**GENWORTH LIFE INSURANCE COMPANY - NAIC 70025**

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

**POLICY FORM: 7037D REV M**

### 1. Maximum Policy Benefit (MPB)

- **1Yr**: Enter the number of days in Company Notes.
- **2Yrs**
- **3Yrs**
- **4Yrs**
- **5Yrs**
- **6Yrs**
- **7Yrs**
- **Lifetime**
- **Other**

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>YES</th>
<th>NO</th>
<th>NO</th>
<th>NO</th>
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<tbody>
<tr>
<td>MPB</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Company Notes: 

**Enter 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)

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

**NHB Company Notes:**

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

### 3. Residential Care Facility Daily Benefit (RCFE)

- **100%**
- **90%**
- **80%**
- **75%**
- **70%**
- **Other**

**RCFE Company Notes:**

Enter Notes: None reported by the company.

### 4. Home Care Benefit Amounts (HCB)

- **100%**
- **90%**
- **80%**
- **75%**
- **70%**
- **60%**
- **50%**
- **None**
- **Other**

**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.

**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**

**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.

<table>
<thead>
<tr>
<th>0</th>
<th>20</th>
<th>30</th>
<th>60</th>
<th>90</th>
<th>100</th>
<th>CALENDAR</th>
<th>SERVICE</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
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<td>NO</td>
<td>YES</td>
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<td>YES</td>
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</tbody>
</table>

Enter Notes: Both calendar and service day elimination periods are offered.

8. Inflation Protection (IP)

<table>
<thead>
<tr>
<th>5% Compound</th>
<th>5% Simple</th>
<th>Guaranteed Purchase Option</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

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 Male

<table>
<thead>
<tr>
<th>30 Day Elimination Period - Service</th>
<th>90 Day Elimination Period - Service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ISSUE AGE</th>
<th>3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION</th>
<th>3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION</th>
<th>LIFETIME BENEFIT - NO INFLATION PROTECTION</th>
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<tr>
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</tbody>
</table>

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

Both calendar and service day elimination periods are offered.

Customer Service Telephone Number: (800) 456-7766