

Two Client Needs One Product



Universal Life Insurance with Long Term Care Benefits Underwritten by
Genworth Life Insurance Company, Richmond, VA

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Total Living Coverage: We've Got Your Clients Covered



Total Living Coverage® (TLC) provides a convenient way for your clients to purchase both long term care and universal life insurance in a single life insurance policy. TLC can help your clients maintain control of assets, protect beneficiaries and have access to long term care benefits if needed.

- Helps cover the potential need for long term care (LTC) benefits
- Helps protect beneficiaries with a death benefit that is generally income-tax free
- Frees assets for other purposes

By paying an initial lump sum premium, your clients immediately create a Lifetime Maximum (pool of money) available to pay for covered long term care needs, as well as a death benefit to leave for beneficiaries. This pool of money cannot be accessed for any reason except to pay for covered care.

Table of Contents

Important: Be sure to inform your clients of the important disclosures outlined at the back of this guide.

Page

TLC Overview	• How TLC Works	2
TLC Customer	• Who Buys TLC?	3
Core Components and How They Work	• Initial Specified Amount	5
	• Death Benefit	5
	• Accelerated Benefit Rider (ABR)	5
	• Maximum Monthly Long Term Care Benefit	5
	• Extension of Benefits Rider (EBR)	5
	• Inflation Protection Benefit (IPB)	5
	• Return of Premium Rider (ROP)	6
	• Long Term Care Benefit	6
	• Lifetime Maximums	6
	• Total Long Term Care Benefit	6
	• Residual Death Benefit	6
Key Advantages	• Policy Discounts and Preferred Underwriting Classes	7
	• Guaranteed Minimum Benefit Rider	7
	• Couples Discount Scenarios	7
	• Waiver of Monthly Deduction	7
	• Elimination Period	7
TLC Features and Benefits	• Caregiver Support Services	8
	• Privileged Care® Coordination Services	8
	• Issue Ages	8
	• Maturity	8
	• Charges	8
	• Liquidity	8
	• TLC Policy Fundamentals	8
	• Benefit Triggers	9
	• Covered LTC Expenses	9
	• LTC Expenses Not Covered	9
Underwriting Guidelines	• Pre-Qualifying Questions	11
	• Underwriting Conditions	12-13
	• Underwriting Classes	14
	• Underwriting Requirements	14
	• Preferred Life Criteria	15
	• Preferred LTC Rate Guidelines	16
	• Build Chart	17
Writing TLC Business	• Client Assessment	19
	• Screening Tips	19
	• Suitability	20
	• Licensing Requirements	20

We've Got Your Clients Covered

1 Their Care is Covered.

Approximately 6 times their premium!¹

If they have a long term care event, Total Living Coverage will leverage their initial premium to pay for covered long term care expenses, which is approximately 6 times their initial premium.

2 Their Life is Covered.

Approximately 2 times their premium!¹

Whether they use none, some or all of their LTC benefits, their beneficiaries will receive a death benefit that is generally income tax free. The initial death benefit will be approximately 2 times their initial premium.

3 Their Decision is Covered.

No regrets!

If they have a change in plans and decide not to keep the TLC policy after policy year 2, they will get back at least their initial premium (less any withdrawals, outstanding policy loans or any LTC benefits already received).²

¹ These values are based on the average TLC client. Your client's specific values may be higher or lower based on issue age, gender, riders chosen and risk class.

² To receive this benefit, clients must select the optional Return of Premium Rider (ROP), which requires a higher initial premium and is available only when applying for TLC. Because TLC rider charges reduce cost basis (not below zero), a portion of the Return of Premium Rider benefits will probably be taxable.

Who Buys TLC?

The typical TLC buyer is retired or close to retirement and wants to protect assets from potential long term care expenses as well as leave something behind for the beneficiaries.

Look for clients who:

- **Are between age 55 and 75.**
- **Want to protect assets from potential long term care expenses AND leave something behind for their beneficiaries.** Because TLC combines both life and LTC insurance, your clients are guaranteed a minimum level of LTC benefits and a death benefit.
- **Have high net worth.** Individuals with investable assets of \$300K or more. Average initial premium for the TLC policy is \$75K.
- **May have a term life insurance policy that is expiring.** As we age, our life insurance needs change. Early in our lives, we recognize the need to replace our income and enable our family to maintain its current lifestyle or pay off mortgage and other debt. This is when many people buy a term life policy. By the time their term life policy nears its expiration, they are in a different phase in life, and their needs may have changed. Now they may be more concerned about protecting their savings and income against potential LTC expenses and don't need as much of a death benefit. For them, TLC may be a perfect fit.
- **Are self-insuring against a potential LTC event.** Clients who have set aside significant assets to pay for long term care can reposition a portion of those assets to a TLC policy. Doing so will provide them with more protection by instantly leveraging their premium and freeing up the remainder of those assets to spend as they choose.
- **Are in good health.** TLC offers a preferred health discount of up to 15% off LTC monthly charges, subject to underwriting approval.
- **Are part of a couple.** TLC offers a 20% discount off LTC monthly charges to couples who apply together and a 10% discount if only one individual in a couple applies.



Core Components

AND HOW THEY WORK

Our dedicated team of external and internal wholesalers can provide expert advice about TLC. We also have a full suite of marketing materials available to help with your sales campaigns. Just call your support desk.

