



Genworth®
Financial



YOUR CHOICE FOR LONG TERM CARE PROTECTION

PRIVILEGED CHOICE®

LONG TERM CARE INSURANCE PARTNERSHIP PLAN

Underwritten by Genworth Life Insurance Company

An approved participant in:

PARTNERSHIP
The Connecticut
FOR LONG-TERM CARE

WHY CHOOSE GENWORTH LIFE INSURANCE COMPANY?



Selecting a long term care insurance company is an important decision. You need to find a company you can trust to help protect your assets and lifestyle as you grow older. A company that's respected and recognized as a leader in quality service and products. A company with an innovative portfolio of plans that offer comprehensive benefits, and with a proven track record of paying its claims.

Enjoy life today.

Enjoy life tomorrow.

Genworth Life Insurance Company gives you all this and more. Our Long Term Care Insurance Division helped pioneer the development of long term care insurance more than 30 years ago and we've been an industry leader ever since. Over the years we have continued to meet our customers' changing needs by improving and updating our policies and staying one step ahead in the long term care insurance industry. We believe that our experience and expertise set us apart from the rest and make us your best choice for helping to protect your future.

Genworth Life Insurance Company is a member of the Genworth Financial family of companies. You can depend on us to provide you with excellent service and quality long term care insurance plans.

Meeting the needs of our approximately 1,000,000 policyholders¹ is not only our priority – it's our commitment. We have paid out more than \$4.8 billion in long term care claims.¹ We're here for the long-term – today, tomorrow and in the years to come.

¹ As of 12/31/08

PRIVILEGED CHOICE® PARTNERSHIP PLAN

Privileged Choice Partnership Plan is one of the most comprehensive long term care insurance policies available. Once you qualify for benefits, Privileged Choice Partnership Plan pays you for covered care received in your home or your community, Assisted Care Facilities (including Alzheimer's facilities), and in Nursing Facilities.

Privileged Choice Partnership Plan provides either shared or individual coverage. The superior value and convenience of a shared policy holds great appeal for couples, while single people will appreciate the way benefits of an individual policy can meet their needs.



HOME AND COMMUNITY CARE COVERAGE

Many people prefer to stay in the comfort of their own home when they need long term care. Privileged Choice Partnership Plan is there for you when the covered care and services you need can come to your home – where, surrounded by friends and family, you're most comfortable.

We will pay you for actual expenses incurred for the following covered care and services specified in your Plan of Care, up to 100% of a Monthly Maximum that you choose. And, these benefits are payable from day one without an Elimination Period.

Skilled Services Nursing care and physical, occupational, respiratory and speech therapy from licensed professionals.

Home Health Aides and Personal Care Attendants Help with personal hygiene, simple health care tasks, activities of daily living and managing medications.

Homemaker Services Assistance with preparing meals, doing laundry and light house cleaning, such as vacuuming, mopping, and washing dishes.

Chore Services Help with minor household repairs, taking out the garbage and related tasks that help ensure your safety at home. These do not need to be performed by a trained individual.

Hospice Care Care provided to relieve your physical and emotional discomforts in your home or in a licensed or certified facility, if you become terminally ill.

Adult Day Care A program of social and health-related services provided during the day in a community group setting outside your home.

Couples may purchase two individual policies or share coverage under one shared policy.



The expenses you incur for care and services can vary greatly from day to day. A Monthly Maximum helps you get the most value out of your policy.

The following benefits are also available.

Caregiver Training Training for an informal, unpaid caregiver (such as a person you live with, a friend or relative) to help care for you at home. Maximum lifetime reimbursement - up to 20% of your Monthly Maximum.

Equipment and Home Modification Purchase and installation of items, such as a ramp, a stair lift for going between levels of your home, grab bars to assist in bathing or toileting or other supportive equipment, that enable you to stay in your home for at least 90 days. Maximum lifetime reimbursement - up to 2 times your Monthly Maximum.

Care providers can be independent and not affiliated with a home care agency. For unskilled services, even your friends and neighbors can provide some of your care.



Under our policy, the term “couples” can apply not only to spouses, but also to two people who meet our criteria for living together in a committed relationship and sharing basic living expenses.

CASE MANAGEMENT SERVICES

If you need Long Term Care, how will you make the necessary arrangements?

When people think about long term care, they may only consider the cost. But money is just part of the long term care problem.

Can you stay in your home? How will you pay for your care? Who will oversee and coordinate your care?

