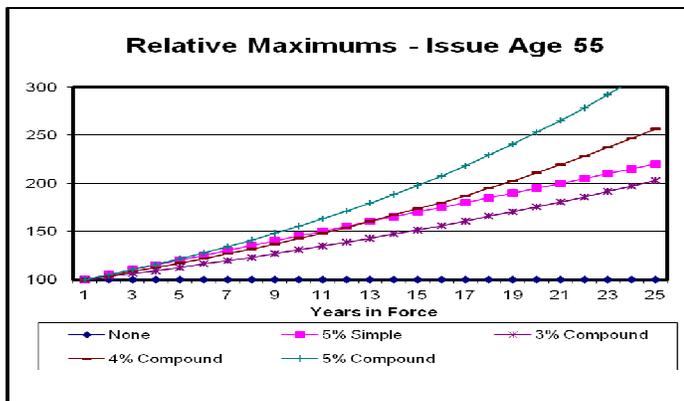
You will be given the option to increase Your Coverage Maximum, Nursing Facility Maximum and other amounts based on Your Nursing Facility Maximums by 5% for each anniversary over the prior 3-year period (three 5% increases compounded annually) where the 5% equals .05 multiplied by Your Coverage Maximum,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

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

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

Offers and Benefit Increases cease when: You have either declined, or otherwise not accepted, three consecutive options to increase Benefit maximums; the applicable maximum has been exhausted; or the Endorsement ends.]

### [INFLATION PROTECTION – GRAPHIC COMPARISONS



## 12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Coverage is provided for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses subject to the same exclusions, limitations and provisions applicable to other Covered Care.

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### 13. PREMIUM

The initial Premium for Your Coverage will be determined from the Premium rate schedule contained in Your enrollment material based on the options selected, Your age and the Premium Payment Mode.

*[(Complete to show Premium and Options Selected)]*

Premium Payment Mode	[Applicant A [O Monthly O Quarterly] [O Semi-Annual O Annual]	Applicant B] [O Monthly O Quarterly] [O Semi-Annual O Annual]
Modal Premium for Selected Coverage		
Certificate without any Benefit Increases	\$ _____]	[\$ _____]
[[O 5%, O 4%, O 3% ] Compound Benefit Increase	\$ _____]	[\$ _____]
[5% Simple Benefit Increase	\$ _____]	[\$ _____]
[Future Purchase Option	\$ _____]	[\$ _____]
[Guaranteed Purchase Option	\$ _____]	[\$ _____]
[Nonforfeiture Benefit	\$ _____]	[\$ _____]
[Shared Coverage Rider with Joint Waiver O Yes O No	\$ _____]	[\$ _____]
[Waiver of Home Care [and Informal Care] Elimination Period	\$ _____]	[\$ _____]
[10 Year Survivorship Benefit	\$ _____]	[\$ _____]
[Enhanced Survivorship Benefit – Qualifying Period: 7 Yrs	\$ _____]	[\$ _____]
[Refund of Premium On Death Benefit: [O Graded O 10 Years]	\$ _____]	[\$ _____]
[Restoration Benefit	\$ _____]	[\$ _____]
[Informal Care Benefit	\$ _____]	[\$ _____]
[Transition Benefit	\$ _____]	[\$ _____]
[Anticipated Discounts	\$ _____]	[\$ _____]
[Total if paid annually	\$ _____]	[\$ _____]
[Modal Payment Factor*	_____]	[ _____]
Modal Premium (After Factor)	\$ _____]	[\$ _____]
Annual Total Modal Premium	\$ _____]	[\$ _____]
Premium Payment Period	[O Lifetime O 10 Years O To Age 65]	[O Lifetime O 10 Years O To Age 65]

[\*You may have the right to choose one of the following Premium Payment Modes: Annual in one payment that provides Coverage for 12 Coverage Months; Semi-Annual in two payments that each provide Coverage for 6 Coverage Months; Quarterly in four payments that each provide Coverage for 3 Coverage Months; or Monthly in twelve payments that each provide Coverage for 1 Coverage Month.]

If You have a Premium Payment Mode other than Annual, You may pay additional charges for that Premium Payment Mode. Refer to the Modal Premium Disclosure provided in Your Certificate.

### 14. ADDITIONAL FEATURES AND REMINDERS

**Underwriting:** We will underwrite an Application by reviewing the information submitted on the Application and any other information You authorize Us to obtain.

**Continuation for Lapse Due to Cognitive or Functional Impairment:** If Your Coverage terminates due to non-payment of Premium, We will provide a retroactive continuation if, within seven (7) months of the termination date, You provide Us with proof that You were Chronically Ill, beginning on or before the end of the Grace Period. All past due Premium must be paid within such seven (7) month period. In that event, any Benefits for which You qualified during the continuation period will be paid to the same extent they would have been paid if Your Coverage had not ended.

[Information and Referral Services are available to provide caregiver support services to You and Your family.]

**Reminder:** This Outline Of Coverage is not a contract; and the only Coverage to be provided will be as stated in the issued and effective Certificate. The Certificate will set forth in detail the Benefits and Services provided and the Premium and conditions required to continue Your Coverage until it ends.

## Outline of Coverage

Page [10] of [11]

### **15. ANSWERS TO QUESTIONS**

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CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE COVERAGE.

**Outline of Coverage**

<b>[COVERAGE WORKSHEET [Product Name]</b>	<i>(Complete to show coverage selected)</i>	
Applicant Name(s)	<b>[Applicant A</b>	<b>Applicant B]</b>
<b>[Shared Benefit Rider</b> (Selections for both applicants must be identical) [Includes] [Excludes] Joint Waiver of Premium	O Yes O No	O Yes O No]
<b>Elimination Period</b> [ <input type="radio"/> Days of Covered Care][ <input type="radio"/> Calendar Days]	[_____ Days]	[_____ Days]
<b>[Waiver of Home Care [and Informal Care] Elimination Period]</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Included]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Included]
<b>[Transition Benefit Rider – Not available with the above Waiver]</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available ]	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available ]
<b>Nursing Facility Maximum</b>	\$ _____ per _____]	\$ _____ per _____]
<b>Assisted Living Facility Maximum</b> As a % of the Nursing Facility Maximum	[ <input type="radio"/> 50% <input type="radio"/> 100%]	[ <input type="radio"/> 50% <input type="radio"/> 100%]
<b>Home and Community Care Maximum</b> As a % of the Nursing Facility Maximum	[ <input type="radio"/> 50% <input type="radio"/> 75%] [ <input type="radio"/> 100%]	[ <input type="radio"/> 50% <input type="radio"/> 75%] [ <input type="radio"/> 100%]
<b>[Benefit Multiplier</b> [ <input type="radio"/> Days <input type="radio"/> Months] worth of Benefits	[ <input type="radio"/> 120 <input type="radio"/> 48 <input type="radio"/> 96 <input type="radio"/> 36 <input type="radio"/> 72 <input type="radio"/> 24 <input type="radio"/> 60 <input type="radio"/> 12]	[ <input type="radio"/> 120 <input type="radio"/> 48 <input type="radio"/> 96 <input type="radio"/> 36 <input type="radio"/> 72 <input type="radio"/> 24 <input type="radio"/> 60 <input type="radio"/> 12]
<b>Coverage Maximum</b> [(Nursing Facility Maximum X Benefit Multiplier)]	\$ _____	\$ _____
<b>Benefit Increases</b> [The Coverage Maximum and amounts based on the Nursing Facility Maximum are reduced as Payments are made for Covered Expenses, then, if not exhausted, increased when Benefit Increases apply and exhausted when they are reduced to zero.]	[ <input type="radio"/> 5% Compound <input type="radio"/> 4% Compound <input type="radio"/> 3% Compound <input type="radio"/> 5% Simple <input type="radio"/> None <input type="radio"/> 5% Future Purchase Options [default if no other option chosen]]	[ <input type="radio"/> 5% Compound <input type="radio"/> 4% Compound <input type="radio"/> 3% Compound <input type="radio"/> 5% Simple <input type="radio"/> None <input type="radio"/> 5% Future Purchase Options [default if no other option chosen]]

<b>Benefits And Services Provided</b>	<b>We Pay Covered Expenses Up To These Limits</b>
Privileged Care Coordination Services:	Not subject to coverage limits
Nursing Facility Benefit:	Nursing Facility Maximum
Assisted Living Facility Benefit: Room charges Included	The applicable percentage of the Nursing Facility Maximum
Bed Reservation Benefit:	60 days per calendar year
International Benefit:	As stated in the Benefit
Home and Community Care Benefit: [ <input type="radio"/> Covers formal providers <input type="radio"/> Covers formal and informal providers]	The applicable percentage of the Nursing Facility Maximum
Home Assistance Benefit: (Covers equipment, modifications & training)	A Certificate total payment maximum equal to the Nursing Facility Maximum payable for 90 days/3 months
Hospice Care Benefit:	As stated in the Benefit
Respite Care Benefit:	Up to 30 days per calendar year
Alternate Care Benefit:	Payment subject to mutual agreement

The Waiver of Premium Benefit applies only when Benefits are payable under the: Nursing Facility Benefit; Assisted Living Facility Benefit; Bed Reservation Benefit; Home and Community Care Benefit; or Hospice Care Benefit.

Coverage includes a Contingent Nonforfeiture Benefit and any applicable Features and Optional Benefits.

The Nursing Facility Maximum is the maximum total amount payable for all Covered Expenses incurred [on a day.] [in a calendar month.] [(a) on a day when it is a daily maximum; and (b) in a calendar month when it is a monthly maximum.] [This does not apply to Benefits that are not subject to a daily or monthly maximum. ]

**GENWORTH LIFE INSURANCE COMPANY**

[Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501 Phone: 888-325-5433]

**Application for Group Long Term Care Insurance**

Application is made to Genworth Life Insurance Company (the Company) for a Group Long Term Care Insurance Policy to cover classes of eligible persons based on the following statements and representations.

**Applicant Information**

Group Policy Number: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Full Legal Name of Policyholder)

Number of Eligible [Persons/Employees]: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
[[other than Eligible Family Members]]

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
(determines Situs)

Billing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Taxpayer ID # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Indicate the Applicant's election of the following optional offers. Declinations must be signed.**

**Nonforfeiture Benefit:**  Eligible Person's choice  Include for Eligible Class(es)

Decline for Classes  {[All] [non-contributory] Classes} : Benefits and costs of this optional benefit have been reviewed. As an exception to any choice above, do not include the Nonforfeiture Benefit for the Declined Class.

Signature: X \_\_\_\_\_

**5% Compound Benefit Increases Option:**  Eligible Person's choice  Include for Eligible Class(es)

Decline for Classes  {[All] [non-contributory] Classes} : The outline of coverage and the graphs that compare the benefits and premiums of the coverage with and without inflation protection have been reviewed. Specifically, I have reviewed the 5% Compound Benefit Increases option, and as an exception to any choice above, reject that option for the Declined Classes.

Signature: X \_\_\_\_\_

[For any insurance paid in part, or wholly, by the Insured, the Applicant will support enrollment activities and allow all eligible persons an opportunity to enroll.] [No brochures or any material referencing the requested Coverage may be published without the prior written approval of the Company.]

[Minimum Participation Requirements: Applicant understands that the Group Policy will not take effect unless, [at least/the lesser of [3-10] or [5 - 20%] of eligible employees] are enrolled on the effective date.]

[Coverage Limits: Applicant understands that Coverage for an eligible person is subject to the Company's maximum issue limits as stated in the Benefits Master Schedule of the Group Policy. ]

Applicant considers this insurance to be an employee welfare benefit plan subject to ERISA:  YES  No

Applicant understands that the provision of Coverage is subject to the Company's underwriting practices; and agrees to be bound by and accepts the terms and conditions of the Group Policy identified above. Applicant represents that, to the best of its knowledge and belief, all information provided above is true and complete.

**FRAUD WARNING:** Any person who knowingly presents a false statement in an Application for insurance coverage may be guilty of a criminal offense and subject to penalties under state law.

Signed for the Applicant at \_\_\_\_\_ on \_\_\_\_\_  
Situs Jurisdiction Date

by \_\_\_\_\_  
Signature of Authorized Officer of Applicant Title

\_\_\_\_\_  
Signed by Producer/Licensed Resident Agent (Where Required by Law)





**Applicant A** *Print name*

**Applicant B** *Print name*

**Insurability profile**

Genworth Life Insurance Company is referred to as "we," "us," and "the Company" in this Application.

"You" and "your" refers to each Applicant in this Application.

[1.] Are you covered by Medicaid (not the same as Medicare)?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

[2.] Are you currently receiving, or have you received, Social Security Disability Insurance benefits within the past 3 years?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

[3a.] Do you use a Walker, Motorized Scooter, Stair Lift, Wheelchair or Quad Cane; Hospital Bed; Oxygen, Respirator or Kidney Dialysis; or need assistance or supervision by another person in performing any of the following: Moving in/out of bed or chair, Bathing, Dressing, Eating, Toileting, Bowel/Bladder control, or Walking?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

[3b.] Do you currently reside in, have you been advised by a licensed healthcare provider, or are you planning to: receive home care, use an adult day care facility, or enter a nursing home, assisted care facility, or any other custodial or long term care facility?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

[4.] Have you had, do you currently have, or has a licensed healthcare provider diagnosed you as having or treated you for, any of the following conditions:

- Alzheimer’s Disease
- Amyotrophic Lateral Sclerosis (ALS also called Lou Gehrig’s Disease)
- Bipolar Disorder (Manic Depression)
- Cirrhosis of the Liver
- Congestive Heart Failure (CHF) in combination with any of the following: Heart Attack or Angina; Angioplasty or Heart Surgery
- Cystic Fibrosis
- Dementia
- Diabetes under treatment with Insulin or with a history of TIA, Heart Disease, or Circulatory/Vascular Disease
- Ehlers-Danlos Syndrome
- Frequent or persistent forgetfulness or memory loss
- Huntington’s Disease
- Marfan’s Syndrome
- Metastatic Cancer (spread from original site/location)
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Myelofibrosis
- Organ Transplant (other than Kidney or Cornea)
- Parkinson’s Disease
- Schizophrenia or other forms of Psychosis
- Senility
- Stroke
- Transient Ischemic Attack (TIA) within the past 5 years
- TIA in combination with Heart Disease or Heart Surgery
- TIA two or more times

**Applicant A**    Yes    No

**Applicant B**    Yes    No

[5.] In the past 4 years have you had Cancer of the: Brain, Esophagus, Liver, Ovary, Pancreas, or Stomach?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

[6.] Have you ever been diagnosed by a licensed healthcare provider as having: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) caused by the Human Immunodeficiency Virus (HIV) infection or other sickness or condition derived from such infection or tested positive for HIV or exposure to the HIV infection?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

**BEFORE YOU CONTINUE WITH THIS APPLICATION: If you answered YES to any of the questions in the Insurability profile, we suggest that you do not submit this Application. If you answered NO to every question, please continue.**



**Applicant A** *Print name*

**Applicant B** *Print name*

**Client profile**

[7.] Have you ever used tobacco or any other product that contains nicotine?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

Type of Product.....

Type of Product.....

Frequency.....

Frequency.....

Date last used (MM/YY).....

Date last used (MM/YY).....

[8a.] Do you work 20 or more hours a week outside your home?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If YES, list occupation.*

Occupation:.....

Occupation:.....

[8b.] Do you perform volunteer work?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If YES, list type of work and list hours worked per week.*

Type of work:.....

Type of work:.....

Hours per week:.....

Hours per week:.....

[8c.] Do you have any hobbies, interests, or participate in any outside activities on a regular basis?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If YES, please describe.*

Activities:.....

Activities:.....

[9.] Do you drive an automobile?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If YES, provide approximate annual mileage.*

Mileage:.....

Mileage:.....

[10.] Do you live in some form of a residential retirement community?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If YES, list the specific services that are received (e.g., housekeeping, laundry, meals).*

Services:.....

Services:.....

[11a.] Provide details on Personal Finances

**Applicant A**

**Applicant B**

[Total Liabilities \$.....]

[Total Liabilities \$.....]

[Gross Annual Income \$.....]

[Gross Annual Income \$.....]

[Total Assets \$.....]

[Total Assets \$.....]

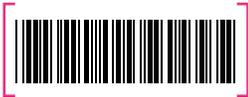
[11b.] Within the past 5 years, have you filed for bankruptcy or had any judgment entered against you or liens filed against any property you own?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

Remarks:.....

Remarks:.....



**Applicant A** *Print name*

**Applicant B** *Print name*

**Other coverage and replacement**

[12a.] Do you have any Accident and Sickness, Long Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force or applied for? (Including any health care service contract, health maintenance organization contract or life insurance with Long Term Care coverage.)

**Applicant A**     Yes    No

**Applicant B**     Yes    No

*If YES, provide details for Applicant*

Company:.....

Company:.....

Long Term Care?    Yes    No

Long Term Care?    Yes    No

Daily Benefit:    \$.....

Daily Benefit:    \$.....

Monthly Benefit: \$.....

Monthly Benefit: \$.....

[12b.] Did you have another Long Term Care, Nursing Home, or Home Health Care insurance policy/certificate in force during the last 12 months?

**Applicant A**     Yes    No

**Applicant B**     Yes    No

*If YES, with which company?*

Company:.....

Company:.....

*If that insurance lapsed, when did it lapse?*

Lapse Date : .....

Lapse Date : .....

[12c.] Do you intend to replace any of your long term care coverage with this policy?

**Applicant A**     Yes    No

**Applicant B**     Yes    No

*If YES, name company being replaced*

Company:.....

Company: .....

Policy/Certificate #: .....

Policy/Certificate #: .....

[12d.] Within the past 2 years, have you had another application or reinstatement request for long term care or life insurance declined, postponed, or have you been rated substandard by any other company?

**Applicant A**     Yes    No

**Applicant B**     Yes    No

*If YES, with which company?*

Company: .....

Company: .....

Product: .....

Product: .....

Reason: .....

Reason: .....



**Applicant A** *Print name*

**Applicant B** *Print name*

.....

**Protection against unintentional lapse**

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long term care insurance certificate for non-payment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

**Applicant A** Select one

**Applicant B** Select one

(Complete whenever there is a second Applicant)

*One of the circles must be checked.*

**If selecting this option, we recommend designating someone other than a spouse or producer/agent/representative.**

- I elect NOT to designate any person to receive such notice.
- I designate the following person to receive notice prior to cancellation of my certificate for non-payment of premium:

- Same as Applicant A.
- I elect NOT to designate any person to receive such notice.
- I designate the following person to receive notice prior to cancellation of my certificate for non-payment of premium:

- Mr.     Mrs.     Miss
- Ms.     Other Title.....

- Mr.     Mrs.     Miss
- Ms.     Other Title.....

Name

Name

.....

.....

Address

Address

.....

.....

City

City

.....

.....

State

Zip

State

Zip

.....

.....

Phone

Phone

.....

.....

Relationship

Relationship

.....

.....

**Declarations**

**By providing your Signature below, you hereby acknowledge and agree that you have read, understand and agree to the following provisions of this Declarations section:**

- **Application for Coverage;**
- **Authorization;**
- **Receipt;**
- **Agreement;**
- **Conditional Insurance Agreement (if applicable);**
- **Request for a Later Certificate Effective Date (if applicable);**
- **Rejection of 5% Compound Inflation Protection (if applicable);**
- [ • **Rejection of Optional Nonforfeiture Benefit Rider (if applicable);** ]
- **Caution; and**
- **Fraud Notice**

**You further acknowledge and agree that these provisions shall apply to the entire Application, as outlined below.**

**Application for Coverage.** The Application Part I for Group Long Term Care Insurance and Application Part II Medical History – Examiner use Long Term Care Insurance together form your Application for coverage with the Company (hereinafter collectively referred to as the "Application" and individually referred to as "Application Part I for Group Long Term Care Insurance" and "Application Part II Medical History - Examiner use Long Term Care Insurance"). In the case of two Applicants, each Application Part II Medical History – Examiner use Long Term Care Insurance shall be considered part of the Application.

**Authorization.** You authorize Genworth Life Insurance Company, its third party service organizations (such as EMSI), affiliates, and any reinsurers (our "representatives") to obtain information as to the diagnosis, treatment or prognosis of your physical and mental condition, other coverage and any other information requested by us to evaluate your Application for coverage. Upon presentation of this



**Applicant A** *Print name*

**Applicant B** *Print name*

**Declarations** *(Continued)*

Authorization and these Declarations, or a copy thereof, the Company, or its representatives, may obtain such information or records thereof from any physician, health professional, hospital, clinic, Veterans Administration or other medical or medically-related facility, care provider or evaluator, prescription drug database provider, insurance company, consumer reporting agency or insurance support organization or any other person or organization which may have such information. Genworth Life Insurance Company, or its designees, may also obtain and/or provide/exchange such information from, or with, the MIB, Inc. This Authorization includes information about drugs, alcoholism, and mental illness. The Company, or its representatives, may conduct a phone or in-person interview as part of the application and underwriting process, the results of which will become part of this Application and form a basis for a decision to issue coverage. You agree that this Authorization will be valid for 24 months from the date signed. You, or your authorized representative, may request a photocopy of your Application. You hereby authorize any physician, health professional, hospital, clinic, Veterans Administration or other medical or medically-related facility, care provider or evaluator, prescription drug database provider, insurance company, consumer reporting agency or insurance support organization, or any other person or organization which may have information, knowledge or records related to your diagnosis, treatment or prognosis of your physical and mental condition, other coverage or any other information requested by us, to provide such information, knowledge or records to Genworth Life Insurance Company, or its representatives. You hereby agree that a photographic copy of this Authorization shall be as valid as the original.

**Receipt.** You have received and read the Privacy Notice. When you applied for coverage to be issued by Genworth Life Insurance Company, you also received the Outline of Coverage (referred to as a Disclosure Form in some states), Long Term Care Insurance Personal Worksheet, Things You Should Know Before You Buy Long Term Care Insurance, Potential Rate Increase Disclosure Form, and the Shopper’s Guide for Long Term Care Insurance.

**Agreement.** You have reviewed the Application in its entirety and you agree to all of the following:

- a. The answers contained herein are full, complete and true to the best of your knowledge and belief;
- b. The Application will be part of the certificate for which you are applying;
- c. I understand that my Coverage will take effect according to the terms of the Group Policy [including any Actively at Work requirement], only:
  - 1. if the Group Policy is in effect and;
  - 2. if I qualify and there has been no change in my health that would change the answers to any questions in this application [;and
  - 3. if applying as an employee, I am Actively at Work performing the usual duties of my job at my usual place of work as required by my employer on a [full-time basis at least 30 hours each week]; or if applicable, on a part-time basis at least 20 hours each week.]]
- d. If you qualify for coverage, and an Initial Premium is paid, the coverage will take effect on either: the date you sign this Application Part I for Group Long Term Care Insurance, or on a date set by the Company, [if you request a later coverage effective date, as provided for in the Certificate Effective Date provision below];
- e. Neither an agent, broker nor medical examiner has the Company’s authorization to accept risk, pass on insurability, or make, void or change any questions, conditions or provisions of the Application, certificate or receipt, as applicable;
- f. The Company may require an attending physician statement, medical records, an underwriting assessment, a medical exam, a Department of Motor Vehicles report or other similar questionnaire, test, MIB report, financial information, or a prescription drug medication report; and
- g. The information obtained by the Company may be used to evaluate insurance fraud or abuse, or for other compliance-related activities, all, or some of which, may be reported to the MIB.

**Conditional Insurance Agreement - Individual Applicants**

This Conditional Insurance Agreement applies to individual applicants where the following requirements have been satisfied:

- a. You submitted your Initial Premium payment to the Company at the time your Application Part I for Group Long Term Care Insurance was submitted;
- b. You did not make a Request for a Later Coverage Effective Date, as provided for below;
- c. You answered “No” to all parts of questions #1 through #6 in the Insurability profile of this Application Part I for Group Long Term Care Insurance and the Company was able to verify the accuracy of your answers during underwriting of your Application; and
- d. No misrepresentation or misstatement was made in the Application.



Applicant A *Print name*

Applicant B *Print name*

**Conditional Insurance Agreement - Individual Applicants (Continued)**

When all of the requirements set forth above are satisfied, as determined by the Company, we agree:

- a. That we will not decline your Application based on any change in your health status that occurs after the date you signed this Application Part I for Group Long Term Care Insurance, although the Company may decline your Application based on: information we obtain after the date you signed this Application Part I for Group Long Term Care Insurance that does not indicate a change in Your health status; or information we learn as part of our underwriting process so long as that information does not indicate a change in Your health status.
- b. If we approve your Application, we will provide coverage under the certificate for which your Application was made, and that certificate will be effective as of the date you signed this Application Part I for Group Long Term Care Insurance; and
- c. If we decline your Application, we will provide limited coverage for Covered Expenses incurred on or after the date you signed this Application Part I for Group Long Term Care Insurance through the date your Application is declined. For purposes of this Conditional Insurance Agreement only, your Application shall be deemed declined, if not otherwise declined sooner by us, if we do not approve it within [120/150] days of the date you signed this Application Part I for Group Long Term Care Insurance, although we reserve the right to approve your Application at a later date. This limited coverage will be provided under the same provisions, conditions, limitations and exclusions as set forth in the certificate for which this Application is being made; **except that in no event will the total payment of Covered Expenses exceed the lesser of (a) \$10,000; or (b) the actual Covered Expenses incurred. This Conditional Insurance Agreement will only pay benefits for Covered Expenses that are incurred within [180] days following the date you signed this Application Part I for Group Long Term Care Insurance, or the date that your Application is declined, whichever occurs first.**

If all of the requirements set forth above are not satisfied, as determined by the Company, you understand and agree:

- a. That there will be no Conditional Insurance Agreement; and
- b. The Company will determine the Effective Date of the coverage, if your Application is approved.

**Conditional Insurance Agreement - Applicants Requesting Shared Benefits**

This Conditional Insurance Agreement applies to applicants requesting Shared Benefits where the following requirements have been satisfied:

- a. The Initial Premium payment was submitted to the Company by both applicants requesting Shared Benefits at the time their respective Application Part I for Group Long Term Care Insurance was submitted;
- b. Neither applicant requesting Shared Benefits made a Request for a Later Certificate Effective Date, as provided below;
- c. Both applicants requesting Shared Benefits answered "No" to all parts of questions #1 through #6 in the Insurability profile of their respective Application Part I for Group Long Term Care Insurance and the Company was able to verify the accuracy of each applicant's answers during underwriting of the Application; and
- d. No misrepresentation or misstatement was made in either Application.

When all of the requirements set forth above are satisfied, as determined by the Company, we agree:

- a. That we will not decline the Application based on any change in your health status or the status of your Spouse or Partner that occurs after the latest date upon which the Application Part I for Group Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made, although the Company may decline the Application based on: information we obtain after the latest date upon which the Application Part I for Group Long Term Care Insurance was signed by you or your Spouse or Partner that does not indicate a change in your health status or the status of your Spouse or Partner, or information we learn as part of our underwriting process so long as that information does not indicate a change in your health status or the status of your Spouse or Partner.
- b. If we approve the Application, we will provide coverage under the certificate for which the Application was made as of the latest date upon which the Application Part I for Group Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made.



Applicant A *Print name*

Applicant B *Print name*

**Conditional Insurance Agreement - Applicants Requesting Shared Benefits (Continued)**

- c. If we decline the Application, we will provide limited coverage for Covered Expenses incurred on or after the latest date upon which the Application Part I for Group Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made through the date the Application is declined. For purposes of this Conditional Insurance Agreement only, the Application shall be deemed declined, if not otherwise declined sooner by us, if we do not approve it within [120/150] days of the latest date upon which the Application Part I for Group Long Term Care Insurance was signed by you or your Spouse or Partner and a request for Shared Benefits was made, although we reserve the right to approve the Application at a later date. This limited coverage will be provided under the same provisions, conditions, limitations and exclusions as set forth in the certificate for which this Application is being made; **except that in no event will the total payment of Covered Expenses exceed the lesser of (a) \$10,000; or (b) the actual Covered Expenses incurred. This Conditional Insurance Agreement will only pay benefits for Covered Expenses that are incurred within [180] days following the date both applicants signed this Application Part I for Group Long Term Care Insurance, or the date that the Application is declined, whichever occurs first.**

If all of the requirements set forth above are not satisfied, as determined by the Company, you and your Spouse or Partner understand and agree:

- a. That there will be no Conditional Insurance Agreement; and
- b. The Company will determine the Effective Date of the certificate, if the Application is approved.