Core Components and How They Work

Initial Specified Amount

This amount will be used to help determine how much is payable as part of your client's long term care benefits and as a death benefit. Their "Initial Specified Amount" will be based on: the amount of the initial premium, their age, gender (unisex in MT) and health status. It will also depend on riders and options chosen and the current interest rate used to credit your policy. At the time of the policy issue, the "Initial Specified Amount" is equal to the applied for death benefit.

Death Benefit

The death benefit will never be less than the current specified amount. The death benefit amount may become greater than the specified amount at issue in order to meet the Internal Revenue Code requirements that define life insurance. If this happens, a long term care benefit payment, policy loan or withdrawal will reduce the death benefit by more than the actual amount of the payment, loan or withdrawal.

In the event of death, the death benefit payment reduces any specified amount and policy value to zero, and no further long term care benefits are available. The death benefit payable will be the greater of the current death benefit or the Residual Death Benefit.

Accelerated Benefit Rider (ABR)

Allows the specified amount to be used to pay covered long term care expenses over a period of time. The ABR period can be 24, 36 or 48 months.

Maximum Monthly Long Term Care Benefit

Amount available monthly for covered long term care expenses through ABR and EBR. Initially, this is equal to the accelerated monthly maximum and is determined by dividing the specified amount by the ABR period.

Minimum Policy Size:

- \$50,000 Specified Amount with 24 or 36 Month ABR
- \$75,000 Specified Amount with 48 Month ABR

Maximum Policy Size:

- \$25,000 LTC Monthly Maximum without inflation
- \$15,000 LTC Monthly Maximum with inflation

Extension of Benefits Rider (EBR)

Provides an additional benefit amount available for covered long term care once the ABR is exhausted. The EBR period of time can be 24 or 48 months.

Inflation Protection Benefit (IPB)

Inflation protection helps the policy keep up with rising costs by increasing monthly and lifetime maximums for the Accelerated Benefit Rider and Extension of Benefits Rider. This is an optional benefit available at issue only.

Inflation Protection Benefit choices:

- 3% or 5%
- Simple or compound

Simple inflation increases the maximum monthly long term care benefit by 3% or 5% over the initial maximum monthly long term care benefit. Compound inflation increases the maximum monthly long term care benefit by 3% or 5% over the previous year's maximum monthly long term care benefit.

Lifetime maximums, less any long term care benefits already paid, are also increased.

Inflation Protection – Simple*

Policy Anniversary 1	$\$8,333 + (\$8,333 \times 3\%) = \$8,583$
Policy Anniversary 2	$\$8,583 + (\$8,333 \times 3\%) = \$8,833$
Policy Anniversary 3	$\$8,833 + (\$8,333 \times 3\%) = \$9,083$
Policy Anniversary 10	\$10,833
Policy Anniversary 20	\$13,333

Inflation Protection – Compound*

Policy Anniversary 1	$\$8,333 + (\$8,333 \times 3\%) = \$8,583$
Policy Anniversary 2	$\$8,583 + (\$8,583 \times 3\%) = \$8,841$
Policy Anniversary 3	$\$8,841 + (\$8,841 \times 3\%) = \$9,106$
Policy Anniversary 10	\$11,199
Policy Anniversary 20	\$15,051

* Assumes no claims paid and policy in force over the period illustrated. Numbers have been rounded for illustration purposes.

Return of Premium Rider (ROP)

If the policy is surrendered after policy year 2, the owner will get back at least the initial premium, less any outstanding loan balance, withdrawals or long term care benefits already received. If the net cash surrender value is higher, the owner will receive that instead. This is an optional rider available only at issue.

Long Term Care Benefit

\$200,000 specified amount can provide the following maximum monthly LTC benefits, depending on the number of months chosen:

24 months	\$8,333
36 months	\$5,556
48 months	\$4,167

The lower the ABR benefit period, the higher the LTC monthly maximum benefit.

The monthly maximum available through the EBR is called the extension monthly maximum. The initial extension monthly maximum is equal to the initial accelerated monthly maximum.

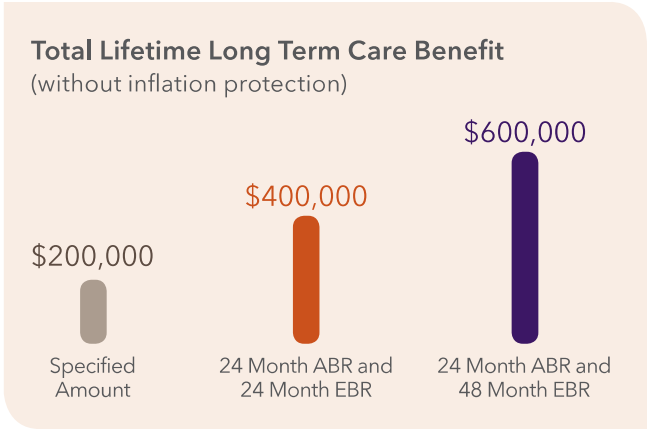
If the long term care expenses actually incurred each month are less than the maximum monthly long term care benefit, the benefit period may be longer.

Lifetime Maximums

ABR and EBR both have lifetime maximums associated with them. The accelerated lifetime maximum is equal to the specified amount, while the extension lifetime maximum is equal to the extension monthly maximum times the EBR period in months.