The reality of long term care is that when the need arises, few people know how to handle this life-changing event. When you need long term care, you need an expert to help assure that you receive quality care, keep control of your life, and maintain your independence and dignity. Just as a physician will coordinate medical needs, an Access Agency Care Coordinator will facilitate your long term care services.



An Access Agency Care Coordinator is:

- A Licensed Health Care Practitioner employed by a Connecticut Partnership approved Access Agency designated by us, who can provide the certifications needed for benefit eligibility
- A local expert in long term care services
- A facilitator who will help ensure your safety and comfort, in the setting that's right for you, including your home

When you qualify for benefits, an Access Agency Care Coordinator will:

- Assess your care needs and along with you, your family and personal physician, develop your Plan of Care, which outlines the care and services you need.
- Help find providers and schedule covered care and services.
- Provide ongoing care monitoring and modify your Plan of Care as your needs change.
- Help you complete initial claims forms; but does not make claims decisions.
- Coordinate and help you schedule your care providers and services in the comfort of your home or community.
- Modify your Plan of Care as your needs change.

We will pay for the expenses you incur for the above services and for an Access Agency Care Coordinator. These expenses will not count against your Personal Benefit Account.

We pay for the cost of Privileged Care Coordination — the cost is *not* deducted from your Personal Benefit Account.



About Long Term Care Privileged Choice Partnership Plan

This long term care insurance plan is certified as meeting standards established by the State of Connecticut's Partnership for Long-Term Care which allows the benefits you receive under this plan to count toward Asset Protection under Connecticut's Medicaid program. Protected assets are exempt from Connecticut Medicaid's "spend-down" requirements. Please read the accompanying description of Medicaid Asset Protection under the Connecticut Partnership for Long Term Care found in the booklet "Before You Buy" prepared by the state of Connecticut.

This coverage is sold only to residents of Connecticut. Benefits are payable regardless of the state in which you receive covered care or services. This means Medicaid Asset Protection can accumulate wherever the policy pays benefits. However, if you need to access Medicaid to pay for your care and utilize the Medicaid Asset Protection you have earned, you must apply to Connecticut's Medicaid Program, or any State Medicaid Program having a reciprocal agreement with Connecticut.

FACILITY CARE COVERAGE

You may find that the best place to receive care is not in your home, but in a covered facility.

Once you satisfy the Elimination Period, we will pay you for expenses incurred for covered care and services in the facilities below.

Privileged Choice Partnership Plan pays you up to 100% of your selected Monthly Maximum.

- **Assisted Care Facilities**
(including Alzheimer's facilities)
- **Nursing Homes**
(including private duty nursing care)

Temporary Absence Coverage While you are receiving Facility Care Coverage, you may reserve your room or bed for any reason, such as to celebrate a holiday, visit your family, or to temporarily enter a hospital. If you do reserve your room or bed, we will continue to provide your Facility Care Coverage to help ensure that your place will still be there for you upon your return. Reimbursement up to 60 days a year, each year, for the life of your policy.

INCLUDED FEATURES AND BENEFITS

Alternative Care Benefit Your policy may not specifically identify every foreseeable type of care you need. So, to cover these expenses we offer an Alternative Care Benefit. This benefit pays you for additional care, services, treatment, equipment, supplies, or other items not otherwise covered in your policy that will be helpful to you. If you, your doctor and we all agree, and the items are reflected in your Plan of Care, you will be reimbursed for their cost. Your Plan of Care must be developed, prescribed and approved by a licensed health care practitioner who is employed by an Access Agency designated by us. Examples include, but are not limited to, in-home safety devices, home-delivered meals, equipment in your home that is not covered under the Equipment Benefit, and rental of emergency medical response devices.

Respite Care If your primary, unpaid caregiver needs to take a temporary break, we pay Facility Care and/or Home and Community Care Coverage benefits for the covered care you receive during that time. There is no Elimination Period requirement that you must satisfy, so benefits become payable immediately. Reimbursement up to your Monthly Maximum each year – for the life of your policy.

Waiver of Premium When you need care, the last thing you should have to worry about is paying another bill. That's why we waive your premium payments for each coverage month that begins:

- when you're receiving benefits for Home and Community Care Coverage, or
- after satisfying the Elimination Period if you're receiving benefits for Facility Care Coverage.

Premium Stability While we reserve the right to raise future premiums for all policyholders by class and state, your premiums will never increase due to changes in your health status or age.

