



Genworth®
Financial



THE POWER OF CHOICE

PRIVILEGED CHOICE®
LONG TERM CARE INSURANCE

Underwritten by Genworth Life Insurance Company



CHOICE IS A WONDERFUL THING

Genworth Life Insurance Company's Long Term Care Insurance Division has been around for over 30 years. During that time, we've heard a lot of positive feedback from our customers. And we believe there's one thing that is appreciated most of all—the power of choice.

People like having the flexibility to help decide where they get their care and who provides that care. They believe that having more options is more comforting than having just a few. Being in control helps our policyholders and their families.

Our comprehensive long term care insurance plans are built around providing choices. Once you qualify for benefits, you participate in helping determine what's best for you. Where? Who? How? What could be better than that?

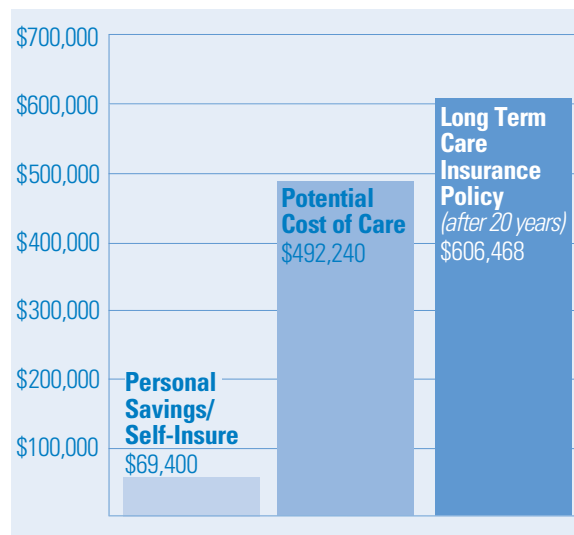
CONSIDER LONG TERM CARE INSURANCE

Have you thought about the fact that a long term care event could have a substantial impact on your loved ones and your life savings? If you aren't protected, how would that affect your retirement plans? Long term care insurance can help protect your assets, help maintain your financial freedom, and give you the options necessary to receive quality long term care and services.

WHAT IS YOUR PLAN?

Some people believe they can self-insure by allocating personal savings for long term care. Once you do the math, however, you'll see that a long term care insurance policy may be the better option.

Self-Insurance: Let's assume you have twenty years to save for your long term care needs and \$2,000 a year to put aside. If you have an after-tax return of 5%, in twenty years you will have accumulated approximately \$69,400¹ to take care of your potential long term care needs. That may seem like enough money, but with the national average median cost of a private room in a nursing home being \$74,208² annually, you may not be as prepared as you think.



Potential Cost of Care: Assuming the same twenty years and a compound inflation rate of 5%, the annual cost of a private room in a nursing home could be as much as \$196,896. Taking into account the average stay in a nursing home is an estimated 2.5³ years, you could be looking at a cost of \$492,240.

Long Term Care Insurance Policy (after 20 years): If you use the same \$2,000 a year to purchase long term care insurance, with 5% compound inflation, you could have access to approximately \$606,468⁴ in long term care insurance protection.

¹ Assumes \$2,000 per year grows at 5% annually, net of taxes.

² Genworth 2009 Cost of Care Survey, conducted by CareScout®, April 2009.

³ National Nursing Home Survey, National Center for Health Statistics, U.S. Department of Health and Human Services, June 2002; while 2.5 years is the average length of stay for all nursing home residents, the study indicates that of the residents who remain in nursing homes for more than 3 months, 30% are there 3 months to 1 year; 37% for between 1 and 3 years; and 33% for 3 or more years.

⁴ For illustrative purposes, assumes issue age 61, married preferred, a four-year policy from Genworth Life Insurance Company, \$5,000 Monthly Maximum, 90-day elimination period, 5% compound inflation and no claims incurred for 20 years. Assumes level premiums over the life of the policy which is not guaranteed.

GREAT REASONS TO CHOOSE GENWORTH LIFE INSURANCE COMPANY



Selecting a long term care insurance company is an important decision for your family. So we urge you to learn as much about the subject as possible. Do your homework. Check out our competition. Ask questions. The more you know, the more likely you'll choose Genworth Life.

