



Genworth®
Financial



PARTNERING TO PREPARE FOR THE FUTURE

PARTNERSHIP PLUS LONG TERM CARE INSURANCE

Underwritten by
Genworth Life Insurance Company of New York



THE NEW REALITY

Congratulations: You are part of a unique generation – different from your parents or grandparents. You can expect to live a longer and healthier life. And with advancements in technology and health care, you could enjoy the longest, most active retirement in history. That's the good news....

"It won't happen to me."

While we all hope to enjoy good health as we age, many of us may require long term care services. The older you get, the more likely it is you may need long term care services.

You may be aware of long term care if you've had to help a parent, grandparent, friend or relative confront this need. Of course, when you're feeling good and going about the daily business of living, it's hard to think about what would happen if you should need long term care.

What's important to you?

Financial independence and security are no doubt at the top of the list of things important to you. You probably spent a good deal of time saving and getting ready for retirement, but unless you consider how you will pay for potential long term care needs you may not be as prepared as you need to be.

What will you do if you need long term care?

Long term care is not just for the elderly. You can suddenly need long term care if you have a serious accident, develop an illness or get a disabling disease. If you need long term care, it is important to think about who will take care of you and how you are going to live. You don't want to be a financial burden to your spouse, relatives or friends. And although long term care can be provided in a variety of settings, including your own home, it can be very expensive. Many people underestimate the costs of long term care and end up using their retirement savings to pay for care services.

THE NEW YORK OPPORTUNITY

Whether you live in or around Greater Niagara, the Hudson Valley, Finger Lakes, or any other region of New York, you can participate in the New York State Partnership for Long-Term Care Program by purchasing a Partnership Plus policy from Genworth Life Insurance Company of New York (Genworth Life of New York). Designed to help you prepare for long term care needs, the Partnership Program combines private long term care insurance with public Medicaid Extended Coverage to help New Yorkers protect their assets. How much of your assets are protected depends upon the Partnership Plus plan you select.

Get the coverage you need

With Partnership Plus long term care insurance, you can exhaust your benefits and still apply for Medicaid under the Medicaid Extended Coverage program. If you select a Total Asset protection plan you don't have to "spend down" your assets in order to meet Medicaid qualification requirements. If you select a Dollar for Dollar asset protection plan, for every benefit dollar paid by your Partnership Plus policy, you receive a dollar of Medicaid asset exemption.

In other words, with Partnership Plus you decide the amount of assets you want to keep. You set yourself up with quality long term care coverage, while protecting the assets you worked so hard to attain.



LONG TERM CARE SERVICES ARE EXPENSIVE

No matter what part of New York you live in, one thing is for sure – long term care services are expensive. Home care, although generally less expensive, can still be very costly – especially if full-time care is required.

How will you pay for long term care services?

Have you ever asked yourself how you will pay for long term care services if you or a loved one needs them? If you're like many people, you are probably unsure of where you'd get the money. Certainly, you don't want to deplete your savings to pay for long term care and then have to depend on Medicaid.

There must be a program that covers long term care.

Many people mistakenly believe "some other program" exists to cover long term care costs. Since long term care is not considered medical care, many health plans don't pay for it. And don't count on disability insurance, which is designed to help replace part of lost income while you are actively employed. It does not cover the high costs of long term care.

Generally, Medicare covers only skilled care after you have been in the hospital for at least three days, and the coverage is limited.

Traditional Medicaid is designed to pay for nursing home care for those with low incomes and limited assets. If you have assets to protect, this may not be an option for you.

WHAT IS THE MEDIAN ANNUAL COST OF CARE IN NEW YORK?

	PRIVATE NURSING HOME ROOM	ASSISTED LIVING FACILITY - PRIVATE ONE BEDROOM	HOME HEALTH AIDE*
New York City	\$125,651	\$51,600	\$43,472
New York - Buffalo	\$111,325	\$43,600	\$52,624
Northern New Jersey (including Newark, Edison)	\$119,538	\$58,440	\$45,646
New York - Rest of State	\$116,800	\$39,060	\$48,620

Information from the Genworth 2010 Cost of Care Survey, conducted by CareScout®, April 2010.

*Based on 44 hours per week of care: Medicare Certified Agencies.

