Genworth Financial

Genworth Life
Genworth Life of New York
3100 Albert Lankford Drive
Lynchburg, VA 24501
genworth.com

Long Term Care Business Solutions Request Form

from Genworth Life Insurance Company &
Genworth Life Insurance Company of New York

This form should be used:

- To request underwriting review of an employer group (complete section 1 and attach a census)
- To initiate scheduling of an implementation call (complete sections 1 through 3 and attach a census)

- Please send the form to LTCGroupBusiness@genworth.com or fax 1.434.948.5167.
- Census must include the following pieces of information for each potential participant: first and last names, age or date of birth, gender, whether he/she is an employee /spouse or other, resident state and salary.
- If you have questions, call 1.866.265.2078.
- Print clearly and use blue or black ink.

Section 1: Underwriting Verification

Determine if the employer group meets the underwriting guidelines, using the underwriting guide. Provide the information in section 1 as verification.

Group Name ______ Address ______

City ______ State ______ Zip ______

Group size *Minimum 3 participants* ______ Industry or SIC Code ______ Years in business ______

Is there an existing long term care insurance plan? ○ Yes ○ No If so, what is the existing plan age? ______

Will Genworth be the exclusive carrier? ○ Yes ○ No If not, please provide other carrier name. ______

Producer name ______ Producer Code ______ Producer E-mail ______

Section 2: Implementation Information

If you have already determined the group meets the underwriting criteria, please provide the following information, to initiate scheduling of an implementation call.

Situs State is the employer's location.

Employer Tax ID ______ Situs State ______ Requested Policy Effective Date ______

Offering type ○ Core ○ Voluntary ○ Both

Will there be more than one set of benefits offered? ○ Yes ○ No
If yes, how many sets? ______

Who will be eligible for the program? ○ Employees ○ Spouses ○ Others*
If more than one type of employee or spouse, please describe. ______
For Others , please specify ______
*Others can be: Adult Children, Siblings, Parents, Grandparents

Will employer pay for spouses and others?** ○ Yes ○ No
**Return of funds under tax-qualified plans shall be made to the employer or employee paying the premium, in accordance with applicable regulations.

Employer Contact Details

Contact name ______ Title ______ Department ______

Address ______ City ______ State ______ Zip ______

Telephone number ______ Fax ______ E-mail ______

Mailing address (if different) ______ City ______ State ______ Zip ______

Other implementation call participants and email addresses

Name ______ Email ______

Name ______ Email ______

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Employer Contact Details *Continued*

Is the billing contact information the same as the contact information above? ○ Yes ○ No

If no, please provide information below:

Billing contact name	Title		Department
Address	City	State	Zip
Telephone number	Fax	E-mail	

Producer Details

Address	City	State	Zip
Telephone number	Fax		
Preferred contact method	○ Telephone	○ Fax	○ E-mail
Agency	Contact	Telephone number	

Will there be multiple producers splitting commissions? If yes, please provide:

Additional producer name	Producer code	E-mail	
Address	City	State	Zip
Telephone number	Fax		
Preferred contact method	○ Telephone	○ Fax	○ E-mail
Agency	Contact		
Agency Telephone number	Percentage Split		

Additional producer name	Producer code	E-mail	
Address	City	State	Zip
Telephone number	Fax		
Preferred contact method	○ Telephone	○ Fax	○ E-mail
Agency	Contact		
Agency Telephone number	Percentage Split		

Section 3: Next steps

Once the above information has been provided and approved, your case coordinator will contact you within 24 hours to schedule the implementation call.

The following checklist indicates the information that will be required to successfully complete the implementation call.

- ○ All benefit selections for each set of benefits
- ○ ERISA information such as plan name, number, and reporting period
- ○ Billing information such as type, date, days notice, mode, and sort criteria
- ○ Key dates and new hire information: enrollment start and end dates as well as new hire enrollment window days and waiting periods