SALES AND FEATURES GUIDE

Total Living Coverage℠ UNIVERSAL LIFE INSURANCE WITH LONG TERM CARE BENEFITS

Underwritten by

Genworth Life Insurance Company

Lynchburg, VA

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Be sure to inform your clients of the important disclosure outlined at the back of this guide.

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TOTAL LIVING COVERAGE

TLC is designed to be there when needed.

Total Living Coverage (TLC) is a fresh approach to retirement planning. Linking universal life insurance and long term care insurance into one product, TLC provides a pool of benefit dollars for covered long term care expenses, a death benefit for beneficiaries, or both. Because TLC is universal life insurance, TLC's policy values grow income tax-deferred at current interest rates. Like long term care insurance, TLC can provide a monthly long term care benefit. And even if the entire death benefit amount is used for covered long term care expenses, a Residual Death Benefit is available.

Who buys TLC?

The typical TLC buyer is retired or close to retirement, recognizes the need to have a financial plan for retirement and understands that protection against long term care expenses should be part of the strategy. Most have invested assets of more than $300,000 and are self-insuring the risk of needing long term care. They know the probability of needing long term care is high but not exactly how much it could cost, so they consider an asset-based solution like TLC an attractive alternative.

With TLC, your client

- Covers the potential need for long term care (LTC) benefits
- Protects beneficiaries with an income tax-free death benefit
- Frees assets for other purposes

Total Living Coverage can help your clients maintain control of assets, protect beneficiaries and have access to long term care benefits if needed.

TLC coverage is customizable and can provide certain guarantees. Clients can match their TLC coverage to their needs using a range of benefit amounts and periods as well as optional inflation coverage. An optional return of premium benefit is also available.

HOW DOES TLC WORK?

Core Components and How They Work

Specified Amount

Amount of insurance on the date the policy is issued – depends on the initial premium amount and the insured's age, sex (unisex in MT) and health status and the benefits actually chosen. Minimum and maximum specified amounts are based on the length of the Accelerated Benefit Rider period.

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 (which can be 24, 36 or 48 months) and specified amount together determine the accelerated monthly maximum available for covered long term care expenses.

Extension of Benefits Rider (EBR)

Provides an additional benefit amount for covered long term care by retaining the initial accelerated monthly maximum for an extended period of time, which can be 24 or 48 months, or lifetime, depending on the ABR period chosen. The cost of the EBR is reflected in the initial premium needed to support the desired long term care benefits.

ACCELERATED BENEFIT RIDER PERIODS	SPECIFIED AMOUNT MINIMUM – MAXIMUM	EXTENSION OF BENEFITS RIDER PERIODS
24 months	$50,000 – $300,000	**24 months** **48 months**
36 months	$50,000 – $450,000	**24 months** **48 months** **Lifetime**
48 months	$75,000 – $600,000	**24 months** **48 months** **Lifetime**

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.

ABR PERIOD	SPECIFIED AMOUNT		MAXIMUM MONTHLY LTC BENEFIT	
	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM
24 months	$50,000	$300,000	$2,083	$12,500
36 months	$50,000	$450,000	$1,388	$12,500
48 months	$75,000	$600,000	$1,562	$12,500

For example, $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	**$5,555**
48 months	**$4,166**

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

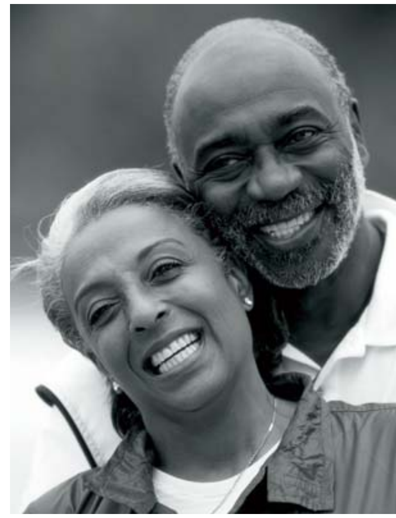
If the long term care expenses actually incurred each month are less than the maximum monthly long term care benefit, the payout period over which benefits are paid may be longer. And although expenses including support equipment, caregiver training and bed reservation do not count toward the maximum lifetime LTC benefit, they do count toward the maximum monthly LTC benefit and can shorten the payout period.