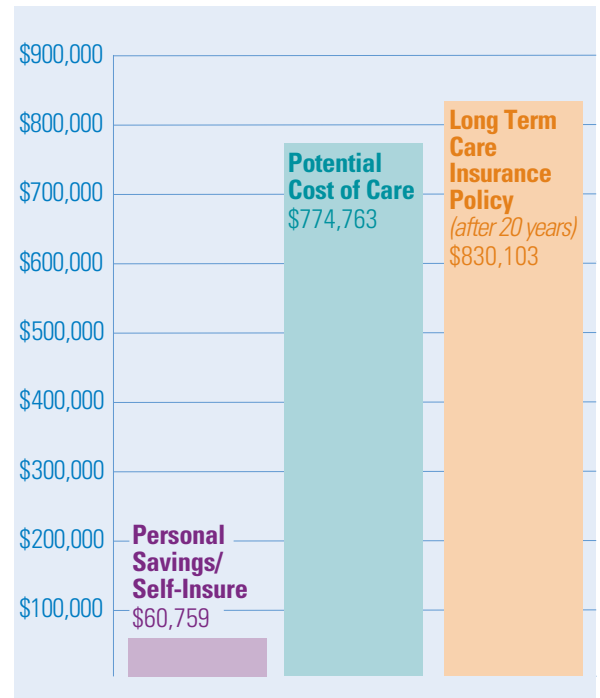
Why self-insuring may not be your best choice

Some people believe they can self-insure by allocating personal savings for long term care. But consider the following examples and do the math.

Self-Insurance: Assume you have twenty years to save for long term care needs and \$1,750 a year to put aside. If you have an after-tax return of 5%, in twenty years your money will grow to \$60,759.¹ That may seem like enough money to take care of your potential long term care needs, but just look at the cost of care chart on the opposite page. In the state of New York, the median annual cost of a private room in a nursing home is \$116,800.² You may want to think again.

Potential cost of care: Assuming the same twenty years and a compound inflation rate of 5%, the median annual cost of a private room in a nursing home could reach \$309,905. And, if you consider that the average stay in a nursing home is 2.5 years,³ your total cost could be \$774,763.

Long Term Care Insurance Policy (after 20 years): If you use the same \$1,750 a year to purchase long term care insurance, with 5% compound inflation, you could have access to approximately \$830,103⁴ in long term care protection.



Understanding the different features of Partnership Plus long term care insurance will help you make informed choices and that, in turn, can help you feel more secure about your future. The chart in the center of this brochure provides a description of the four different plans and some of the available choices within each plan. Use it to help select a Partnership Plus policy to meet your specific needs.

IT'S ALL ABOUT BEING PREPARED

One of the key reasons people purchase long term care insurance is to help protect their assets. Even if your assets seem modest now, you need to think about the years ahead and the opportunities you may have to accumulate additional assets, perhaps by inheritance or growth in the value of your investments. However, if you anticipate having few assets when you might need long term care and the premium expense is a matter of affordability, then you need to factor that into your decision as well.

Different types of asset protection

Determining the amount of assets you want to help protect plays a major role in which asset protection plan you select. Partnership Plus offers two types of Medicaid asset protection, and both allow you to keep more assets than is normally allowed by Medicaid. They are Total Asset protection and Dollar for Dollar asset protection.

- **Total Asset protection** - If you have a lot of assets to protect, Total Asset protection is something you should consider. You can exhaust your policy benefits and all of your assets will be fully protected—including your home and its contents—when you apply for Medicaid Extended Coverage.
- **Dollar for Dollar asset protection** - If you have fewer assets to protect or premium costs are a concern, Dollar for Dollar asset protection is something you should consider. You will be allowed to keep one dollar of your assets for every one dollar of benefits paid by your policy.

The long term care benefits paid by Partnership Plus may be used outside of New York State, but the Medicaid Extended Coverage is available only when you apply for it as a resident with the intention of continuing to live in New York.

Medicaid Extended Coverage requires that you contribute your income toward the cost of your care, in accordance with regular Medicaid income rules.



DETERMINING WHICH PLAN IS BEST FOR YOU

While determining which asset protection plan best suits your situation, you also need to consider the type of care you may need. How much will it cost per day, how long will you need to receive the care and how many days of care are you prepared to pay for until your long term care insurance begins paying benefits?

Choosing the Right Daily Benefit Amount

With the high cost of care, your income may not cover all of the costs. And, if your spouse enters a nursing home, you still have your fixed living expenses to consider. When it comes to selecting the Daily Benefit Amount that is correct for you, your income level is a major consideration. For instance, if you live in Buffalo, Rochester or Syracuse, the average daily rate for a private nursing home room is about \$305.⁵ If you can pay up to \$30 a day, you might want to select a Daily Benefit Amount of \$275.

Daily Benefit Amounts can be as little as \$245 or as much as \$400, available in \$5 increments. The minimum is indexed yearly, which means the minimum amount for new purchases may vary each year.