Total Long Term Care Benefit

The total long term care benefit, or the total amount available to pay covered long term care expenses, is equal to both lifetime maximums added together. The benefit amounts will increase annually if optional inflation protection is added.



Residual Death Benefit

TLC will pay a death benefit that is the greater of the remaining death benefit or 10% of the Initial Specified Amount, minus 10% of any loans or withdrawals taken.

Residual Death Benefit for \$200,000 Specified Amount	
\$0 Removed from Policy Values	
10% of \$200,000 = \$20,000	
\$100,000 Removed from Policy Values	
10% of \$200,000 = \$20,000	
- 10% of \$100,000 = \$10,000	
= \$10,000	

Key Advantages

Policy Discounts and Preferred Underwriting Classes

Long term care discounts apply to the monthly charges for long term care coverage. For more information, see the Underwriting Guidelines section of this Guide.

- Individuals in good health may receive a 15% discount on monthly long term care charges, depending on their medical history.
- Couples discounts are available for LTC monthly charges. One person who applies for TLC may receive a 10% discount. If both people apply together for TLC or TLC and LTCI policies, a 20% discount may be available. The 20% discount could also be available to one person if the other is already covered by an individual long term care insurance policy or rider previously issued by us.

One client may be eligible for both preferred health and couples discounts, for a possible 35% total discount.

Preferred life insurance premium rates are also available, depending on underwriting. For more information, see the Underwriting Guidelines section of this Guide.

Guaranteed Minimum Benefit Rider (GMBR)

Taking loans and withdrawals will not cause the GMBR to terminate unless the policy goes into an overloan status.

The TLC built-in Guaranteed Minimum Benefit Rider helps protect your clients from falling interest rates and rising costs of insurance by guaranteeing that

they will have at least a minimum death benefit and long term care benefits. As long as they don't take any policy loans and do not take any in the future, their policy will never lapse.

The GMBR benefit levels will become effective automatically in the event their net cash surrender value is insufficient to pay the cost of insurance charges and sufficient premium is not paid by the end of the grace period to remove the policy from the grace period.

Your clients will be notified during the grace period of the additional premium that would be required to maintain the original benefit levels if they prefer.

Waiver of Monthly Deduction

Policy monthly deductions are waived while the insured receives covered home care, nursing facility, assisted living facility, or bed reservation benefits. The waiver begins with the first monthly deduction after the benefit is first paid and continues as long as care is received. This feature is included with all TLC policies.

Elimination Period

- 0 days for Home Care
- 90 days for Facility Care

TLC will pay covered long term care benefit expenses immediately for home care. To receive facility care benefits, the insured must first receive covered care for 90 days. The 90-day facility elimination period is reduced by any number of days home care benefits are paid or by days Medicare pays for covered expenses. Elimination period days do not have to be consecutive and they can be accumulated. The elimination period has to be satisfied only once.

Couples Discount Scenarios

Person 1*	Person 2*	Discount for Person 1	Discount for Person 2
Applying for TLC	Has no other Universal Life (UL) Insurance or LTCI policy with Genworth Life	10%	N/A
Applying for TLC	Has another UL policy with Genworth Life, with no LTC benefits	10%	N/A
Applying for TLC	Has Genworth Life LTCI or is applying for stand-alone LTCI policy	20%	Check for applicable discount
Applying for TLC	Has TLC or Total Living Coverage® Annuity (TLCA) policy with Genworth Life that has already been issued	20%	10%
Applying for TLC	Applying for TLC	20%	20%

* Each person applying must be eligible for consideration for a TLC or LTCI policy. Married persons are considered couples. Persons who are not married may also meet the definition of a couple and should complete the Couples Form for the state of delivery.

TLC Features and Benefits³

Caregiver Support Services

CareScout® provides information and referral services that help your clients find and coordinate high-quality, cost-effective in-home or facility care for their immediate family members even if they do not have long term care coverage. Care Advocates will help evaluate the situation over the phone and then research local providers. They'll gather information regarding the capabilities, availability and rates of providers, which may save your client time and money. CareScout is a Genworth business that provides professional elder care-related support activities.

Privileged Care® Coordination Services

Privileged Care® Coordinators assess needs and develop a plan of care, assist with initial claims paperwork, locate providers and schedule services, all at no additional cost to the policyowner.

Issue Ages

18 – 79, age last birthday

Maturity

TLC has no maturity age. The policy and all riders and benefits continue after the insured reaches age 100. Interest continues to be credited to policy values, but there are no monthly deductions. Loan interest continues to accrue, and loans and withdrawals can still be taken, but the policy may lapse if the loan balance exceeds the cash surrender value.

Charges

Premium Load: A 9% premium load is deducted from the paid premium.

Monthly Deductions: A \$9.30 administrative fee and insurance charges for universal life and long term care benefits are deducted from the policy values each month. There are separate charges for each long term care benefit – ABR, EBR and Inflation Protection – which are shown in the policy schedule. The charges will never exceed the guaranteed charges.

Surrender Charges: If the policy is surrendered during the first 14 policy years, a surrender charge is deducted from the policy value. Surrender charges will not invade any Return of Premium Benefit.

Surrender Charges

Policy Year	1-10	11	12	13	14	15+
% of Policy Value	10%	8%	6%	4%	2%	0%

Liquidity

While benefits are payable under the ABR, monthly long term care benefit payments and withdrawals reduce the policy value, the specified amount and the accelerated lifetime maximum benefit.

