

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

LTC Partnership - Comprehensive - Tax Qualified

POLICY FORM: 7037D

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
	YES	YES	YES	YES	YES			YES

MPB
Company Notes: _____ (Number of Days) times the Nursing Facility Daily Benefit = 730, 1095, 1460, 1825, 2190, 2920, 3650.

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				YES	

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						YES		

HCB
Company Notes: Enter Notes: 50%

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				YES		

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
		YES		YES		YES	YES	

EP Company Notes: Enter Notes: Sample Rates provided are for Service Day. Calendar days available.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES		

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.

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Long Term Care Insurance Rates

POLICY FORM: 7037D

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		\$1,854				\$1,571		
45		\$1,875				\$1,589		
50		\$1,978				\$1,676		
55		\$2,223				\$1,884		
60		\$2,424				\$2,054		
65		\$3,125				\$2,648		
70		\$4,792				\$4,061		
75		\$8,134				\$6,893		
80								

Customer Service Telephone Number: (800) 456-7766