The Home Care Consideration

If you think, like many of our policyholders, you might need home or assisted living care, you may want to consider a home care or assisted living facility benefit equal to the amount of the nursing home benefit. If not, you can select a plan that offers a home care

or assisted living facility benefit that is one half the amount of the nursing home benefit.

Determining your Benefit Period

How many days do you want your Daily Benefit Amount to last? Use this number to determine the total amount of benefit dollars you need. For example, a \$245 Daily Benefit Amount x 365 days = \$89,425; \$89,425 x 4 years = \$357,700 Total Lifetime Benefit.

Selecting an Elimination Period

Your Elimination Period is the number of days you pay for covered care before your coverage begins paying benefits. It is like a waiting period or deductible, and depending on the plan you select it can be 30, 60 or 90 days. You only have to satisfy your Elimination Period once, but you should consider what it will cost to pay for care during that time. How long can you afford to pay for care?

Who can apply?

If you're a New York State resident between the ages of 18 and 79, you may apply for Partnership Plus long term care insurance. An application must be completed and is subject to the specific underwriting requirements of Genworth Life of New York.

CARE COORDINATION SERVICES

Privileged Care® Coordination makes it easier to get the help you need

Privileged Care Coordination service is available to policyholders at no additional cost, to help you stay home if long term care is needed. This service can help you find care providers and manage your care needs. Our Care Coordinators are licensed health care professionals with knowledge of long term care service providers in your community.

Information and Referral Services

Whether you choose to use a Privileged Care Coordinator or not is up to you. We provide Information and Referral Services and pay for consultation services you receive while your Partnership Plus policy is in force or continued under an Extension of Benefits. When a Privileged Care Coordinator provides the consultation services, payment is not limited and it does not reduce your policy's Lifetime Maximum. If someone other than a Privileged Care Coordinator provides consultation services, the maximum amount payable for all expenses you incur during a policy year is two times the applicable Daily

Maximum and payments do count against the policy's Lifetime Maximum.

This service is optional

As always, the final choice of providers is up to you. You are under no obligation to follow any of the Privileged Care Coordinator's recommendations. And if you want to change providers you may do so, at any time and for any reason.

What Privileged Care Coordination can do for you

Privileged Care Coordination is an ongoing service that monitors care needs on a scheduled basis, as you request. It provides guidance and assistance during a stressful time, with a professional to help counsel families and ease the burden. With Privileged Care Coordination, you get the long term care and services necessary to live safely and independently in your own home—maximizing your potential for recovery and increased independence in accordance with your Plan of Care.

DISCOUNTS

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

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 are eligible and in good health when you apply for Partnership Plus, you can receive a 15% discount on your premiums for the life of the policy.

Couples Discount

If you and your partner are eligible, apply for and are issued individual policies, both of you will receive a 25% 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 10% premium discount.

Combined Discount

The preferred health discount of 15% can be combined with a couples discount;

DISCOUNTS CONT.

however, the maximum combined discount available in New York is 35%.

Small Business Discount

If your business meets eligibility requirements, you can receive a 5% Small Business Discount. This discount

is taken from the net premium after all other discounts have been applied, and it is applied to the premium net of all other applicable discounts. The Small Business Discount cannot be combined with other discounts to exceed New York's maximum combined discount of 35%.

HOW TO QUALIFY FOR BENEFITS

You qualify for covered benefits when:

You need help 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 help for at least 90 days.

– or –

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

– and –

Your doctor, nurse, licensed social worker and/or Privileged Care Coordinator confirms from time to time that you need help as described above. In determining qualification for covered benefits, we can ask your doctor and your care providers for information that demonstrates your need for care. Benefits are paid for covered care and services you receive consistent with a Plan of Care that has been prescribed 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 disclosed to us in your application. (A pre-existing condition is a sickness, physical or medical condition existing before the policy effective date.)

Mental or Alzheimer's Disease

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

Coverage is subject to the same provisions, limitations and exclusions applicable to any other condition.



PARTNERSHIP PLUS – DESIGNED TO FIT YOUR

Partnership Plus provides policy options and riders that let you customize a plan to fit your specific needs.

