

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

LTC Partnership - Comprehensive - Tax Qualified **Male**

POLICY FORM: 7037D REV M

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
NO	YES	YES	YES	YES	YES	NO	NO	NO

MPB
Company Notes: _____ (Number of Days) times the Nursing Facility Daily Benefit = 730, 1095, 1460, 1825, 2190. Other Notes:

2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$5,270	\$12,000	\$100			YES		YES

NHB
Company Notes: Enter Notes: Or daily \$170 - \$400 in \$10 increments

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES	NO	NO	NO	YES	NO

RCFE
Company Notes: Enter Notes: None reported by the company.

4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO	YES	NO	YES	YES	NO	NO

HCB
Company Notes: Enter Notes: None reported by the company.

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.

6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	NO	NO

QB
Company Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
NO	NO	YES	YES	YES	NO	YES	YES	NO

EP Company Notes: Enter Notes: None reported by the company.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	NO	NO

IP Company Notes: Enter Notes: None reported by the company.

9. Waiver of Premium (WAVP)

Enter Notes: Premiums are waived when benefits are payable for facility care or home care.

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

Long Term Care Insurance Rates

POLICY FORM: 7037D REV M **MALE**

LTC Partnership - Comprehensive - Tax Qualified

30 Day Elimination Period - Service 90 Day Elimination Period - Service

ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
40		\$3,913				\$3,316		
45		\$3,992				\$3,383		
50		\$4,017				\$3,404		
55		\$4,041				\$3,425		
60		\$4,367				\$3,701		
65		\$5,313				\$4,503		
70		\$8,433				\$7,146		
75		\$12,619				\$10,694		
80								

Note: We do not sell a product with lifetime benefits. Partnership must have inflation.

Customer Service Telephone Number: (800) 456-7766