Withdrawals and policy loans reduce the Return of Premium Benefit and Guaranteed Minimum Benefit Rider benefits available.

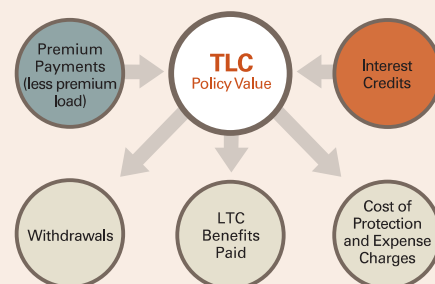
Withdrawals: A \$25 administrative fee is subtracted from the amount withdrawn. Withdrawals do not affect the extension monthly and extension lifetime maximums, but will reduce the accelerated monthly and accelerated lifetime maximums, as well as Return of Premium and Guaranteed Minimum Benefit Rider values.

Loans: Interest is charged on loans at an annual effective rate of 5.5%, while interest is credited to the loan balance at an annual effective rate of 3.5%.

If there is an outstanding policy loan when a long term care expense is to be paid, part of the payout will be used to reduce the loan balance. If there is an outstanding policy loan at the insured's death, the loan balance will be subtracted from the death benefit.

TLC Policy Fundamentals

As with any universal life insurance product, premium payments and interest cause the policy value to grow. The cost of insurance, expense charges, withdrawals and any LTC benefits, if used, decrease the policy value.



³ State variations apply.

Benefit Triggers

When the policyowner contacts the Claims Services Department, they will work with the policyowner to begin the claims process. The insured is considered claim eligible if:

1. He or she needs substantial assistance with at least two of the six Activities of Daily Living for an expected minimum of 90 days or requires substantial supervision due to severe cognitive impairment. The six Activities of Daily Living are: bathing, dressing, continence, eating, transferring and toileting.
2. The Company receives a Current Eligibility Certification for the insured; and
3. The Company receives ongoing proof the Covered Care received is due to the insured being a Chronically Ill individual.

Benefits will be paid monthly up to the maximum monthly long term care benefit amount and can continue until the lifetime maximum benefit amount is exhausted.

Covered Long Term Care Expenses

TLC pays long term care benefits for these expenses:

- **Home Care** – Covers long term care services received in the home, including the cost of nurses and therapists, home health aides, and personal care, homemaker and chore services.
- **Informal Caregivers** – Can be friends or neighbors who can help with simple health care tasks, personal hygiene, managing medications, homemaker and chore care, performing Activities of Daily Living and supervision needed when the insured has severe cognitive impairment. Informal caregivers do not have to be from an agency and can be hired independent of other LTC services.
- **Hospice Care**
- **Adult Day Care Services**
- **Facility Care** – Includes nursing facilities and assisted living facilities
- **Bed Reservation** – If the insured temporarily leaves the nursing facility or assisted living facility to visit family or enter the hospital, the bed will be reserved for up to 60 days per calendar year.
- **Respite Care** – Temporarily pays the cost of care while the primary unpaid caregiver takes a break. The maximum benefit is 30 days per calendar year.
- **Alternative Care** – Pays for other services not specified in the policy if agreed upon by the insured, doctor, policyowner and the company.
- **International Coverage** – TLC will reimburse the policyowner for:
 - 50% of the monthly maximum benefit for out-of-country nursing facility care.

- 25% of the monthly maximum benefit for Home and Community care services abroad for no more than 365 service days.

No benefit will be paid after four years from first claim. Assisted living facility coverage and Privileged Care Coordination Services are not available outside the United States.

Incidental Care and Services

These services are intended to enable the insured to remain safely in his or her home and are stated in, and furnished in accordance with, the Plan of Care. The services include:

- **Caregiver Training** - Pays to train an unpaid friend or relative to provide care.
- **Emergency Medical Response Systems**
- **Home Modifications, Assistive Devices and Supportive Equipment** - Pays the cost of home modifications such as ramps and grab bars.

No benefits will be paid for Incidental Care and Services expenses once the total amount paid for such expenses equals three (3) times the Monthly Maximum in effect at that time.

Long Term Care Expenses Not Covered

TLC does not cover Medicare deductibles and coinsurance expenses. TLC reimburses only for covered expenses that exceed what Medicare or other government health care programs or laws pay, except for Medicaid. The facility elimination period can be satisfied by days Medicare pays for covered expenses.

Generally, benefits are not paid for:

- **Services provided by family members.** An exception is made if the family member is a regular employee of the organization providing the service, the organization received payment for the service and the family member receives compensation normally provided to employees in that job.
- **Services provided without charge.** Whether by a provider, Veterans Administration or other government facility.
- **Services provided outside the United States.** Including its territories and possessions, except as noted in "International Coverage."
- **Services resulting from addictions.** These include alcoholism, drug or narcotic addiction, unless they occur as a result of administration under the written instruction of a doctor.
- **Services resulting from war or any act of war, intentionally self-inflicted injury or attempted suicide.**



Underwriting Guidelines

- Pre-Qualifying Questions
- Underwriting Conditions
- Underwriting Classes
- Underwriting Life Rates
- Preferred Life Criteria
- Preferred LTC Rate Guidelines
- Build Chart

Pre-Qualifying Questions

The following questions are designed to help you evaluate whether your client should apply for coverage. They are not all inclusive. Absence of a condition or a condition that falls outside of a specified time frame is not a guarantee that insurance will be provided. Other conditions or time frames can result in declination of coverage. There is no substitute for asking each question on the application in the event an application is completed. If you have questions about your client's medical history, we encourage you to contact the underwriting department at **866 446.9852 (option 2)**.

