

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

LTC Group - Comprehensive - Tax Qualified

POLICY FORM: 7046 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
NO	YES	YES	YES	YES	NO	NO	NO	

MPB Company Notes: _____ (Number of Days) times the Nursing Facility Daily Benefit = 730, 1095, 1460, 1825. 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
\$3,000	\$9,000	\$750			YES		YES

NHB Company Notes: Enter Notes: Daily \$100 - \$300 in 25 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	NO	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
						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	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	NO	NO	YES	NO	NO	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	YES	YES

IP Company Notes: Enter Notes: 3% compound

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: 7046 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					\$232	\$1,169		
45					\$286	\$1,256		
50					\$374	\$1,355		
55					\$524	\$1,659		
60					\$757	\$2,116		
65					\$1,202	\$2,930		
70					\$1,882	\$3,965		
75					\$2,843	\$5,466		
80								

Note: The shortest EP sold is 90 days. We do not sell a product with lifetime benefits.

Customer Service Telephone Number: (800) 456-7766