**Certificate effective date**

**Request for a Later Certificate Effective Date.**

By checking the circle below, you acknowledge that, if your Application is approved, the effective date of your Certificate will be a later date, as set forth by the Company. You further understand and agree that:

- a. The Company will consider any changes in your health status after the date you sign this Part I for Group Long Term Care Insurance Application up through the approval of your Application, if applicable, in determining whether to issue coverage;
- b. If any answer to the questions contained in this Application changes prior to the Effective Date set forth by the Company, you are required to notify the Company of any such change. You further understand that any failure to notify the Company will be deemed a misrepresentation in the Application and may result in the denial of benefits or rescission of your coverage, subject to the Time Limit on Certain Defenses provision in the Certificate; and
- c. In no circumstance will the certificate take effect until (a) the Initial Premium is received by the Company; and (b) the Company determines the Effective Date of the policy.

Check circle only to request that your certificate takes effect at a date later than the date you signed this Application.

Applicant A

Applicant B

**Rejection of 5% Compound Inflation Protection** Initial only if you have selected a benefit increase option other than 5% Compound

I have reviewed the Outline of Coverage (or disclosure form) and the graphs that compare the benefits and premiums of this certificate with and without inflation protection. Specifically, I have reviewed plans with and without inflation protection, and I reject inflation protection of at least 5% Compound.

Initial below (if rejecting 5% Compound Inflation Protection).

Applicant A \_\_\_\_\_

Applicant B \_\_\_\_\_

**Rejection of Optional Nonforfeiture Benefit Rider**

I have reviewed the Outline of Coverage and compared the benefits and premiums of this Certificate with and without the Nonforfeiture Benefit Rider, and I reject this Rider.

Applicant A \_\_\_\_\_

Applicant B \_\_\_\_\_



**Caution and Fraud Notice**

**Caution: If your answers on this Application are incorrect or untrue, Genworth Life Insurance Company may have the right to deny benefits or rescind your coverage, subject to the Misstatement/Incontestability provisions of the Group Policy.**

**FRAUD NOTICE: Any person who knowingly presents a false statement in an Application for insurance coverage may be guilty of a criminal offense and subject to penalties under state law.**

**Signature**

Signature of Applicant A

**X**

Date Signed

▪

Signature of Applicant B

**X**

Date Signed

▪

Signature of Licensed and Appointed Insurance Producer/Agent/Representative

**X**

Date Signed

▪

State in which application is signed

▪

**Insurance Producer / Agent / Representative Information**

Name of Licensed and Appointed Insurance Producer/Agent/Representative (Please print)

▪

Street Address

▪

City

State

Zip

▪

▪

▪

Insurance Producer/Agent/Representative Code # or Soc. Sec. #/Tax ID    Email Address

▪

▪

Phone Number

Fax Number

▪

▪

Signature of Soliciting Insurance Producer/Agent/Representative

**X**

Name of Licensed and Appointed Brokerage General Agency (if applicable)

▪

Producer Code # of Brokerage General Agency

▪

**If more than one agent worked on this application, please provide the following:**

Name of Licensed and Appointed Insurance Producer/Agent/Representative    Percentage

▪

▪

Insurance Producer/Agent/Representative Code # or Soc. Sec. #/Tax ID    Email Address

▪

▪

Name of Licensed and Appointed Insurance Producer/Agent/Representative    Percentage

▪

▪

Insurance Producer/Agent/Representative Code # or Soc. Sec. #/Tax ID    Email Address

▪

▪



**Insurance Producer / Agent / Representative Report**

[1.] Did you personally interview the Applicant face to face and witness his or her signature?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If NO, give details.*

.....

.....

[2.] Did you observe any physical or mental impairments related to walking or talking, or any form of tremor?

**Applicant A**    Yes    No

**Applicant B**    Yes    No

*If YES, please explain.*

.....

.....

.....

.....

[3.] List other health insurance policies sold by you to the Applicant.

**Applicant A**

**Applicant B**

.....

.....

.....

.....

[4.] List health insurance policies sold by you to the Applicant in the last five years that are no longer in force.

**Applicant A**

**Applicant B**

.....

.....



# Coverage Selection for [Product Name] Group Long Term Care Insurance



Genworth Life  
Administrative Offices:  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

[Group Series]

Page 1 of 3

Coverage is intended to be federally tax-qualified long term care insurance within the context of Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Applicant A *Print name*

Applicant B *Print name*

## Plan Design

### Shared Benefit Rider

Yes [(with joint waiver)]     Yes (without joint waiver)     No

If Shared Benefit Rider is chosen, both applicants must make identical selections below.

### Choose a Plan

[Plan A]     [Plan A]  
 [Plan B] Select options below     [Plan B] Select options below

Assisted Living Facility Maximum    Percentage of [Daily] [Monthly] Maximum  
 100%  75%  60%  50%     100%  75%  60%  50%  
 Include Room & Board     Include Room & Board  
 Exclude Room and Board     Exclude Room and Board

Home and Community Care    Percentage of [Daily] [Monthly] Maximum  
 100%  75%  50%     100%  75%  50%

Waive Home and Community Care Elimination Period  
 Yes     No     Yes     No

## Select from the following:

Coverage Percentage     100%     100%

[Monthly] [Daily] Maximum    \$    \$  
 Per Month     Per Day     Per Month     Per Day  
Choose a [Monthly Maximum between \$1,500 and \$12,000 in \$100] [increments; or choose a] [Daily Maximum between \$50 and \$400 in \$5] increments.]

Benefit Multiplier [Months/Days]     120/3650     48/1460     120/3650     48/1460  
[Choose a [Monthly] [or] [Daily] Benefit Multiplier.]  
 96/2920     36/1095     96/2920     36/1095  
 72/2190     24/730     72/2190     24/730  
 60/1825     12/365     60/1825     12/365

Coverage Maximum    [Monthly] [Daily] Maximum x Benefit Multiplier = Coverage Maximum

Elimination Period     0 days     180 days     0 days     180 days  
 30 days     365 days     30 days     365 days  
 90 days     90 days

Elimination Period Type     Service days\*     Calendar days     Service days\*     Calendar days  
[\*Service days are days of Covered Care]



**Applicant A** *Print name*

**Applicant B** *Print name*

**Select from the following:** continued

**Inflation Protection / Benefit Increase Options**

[Benefit increases reduced by claims]  
[If no option is chosen, Future Purchase Option will be included]

- 5% Compound
- 4% Compound
- 3% Compound
- 5% Simple
- Future Purchase Option\*
- Guaranteed Purchase Option\*\*
- None

- 5% Compound
- 4% Compound
- 3% Compound
- 5% Simple
- Future Purchase Option\*
- Guaranteed Purchase Option\*\*
- None

[\*Future Purchase Option not available with Shared, 10-Pay or Pay to 65.]

[\*\*Guaranteed Purchase Option is not available with Shared.]

**Other choices**

**Restoration Benefit**

- Yes  No  Yes  No

[Restoration Benefit not available with Shared Benefit Rider.]

**Transition Benefit**

[Not available for [Plan A]]

- Yes  No  Yes  No

[Transition Benefit not available with Waiver of Home and Community Care Elimination Period.]

**Informal Care Benefit**

- Yes  No  Yes  No

[Informal Care Benefit not available without Waiver of Home and Community Care Elimination Period.]

**Refund of Premium Benefit**

Refund of Premium not available with Shared Benefit Rider.

- 10 year  Graded[\*]  None  10 year  Graded[\*]  None

[Beneficiary designation for Refund of Premium Benefit is Your estate unless otherwise designated and submitted on a separate form. [\*Graded Refund of Premium is only available for ages 64 and younger.]

**Nonforfeiture Benefit**

- Accept  Reject  Accept  Reject

**Survivorship Benefit**

If Survivorship Benefit is chosen, both Applicants must purchase identical Survivorship Benefits.

- 10 Years Enhanced[\*]  10 Years Enhanced[\*]
- 7 Years Enhanced[\*]  7 Years Enhanced[\*]
- 10 Years  10 Years
- None  None

[Survivorship Benefit only available for the couple who initially apply for and are both issued certificates. Survivorship Benefit is not available for single Applicants or when only one certificate is issued.]

[\*Enhanced means that benefit eligibility is not affected by claim payments.]

**Survivorship Benefit**

If Survivorship Benefit is chosen, both Applicants must purchase identical Survivorship Benefits.

[7 Years Enhanced\*]

- Yes  No  Yes  No

[Survivorship Benefit only available for the couple who initially apply for and are both issued certificates. Survivorship Benefit is not available for single Applicants or when only one certificate is issued.]

In such cases, premium will be reduced accordingly. [\*Enhanced means that benefit eligibility is not affected by claim payments.]

[If [Plan A] is chosen for both Applicants, a 10 Year Survivorship Benefit Rider is included unless you select this optional benefit.]

**Eligibility for Couples benefits**

[The second applicant on this form or the individual designated below will be the named individual for any [couples premiums], [Survivorship Benefit or] [Shared Benefit Rider], as applicable.]

[Criteria to qualify for couples benefits: Two people who, at the time of Application

- are joined by marriage; or
- are joined by a relationship legally recognized under state law as entitled to the same rights and benefits of married persons; or
- are and have been living together for the past three consecutive years in a committed domestic relationship as partners. You and such person cannot be joined to anyone else by: (a) marriage; or (b) a domestic relationship legally recognized under State law.]

- Yes  No

[If YES and second applicant is applying on this application, no further information is needed.

If second applicant is not applying on this application, please provide the following.]

Coverage Selection for [Product Name]

Group Long Term Care Insurance

[Group Series]

Page 3 of 3



Applicant A Print name

Applicant B Print name

Eligibility for Couples benefits continued

Print spouse/partner name

Social Security Number

Existing coverage number

Premium Information

Full modal premium

\$

Premium Payments

- Lifetime
- 10 Pay\*
- Pay-to-65\*\*]

[\*10 Pay not available with 10 Year Survivorship]

[\*\*Only available for ages 55 and younger.]

Premium Payment mode

- Annual (1.0)
- Semi-annual (.51)
- Quarterly (.26)
- Monthly[\*\*\*] (.09)

[\*\*\* Automatic draft of checking account required. Must complete Payment Authorization Form.]

[MODAL PREMIUM DISCLOSURE: Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g., monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more charges you will incur. Please refer to the Modal Premium Disclosure in your Certificate. ]

Full modal premium

\$

Premium Payments

- Lifetime
- 10 Pay\*
- Pay-to-65\*\*]

Premium Payment mode

- Annual (1.0)
- Semi-annual (.51)
- Quarterly (.26)
- Monthly[\*\*\*] (.09)

List Bill Multi-life

Yes  No

If Yes, provide List bill Multi-life number

App. folder No.

xxxxx

Yes  No

If Yes, provide List bill Multi-life number



# LONG TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this coverage.

[If you are an employee [or spouse; or partner in a legal couple or domestic partnership] of an employee] you may wish to review and complete this for your own use. However, you DO NOT NEED to submit this form with your application.]

[If you are eligible for coverage other than as an employee [or his/her spouse; or partner in a legal couple or domestic partnership, you] You MUST complete and submit this form with your application. We cannot process your application without it.]

## SECTION A

### Premium Information

**Policy Form Series: 8010, 8011**



**The premium for the coverage you are considering will be:** (Complete *only* the premium for the desired payment frequency.)

\$ ..... annually    \$ ..... semi-annually    \$ ..... quarterly    \$ ..... monthly

**Type of Policy** Guaranteed renewable, group long term care insurance

**The Company's Right to Increase Premiums** The company has the right to increase premiums either on a Group Policy or class basis; but only if it changes premiums for all similar Certificates issued under the Group Policy in the same state as the Certificate.

**Rate Increase History** The company has sold long term care insurance since 1974 and has sold group long term care insurance since 1999. It has sold this group policy form since 2013. The company has not raised its rates on this policy form in this or any other state, but in the past 10 years it has raised its rates on similar policy forms that are no longer available for sale. *Following is a summary of the rate increases:*

**Policy Form Series** – Not every series was available in every state

Policy Form Series	Years Available for sale	Percentage of Increase <sup>1</sup>	Effective Year <sup>2</sup>
6465, 6026, 6318, 6322, 6328, 6394, 6395	1974-1989	0-8%	2007-2010
6484, 6667, 7003, 7012, 7021, 50000, 50001, 50003, 50004, 50013, 50018, 50020, 50021, 50022, 50023, 50024, 50029, 50100, 50107, 51000	1988-2003	0-14%	2007-2010
		0-60%	2011-2015
7000, 7002, 7011, 7020, 7022, 50024, 50027, 50109, 50110, 51001, 51002	1993-2003	0-12%	2007-2010
		0-25%	2011-2015
		0-60%	2012-2015
7011, 7012, 7030, 7031, 7032, 7033, 7034, 51005, 51006, 51007	1997-2004	0-11%	2007-2010
		0-25%	2011-2015
		0-60%	2012-2015
7025, 7035, 7037, 51010, 51001	2001-2008	0-60%	2012-2015
7040	1999-2012	0-30%	2013-2015
[XXXX, XXXX, XXXX, XXXX]	[YYYY-YYYY]	[xx%-xx%] [xx%-xx%]	[YYYY-YYYY]

<sup>1</sup> The amount of the increase may vary by state; policy form series; or policy type. The actual effective increase may be higher as a result of the compounding effect of prior rate increases.

<sup>2</sup> Future effective date reflects increases requested, but not yet implemented.



**SECTION A** *continued*

**Questions Related to Your Income**



**How will you pay each year's premium?**  From my Income  From my Savings/Investments  My Family will Pay

**Have you considered whether you could afford to keep this coverage if the premiums went up, for example, by 20%?**

Yes  No *[ If you have not considered this possibility, please do not proceed with the application until doing so. ]*

**SECTION B**

**What is your annual income?** (check one)

Under \$10,000  \$10,000-\$20,000  \$20,001-\$30,000  \$30,001-\$50,000  Over \$50,000

**How do you expect your income to change in the next 10 years?** (check one)

No change  Increase  Decrease

*If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.*

**Will you buy inflation protection?** (check one)  Yes  No

**If not, how will you pay for the difference between future costs and your daily or monthly benefit amount?**

From my Income  From my Savings/Investments  My Family will Pay

*The national median annual cost of nursing home care in [2012] was \$81,030 [\$222 per day], but this figure varies across the country. In 10 years, the national median annual cost would be about \$131,989, if costs increase 5% annually.*

**Select Elimination Period you are considering.** The approximate cost of nursing home care for that period (based on a national median cost of \$222/day) is shown for each elimination period choice.

Zero Days (\$0)  30 Days (\$6,660)  90 Days (\$19,980)  
 180 Days (\$39,960)  365 Days (\$81,030)

**How are you planning to pay for your care during the Elimination Period?** (check one)

From my Income  From my Savings/Investments  My Family will Pay

**Questions Related to Your Savings and Investments**

**Not counting your home, about how much are all of your assets (your savings and investments) worth?** (check one)

Under \$20,000  \$20,000-\$30,000  \$30,001-\$50,000  Over \$50,000

**How do you expect your assets to change over the next 10 years?** (check one)

Stay about the same  Increase  Decrease

*If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.*



# LONG TERM CARE INSURANCE PERSONAL WORKSHEET *continued*

## DISCLOSURE STATEMENT

- Check One:  The answers to the preceding questions accurately describe my financial situation  
 I choose not to complete this information (in section B on the prior page) and I have signed the Verification of Financial Non-Disclosure  
 [NOTE: Section A of this worksheet must be completed even if you do not disclose your financial information.]

## YOU MUST CHECK ONE OF THE CIRCLES BELOW TO ACKNOWLEDGE THAT YOU HAVE READ THE FOLLOWING STATEMENTS. PLEASE SIGN BELOW.

- Check One:  (This circle must be checked if there is **no** agent/producer assistance.) I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for the policy form series may increase in the future.**
- (This circle must be checked if an agent/producer assists with your application.) I acknowledge that the agent/producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for the policy form series may increase in the future.**

Applicant A Signature <b>X</b>	Printed Name	Date mm/dd/yyyy 
Applicant B Signature <b>X</b>	Printed Name	Date mm/dd/yyyy 

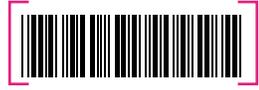
I explained to the applicant the importance of completing this information.

Agent/Producer Signature <b>X</b>	Agent/Producer Printed Name	Date mm/dd/yyyy 
--------------------------------------	-----------------------------	---------------------

**Complete this section ONLY if your Agent/Producer has advised you that this coverage may not be suitable for you.**  
 My Agent/Producer has advised me that this coverage may not be suitable for me. However, I still want the company to consider my application.

Applicant A Signature <b>X</b>	Date mm/dd/yyyy 	Applicant B Signature <b>X</b>	Date mm/dd/yyyy 
-----------------------------------	---------------------	-----------------------------------	---------------------

**In order for us to process your application, please return this signed statement to Genworth Life Insurance Company, along with your application. The company may contact you to verify your answers.**



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## SUITABILITY STATEMENT

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### THINGS YOU SHOULD KNOW BEFORE YOU BUY LONG TERM CARE INSURANCE

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**Long Term Care Insurance** – Long term care insurance may pay most of the costs for your care in a nursing home. Coverage may also pay for care at home or other community settings. Since coverage can vary, you should read the Certificate and make sure you understand what it covers before you buy it.

You should *not* buy this insurance unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.

The personal worksheet includes questions designed to help you and the company determine whether this coverage is suitable for your needs.

**Medicare** – Medicare does *not* pay for most long term care.

**Medicaid** – Medicaid will generally pay for long term care if you have very little income and few assets. You probably should *not* buy this coverage if you are now eligible for Medicaid.

Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services.

When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.

Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

**Shopper's Guide** – Make sure the insurance company or agent/producer gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long Term Care Insurance." Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the Certificate within [30, 45, 60, 90] days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the coverage.

**Counseling** – Free counseling and additional information about long term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

**Facilities** – Some long term care insurance contracts provide for benefit payments in certain facilities only if they are licensed or certified, such as in assisted living centers. However, not all states regulate these facilities in the same way. Also, many people move to a different state from where they purchased their long term care insurance. Read the Certificate carefully to determine what types of facilities qualify for benefit payments, and to determine that payment for a covered service will be made if you move to a state that has a different licensing scheme for facilities than the one in which you purchased the coverage.

SERFF Tracking #:

GEFA-128674776

State Tracking #:

Company Tracking #:

8010

State: Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: MEGA 3

Project Name/Number: MEGA 3/8010

### Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

### Company Rate Information

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

**SERFF Tracking #:**

GEFA-128674776

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

8010

**State:**

Arkansas

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03G Group Long Term Care/LTC03G.001 Qualified

**Product Name:**

MEGA 3

**Project Name/Number:**

MEGA 3/8010

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved 01/28/2013	Standard Premium Rates RS Form 8010	8010POL	New		Standard Premium Rates RS _Form 8010_.pdf
2	Approved 01/28/2013	Standard Premium Rates RS Form 8011	8011POL	New		Standard Premium Rates RS _Form 8011_.pdf

**GENWORTH LIFE INSURANCE COMPANY**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

**LONG TERM CARE INSURANCE POLICY****Policy Form Series: 8010****August 2012****Premium Rates**Table A

The Base premium rate table varies by Benefit Period, Benefit Increase Option, Underwriting Class, Marital Class, Gender and Issue Age. These premium rates provided in the base tables are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, and 3650. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.

## GENWORTH LIFE INSURANCE COMPANY

### Base Rating Tables 1 - 12

The base rate tables are provided for Single Males, Single Females and Married Applicants for all four underwriting classes; Standard, Select, Preferred and Preferred Best. The unit is per \$10 of Daily Benefit or \$300 of Monthly Benefits.

### Table A-1 and A-2

These two tables of factors convert base rates from No Bio to either FPO or GPO. The factors are applied directly to the No Bio Base Rates found in Tables 1-12.

### Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

### Table C

Table C converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates.

### Table D-1 to D-3

Table D-1 converts the Elimination Period from Service Days to Calendar Days. Table D-2 converts the 100% Home Care to Reduced Home Care coverage. Table D-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage.

### Table E-1 to E-11

These tables contain factors for other benefit options and riders available through the policy.

### Table F

This table contains modal factors for different billing frequencies.

### Table G-1 to G-2

These tables contain factors for other benefit options and riders.

### Table H

Rates for groups with simplified underwriting include a 15% level commission. This table contains adjustment factors for alternative commission levels.

## GENWORTH LIFE INSURANCE COMPANY

### Table I

This is a Group Underwriting Factor to account for unique characteristics of a given group.

### Table J

This is an Expense Adjustment Factor to account for group specific expenses.

**GENWORTH LIFE INSURANCE COMPANY**

Rate Calculation Example

Issue Age: 60

Benefit Period: 1,095 Day

5% Compound Inflation for Life

Underwriting Class: Married – Preferred Class

Step	Description	Rate Calculation
1	Get annual rate per \$10 Daily Benefit from appropriate Base Table	144.40
1a	If BIO is FPO or GPO use the No Bio Base Rate and apply A-1 or A-2 Factor	1.000
2	Premium payment term is Lifetime.	1.00
3	Result: Step 1 x Step 1a x Step 2	144.40
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	158.84
6	Plan Options and Features (Tables D-1 to D-3)	
	60% Home & Community Care. Factor from Table D-2	-4.0%
	75% Assisted Living Facility Coverage. Factor from Table D-3	-1.9%
	Sum of factors for Tables D-1 to D-3	-5.9%
7	Result: Step 5 x (1 + sum of factors from Step 6)	149.46844
8	Optional Benefits (Tables E-1 to E-10)	
	0-Day elimination period for Home Care. Factor from Table E-1	5.8%
	Restoration of Benefits. Factor from Table E-7	7.0%
	Nonforfeiture Benefit. Factor from Table E-8	22.0%
	Sum of factors for Tables E-1 to E-10	34.8%
9	Result: Step 7 x (1 + sum of factors from step 8)	201.483457
10	\$200 Daily Benefit i.e. 20 “units” of daily benefit	20
11	Result: Step 9 x Step 10	4029.6691
12	Premiums payable semi-annually. Factor from Table F	0.51
13	Result: Step 11 x Step 12	\$2,055.13
14	Apply Discount Factors if Applicable	\$2,055.13

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 1**  
**Male - Single Standard Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.60	80.40	83.11	104.74	109.82	65.09	102.08	105.50	132.98	138.67
30	52.98	86.45	87.58	110.38	118.09	70.23	110.41	111.81	140.93	148.93
35	57.36	92.49	92.05	116.02	126.36	75.36	118.73	118.12	148.87	159.18
40	60.85	98.57	96.79	120.98	140.52	80.31	126.75	125.09	157.10	173.10
45	61.95	100.79	97.74	121.20	149.17	82.11	129.80	127.16	159.16	180.23
50	66.22	105.41	102.05	127.84	166.36	86.14	135.05	130.75	165.24	206.07
55	71.79	114.04	112.59	143.80	175.72	94.90	148.58	146.64	181.98	212.27
60	99.09	157.77	151.17	169.90	192.72	123.04	198.71	190.40	224.47	254.61
65	147.76	217.74	202.74	237.00	264.41	182.13	285.22	265.55	305.30	340.65
70	248.59	339.31	317.27	354.18	396.31	310.90	441.25	410.90	460.95	517.72
75	429.62	566.44	529.05	666.78	826.40	555.95	734.65	686.14	864.78	1061.46
80	751.84	934.63	846.48	1066.85	1322.24	972.91	1212.17	1097.82	1383.65	1698.34
85	1095.53	1359.46	1216.82	1533.59	1900.72	1417.67	1763.16	1578.12	1988.99	2441.36
90	1718.48	2095.83	1904.58	2400.41	2975.04	2223.80	2718.21	2470.10	3113.21	3821.26
94	2362.91	2973.81	2645.25	3333.90	4132.00	3057.73	3856.91	3430.70	4323.90	5307.30

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	71.30	112.87	116.68	147.06	154.74	83.19	129.00	135.09	170.25	179.18
30	76.40	122.57	124.14	156.46	167.41	88.17	138.65	142.32	179.36	191.91
35	81.49	132.26	131.60	165.86	180.07	93.14	148.29	149.54	188.47	204.63
40	87.45	141.60	139.03	175.24	195.17	99.54	160.08	158.69	197.27	220.12
45	89.99	145.38	141.01	177.74	202.61	102.04	165.59	161.61	198.33	226.98
50	93.15	153.55	148.66	188.59	235.17	105.72	173.50	170.21	206.41	245.12
55	105.17	167.03	164.85	204.15	238.14	116.85	191.45	182.53	225.99	260.60
60	141.85	229.39	219.78	246.67	283.96	164.87	261.02	254.31	285.43	328.59
65	200.27	319.02	297.02	342.89	383.48	227.22	354.43	347.56	401.25	448.73
70	346.90	501.67	467.15	529.45	580.81	399.96	564.87	539.01	610.94	670.17
75	627.54	843.41	787.71	992.80	1181.44	704.98	966.77	890.36	1122.17	1346.72
80	1098.20	1391.63	1260.34	1588.48	1890.30	1233.72	1595.17	1424.58	1795.47	2154.75
85	1600.23	2024.18	1811.73	2283.44	2717.31	1797.70	2320.25	2047.83	2580.99	3097.46
90	2510.16	3120.62	2835.76	3574.08	4253.18	2819.92	3577.05	3205.30	4039.81	4848.19
94	3451.47	4427.90	3938.55	4964.00	5907.20	3877.39	5075.54	4451.80	5610.85	6733.60

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	92.94	141.09	141.24	178.03	187.32	99.45	155.01	157.30	198.26	206.86
30	95.08	153.21	151.37	190.81	204.15	104.13	167.15	167.10	211.17	223.49
35	102.92	164.32	160.55	203.56	221.00	111.67	178.80	176.44	224.05	240.13
40	106.47	176.29	170.31	216.24	240.84	117.09	191.05	187.18	237.82	258.93
45	109.70	182.31	172.74	218.47	249.04	119.85	196.29	190.25	241.28	266.47
50	112.80	191.94	182.85	220.62	275.10	123.25	204.06	196.92	244.93	289.46
55	124.10	211.84	197.82	240.60	280.67	135.45	230.63	221.73	257.01	296.08
60	168.69	284.76	273.17	306.58	352.94	184.03	312.50	298.36	333.43	380.14
65	246.49	378.08	376.01	434.14	485.49	271.59	414.24	398.10	470.78	525.82
70	428.52	608.30	581.47	659.05	722.94	476.10	671.86	633.84	721.82	792.19
75	757.94	1042.33	959.83	1209.71	1439.57	837.09	1148.02	1069.25	1301.09	1422.28
80	1262.92	1648.07	1468.30	1850.58	2202.20	1433.17	1858.35	1677.08	2039.26	2225.10
85	1841.62	2401.40	2114.19	2664.66	3170.96	2089.02	2705.15	2412.55	2933.66	3201.23
90	2891.45	3700.61	3306.29	4167.12	4958.91	3278.21	4169.67	3774.73	4589.99	5008.46
94	3973.83	5251.76	4592.89	5788.74	6888.65	4506.58	5916.87	5243.10	6375.52	6956.82

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	105.96	168.93	173.36	218.50	226.40
30	113.19	181.10	182.84	231.52	242.83
35	120.42	193.27	192.32	244.54	259.26
40	127.72	205.81	204.05	259.41	277.01
45	130.01	210.28	207.77	264.10	283.90
50	133.70	216.19	210.98	269.24	303.82
55	146.79	249.41	245.63	273.42	311.50
60	199.38	340.24	323.54	360.28	407.34
65	296.70	450.40	420.18	507.42	566.15
70	523.67	735.43	686.22	784.60	861.43
75	916.24	1253.71	1178.66	1392.46	1405.00
80	1603.42	2068.62	1885.86	2227.94	2248.00
85	2336.41	3008.90	2710.92	3202.66	3231.50
90	3664.96	4638.73	4243.18	5012.86	5058.00
94	5039.32	6581.98	5893.30	6962.30	7025.00

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 2**  
**Female - Single Standard Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	66.30	109.66	113.36	139.66	162.89	88.77	139.24	143.90	177.30	196.33
30	72.27	117.91	119.46	147.18	167.63	95.78	150.60	152.52	187.91	206.74
35	78.23	126.16	125.56	154.69	172.37	102.79	161.95	161.13	198.51	217.14
40	84.45	134.46	132.03	162.66	204.08	109.54	172.88	170.64	210.21	253.58
45	87.35	137.48	133.33	164.26	227.78	112.00	177.04	173.45	213.67	280.08
50	93.56	143.78	139.21	171.51	244.11	117.50	184.22	178.35	219.74	308.37
55	106.12	155.55	153.56	204.33	271.32	133.90	202.68	200.04	266.16	343.34
60	135.16	215.21	206.21	246.42	294.83	167.83	271.05	259.72	310.37	371.83
65	208.61	307.39	286.23	335.00	373.29	257.13	402.67	374.89	438.77	480.93
70	339.09	462.82	432.77	493.18	554.82	424.08	601.89	560.48	638.72	724.82
75	468.81	618.12	577.31	689.92	1033.97	606.67	801.68	748.74	894.78	1296.30
80	820.42	1019.90	923.70	1103.87	1654.35	1061.67	1322.77	1197.98	1431.65	2074.08
85	1195.47	1483.49	1327.81	1586.82	2378.13	1547.01	1924.03	1722.10	2057.99	2981.49
90	1875.24	2287.04	2078.32	2483.71	3722.29	2426.68	2966.22	2695.46	3221.21	4666.68
94	2578.46	3245.13	2886.55	3449.60	5169.85	3336.69	4208.82	3743.70	4473.90	6481.50

