

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

LTC Group - Comprehensive - Tax Qualified

POLICY FORM: 7053 CA

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 | | | | |

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

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 | \$9,000 | \$750 | | | YES | | YES |

NHB Company Notes: Enter Notes: Daily \$50 - \$300 in \$50 increments

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

| 100% | 90% | 80% | 75% | 70% | Other |
|------|-----|-----|-----|-----|-------|
| 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 | | 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: 180 days

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: future purchase option or 3% compound

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: 7053 CA

LTC Group - 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 | | | | | \$696 | \$1,571 | | |
| 45 | | | | | \$706 | \$1,589 | | |
| 50 | | | | | \$711 | \$1,676 | | |
| 55 | | | | | \$815 | \$1,884 | | |
| 60 | | | | | \$933 | \$2,054 | | |
| 65 | | | | | \$1,364 | \$2,648 | | |
| 70 | | | | | \$2,376 | \$4,061 | | |
| 75 | | | | | \$4,267 | \$6,893 | | |
| 80 | | | | | | | | |

Customer Service Telephone Number: (800) 456-7766