EXAMPLE: LONG TERM CARE BENEFIT PAYOUT				
Specified Amount $200,000	÷	ABR Period 24 months	=	Maximum Monthly Long Term Care Benefit $8,333
Specified Amount $200,000	÷	Actual Monthly Long Term Care Benefit $4,000	=	50 months

Lifetime Maximums

Both monthly maximums 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.

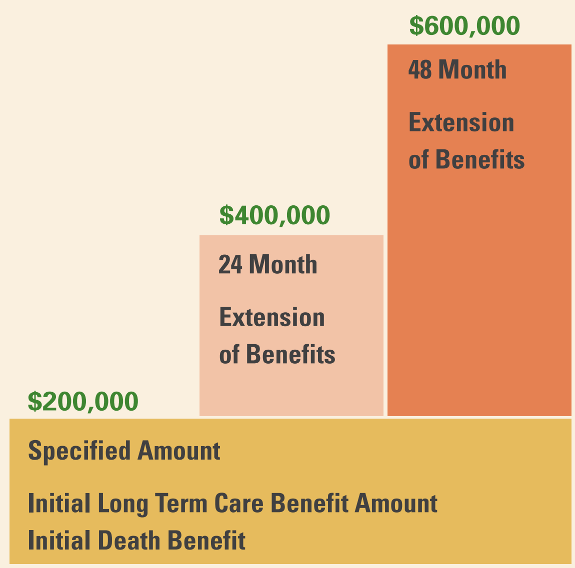
EXAMPLE: EBR BENEFIT CALCULATION				
Extension Monthly Maximum	X	EBR Period	=	**Extension Lifetime Maximum**
$8,333	X	24 months	=	**$200,000**
Total Lifetime Maximum	=	**Accelerated Lifetime Maximum**	+	**Extension Lifetime Maximum**



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 can be increased if optional inflation protection is added.

EXAMPLE: TOTAL LIFETIME LONG TERM CARE BENEFIT (WITHOUT INFLATION PROTECTION)



AN EXAMPLE

A Residual Death Benefit is available even if the entire death benefit amount is used for long term care expenses.

Meet Susan, a typical TLC buyer. Because she planned well during her working years, Susan's finances are in excellent shape and she's looking forward to a comfortable retirement. Susan recognizes the potential need for long term care in the future and sets aside $200,000 to cover that need.

While her LTC self-insuring strategy is prudent, it means that those funds are no longer free for her to enjoy or invest differently. Susan learns that there's a different way to help plan for possible long term care expenses, using only half the $200,000 she's set aside – a Total Living Coverage insurance policy. If she needs long term care, she has a monthly benefit for covered long term care expenses. If she doesn't need long term care, TLC provides an income tax free death benefit for her beneficiaries, and she also frees up $100,000 to do with as she chooses.

Susan decides she needs TLC and purchases a policy. As a 65-year-old who does not use nicotine and is in good health, she qualifies for a long term care insurance discount and preferred life insurance premium rates.

She now has some decisions to make about her policy. TLC includes an ABR, which provides a monthly benefit amount for covered long term care expenses if needed. The ABR period may be for 24, 36 or 48 months. An EBR increases the total amount available for long term care expenses by providing continued payment of the monthly benefit amount over 24 or 48 additional months, or for life. And if Susan wants to be sure to keep up with rising costs, an inflation protection option is also available at 3% or 5%, simple or compound.