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	97.26	153.95	159.16	196.08	219.06	113.48	175.97	184.27	227.02	244.42
30	104.21	167.18	169.34	208.62	232.34	120.26	189.12	194.13	239.16	261.78
35	111.15	180.40	179.51	221.16	245.62	127.04	202.26	203.98	251.30	279.13
40	119.29	193.14	189.65	233.65	285.86	135.78	218.35	216.46	266.67	317.60
45	122.75	198.30	192.35	236.97	314.88	139.19	225.87	220.45	271.58	343.61
50	127.07	209.45	202.78	249.83	351.93	144.21	236.67	232.17	286.05	366.81
55	148.38	227.84	224.87	299.20	385.17	159.40	261.14	248.98	331.28	413.58
60	193.49	312.89	299.79	358.27	414.69	224.88	356.04	346.90	414.56	457.02
65	282.74	450.39	419.33	490.78	541.38	320.78	500.37	490.68	574.30	633.51
70	473.19	684.29	637.21	726.16	792.25	545.57	770.49	735.24	837.87	914.13
75	684.79	920.36	859.57	1027.23	1547.44	769.29	1054.97	971.58	1161.08	1749.01
80	1198.38	1518.59	1375.31	1643.57	2475.90	1346.26	1740.70	1554.53	1857.73	2798.42
85	1746.21	2208.86	1977.01	2362.63	3559.11	1961.69	2531.93	2234.63	2670.48	4022.72
90	2739.16	3405.33	3094.45	3698.03	5570.78	3077.16	3903.39	3497.69	4179.89	6296.44
94	3766.35	4831.89	4297.85	5136.15	7737.20	4231.10	5538.59	4857.90	5805.40	8745.05

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	126.77	192.44	192.67	237.37	265.18	135.65	211.43	214.57	264.35	286.99
30	129.69	208.97	206.47	254.42	283.34	142.04	228.59	228.52	281.56	307.65
35	140.38	224.13	219.00	271.43	301.44	152.32	245.06	241.83	298.74	328.28
40	145.22	240.46	232.32	288.32	352.76	160.32	262.12	256.53	317.10	377.43
45	149.63	248.67	235.63	291.27	387.04	164.66	269.56	260.72	321.70	410.18
50	153.88	261.81	249.42	292.26	411.69	170.51	280.20	270.40	325.62	433.18
55	175.09	288.97	269.84	352.62	453.95	190.30	315.93	303.78	397.37	478.94
60	230.10	388.42	372.62	445.28	515.43	251.03	424.44	405.25	484.27	540.99
65	347.99	533.76	530.85	621.39	685.39	380.22	584.81	562.02	657.83	737.75
70	584.53	829.74	793.14	903.91	986.12	641.11	908.58	859.08	979.03	1071.33
75	827.08	1137.43	1047.40	1251.67	1885.54	905.74	1244.61	1156.63	1382.21	2035.45
80	1378.14	1798.44	1602.25	1914.76	2884.43	1550.41	2014.45	1813.82	2167.58	3190.50
85	2009.63	2620.50	2307.06	2757.07	4153.30	2259.91	2932.40	2609.28	3118.20	4589.82
90	3155.23	4038.24	3607.91	4311.64	6495.14	3546.40	4519.93	4082.52	4878.77	7181.22
94	4336.36	5730.92	5011.89	5989.49	9022.69	4875.25	6413.91	5670.62	6776.62	9974.75

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	144.53	230.42	236.47	291.33	308.81
30	154.40	248.21	250.56	308.70	331.96
35	164.26	265.99	264.65	326.06	355.11
40	175.41	283.79	280.73	345.88	402.09
45	179.68	290.46	285.81	352.13	433.31
50	187.13	298.59	291.38	358.98	454.66
55	205.52	342.90	337.71	442.11	503.92
60	271.96	460.47	437.87	523.26	566.55
65	412.45	635.86	593.19	694.27	790.10
70	697.69	987.43	925.02	1054.15	1156.53
75	984.39	1351.79	1265.87	1512.75	2185.36
80	1722.68	2230.45	2025.39	2420.40	3496.58
85	2510.19	3244.30	2911.50	3479.33	5026.33
90	3937.56	5001.62	4557.13	5445.90	7867.30
94	5414.15	7096.90	6329.35	7563.75	10926.80

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 3**  
**Male and Female - Married Standard Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	32.86	53.40	55.20	72.23	87.67	43.24	67.81	70.08	82.03	105.67
30	35.49	57.43	58.17	73.46	91.25	46.65	73.34	74.27	86.93	109.85
35	38.11	61.45	61.14	74.68	94.83	50.06	78.87	78.46	91.82	114.03
40	43.80	66.26	65.05	83.04	113.03	56.36	85.20	84.08	103.03	136.29
45	47.77	68.47	66.41	88.15	126.79	60.44	88.19	86.40	110.19	153.20
50	53.15	70.73	80.72	106.51	141.41	65.99	90.61	87.72	117.53	175.16
55	54.76	77.49	88.64	112.03	149.36	69.10	100.95	99.63	133.17	180.42
60	65.35	104.04	99.69	120.98	162.51	81.15	131.05	125.56	152.38	184.92
65	98.16	144.65	134.67	150.98	175.65	121.00	189.48	176.40	197.76	226.30
70	149.15	203.58	190.36	212.67	243.19	186.54	264.75	246.54	276.57	317.70
75	257.77	339.87	317.43	357.87	404.64	333.57	440.79	411.68	471.10	509.12
80	451.10	560.79	507.89	572.59	647.42	583.75	727.30	658.69	753.76	814.59
85	657.31	815.69	730.09	823.10	930.67	850.60	1057.90	946.86	1083.53	1170.98
90	1031.08	1257.52	1142.75	1288.33	1456.70	1334.28	1630.92	1482.05	1695.96	1832.83
94	1417.74	1784.32	1587.15	1789.35	2023.20	1834.64	2314.15	2058.40	2355.50	2545.60

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	47.37	74.98	77.51	93.05	117.91	55.26	85.70	89.74	105.29	130.03
30	50.75	81.42	82.47	97.95	123.45	58.57	92.11	94.54	113.25	149.49
35	54.13	87.86	87.43	102.84	128.99	61.88	98.52	99.34	121.20	168.95
40	61.39	95.19	93.45	115.51	153.62	68.04	107.62	106.66	131.12	182.01
45	66.25	98.78	95.81	123.65	172.22	71.54	112.50	109.79	135.90	187.94
50	71.36	103.02	99.74	132.22	199.90	77.13	116.41	114.20	145.69	208.35
55	76.57	113.48	112.00	149.71	202.41	81.04	130.07	124.01	165.77	213.43
60	93.55	151.29	144.94	175.89	206.23	108.73	172.15	167.72	203.53	227.28
65	133.04	211.92	197.31	221.21	254.75	150.94	235.44	230.89	258.86	298.09
70	208.14	301.00	280.29	317.67	348.49	239.98	338.92	323.41	366.56	402.10
75	376.53	506.05	472.63	535.58	605.59	422.99	580.06	534.21	605.35	684.48
80	658.93	834.98	756.21	856.93	968.94	740.23	957.10	854.74	968.56	1095.17
85	960.15	1214.52	1087.05	1231.83	1392.86	1078.62	1392.14	1228.68	1392.31	1574.30
90	1506.12	1872.39	1701.47	1928.09	2180.12	1691.96	2146.22	1923.16	2179.26	2464.13
94	2070.92	2656.76	2363.15	2677.90	3027.95	2326.45	3045.32	2671.05	3026.75	3422.40

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	61.74	93.73	93.83	112.64	142.73	66.07	102.97	104.49	123.05	153.51
30	63.16	101.78	100.56	119.45	150.55	69.18	111.33	111.29	133.49	171.44
35	68.37	109.16	106.66	126.22	158.31	74.18	119.35	117.78	143.91	189.34
40	74.74	118.51	114.48	142.54	189.57	81.32	129.18	126.41	157.75	211.42
45	80.76	123.87	117.37	151.98	211.69	86.55	134.27	129.86	164.75	224.35
50	86.42	128.78	122.68	154.68	233.85	93.26	137.82	138.99	172.22	246.05
55	90.35	143.93	134.40	176.44	238.55	97.42	157.36	151.31	200.64	249.30
60	111.25	187.81	180.15	218.61	256.33	121.37	205.21	195.93	237.75	269.04
65	163.74	251.15	249.79	280.08	322.52	178.91	275.17	264.46	296.50	347.15
70	257.11	364.98	348.88	395.43	433.77	285.66	403.12	380.30	433.09	475.31
75	454.77	625.40	575.90	652.60	737.90	502.26	688.82	641.55	714.12	800.03
80	757.77	988.85	880.99	998.32	1128.82	859.91	1115.02	1006.25	1119.67	1254.14
85	1104.99	1440.85	1268.52	1437.49	1625.39	1253.41	1623.10	1447.54	1610.73	1804.18
90	1734.90	2220.38	1983.79	2248.01	2541.87	1966.93	2501.82	2264.86	2520.16	2822.82
94	2384.34	3151.08	2755.76	3122.82	3531.03	2703.95	3550.15	3145.88	3500.51	3920.91

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	70.40	112.22	115.16	133.45	164.29
30	75.20	120.88	122.03	147.53	192.33
35	80.00	129.54	128.89	161.61	220.37
40	87.90	139.85	138.34	172.96	233.26
45	92.35	144.67	142.36	177.52	237.01
50	100.10	146.87	155.29	189.76	258.25
55	104.48	170.80	168.21	224.84	260.05
60	131.49	222.62	211.70	256.90	281.75
65	194.07	299.19	279.13	312.93	371.78
70	314.20	441.26	411.73	470.76	516.86
75	549.74	752.23	707.20	775.64	862.16
80	962.05	1241.18	1131.52	1241.02	1379.46
85	1401.84	1805.35	1626.56	1783.97	1982.97
90	2198.96	2783.25	2545.92	2792.30	3103.78
94	3023.57	3949.21	3536.00	3878.20	4310.80

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 4**  
**Male - Single Select Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	38.88	64.32	66.49	83.79	87.86	52.07	81.66	84.40	106.38	110.94
30	42.38	69.16	70.06	88.30	94.47	56.18	88.32	89.45	112.74	119.14
35	45.89	73.99	73.64	92.82	101.09	60.29	94.98	94.50	119.10	127.34
40	48.68	78.86	77.43	96.79	112.42	64.25	101.40	100.07	125.68	138.48
45	49.56	80.63	78.19	96.96	119.34	65.69	103.84	101.73	127.33	144.18
50	52.98	84.33	81.64	102.27	133.09	68.91	108.04	104.60	132.19	164.86
55	57.43	91.23	90.07	115.04	140.58	75.92	118.86	117.31	145.58	169.82
60	79.27	126.22	120.94	135.92	154.18	98.43	158.97	152.32	179.58	203.69
65	118.21	174.19	162.19	189.60	211.53	145.70	228.18	212.44	244.24	272.52
70	198.87	271.45	253.82	283.34	317.05	248.72	353.00	328.72	368.76	414.18
75	343.70	453.15	423.24	533.42	661.12	444.76	587.72	548.91	691.82	849.17
80	601.47	747.70	677.18	853.48	1057.79	778.33	969.74	878.26	1106.92	1358.67
85	876.42	1087.56	973.45	1226.88	1520.58	1134.14	1410.53	1262.50	1591.20	1953.09
90	1374.78	1676.66	1523.66	1920.33	2380.03	1779.04	2174.56	1976.08	2490.57	3057.00
94	1890.33	2379.05	2116.20	2667.12	3305.60	2446.18	3085.53	2744.56	3459.12	4245.84

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	57.04	90.30	93.34	117.65	123.79	66.55	103.20	108.07	136.20	143.34
30	61.12	98.05	99.31	125.17	133.92	70.53	110.92	113.85	143.49	153.52
35	65.19	105.81	105.28	132.69	144.06	74.51	118.63	119.63	150.78	163.70
40	69.96	113.28	111.22	140.19	156.13	79.63	128.06	126.95	157.81	176.10
45	71.99	116.30	112.81	142.19	162.09	81.63	132.47	129.29	158.66	181.58
50	74.52	122.84	118.93	150.87	188.14	84.58	138.80	136.17	165.13	196.10
55	84.14	133.62	131.88	163.32	190.51	93.48	153.16	146.02	180.79	208.48
60	113.48	183.51	175.82	197.34	227.17	131.90	208.82	203.45	228.34	262.87
65	160.22	255.22	237.62	274.31	306.78	181.78	283.54	278.05	321.00	358.98
70	277.52	401.34	373.72	423.56	464.65	319.97	451.90	431.21	488.75	536.14
75	502.03	674.73	630.17	794.24	945.15	563.98	773.42	712.29	897.74	1077.38
80	878.56	1113.30	1008.27	1270.78	1512.24	986.97	1276.14	1139.66	1436.38	1723.80
85	1280.18	1619.35	1449.39	1826.75	2173.85	1438.16	1856.20	1638.26	2064.79	2477.96
90	2008.13	2496.49	2268.60	2859.26	3402.55	2255.94	2861.64	2564.24	3231.85	3878.55
94	2761.18	3542.32	3150.84	3971.20	4725.76	3101.91	4060.43	3561.44	4488.68	5386.88

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	74.35	112.87	113.00	142.42	149.85	79.56	124.01	125.84	158.61	165.49
30	76.06	122.57	121.09	152.65	163.32	83.31	133.72	133.68	168.93	178.79
35	82.34	131.46	128.44	162.85	176.80	89.34	143.04	141.15	179.24	192.10
40	85.17	141.03	136.25	172.99	192.68	93.67	152.84	149.74	190.26	207.14
45	87.76	145.85	138.19	174.77	199.23	95.88	157.03	152.20	193.03	213.18
50	90.24	153.55	146.28	176.50	220.08	98.60	163.25	157.53	195.94	231.57
55	99.28	169.47	158.26	192.48	224.53	108.36	184.50	177.38	205.61	236.87
60	134.95	227.81	218.54	245.26	282.35	147.23	250.00	238.69	266.74	304.11
65	197.19	302.46	300.81	347.31	388.39	217.27	331.39	318.48	376.62	420.66
70	342.82	486.64	465.17	527.24	578.35	380.88	537.49	507.07	577.46	633.75
75	606.35	833.86	767.87	967.77	1151.66	669.67	918.41	855.40	1040.87	1137.83
80	1010.34	1318.46	1174.64	1480.46	1761.76	1146.54	1486.68	1341.66	1631.41	1780.08
85	1473.30	1921.12	1691.35	2131.73	2536.77	1671.21	2164.12	1930.04	2346.93	2560.99
90	2313.16	2960.49	2645.03	3333.70	3967.13	2622.56	3335.73	3019.79	3671.99	4006.76
94	3179.07	4201.41	3674.32	4630.99	5510.92	3605.26	4733.50	4194.48	5100.42	5565.46

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	84.77	135.14	138.69	174.80	181.12
30	90.55	144.88	146.27	185.22	194.26
35	96.34	154.62	153.86	195.63	207.41
40	102.18	164.65	163.24	207.53	221.61
45	104.01	168.22	166.22	211.28	227.12
50	106.96	172.95	168.78	215.39	243.06
55	117.43	199.53	196.50	218.74	249.20
60	159.50	272.19	258.83	288.22	325.87
65	237.36	360.32	336.14	405.94	452.92
70	418.94	588.34	548.98	627.68	689.14
75	732.99	1002.97	942.93	1113.97	1124.00
80	1282.74	1654.90	1508.68	1782.35	1798.40
85	1869.13	2407.12	2168.73	2562.13	2585.20
90	2931.97	3710.98	3394.54	4010.28	4046.40
94	4031.46	5265.58	4714.64	5569.84	5620.00

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 5**  
**Female - Single Select Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	53.04	87.73	90.69	111.73	130.31	71.02	111.39	115.12	141.84	157.06
30	57.81	94.33	95.57	117.74	134.10	76.62	120.48	122.01	150.32	165.39
35	62.58	100.93	100.45	123.75	137.90	82.23	129.56	128.90	158.81	173.71
40	67.56	107.57	105.63	130.13	163.26	87.63	138.31	136.51	168.17	202.87
45	69.88	109.98	106.66	131.41	182.22	89.60	141.63	138.76	170.94	224.06
50	74.85	115.02	111.37	137.21	195.29	94.00	147.38	142.68	175.79	246.70
55	84.90	124.44	122.85	163.46	217.06	107.12	162.14	160.03	212.93	274.67
60	108.13	172.17	164.97	197.14	235.86	134.26	216.84	207.78	248.30	297.46
65	166.89	245.91	228.98	268.00	298.63	205.70	322.14	299.91	351.02	384.74
70	271.27	370.26	346.22	394.54	443.86	339.26	481.51	448.38	510.98	579.86
75	375.05	494.50	461.85	551.94	827.18	485.34	641.34	598.99	715.82	1037.04
80	656.33	815.92	738.96	883.10	1323.48	849.34	1058.22	958.39	1145.32	1659.26
85	956.37	1186.79	1062.25	1269.45	1902.50	1237.61	1539.23	1377.68	1646.40	2385.19
90	1500.19	1829.64	1662.65	1986.97	2977.83	1941.34	2372.97	2156.37	2576.97	3733.34
94	2062.76	2596.10	2309.24	2759.68	4135.88	2669.35	3367.06	2994.96	3579.12	5185.20

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	77.81	123.16	127.33	156.86	175.25	90.78	140.78	147.42	181.62	195.54
30	83.36	133.74	135.47	166.90	185.87	96.21	151.29	155.30	191.33	209.42
35	88.92	144.32	143.61	176.93	196.50	101.63	161.81	163.18	201.04	223.30
40	95.43	154.51	151.72	186.92	228.68	108.62	174.68	173.17	213.34	254.08
45	98.20	158.64	153.88	189.58	251.90	111.35	180.70	176.36	217.26	274.89
50	101.66	167.56	162.22	199.86	281.54	115.37	189.34	185.74	228.84	293.45
55	118.70	182.27	179.90	239.36	308.14	127.52	208.91	199.18	265.02	330.86
60	154.79	250.31	239.83	286.62	331.75	179.90	284.83	277.52	331.65	365.62
65	226.19	360.31	335.46	392.62	433.10	256.62	400.30	392.54	459.44	506.81
70	378.55	547.43	509.77	580.93	633.80	436.46	616.39	588.19	670.30	731.30
75	547.83	736.29	687.66	821.78	1237.95	615.43	843.98	777.26	928.86	1399.21
80	958.71	1214.88	1100.25	1314.85	1980.72	1077.01	1392.56	1243.62	1486.18	2238.73
85	1396.97	1767.09	1581.61	1890.10	2847.29	1569.35	2025.54	1787.71	2136.39	3218.18
90	2191.33	2724.27	2475.56	2958.42	4456.63	2461.73	3122.71	2798.15	3343.91	5037.15
94	3013.08	3865.51	3438.28	4108.92	6189.76	3384.88	4430.87	3886.32	4644.32	6996.04

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	101.42	153.95	154.13	189.90	212.14	108.52	169.14	171.65	211.48	229.60
30	103.75	167.18	165.18	203.54	226.67	113.63	182.87	182.81	225.25	246.12
35	112.30	179.31	175.20	217.14	241.15	121.86	196.05	193.46	239.00	262.62
40	116.18	192.36	185.86	230.66	282.21	128.25	209.70	205.22	253.68	301.94
45	119.71	198.93	188.50	233.01	309.63	131.72	215.65	208.58	257.36	328.14
50	123.11	209.45	199.54	233.81	329.35	136.40	224.16	216.32	260.50	346.54
55	140.07	231.17	215.88	282.10	363.16	152.24	252.75	243.02	317.89	383.15
60	184.08	310.73	298.10	356.22	412.34	200.82	339.55	324.20	387.42	432.79
65	278.39	427.01	424.68	497.11	548.31	304.18	467.85	449.62	526.26	590.20
70	467.62	663.79	634.51	723.12	788.90	512.89	726.87	687.26	783.22	857.06
75	661.67	909.94	837.92	1001.33	1508.43	724.59	995.69	925.31	1105.77	1628.36
80	1102.51	1438.75	1281.80	1531.81	2307.54	1240.33	1611.56	1451.06	1734.06	2552.40
85	1607.71	2096.40	1845.64	2205.65	3322.64	1807.93	2345.92	2087.42	2494.56	3671.85
90	2524.19	3230.59	2886.33	3449.31	5196.11	2837.12	3615.94	3266.02	3903.02	5744.97
94	3469.09	4584.73	4009.51	4791.59	7218.15	3900.20	5131.13	4536.50	5421.30	7979.80

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	115.62	184.34	189.18	233.06	247.05
30	123.52	198.56	200.45	246.96	265.57
35	131.41	212.79	211.72	260.85	284.09
40	140.33	227.03	224.59	276.70	321.68
45	143.74	232.37	228.65	281.70	346.65
50	149.70	238.87	233.10	287.18	363.73
55	164.42	274.32	270.17	353.69	403.14
60	217.57	368.38	350.30	418.61	453.24
65	329.96	508.69	474.55	555.42	632.08
70	558.15	789.94	740.02	843.32	925.22
75	787.51	1081.43	1012.70	1210.20	1748.29
80	1378.15	1784.36	1620.31	1936.32	2797.26
85	2008.16	2595.44	2329.20	2783.46	4021.06
90	3150.05	4001.30	3645.71	4356.72	6293.84
94	4331.32	5677.52	5063.48	6051.00	8741.44

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 6**  
**Male and Female - Married Select Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	26.29	42.72	44.16	57.78	70.14	34.59	54.25	56.06	65.62	84.54
30	28.39	45.94	46.54	58.76	73.00	37.32	58.67	59.42	69.54	87.88
35	30.49	49.16	48.91	59.74	75.86	40.05	63.10	62.77	73.46	91.22
40	35.04	53.01	52.04	66.43	90.42	45.08	68.16	67.26	82.42	109.03
45	38.22	54.78	53.13	70.52	101.43	48.35	70.55	69.12	88.15	122.56
50	42.52	56.58	64.58	85.21	113.13	52.79	72.49	70.18	94.02	140.13
55	43.81	61.99	70.91	89.62	119.49	55.28	80.76	79.70	106.54	144.34
60	52.28	83.23	79.75	96.78	130.01	64.92	104.84	100.45	121.90	147.94
65	78.53	115.72	107.74	120.78	140.52	96.80	151.58	141.12	158.21	181.04
70	119.32	162.86	152.29	170.14	194.55	149.23	211.80	197.23	221.26	254.16
75	206.22	271.90	253.94	286.30	323.71	266.86	352.63	329.34	376.88	407.30
80	360.88	448.63	406.31	458.07	517.94	467.00	581.84	526.95	603.01	651.67
85	525.85	652.55	584.07	658.48	744.54	680.48	846.32	757.49	866.82	936.78
90	824.86	1006.02	914.20	1030.67	1165.36	1067.42	1304.74	1185.64	1356.77	1466.27
94	1134.19	1427.45	1269.72	1431.48	1618.56	1467.71	1851.32	1646.72	1884.40	2036.48

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	37.90	59.98	62.01	74.44	94.33	44.21	68.56	71.79	84.23	104.02
30	40.60	65.14	65.98	78.36	98.76	46.86	73.69	75.63	90.60	119.59
35	43.30	70.29	69.94	82.27	103.19	49.50	78.82	79.47	96.96	135.16
40	49.12	76.15	74.76	92.41	122.89	54.44	86.10	85.33	104.90	145.61
45	53.00	79.02	76.65	98.92	137.78	57.23	90.00	87.83	108.72	150.35
50	57.09	82.42	79.79	105.78	159.92	61.70	93.13	91.36	116.55	166.68
55	61.26	90.78	89.60	119.77	161.93	64.83	104.06	99.21	132.62	170.74
60	74.84	121.03	115.95	140.71	164.98	86.98	137.72	134.18	162.82	181.82
65	106.43	169.54	157.85	176.97	203.80	120.75	188.35	184.71	207.09	238.47
70	166.51	240.80	224.23	254.14	278.79	191.98	271.14	258.73	293.25	321.68
75	301.22	404.84	378.10	428.46	484.47	338.39	464.05	427.37	484.28	547.58
80	527.14	667.99	604.97	685.54	775.16	592.19	765.68	683.79	774.85	876.13
85	768.12	971.62	869.64	985.47	1114.29	862.90	1113.72	982.95	1113.84	1259.44
90	1204.90	1497.91	1361.17	1542.47	1744.10	1353.57	1716.98	1538.52	1743.41	1971.30
94	1656.73	2125.41	1890.52	2142.32	2422.36	1861.16	2436.25	2136.84	2421.40	2737.92

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	49.40	74.98	75.06	90.12	114.19	52.86	82.38	83.60	98.44	122.81
30	50.53	81.42	80.45	95.56	120.44	55.34	89.06	89.03	106.79	137.15
35	54.69	87.33	85.33	100.97	126.64	59.35	95.48	94.22	115.13	151.47
40	59.79	94.81	91.58	114.03	151.66	65.06	103.34	101.13	126.20	169.13
45	64.61	99.10	93.89	121.59	169.35	69.24	107.42	103.89	131.80	179.48
50	69.13	103.02	98.14	123.74	187.08	74.61	110.26	111.19	137.77	196.84
55	72.28	115.14	107.52	141.15	190.84	77.93	125.89	121.04	160.51	199.44
60	89.00	150.25	144.12	174.88	205.06	97.10	164.17	156.74	190.20	215.23
65	130.99	200.92	199.83	224.06	258.01	143.12	220.14	211.57	237.20	277.72
70	205.69	291.98	279.10	316.34	347.02	228.53	322.49	304.24	346.48	380.25
75	363.82	500.32	460.72	522.08	590.32	401.80	551.05	513.24	571.29	640.03
80	606.21	791.08	704.79	798.66	903.06	687.92	892.01	805.00	895.74	1003.31
85	883.99	1152.68	1014.82	1149.99	1300.31	1002.73	1298.48	1158.03	1288.58	1443.34
90	1387.92	1776.31	1587.03	1798.41	2033.50	1573.54	2001.45	1811.88	2016.13	2258.26
94	1907.47	2520.87	2204.61	2498.25	2824.82	2163.16	2840.12	2516.70	2800.41	3136.73

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	56.32	89.78	92.13	106.76	131.43
30	60.16	96.70	97.62	118.02	153.86
35	64.00	103.63	103.11	129.29	176.30
40	70.32	111.88	110.67	138.37	186.61
45	73.88	115.74	113.89	142.02	189.61
50	80.08	117.50	124.23	151.81	206.60
55	83.58	136.64	134.57	179.87	208.04
60	105.19	178.10	169.36	205.52	225.40
65	155.26	239.35	223.30	250.34	297.42
70	251.36	353.01	329.38	376.61	413.49
75	439.79	601.78	565.76	620.51	689.73
80	769.64	992.94	905.22	992.82	1103.56
85	1121.47	1444.28	1301.25	1427.18	1586.37
90	1759.17	2226.60	2036.74	2233.84	2483.02
94	2418.86	3159.37	2828.80	3102.56	3448.64

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 7  
Male - Single Preferred Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	35.24	51.46	53.19	59.92	83.25	45.04	65.33	67.52	75.49	97.94
30	35.98	55.33	56.05	62.87	88.15	46.64	70.66	71.56	79.21	109.14
35	36.71	59.20	58.91	65.82	93.05	48.23	75.99	75.60	82.93	120.33
40	41.00	63.25	61.95	77.53	105.16	52.79	81.12	80.06	92.74	132.80
45	43.68	64.81	62.56	86.19	113.14	55.28	83.07	81.38	98.92	140.07
50	45.14	67.46	68.58	89.87	120.12	56.06	86.43	83.68	105.76	148.80
55	49.25	72.99	72.05	95.64	134.34	62.15	95.09	93.85	116.47	162.27
60	63.42	100.97	96.75	108.74	136.06	78.74	127.17	121.86	143.66	169.88
65	94.57	139.35	129.75	154.19	169.23	116.56	182.54	169.95	201.96	218.02
70	159.10	217.16	203.06	236.42	253.64	198.98	282.40	262.97	306.19	331.34
75	274.95	362.52	338.59	381.73	422.04	355.81	470.18	439.13	502.50	543.06
80	481.16	598.16	541.74	610.77	675.26	622.67	775.80	702.61	804.00	868.90
85	701.12	870.05	778.76	877.98	970.69	907.32	1128.43	1010.00	1155.75	1249.04
90	1099.80	1341.32	1218.92	1374.23	1519.34	1423.24	1739.67	1580.87	1809.00	1955.02
94	1512.23	1903.23	1692.95	1908.65	2110.20	1956.96	2468.45	2195.65	2512.50	2715.30