Reputation

Genworth Life helped pioneer long term care insurance in 1974, and has been an industry leader ever since. More people have trusted Genworth Life than any other long term care insurance provider, by purchasing a long term care insurance policy from us.⁵ Today more than 1,000,000 policyholders benefit from our knowledge and expertise (as of 12/31/08).

⁵ LifePlans 2008 Long Term Care Individual and Group Association Top Writers Survey Results. Based on number of individual policies sold and individual annualized premium income.

Flexibility When Choosing Where to Receive Care

Many people in need of care feel most comfortable right at home, near loved ones and familiar surroundings. Others prefer a more social environment, such as a community day care program. And some people require nursing home facilities or assisted care facilities (including Alzheimer's facilities). Our comprehensive long term care insurance gives you the flexibility where to receive care.

Caregiver Selection

One of our goals is to help our policyholders maintain the quality of life they're accustomed to should they have a covered long term care need. So in addition to covering nurses and other professional care providers, our policies can also cover nonprofessional care providers.

Human Touch

We understand that arranging care can be very difficult. With Genworth Life, you don't have to go it alone. When you need help finding local home health care agencies or researching care options, Privileged Care® Coordinators are ready to assist you—at no extra cost.

World-Class Claims Service

We strive to make sure our claims process is as quick and simple as possible. Our claims are handled with the utmost care and consideration for the policyholder. Genworth has paid more than \$4.8 billion in long term care claim benefits since we began selling and servicing policies over 30 years ago.⁶

Heart

Although we're a big company, we give policyholders the attention they deserve. We are there when people need us the most. Our personal touch accentuates everything we do, giving purpose to every product and service available from the Genworth Financial family of companies.

⁶ As of 12/31/08.

GENWORTH LIFE MAKES IT EASIER TO GET THE HELP YOU NEED

Privileged Care® Coordinators provide superior service

Privileged Care Coordination Services can help you find home health care providers. The Privileged Care Coordination Team includes local professionals familiar with the long term care services available in your community. Whether you choose to use a Privileged Care Coordinator or not is up to you, but when you do, we pay for the costs of their services, and your available policy benefits are not reduced by those costs. And, the Home and Community Care benefit provides its fullest coverage when your Plan of Care is prepared by a Privileged Care Coordinator.

This service is optional

As always, the final choice of care providers is up to you. There is no obligation to go with any of the options suggested by the Privileged Care Coordinator. And if you want to change providers at any time, for any reason, you can do so.

Your Privileged Care Coordinator can:

- Conduct assessments of your functional and cognitive capabilities and personal need for care and services.
- Work with you to identify the specific services and care providers you require.
- Develop and suggest an initial and subsequent Plans of Care to assist you in meeting your needs.
- Provide the initial and ongoing certifications of need for care.
- Assist you in completing initial claims forms.
- Monitor your care needs on an ongoing basis.

The Privileged Care Coordinator does not make claims decisions.

CAREGIVER CHOICE GIVES YOU HOME CARE CHOICES

Under this long term care insurance policy, the caregiver can be a friend or neighbor. This informal caregiver can prepare meals, clean house, make minor safety-related repairs,

take out trash, do household chores and other things as provided in your policy that can help you maintain a happier, healthier quality of life. We cover:

Health care services provided in your home by a nurse, or a licensed physical, occupational, respiratory or speech therapist.



Home health aide and personal care attendant services, homemaker and choremaker services provided in your home by professional caregivers, friends, or neighbors.

HOW TO QUALIFY FOR BENEFITS

*Activities of
Daily Living:
Bathing
Eating
Dressing
Toileting
Continence
Transferring*

You qualify for covered benefits when:

1a. You need substantial assistance with at least two of six activities of daily living (bathing, eating, dressing, toileting, continence, transferring). In addition, it is expected that you will need the substantial assistance for at least 90 days.

– or –

1b. You need substantial supervision 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 Privileged Care Coordinator certifies from time to time that you need the assistance or supervision as described above. In determining qualification for benefits, we can ask your doctor and your care providers for information that supports your need for care.

Benefits are paid to you for covered care and services you receive consistent with a Plan of Care that has been developed by a Privileged Care Coordinator, nurse, doctor or licensed social worker.