HOW TLC WITH EXTENSION OF BENEFITS WORKS (hypothetical example)

CLIENT PAYS

$100,000 Initial Premium →

TOTAL LTC BENEFITS

$400,000 Total LTC Benefit →

$200,000 Specified Amount

$200,000 Extension of Benefits

If you don't need LTC benefits, the specified amount (accelerated benefit) would be paid as a death benefit

BENEFITS PAID MONTHLY FOR 4 YEARS

Maximum Monthly Benefit = Total LTC Benefit ÷ 48 months

YEAR 1 $8,333 per month

YEAR 2 $8,333 per month

YEAR 3 $8,333 per month

YEAR 4 $8,333 per month

If your monthly benefits are less than the maximum, the benefit payout period could last longer than 48 months

+

PLUS GUARANTEED DEATH BENEFITS

Death Benefits would be any specified amount NOT used for LTC

———

or if specified amount is exhausted,

$20,000

Residual Death Benefit

With 3% compound optional inflation protection and additional premium, Susan's monthly and lifetime benefit amounts grow. In 20 years and assuming no loans or withdrawals, Susan's total benefit amount will have increased to $722,444, with a $15,050 monthly maximum.

Susan's Customized Coverage

Susan chooses a two-year ABR, which, along with the initial specified amount, establishes the initial maximum monthly amount for long term care expenses payable for a two-year period. The monthly benefit amount is drawn from the specified amount if needed for long term care expenses. She also selects a two-year EBR to increase the total amount available and extend her monthly payments to four years. Finally, Susan could choose to include return of premium protection.

With Susan's choices and rates, her $100,000 purchases a $200,000 initial specified amount.

The initial maximum monthly benefit amount equals the specified amount divided by the ABR period:
$200,000 ÷ 24 months = $8,333

The two-year EBR extends the amount of time the monthly benefit amount is paid and increases the total benefit amount available for long term care expenses: $8,333 x 48 months = $400,000

If Susan dies without needing any long term care benefits, the death benefit less any policy loans and withdrawals is paid income tax free to her beneficiaries. If she has received long term care benefits, the remaining death benefit or residual death benefit is paid, whichever is greater.

- If Susan needs long term care, her expenses will be paid first from the accelerated lifetime maximum. When that is exhausted, benefits will be paid from the extension lifetime maximum.

TLC SUMMARY	
Initial specified amount and initial amount available for long term care expenses	**$200,000**
Accelerated Benefit Rider (ABR) period	**24 months**
Extension of Benefits Rider (EBR) period	**24 months**
Maximum monthly benefit amount	**$8,333**
Total long term care benefit	**$400,000**
Residual Death Benefit (Susan took no loans or withdrawals)	**$20,000**

- If Susan's actual monthly long term care expenses are less than her $8,333 maximum monthly benefit amount, her benefit payout could last longer than 48 months. Keep in mind that with 3% compound inflation protection, had Susan chosen it and wanted to pay the additional $30,000 initial premium, the monthly maximum will have grown to $15,050 in 20 years.
- If Susan never requires covered long term care, TLC will pay her beneficiary a $200,000 death benefit.
- If Susan dies after using $90,000 in long term care benefits, TLC will pay a death benefit of $110,000.
- If Susan uses all of her long term care benefits and never takes a loan or withdrawal, a $20,000 residual death benefit will be available to help pay final expenses.
- If Susan decides in ten years that she no longer wants her TLC policy and she has not taken any loans or withdrawals and has not received long term care benefits, upon surrender, she will receive at least the entire $100,000 premium she paid in.

KEY ADVANTAGES

Return of Premium Benefit (ROP)

If the policy is surrendered before the end of the 15th policy year, the owner will get back at least the initial premium, less any long term care expenses already received. If the cash surrender value is higher, the owner will receive that instead. The ROP is paid only if no loans or partial withdrawals have been taken and the Guaranteed Minimum Benefit Rider (GMBR) is active (see GMBR section on page 7). ROP is an optional benefit available at issue only.

Residual Death Benefit

If the entire specified amount is used to pay long term care expenses, TLC provides a residual death benefit. The benefit is the lesser of:

- 10% of the specified amount at policy issue, minus 10% of loans and withdrawals removed from the policy values, or
- $25,000, minus 10% of loans and withdrawals removed from the policy values.

EXAMPLE: RESIDUAL DEATH BENEFIT FOR $200,000 SPECIFIED AMOUNT	
$0 removed from policy values:	**$100,000 removed from policy values:**
10% of $200,000 = $20,000	10% of $200,000 = $20,000 10% of $100,000 = $10,000 $20,000- $10,000 = $10,000
Residual Death Benefit = $20,000	Residual Death Benefit = $10,000

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 the 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 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 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.