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	49.34	72.24	74.68	84.25	117.53	54.83	82.56	86.46	97.54	139.49
30	50.75	78.45	79.45	89.04	127.07	57.22	88.73	91.09	106.56	144.64
35	52.15	84.65	84.22	93.83	136.60	59.61	94.90	95.71	115.57	149.79
40	57.49	91.72	90.04	113.29	149.98	63.77	102.87	102.78	131.37	164.04
45	60.58	95.19	92.32	128.31	157.47	65.42	106.80	105.81	142.02	171.85
50	64.72	98.27	95.15	129.29	169.79	69.15	111.04	108.94	143.00	176.97
55	68.87	106.90	105.51	130.66	182.04	76.51	122.53	116.82	144.64	191.97
60	90.78	146.81	140.66	157.76	190.92	105.51	167.05	162.76	182.57	210.30
65	128.17	204.18	190.09	225.90	245.43	145.42	226.83	222.44	264.33	287.19
70	222.02	321.07	298.98	348.11	371.72	255.98	361.52	344.97	401.66	428.91
75	401.63	539.78	504.13	571.28	631.60	451.19	618.73	569.83	645.71	713.89
80	702.85	890.64	806.61	914.05	1010.56	789.58	1020.90	911.73	1033.14	1142.22
85	1024.16	1295.47	1159.50	1313.94	1452.68	1150.53	1484.95	1310.61	1485.13	1641.95
90	1606.52	1997.19	1814.87	2056.61	2273.76	1804.76	2289.30	2051.39	2324.56	2570.00
94	2208.97	2833.85	2520.65	2856.40	3158.00	2481.55	3248.33	2849.15	3228.55	3569.45

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	64.31	90.30	90.40	101.99	142.27	67.07	99.21	100.68	112.64	151.94
30	63.15	98.06	96.87	108.59	154.96	68.30	106.98	106.95	118.87	161.96
35	65.86	105.17	102.75	115.16	167.65	71.47	114.43	112.92	125.09	171.97
40	69.99	114.19	110.29	139.80	185.08	76.18	122.95	120.44	144.04	192.76
45	73.85	119.37	113.09	157.71	193.56	79.14	126.97	123.03	156.72	205.13
50	78.38	122.84	117.03	151.25	198.62	81.97	130.60	126.03	156.83	208.99
55	81.27	135.58	126.61	153.99	214.55	89.96	147.60	141.91	174.86	228.62
60	107.95	182.25	174.83	196.07	237.30	117.78	200.00	190.95	212.95	249.00
65	157.75	241.98	240.65	286.02	310.72	173.82	265.11	254.78	305.38	336.52
70	274.26	389.31	372.14	433.32	462.68	304.71	430.00	405.66	469.33	507.00
75	485.09	667.09	614.29	696.10	769.60	535.74	734.73	684.31	761.72	834.39
80	808.28	1054.76	939.70	1064.87	1177.30	917.23	1189.34	1073.32	1194.31	1308.00
85	1178.65	1536.89	1353.07	1533.31	1695.20	1336.97	1731.30	1544.02	1718.11	1881.67
90	1850.55	2368.38	2116.01	2397.86	2651.04	2098.05	2668.59	2415.82	2688.16	2944.06
94	2543.28	3361.11	2939.43	3330.97	3682.68	2884.21	3786.80	3355.56	3733.86	4089.32

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	69.83	108.12	110.95	123.29	161.61
30	73.45	115.91	117.02	129.16	168.96
35	77.07	123.69	123.09	135.03	176.30
40	82.37	131.72	130.59	148.29	200.44
45	84.44	134.58	132.97	155.73	216.71
50	85.57	138.36	135.03	162.42	219.35
55	98.65	159.62	157.20	195.72	242.70
60	127.60	217.75	207.06	229.83	260.70
65	189.89	288.25	268.91	324.75	362.33
70	335.15	470.68	439.18	505.34	551.31
75	586.39	802.38	754.34	827.35	899.19
80	1026.18	1323.93	1206.94	1323.76	1438.70
85	1495.29	1925.71	1734.98	1902.91	2068.14
90	2345.56	2968.81	2715.62	2978.46	3237.08
94	3225.15	4212.50	3771.70	4136.75	4495.95

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 8**  
**Female - Single Preferred Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	43.61	70.19	72.55	88.99	115.02	56.82	89.11	92.10	112.03	140.30
30	46.29	75.47	76.45	92.12	121.18	60.24	96.38	97.61	117.46	148.51
35	48.97	80.74	80.35	95.25	127.33	63.66	103.64	103.11	122.88	156.71
40	58.03	86.05	84.50	103.29	140.94	74.29	110.64	109.20	136.08	176.13
45	64.81	87.99	85.34	107.27	149.02	82.00	113.31	111.01	143.95	188.64
50	68.39	92.02	89.09	127.33	156.23	84.93	117.89	114.15	148.44	202.74
55	74.56	99.56	98.29	135.63	173.65	94.07	129.71	128.02	176.65	219.74
60	90.27	137.73	131.97	160.97	201.83	107.40	173.47	166.22	202.73	261.49
65	133.51	196.73	183.18	216.65	245.91	164.56	257.71	239.93	283.76	307.79
70	217.01	296.21	276.97	324.17	355.09	271.42	385.20	358.71	419.83	463.87
75	300.04	395.60	369.48	464.30	472.67	388.28	513.07	479.20	602.17	710.09
80	525.07	652.74	591.17	742.88	756.27	679.49	846.57	766.72	963.47	1136.14
85	765.10	949.44	849.80	1067.89	1087.14	990.11	1231.37	1102.16	1384.99	1633.21
90	1200.16	1463.72	1330.13	1671.48	1701.61	1553.12	1898.36	1725.12	2167.81	2556.32
94	1650.22	2076.90	1847.40	2321.50	2363.35	2135.54	2693.62	2396.00	3010.85	3550.45

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	62.23	98.53	101.86	120.47	156.55	72.62	112.62	117.93	139.08	172.65
30	65.40	107.00	108.38	129.78	165.94	75.49	121.04	124.24	154.26	193.48
35	68.56	115.47	114.89	139.08	175.32	78.35	129.45	130.55	169.44	214.31
40	80.79	123.61	121.37	152.85	197.56	89.45	139.75	138.53	176.83	233.22
45	89.85	126.90	123.10	160.63	212.06	97.04	144.56	141.08	177.28	242.99
50	91.85	134.05	129.78	170.42	231.39	99.27	151.46	148.60	197.85	253.22
55	104.25	145.82	143.91	198.57	246.51	110.33	167.13	159.35	219.88	272.92
60	123.84	200.25	191.87	234.02	291.64	143.93	227.86	222.02	270.78	321.40
65	180.95	288.25	268.36	317.40	346.49	205.30	320.24	314.04	371.42	405.44
70	302.84	437.95	407.82	477.31	507.04	349.16	493.12	470.55	550.73	585.04
75	438.27	589.03	550.13	691.31	750.49	492.35	675.18	621.81	781.40	799.55
80	766.97	971.90	880.21	1106.10	1200.78	861.61	1114.05	994.90	1250.24	1279.28
85	1117.59	1413.67	1265.30	1590.01	1726.13	1255.49	1620.43	1430.16	1797.22	1838.97
90	1753.08	2179.41	1980.47	2488.72	2701.76	1969.40	2498.17	2238.52	2813.04	2878.38
94	2410.49	3092.41	2750.65	3456.55	3752.45	2707.93	3544.70	3109.05	3907.00	3997.75

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	81.11	123.16	123.30	145.84	189.51	86.81	135.32	137.32	161.56	203.83
30	81.39	133.75	132.14	158.27	202.36	89.53	146.30	146.25	174.14	216.93
35	86.59	143.46	140.17	170.69	215.17	94.71	156.85	154.77	186.72	230.01
40	98.35	153.89	148.68	188.62	243.80	107.34	167.76	164.18	204.70	261.84
45	109.53	159.13	150.80	197.44	260.66	117.40	172.52	166.86	213.80	282.29
50	111.23	167.56	159.63	199.36	270.68	120.03	179.33	173.05	218.19	291.03
55	123.02	184.94	172.69	234.03	290.53	132.64	202.20	194.41	258.49	308.37
60	147.27	248.59	238.48	290.85	362.49	160.66	271.64	259.36	316.32	380.46
65	222.71	341.61	339.73	401.87	438.66	243.34	374.28	359.69	425.44	472.16
70	374.10	531.04	507.62	594.14	631.12	410.30	581.50	549.82	643.52	685.65
75	529.34	727.95	670.34	842.35	914.46	579.67	796.55	740.25	930.21	1069.38
80	882.02	1151.00	1025.45	1288.60	1398.91	992.26	1289.24	1160.85	1458.76	1678.89
85	1286.18	1677.12	1476.53	1855.46	2014.30	1446.34	1876.73	1669.95	2098.51	2415.08
90	2019.37	2584.47	2309.09	2901.67	3150.07	2269.69	2892.74	2612.83	3283.36	3778.75
94	2775.30	3667.78	3207.64	4030.84	4375.90	3120.15	4104.88	3629.22	4560.59	5248.67

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	92.50	147.47	151.34	177.28	218.15
30	97.67	158.86	160.36	190.01	231.51
35	102.84	170.24	169.37	202.74	244.86
40	116.34	181.63	179.67	220.78	279.88
45	125.27	185.90	182.92	230.17	303.93
50	128.82	191.10	186.48	237.02	311.38
55	142.26	219.46	216.13	282.95	326.22
60	174.06	294.69	280.24	341.79	398.43
65	263.97	406.95	379.64	449.01	505.66
70	446.51	631.96	592.03	692.90	740.18
75	630.00	865.14	810.16	1018.07	1224.29
80	1102.50	1427.48	1296.26	1628.91	1958.86
85	1606.50	2076.34	1863.37	2341.56	2815.87
90	2520.00	3201.02	2916.58	3665.05	4407.44
94	3465.00	4541.99	4050.80	5090.35	6121.45

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 9**  
**Male and Female - Married Preferred Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	24.49	37.28	39.43	50.93	69.54	34.28	45.21	47.79	60.72	83.25
30	27.43	39.12	40.10	51.91	72.48	35.75	48.90	50.05	62.68	83.25
35	30.36	40.96	40.76	52.89	75.42	37.22	52.58	52.31	64.64	83.25
40	34.42	45.08	44.25	59.44	84.93	42.94	57.97	57.20	73.42	101.28
45	37.13	47.43	46.00	63.66	91.11	46.98	61.09	59.84	79.33	115.33
50	38.37	49.54	58.30	76.40	97.64	47.65	64.19	63.13	86.48	126.47
55	41.86	51.66	60.79	81.29	108.53	52.83	67.30	66.42	93.05	137.34
60	46.73	69.36	66.45	87.61	115.65	55.39	87.37	83.70	110.34	144.40
65	65.44	96.43	89.78	100.66	117.11	80.66	126.32	117.60	131.85	150.87
70	99.44	135.72	126.91	141.77	162.13	124.36	176.50	164.36	184.38	211.79
75	171.85	226.58	211.62	238.58	269.76	222.38	293.86	274.46	314.07	339.41
80	300.74	373.86	338.59	381.73	431.62	389.17	484.87	439.14	502.51	543.06
85	438.22	543.79	486.73	548.73	620.45	567.07	705.26	631.26	722.36	780.64
90	687.40	838.35	761.83	858.89	971.14	889.52	1087.28	988.06	1130.65	1221.88
94	945.18	1189.55	1058.10	1192.90	1348.80	1223.09	1542.77	1372.30	1570.35	1697.05

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	34.28	49.98	52.85	68.56	93.05	44.07	57.13	59.83	73.46	97.94
30	38.20	54.28	55.57	71.50	95.50	45.05	61.40	63.03	76.40	97.94
35	42.12	58.57	58.29	74.44	97.94	46.03	65.67	66.23	79.33	97.94
40	47.74	64.76	63.58	82.92	116.08	51.83	73.24	72.57	91.91	124.45
45	51.49	68.42	66.38	88.15	129.66	55.60	77.93	76.06	100.88	146.07
50	55.01	72.04	70.52	95.00	144.33	58.78	82.32	79.37	105.78	150.43
55	58.54	75.66	74.67	102.84	154.07	61.94	86.71	82.68	112.63	163.17
60	63.85	100.85	96.63	127.38	162.28	72.48	114.76	111.81	147.39	166.38
65	88.70	141.28	131.55	147.48	169.83	100.63	156.96	153.93	172.58	198.73
70	138.76	200.67	186.86	211.78	232.33	159.98	225.95	215.60	244.38	268.07
75	251.02	337.36	315.08	357.05	403.73	281.99	386.71	356.14	403.57	456.31
80	439.29	556.64	504.13	571.28	645.97	493.48	638.07	569.82	645.71	730.10
85	640.10	809.66	724.68	821.22	928.58	719.07	928.10	819.12	928.21	1049.51
90	1004.08	1248.23	1134.29	1285.38	1453.43	1127.96	1430.83	1282.10	1452.85	1642.72
94	1380.61	1771.14	1575.40	1785.25	2018.65	1550.95	2030.23	1780.70	2017.85	2281.55

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	44.68	62.48	63.98	83.00	112.64	49.28	68.65	70.38	90.47	119.98
30	47.54	67.84	67.76	87.20	116.46	53.15	74.22	74.56	95.02	125.57
35	53.20	72.77	71.11	91.36	120.20	58.43	79.57	78.52	99.55	131.11
40	58.12	80.63	77.89	102.32	143.24	63.59	87.90	86.00	111.35	154.81
45	62.77	85.80	81.32	108.35	159.37	67.27	93.01	89.97	118.33	171.79
50	66.62	90.05	86.74	111.14	168.84	69.44	98.55	96.06	122.17	177.64
55	69.08	95.96	89.60	121.20	181.58	74.47	104.91	100.87	133.08	190.20
60	75.93	125.19	120.11	158.32	201.70	81.79	136.80	130.62	172.18	203.98
65	109.17	167.43	166.54	186.73	215.01	119.27	183.45	176.31	197.67	231.43
70	171.41	243.32	232.59	263.62	289.18	190.44	268.75	253.54	288.73	316.88
75	303.18	416.93	383.93	435.06	491.94	334.84	459.21	427.69	476.08	533.35
80	505.18	659.22	587.31	665.54	752.55	573.28	743.34	670.82	746.44	836.09
85	736.66	960.55	845.66	958.32	1083.60	835.62	1082.06	965.01	1073.81	1202.79
90	1156.60	1480.23	1322.50	1498.66	1694.59	1311.30	1667.87	1509.88	1680.09	1881.88
94	1589.56	2100.68	1837.13	2081.86	2354.04	1802.65	2366.75	2097.22	2333.65	2613.94

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	53.87	74.82	76.78	97.94	127.33
30	58.77	80.60	81.36	102.84	134.68
35	63.66	86.37	85.93	107.74	142.02
40	69.07	95.17	94.12	120.39	166.37
45	71.77	100.23	98.62	128.31	184.20
50	72.27	107.05	105.38	133.20	186.45
55	79.87	113.87	112.14	144.96	198.81
60	87.66	148.41	141.14	186.05	206.26
65	129.37	199.46	186.08	208.62	247.86
70	209.47	294.17	274.49	313.84	344.57
75	366.50	501.49	471.46	517.09	574.77
80	641.38	827.46	754.34	827.34	919.63
85	934.58	1203.58	1084.36	1189.31	1321.97
90	1466.00	1855.51	1697.26	1861.52	2069.17
94	2015.75	2632.82	2357.30	2585.45	2873.85

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 10**  
**Male - Single Preferred Best Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	31.72	46.31	47.87	53.93	74.93	40.54	58.80	60.77	67.94	88.15
30	32.38	49.80	50.45	56.58	79.34	41.97	63.59	64.40	71.29	98.22
35	33.04	53.28	53.02	59.24	83.75	43.41	68.39	68.04	74.64	108.30
40	36.90	56.92	55.75	69.77	94.64	47.51	73.01	72.05	83.47	119.52
45	39.31	58.33	56.30	77.57	101.83	49.75	74.76	73.24	89.03	126.06
50	40.63	60.71	61.72	80.88	108.11	50.45	77.79	75.31	95.18	133.92
55	44.33	65.69	64.85	86.08	120.91	55.94	85.58	84.47	104.82	146.04
60	57.08	90.87	87.08	97.87	122.45	70.87	114.45	109.67	129.29	152.89
65	85.11	125.42	116.78	138.77	152.31	104.90	164.29	152.96	181.76	196.22
70	143.19	195.44	182.75	212.78	228.28	179.08	254.16	236.67	275.57	298.21
75	247.46	326.27	304.73	343.56	379.84	320.23	423.16	395.22	452.25	488.75
80	433.05	538.34	487.57	549.69	607.74	560.40	698.22	632.35	723.60	782.01
85	631.01	783.04	700.88	790.18	873.62	816.58	1015.59	909.00	1040.18	1124.13
90	989.82	1207.19	1097.03	1236.81	1367.41	1280.92	1565.70	1422.78	1628.10	1759.51
94	1361.00	1712.91	1523.66	1717.79	1899.18	1761.26	2221.60	1976.09	2261.25	2443.77

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	44.41	65.02	67.21	75.83	105.78	49.35	74.30	77.81	87.79	125.54
30	45.67	70.60	71.51	80.14	114.36	51.50	79.86	81.98	95.90	130.18
35	46.94	76.19	75.80	84.45	122.94	53.65	85.41	86.14	104.01	134.81
40	51.74	82.55	81.03	101.96	134.98	57.39	92.58	92.50	118.23	147.63
45	54.52	85.67	83.09	115.48	141.72	58.88	96.12	95.23	127.82	154.67
50	58.25	88.44	85.64	116.36	152.81	62.24	99.94	98.05	128.70	159.27
55	61.98	96.21	94.96	117.59	163.84	68.86	110.28	105.14	130.18	172.77
60	81.70	132.13	126.59	141.98	171.83	94.96	150.35	146.48	164.31	189.27
65	115.35	183.76	171.08	203.31	220.89	130.88	204.15	200.20	237.90	258.47
70	199.82	288.96	269.08	313.30	334.55	230.38	325.37	310.47	361.49	386.02
75	361.47	485.80	453.72	514.15	568.44	406.07	556.86	512.85	581.14	642.50
80	632.57	801.57	725.95	822.64	909.50	710.62	918.81	820.56	929.82	1028.00
85	921.74	1165.92	1043.55	1182.55	1307.41	1035.48	1336.46	1179.55	1336.62	1477.75
90	1445.87	1797.47	1633.38	1850.95	2046.38	1624.28	2060.37	1846.25	2092.10	2313.00
94	1988.07	2550.46	2268.59	2570.76	2842.20	2233.39	2923.50	2564.24	2905.70	3212.51

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	57.88	81.27	81.36	91.79	128.05	60.36	89.29	90.61	101.38	136.75
30	56.84	88.25	87.19	97.73	139.46	61.47	96.28	96.25	106.99	145.76
35	59.28	94.65	92.47	103.64	150.88	64.32	102.99	101.63	112.58	154.78
40	62.99	102.77	99.26	125.82	166.57	68.56	110.66	108.40	129.64	173.48
45	66.46	107.43	101.78	141.94	174.20	71.23	114.28	110.73	141.05	184.62
50	70.54	110.55	105.33	136.12	178.76	73.78	117.54	113.43	141.15	188.09
55	73.14	122.02	113.95	138.59	193.09	80.96	132.84	127.72	157.37	205.76
60	97.16	164.02	157.35	176.47	213.57	106.00	180.00	171.85	191.66	224.10
65	141.97	217.78	216.58	257.42	279.65	156.44	238.60	229.30	274.85	302.87
70	246.83	350.38	334.93	389.99	416.42	274.23	387.00	365.10	422.40	456.30
75	436.58	600.38	552.86	626.49	692.64	482.16	661.26	615.88	685.55	750.95
80	727.45	949.29	845.73	958.38	1059.57	825.51	1070.41	965.99	1074.88	1177.20
85	1060.79	1383.20	1217.76	1379.98	1525.68	1203.28	1558.17	1389.62	1546.29	1693.50
90	1665.49	2131.54	1904.41	2158.07	2385.94	1888.25	2401.73	2174.23	2419.34	2649.66
94	2288.95	3025.00	2645.48	2997.88	3314.42	2595.79	3408.12	3020.01	3360.48	3680.39

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	62.85	97.31	99.86	110.96	145.45
30	66.11	104.31	105.32	116.24	152.06
35	69.36	111.32	110.78	121.53	158.67
40	74.13	118.55	117.53	133.46	180.39
45	76.00	121.12	119.67	140.16	195.04
50	77.01	124.52	121.53	146.18	197.42
55	88.79	143.66	141.48	176.15	218.43
60	114.84	195.98	186.35	206.85	234.63
65	170.90	259.43	242.02	292.28	326.10
70	301.64	423.61	395.26	454.81	496.18
75	527.75	722.14	678.91	744.62	809.27
80	923.56	1191.53	1086.25	1191.38	1294.83
85	1345.77	1733.14	1561.48	1712.61	1861.32
90	2111.00	2671.93	2444.06	2680.61	2913.38
94	2902.63	3791.25	3394.53	3723.08	4046.36

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 11**  
**Female - Single Preferred Best Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	39.25	63.17	65.30	80.09	103.52	51.14	80.20	82.89	100.83	126.27
30	41.66	67.92	68.81	82.91	109.06	54.22	86.74	87.84	105.71	133.65
35	44.07	72.67	72.32	85.73	114.60	57.29	93.28	92.80	110.59	141.04
40	52.23	77.45	76.05	92.96	126.84	66.86	99.58	98.28	122.47	158.52
45	58.33	79.19	76.81	96.54	134.12	73.80	101.98	99.91	129.56	169.78
50	61.55	82.82	80.18	114.60	140.61	76.44	106.10	102.74	133.60	182.47
55	67.10	89.60	88.46	122.07	156.29	84.66	116.74	115.22	158.99	197.77
60	81.24	123.96	118.77	144.87	181.65	96.66	156.12	149.60	182.46	235.34
65	120.16	177.06	164.86	194.99	221.32	148.10	231.94	215.94	255.38	277.01
70	195.31	266.59	249.27	291.75	319.58	244.28	346.68	322.84	377.85	417.48
75	270.04	356.04	332.53	417.87	425.40	349.45	461.76	431.28	541.95	639.08
80	472.56	587.47	532.05	668.59	680.64	611.54	761.91	690.05	867.12	1022.53
85	688.59	854.50	764.82	961.10	978.43	891.10	1108.23	991.94	1246.49	1469.89
90	1080.14	1317.35	1197.12	1504.33	1531.45	1397.81	1708.52	1552.61	1951.03	2300.69
94	1485.20	1869.21	1662.66	2089.35	2127.02	1921.99	2424.26	2156.40	2709.77	3195.41

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	56.01	88.68	91.67	108.42	140.90	65.36	101.36	106.14	125.17	155.39
30	58.86	96.30	97.54	116.80	149.34	67.94	108.93	111.82	138.83	174.13
35	61.70	103.92	103.40	125.17	157.79	70.52	116.51	117.50	152.50	192.88
40	72.71	111.25	109.24	137.57	177.81	80.50	125.77	124.68	159.14	209.90
45	80.87	114.21	110.79	144.57	190.85	87.34	130.10	126.97	159.55	218.69
50	82.67	120.65	116.80	153.38	208.25	89.34	136.31	133.74	178.07	227.90
55	93.83	131.24	129.52	178.71	221.86	99.30	150.42	143.42	197.89	245.63
60	111.46	180.23	172.68	210.62	262.48	129.54	205.07	199.82	243.70	289.26
65	162.86	259.43	241.52	285.66	311.84	184.77	288.22	282.64	334.28	364.90
70	272.56	394.16	367.04	429.58	456.34	314.24	443.81	423.50	495.66	526.54
75	394.44	530.13	495.12	622.18	675.44	443.12	607.66	559.63	703.26	719.60
80	690.28	874.71	792.19	995.49	1080.71	775.45	1002.64	895.41	1125.22	1151.35
85	1005.83	1272.30	1138.77	1431.01	1553.51	1129.94	1458.39	1287.15	1617.50	1655.07
90	1577.77	1961.47	1782.42	2239.84	2431.59	1772.46	2248.35	2014.66	2531.74	2590.54
94	2169.44	2783.17	2475.59	3110.90	3377.21	2437.13	3190.23	2798.15	3516.30	3597.98

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	73.00	110.85	110.97	131.25	170.56	78.13	121.78	123.59	145.40	183.45
30	73.25	120.38	118.93	142.44	182.12	80.57	131.67	131.62	156.72	195.24
35	77.93	129.12	126.15	153.62	193.65	85.24	141.17	139.29	168.04	207.01
40	88.52	138.50	133.82	169.76	219.42	96.61	150.99	147.76	184.23	235.66
45	98.57	143.22	135.72	177.69	234.59	105.66	155.26	150.17	192.42	254.06
50	100.11	150.81	143.67	179.43	243.61	108.02	161.40	155.75	196.37	261.93
55	110.71	166.45	155.42	210.62	261.48	119.37	181.98	174.97	232.64	277.54
60	132.54	223.73	214.64	261.77	326.24	144.60	244.47	233.43	284.69	342.41
65	200.44	307.45	305.76	361.68	394.79	219.00	336.85	323.72	382.89	424.94
70	336.69	477.93	456.85	534.73	568.01	369.27	523.35	494.84	579.17	617.08
75	476.41	655.16	603.31	758.12	823.02	521.70	716.89	666.22	837.19	962.44
80	793.82	1035.90	922.90	1159.74	1259.02	893.03	1160.32	1044.77	1312.88	1511.00
85	1157.56	1509.41	1328.88	1669.92	1812.87	1301.71	1689.05	1502.95	1888.66	2173.58
90	1817.43	2326.02	2078.18	2611.50	2835.06	2042.72	2603.47	2351.55	2955.02	3400.88
94	2497.77	3301.01	2886.87	3627.75	3938.31	2808.14	3694.40	3266.30	4104.53	4723.81

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	83.25	132.72	136.21	159.55	196.34
30	87.90	142.97	144.32	171.01	208.35
35	92.56	153.22	152.43	182.47	220.37
40	104.70	163.47	161.70	198.71	251.89
45	112.74	167.31	164.63	207.15	273.54
50	115.94	171.99	167.83	213.32	280.24
55	128.03	197.51	194.52	254.66	293.60
60	156.65	265.22	252.22	307.61	358.59
65	237.57	366.26	341.68	404.11	455.09
70	401.86	568.76	532.83	623.61	666.16
75	567.00	778.63	729.14	916.26	1101.86
80	992.25	1284.73	1166.63	1466.02	1762.98
85	1445.85	1868.70	1677.03	2107.40	2534.28
90	2268.00	2880.92	2624.92	3298.55	3966.70
94	3118.50	4087.79	3645.72	4581.32	5509.31

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 12**  
**Male and Female - Married Preferred Best Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	22.04	33.55	35.49	45.84	62.59	30.85	40.69	43.01	54.65	74.93
30	24.68	35.21	36.09	46.72	65.23	32.18	44.01	45.05	56.41	74.93
35	27.32	36.86	36.68	47.60	67.88	33.50	47.32	47.08	58.18	74.93
40	30.98	40.57	39.82	53.50	76.44	38.65	52.17	51.48	66.08	91.15
45	33.42	42.69	41.40	57.29	82.00	42.28	54.98	53.86	71.40	103.80
50	34.53	44.59	52.47	68.76	87.88	42.89	57.77	56.82	77.83	113.82
55	37.67	46.49	54.71	73.16	97.68	47.55	60.57	59.78	83.75	123.61
60	42.06	62.42	59.81	78.85	104.09	49.85	78.63	75.33	99.31	129.96
65	58.90	86.79	80.80	90.59	105.40	72.59	113.69	105.84	118.67	135.78
70	89.50	122.15	114.22	127.59	145.92	111.92	158.85	147.92	165.94	190.61
75	154.67	203.92	190.46	214.72	242.78	200.14	264.47	247.01	282.66	305.47
80	270.66	336.47	304.73	343.56	388.45	350.25	436.38	395.22	452.26	488.75
85	394.40	489.41	438.05	493.86	558.40	510.36	634.74	568.13	650.12	702.58
90	618.66	754.51	685.65	773.00	874.02	800.57	978.55	889.25	1017.59	1099.69
94	850.66	1070.59	952.29	1073.61	1213.92	1100.78	1388.49	1235.07	1413.32	1527.35