Pre-existing Conditions

Once you are insured, there is no exclusion for pre-existing conditions. (A pre-existing condition is a sickness, physical or medical condition existing before the policy effective date.) However, incorrect or omitted material information in your application may cause this policy to be rescinded (voided) or a claim to be denied.

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.

A PROMISE KEPT

The following hypothetical story demonstrates a possible mother-daughter long term care scenario.

Several years ago my mother was in a serious accident and had to spend a number of weeks in the hospital. During that time my employer was very supportive and allowed me to take some time off from work. But when my mother was finally released from the hospital, she needed much more of my time. I couldn't leave her alone in the house because she couldn't bathe or dress herself and she couldn't give herself medicine. I was very concerned for her well-being.

Fortunately, my mother planned ahead and purchased a Genworth Life long term care insurance policy. It's a real blessing because it provides the care she needs when I can't be around. Each day a home health aide comes to help her prepare meals, take her medicine and get around the house. My mother is happy because she's in familiar surroundings. And I'm happy because I know my mother is safe and well cared for.

I always told my mother I'd be there for her through thick and thin. Thanks to Genworth Life, I'm able to keep my promise.



PERHAPS THE RIGHT CHOICE IS PRIVILEGED CHOICE

Privileged Choice is one of the most comprehensive long term care insurance policies available. These are some of the included features and benefits:

HOME AND COMMUNITY CARE COVERAGE

We understand that most people prefer to stay in the comfort of their own home when they need long term care. That is why home care benefits begin on day one. Our Home and Community Care coverage can help make that a reality. Our coverage includes benefits such as the purchase and installation of equipment to help make your residence more accessible, and training for friends and relatives who want to provide some of your care.

We also help cover services in addition to healthcare tasks; someone to prepare meals, clean house, make minor repairs, take out trash, do chores and other things as provided in your policy that can help you maintain a happier, healthier quality of life.

We will reimburse you for actual expenses incurred for the following covered care and services, 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 healthcare tasks, activities of daily living and managing medications.

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

Chore Services Help with minor household repairs, taking out the garbage and related tasks that help ensure your safety while inside your 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.

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.

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.

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.

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 two times your Monthly Maximum.

Alternate Care Benefit Your policy may not specifically identify every foreseeable type of care you need. So, to cover these expenses we offer an Alternate Care Benefit. This benefit pays for additional care, services, equipment, supplies or other items not otherwise covered in your policy, which 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. Examples include, but are not limited to, in-home safety devices, home-delivered meals and rental of emergency medical response devices.

FACILITY CARE COVERAGE

If the best place to receive care is not in your home but in a covered facility, Privileged Choice can help make that transition comfortable.

Once you satisfy the Elimination Period, if required, we will pay for expenses incurred for covered care and services in the facilities below. Privileged Choice pays up to 100% of your selected Monthly Maximum.

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

When you use a Privileged Care Coordinator, your Elimination Period for Facility Care Coverage benefits is reduced by one day for each day you receive Home and Community Care Coverage benefits.

Bed Reservation 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 temporarily enter a hospital. If you are charged a fee to reserve your accommodations in the facility we will reimburse you for up to 60 days a year, each year, for the life of your policy.

International Coverage If you receive covered care and support services in a qualified nursing home that is not in the United States, you will be reimbursed for covered out-of-country nursing home care expenses, up to 75% of your Monthly Maximum for up to 48 months. However, premiums will not be waived, and no other policy benefits will apply while you are out of the country. If you return to the United States, the remainder of your Personal Benefit Account is available.

BENEFITS AND FEATURES FOR YOUR FINANCIAL WELL-BEING

We'll start waiving your premiums right away, when you use a Privileged Care Coordinator for Home and Community Care Coverage benefits.

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 care in accordance with a Privileged Care Coordinator's plan of care, or
- After satisfying the Elimination Period if you're receiving Facility Care, or
- After satisfying a qualifying period equal to the number of days in the Elimination Period when receiving Home and Community Care coverage benefits without a Privileged Care Coordinator's plan of care.

Survivorship Benefit For couples who have each had long term care coverage with Survivorship Benefits with us for at least 10 years, when one insured 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.

Limited Pay Options You may pay for long term care insurance premiums over a limited period of time, rather than for the life of the policy. There are two specific options:

- **10-Pay** This option is available for those ages 18-79. It enables you to pay the premiums over a period of 10 years, at which time the policy is considered paid up.