COUPLES DISCOUNT SCENARIOS

PERSON 1*	PERSON 2*	DISCOUNT FOR PERSON 1	DISCOUNT FOR PERSON 2
Applying for TLC	Has no other UL or LTC policy with Genworth Life	10%	n/a
Applying for TLC	Has other UL policy with Genworth Life, with no LTC benefits	10%	n/a
Applying for TLC	Has LTC stand-alone policy with Genworth Life	20%	No additional discount
Applying for TLC	Has TLC with Genworth Life Person 2's policy 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 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.

Waiver of Monthly Deduction

Policy monthly deductions are waived while the insured receives covered home care, respite care, facility care and 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.

Guaranteed Minimum Benefit Rider (GMBR)

This rider helps protect the policyowner from adverse conditions by guaranteeing a minimum benefit:

- if the credited interest rate equals the minimum guaranteed 3.5% interest rate, or
- if the rates for the death benefit and the ABR, EBR or IPB increase, and
- we project the policy value to be insufficient to maintain the policy to the insured's attained age 100 at current rates

If policy loans or partial withdrawals have not been and will not be taken, we will guarantee that the policy will not lapse if benefits are reduced to the Guaranteed Minimum Benefit values shown in the policy, and the owner will never have to pay more premiums.

If the policyowner wants to maintain the original benefit level, additional premiums will be required. If the additional premiums are not paid, the GMBR and ROP will terminate and the policy may lapse.

Inflation Protection Benefit (IPB)

Inflation protection helps the policy keep up with rising costs by increasing monthly and lifetime maximums for the accelerated and extension benefit riders. 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
Year 1: \$8,333 x 3% = \$8,582
Year 2: \$8,333 x 3% = \$8,832
Year 3: \$8,333 x 3% = \$9,082
Year 10: = \$10,832
Year 20: = \$13,332

INFLATION PROTECTION – COMPOUND
Year 1: \$8,333 x 3% = \$8,582
Year 2: \$8,582 x 3% = \$8,840
Year 3: \$8,840 x 3% = \$9,105
Year 10: = \$11,198
Year 20: = \$15,050

Elimination Period

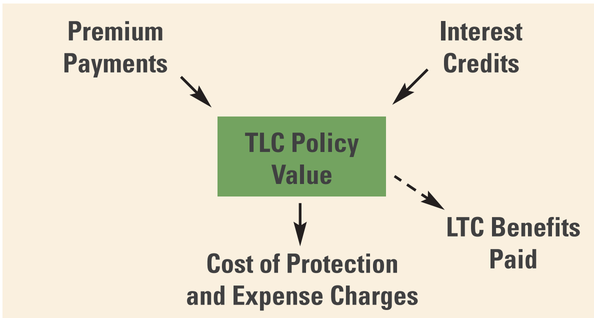
TLC will pay covered long term care benefit expenses immediately for home care. To receive facility care benefits, the insured must first receive covered care for 90 days. While we do not pay any benefits during this 90-day elimination period, the 90-day period is reduced by any number of days home care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

Elimination Period:

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

BASIC FEATURES

TLC Policy Fundamentals



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

Issue Ages

18 - 79 age nearest 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 partial withdrawals can still be taken, but the policy may lapse if the loan balance exceeds the cash surrender value.

Death Benefits

On the policy effective date, the amount of insurance available for the death benefit equals the 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 expense payment, policy loan or partial withdrawal, will reduce the death benefit by more than the actual amount of the payment, loan or withdrawal.

If death occurs during the accelerated period, it reduces the specified amount and policy value to zero, and no further long term care benefits are available. Therefore, the beneficiary should be sure that all covered long term care expenses have been paid before seeking the death benefit payout. If the entire specified amount has already been exhausted to pay long term care expenses, a Residual Death Benefit is available.

Interest Rate

The minimum annual effective guaranteed interest rate is 3.5%.

Charges

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

Monthly Deductions: A $9.30 administrative charge 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 are not guaranteed.