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	30.85	44.98	47.57	61.70	83.75	39.66	51.42	53.85	66.11	88.15
30	34.38	48.85	50.01	64.35	85.95	40.55	55.26	56.73	68.76	88.15
35	37.91	52.71	52.46	67.00	88.15	41.43	59.10	59.61	71.40	88.15
40	42.97	58.29	57.22	74.63	104.47	46.65	65.91	65.31	82.72	112.00
45	46.34	61.58	59.74	79.34	116.69	50.04	70.14	68.45	90.79	131.46
50	49.51	64.84	63.47	85.50	129.90	52.90	74.09	71.43	95.20	135.39
55	52.69	68.09	67.20	92.56	138.66	55.75	78.04	74.41	101.37	146.85
60	57.47	90.77	86.97	114.64	146.05	65.23	103.28	100.63	132.65	149.74
65	79.83	127.15	118.40	132.73	152.85	90.57	141.26	138.54	155.32	178.86
70	124.88	180.60	168.17	190.60	209.10	143.98	203.36	194.04	219.94	241.26
75	225.92	303.62	283.57	321.35	363.36	253.79	348.04	320.53	363.21	410.68
80	395.36	500.98	453.72	514.15	581.37	444.13	574.26	512.84	581.14	657.09
85	576.09	728.70	652.22	739.09	835.72	647.17	835.29	737.21	835.39	944.56
90	903.67	1123.41	1020.86	1156.84	1308.09	1015.16	1287.74	1153.89	1307.57	1478.44
94	1242.55	1594.03	1417.86	1606.73	1816.79	1395.85	1827.20	1602.63	1816.07	2053.40

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	40.21	56.23	57.58	74.70	101.38	44.35	61.78	63.34	81.42	107.99
30	42.79	61.06	60.98	78.48	104.81	47.84	66.80	67.10	85.52	113.01
35	47.88	65.49	64.00	82.22	108.18	52.59	71.61	70.67	89.59	118.00
40	52.31	72.57	70.10	92.09	128.92	57.24	79.11	77.40	100.22	139.33
45	56.49	77.22	73.18	97.51	143.44	60.54	83.71	80.97	106.50	154.61
50	59.96	81.05	78.07	100.02	151.95	62.50	88.70	86.45	109.95	159.88
55	62.17	86.36	80.64	109.08	163.42	67.03	94.42	90.78	119.77	171.18
60	68.34	112.67	108.10	142.48	181.53	73.62	123.12	117.56	154.96	183.58
65	98.25	150.69	149.88	168.05	193.51	107.34	165.10	158.68	177.91	208.29
70	154.27	218.99	209.33	237.26	260.27	171.40	241.87	228.18	259.86	285.19
75	272.86	375.23	345.54	391.55	442.75	301.36	413.29	384.92	428.47	480.02
80	454.66	593.30	528.58	598.99	677.30	515.95	669.01	603.74	671.80	752.48
85	663.00	864.50	761.10	862.48	975.24	752.06	973.86	868.51	966.43	1082.51
90	1040.94	1332.20	1190.25	1348.80	1525.13	1180.17	1501.08	1358.89	1512.08	1693.69
94	1430.60	1890.61	1653.42	1873.67	2118.63	1622.39	2130.08	1887.50	2100.29	2352.55

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	48.48	67.34	69.10	88.15	114.60
30	52.89	72.54	73.22	92.56	121.21
35	57.29	77.73	77.34	96.97	127.82
40	62.16	85.65	84.71	108.35	149.73
45	64.59	90.21	88.76	115.48	165.78
50	65.04	96.35	94.84	119.88	167.81
55	71.88	102.48	100.93	130.46	178.93
60	78.89	133.57	127.03	167.45	185.63
65	116.43	179.51	167.47	187.76	223.07
70	188.52	264.75	247.04	282.46	310.11
75	329.85	451.34	424.31	465.38	517.29
80	577.24	744.71	678.90	744.61	827.67
85	841.12	1083.22	975.92	1070.38	1189.77
90	1319.40	1669.96	1527.53	1675.37	1862.25
94	1814.18	2369.54	2121.57	2326.91	2586.47

**GENWORTH LIFE INSURANCE COMPANY**

**Table A-1  
Future Purchase Options**

<b>FPO Offer</b>	<b>% Load</b>
5% Compounded Annually every 3 years	1.065

**Table A-2  
Guaranteed Purchase Options**

<b>GPO Offer</b>	<b>% Load</b>
5% Compounded Annually every 3 years	1.105

**GENWORTH LIFE INSURANCE COMPANY**

**Table B**  
**Limited Pay Factors**

(Multiple of Lifetime Pay Rates)

<b>Issue Age</b>	<b>10-Year Premium Payment</b>	<b>To Age 65 Premium Payment</b>
< 25	4.56	1.25
25-29	4.21	1.38
30-34	3.92	1.75
35-39	3.63	2.07
40-44	3.34	2.30
45	3.16	2.40
46	3.10	2.42
47	3.05	2.43
48	3.00	2.45
49	2.93	2.48
50	2.87	2.50
51	2.82	2.51
52	2.76	2.53
53	2.69	2.55
54	2.64	2.56
55	2.58	2.58
56	2.53	
57	2.45	
58	2.37	
59	2.28	
60	2.20	
61	2.15	
62	2.09	
63	2.03	
64	1.99	
65	1.93	
66	1.87	
67	1.81	
68	1.76	
69	1.70	
70	1.64	
71	1.59	
72	1.54	
73	1.48	
74	1.43	
75	1.37	
76	1.31	
77	1.25	
78	1.20	
79	1.14	
80	1.08	
81 and over	1.04	

# GENWORTH LIFE INSURANCE COMPANY

**Table C-1**

**Service Day Elimination Period**

(% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.

# GENWORTH LIFE INSURANCE COMPANY

**Table D-1**

**30 Day Calendar Day EP** (% Increase from Service Day EP)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.6%	1.6%	1.6%	1.6%	1.6%
25-29	1.6%	1.6%	1.6%	1.6%	1.6%
30-34	1.6%	1.6%	1.6%	1.6%	1.6%
35-39	1.6%	1.6%	1.6%	1.6%	1.6%
40-44	1.6%	1.6%	1.6%	1.6%	1.6%
45-49	1.6%	1.6%	1.6%	1.6%	1.6%
50-54	2.4%	2.4%	2.4%	2.4%	2.4%
55-59	2.4%	2.4%	2.4%	2.4%	2.4%
60-64	2.8%	2.8%	2.8%	2.8%	2.8%
65-69	2.8%	2.8%	2.8%	2.8%	2.8%
70-74	2.8%	2.8%	2.8%	2.8%	2.8%
75-79	2.8%	2.8%	2.8%	2.8%	2.8%
80-84	2.8%	2.8%	2.8%	2.8%	2.8%
85-89	2.8%	2.8%	2.8%	2.8%	2.8%
90-94	2.8%	2.8%	2.8%	2.8%	2.8%

**60 Day Calendar Day EP** (% Increase from Service Day EP)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	1.8%	1.8%	1.8%	1.8%	1.8%
25-29	1.8%	1.8%	1.8%	1.8%	1.8%
30-34	1.8%	1.8%	1.8%	1.8%	1.8%
35-39	1.8%	1.8%	1.8%	1.8%	1.8%
40-44	1.8%	1.8%	1.8%	1.8%	1.8%
45-49	1.8%	1.8%	1.8%	1.8%	1.8%
50-54	2.7%	2.7%	2.7%	2.7%	2.7%
55-59	2.7%	2.7%	2.7%	2.7%	2.7%
60-64	3.1%	3.1%	3.1%	3.1%	3.1%
65-69	3.1%	3.1%	3.1%	3.1%	3.1%
70-74	3.1%	3.1%	3.1%	3.1%	3.1%
75-79	3.1%	3.1%	3.1%	3.1%	3.1%
80-84	3.1%	3.1%	3.1%	3.1%	3.1%
85-89	3.1%	3.1%	3.1%	3.1%	3.1%
90-94	3.1%	3.1%	3.1%	3.1%	3.1%

**90 Day Calendar Day EP** (% Increase from Service Day EP)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.0%	2.0%	2.0%	2.0%	2.0%
25-29	2.0%	2.0%	2.0%	2.0%	2.0%
30-34	2.0%	2.0%	2.0%	2.0%	2.0%
35-39	2.0%	2.0%	2.0%	2.0%	2.0%
40-44	2.0%	2.0%	2.0%	2.0%	2.0%
45-49	2.0%	2.0%	2.0%	2.0%	2.0%
50-54	3.0%	3.0%	3.0%	3.0%	3.0%
55-59	3.0%	3.0%	3.0%	3.0%	3.0%
60-64	3.5%	3.5%	3.5%	3.5%	3.5%
65-69	3.5%	3.5%	3.5%	3.5%	3.5%
70-74	3.5%	3.5%	3.5%	3.5%	3.5%
75-79	3.5%	3.5%	3.5%	3.5%	3.5%
80-84	3.5%	3.5%	3.5%	3.5%	3.5%
85-89	3.5%	3.5%	3.5%	3.5%	3.5%
90-94	3.5%	3.5%	3.5%	3.5%	3.5%

**180 Day Calendar Day EP** (% Increase from Service Day EP)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	2.5%	2.5%	2.5%	2.5%	2.5%
25-29	2.5%	2.5%	2.5%	2.5%	2.5%
30-34	2.5%	2.5%	2.5%	2.5%	2.5%
35-39	2.5%	2.5%	2.5%	2.5%	2.5%
40-44	2.5%	2.5%	2.5%	2.5%	2.5%
45-49	2.5%	2.5%	2.5%	2.5%	2.5%
50-54	3.7%	3.7%	3.7%	3.7%	3.7%
55-59	3.7%	3.7%	3.7%	3.7%	3.7%
60-64	4.3%	4.3%	4.3%	4.3%	4.3%
65-69	4.3%	4.3%	4.3%	4.3%	4.3%
70-74	4.3%	4.3%	4.3%	4.3%	4.3%
75-79	4.3%	4.3%	4.3%	4.3%	4.3%
80-84	4.3%	4.3%	4.3%	4.3%	4.3%
85-89	4.3%	4.3%	4.3%	4.3%	4.3%
90-94	4.3%	4.3%	4.3%	4.3%	4.3%

**365 Day Calendar Day EP** (% Increase from Service Day EP)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	5.0%	5.0%	5.0%	5.0%	5.0%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	5.0%	5.0%	5.0%	5.0%	5.0%
40-44	5.0%	5.0%	5.0%	5.0%	5.0%
45-49	5.0%	5.0%	5.0%	5.0%	5.0%
50-54	7.4%	7.4%	7.4%	7.4%	7.4%
55-59	7.4%	7.4%	7.4%	7.4%	7.4%
60-64	8.7%	8.7%	8.7%	8.7%	8.7%
65-69	8.7%	8.7%	8.7%	8.7%	8.7%
70-74	8.7%	8.7%	8.7%	8.7%	8.7%
75-79	8.7%	8.7%	8.7%	8.7%	8.7%
80-84	8.7%	8.7%	8.7%	8.7%	8.7%
85-89	8.7%	8.7%	8.7%	8.7%	8.7%
90-94	8.7%	8.7%	8.7%	8.7%	8.7%

# GENWORTH LIFE INSURANCE COMPANY

**Table D-2**  
**50% Home & Community Care Care**

Issue Age	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%

**60% Home & Community Care Care**

Issue Age	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-3.0%	-3.0%	-3.0%
55-59	-6.5%	-5.0%	-3.0%	-3.0%	-3.0%
60-64	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
65-69	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
70-74	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
75-79	-7.0%	-5.0%	-5.0%	-5.0%	-5.0%
80-84	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
85-89	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
90-94	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%

**75% Home & Community Care Care**

Issue Age	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%

# GENWORTH LIFE INSURANCE COMPANY

**Table D-3**  
**50% Assisted Living Facility**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-8.0%

**60% Assisted Living Facility**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-4.5%

**75% Assisted Living Facility**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-2.5%

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**Table E-1**

**0-Day Home Care EP, 30-Day NH and ALF EP**

(% Increase from 30-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	4.6%	9.5%	3.4%	3.4%	3.4%

**0-Day Home Care EP, 60-Day NH and ALF EP**

(% Increase from 60-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.4%	9.5%	5.8%	5.8%	5.8%

**0-Day Home Care EP, 90-Day NH and ALF EP**

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	9.5%	9.5%	7.5%	7.5%	7.5%

**0-Day Home Care EP, 180-Day NH and ALF EP**

(% Increase from 180-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	17.9%	9.5%	13.7%	13.7%	13.7%

**0-Day Home Care EP, 365-Day NH and ALF EP**

(% Increase from 365-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	27.8%	9.5%	24.2%	24.2%	24.2%

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**Table E-2** (% Increase to Base Rate)  
**Monthly Benefits**

All Issue ages 6.0%

**Table E-3** (% Increase to Base Rate)  
**Transition Benefit**

**(Benefit up to 5 times the Daily Benefit or 20% of the Monthly Benefit)**

All Issue ages 4.0%

**Table E-4**  
**10 Year Return of Premium on Death Benefit**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%

**Table E-5**  
**Graded Return of Premium on Death Benefit**

Issue Age	
18-64	8%
65+	N/A

**Table E-6** (% Increase to Base Rate)  
**10-Year Survivorship Rider**

All Issue ages 12.0%

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**Table E-7**  
**Restoration of Benefits** (% Increase to Base Rate)

Issue Age	Lifetime Maximum 730 x Daily Benefit					Lifetime Maximum 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	11.0%	9.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%

Issue Age	Lifetime Maximum 1,460 x Daily Benefit					Lifetime Maximum 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%

Issue Age	Lifetime Maximum 2,190 x Daily Benefit					Lifetime Maximum 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%

Issue Age	Lifetime Maximum 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	6.0%	4.0%	4.0%	4.0%	4.0%

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**Table E-8**

**Nonforfeiture Benefit**

(% Increase to Base Rate)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	30.0%	30.0%	30.0%	30.0%	30.0%
25-29	29.0%	29.0%	29.0%	29.0%	29.0%
30-34	28.0%	28.0%	28.0%	28.0%	28.0%
35-39	27.0%	27.0%	27.0%	27.0%	27.0%
40-44	26.0%	26.0%	26.0%	26.0%	26.0%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%
55-59	23.0%	23.0%	23.0%	23.0%	23.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%
65-69	21.0%	21.0%	21.0%	21.0%	21.0%
70-74	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	19.0%	19.0%	19.0%	19.0%	19.0%
80-84	18.0%	18.0%	18.0%	18.0%	18.0%
85-89	17.0%	17.0%	17.0%	17.0%	17.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%

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**Table E-9**

**Shared Benefit Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	8.0%	8.0%	8.0%	8.0%	8.0%	6.0%	6.0%	6.0%	6.0%	6.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
40-44	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
45-49	20.0%	20.0%	20.0%	20.0%	20.0%	13.0%	13.0%	13.0%	13.0%	13.0%
50-54	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
55-59	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	18.0%	18.0%	18.0%	18.0%	18.0%
70-74	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
80-84	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
85-89	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
90-94	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	10.0%	10.0%	10.0%	10.0%	10.0%

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**Table E-10**

**Shared Benefit Rider with Joint Waiver Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%
25-29	10.0%	10.0%	10.0%	10.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%
30-34	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
35-39	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
40-44	16.0%	16.0%	16.0%	16.0%	16.0%	13.0%	13.0%	13.0%	13.0%	13.0%
45-49	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%	17.0%	17.0%	17.0%	17.0%	17.0%
55-59	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
60-64	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
65-69	27.0%	27.0%	27.0%	27.0%	27.0%	20.0%	20.0%	20.0%	20.0%	20.0%
70-74	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
75-79	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
80-84	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
85-89	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
90-94	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
55-59	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
70-74	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
75-79	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
80-84	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
85-89	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%

**GENWORTH LIFE INSURANCE COMPANY**

**Table E-11** (% Increase to Base Rate)  
**7-Year Enhanced Benefit Rider**

All Issue ages 16.0%

**Table F**  
**Adjustments to annual premium rates when alternative billing frequencies are used**

Mode	Factor
Annual	0.97087 to 1.00000
Semi-Annually	0.49515 to 0.51000
Quarterly	0.25 to 0.26000
Monthly & Others	0.08333 to 0.09000

Premiums for payment options in the Other Category will be calculated using the following formula: Monthly Rate \* 12 / # Payments per Year.

**Table G-1** (% Increase to Base Rate)  
**Informal Care Benefit**  
**(Benefit up to 25% of Daily Benefit or 1% of Monthly Benefit**  
**for no more than 30 days per calendar year)**

All Issue ages 3% (subject to the Elimination Period unless stated in Schedule Page)

**Table G-2**  
**Rate Guarantee**

Rate Guarantee Period	Certificate Level	Policy Level
0 to 3 Years	1.00	1.00
4 Years	1.02	1.00
5 Years	1.04	1.00
6 Years	Not Available	1.02
7 Years	Not Available	1.04
8 Years	Not Available	1.06
9 Years	Not Available	1.08
10 Years	Not Available	1.10

**GENWORTH LIFE INSURANCE COMPANY**

**Table H**  
**Adjustments for Alternative Flat Commission Levels (or actuarial equivalent)**

<b>Commission %</b>	<b>Factor</b>
0%	0.825
1%	0.835
2%	0.845
3%	0.855
4%	0.865
5%	0.875
6%	0.888
7%	0.901
8%	0.914
9%	0.927
10%	0.940
11%	0.952
12%	0.964
13%	0.976
14%	0.988
15%	1.000
16%	1.018
17%	1.036
18%	1.054
19%	1.072
20%	1.090
21%	1.108
22%	1.126
23%	1.144
24%	1.162
25%	1.180

**Table I**  
**Group Underwriting Factor** (Multiple of Base Rates)

<b>Factor</b>
0.65 to 1.50

**Table J**  
**Expense Adjustment Factor** (Multiple of Base Rates)

<b>Factor</b>
0.65 to 1.50

# GENWORTH LIFE INSURANCE COMPANY

## Discounts Available

### 2 Apply - 1 Issue Couples Discount

A discount of 15% may apply to individuals where two valid applications are received and only one policy is issued. This discount will be applied to the Single Rates shown in the Base Rate Tables.

### List Bill/Commonly Marketed Discount

For groups with 4 or more actively at work employees/members a 5% discount may apply if the group is commonly marketed or list billed.

### Producer Discount

A 10% discount may apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

**GENWORTH LIFE INSURANCE COMPANY**

Administrative Office: 3100 Albert Lankford Drive, Lynchburg, VA 24501

**LONG TERM CARE INSURANCE POLICY****Policy Form Series: 8011****August 2012****Premium Rates**Table A

The Base premium rate table varies by Benefit Period, Benefit Increase Option, Underwriting Class, Marital Class, and Issue Age. These premium rates provided in the base tables are for:

- 90 Service Day Elimination Period
- Lifetime Premium Payment Term

and include the following benefits:

- Privileged Care Coordination Services
- Nursing Facility Benefit
- Assisted Living Facility Benefit
- Home and Community Care Benefit
- Bed Reservation Benefit
- Home Assistance Benefit
- Hospice Care Benefit
- Respite Care Benefit
- Alternate Care Benefit
- International Coverage Benefit
- Waiver of Premium Benefit
- Contingent Nonforfeiture Benefit

Rates in the base tables have been provided for issue ages 25, 30, 35, 40, 45, 50, 55, 60, 65, 70, 75, 80, 85, 90 and 94. Rates for ages in between will be calculated by linear interpolation. Rates have also been provided for benefit periods (in days) 730, 1095, 1460, 1825, 2190, 2920, and 3650. Additionally, a 365 Day benefit period will be offered with rates equal to 70% of those shown in the 730 Day Tables. Rates for other benefit periods will be determined by linear interpolation.

## GENWORTH LIFE INSURANCE COMPANY

### Base Rating Tables 1 - 8

The base rate tables are provided for Single and Married Applicants for all four underwriting classes; Standard, Select, Preferred and Preferred Best. The unit is per \$10 of Daily Benefit or \$300 of Monthly Benefits.

### Table A-1 and A-2

These two tables of factors convert base rates from No Bio to either FPO or GPO. The factors are applied directly to the No Bio Base Rates found in Tables 1-12.

### Table B

This table of factors converts rates from Lifetime Pay to either 10-Pay or Pay-to-65. Factors vary by Issue Age.

### Table C

Table C converts 90 Service Day Elimination Period (EP) rates to 0, 30, 60, 180 or 365 Service Day EP rates.

### Table D-1 to D-3

Table D-1 converts the Elimination Period from Service Days to Calendar Days. Table D-2 converts the 100% Home Care to Reduced Home Care coverage. Table D-3 converts the 100% Assisted Living Facility to Reduced Assisted Living Facility coverage.

### Table E-1 to E-11

These tables contain factors for other benefit options and riders available through the policy.

### Table F

This table contains modal factors for different billing frequencies.

### Table G-1 to G-2

These tables contain factors for other benefit options and riders.

### Table H

Rates for groups with simplified underwriting include a 15% level commission. This table contains adjustment factors for alternative commission levels.

## GENWORTH LIFE INSURANCE COMPANY

### Table I

This is a Group Underwriting Factor to account for unique characteristics of a given group.

### Table J

This is an Expense Adjustment Factor to account for group specific expenses.

## GENWORTH LIFE INSURANCE COMPANY

### Rate Calculation Example

Issue Age: 60

Benefit Period: 1,095 Day

5% Compound Inflation for Life

Underwriting Class: Married – Preferred Class

Step	Description	Rate Calculation
1	Get annual rate per \$10 Daily Benefit from appropriate Base Table	144.40
1a	If BIO is FPO or GPO use the No Bio Base Rate and apply A-1 or A-2 Factor	1.000
2	Premium payment term is Lifetime.	1.00
3	Result: Step 1 x Step 1a x Step 2	144.40
4	Elimination Period is 60 Service Days. Factor from Table C-1	10%
5	Result: Step 3 x (1 + Step 4)	158.84
6	Plan Options and Features (Tables D-1 to D-3)	
	60% Home & Community Care. Factor from Table D-2	-4.0%
	75% Assisted Living Facility Coverage. Factor from Table D-3	-1.9%
	Sum of factors for Tables D-1 to D-3	-5.9%
7	Result: Step 5 x (1 + sum of factors from Step 6)	149.46844
8	Optional Benefits (Tables E-1 to E-10)	
	0-Day elimination period for Home Care. Factor from Table E-1	5.8%
	Restoration of Benefits. Factor from Table E-7	7.0%
	Nonforfeiture Benefit. Factor from Table E-8	22.0%
	Sum of factors for Tables E-1 to E-10	34.8%
9	Result: Step 7 x (1 + sum of factors from step 8)	201.483457
10	\$200 Daily Benefit i.e. 20 “units” of daily benefit	20
11	Result: Step 9 x Step 10	4029.6691
12	Premiums payable semi-annually. Factor from Table F	0.51
13	Result: Step 11 x Step 12	\$2,055.13
14	Apply Discount Factors if Applicable	\$2,055.13

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 1  
Single Standard Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	60.81	100.59	103.98	128.83	146.44	81.43	127.72	132.00	163.56	178.45
30	66.29	108.16	109.58	135.77	152.28	87.86	138.14	139.90	173.34	188.81
35	71.76	115.73	115.17	142.70	158.11	94.29	148.55	147.80	183.12	199.17
40	77.13	123.33	121.11	149.74	184.38	100.48	158.58	156.52	193.74	228.63
45	79.48	126.10	122.30	150.91	203.41	102.73	162.40	159.10	196.77	249.13
50	85.08	131.89	127.69	157.97	220.00	107.77	168.98	163.60	202.84	276.66
55	95.48	142.68	140.86	185.57	241.69	121.81	185.91	183.49	240.07	302.71
60	123.98	197.40	189.15	222.70	263.18	153.94	248.62	238.23	283.74	335.49
65	189.74	279.60	260.34	304.62	339.54	233.88	366.26	340.99	397.39	437.44
70	311.04	424.53	396.97	450.09	505.68	389.00	552.09	514.11	583.61	660.62
75	456.66	602.10	562.35	682.75	969.62	590.95	780.90	729.33	885.48	1223.50
80	799.16	993.47	899.76	1092.40	1551.39	1034.16	1288.49	1166.93	1416.77	1957.60
85	1164.48	1445.04	1293.41	1570.33	2230.13	1506.92	1874.16	1677.46	2036.60	2814.05
90	1826.64	2227.77	2024.46	2457.90	3490.63	2363.80	2889.33	2625.59	3187.73	4404.60
94	2511.63	3161.03	2811.75	3413.75	4848.10	3250.23	4099.73	3646.65	4427.40	6117.50

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	89.21	141.22	145.99	180.88	199.12	104.09	161.41	169.02	209.42	224.19
30	95.59	153.35	155.33	192.45	212.21	110.31	173.47	178.06	220.62	240.11
35	101.96	165.48	164.66	204.02	225.30	116.53	185.53	187.10	231.82	256.03
40	109.42	177.16	173.96	215.54	257.74	124.54	200.28	198.55	245.15	287.37
45	112.59	181.89	176.43	218.61	280.07	127.67	207.18	202.21	248.87	307.45
50	116.55	192.12	186.00	230.85	315.74	132.28	217.08	212.97	261.36	329.08
55	134.99	208.99	206.26	269.74	339.59	146.21	239.54	228.38	298.64	366.16
60	177.48	287.01	274.99	323.67	374.16	206.27	326.58	318.20	374.53	417.20
65	257.17	409.67	381.41	444.94	492.43	291.77	455.13	446.32	520.65	576.23
70	434.04	627.68	584.49	665.18	726.70	500.43	706.75	674.41	767.52	838.50
75	667.05	896.51	837.30	1016.55	1433.98	749.36	1027.63	946.40	1149.02	1624.30
80	1167.34	1479.24	1339.68	1626.48	2294.37	1311.38	1695.59	1514.24	1838.43	2598.88
85	1700.98	2151.62	1925.79	2338.07	3298.15	1910.87	2466.31	2176.72	2642.75	3735.89
90	2668.20	3317.09	3014.28	3659.58	5162.33	2997.44	3802.23	3407.04	4136.47	5847.48
94	3668.78	4706.68	4186.50	5082.75	7169.90	4121.48	5395.06	4732.00	5745.10	8121.50

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	116.28	176.53	176.72	218.97	241.04	124.43	193.94	196.82	243.86	262.16
30	118.96	191.69	189.39	234.70	258.79	130.29	209.55	209.48	259.74	281.56
35	128.77	205.60	200.89	250.39	276.50	139.72	224.52	221.56	275.59	300.95
40	133.21	220.56	213.10	265.98	318.06	146.92	240.09	235.03	292.52	340.69
45	137.25	228.09	216.13	268.70	344.25	150.76	246.85	238.87	296.77	365.63
50	141.14	240.15	228.78	270.06	369.36	155.86	256.60	247.62	300.61	388.63
55	159.29	265.06	247.51	317.90	400.23	173.30	289.49	278.34	353.86	422.25
60	211.06	356.29	341.80	402.28	465.05	230.26	389.74	372.11	437.51	491.13
65	316.52	485.51	482.85	563.35	623.42	346.54	531.94	511.20	599.85	672.05
70	536.17	761.09	727.52	828.00	904.53	589.95	835.20	789.26	899.29	984.79
75	805.66	1107.95	1020.26	1238.65	1747.29	884.46	1214.67	1129.54	1357.06	1845.37
80	1342.44	1751.84	1560.74	1894.85	2672.94	1514.07	1966.06	1771.43	2127.79	2891.23
85	1957.57	2552.59	2247.28	2728.40	3848.78	2206.94	2861.95	2548.30	3060.98	4159.36
90	3073.50	3933.59	3514.44	4266.81	6018.91	3463.27	4411.35	3987.11	4789.23	6507.66
94	4224.03	5582.41	4882.04	5927.22	8361.14	4760.98	6259.83	5538.09	6652.26	9039.19

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	132.57	211.36	216.91	268.75	283.27
30	141.62	227.41	229.57	284.77	304.33
35	150.67	243.45	242.23	300.79	325.39
40	160.62	259.62	256.96	319.07	363.32
45	164.28	265.61	261.62	324.84	387.00
50	170.57	273.05	266.46	331.16	407.90
55	187.32	313.92	309.16	389.82	444.27
60	249.46	423.20	402.42	472.74	517.20
65	376.57	578.37	539.56	636.35	720.67
70	643.74	909.31	851.00	970.59	1065.05
75	963.26	1321.38	1238.83	1475.46	1943.45
80	1685.71	2180.28	1982.13	2360.74	3109.52
85	2456.31	3171.31	2849.31	3393.56	4469.94
90	3853.04	4889.11	4459.79	5311.66	6996.42
94	5297.93	6937.25	6194.15	7377.30	9717.25