Guaranteed Renewable Once you're insured, as long as you pay your premiums on time and your benefits have not been exhausted, your coverage is guaranteed renewable and cannot be canceled by us.

Protection Against Policy Lapse If your policy lapses, we will reinstate it if, within 7 months after the lapse, you received care or services that would have been covered had the policy not lapsed, provided that you pay any past due premiums. We would need to receive acceptable proof that you met the requirements to qualify for covered benefits.

Late Payment Protection To help assure that your policy doesn't lapse by mistake, you may designate another person for us to notify if we do not receive your premium payment on time.

30-Day Free Look If you are not completely satisfied with your policy, return it within 30 days of receipt for a full refund, with no questions asked.

Survivorship Benefit For couples who have each had long term care coverage with Survivorship Benefits with us for at least 10 years, when one dies, no further premiums will be required for the duration of the survivor's coverage. This benefit does not apply if any covered benefits were payable for the first 10 years of concurrent coverage.

DISCOUNTS

With shared benefit coverage there's only one billing statement. And, if one person goes on Waiver of Premium there are no premiums to pay for either person!

Preferred Health Discount If you are eligible and in good health when you apply, you can receive a 20% discount on your premiums for the life of your policy, if you apply alone (the Preferred Health Discount is 10% if you also qualify for the Couples Discount).

Discounts for Couples

- If both of you are eligible, apply for, and are issued individual policies, both of you will receive a 30% premium discount.
- If both of you are eligible, and apply for individual policies, but just one of you is issued a policy, he or she will receive a 25% premium discount.
- The preferred health discount of 10% can be combined with a couples discount, which means that your total discount could be as high as 40% each (35% if only one is issued a policy).

The rates for shared benefit coverage are already discounted for couples. Each person can also qualify separately for a preferred health discount.

SHARED BENEFIT COVERAGE FOR COUPLES

Features of shared benefit coverage include:

- **One policy** Coverage for both of you included in one policy.
- **A shared Personal Benefit Account** Access benefits separately or together at the same time (until combined benefits paid exhaust the Personal Benefit Account).
- **Joint Waiver of Premium** The premium applicable for both is waived even if only one person qualifies for the waiver.
- **One billing statement** Both people are covered under one billing statement, so you only have to write one check.
- **Premiums reduced** If one person dies, premiums will be reduced for the survivor unless premiums are waived by a Survivorship Benefit.
- **Conversion option** In the event a couple's relationship terminates due to divorce or final separation, they have the opportunity to continue their shared coverage or to convert to individual coverage.

Under shared benefit coverage, the Monthly Maximum and Elimination Period apply to each person separately. Under a Shared Benefit Partnership Plan, Medicaid asset protection is earned separately by each person and is not transferable to the other person.

AUTOMATIC COMPOUND INFLATION PROTECTION

Automatic Compound Inflation Protection

To help protect you against potential increases in the cost of long term care your Monthly Maximum and Personal Benefit Account will automatically be increased annually starting with the second year by 5% of the *previous* amounts (compound increases). The increase applies at every coverage anniversary date, even if benefits are being paid at the time and regardless of any claims that may have been paid.

Exception: If you are 65 or older at policy issue and you have not chosen the Unlimited Benefit Multiplier when you apply, you may instead elect to waive the Automatic Compound 5% Benefit Increase on your Lifetime Payment Maximum (Personal Benefit Account). This means that the Lifetime Payment Maximum will *not* increase over time, while the Monthly Maximum will increase in accordance with the Automatic Compound 5% Benefit Increase provision. You should be aware that if your Lifetime Payment Maximum does not increase over time, it might not provide all of the Medicaid Asset Protection that you need.

Note: This Exception is only available at application time and within the thirty day free look period to individuals age 65 years or older at policy issue and who are not purchasing an Unlimited Benefit Multiplier. It cannot be elected at a later date as a way to reduce premiums.

OPTIONAL BENEFITS

Restoration of Benefits If you receive benefits from your Personal Benefit Account, and then recover and are no longer eligible for benefits for a period of 180 days while your policy remains in force, your Personal Benefit Account will be completely restored to the amount that would have applied if no benefits had been paid. There is no limit to the number of times your benefits can be restored to full value in this way.

However, for shared benefit coverage, when one person dies your Personal Benefit Account will not be restored for any benefits paid for the deceased that were not previously restored.