-
- 1 Has your client used a walker, wheelchair, quad cane or motorized scooter in the past 12 months or, during that same period, received care in a nursing facility or other type of long term care facility?
 - 2 Is your client currently being treated for Cancer with chemotherapy or radiation therapy, or has he/she used oxygen, kidney dialysis or a respirator within the past 12 months?
 - 3 Has your client suffered a Transient Ischemic Attack (TIA) in the last five years, or more than one TIA during his/her lifetime?
 - 4 Has your client been treated for: diabetes with insulin, stroke (CVA), Parkinson's Disease, Multiple Sclerosis or Muscular Dystrophy?
 - 5 Has your client been treated for non-insulin-dependent diabetes with a history of TIA, heart disease or vascular disease?
 - 6 Has your client been diagnosed with Alzheimer's disease or any other form of dementia, or taken medication for memory loss?
 - 7 Has your client had a heart attack or repair of an abdominal aortic aneurysm within the past six months, heart bypass surgery (CABG) within the past three months, or heart valve replacement within the past year?
 - 8 Does your client have cirrhosis of the liver, or has he/she had gastric/intestinal bypass surgery or an organ transplant (pending or received) within the past year?
 - 9 Has your client had a mental disorder requiring hospitalization within the past year or attempted suicide within the past two years?
 - 10 Has your client been treated for alcoholism within the past two years (detoxification and/or inpatient alcohol program) or, with this history, consumed alcohol within the past year?

Underwriting Conditions

It is likely that clients with any of the following conditions should not be written: The conditions and time frames provided for in this guide are designed to help you evaluate whether your client should apply for coverage. They are not all inclusive. Absence of a condition or a condition that falls outside of a specified time frame is not a guarantee that insurance will be provided. Other conditions or time frames can result in declination of coverage. There is no substitute for asking each question on the application in the event an application is completed.

Condition at any time:	<ul style="list-style-type: none"> • ALS (Lou Gehrig's Disease) • Alzheimer's Disease • Bipolar Disorder (Manic Depressive Disorder) • Cirrhosis of the liver • Cystic Fibrosis • Dementia • Frequent or persistent memory loss • Huntington's Chorea • Multiple Sclerosis (MS) 	<ul style="list-style-type: none"> • Muscular Dystrophy (MD) • Organ Transplant (except cornea and kidney) • Parkinson's Disease • Schizophrenia or other forms of psychosis • Senility • Stroke • More than one Transient Ischemic Attack (TIA)
Diabetes at any time with:	<ul style="list-style-type: none"> • Heart Disease or Circulatory/Vascular Disease 	<ul style="list-style-type: none"> • Transient Ischemic Attack (TIA) • Treatment with Insulin
Client currently has or is being treated with:	<ul style="list-style-type: none"> • Cancer treated with chemotherapy or radiation • Complications with pregnancy (i.e., toxemia, eclampsia, pre-eclampsia) 	<ul style="list-style-type: none"> • Kidney Failure/Disease treated with Dialysis • Lung Disorder treated with Oxygen
Condition within 3 months	<ul style="list-style-type: none"> • Heart Bypass Surgery (CABG) 	
Condition within 6 months	<ul style="list-style-type: none"> • Abdominal Aortic Aneurysm corrected surgically 	<ul style="list-style-type: none"> • Heart Attack
Within 1 year, client needs assistance or supervision with:	<ul style="list-style-type: none"> • Bathing • Bowel or Bladder Control • Dressing • Eating 	<ul style="list-style-type: none"> • Moving in and out of bed/chair • Toileting • Walking
Within 1 year, client has used or been advised to use the following services:	<ul style="list-style-type: none"> • Adult day care • Home health care 	<ul style="list-style-type: none"> • Nursing facility or assisted living or any other long term care facility
Within 1 year, client has used or been advised to use the following devices:	<ul style="list-style-type: none"> • Hospital bed • Kidney Dialysis • Motorized scooter • Oxygen 	<ul style="list-style-type: none"> • Quad cane • Walker • Wheelchair
Tobacco use within the past 1 year with a history of:	<ul style="list-style-type: none"> • Amaurosis Fugax • Aortic Aneurysm • Carotid Artery Disease • Coronary Artery Disease 	<ul style="list-style-type: none"> • Peripheral Arterial Disease (PAD) • Retinal Artery Occlusion • Transient Ischemic Attack