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 2  
Married Standard Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	32.86	53.40	55.20	72.23	87.67	43.24	67.81	70.08	82.03	105.67
30	35.49	57.43	58.17	73.46	91.25	46.65	73.34	74.27	86.93	109.85
35	38.11	61.45	61.14	74.68	94.83	50.06	78.87	78.46	91.82	114.03
40	43.80	66.26	65.05	83.04	113.03	56.36	85.20	84.08	103.03	136.29
45	47.77	68.47	66.41	88.15	126.79	60.44	88.19	86.40	110.19	153.20
50	53.15	70.73	80.72	106.51	141.41	65.99	90.61	87.72	117.53	175.16
55	54.76	77.49	88.64	112.03	149.36	69.10	100.95	99.63	133.17	180.42
60	65.35	104.04	99.69	120.98	162.51	81.15	131.05	125.56	152.38	184.92
65	98.16	144.65	134.67	150.98	175.65	121.00	189.48	176.40	197.76	226.30
70	149.15	203.58	190.36	212.67	243.19	186.54	264.75	246.54	276.57	317.70
75	257.77	339.87	317.43	357.87	404.64	333.57	440.79	411.68	471.10	509.12
80	451.10	560.79	507.89	572.59	647.42	583.75	727.30	658.69	753.76	814.59
85	657.31	815.69	730.09	823.10	930.67	850.60	1057.90	946.86	1083.53	1170.98
90	1031.08	1257.52	1142.75	1288.33	1456.70	1334.28	1630.92	1482.05	1695.96	1832.83
94	1417.74	1784.32	1587.15	1789.35	2023.20	1834.64	2314.15	2058.40	2355.50	2545.60

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	47.37	74.98	77.51	93.05	117.91	55.26	85.70	89.74	105.29	130.03
30	50.75	81.42	82.47	97.95	123.45	58.57	92.11	94.54	113.25	149.49
35	54.13	87.86	87.43	102.84	128.99	61.88	98.52	99.34	121.20	168.95
40	61.39	95.19	93.45	115.51	153.62	68.04	107.62	106.66	131.12	182.01
45	66.25	98.78	95.81	123.65	172.22	71.54	112.50	109.79	135.90	187.94
50	71.36	103.02	99.74	132.22	199.90	77.13	116.41	114.20	145.69	208.35
55	76.57	113.48	112.00	149.71	202.41	81.04	130.07	124.01	165.77	213.43
60	93.55	151.29	144.94	175.89	206.23	108.73	172.15	167.72	203.53	227.28
65	133.04	211.92	197.31	221.21	254.75	150.94	235.44	230.89	258.86	298.09
70	208.14	301.00	280.29	317.67	348.49	239.98	338.92	323.41	366.56	402.10
75	376.53	506.05	472.63	535.58	605.59	422.99	580.06	534.21	605.35	684.48
80	658.93	834.98	756.21	856.93	968.94	740.23	957.10	854.74	968.56	1095.17
85	960.15	1214.52	1087.05	1231.83	1392.86	1078.62	1392.14	1228.68	1392.31	1574.30
90	1506.12	1872.39	1701.47	1928.09	2180.12	1691.96	2146.22	1923.16	2179.26	2464.13
94	2070.92	2656.76	2363.15	2677.90	3027.95	2326.45	3045.32	2671.05	3026.75	3422.40

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	61.74	93.73	93.83	112.64	142.73	66.07	102.97	104.49	123.05	153.51
30	63.16	101.78	100.56	119.45	150.55	69.18	111.33	111.29	133.49	171.44
35	68.37	109.16	106.66	126.22	158.31	74.18	119.35	117.78	143.91	189.34
40	74.74	118.51	114.48	142.54	189.57	81.32	129.18	126.41	157.75	211.42
45	80.76	123.87	117.37	151.98	211.69	86.55	134.27	129.86	164.75	224.35
50	86.42	128.78	122.68	154.68	233.85	93.26	137.82	138.99	172.22	246.05
55	90.35	143.93	134.40	176.44	238.55	97.42	157.36	151.31	200.64	249.30
60	111.25	187.81	180.15	218.61	256.33	121.37	205.21	195.93	237.75	269.04
65	163.74	251.15	249.79	280.08	322.52	178.91	275.17	264.46	296.50	347.15
70	257.11	364.98	348.88	395.43	433.77	285.66	403.12	380.30	433.09	475.31
75	454.77	625.40	575.90	652.60	737.90	502.26	688.82	641.55	714.12	800.03
80	757.77	988.85	880.99	998.32	1128.82	859.91	1115.02	1006.25	1119.67	1254.14
85	1104.99	1440.85	1268.52	1437.49	1625.39	1253.41	1623.10	1447.54	1610.73	1804.18
90	1734.90	2220.38	1983.79	2248.01	2541.87	1966.93	2501.82	2264.86	2520.16	2822.82
94	2384.34	3151.08	2755.76	3122.82	3531.03	2703.95	3550.15	3145.88	3500.51	3920.91

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	70.40	112.22	115.16	133.45	164.29
30	75.20	120.88	122.03	147.53	192.33
35	80.00	129.54	128.89	161.61	220.37
40	87.90	139.85	138.34	172.96	233.26
45	92.35	144.67	142.36	177.52	237.01
50	100.10	146.87	155.29	189.76	258.25
55	104.48	170.80	168.21	224.84	260.05
60	131.49	222.62	211.70	256.90	281.75
65	194.07	299.19	279.13	312.93	371.78
70	314.20	441.26	411.73	470.76	516.86
75	549.74	752.23	707.20	775.64	862.16
80	962.05	1241.18	1131.52	1241.02	1379.46
85	1401.84	1805.35	1626.56	1783.97	1982.97
90	2198.96	2783.25	2545.92	2792.30	3103.78
94	3023.57	3949.21	3536.00	3878.20	4310.80

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 3  
Single Select Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	48.65	80.47	83.18	103.06	117.15	65.14	102.18	105.60	130.85	142.76
30	53.03	86.53	87.66	108.61	121.82	70.29	110.51	111.92	138.67	151.05
35	57.41	92.58	92.14	114.16	126.49	75.43	118.84	118.24	146.50	159.34
40	61.71	98.67	96.89	119.79	147.50	80.38	126.87	125.22	155.00	182.91
45	63.58	100.88	97.84	120.73	162.73	82.18	129.92	127.28	157.42	199.30
50	68.06	105.51	102.15	126.38	176.00	86.22	135.18	130.88	162.27	221.33
55	76.38	114.14	112.69	148.46	193.35	97.45	148.73	146.79	192.06	242.17
60	99.18	157.92	151.32	178.16	210.54	123.15	198.90	190.58	226.99	268.39
65	151.79	223.68	208.27	243.70	271.63	187.10	293.01	272.79	317.91	349.95
70	248.83	339.62	317.58	360.07	404.54	311.20	441.67	411.29	466.89	528.50
75	365.33	481.68	449.88	546.20	775.70	472.76	624.72	583.46	708.38	978.80
80	639.32	794.77	719.81	873.92	1241.11	827.33	1030.79	933.54	1133.41	1566.08
85	931.59	1156.03	1034.72	1256.26	1784.10	1205.54	1499.33	1341.97	1629.28	2251.24
90	1461.31	1782.22	1619.57	1966.32	2792.51	1891.04	2311.46	2100.47	2550.18	3523.68
94	2009.30	2528.82	2249.40	2731.00	3878.48	2600.18	3279.78	2917.32	3541.92	4894.00

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	71.37	112.98	116.79	144.70	159.30	83.27	129.13	135.22	167.54	179.35
30	76.47	122.68	124.26	153.96	169.77	88.25	138.78	142.45	176.50	192.09
35	81.57	132.38	131.73	163.22	180.24	93.22	148.42	149.68	185.46	204.82
40	87.54	141.73	139.16	172.43	206.19	99.63	160.23	158.84	196.12	229.90
45	90.07	145.51	141.14	174.89	224.06	102.14	165.74	161.77	199.10	245.96
50	93.24	153.70	148.80	184.68	252.59	105.82	173.66	170.38	209.09	263.26
55	107.99	167.19	165.01	215.79	271.67	116.97	191.63	182.70	238.91	292.93
60	141.98	229.61	219.99	258.94	299.33	165.02	261.26	254.56	299.62	333.76
65	205.74	327.74	305.13	355.95	393.94	233.42	364.10	357.06	416.52	460.98
70	347.23	502.14	467.59	532.14	581.36	400.34	565.40	539.53	614.02	670.80
75	533.64	717.21	669.84	813.24	1147.18	599.49	822.10	757.12	919.22	1299.44
80	933.87	1183.39	1071.74	1301.18	1835.49	1049.10	1356.47	1211.39	1470.75	2079.10
85	1360.78	1721.30	1540.63	1870.45	2638.52	1528.69	1973.05	1741.38	2114.20	2988.71
90	2134.56	2653.67	2411.42	2927.66	4129.86	2397.95	3041.78	2725.63	3309.18	4677.98
94	2935.02	3765.34	3349.20	4066.20	5735.92	3297.18	4316.05	3785.60	4596.08	6497.20

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	93.03	141.22	141.38	175.17	192.83	99.54	155.15	157.45	195.09	209.72
30	95.17	153.35	151.51	187.76	207.03	104.23	167.64	167.58	207.79	225.25
35	103.02	164.48	160.71	200.31	221.20	111.78	179.62	177.25	220.47	240.76
40	106.57	176.45	170.48	212.78	254.45	117.53	192.07	188.02	234.02	272.55
45	109.80	182.47	172.90	214.96	275.40	120.61	197.48	191.10	237.42	292.50
50	112.91	192.12	183.02	216.05	295.48	124.68	205.28	198.10	240.49	310.90
55	127.43	212.05	198.01	254.32	320.18	138.64	231.59	222.67	283.09	337.80
60	168.85	285.03	273.44	321.82	372.04	184.21	311.80	297.69	350.01	392.90
65	253.21	388.40	386.28	450.68	498.74	277.23	425.55	408.96	479.88	537.64
70	428.93	608.87	582.02	662.40	723.62	471.96	668.16	631.41	719.44	787.83
75	644.53	886.36	816.21	990.92	1397.83	707.57	971.73	903.64	1085.65	1476.29
80	1073.95	1401.47	1248.59	1515.88	2138.35	1211.26	1572.84	1417.15	1702.23	2312.98
85	1566.06	2042.07	1797.83	2182.72	3079.02	1765.55	2289.56	2038.64	2448.78	3327.49
90	2458.80	3146.87	2811.55	3413.45	4815.13	2770.61	3529.08	3189.69	3831.39	5206.13
94	3379.22	4465.93	3905.63	4741.78	6688.91	3808.78	5007.86	4430.48	5321.81	7231.35

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
25 or Under	106.06	169.09	173.53	215.00	226.62
30	113.30	181.92	183.66	227.82	243.46
35	120.54	194.76	193.78	240.63	260.31
40	128.50	207.70	205.57	255.26	290.66
45	131.42	212.49	209.30	259.87	309.60
50	136.46	218.44	213.17	264.93	326.32
55	149.86	251.14	247.33	311.86	355.42
60	199.57	338.56	321.94	378.19	413.76
65	301.26	462.70	431.65	509.08	576.54
70	514.99	727.45	680.80	776.47	852.04
75	770.61	1057.10	991.06	1180.37	1554.76
80	1348.56	1744.22	1585.70	1888.59	2487.62
85	1965.05	2537.05	2279.45	2714.85	3575.95
90	3082.43	3911.28	3567.83	4249.32	5597.14
94	4238.34	5549.80	4955.32	5901.84	7773.80

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 4**  
**Married Select Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	26.29	42.72	44.16	57.78	70.14	34.59	54.25	56.06	65.62	84.54
30	28.39	45.94	46.54	58.76	73.00	37.32	58.67	59.42	69.54	87.88
35	30.49	49.16	48.91	59.74	75.86	40.05	63.10	62.77	73.46	91.22
40	35.04	53.01	52.04	66.43	90.42	45.08	68.16	67.26	82.42	109.03
45	38.22	54.78	53.13	70.52	101.43	48.35	70.55	69.12	88.15	122.56
50	42.52	56.58	64.58	85.21	113.13	52.79	72.49	70.18	94.02	140.13
55	43.81	61.99	70.91	89.62	119.49	55.28	80.76	79.70	106.54	144.34
60	52.28	83.23	79.75	96.78	130.01	64.92	104.84	100.45	121.90	147.94
65	78.53	115.72	107.74	120.78	140.52	96.80	151.58	141.12	158.21	181.04
70	119.32	162.86	152.29	170.14	194.55	149.23	211.80	197.23	221.26	254.16
75	206.22	271.90	253.94	286.30	323.71	266.86	352.63	329.34	376.88	407.30
80	360.88	448.63	406.31	458.07	517.94	467.00	581.84	526.95	603.01	651.67
85	525.85	652.55	584.07	658.48	744.54	680.48	846.32	757.49	866.82	936.78
90	824.86	1006.02	914.20	1030.67	1165.36	1067.42	1304.74	1185.64	1356.77	1466.27
94	1134.19	1427.45	1269.72	1431.48	1618.56	1467.71	1851.32	1646.72	1884.40	2036.48

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	37.90	59.98	62.01	74.44	94.33	44.21	68.56	71.79	84.23	104.02
30	40.60	65.14	65.98	78.36	98.76	46.86	73.69	75.63	90.60	119.59
35	43.30	70.29	69.94	82.27	103.19	49.50	78.82	79.47	96.96	135.16
40	49.12	76.15	74.76	92.41	122.89	54.44	86.10	85.33	104.90	145.61
45	53.00	79.02	76.65	98.92	137.78	57.23	90.00	87.83	108.72	150.35
50	57.09	82.42	79.79	105.78	159.92	61.70	93.13	91.36	116.55	166.68
55	61.26	90.78	89.60	119.77	161.93	64.83	104.06	99.21	132.62	170.74
60	74.84	121.03	115.95	140.71	164.98	86.98	137.72	134.18	162.82	181.82
65	106.43	169.54	157.85	176.97	203.80	120.75	188.35	184.71	207.09	238.47
70	166.51	240.80	224.23	254.14	278.79	191.98	271.14	258.73	293.25	321.68
75	301.22	404.84	378.10	428.46	484.47	338.39	464.05	427.37	484.28	547.58
80	527.14	667.99	604.97	685.54	775.16	592.19	765.68	683.79	774.85	876.13
85	768.12	971.62	869.64	985.47	1114.29	862.90	1113.72	982.95	1113.84	1259.44
90	1204.90	1497.91	1361.17	1542.47	1744.10	1353.57	1716.98	1538.52	1743.41	1971.30
94	1656.73	2125.41	1890.52	2142.32	2422.36	1861.16	2436.25	2136.84	2421.40	2737.92

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	49.40	74.98	75.06	90.12	114.19	52.86	82.38	83.60	98.44	122.81
30	50.53	81.42	80.45	95.56	120.44	55.34	89.06	89.03	106.79	137.15
35	54.69	87.33	85.33	100.97	126.64	59.35	95.48	94.22	115.13	151.47
40	59.79	94.81	91.58	114.03	151.66	65.06	103.34	101.13	126.20	169.13
45	64.61	99.10	93.89	121.59	169.35	69.24	107.42	103.89	131.80	179.48
50	69.13	103.02	98.14	123.74	187.08	74.61	110.26	111.19	137.77	196.84
55	72.28	115.14	107.52	141.15	190.84	77.93	125.89	121.04	160.51	199.44
60	89.00	150.25	144.12	174.88	205.06	97.10	164.17	156.74	190.20	215.23
65	130.99	200.92	199.83	224.06	258.01	143.12	220.14	211.57	237.20	277.72
70	205.69	291.98	279.10	316.34	347.02	228.53	322.49	304.24	346.48	380.25
75	363.82	500.32	460.72	522.08	590.32	401.80	551.05	513.24	571.29	640.03
80	606.21	791.08	704.79	798.66	903.06	687.92	892.01	805.00	895.74	1003.31
85	883.99	1152.68	1014.82	1149.99	1300.31	1002.73	1298.48	1158.03	1288.58	1443.34
90	1387.92	1776.31	1587.03	1798.41	2033.50	1573.54	2001.45	1811.88	2016.13	2258.26
94	1907.47	2520.87	2204.61	2498.25	2824.82	2163.16	2840.12	2516.70	2800.41	3136.73

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	56.32	89.78	92.13	106.76	131.43
30	60.16	96.70	97.62	118.02	153.86
35	64.00	103.63	103.11	129.29	176.30
40	70.32	111.88	110.67	138.37	186.61
45	73.88	115.74	113.89	142.02	189.61
50	80.08	117.50	124.23	151.81	206.60
55	83.58	136.64	134.57	179.87	208.04
60	105.19	178.10	169.36	205.52	225.40
65	155.26	239.35	223.30	250.34	297.42
70	251.36	353.01	329.38	376.61	413.49
75	439.79	601.78	565.76	620.51	689.73
80	769.64	992.94	905.22	992.82	1103.56
85	1121.47	1444.28	1301.25	1427.18	1586.37
90	1759.17	2226.60	2036.74	2233.84	2483.02
94	2418.86	3159.37	2828.80	3102.56	3448.64

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 5  
Single Preferred Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	730 x Daily Benefit						1,095 x Daily Benefit									
	Lifetime Maximum:		3%		4%		5%		Lifetime Maximum:		3%		4%		5%	
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	
25 or Under	41.02	64.38	66.55	79.98	105.17	53.17	81.74	84.48	100.70	127.17						
30	43.10	69.22	70.13	83.06	110.94	56.03	88.41	89.53	105.60	136.30						
35	45.17	74.06	73.71	86.13	116.70	58.88	95.07	94.58	110.50	145.43						
40	52.75	78.98	77.51	95.30	129.85	67.63	101.50	100.16	122.65	162.70						
45	58.26	80.81	78.28	100.73	137.90	73.72	103.94	101.82	129.99	173.58						
50	61.19	84.41	82.73	115.72	145.03	75.98	108.14	104.71	135.21	186.02						
55	66.72	91.32	90.15	123.23	161.46	84.18	118.98	117.43	157.99	201.92						
60	81.95	126.33	121.05	144.78	181.44	98.52	159.12	152.47	184.42	233.09						
65	121.44	178.94	166.62	197.29	222.14	149.68	234.41	218.24	258.41	279.96						
70	199.06	271.70	254.06	296.97	323.64	248.96	353.33	329.03	384.60	422.79						
75	292.26	385.35	359.90	438.70	456.98	378.21	499.77	466.78	571.27	658.31						
80	511.46	635.83	575.84	701.92	731.17	661.87	824.62	746.85	914.03	1053.30						
85	745.26	924.84	827.77	1009.01	1051.05	964.44	1199.45	1073.59	1313.92	1514.11						
90	1169.04	1425.80	1295.64	1579.32	1645.13	1512.84	1849.15	1680.41	2056.57	2369.92						
94	1607.43	2023.09	1799.50	2193.50	2284.90	2080.16	2623.79	2333.90	2856.35	3291.55						

Issue Age	1,460 x Daily Benefit						1,825 x Daily Benefit									
	Lifetime Maximum:		3%		4%		5%		Lifetime Maximum:		3%		4%		5%	
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	
25 or Under	58.24	90.38	93.43	109.24	144.46	67.10	103.30	108.18	126.20	162.37						
30	60.86	98.15	99.41	117.15	153.89	69.82	111.02	113.97	139.47	178.34						
35	63.47	105.91	105.38	125.05	163.32	72.54	118.74	119.75	152.74	194.31						
40	73.57	113.72	111.66	140.59	182.81	81.49	128.32	127.44	162.74	211.78						
45	80.78	117.07	113.56	150.61	195.14	87.24	132.86	130.14	166.35	220.94						
50	83.44	122.96	119.05	157.67	212.29	89.93	138.93	136.30	180.84	229.58						
55	93.28	133.75	132.00	177.51	226.52	99.85	153.30	146.17	196.56	247.83						
60	113.59	183.69	176.00	210.38	260.41	132.02	209.01	203.65	243.44	286.96						
65	164.59	262.18	244.10	289.03	315.16	186.74	291.29	285.64	338.22	368.78						
70	277.79	401.72	374.08	437.26	465.09	320.27	452.33	431.62	504.52	536.64						
75	426.91	573.76	535.87	654.11	713.64	479.59	657.68	605.70	739.33	773.00						
80	747.09	946.70	857.39	1046.58	1141.82	839.28	1085.17	969.12	1182.93	1236.80						
85	1088.62	1377.02	1232.50	1504.45	1641.37	1222.95	1578.43	1393.11	1700.46	1777.90						
90	1707.64	2122.91	1929.13	2354.80	2569.10	1918.36	2433.42	2180.52	2661.59	2782.80						
94	2348.01	3012.24	2679.35	3270.55	3568.20	2637.75	3452.82	3028.50	3696.65	3865.00						

Issue Age	2,190 x Daily Benefit						2,920 x Daily Benefit									
	Lifetime Maximum:		3%		4%		5%		Lifetime Maximum:		3%		4%		5%	
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	Compound BIO	
25 or Under	75.91	112.98	113.10	132.24	174.87	80.69	124.12	125.96	146.39	187.75						
30	75.74	122.68	121.21	142.86	187.67	82.95	134.11	134.06	157.00	199.89						
35	80.16	131.59	128.56	153.47	200.44	87.51	143.70	141.79	167.61	212.02						
40	89.56	141.58	136.78	173.48	225.60	97.68	153.87	150.62	185.90	240.43						
45	98.47	146.81	139.11	185.12	239.86	105.54	158.40	153.28	196.10	258.37						
50	101.05	153.70	146.43	184.45	248.34	108.23	164.23	158.48	199.17	265.59						
55	110.07	169.63	158.40	209.21	266.97	119.41	185.27	178.13	232.56	283.65						
60	135.08	228.03	218.76	261.47	323.67	147.37	249.43	238.15	284.28	339.71						
65	202.57	310.71	309.02	365.95	399.00	221.79	340.44	327.17	388.22	430.11						
70	343.15	487.11	465.62	544.29	578.90	377.57	534.53	505.14	589.53	630.27						
75	515.62	709.08	652.96	797.02	869.56	566.05	777.38	722.91	877.98	996.54						
80	859.16	1121.16	998.87	1219.26	1330.22	969.00	1258.27	1133.71	1376.78	1563.92						
85	1252.84	1633.64	1438.26	1755.62	1915.40	1412.43	1831.64	1630.91	1980.59	2249.74						
90	1967.03	2517.47	2249.23	2745.53	2995.39	2216.47	2823.24	2551.75	3098.85	3520.01						
94	2703.36	3572.70	3124.49	3813.93	4161.04	3047.00	4006.26	3544.37	4304.32	4889.29						

Issue Age	3,650 x Daily Benefit							
	Lifetime Maximum:		3%		4%		5%	
	No BIO	Simple BIO	Compound BIO					
25 or Under	85.47	135.27	138.82	160.54	200.62			
30	90.16	145.54	146.92	171.15	212.11			
35	94.85	155.81	155.02	181.75	223.60			
40	105.80	166.16	164.45	198.31	255.25			
45	112.61	169.99	167.44	207.09	276.89			
50	115.42	174.75	170.53	213.89	282.85			
55	128.74	200.91	197.86	255.91	300.33			
60	159.66	270.84	257.55	307.09	355.74			
65	241.00	370.16	345.31	410.49	461.23			
70	411.99	581.96	544.65	634.76	681.63			
75	616.48	845.68	792.85	958.94	1123.51			
80	1078.84	1395.37	1268.56	1534.30	1797.62			
85	1572.02	2029.63	1823.56	2205.56	2584.07			
90	2465.92	3129.02	2854.26	3452.18	4044.64			
94	3390.64	4439.82	3964.25	4794.70	5617.55			

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 6**  
**Married Preferred Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	24.49	37.28	39.43	50.93	69.54	34.28	45.21	47.79	60.72	83.25
30	27.43	39.12	40.10	51.91	72.48	35.75	48.90	50.05	62.68	83.25
35	30.36	40.96	40.76	52.89	75.42	37.22	52.58	52.31	64.64	83.25
40	34.42	45.08	44.25	59.44	84.93	42.94	57.97	57.20	73.42	101.28
45	37.13	47.43	46.00	63.66	91.11	46.98	61.09	59.84	79.33	115.33
50	38.37	49.54	58.30	76.40	97.64	47.65	64.19	63.13	86.48	126.47
55	41.86	51.66	60.79	81.29	108.53	52.83	67.30	66.42	93.05	137.34
60	46.73	69.36	66.45	87.61	115.65	55.39	87.37	83.70	110.34	144.40
65	65.44	96.43	89.78	100.66	117.11	80.66	126.32	117.60	131.85	150.87
70	99.44	135.72	126.91	141.77	162.13	124.36	176.50	164.36	184.38	211.79
75	171.85	226.58	211.62	238.58	269.76	222.38	293.86	274.46	314.07	339.41
80	300.74	373.86	338.59	381.73	431.62	389.17	484.87	439.14	502.51	543.06
85	438.22	543.79	486.73	548.73	620.45	567.07	705.26	631.26	722.36	780.64
90	687.40	838.35	761.83	858.89	971.14	889.52	1087.28	988.06	1130.65	1221.88
94	945.18	1189.55	1058.10	1192.90	1348.80	1223.09	1542.77	1372.30	1570.35	1697.05

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	34.28	49.98	52.85	68.56	93.05	44.07	57.13	59.83	73.46	97.94
30	38.20	54.28	55.57	71.50	95.50	45.05	61.40	63.03	76.40	97.94
35	42.12	58.57	58.29	74.44	97.94	46.03	65.67	66.23	79.33	97.94
40	47.74	64.76	63.58	82.92	116.08	51.83	73.24	72.57	91.91	124.45
45	51.49	68.42	66.38	88.15	129.66	55.60	77.93	76.06	100.88	146.07
50	55.01	72.04	70.52	95.00	144.33	58.78	82.32	79.37	105.78	150.43
55	58.54	75.66	74.67	102.84	154.07	61.94	86.71	82.68	112.63	163.17
60	63.85	100.85	96.63	127.38	162.28	72.48	114.76	111.81	147.39	166.38
65	88.70	141.28	131.55	147.48	169.83	100.63	156.96	153.93	172.58	198.73
70	138.76	200.67	186.86	211.78	232.33	159.98	225.95	215.60	244.38	288.07
75	251.02	337.36	315.08	357.05	403.73	281.99	386.71	356.14	403.57	456.31
80	439.29	556.64	504.13	571.28	645.97	493.48	638.07	569.82	645.71	730.10
85	640.10	809.66	724.68	821.22	928.58	719.07	928.10	819.12	928.21	1049.51
90	1004.08	1248.23	1134.29	1285.38	1453.43	1127.96	1430.83	1282.10	1452.85	1642.72
94	1380.61	1771.14	1575.40	1785.25	2018.65	1550.95	2030.23	1780.70	2017.85	2281.55

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	44.68	62.48	63.98	83.00	112.64	49.28	68.65	70.38	90.47	119.98
30	47.54	67.84	67.76	87.20	116.46	53.15	74.22	74.56	95.02	125.57
35	53.20	72.77	71.11	91.36	120.20	58.43	79.57	78.52	99.55	131.11
40	58.12	80.63	77.89	102.32	143.24	63.59	87.90	86.00	111.35	154.81
45	62.77	85.80	81.32	108.35	159.37	67.27	93.01	89.97	118.33	171.79
50	66.62	90.05	86.74	111.14	168.84	69.44	98.55	96.06	122.17	177.64
55	69.08	95.96	89.60	121.20	181.58	74.47	104.91	100.87	133.08	190.20
60	75.93	125.19	120.11	158.32	201.70	81.79	136.80	130.62	172.18	203.98
65	109.17	167.43	166.54	186.73	215.01	119.27	183.45	176.31	197.67	231.43
70	171.41	243.32	232.59	263.62	289.18	190.44	268.75	253.54	288.73	316.88
75	303.18	416.93	383.93	435.06	491.94	334.84	459.21	427.69	476.08	533.35
80	505.18	659.22	587.31	665.54	752.55	573.28	743.34	670.82	746.44	836.09
85	736.66	960.55	845.66	958.32	1083.60	835.62	1082.06	965.01	1073.81	1202.79
90	1156.60	1480.23	1322.50	1498.66	1694.59	1311.30	1667.87	1509.88	1680.09	1881.88
94	1589.56	2100.68	1837.13	2081.86	2354.04	1802.65	2366.75	2097.22	2333.65	2613.94