Surrender Charges: If the policy is surrendered during the first 14 policy years, a surrender charge is deducted from the policy value. Surrender charges do not affect the return of premium benefit.

SURRENDER CHARGES	
Policy Year	% of policy value
1-10	10%
11	8%
12	6%
13	4%
14	2%
15+	0

Liquidity

While the ABR is paying benefits, monthly long term care benefit payments and partial withdrawals reduce the cash value, the specified amount and the accelerated lifetime maximum benefit.

Partial withdrawals and policy loans terminate the return of premium (ROP) benefit and Guaranteed Minimum Benefit Rider (GMBR). The TLC policy should not be used as a source of income.

Partial Withdrawals: A $25 administrative processing fee is subtracted from the amount sent. Partial withdrawals do not affect the extension monthly and extension lifetime maximums, but will reduce the accelerated monthly and accelerated lifetime maximums.

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.

LONG TERM CARE BENEFITS

Benefit Triggers

The policyowner must choose to file a claim in which a doctor, nurse or licensed social worker certifies that the insured is unable to perform or needs substantial assistance with at least two of the six activities of daily living for an expected period of 90 days or has a severe cognitive impairment. The six activities of daily living are bathing, dressing, continence, eating, transferring and toileting. A severe cognitive impairment means the insured suffers a significant, measurable loss or deterioration in intellectual capacity due to Alzheimer's disease, senile dementia or a similar condition.

After the elimination period, TLC can pay benefits directly to service providers if requested by the policyowner. 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

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

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.
- Hospice care
- Adult day care services
- Facility care – Includes nursing homes and assisted living facilities
- Bed reservation – If the insured temporarily leaves the nursing home or assisted living facility to visit family or enter the hospital, the bed will be reserved for up to 60 days per year.
- Caregiver training – Pays to train an unpaid friend or relative to provide care. This one-time benefit pays up to 20% of the monthly maximum.
- Respite care – Pays the cost of the insured to stay in a facility temporarily while the primary, unpaid caregiver can take a break. The maximum benefit is 30 days per policy year.
- Supportive equipment – Pays the cost of home modifications such as ramps and grab bars. This one-time benefit pays up to twice the monthly maximum.
- Alternative care – Pays for other services not specified in the policy, if agreed upon by the insured, doctor, owner and the company.
- International coverage – Reimburses the policyowner up to 75% of the monthly maximum and for up to four years for nursing home care received outside the United States. Home care benefits and care coordination services are not available outside the United States.

Monthly deductions will be waived while home, respite and facility care and bed reservation benefits are being paid.

State variations apply.

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.

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.
- provided without charge whether by a provider, Veteran's Administration or other government facility.
- provided outside the United States, its territories and possessions, except as noted in 'International Coverage.'
- resulting from alcoholism, drug or narcotic addiction, unless they occur as a result of administration under the written instruction of a doctor.
- resulting from war or any act of war, intentionally self-inflicted injury or attempted suicide.

State variations apply.

UNDERWRITING

TLC Underwriting Classes

Life Insurance

- Preferred No Nicotine Use - PNN
- Standard No Nicotine Use - SNN
- Standard Nicotine Use - SNU

LTC Insurance

- Preferred
- Standard

Substandard life ratings may be available. Substandard risks may be subject to payout period and other benefit limitations.

TLC Underwriting Guidelines

	If Applying for Preferred Life Rates		If NOT Applying for Preferred Life Rates	
Face Amounts	**$50,000 - $299,999**	**$300,000 - $600,000**	**$50,000 - $299,999**	**$300,000 - $600,000**
Ages 18-44	Paramed exam; HOS & blood	Paramed exam; HOS & blood	Paramed exam; HOS & blood	Paramed exam; HOS & blood
Ages 45-59	Paramed exam; HOS & blood	Paramed exam; HOS & blood; EKG	Paramed exam; HOS & blood	Paramed exam; HOS & blood
Ages 60-69	APS; paramed exam*; HOS & blood	APS; paramed exam*; HOS & blood	APS	APS
Ages 70-79 No Lifetime EBR Benefit	APS; paramed exam*; HOS & blood	APS; paramed exam*; HOS & blood	APS	APS
Ages 70-79 with Lifetime EBR Benefit	APS; face-to-face LTC exam; HOS & blood*	APS; face-to-face LTC exam; HOS & blood*	APS; face-to-face LTC exam	APS; face-to-face LTC exam