Condition within 1 year	<ul style="list-style-type: none"> • Aortic Aneurysm, Dissecting, Repaired • Cancer other than basal or squamous cancer of the skin • Gastric/intestinal bypass 	<ul style="list-style-type: none"> • Mental disorder requiring hospitalization • Organ transplant (pending or received) • Valve replacement
Condition within 2 years	<ul style="list-style-type: none"> • Alcoholism treatment (detoxification and/or inpatient Alcohol program) or history of treatment and currently using or used within the last year • Suicide attempt 	
Condition within 3 years	<ul style="list-style-type: none"> • Alcohol or drug dependency • Hodgkin's Disease or lymphoma 	<ul style="list-style-type: none"> • Illegal drug use (other than marijuana) • Leukemia
Condition within 4 years	<ul style="list-style-type: none"> • Cancer: bone, brain, lung, liver, ovary, pancreas, stomach, or any metastatic cancer 	
Condition within 5 years	<ul style="list-style-type: none"> • DUI/DWI (more than one) 	<ul style="list-style-type: none"> • Transient Ischemic Attack (TIA)
Within 5 years, client has:	<ul style="list-style-type: none"> • Received Social Security <u>Disability</u> Insurance (SSDI) benefits (does not include routine <u>Retirement</u> Social Security benefits) 	
Other	<ul style="list-style-type: none"> • Non-discharged Bankruptcy (personal), Chapter 7 	<ul style="list-style-type: none"> • On Probation/Parole

Client currently taking any of the following medications	Brand Name	Generic
	Antabuse®	disulfiram
	Aricept®	donepezil hcl
	Artane®	trihexyphenidyl
	Avonex® (if for MS)	interferon beta 1a
	Betaseron® (if for MS)	interferon beta 1b
	Campral®	acamprosate calcium
	Cogentin®	benztropine mesylate
	Cognex®	tacrine
	Comtan® (if for Parkinson's Disease)	entacapone
	Copaxone® (if for MS)	glatiramer acetate
	Depade®	naltrexone
	Eldepryl® (if used for Parkinson's Disease)	selegiline
	Exelon®	rivastigmine
	Hydergine®	ergoloid mesylate
	Larodopa®/L-Dopa® (if for Parkinson's Disease)	levodopa
	Mirapex® (if for Parkinson's Disease)	pramipexole
	Namenda®	memantine
	Parlodel® (if for Parkinson's Disease)	bromocriptine
	Permax® (if for Parkinson's Disease)	pergolide
	Razadyne®	galantamine hydrobromide
	ReVia®	naltrexone
	Sinemet® (if for Parkinson's Disease)	carbidopa/levodopa
	Suboxone®	buprenorphine/naloxone
	Symmetrel® (if for Parkinson's Disease)	amantadine
	(Various names)	interferon
	Vivitrol®	naltrexone

Underwriting Classes

Life Insurance¹

Preferred No Nicotine Use (PNN)

Standard No Nicotine Use (SNN)

Standard Nicotine Use (SNU)

LTC Insurance

Preferred

Standard

Underwriting Requirements

Face Amounts	Preferred/Standard Life Rates	
	\$50,000 - \$600,000	\$600,001 - \$1,200,000
Ages 18-64; Ages 65-69 No EBR Benefit	<ul style="list-style-type: none"> • Rx • Paramed Exam • HOS & Blood 	<ul style="list-style-type: none"> • Rx • Paramed Exam • HOS & Blood
Ages 65-69 With EBR Benefit; Ages 70-79 ¹	<ul style="list-style-type: none"> • APS • Paramed Exam • HOS & Blood^{2,3} 	<ul style="list-style-type: none"> • APS • EKG • Paramed Exam • HOS & Blood

List of Terms:

- Rx – Medication Prescription History
- HOS – Home Office Specimen
- EBR – Extension of Benefits Rider
- APS – Attending Physician Statement

¹ Ages 70+ require LTC Phone Cognitive Interview (EMST) if the LTC Monthly Maximum exceeds \$15,000.

² If proposed insured is Age 65 – 69 with EBR Benefit and has not seen a doctor in the past 24 months, we will also require an EKG.

³ If proposed insured is Age 70 – 79 and has not seen a doctor in the past 15 months, we will also require an EKG.

Preferred Life Criteria

Ages 18 - 64

Impairments	No diseases, disorders or activities that would affect mortality.
Family History	No coronary artery disease or cancer death in either parent before age 60.
Cholesterol (treated or untreated)	Not available if under 150 or over 300.
CHOL/HDL Ratio:	Cholesterol/HDL ratio cannot exceed 5.5 for males and 5.0 for females.
Blood Pressure	Currently controlled and average reading in last 1 year (including treatment) does not exceed: <ul style="list-style-type: none"> • 140/90 for ages 50 and younger • 145/90 for ages 51 to 64
Driving History	No DWI / DUI, reckless driving, license revocation or suspension in the last five years.
Nicotine	No use of nicotine or nicotine substitutes in the last three years. Occasional cigar use is considered no nicotine if 12 or fewer per year and current nicotine test is negative. (For Standard No Nicotine: No use of nicotine or nicotine substitutes in the last 12 months.)
Alcohol/Substance Abuse	No history of, or treatment for, alcohol or substance abuse in the last 10 years.
Cancer History	Preferred class is not available if any cancer history (except basal cell carcinoma).
Aviation	Flat extra (available in most cases) or exclusion rider.
Hazardous Occupation or Avocation	Coverage available. May require a flat extra.
Build	See Build Chart for minimum and maximum height and weight.