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	53.87	74.82	76.78	97.94	127.33
30	58.77	80.60	81.36	102.84	134.68
35	63.66	86.37	85.93	107.74	142.02
40	69.07	95.17	94.12	120.39	166.37
45	71.77	100.23	98.62	128.31	184.20
50	72.27	107.05	105.38	133.20	186.45
55	79.87	113.87	112.14	144.96	198.81
60	87.66	148.41	141.14	186.05	206.26
65	129.37	199.46	186.08	208.62	247.86
70	209.47	294.17	274.49	313.84	344.57
75	366.50	501.49	471.46	517.09	574.77
80	641.38	827.46	754.34	827.34	919.63
85	934.58	1203.58	1084.36	1189.31	1321.97
90	1466.00	1855.51	1697.26	1861.52	2069.17
94	2015.75	2632.82	2357.30	2585.45	2873.85

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 7  
Single Preferred Best Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	36.92	57.94	59.90	71.98	94.65	47.85	73.57	76.03	90.63	114.45
30	38.79	62.30	63.12	74.75	99.84	50.42	79.56	80.58	95.04	122.67
35	40.65	66.65	66.34	77.52	105.03	52.99	85.56	85.12	99.45	130.89
40	47.47	71.09	69.76	85.77	116.86	60.86	91.35	90.15	110.38	146.43
45	52.43	72.73	70.45	90.66	124.11	66.35	93.55	91.64	116.99	156.22
50	55.07	75.97	74.46	104.15	130.53	68.38	97.33	94.24	121.69	167.42
55	60.05	82.19	81.14	110.91	145.31	75.76	107.08	105.69	142.19	181.73
60	73.76	113.70	108.95	130.30	163.30	88.67	143.21	137.22	165.98	209.78
65	109.30	161.05	149.96	177.56	199.93	134.71	210.97	196.42	232.57	251.96
70	179.15	244.53	228.65	267.27	291.28	224.06	318.00	296.13	346.14	380.51
75	263.03	346.82	323.91	394.83	411.28	340.39	449.79	420.10	514.14	592.48
80	460.31	572.24	518.26	631.73	658.05	595.68	742.16	672.16	822.63	947.97
85	670.74	832.36	744.99	908.11	945.95	867.99	1079.50	966.23	1182.53	1362.70
90	1052.14	1283.22	1166.08	1421.39	1480.62	1361.56	1664.23	1512.37	1850.91	2132.92
94	1446.69	1820.78	1619.55	1974.15	2056.41	1872.14	2361.41	2100.51	2570.72	2962.40

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	52.42	81.34	84.09	98.32	130.01	60.39	92.97	97.36	113.58	146.13
30	54.77	88.33	89.46	105.43	138.50	62.84	99.92	102.57	125.52	160.51
35	57.12	95.32	94.84	112.55	146.99	65.29	106.87	107.78	137.47	174.88
40	66.21	102.35	100.49	126.53	164.53	73.34	115.48	114.70	146.46	190.60
45	72.70	105.36	102.20	135.55	175.63	78.52	119.57	117.13	149.72	198.85
50	75.10	110.66	107.15	141.90	191.06	80.94	125.04	122.67	162.76	206.62
55	83.95	120.38	118.80	159.76	203.87	89.87	137.97	131.55	176.90	223.05
60	102.23	165.32	158.40	189.34	234.37	118.82	188.11	183.29	219.10	258.26
65	148.13	235.96	219.69	260.13	283.64	168.07	262.16	257.08	304.40	331.90
70	250.01	361.55	336.67	393.53	418.58	288.24	407.10	388.46	454.07	482.98
75	384.22	516.38	482.28	588.70	642.28	431.63	591.91	545.13	665.40	695.70
80	672.38	852.03	771.65	941.92	1027.64	755.35	976.65	872.21	1064.64	1113.12
85	979.76	1239.32	1109.25	1354.01	1477.23	1100.66	1420.59	1253.80	1530.41	1600.11
90	1536.88	1910.62	1736.22	2119.32	2312.19	1726.52	2190.07	1962.47	2395.43	2504.52
94	2113.20	2711.02	2411.42	2943.50	3211.38	2373.97	3107.54	2725.65	3326.99	3478.50

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	68.32	101.68	101.79	119.02	157.39	72.62	111.71	113.36	131.75	168.97
30	68.16	110.41	109.08	128.58	168.90	74.65	120.70	120.66	141.30	179.90
35	72.15	118.43	115.71	138.13	180.39	78.76	129.33	127.61	150.85	190.82
40	80.60	127.42	123.10	156.14	203.04	87.91	138.48	135.56	167.31	216.38
45	88.62	132.13	125.20	166.61	215.87	94.99	142.56	137.95	176.49	232.54
50	90.94	138.33	131.79	166.00	223.51	97.41	147.80	142.63	179.25	239.04
55	99.06	152.67	142.56	188.29	240.27	107.46	166.74	160.32	209.30	255.29
60	121.57	205.23	196.88	235.33	291.30	132.63	224.49	214.34	255.85	305.73
65	182.32	279.64	278.12	329.35	359.10	199.61	306.39	294.45	349.40	387.10
70	308.84	438.39	419.06	489.86	521.01	339.81	481.08	454.62	530.57	567.24
75	464.06	638.17	587.67	717.32	782.61	509.44	699.64	650.62	790.18	896.88
80	773.24	1009.05	898.98	1097.33	1197.20	872.10	1132.44	1020.34	1239.10	1407.53
85	1127.56	1470.28	1294.43	1580.06	1723.86	1271.19	1648.47	1467.82	1782.53	2024.76
90	1770.33	2265.72	2024.31	2470.97	2695.85	1994.83	2540.92	2296.57	2788.97	3168.01
94	2433.03	3215.43	2812.04	3432.54	3744.93	2742.30	3605.63	3189.93	3873.88	4400.36

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	76.92	121.74	124.94	144.49	180.56
30	81.14	130.99	132.23	154.03	190.90
35	85.37	140.23	139.52	163.58	201.24
40	95.22	149.54	148.01	178.48	229.72
45	101.35	152.99	150.70	186.38	249.20
50	103.88	157.28	153.48	192.50	254.57
55	115.87	180.82	178.07	230.32	270.30
60	143.69	243.76	231.80	276.38	320.17
65	216.90	333.14	310.78	369.44	415.11
70	370.79	523.76	490.19	571.28	613.47
75	554.83	761.11	713.57	863.05	1011.16
80	970.96	1255.83	1141.70	1380.87	1617.85
85	1414.82	1826.67	1641.20	1985.01	2325.67
90	2219.33	2816.11	2568.83	3106.97	3640.17
94	3051.58	3995.84	3567.83	4315.23	5055.80

# GENWORTH LIFE INSURANCE COMPANY

**Base Table 8**  
**Married Preferred Best Rates**

Annual rates per \$10 Daily Benefit (or per \$300 Monthly Benefit)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	22.04	33.55	35.49	45.84	62.59	30.85	40.69	43.01	54.65	74.93
30	24.68	35.21	36.09	46.72	65.23	32.18	44.01	45.05	56.41	74.93
35	27.32	36.86	36.68	47.60	67.88	33.50	47.32	47.08	58.18	74.93
40	30.98	40.57	39.82	53.50	76.44	38.65	52.17	51.48	66.08	91.15
45	33.42	42.69	41.40	57.29	82.00	42.28	54.98	53.86	71.40	103.80
50	34.53	44.59	52.47	68.76	87.88	42.89	57.77	56.82	77.83	113.82
55	37.67	46.49	54.71	73.16	97.68	47.55	60.57	59.78	83.75	123.61
60	42.06	62.42	59.81	78.85	104.09	49.85	78.63	75.33	99.31	129.96
65	58.90	86.79	80.80	90.59	105.40	72.59	113.69	105.84	118.67	135.78
70	89.50	122.15	114.22	127.59	145.92	111.92	158.85	147.92	165.94	190.61
75	154.67	203.92	190.46	214.72	242.78	200.14	264.47	247.01	282.66	305.47
80	270.66	336.47	304.73	343.56	388.45	350.25	436.38	395.22	452.26	488.75
85	394.40	489.41	438.05	493.86	558.40	510.36	634.74	568.13	650.12	702.58
90	618.66	754.51	685.65	773.00	874.02	800.57	978.55	889.25	1017.59	1099.69
94	850.66	1070.59	952.29	1073.61	1213.92	1100.78	1388.49	1235.07	1413.32	1527.35

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	30.85	44.98	47.57	61.70	83.75	39.66	51.42	53.85	66.11	88.15
30	34.38	48.85	50.01	64.35	85.95	40.55	55.26	56.73	68.76	88.15
35	37.91	52.71	52.46	67.00	88.15	41.43	59.10	59.61	71.40	88.15
40	42.97	58.29	57.22	74.63	104.47	46.65	65.91	65.31	82.72	112.00
45	46.34	61.58	59.74	79.34	116.69	50.04	70.14	68.45	90.79	131.46
50	49.51	64.84	63.47	85.50	129.90	52.90	74.09	71.43	95.20	135.39
55	52.69	68.09	67.20	92.56	138.66	55.75	78.04	74.41	101.37	146.85
60	57.47	90.77	86.97	114.64	146.05	65.23	103.28	100.63	132.65	149.74
65	79.83	127.15	118.40	132.73	152.85	90.57	141.26	138.54	155.32	178.86
70	124.88	180.60	168.17	190.60	209.10	143.98	203.36	194.04	219.94	241.26
75	225.92	303.62	283.57	321.35	363.36	253.79	348.04	320.53	363.21	410.68
80	395.36	500.98	453.72	514.15	581.37	444.13	574.26	512.84	581.14	657.09
85	576.09	728.70	652.22	739.09	835.72	647.17	835.29	737.21	835.39	944.56
90	903.67	1123.41	1020.86	1156.84	1308.09	1015.16	1287.74	1153.89	1307.57	1478.44
94	1242.55	1594.03	1417.86	1606.73	1816.79	1395.85	1827.20	1602.63	1816.07	2053.40

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	5%		3%	4%	5%	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	40.21	56.23	57.58	74.70	101.38	44.35	61.78	63.34	81.42	107.99
30	42.79	61.06	60.98	78.48	104.81	47.84	66.80	67.10	85.52	113.01
35	47.88	65.49	64.00	82.22	108.18	52.59	71.61	70.67	89.59	118.00
40	52.31	72.57	70.10	92.09	128.92	57.24	79.11	77.40	100.22	139.33
45	56.49	77.22	73.18	97.51	143.44	60.54	83.71	80.97	106.50	154.61
50	59.96	81.05	78.07	100.02	151.95	62.50	88.70	86.45	109.95	159.88
55	62.17	86.36	80.64	109.08	163.42	67.03	94.42	90.78	119.77	171.18
60	68.34	112.67	108.10	142.48	181.53	73.62	123.12	117.56	154.96	183.58
65	98.25	150.69	149.88	168.05	193.51	107.34	165.10	158.68	177.91	208.29
70	154.27	218.99	209.33	237.26	260.27	171.40	241.87	228.18	259.86	285.19
75	272.86	375.23	345.54	391.55	442.75	301.36	413.29	384.92	428.47	480.02
80	454.66	593.30	528.58	598.99	677.30	515.95	669.01	603.74	671.80	752.48
85	663.00	864.50	761.10	862.48	975.24	752.06	973.86	868.51	966.43	1082.51
90	1040.94	1332.20	1190.25	1348.80	1525.13	1180.17	1501.08	1358.89	1512.08	1693.69
94	1430.60	1890.61	1653.42	1873.67	2118.63	1622.39	2130.08	1887.50	2100.29	2352.55

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
25 or Under	48.48	67.34	69.10	88.15	114.60
30	52.89	72.54	73.22	92.56	121.21
35	57.29	77.73	77.34	96.97	127.82
40	62.16	85.65	84.71	108.35	149.73
45	64.59	90.21	88.76	115.48	165.78
50	65.04	96.35	94.84	119.88	167.81
55	71.88	102.48	100.93	130.46	178.93
60	78.89	133.57	127.03	167.45	185.63
65	116.43	179.51	167.47	187.76	223.07
70	188.52	264.75	247.04	282.46	310.11
75	329.85	451.34	424.31	465.38	517.29
80	577.24	744.71	678.90	744.61	827.67
85	841.12	1083.22	975.92	1070.38	1189.77
90	1319.40	1669.96	1527.53	1675.37	1862.25
94	1814.18	2369.54	2121.57	2326.91	2586.47

**GENWORTH LIFE INSURANCE COMPANY**

**Table A-1  
Future Purchase Options**

<b>FPO Offer</b>	<b>% Load</b>
5% Compounded Annually every 3 years	1.065

**Table A-2  
Guaranteed Purchase Options**

<b>GPO Offer</b>	<b>% Load</b>
5% Compounded Annually every 3 years	1.105

**GENWORTH LIFE INSURANCE COMPANY**

**Table B**  
**Limited Pay Factors**

(Multiple of Lifetime Pay Rates)

<b>Issue Age</b>	<b>10-Year Premium Payment</b>	<b>To Age 65 Premium Payment</b>
< 25	4.56	1.25
25-29	4.21	1.38
30-34	3.92	1.75
35-39	3.63	2.07
40-44	3.34	2.30
45	3.16	2.40
46	3.10	2.42
47	3.05	2.43
48	3.00	2.45
49	2.93	2.48
50	2.87	2.50
51	2.82	2.51
52	2.76	2.53
53	2.69	2.55
54	2.64	2.56
55	2.58	2.58
56	2.53	
57	2.45	
58	2.37	
59	2.28	
60	2.20	
61	2.15	
62	2.09	
63	2.03	
64	1.99	
65	1.93	
66	1.87	
67	1.81	
68	1.76	
69	1.70	
70	1.64	
71	1.59	
72	1.54	
73	1.48	
74	1.43	
75	1.37	
76	1.31	
77	1.25	
78	1.20	
79	1.14	
80	1.08	
81 and over	1.04	

# GENWORTH LIFE INSURANCE COMPANY

**Table C-1**

**Service Day Elimination Period**

(% Change to 90 Day Service Day EP)

EP	%
0	30%
30	18%
60	10%
90	0%
180	-10%
365	-30%

Rate factors for other elimination periods will be determined by linear interpolation.



# GENWORTH LIFE INSURANCE COMPANY

**Table D-2**  
**50% Home & Community Care Care**

Issue Age	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
< 25	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
25-29	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
30-34	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
35-39	-4.0%	-4.0%	-4.0%	-4.0%	-4.0%
40-44	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
45-49	-5.0%	-5.0%	-4.0%	-4.0%	-4.0%
50-54	-6.0%	-6.0%	-4.0%	-4.0%	-4.0%
55-59	-8.0%	-6.0%	-4.0%	-4.0%	-4.0%
60-64	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
65-69	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
70-74	-9.0%	-6.0%	-5.0%	-5.0%	-5.0%
75-79	-9.0%	-6.0%	-6.0%	-6.0%	-6.0%
80-84	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
85-89	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%
90-94	-9.0%	-7.0%	-7.0%	-7.0%	-7.0%

**60% Home & Community Care Care**

Issue Age	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
< 25	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
25-29	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
30-34	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
35-39	-3.0%	-3.0%	-3.0%	-3.0%	-3.0%
40-44	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
45-49	-4.0%	-4.0%	-3.0%	-3.0%	-3.0%
50-54	-5.0%	-5.0%	-3.0%	-3.0%	-3.0%
55-59	-6.5%	-5.0%	-3.0%	-3.0%	-3.0%
60-64	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
65-69	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
70-74	-7.0%	-5.0%	-4.0%	-4.0%	-4.0%
75-79	-7.0%	-5.0%	-5.0%	-5.0%	-5.0%
80-84	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
85-89	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%
90-94	-7.0%	-5.5%	-5.5%	-5.5%	-5.5%

**75% Home & Community Care Care**

Issue Age	5%		3%	4%	5%
	No BIO	Simple BIO	Compound BIO	Compound BIO	Compound BIO
< 25	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
25-29	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
30-34	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
35-39	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%
40-44	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
45-49	-2.5%	-2.5%	-2.0%	-2.0%	-2.0%
50-54	-3.0%	-3.0%	-2.0%	-2.0%	-2.0%
55-59	-4.0%	-3.0%	-2.0%	-2.0%	-2.0%
60-64	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
65-69	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
70-74	-4.5%	-3.0%	-2.5%	-2.5%	-2.5%
75-79	-4.5%	-3.0%	-3.0%	-3.0%	-3.0%
80-84	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
85-89	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%
90-94	-4.5%	-3.5%	-3.5%	-3.5%	-3.5%

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**Table D-3**  
**50% Assisted Living Facility**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
25-29	-6.5%	-3.5%	-6.4%	-3.5%	-3.5%
30-34	-6.8%	-3.7%	-6.6%	-3.7%	-3.7%
35-39	-7.0%	-4.0%	-6.8%	-4.0%	-4.0%
40-44	-7.2%	-4.2%	-7.1%	-4.2%	-4.2%
45-49	-7.5%	-4.4%	-7.3%	-4.4%	-4.4%
50-54	-7.9%	-4.9%	-7.8%	-4.9%	-4.9%
55-59	-8.6%	-5.3%	-8.4%	-5.3%	-5.3%
60-64	-9.3%	-5.7%	-9.1%	-5.7%	-5.7%
65-69	-10.0%	-6.2%	-9.7%	-6.2%	-6.2%
70-74	-10.7%	-6.7%	-10.3%	-6.7%	-6.7%
75-79	-11.0%	-7.0%	-10.6%	-7.0%	-7.0%
80-84	-11.4%	-7.4%	-10.9%	-7.4%	-7.4%
85-89	-11.7%	-7.7%	-11.2%	-7.7%	-7.7%
90-94	-12.0%	-8.0%	-11.5%	-8.0%	-8.0%

**60% Assisted Living Facility**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
25-29	-4.7%	-1.8%	-4.5%	-1.8%	-1.8%
30-34	-4.9%	-2.1%	-4.7%	-2.1%	-2.1%
35-39	-5.2%	-2.3%	-5.0%	-2.3%	-2.3%
40-44	-5.4%	-2.6%	-5.2%	-2.6%	-2.6%
45-49	-5.7%	-2.8%	-5.4%	-2.8%	-2.8%
50-54	-6.1%	-3.3%	-5.9%	-3.3%	-3.3%
55-59	-6.7%	-3.4%	-6.4%	-3.4%	-3.4%
60-64	-7.2%	-3.5%	-6.9%	-3.5%	-3.5%
65-69	-7.7%	-3.6%	-7.3%	-3.6%	-3.6%
70-74	-8.3%	-3.7%	-7.8%	-3.7%	-3.7%
75-79	-8.7%	-3.9%	-8.1%	-3.9%	-3.9%
80-84	-9.1%	-4.1%	-8.4%	-4.1%	-4.1%
85-89	-9.6%	-4.3%	-8.7%	-4.3%	-4.3%
90-94	-10.0%	-4.5%	-9.0%	-4.5%	-4.5%

**75% Assisted Living Facility**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
25-29	-1.9%	-1.5%	-1.7%	-1.5%	-1.5%
30-34	-2.2%	-1.6%	-1.9%	-1.6%	-1.6%
35-39	-2.4%	-1.6%	-2.2%	-1.6%	-1.6%
40-44	-2.7%	-1.6%	-2.4%	-1.6%	-1.6%
45-49	-2.9%	-1.6%	-2.6%	-1.6%	-1.6%
50-54	-3.4%	-1.7%	-3.1%	-1.7%	-1.7%
55-59	-3.7%	-1.8%	-3.4%	-1.8%	-1.8%
60-64	-4.0%	-1.9%	-3.6%	-1.9%	-1.9%
65-69	-4.3%	-2.0%	-3.8%	-2.0%	-2.0%
70-74	-4.6%	-2.2%	-4.0%	-2.2%	-2.2%
75-79	-4.8%	-2.3%	-4.1%	-2.3%	-2.3%
80-84	-5.0%	-2.4%	-4.3%	-2.4%	-2.4%
85-89	-5.3%	-2.4%	-4.4%	-2.4%	-2.4%
90-94	-5.5%	-2.5%	-4.5%	-2.5%	-2.5%

**GENWORTH LIFE INSURANCE COMPANY**

**Table E-1**

**0-Day Home Care EP, 30-Day NH and ALF EP**

(% Increase from 30-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	4.6%	9.5%	3.4%	3.4%	3.4%

**0-Day Home Care EP, 60-Day NH and ALF EP**

(% Increase from 60-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.4%	9.5%	5.8%	5.8%	5.8%

**0-Day Home Care EP, 90-Day NH and ALF EP**

(% Increase from 90-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	9.5%	9.5%	7.5%	7.5%	7.5%

**0-Day Home Care EP, 180-Day NH and ALF EP**

(% Increase from 180-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	17.9%	9.5%	13.7%	13.7%	13.7%

**0-Day Home Care EP, 365-Day NH and ALF EP**

(% Increase from 365-Day EP for NH, ALF and HC)

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	27.8%	9.5%	24.2%	24.2%	24.2%

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**Table E-2** (% Increase to Base Rate)  
**Monthly Benefits**

All Issue ages 6.0%

**Table E-3** (% Increase to Base Rate)  
**Transition Benefit**

**(Benefit up to 5 times the Daily Benefit or 20% of the Monthly Benefit)**

All Issue ages 4.0%

**Table E-4**  
**10 Year Return of Premium on Death Benefit**

Issue Age					
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	23.0%	23.0%	23.0%	23.0%	23.0%
25-29	23.0%	23.0%	23.0%	23.0%	23.0%
30-34	23.0%	23.0%	23.0%	23.0%	23.0%
35-39	23.0%	23.0%	23.0%	23.0%	23.0%
40-44	23.0%	23.0%	23.0%	23.0%	23.0%
45-49	23.0%	23.0%	23.0%	23.0%	23.0%
50-54	28.0%	28.0%	28.0%	28.0%	28.0%
55-59	34.0%	34.0%	34.0%	34.0%	34.0%
60-64	39.0%	39.0%	39.0%	39.0%	39.0%
65-69	46.0%	46.0%	46.0%	46.0%	46.0%
70-74	58.0%	58.0%	58.0%	58.0%	58.0%
75-79	58.0%	58.0%	58.0%	58.0%	58.0%
80-84	58.0%	58.0%	58.0%	58.0%	58.0%
85-89	58.0%	58.0%	58.0%	58.0%	58.0%
90-94	58.0%	58.0%	58.0%	58.0%	58.0%

**Table E-5**  
**Graded Return of Premium on Death Benefit**

Issue Age	
18-64	8%
65+	N/A

**Table E-6** (% Increase to Base Rate)  
**10-Year Survivorship Rider**

All Issue ages 12.0%

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**Table E-7**  
**Restoration of Benefits** (% Increase to Base Rate)

Issue Age	Lifetime Maximum 730 x Daily Benefit					Lifetime Maximum 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	11.0%	9.0%	8.0%	8.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%

Issue Age	Lifetime Maximum 1,460 x Daily Benefit					Lifetime Maximum 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	7.0%	6.0%	5.0%	5.0%	5.0%

Issue Age	Lifetime Maximum 2,190 x Daily Benefit					Lifetime Maximum 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	7.0%	6.0%	5.0%	5.0%	5.0%	6.0%	4.0%	4.0%	4.0%	4.0%

Issue Age	Lifetime Maximum 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
All ages	6.0%	4.0%	4.0%	4.0%	4.0%

**Table E-8**  
**Nonforfeiture Benefit** (% Increase to Base Rate)

Issue Age	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
	< 25	30.0%	30.0%	30.0%	30.0%
25-29	29.0%	29.0%	29.0%	29.0%	29.0%
30-34	28.0%	28.0%	28.0%	28.0%	28.0%
35-39	27.0%	27.0%	27.0%	27.0%	27.0%
40-44	26.0%	26.0%	26.0%	26.0%	26.0%
45-49	25.0%	25.0%	25.0%	25.0%	25.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%
55-59	23.0%	23.0%	23.0%	23.0%	23.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%
65-69	21.0%	21.0%	21.0%	21.0%	21.0%
70-74	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	19.0%	19.0%	19.0%	19.0%	19.0%
80-84	18.0%	18.0%	18.0%	18.0%	18.0%
85-89	17.0%	17.0%	17.0%	17.0%	17.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%

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**Table E-9**  
**Shared Benefit Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	5.0%	5.0%	5.0%	5.0%	5.0%
25-29	8.0%	8.0%	8.0%	8.0%	8.0%	6.0%	6.0%	6.0%	6.0%	6.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
40-44	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
45-49	20.0%	20.0%	20.0%	20.0%	20.0%	13.0%	13.0%	13.0%	13.0%	13.0%
50-54	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
55-59	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	22.0%	22.0%	22.0%	22.0%	22.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	25.0%	25.0%	25.0%	25.0%	25.0%	18.0%	18.0%	18.0%	18.0%	18.0%
70-74	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
75-79	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
80-84	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
85-89	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%
90-94	28.0%	28.0%	28.0%	28.0%	28.0%	20.0%	20.0%	20.0%	20.0%	20.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%	10.0%	10.0%	10.0%	10.0%	10.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	4.0%	4.0%	4.0%	4.0%	4.0%
25-29	4.5%	4.5%	4.5%	4.5%	4.5%
30-34	5.0%	5.0%	5.0%	5.0%	5.0%
35-39	6.0%	6.0%	6.0%	6.0%	6.0%
40-44	7.0%	7.0%	7.0%	7.0%	7.0%
45-49	10.0%	10.0%	10.0%	10.0%	10.0%
50-54	10.0%	10.0%	10.0%	10.0%	10.0%
55-59	10.0%	10.0%	10.0%	10.0%	10.0%
60-64	10.0%	10.0%	10.0%	10.0%	10.0%
65-69	10.0%	10.0%	10.0%	10.0%	10.0%
70-74	10.0%	10.0%	10.0%	10.0%	10.0%
75-79	10.0%	10.0%	10.0%	10.0%	10.0%
80-84	10.0%	10.0%	10.0%	10.0%	10.0%
85-89	10.0%	10.0%	10.0%	10.0%	10.0%
90-94	10.0%	10.0%	10.0%	10.0%	10.0%

# GENWORTH LIFE INSURANCE COMPANY

**Table E-10**

**Shared Benefit Rider with Joint Waiver Rider**

(% Increase to Base Rate)

Issue Age	Lifetime Maximum: 730 x Daily Benefit					Lifetime Maximum: 1,095 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	8.0%	8.0%	8.0%	8.0%	8.0%	7.0%	7.0%	7.0%	7.0%	7.0%
25-29	10.0%	10.0%	10.0%	10.0%	10.0%	8.0%	8.0%	8.0%	8.0%	8.0%
30-34	12.0%	12.0%	12.0%	12.0%	12.0%	9.0%	9.0%	9.0%	9.0%	9.0%
35-39	14.0%	14.0%	14.0%	14.0%	14.0%	11.0%	11.0%	11.0%	11.0%	11.0%
40-44	16.0%	16.0%	16.0%	16.0%	16.0%	13.0%	13.0%	13.0%	13.0%	13.0%
45-49	22.0%	22.0%	22.0%	22.0%	22.0%	15.0%	15.0%	15.0%	15.0%	15.0%
50-54	24.0%	24.0%	24.0%	24.0%	24.0%	17.0%	17.0%	17.0%	17.0%	17.0%
55-59	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
60-64	24.0%	24.0%	24.0%	24.0%	24.0%	18.0%	18.0%	18.0%	18.0%	18.0%
65-69	27.0%	27.0%	27.0%	27.0%	27.0%	20.0%	20.0%	20.0%	20.0%	20.0%
70-74	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
75-79	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
80-84	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
85-89	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%
90-94	30.0%	30.0%	30.0%	30.0%	30.0%	22.0%	22.0%	22.0%	22.0%	22.0%

Issue Age	Lifetime Maximum: 1,460 x Daily Benefit					Lifetime Maximum: 1,825 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
55-59	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
60-64	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
65-69	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
70-74	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
75-79	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
80-84	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
85-89	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%
90-94	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%	16.0%

Issue Age	Lifetime Maximum: 2,190 x Daily Benefit					Lifetime Maximum: 2,920 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	14.0%	14.0%	14.0%	14.0%	14.0%	12.0%	12.0%	12.0%	12.0%	12.0%

Issue Age	Lifetime Maximum: 3,650 x Daily Benefit				
	No BIO	5% Simple BIO	3% Compound BIO	4% Compound BIO	5% Compound BIO
< 25	6.0%	6.0%	6.0%	6.0%	6.0%
25-29	6.5%	6.5%	6.5%	6.5%	6.5%
30-34	7.0%	7.0%	7.0%	7.0%	7.0%
35-39	8.0%	8.0%	8.0%	8.0%	8.0%
40-44	9.0%	9.0%	9.0%	9.0%	9.0%
45-49	12.0%	12.0%	12.0%	12.0%	12.0%
50-54	12.0%	12.0%	12.0%	12.0%	12.0%
55-59	12.0%	12.0%	12.0%	12.0%	12.0%
60-64	12.0%	12.0%	12.0%	12.0%	12.0%
65-69	12.0%	12.0%	12.0%	12.0%	12.0%
70-74	12.0%	12.0%	12.0%	12.0%	12.0%
75-79	12.0%	12.0%	12.0%	12.0%	12.0%
80-84	12.0%	12.0%	12.0%	12.0%	12.0%
85-89	12.0%	12.0%	12.0%	12.0%	12.0%
90-94	12.0%	12.0%	12.0%	12.0%	12.0%

**GENWORTH LIFE INSURANCE COMPANY**

**Table E-11** (% Increase to Base Rate)  
**7-Year Enhanced Benefit Rider**

All Issue ages 16.0%

**Table F**  
**Adjustments to annual premium rates when alternative billing frequencies are used**

Mode	Factor
Annual	0.97087 to 1.00000
Semi-Annually	0.49515 to 0.51000
Quarterly	0.25 to 0.26000
Monthly & Others	0.08333 to 0.09000

Premiums for payment options in the Other Category will be calculated using the following formula: Monthly Rate \* 12 / # Payments per Year.

