

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025**LTC Individual - Comprehensive - Tax Qualified****Male****POLICY FORM: 7052 CA 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:
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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 _____2_____ of _____6_____ 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 M **MALE**

LTC Individual - Comprehensive - Tax Qualified

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
\$1,290	\$4,749			\$1,093	\$4,024		
\$1,299	\$4,848			\$1,101	\$4,108		
\$1,313	\$4,878			\$1,113	\$4,134		
\$1,371	\$4,907			\$1,162	\$4,159		
\$1,452	\$5,011			\$1,231	\$4,247		
\$1,947	\$6,012			\$1,650	\$5,095		
\$3,379	\$9,150			\$2,864	\$7,755		
\$6,569	\$13,938			\$5,567	\$11,812		

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

Customer Service Telephone Number: (800) 456-7766