Ages 65 - 79

Impairments	No diseases, disorders or activities that would affect mortality.
Family History	<ul style="list-style-type: none"> • For ages 65-74: No cancer death in either parent before age 60. • For ages 75-79: No family history limitation.
Cholesterol (treated or untreated)	No underwriting except under 150 and over 300.
CHOL/HDL Ratio:	Cholesterol/HDL ratio cannot exceed 5.5 for males and 5.0 for females.
Blood Pressure	Currently controlled (treated or untreated) and average reading in last two years does not exceed 150/90.
Driving History	No DWI / DUI, reckless driving, license revocation or suspension in last five years.
Nicotine	No use of nicotine or nicotine substitutes in the last three years. Occasional cigar use considered no nicotine if 12 or fewer per year and current nicotine test is negative.
Alcohol/Substance Abuse	No history of, or treatment for, alcohol or substance abuse in the last 10 years.
Cancer History	Preferred class not available if any cancer history (except basal cell carcinoma).
Aviation	Flat extra (in most cases) or exclusion rider.
Hazardous Occupation or Avocation	Coverage available. May require a flat extra.
Build	See Build Chart for minimum and maximum height and weight.

Preferred LTC Rate Guidelines

Nicotine Use	The proposed insured must not have used nicotine within the past three years.
Medications	The proposed insured must not have taken prescription medications for arthritis within the past three years. LTC preferred is available if blood pressure is well controlled for the past 12 months.
Assisted Care	The proposed insured must not have used home care, adult day care, nursing facility care, assisted living care or any other long term care within the past three years.
Height & Weight	Height and weight are within Preferred minimum and maximum limits (see Build Chart).

Conditions: In the past five years (10 years for cancer), the proposed insured must not have received medical advice or treatment for, been medically diagnosed with, or consulted with a health professional for any of the following conditions:

- Alcoholism
- Amputation
- Angina
- Angioplasty
- Arthritis (with prescription medications)
- Asthma
- Arterial surgery
- Atrial fibrillation
- Blackout spells
- Brain disorder
- Cancer (except basal cell carcinoma)
- Carotid artery surgery
- Chronic bronchitis
- Congestive heart failure
- Convulsions
- COPD
- CREST syndrome
- Depression
- Diabetes (no insulin)
- Disabling back or spine condition
- Drug addiction
- Emphysema
- Epilepsy
- Fainting spells
- Fibromyalgia
- Heart attack
- Heart surgery
- Hodgkin's disease
- Immune system disorder
- Injury due to falls or imbalance
- Joint replacement
- Kidney failure
- Leukemia
- Mental illness
- Mental retardation
- Multiple myeloma
- Myasthenia gravis
- Organ transplant
- Osteoporosis
- Paralysis
- Post-polio syndrome
- Rheumatoid arthritis
- Scleroderma
- Skin ulcers
- Systemic Lupus
- Transient ischemic attack
- Tremor
- Any condition causing crippling or limited motion or requiring adaptive devices

Build Chart

Height (feet & inches)	Acceptable Weight		Preferred Life & LTC Weight		Diabetic		Osteoporosis
	Minimum	Maximum	Minimum	Maximum	Minimum Weight (all)	Maximum Weight (all)	Minimum Weight (all)
4'6"	71	166	83	125	71	141	77
4'7"	73	172	86	129	73	146	80
4'8"	76	180	89	134	76	151	82
4'9"	79	185	93	139	79	157	85
4'10"	82	192	96	143	82	162	88
4'11"	84	198	99	148	84	168	92
5'0"	87	205	102	153	87	174	95
5'1"	90	212	106	158	90	180	98
5'2"	93	219	109	164	93	186	101
5'3"	96	226	113	169	96	192	105
5'4"	99	233	116	174	99	198	108
5'5"	102	241	120	180	102	204	111
5'6"	106	248	124	186	106	210	115
5'7"	109	256	127	191	109	217	118
5'8"	112	263	131	197	112	223	122
5'9"	115	271	135	203	115	230	126
5'10"	119	279	139	209	119	237	129
5'11"	122	287	143	215	122	244	133
6'0"	126	295	147	221	126	251	137
6'1"	129	303	151	227	129	258	140
6'2"	133	312	155	233	133	265	144
6'3"	136	320	160	240	136	272	148
6'4"	140	329	164	246	140	279	152
6'5"	144	337	169	253	144	287	156
6'6"	147	346	173	260	147	294	160
6'7"	151	355	178	266			
6'8"	155	364	182	273			



Writing TLC

BUSINESS

Our dedicated team of external and internal wholesalers can provide expert advice about TLC. We also have a full suite of marketing materials available to help with your sales campaigns. Just call your support desk.

Client Assessment

Be sure TLC applicants meet these criteria:

Activities of Daily Living (ADLs)	Able to perform all Activities of Daily Living – bathing, dressing, eating, using the toilet (toileting) and continence, and transferring.
Instrumental Activities of Daily Living (IADLs)	Able to perform the Instrumental Activities of Daily Living – handling finances, housework, laundry, meal preparation, shopping, taking medications, mobility and transportation.
Physical Impairment	Able to function without assistance from another individual and not using mechanical devices like a walker, wheelchair, oxygen, dialysis, etc.
Cognitive Impairment	Does not show signs of memory loss, confusion or forgetfulness.
Stable Condition	All acceptable medical conditions the applicant may have are stable and well controlled, and not severe, debilitating or progressive. Examples of an unstable condition include ones in which the applicant is in the process of a medical work-up, anticipating surgery, or is in physical therapy.