*If the proposed insured has had an exam with his/her attending physician within the last six months, with measured height and weight, blood and urine, we will be able to consider those results in lieu of a current paramed exam. If the proposed insured is applying for a lifetime EBR benefit and if the proposed insured has had an exam with his/her attending physician within the last six months, with measured height and weight, blood and urine, we will be able to consider those results in lieu of the paramed exam, HOS and Blood.

If the proposed insured has not seen a doctor in the past two years, we will require:
For ages 60 - 69, a paramed exam, HOS, Blood and EKG.
For ages 70 - 79, a face-to-face LTC exam, HOS, Blood and EKG.

HOS – Home Office Specimen; APS – Attending Physician Statement; Face-to-Face LTC exam – Cognitive, Activities of Daily Living and Mobility tests (may be ordered through Portamedic or EMSI)

Preferred Life Criteria for Total Living Coverage

Ages 18-64

Impairments: No diseases, disorders or activities that would affect mortality.

Family History: For either parent, no cardiovascular or cancer death prior to age 61.

Cholesterol (treated or untreated): Cholesterol maximum: 270

CHOL/HDL Ratio: Cholesterol/HDL ratio cannot exceed 6.0.

Blood Pressure: Currently controlled and average reading in last 2 years (including treatment) does not exceed:

- 140/90 for age 60 and younger
- 150/90 for age 61 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 non nicotine if 12 or less 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 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 on page 15 for minimum and maximum height and weight.

Ages 65-79

Impairments: No diseases, disorders or activities that would affect mortality.

Family History:

- For ages 65-74: No cancer death in either parent prior to age 61.
- For ages 75-79: No family history limitation.

Cholesterol (treated and untreated): Total cholesterol must be between 150 and 300. HDL must be greater than 40.

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 5 years.

Nicotine: No use of nicotine or nicotine substitutes in the last three years. Occasional cigar use considered non-nicotine if 12 or less 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: Minimum Body Mass Index (BMI): 20; Maximum BMI: 30. See Build Chart on page 15.

UNDERWRITING

Preferred LTC Rate Guidelines for Total Living Coverage

The proposed insured must not have used nicotine within the past three years.

The proposed insured must answer NO to questions e1 ,e2 ,e3, f1 through f14, and g in Section 3 of the Life/LTC Supplemental Application.

The proposed insured must not have taken prescription medications for high blood pressure or arthritis within the past three years (LTC preferred is available if blood pressure is well controlled for the past 12 months).

The proposed insured must not have used home care, adult day care, nursing home care, assisted living care or any other long term care within the past three years.

In the past five years (10 years for cancer), the proposed insured must not have received medical advice or treatment, been medically diagnosed, 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
- Lupus
- Mental illness
- Mental retardation
- Multiple myeloma
- Myasthenia gravis
- Organ transplant
- Osteoporosis
- Post-polio syndrome
- Paralysis
- Rheumatoid arthritis
- Scleroderma
- Skin ulcers
- Transient ischemic attack
- Tremor
- Any condition causing crippling or limited motion or requiring adaptive devices

Height and weight are within Preferred minimum and maximum limits (see Build Chart on the next page).

Build Chart for Total Living Coverage

HEIGHT		ACCEPTABLE WEIGHT		WEIGHT FOR PREFERRED LIFE AND LTC	
FEET	INCHES	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM
4	6	71	166	83	125
4	7	73	172	86	129
4	8	76	180	89	134
4	9	79	185	93	139
4	10	82	192	96	143
4	11	84	198	99	148
5	0	87	205	102	153
5	1	90	212	106	158
5	2	93	219	109	164
5	3	96	226	113	169
5	4	99	233	116	174
5	5	102	241	120	180
5	6	106	248	124	186
5	7	109	256	127	191
5	8	112	263	131	197
5	9	115	271	135	203
5	10	119	279	139	209
5	11	122	287	143	215
6	0	126	295	147	221
6	1	129	303	151	227
6	2	133	312	155	233
6	3	136	320	160	240
6	4	140	329	164	246
6	5	144	337	169	253
6	6	147	346	173	260
6	7	151	355	178	266
6	8	155	364	182	273

WRITING TLC BUSINESS

Client Assessment

Be sure TLC applicants meet these criteria:

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

Here are some screening tips for you:

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 on page 15)

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, percodin)

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.