– or –

- **Pay-to-65** This option is available for those ages 18-55. It allows you to pay the premiums until the policyholder reaches age 65, at which time the policy is considered paid in full.

Limited Pay is not available with Shared Benefit Coverage.

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.

Guaranteed Renewability Once you're insured, as long as you pay your premiums on time and do not exhaust your benefits, your coverage is guaranteed renewable and cannot be canceled by us. 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.

Protection Against Policy Lapse If your policy lapses, we will provide a retroactive continuation of coverage if, within seven months after the lapse, we receive proof you received care or services that would have been covered had the policy not lapsed. To take advantage of this benefit you need to pay all past due premiums and provide 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.

DISCOUNTS

We're always trying to provide affordable ways to help protect individuals from the high costs of long term care. When getting your quote, please be sure to ask about the following discounts:

Preferred Health Discount

If you apply alone, are eligible and in good health, you can receive a 20% discount on your premiums for the life of your policy. The preferred health discount is 10% if you 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 40% 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 50% each (35% if only one is issued a policy).

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



SHARED BENEFIT COVERAGE FOR COUPLES

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.

Why have two long term care insurance policies, when a single policy may suffice? Genworth Life allows a couple to share the benefits of one policy. Features of shared benefit coverage include:

- **One policy** Identical coverage for both of you.
- **A Shared Personal Benefit Account** Access benefits separately or together at the same time (until combined benefits paid exhaust the Personal Benefit Account) – however, unless waived, a minimum of 12 months of coverage is required to be available for each person. The shared Personal Benefit Account remains available after one of you dies.
- **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 your relationship terminates due to divorce or final separation, both of you have the opportunity to continue your shared coverage or to convert to individual coverage.

Note: Under shared benefit coverage, the Monthly or Daily Maximum and Elimination Period apply to each person separately.

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

OPTIONAL BENEFITS

The following benefits can enhance your coverage and are available for additional premiums:

Inflation Protection

Helps the value of your policy keep up with inflation, allowing for annual increases in your Monthly Maximum and Personal Benefit Account for as long as your policy remains in force. These increases will be credited annually on each policy anniversary depending on the inflation option you have chosen, and will not be reduced because of any claims paid.

You may choose:

Compound Increases Options Your Monthly Maximum and Personal Benefit Account increase each year by 3% or 5% of the previous year's amounts (and in the calculation of those amounts, they are not reduced by claims paid, unlike some other policies).

– or –

Equal Increases Option Both your Monthly Maximum and Personal Benefit Account increase each year by 5% of their original year's amounts. Claims payments you receive will not reduce the amount of your increases.

Only the amount you use is deducted from your Personal Benefit Account. If your Personal Benefit Account reduces to zero, it will not be replenished by either of these increase options, and your policy terminates.

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 by this benefit, 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.

Please note that whether or not you choose the optional nonforfeiture benefit, you will have options under the contingent nonforfeiture benefit in the event that your policy is subjected to a substantial rate increase, as defined in the policy.

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 insured 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.

4-Year Return of Premium

If you've been insured for at least 4 years when you die, and you have never filed a claim, we'll return your full premium paid. If you have filed a claim, we'll return your premium paid less any claims paid against the policy.

DESIGN YOUR PLAN

Step 1: Choose your Monthly Maximum.

This is the maximum amount of expenses covered in any single month.

In \$100 increments, select from \$1,500 to \$12,000.

Step 2: 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 before your coverage begins to pay benefits. You only have to satisfy your Elimination Period once, for the life of your coverage.

Choose an Elimination Period of either:

- 30 days
- 90 days

Note: There is no Elimination Period for covered Home and Community Care Coverage benefits. Plus, when you use a Privileged Care Coordinator, your Elimination Period for Facility Care Coverage benefits is reduced by one day for each day you receive Home and Community Care Coverage benefits.

Step 3: Choose your Benefit Multiplier.

This is the maximum number of months the coverage will pay benefits for covered expenses.

For individual policies, choose one of the following benefit durations.

- 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 one of the following benefit durations.

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

Determine your Personal Benefit Account

(Multiply your Monthly Maximum x your Benefit Multiplier).

The amounts available for benefit payments in your Personal Benefit Account will decrease as benefit payments are made, and increase due to any Inflation Protection option or Restoration of Benefits rider selected.

