

**GENWORTH LIFE INSURANCE COMPANY - NAIC 70025**

**LTC Partnership - Comprehensive - Tax Qualified Male**

**POLICY FORM: 7037D 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:

**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.

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**Long Term Care Insurance Rates**

POLICY FORM: 7037D REV M **MALE**

LTC Partnership - Comprehensive - Tax Qualified Male

**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		\$3,913				\$3,316		
45		\$3,992				\$3,383		
50		\$4,017				\$3,404		
55		\$4,041				\$3,425		
60		\$4,367				\$3,701		
65		\$5,313				\$4,503		
70		\$8,433				\$7,146		
75		\$12,619				\$10,694		
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