**Table G-1** (% Increase to Base Rate)  
**Informal Care Benefit**  
**(Benefit up to 25% of Daily Benefit or 1% of Monthly Benefit for no more than 30 days per calendar year)**

All Issue ages 3% (subject to the Elimination Period unless stated in Schedule Page)

**Table G-2**  
**Rate Guarantee**

Rate Guarantee Period	Certificate Level	Policy Level
0 to 3 Years	1.00	1.00
4 Years	1.02	1.00
5 Years	1.04	1.00
6 Years	Not Available	1.02
7 Years	Not Available	1.04
8 Years	Not Available	1.06
9 Years	Not Available	1.08
10 Years	Not Available	1.10

**GENWORTH LIFE INSURANCE COMPANY**

**Table H**  
**Adjustments for Alternative Flat Commission Levels (or actuarial equivalent)**

<b>Commission %</b>	<b>Factor</b>
0%	0.825
1%	0.835
2%	0.845
3%	0.855
4%	0.865
5%	0.875
6%	0.888
7%	0.901
8%	0.914
9%	0.927
10%	0.940
11%	0.952
12%	0.964
13%	0.976
14%	0.988
15%	1.000
16%	1.018
17%	1.036
18%	1.054
19%	1.072
20%	1.090
21%	1.108
22%	1.126
23%	1.144
24%	1.162
25%	1.180

**Table I**  
**Group Underwriting Factor** (Multiple of Base Rates)

<b>Factor</b>
0.65 to 1.50

**Table J**  
**Expense Adjustment Factor** (Multiple of Base Rates)

<b>Factor</b>
0.65 to 1.50

# GENWORTH LIFE INSURANCE COMPANY

## Discounts Available

### 2 Apply - 1 Issue Couples Discount

A discount of 15% may apply to individuals where two valid applications are received and only one policy is issued. This discount will be applied to the Single Rates shown in the Base Rate Tables.

### List Bill/Commonly Marketed Discount

For groups with 4 or more actively at work employees/members a 5% discount may apply if the group is commonly marketed or list billed.

### Producer Discount

A 10% discount may apply to applicants who are producers (i.e. an insurance agent appointed to sell Long Term Care insurance) and their spouses. To be eligible, the applicant must be an appointed agent, in good standing, meeting contractual sales obligations, or a spouse or partner. The discount is in effect for the lifetime of the policy.

SERFF Tracking #:

GEFA-128674776

State Tracking #:

Company Tracking #:

8010

State: Arkansas

Filing Company:

Genworth Life Insurance Company

TOI/Sub-TOI: LTC03G Group Long Term Care/LTC03G.001 Qualified

Product Name: MEGA 3

Project Name/Number: MEGA 3/8010

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	01/28/2013
Comments:	Readability Certification attached		
Attachment(s):	Readability Certification.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	01/28/2013
Bypass Reason:	Attached to the SERFF Form Schedule tab.		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	01/28/2013
Bypass Reason:	Attached to the SERFF Form Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved	01/28/2013
Comments:	Statement of Variability attached.		
Attachment(s):	8010 Statement of Variability.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Long Term Care Partnership Certification	Approved	01/28/2013
Comments:	Issuer Certification attached.		
Attachment(s):	AR Certification.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Non-Filed Consumer Notice for Information	Approved	01/28/2013
Comments:	Non-Filed Consumer Notice required by Arkansas Bulletin 15-2009 is attached for your information.		

**SERFF Tracking #:**

GEFA-128674776

**State Tracking #:**

**Company Tracking #:**

8010

**State:**

Arkansas

**Filing Company:**

Genworth Life Insurance Company

**TOI/Sub-TOI:**

LTC03G Group Long Term Care/LTC03G.001 Qualified

**Product Name:**

MEGA 3

**Project Name/Number:**

MEGA 3/8010

Attachment(s):

62133\_AR Notice.pdf

**GENWORTH LIFE INSURANCE COMPANY**  
**Certification**

**This is to certify that the forms listed below, when scored under the Flesch Reading Ease Test meet your state's minimum Flesch Score.**

<b>Form</b>	<b>Form Number</b>	<b>Score</b>
Master Policy	8010POL	56.80
Certificate	8010CRT	52.60
Outline of Coverage	8010 OL	54.20
Future Purchase Options Endorsement	8010 END-FPO	58.50
Guaranteed Purchase Options Endorsement	8010 END-GPO	56.00
Waiver of Home and Community Care Endorsement	8010 END-WHC	69.20
International Nursing Facility Endorsement	8010 END-INF	50.50
International Coverage Benefit Endorsement	8010 END-IC	52.00
10 Year Refund of Premium Rider	8010 RDR-RP10	59.10
Graded Refund of Premium Rider	8010 RDR-GRP	58.50
Restoration Rider	8010 RDR-RB	55.50
Transition Rider	8010 RDR-TB	58.40
NFO Rider	8010 RDR-NFO	55.50
Shared Benefit Rider	8010 RDR-SB	58.30
10 Year Survivorship Rider	8010 RDR-SURV10	56.60
Enhanced Survivorship Rider	8010 RDR-ESURV	58.70
Simple Benefit Increase Rider	8010 RDR-SBI	59.20
Compound Benefit Increase Rider	8010 RDR-CBI	60.80
To Age 65 Premium Payment Rider	8010 RDR-LP65	54.50
10 Year Premium Payment Rider	8010 RDR-LP10	59.50
Informal Care Rider	8010 RDR-INFC	58.40
Application Part I	135343 01/01/13	55.90

<b>Form</b>	<b>Form Number</b>	<b>Score</b>
Master Policy	8011POL	56.80
Certificate	8011CRT	52.60
Outline of Coverage	8011 OL	54.20
Future Purchase Options Endorsement	8011 END-FPO	58.50
Guaranteed Purchase Options Endorsement	8011 END-GPO	56.00
Waiver of Home and Community Care Endorsement	8011 END-WHC	69.20
International Nursing Facility Endorsement	8011 END-INF	50.50
International Coverage Benefit Endorsement	8011 END-IC	52.00
10 Year Refund of Premium Rider	8011 RDR-RP10	59.10
Graded Refund of Premium Rider	8011 RDR-GRP	58.50
Restoration Rider	8011 RDR-RB	55.50
Transition Rider	8011 RDR-TB	58.40
NFO Rider	8011 RDR-NFO	55.50
Shared Benefit Rider	8011 RDR-SB	58.30
10 Year Survivorship Rider	8011 RDR-SURV10	56.60
Enhanced Survivorship Rider	8011 RDR-ESURV	58.70
Simple Benefit Increase Rider	8011 RDR-SBI	59.20
Compound Benefit Increase Rider	8011 RDR-CBI	60.80
To Age 65 Premium Payment Rider	8011 RDR-LP65	54.50
10 Year Premium Payment Rider	8011 RDR-LP10	59.50
Informal Care Rider	8011 RDR-INFC	58.40
Application Part I	135343 01/01/13	55.90




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**Paul Loveland**  
**Vice President, Product Compliance**

**September 6, 2012**

# GENWORTH LIFE INSURANCE COMPANY

## STATEMENT OF VARIABILITY Group Long Term Care Insurance Form Series 8010 & 8011 and related forms

**Language that appears in the forms contained in this filing may vary as described herein.**

For all forms, information contained in brackets is intended to vary, either in accordance with the following general guidelines, or within the specific parameters stated below for the form containing variable language.

### GENERAL GUIDELINES

While not enclosed in brackets, we may vary the names and/or titles of officers that appear on any of the forms. We may vary items such as barcodes, addresses and telephone numbers, company officer names, titles and signatures, and may include website information if deemed appropriate.

Case and individual information, such as names, ages, gender, numbers, descriptions of coverage, coverage limits, amounts and timeframes, etc., including bracketed [ ] information will be completed with information appropriate to the specific group and insured (within the parameters contemplated by our rate filing) as described below. The appropriate sequential page numbers will be assigned to the bottom of each page and in the Table of Contents.

### GENERAL VARIABLE LIMITS APPLICABLE TO ALL FORMS.

- **Nursing Facility Maximum**  
May range from **\$30 to \$400 per day** provided that this upper limit may be adjusted to be consistent with the prevailing cost of care. It may be expressed as a maximum per day or per calendar month (**\$900 – 12,000 per month** based on a 30 day month).
- **Coverage Maximum**  
An amount equal to the Nursing Facility Maximum payable for at least **12 months** based on daily/monthly benefits multiplier of: **12/365; 24/730; 36/1095; 48/1460; 60/1825; 72/2190; 96/2920; or 120/3650**, as appropriate.
- **Elimination Period**  
May be **0, 30, 60, 90, 180 or 365 days**, or periods within those limits; and may be waived for Home and Community Care Benefits. The Elimination Period will be based on either "calendar days" or "Days of Covered Care" (service days) with or without individual choice between the two versions. The Elimination Period may be waived for both the Home and Community Care Benefits and the Informal Care Benefit.
- **Benefit Increases**  
The default Benefit Increases may be "**None**" or any other Benefit Increase chosen by the Group Policyholder from the following options: **5%, 4% or 3% Compound; 5% Simple; Future Purchase; and Guaranteed Purchase**.
- **Assisted Living Facility Benefits**  
Will generally be equal to **100%** of the Nursing Facility Maximum but may be offered or limited to **50%, 60%, 75%** of the Nursing Facility Maximum.
- **Home and Community Care Benefits**  
Will generally be equal to **100%** of the Nursing Facility Maximum but may be offered or limited to **50%, 60%, 75%** of the Nursing Facility Maximum.
- **Home Assistance Benefit**  
Subject to a Certificate maximum payment equal to **3 times the monthly Nursing Facility Maximum**.

- **Bed Reservation Benefits**  
Limited to **60 days** per calendar year
- **Respite Care**  
Limited to **30 days** per calendar year.
- **Shared Benefit Rider**  
May include or exclude a Joint Waiver of Premium.
- **Transition Benefit**  
Subject to a Certificate maximum payment equal to **5 times the daily Nursing Facility Maximum** or **20% of the monthly Nursing Facility Maximum**.
- **Informal Care Benefit**  
Limited to **30 days** per calendar year subject to a daily maximum of:  
**25% of the daily Nursing Facility Maximum per day**; or  
**1% of the monthly Nursing Facility Maximum per day**.

## BENEFITS MASTER SCHEDULE AND CERTIFICATE SCHEDULE

The following describes the information used to create the Benefits Master Schedule of the Group Policy and the corresponding Certificate Schedule. When applicable to a Policy Benefits Master Schedule, the range of choices and options for the applicable plan(s) will be shown (either on a single Schedule or separate Schedules for varying plans). At the top of the Schedule and within the variables reflecting individual selections the case/individual information, such as names, ages, gender, numbers, descriptions of plans, page numbers, benefit structure, amounts and timeframes, etc., including bracketed [ ] information will be completed with information appropriate to the specific group and insured (within the parameters contemplated by our rate filing) as described below.

### COVERAGE FEATURES AND LIMITATIONS

This area will include the information illustrated with the bracketed language applicable as follows:

#### Elimination Period:

Will show **0, 30, 90, 180** or **365** days, or periods within those limits, as applicable.

#### When the Elimination Period is based on days of Covered Care the following will appear:

"**XX**" days of Covered Care

The Elimination Period is satisfied by days You incur a Covered Expense while You are Chronically Ill.

#### When the Elimination Period is based on calendar days the following will appear:

"**XX**" calendar days

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

#### Coverage Maximum:

This will be expressed as a dollar amount (e.g. "\$xxx,xxx")

#### Nursing Facility Maximum:

May range between **\$30 to \$400 per day; \$900 -12,000 per month**, based on a 30 day month.

Will be expressed as a dollar amount per day or per calendar month (e.g. "\$xxx.00 per day" or "\$x,xxx.00 per calendar month")

#### Benefit Increases:

One of the following options will appear, as applicable:

**5% Compound**

**4% Compound**

**3% Compound**

**5% Simple**

**Future Purchase Option**

**Guaranteed Purchase Option**

**None**

#### When a Benefit Increase option is applicable, the following will appear:

The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

- first reduced on a dollar for dollar basis as payments are made for Covered Expenses; then
- if not exhausted, increased when Benefit Increases apply; and
- exhausted when they are reduced to zero.

#### When no Benefit Increase is applicable, the following will appear:

The Coverage Maximum and amounts based on the Nursing Facility Maximum are:

- reduced on a dollar for dollar basis as payments are made for Covered Expenses; and
- exhausted when they are reduced to zero.

## **BENEFITS AND SERVICES PROVIDED**

This area will list the Benefits, Services and related payment limits that apply. Bracketed text reflects either alternative wording or information that is variable and will be included as appropriate to reflect applicable plan features. For Certificates, applicable endorsements and optional riders will appear below the description of Benefits and Services Provided; in the Policy that listing will appear in conjunction with the Certificate Forms Listing which will also include forms listings reflecting plan and multi-state (extra-territorial) differences.

## **PREMIUM DATA**

This area will indicate the specific premium charges including any optional Riders with the applicable Premium. When Shared Coverage or a Survivorship Benefit applies, the name of the Spouse/Partner will be indicated in addition to the applicable premium.

The above is followed by entries with the appropriate modal Premium factors, First Premium, Premium Payment Mode, Modal Premium, Premium Payment Period, any Rate Guarantee, and Rating for the Insured. However, when the Annual Premium is an even multiple of the Modal Premium, only wording describing any Rate Guarantee, and the applicable Rating and Premium Payment Period will appear and the alternate Modal Premium Disclosure page will be used.

Rate Guarantee wording will be modified as appropriate, or omitted if not applicable.

At the bottom of the last Certificate Schedule page there may be an Optional Entry for Schedule Print Date to be used when a reprinting of the Schedule is appropriate to reflect insured requested changes, such as a change of address or others entries, including, but not limited to those that are administrative in nature or made upon the written request of the insured.

## **VARIABILITY WITHIN POLICY FORMS**

### **Forms 8010POL & 8011POL GROUP LONG TERM CARE INSURANCE POLICY**

#### **Page 1**

Details of the following will be completed as appropriate to the specific group:

**Policyholder; Group Policy Number; Group Policy Effective Date; Group Policy Issued In; Group Policy Anniversary Dates; Premium Due Dates.**

#### **Rate Guarantee Period:**

May be omitted, or may vary within a time period of **1-10 years**. When a Rate Guarantee is applicable, one of the following descriptions will appear, based on the specifics of the group program.

(XX) years from the Group Policy Effective Date.

(XX) years from the Group Policy Effective Date, but not less than (YY) years from the Certificate Effective Date applicable to the Insured.

(XX) years from the earliest Certificate Effective Date for the Insured's Certificate.

#### **Page 9**

#### **Premium Rate Guarantee:**

This provision may be omitted based on the specifics of the group program.

#### **Payment of Premiums and Grace Period:**

The time frames in which the Policyholder's payment of premium is required may be **31, 45 or 60 days**, based on the administrative parameters of the specific group.

**Right to Change Premium:**

When a Rate Guarantee Period is not applicable, the following statements will be omitted:

- the date the Rate Guarantee Period, if any, shown on the Declarations page of this Group Policy expires;

The time frames for written notice or change in Premium Rates may be **60, 90, 120 or 180 days**.

**Page 10****Discontinuance Of The Offer Of Coverage Under The Group Policy:**

The time frames for written notice of discontinuance of the offer of coverage may be **31, 60, 90 or 180 days**.

The minimum enrolled numbers of Eligible Persons and Eligible Family Members may vary within **2 to 20 persons**.

**Page 11****Continuation Coverage:**

When the Policyholder is not paying a portion of the Premium, the final paragraph of the provision will be deleted.

**Group Policy Eligibility Schedule**

Details of the following will be completed as appropriate to the specific group:

**Group Policyholder; Group Policy Number; Schedule Effective Date.**

The description of general requirements may be modified, based on the specifics of the group, to reflect:

- different maximum age limits (if any),
- minimum participation based on number of enrolled lives (from **3 to 10** or **the lesser of such a minimal number or a percentage of the total eligible population**) and
- omission of the Coverage Limits restriction (e.g. for contributory situations or minimal coverage amounts).

Classes and categories of persons within them and the contributory nature of the coverage will be tailored to the Policyholder's criteria.

The descriptions of the eligible Employees, Retirees and Members will be tailored to the Policyholder's criteria.

When coverage is to be made available to **Eligible Family Members** they may include any of the defined categories (**Spouse or Partner, Surviving Spouse or Partner, Adult Child, Sibling, Parent, or Grandparent**) as described or as otherwise modified based on the criteria of the Policyholder.

**Certificate Forms Schedule**

This will include copies of applicable Certificate(s) and related forms and may include a listing of applicable forms.

**Rate Schedule**

This will be completed to reflect applicable rates and factors. Multiple Schedule pages may be used when appropriate for the plans being offered to various classes.

**Face Page**

Details of the following will be completed as appropriate to the insured:

**Policyholder; Insured**

Reference to the Rate Guarantee Period in the Premium change provision will be omitted when not appropriate.

The timeframe in the Free Look provision may vary from **30, 45, 60 or 90** days.

The Pre-Existing Conditions statement at the bottom of the page will be omitted when not appropriate.

The tax notice and signatures block which appear at the bottom of the Certificate Face Page may be moved to the top of the Table of Contents page when space requires.

**Table of Contents**

The tax notice and signature block may be moved from the Certificate Face Page as stated above.

Page numbers will be adjusted to agree with actual Certificate content.

**Modal Premium Disclosure**

One or other of the two options noted will be used to reflect the modal Premium factors appropriate to the group program design.

**Definitions**

The last item in the Spouse or Partner definition will be omitted when appropriate with the Policyholder's criteria.

**Period Of Coverage**

The Deferred Certificate Effective Date and it's Actively at Work and Active Service provisions may be omitted in whole or in part. Bracketed wording in these provisions show alternate choices or wording that may be omitted based on the specifics for the case. The number of hours to be considered employed on a full-time basis will differ from **30 hours** only when the Policyholder has established different standards for defining full-time employment.

When applicable, the second bullet of the Your Right to Cancel Coverage At Any Time provision will use either the Premium Due Date, calendar month or Coverage Month alternatives. When the Policyholder is not paying a portion of the Premium the bracketed bullet will be omitted as well as the entire provision entitled Continuing Coverage Paid For By The Policyholder.

**Premium and Renewal**

The references to the Rate Guarantee Period will be omitted if there is no Rate Guarantee noted in the Schedule.

**Replacement Provisions**

Will be included only when coverage is being replaced under the conditions stated therein.

Inclusion of the statements related to Refund of Premium on Death Benefits and Pre-Existing Conditions Limitations will be based on features of the group program design.

**Home and Community Care Benefit**

The benefit may provide coverage for care provided by both Formal and Informal Providers, or be limited to care provided by Formal Providers only.

One of the above options noted will be included, based on the group program design.

## Claims Provisions

Inclusion of the Information and Referral Services provision will be based on the group program design.

## Exclusions and Limitations

**Exclusions:** Any of the listed exclusions may or may not be included in the group policy, based on the group program design. The second item of the Non-Duplication provision may be omitted.

**Coordination with Other Coverage:** The provision may be omitted, or may be restricted to coordinate only with group coverage, based on the group program design.

**Pre-Existing Conditions Limitation:** The provision may apply to conditions beginning within either the first **6 or 12 months** of coverage, may or may not apply when the application included health questions, or be omitted, based on the group program design. (The 12 month limitation will only be used when issued to one or more employers, one or more labor organizations or a trust for such groups.)

## Forms 8010 RDR-CBI & 8011 RDR-CBI

## COMPOUND BENEFIT INCREASES RIDER

The applicable % Benefit Increase of **5%, 4% or 3%**, and corresponding factors of **.05, .04, or .03** will appear, as applicable to the Insured.

## Form 8010 END-FPO & 8011 END-FPO Form 8010 END-GPO & 8011 END-GPO

## FUTURE PURCHASE OPTIONS ENDORSEMENT GUARANTEED PURCHASE OPTIONS ENDORSEMENT

The required number of consecutive purchase options (**2 or 3**), either declined or not accepted by the Insured, which will result in no further offers, will appear as applicable to the group program design.

## AVAILABLE ENDORSEMENTS & RIDERS

The following Endorsements and Riders are available as options (based on plan design) – they have no variable language.

8010 RDR-NFO	8011 RDR-NFO	Nonforfeiture Benefit Rider
8010 RDR-SB	8011 RDR-SB	Shared Benefit Rider
8010 RDR-SURV10	8011 RDR-SURV10	10 Year Survivorship Benefit Rider
8010 RDR-ESURV	8011 RDR-ESURV	Enhanced Survivorship Benefit Rider
8010 RDR-RP10	8011 RDR-RP10	10 Year Refund of Premium on Death Benefit Rider
8010 RDR-GRP	8011 RDR-GRP	Graded Refund of Premium on Death Benefit Rider
8010 RDR-RB	8011 RDR-RB	Restoration Benefit Rider
8010 RDR-INFC	8011 RDR-INFC	Informal Care Benefit Rider
8010 RDR-TB	8011 RDR-TB	Transition Benefit Rider
8010 RDR-SBI	8011 RDR-SBI	Simple Benefit Increase Rider
8010 RDR-LP10	8011 RDR-LP10	10 Year Premium Payment Rider
8010 RDR-LP65	8011 RDR-LP65	To Age 65 Premium Payment Rider
8010 END-WHC	8011 END-WHC	Waiver of Home and Community Care Elimination Period Endorsement
8010 END-IC	8011 END-IC	International Coverage Endorsement
8010 END-INF	8011 END-INF	International Nursing Facility Endorsement

Deleted: ..

General Considerations: The Outline of Coverage has been designed to show either plan variables within the text or aggregate them in a Coverage Worksheet at the end. Bracketed information is variable based on Group Policy provisions. Selection circles (like check boxes) and related descriptive titles will be used when the choices are being shown within the text. The descriptions may be modified to indicate when a benefit, feature or variable is applicable to a particular class or plan, and will be omitted when only one of the choices applies or the feature is automatically included or provided for in the Coverage Worksheet. Similarly, if a fill-in item is not variable (such as only one Elimination Period applies) the appropriate value or entry will be shown. The Outline may be used for an individual or a couple applying together.

**Item 1 (Policy Designation)**

Will reflect the jurisdiction in which the Group Policy is issued.

**Item 5 (Terms Under Which The Company May Change Premium)**

The rate change notification and rate guarantee period sentences will be modified or deleted as applicable under the Group Policy.

**Item 6 (Terms Under Which The Certificate May Be Returned And Premium Refunded)**

Will reflect the Free Look Period (**30, 45, 60 or 90 days**) applicable under the Group Policy.

**Item 9 (Benefits Provided)**

Fill-in/options will be described as appropriate. The Other Features and Options will always include one of the International Benefits. Other available Benefits and Features will be listed as either Optional or Automatically Included and may be reordered as appropriate. If a feature applies only to certain classes or plans, a notation similar to the "Automatically Included" phrase may be used to indicate that qualification.

**Item 10 (Exclusions and Limitations)**

Will be completed to agree with the corresponding provisions of the Group Policy.

**Item 11 (Relationship Of Cost Of Care And Benefits)**

The descriptions of Available Benefit Increase Options will reflect the options available under the Group Policy (and their applicable graphic comparisons. This section may also indicate a default option (other than "None" - e.g. a Future Purchase Option) when no other increase option is selected.

**Item 13 (Premium)**

The listing of premium bearing options can either be pre-completed or provide blank lines for the listing of options selected and their respective Premium. Modal Premium and Premium Payment Period information will agree with the corresponding items under the Group Policy.

**Item 14 (Additional Features)**

One or more Coverage Worksheets accommodating 1 or 2 Applicants may be provided at the end of the Outline to record Applicant selections either by fill-in of choices or selection from a listing of available plan choices. Bracketed material may be omitted and vary or be modified as appropriate.

When used, the Coverage Worksheet will provide for fill-in or selection of applicable variables.

**Preliminary Text** – The instructions regarding completion and submission of the form will appear only as appropriate to the group and insured.

**Section A** – The Policy Forms Series table of the Rate Increase History section may be updated as appropriate.

**Section B** – References to the national median cost of care will be updated as appropriate.

**All Sections** – The form may be revised to contain signature lines for only one applicant. In that event, any reference to a second applicant, including title lines for Applicant B Signature, duplicate signature lines and additional text would not appear.

References to *Agent/Producer* will appear as appropriate, dependent upon the involvement of an agent/producer in the application process.

**Form 8010/8011MA****APPLICATION FOR GROUP LONG TERM CARE INSURANCE**

Declination of inflation or nonforfeiture options (when available based on the type of group) may be limited to identified classes.

Reference to the Number of Eligibles will refer to either **Eligible Employees** or **Eligible Person** and will include the qualifier **other than Eligible Family Members**, as applicable to the group and plan offerings.

The agreement to support enrollment may be omitted when not applicable to the plan offerings.

*The* Minimum Participation Requirements *and* Coverage Limits restrictions will be tailored to agree with the corresponding provisions in the issued policy.

**Form 135343 01/01/13****APPLICATION PART I**

**Header Section** - The Administrative Office address and marketing name of the product may be updated as appropriate.

**Personal Profile section** – The requirement to provide the following may or may not appear dependent upon underwriting requirements and/or group specifics:

**Email address; Employee or Member ID number; Employer or Group name; Actively at Work status; and Spouse or Partner status.**

**Client Profile section** – Question 11a, regarding personal finances, may or may not appear dependent upon underwriting requirements.

**Declarations section** - References to **Rejection of Optional Nonforfeiture Benefit Rider; Actively at Work; full time basis** work requirements; and request for a **later effective date** may or may not appear dependent upon group specifics.

**Conditional Insurance Agreement** – The time period may show either **120** or **150** days dependent upon underwriting requirements.

The **Certificate Effective Date** and **Rejection of Optional Nonforfeiture Benefit Rider** sections may or may not appear dependent upon group requirements.

**Header Section** - The Administrative Office address and marketing name of the product may be updated as appropriate.

**Coverage Selection, Other Choices, Eligibility for Couples Discount, Premium Information and MultiLife/List Bill sections** - Variable information shown within these sections will appear, as appropriate, based on market specific requirements. Information within these sections will vary only within the parameters of the benefit choices included in the material submitted.

**All Sections** - The form may be revised to contain answers for only one applicant. In that event, the form will not include title lines for Applicant A and Applicant B. Reference will be solely to the Applicant where appropriate and the check box columns, additional text and spacing for the second applicant will be deleted. The dual check boxes and references would not then appear in any section of the form.

RULE 94

APPENDIX C  
ISSUER CERTIFICATION FORM

(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

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**I. GENERAL INFORMATION**

**A. Name, address and telephone number of issuer:**

**Genworth Life Insurance Company  
6620 West Broad St. Bldg 2  
Richmond, VA 23230  
888-436-9678**

**B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:**

**Jim Lites  
6620 West Broad St. Bldg 2  
Richmond, VA 23230  
804-922-8013**

**C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):**

8010POL/8010CRT, et. al & 8011POL/8011CRT, et. al

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

**II. CERTIFICATIONS**

- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Genworth Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

1/10/2013  
Date

Paul Loveland, VP  
Name and title of officer of the Issuer

  
Signature of officer of the Issuer

**GENWORTH LIFE INSURANCE COMPANY**

**ARKANSAS REQUIRED NOTICE**

**FOR**

**Cs019ar Last0019**

This notice is provided as required by the laws of Arkansas. Questions you have regarding your insurance should be directed to:

Genworth Life Insurance Company  
LTC & Group Division  
Customer Service  
3100 Albert Lankford Drive  
Lynchburg, Virginia 24501  
You may call us at 1-888-325-5433

Questions for Your Agent should be directed to:

Career#L99 C Test  
Test Agnt#3 Level 99  
123 Test St  
Testcity, WY 82001

If we at Genworth Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
(501) 371-2640  
1-800-852-5494