If your Personal Benefit Account reduces to zero, it will not be restored under this Rider, and your policy will terminate.

Nonforfeiture Benefit Lets you keep some protection under your policy should it lapse after three years. This benefit provides you with a reduced, paid-up Personal Benefit Account equal to the total of all the premiums you've paid into your policy or your Monthly Maximum at the time your policy lapses – whichever amount is greater.

Enhanced Survivorship Benefit

An alternative to the built-in Survivorship Benefit. For couples who have each had long term care coverage with 7 Year Survivorship Benefits with us for at least 7 years (instead of 10 years), when one dies, no further premiums will be required for the duration of the survivor's coverage. *And, this benefit applies even if covered benefits were paid during these years.*

HOW TO QUALIFY FOR BENEFITS

You qualify for covered benefits when:

*Activities
of Daily
Living:*

1a. You need help with at least two of six Activities of Daily Living. In addition, it is expected that you will need the help for at least 90 days.

OR

*Bathing
Eating
Dressing
Toileting
Continence
Transferring*

1b. You need help because you have a severe cognitive impairment, which generally means that you have a significant deterioration in or loss of your intellectual capacity (e.g. Alzheimer's).

-AND-

2. Your doctor, a nurse, licensed social worker, or Access Agency Care Coordinator certifies from time to time that you need help as described above. In determining qualification for covered benefits, we can ask your doctor and your care providers for information that demonstrates your need for care.

Benefits are paid for care and services you receive consistent with a Plan of Care prepared by a licensed health care practitioner. To receive benefits other than for Nursing or Assisted Care Facility stays and related Bed Reservations, your Plan of Care must be prepared by an employee of a Connecticut Partnership approved Access Agency designated by us.

Pre-existing Conditions

Once you are insured, there is no exclusion for pre-existing conditions disclosed to us in your application.

Mental or Nervous Disorders

Once you are insured, there is no exclusion for mental or nervous disorders such as depression, or brain conditions such as Alzheimer's disease.

DESIGN YOUR PRIVILEGED CHOICE PARTNERSHIP PLAN



Choose Your Monthly Maximum This is the maximum amount of benefits you can select to have your coverage pay for expenses you incur on any one month.

In \$100 increments, select from:

- \$5,900 to \$12,000

Choose Your Benefit Multiplier Multiply your Monthly Maximum by your Benefit Multiplier to determine your initial Personal Benefit Account amount.

For *individual* policies, choose a multiplier of:

- 24 (2 years) • 36 (3 years) • 48 (4 years)
- 60 (5 years) • 72 (6 years) • 96 (8 years)
- 120 (10 years) • Unlimited (lifetime)

For *shared* policies, choose a multiplier of:

- 48 (4 years) • 72 (6 years) • 96 (8 years)
- 120 (10 years) • 144 (12 years) • 192 (16 years)
- 240 (20 years)

Personal Benefit Account The initial amount of your Personal Benefit Account is equal to your Monthly Maximum times the Benefit Multiplier you select. The amounts

available for benefit payments in your Personal Benefit Account will decrease as benefit payments are made, and increase due to the Automatic Compound Inflation Protection feature or Restoration of Benefits rider selected. If your Personal Benefit Account reduces to zero, it will not be replenished, and your policy terminates.

$$\text{Monthly Maximum} \times \text{Benefit Multiplier} = \text{Initial Personal Benefit Account}$$

Choose Your Elimination Period An Elimination Period is similar to a deductible. It is the number of days of covered care that you must pay for before your coverage begins to pay benefits. Choose an Elimination Period of either:

- 30 days • 90 days

There is no Elimination Period for covered Home and Community Care Coverage benefits. However, each day you receive Home and Community Care Coverage benefits can be used to satisfy the Elimination Period for Facility Care Coverage.

You only have to satisfy your Elimination Period once, for the life of your coverage.