Screening Tips

Do not submit an application if your client:

- Answers “yes” to any question in Section 3e, 3f or 3g on the Life/LTC supplemental application
- Has a disease or impairment that is unstable, uncontrolled or progressive
- Has complications or residuals of any disease or impairment
- Has had recent surgery and is not yet recovered and released from their doctor’s care
- Has been advised to have surgery or a work-up that has not yet been completed
- Is currently receiving any disability benefits
- Is overweight or underweight (see Build Chart)

We suggest that you call our Underwriting Department before submitting a TLC application if your client:

- Has been recently diagnosed with a disease or impairment
- Is taking multiple medications for a disease or impairment
- Has multiple major diseases or impairments
- Is taking more than 20 mg of steroids a day
- Is taking narcotics (e.g., Demerol®, morphine, OxyContin®, Percodan®)

If you have questions regarding your client’s insurability for TLC, please call the TLC Underwriting Department and we’ll be glad to help you with a quote.

Suitability

Replacements: Clients who are considering replacing an individual long term care insurance policy with TLC should carefully evaluate their existing LTC insurance policy, which may provide longer or more extensive long term care benefits than TLC.

TLC is an intelligent choice for clients who fit the following characteristics:

- Are active, mentally alert, financially independent mature adults either enjoying or expecting to enjoy a secure retirement.
- Want to be able to pass assets on to their heirs.
- Are currently self-insuring the long term care risk.
- Have invested assets of at least \$300,000, excluding their home and qualified plan assets.

TLC should not be offered to anyone:

- With limited assets who can't afford the premium.
- Currently receiving or expecting to receive Medicaid benefits.
- Whose only source of income is Social Security or Supplemental Security Income.

Suitable premium sources:

- Savings, money market accounts and CDs.
- Cash value life insurance.
- Assets earmarked for financial emergencies (e.g., long term care).
- IRA, 401(k) and other qualified plans, if the client understands the tax implications.

Unsuitable premium sources:

- Assets used to provide income for living expenses.
- Savings vehicles that have substantial early liquidation penalties.
- Annuities, unless the client understands the tax implications.

Look for a Client Who:

- Is living comfortably on income provided by pension plans, other qualified plans and Social Security.
 - Is a homeowner.
 - Reinvests a majority of interest and dividends rather than using them for income.
 - Has an asset to reposition.
-

Licensing Requirements

Requirements: In addition to the standard contracting paperwork, the following requirements are needed to sell Total Living Coverage:

- You must hold a Life and Health appointment.
 - You must meet the long term care specific training requirements in applicable states.
 - You must complete any long term care state-specific requirements.
-

Important Information:

The underwriting portion of this brochure provides important information regarding Genworth Life's typical requirements for underwriting Total Living Coverage insurance policies for applicants with certain medical conditions and physical and personal characteristics. Please note, Genworth Life reserves the right to request information that does not appear to be required in this guide. Similarly, underwriters will make an underwriting determination based on the entirety of the information provided to and received by Genworth Life, which may result in a determination that is different than this guide would indicate.

Refer to the policy for definitions and more details regarding coverage and its features. This brochure is only a summary of coverage. Policy Terms and provisions will prevail.

Total Living Coverage

Total Living Coverage® is underwritten by Genworth Life Insurance Company, Richmond, VA. Total Living Coverage universal life insurance with long term care benefits is subject to issue limitations and Policy Form No. ICC12-GL5000 and Rider Form Nos. ICC12-GL500R, ICC12-GL501R, ICC12-GL502R, and ICC12-GL503R or Policy Form No. GL5000 0212 et al. and Rider Form Nos. GL500R 0212 et al., GL501R 0212 et al., GL502R 0212 et al., and GL503R 0212 et al. Policy, benefits and riders may not be available in all states. Terms and conditions may vary by state.

All applications are subject to the underwriting requirements of Genworth Life.

All guarantees are based on the claims-paying ability of Genworth Life.

Important information: Genworth wrote this content to help you understand the ideas discussed. Any examples are hypothetical and are used only to help you understand the ideas. They may not reflect your client(s)' particular circumstances. Your clients should carefully read their contract, policy and prospectus(es), when applicable. What we say about legal or tax matters is our understanding of current law; but we are not offering legal or tax advice. Tax laws and IRS administrative positions may change. We did not write this material for use by any taxpayer to avoid any Internal Revenue Service penalty and neither you nor your clients may use it for that purpose. Your clients should ask their independent tax and legal advisors for advice based on their particular circumstances.

If this material states or implies that it was prepared or distributed to promote, market or recommend an investment plan or arrangement within the meaning of IRS guidance, or such use may be reasonably expected, then, as required by the IRS, the following also applies: The tax information in this material was written to support the promotion or marketing of the transaction(s) or matter(s) addressed in this material.

Generally, this policy is a Modified Endowment Contract (MEC). However, if you pay for the policy entirely with the cash value proceeds of a non-MEC life insurance policy (under IRC section 1035), and contribute no additional premium, then this policy will not be a MEC. Withdrawals and policy loans taken from a MEC are taxable income under federal income-tax law to the extent that there is any gain in the policy. An additional tax of 10% of the taxable amount may be due unless the owner is at least age 59½ or satisfies another exemption.

Generally, life insurance death benefits are payable to the beneficiary income tax free. In addition, the law provides that cash values that accumulate within a life insurance policy grow on an income tax-deferred basis and are not subject to income tax until withdrawn from the policy or the policy is surrendered.

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Insurance and annuity products:	Are not deposits.	Are not guaranteed by a bank or its affiliates.
May decrease in value.	Are not insured by the FDIC or any other federal government agency.	