GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

LTC Individual - Comprehensive - Tax Qualified Female

POLICY FORM: 7052 CA REV F

	FOLICT FORM. 7032 CAREVI										
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				
\$1,500	\$12,000	\$100			YES		YES				
NHB Company Notes:	Enter Notes: c	daily from \$50 - S	\$400 in \$5 incr	ements							
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: N	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: N	None reported by	/ the company								
5. Home Care Or	nly Benefit Amo	ounts (HCBO) - Th	nere is a minimu	m and maximum	amount offered in	dollar increments.					
Minimum	Maximum	Increment	Day	Week	Month	None	Other				
HCBO Company 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 h	numan assistano	e or continual	supervision to	perform at least	2 of _	6A	ctivities of Daily Liv	<i>v</i> ing.		

7. Elimination Period (EP) = In days Select all that applies. 90 0 20 30 60 100 SERVICE Other CALENDAR NO YES YES YES YES NO NO NO YES EP Company Enter Notes: Both calendar and service day elimination periods are offered. Notes: 8. Inflation Protection (IP) Guaranteed 5% Purchase IP Methodology Compound 5% Simple Option Other Explain IP Methodology: None reported by the company. YES YES YES YES IP Company Enter Notes: No IP, and 3% compound IP Notes: 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

POLICY FORM: 7052 CA REV F FEMALE

Long Term Care Insurance Rates

LTC Individual - Comprehensive - Tax Qualified Female

	30 Day Elin	nination Per	<mark>iod - Servic</mark>	e	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	\$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.

Both calendar and service day elimination periods are offered.

Customer Service Telephone Number: (800) 456-7766