YOUR PERSONAL PRIVILEGED CHOICE PARTNERSHIP PLAN WORKSHEET

	INDIVIDUAL		SHARED
	CLIENT A Age _____	CLIENT B Age _____	CLIENT A Age _____ CLIENT B Age _____
Monthly Maximum Choose your benefit in \$100 increments from: \$5,900 - \$12,000	\$ _____ /month	\$ _____ /month	\$ _____ /month
Benefit Multiplier For the Individual Plan, choose: 24/2yrs. 36/3yrs. 48/4yrs. 60/5yrs. 72/6yrs. 96/8yrs. 120/10yrs. Unlimited For the Shared Plan, choose: 48/4yrs. 72/6yrs. 96/8yrs. 120/10yrs. 144/12yrs. 192/16yrs. 240/20yrs.	X _____	X _____	X _____
Personal Benefit Account (Monthly Maximum x Benefit Multiplier)	\$ _____	\$ _____	\$ _____
Elimination Period Choose your number of Elimination Period days. (Applies to facility-provided care only.)	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 30 <input type="checkbox"/> 90	<input type="checkbox"/> 30 <input type="checkbox"/> 90
Optional Benefits Waive the Automatic Compound 5% Benefit Increase on Your Lifetime Payment Maximum (available only at time of application to those 65 or older at time of issue. It cannot be elected at a later date as a way to reduce premiums.) Enhanced Survivorship Benefit Restoration of Benefits (unavailable with Unlimited) Nonforfeiture Benefit.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
Discounts	<input type="checkbox"/> Preferred Health <input type="checkbox"/> Couples	<input type="checkbox"/> Preferred Health <input type="checkbox"/> Couples	<input type="checkbox"/> Client A Preferred Health <input type="checkbox"/> Client B Preferred Health
Annual Premium (Annual Mode) (<input type="checkbox"/> Standard <input type="checkbox"/> Pay to 65 ¹ <input type="checkbox"/> 10 Pay ¹)	\$ _____	\$ _____	Client A: \$ _____ Client B: \$ _____ Total: \$ _____
Modes/Factors <input type="checkbox"/> Annual (1.0) <input type="checkbox"/> Semi-annual (.51) <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Monthly (.09)	X _____	X _____	X _____
Modal Premium (Annual Premium x Mode Factor)	= \$ _____	= \$ _____	= \$ _____
Number of Premium Payments per Year (1, 2, 4 or 12)	X _____	X _____	X _____
Annual Total of Modal Premiums	= \$ _____	= \$ _____	= \$ _____

¹ Not available with shared benefit coverage.

EXCLUSIONS AND LIMITATIONS

Benefits are not payable for care, stays, or other items:

- Provided by family members (unless he or she is a regular employee of the organization providing the services, the organization receives payment for the services, and he or she receives no compensation other than the normal compensation for employees in his or her job category).
- Provided by or in a federal government facility unless a valid charge is made.
- Provided outside the United States, its territories and possessions.
- Resulting from alcoholism, drug or narcotic addiction, unless they occur as a result of administration of these substances under the written instruction of a doctor.
- Resulting from war or any act of war, intentionally self-inflicted injury or attempted suicide.

Non-Duplication We will reimburse only for covered expenses that are in excess of what Medicare or other governmental health care programs or laws (except Medicaid) pay. Deductibles and coinsurance expenses under Medicare are also excluded from coverage.

Coordination With Other Benefits:

The benefits of this policy are designed to supplement and *not* duplicate other benefits.

If you have any health insurance plan or non-Partnership long-term care plan and you are entitled to benefits under those plans that would also be Covered Care under this policy, you are required to obtain coverage for those benefits first prior to using benefits under this policy.

Examples of health insurance plans include, but are not limited to, basic hospital, health maintenance organization (HMO), medical/surgical, major medical plan, Medicare, Medicare managed care plan, and Medicare supplement programs.

If you are eligible to receive benefits under this policy and any other Partnership-approved long term care plans, then the plan with the earliest Effective Date for your coverage shall be deemed to be the primary coverage and the other Partnership-approved plans shall be deemed the secondary coverage, in order by your Effective Date, from earliest to latest.

Any benefit amounts that you are entitled to receive under this policy will be reduced by any benefits payable by those other plans. This provision will *not* reduce the Lifetime Maximum payable under this policy.

Be sure to review the accompanying Outline of Coverage for definitions and more details of this policy and its features. This brochure is only a summary of coverage. Policy terms and provisions will prevail. Coverage is provided under policy form 7045CT. All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

Privileged Choice
Partnership Plan
is underwritten by
Genworth Life
Insurance Company
Long Term Care
Insurance Division
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INSURANCE
MARKETPLACE
STANDARDS
ASSOCIATION

Insurance and annuity products:

- Are not deposits.
- Are not insured by the FDIC or any other federal government agency.
- May decrease in value.
- Are not guaranteed by any bank or its affiliates.