

**GENWORTH LIFE INSURANCE COMPANY - NAIC 70025**

**LTC Partnership - Comprehensive - Tax Qualified Female**

**POLICY FORM: 7037D 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:

**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	NO	NO	NO	YES	NO

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	NO	NO	YES	NO	YES	YES	NO	NO

HCB  
Company Notes: Enter Notes: None reported by the company.

**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

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	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.

**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: Both calendar and service day elimination periods are offered.

**8. Inflation Protection (IP)**

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	NO	NO

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.

**GENWORTH LIFE INSURANCE COMPANY - NAIC 70025**

**Long Term Care Insurance Rates**

POLICY FORM: 7037D REV F **FEMALE**

LTC Partnership - Comprehensive - Tax Qualified Female

**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		\$6,262				\$5,307		
45		\$6,345				\$5,377		
50		\$6,384				\$5,410		
55		\$6,423				\$5,443		
60		\$6,525				\$5,529		
65		\$7,792				\$6,603		
70		\$12,150				\$10,297		
75		\$17,509				\$14,838		
80								

Note: We do not sell a product with lifetime benefits. Partnership must have inflation.

Both calendar and service day elimination periods are offered.

**Customer Service Telephone Number:** (800) 456-7766