**Monthly Maximum x Benefit Multiplier =
Initial Personal Benefit Account**

PRIVILEGED CHOICE YOUR PERSONAL PLAN

	INDIVIDUAL		SHARED
	Client A Age_____	Client B Age_____	Client A Age_____ Client B Age_____
Monthly Maximum Choose your benefit in \$100 increments from: \$1,500-\$12,000	\$_____/month	\$_____/month	\$_____/month
Benefit Multiplier (months) For the Individual Plan, choose: 24/2 yrs. 36/3 yrs. 48/4 yrs. 60/5 yrs. 72/6 yrs. 96/8 yrs. 120/10 yrs. Unlimited For the Shared Plan, choose: 48/4 yrs. 72/6 yrs. 96/8 yrs. 120/10 yrs. 144/12 yrs. 192/16 yrs. 240/20 yrs.	X_____	X_____	X_____
Personal Benefit Account (Monthly Maximum x Benefit Duration)	\$_____	\$_____	\$_____
Elimination Period Choose your number of Elimination Period days. (Applies to facility-provided care only.)	<input type="radio"/> 30 <input type="radio"/> 90 <input type="radio"/> 180	<input type="radio"/> 30 <input type="radio"/> 90 <input type="radio"/> 180	<input type="radio"/> 30 <input type="radio"/> 90 <input type="radio"/> 180
Optional Benefits Inflation Protection 3% Compound Benefit Increases 5% Compound Benefit Increases 5% Equal Benefit Increases..... None Enhanced Survivorship Benefit..... Restoration of Benefits (unavailable with Unlimited) Nonforfeiture Benefit 4-Year Return of Premium	<input type="radio"/> 3% Compound <input type="radio"/> 5% Compound <input type="radio"/> 5% Equal <input type="radio"/> None <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 3% Compound <input type="radio"/> 5% Compound <input type="radio"/> 5% Equal <input type="radio"/> None <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 3% Compound <input type="radio"/> 5% Compound <input type="radio"/> 5% Equal <input type="radio"/> None <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No Not Applicable
Discounts	<input type="radio"/> Preferred Health <input type="radio"/> Couples	<input type="radio"/> Preferred Health <input type="radio"/> Couples	<input type="radio"/> Client A Preferred Health <input type="radio"/> Client B Preferred Health
Annual Premium (Annual Mode) (<input type="radio"/> Standard <input type="radio"/> Pay to 65 ¹ <input type="radio"/> 10 Pay ¹).....	\$ _____	\$ _____	Client A \$_____ Client B \$_____ Total \$_____
Modes/Factors <input type="radio"/> Annual (1.0) <input type="radio"/> Semi-annual (.51) <input type="radio"/> Quarterly (.26) <input type="radio"/> 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	= \$ _____	= \$ _____	= \$ _____

¹Not 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).
- For which no charge is normally made in the absence of insurance.
- Provided by a Veterans Administration or federal government facility, unless a valid charge is made to you or your estate.
- Provided outside the United States, its territories and possessions (except as provided by the International Coverage).
- Resulting directly or indirectly from alcoholism, drug or narcotic addiction, unless they occur as a result of administration of these substances in accordance with the advice and written instructions of a doctor.
- Resulting directly or indirectly from war or any act of war, whether declared or not, intentionally self-inflicted injury or attempted suicide.

Non Duplication

We will reimburse only for covered expenses that are in excess of the amount paid or payable under: (1) Medicare or other governmental health care programs or laws except Medicaid; (2) any worker's compensation, employer's liability or occupational disease law; and (3) any first party valid and collectible medical expense benefits available to you under a motor vehicle policy issued or renewed pursuant to the Pennsylvania Motor Vehicle Responsibility law. Deductibles and coinsurance expenses under Medicare are also excluded from coverage. However, this Non-duplication Provision will not disqualify a covered expense from being used to satisfy the Elimination Period.

Be sure to review the policy for definitions and more details of the coverage and its features. This brochure is only a summary of coverage. Policy terms and provisions will prevail. Coverage is provided under policy form series 7044PA Rev. All applications are subject to the underwriting requirements of Genworth Life Insurance Company.

Genworth Financial is a proud sponsor of

alzheimer's  association®

the compassion to care, the leadership to conquer

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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.

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