

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

LTC Individual - Comprehensive - Tax Qualified

Female

POLICY FORM: 7052 CA REV F

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:
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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
\$1,500	\$12,000	\$100			YES		YES

NHB Company Notes:	Enter Notes: daily from \$50 - \$400 in \$5 increments
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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	YES	NO	NO

RCFE Company Notes:	Enter Notes: None reported by the company.
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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.
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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.
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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 <u>2</u> of <u>6</u> Activities of Daily Living.
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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	YES	YES

IP Company Notes: Enter Notes: No IP, and 3% compound IP

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: 7052 CA REV F **FEMALE**

LTC Individual - Comprehensive - Tax Qualified

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

ISSUE AGE	30 Day Elimination Period - Service		90 Day Elimination Period - Service		30 Day Elimination Period - Service		90 Day Elimination Period - Service	
	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	\$1,457	\$7,854			\$1,235	\$6,656		
45	\$1,469	\$7,985			\$1,245	\$6,767		
50	\$1,578	\$8,034			\$1,337	\$6,808		
55	\$1,660	\$8,082			\$1,407	\$6,849		
60	\$2,078	\$8,131			\$1,761	\$6,891		
65	\$2,905	\$9,378			\$2,462	\$7,947		
70	\$5,116	\$14,325			\$4,335	\$12,140		
75	\$8,482	\$21,671			\$7,188	\$18,365		
80								

Note: We do not sell a product with lifetime benefits.

Customer Service Telephone Number: (800) 456-7766