Total Living Coverage Suitability

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

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.

TLC is an intelligent choice for clients that 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 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.

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 understand 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 taxable consequences.

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 uses them for income.
- Has an asset(s) to reposition.

Licensing 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).

Sales Support

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 1 866 4 GNW TLC (1 866 446.9852).

The death benefit payable is received by the beneficiary income tax free under the subsection 101(a)(1) of the Internal Revenue Code unless the owner transfers it for value as provided in subsection 101(a)(2). Payments for covered long term care expenses are not considered taxable income as provided in subsection 104(a)(3) of the Internal Revenue Code.

This policy is a Modified Endowment Contract (MEC) unless it is issued in exchange for a life insurance contract entered into before June 21, 1988. Partial withdrawals and policy loans taken from a MEC are taxable 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 payable unless the owner is at least 59 1/2 or satisfies another exemption from payment of the additional tax.

LTC benefit payments made under the terms of a contract federally tax-qualified under section 7702B(b) are not subject to federal income tax. These benefit payments must be reported to the IRS on form 1099-LTC.

For the LTC coverage, monthly charges are considered to be withdrawals and are reportable on Form 1099 to the extent that there is any gain in the contract in excess of the owner's income-tax basis.

If this policy is exchanged for a contract entered into before June 21, 1988, partial withdrawals are taxable to the extent that there is any gain in the policy above the owner's income-tax basis (usually premiums paid). Policy loans are taxable upon lapse or surrender of the policy to the extent that there is any gain in the policy. The additional tax that could be payable with respect to MECs does not apply.

The company has provided this information to help producers understand the ideas discussed. Any examples are hypothetical and are used only to help producers understand the concepts of the policy. What the company says about legal or tax matters is its understanding of current law, but the company is not offering legal or tax advice. Tax laws and IRS administrative positions may change. This material is not intended to be used by any taxpayer to avoid any IRS penalty. Your clients should consult independent tax and legal professionals for advice based on their particular circumstances.

Total Living Coverage universal life insurance with long term care benefits is subject to the terms, issue limitations and conditions of Policy Form No. ULPLTCIPLGLI (11/05) et al., in Idaho, Policy Form No. ULPLTCIPGLI ID (11/05), and Rider Form Nos. ULRABRIPGLI (11/05) et al., ULREBRIPGLI (11/05) et al., ULRROPIPGLI (11/05) et al. and ULRGMBRIPGLI (11/05) et al. Policy, benefits or 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 Insurance Company.

While policy values grow tax-deferred, upon surrender or termination of the policy other than by reason of death, gain may be taxable.

Genworth Life consistently receives some of the highest ratings in the industry:

	Rating	Rank	Scope
A.M. Best	A+ (Superior)	2nd highest of 16 ratings	Insurer's financial strength and ability to meet ongoing obligations to policyholders
Moody's	Aa3 (Excellent)	4th highest of 21 ratings	Financial strength
S&P	AA- (Very Strong)	4th highest of 21 ratings	Financial strength and claims-paying ability

Ratings shown reflect the opinions of the rating agencies and are not implied warranties of the company's ability to meet its financial obligations. Rating is current as of 3/14/06.

Genworth Life is a member of the Insurance Marketplace Standards Association (IMSA). Membership promotes ethical market conduct for individual life insurance and annuity companies.

Genworth Financial is a proud sponsor of

alzheimer's association®

Alzheimer's Association and Genworth Financial, Inc. have entered into a strategic relationship that permits Genworth's use of the Association's trademarks and/or logos. The use of the Alzheimer's Association logo does not constitute an endorsement of the Company's products and services.