PARTNERSHIP PLUS POLICY OPTIONS	TOTAL ASSET 50
Benefit Payments – Covered services are reimbursed up to the Daily Benefit Amount (DBA) you select, available in \$5 increments.	DBA selections can be as little as \$245 or as much as \$400 (indexed yearly).
Length of Benefit Period	Nursing Home Care: 3 years Home Care or Assisted Living Facility Benefit: 6 years
Nursing Home Care Benefit	100% DBA
Home Care or Assisted Living Facility Benefit	50% DBA (Rider upgrade to 100% available.)
Elimination Period – The number of days you pay for covered care before your coverage begins to pay benefits ... similar to a waiting period or deductible.	30 or 90 days

AVAILABLE RIDERS	TOTAL ASSET 50
Full Daily Maximum Benefits Rider	Yes
Independent and Informal Care Rider	Yes
Combined Independent, Informal and Supplementary Benefits Rider	No
Monthly Home Care Maximums Rider	No
Return of Premium Rider	Yes
7-Year Survivorship Rider	Yes
Nonforfeiture Rider	Yes

NEEDS

TOTAL ASSET 100	DOLLAR FOR DOLLAR 50	DOLLAR FOR DOLLAR 100
DBA selections can be as little as \$245 or as much as \$400 (indexed yearly).	DBA selections can be as little as \$245 or as much as \$400 (indexed yearly).	DBA selections can be as little as \$245 or as much as \$400 (indexed yearly).
Nursing Home or Assisted Living Facility Benefit: 4 years Home Care: 4 years	Nursing Home Care: 1 ½ years Home Care or Assisted Living Facility Benefit: 3 years	Nursing Home or Assisted Living Facility Benefit: 2 years Home Care: 2 years
100% DBA	100% DBA	100% DBA
100% DBA	50% DBA	100% DBA
30 or 90 days	30 or 60 days	30 or 60 days

TOTAL ASSET 100	DOLLAR FOR DOLLAR 50	DOLLAR FOR DOLLAR 100
No	No	No
No	No	No
Yes	No	Yes
Yes	No	Yes
Yes	No	No
Yes	No	No
Yes	Yes	Yes

PARTNERSHIP PLUS FEATURES AND BENEFITS



Nursing Home Daily Benefit

If the best place to receive care is not in your home but in a nursing home or nursing facility, the Daily Benefit is the maximum amount per day you will receive for your nursing home long term care needs, including private-duty nursing care. The daily benefit levels range from \$245 to \$400 per day, in \$5 increments. The minimum daily benefit is indexed yearly.

The amount of benefit you choose should be determined by how much you think it might cost you per day to stay in a nursing home where you believe you will be receiving long term care.

Home Care Daily Benefit

We understand many people prefer to stay in the comfort of their own homes when they need long term care. It is an important part of an overall long term care plan. This feature allows you to choose coverage that would pay 50% or 100% of your Daily Benefit Amount toward Home Care. This would be the maximum amount per day you will receive for Home Care services.

If you select one of the optional riders described later, care providers can be independent and not affiliated with a home care agency, and for unskilled services even your friends and neighbors may provide some of your care.

Assisted Living Facility Benefit

Your long term care needs may be better served in an assisted living facility, rather than in a nursing home or in your own home. Assisted living facilities are licensed in New York State and identified as Adult Care Facilities or Assisted Living Residences.

They are typically community-based residences, providing services to help you with activities of daily living. This benefit pays up to the maximum available under the Home Care benefit and covers care and services (including room and board, but not prescription drugs) provided while you are in an assisted living facility.

Respite Care

Respite care is another benefit meant to support both the policyholder and family or informal caregivers. We recognize that to continue to be effective, caregivers need a break. Your Partnership Plus policy provides an amount equal to the Daily Maximum per day for covered care, up to 14 days per calendar year, under the Respite Care Benefit. This pays for Facility Care and/or Home Care Coverage benefits for the covered care you receive during that time. This benefit only applies when you replace care provided by an unpaid caregiver in your home, and there is a 180-day waiting period.

Hospice Care Benefit

Hospice care is designed to provide palliative care and help reduce physical, emotional and spiritual discomforts during the last phases of life. If you suffer from a terminal disease and are diagnosed with six months or less to live, you may wish to seek hospice care. Depending on the plan you select, this benefit pays up to the Daily Maximum for each day you incur an expense (including room and board, but not prescription drugs) from a licensed or certified facility for hospice care. (See your policy for details.)

Elimination Period

An Elimination Period is the long term care insurance equivalent of a deductible - just like on your automobile or health care insurance. It represents a possible "out-of-pocket" expense, but unlike other deductibles, it is based on a number of days you receive eligible care and not a particular dollar amount. It is the number of days you receive covered services and are willing to wait before becoming eligible to make a claim against your policy.

Generally, selecting a longer Elimination Period, like choosing a larger deductible, will result in lower premiums. You can choose from an Elimination Period of 30, 60 or 90 days, depending on the plan you choose. Elimination Period days do not have to be consecutive.

Bed Reservation

If you are in a nursing care facility and need to leave for a temporary period (up to 20 days per policy year), this benefit will pay the nursing care facility for the daily customary cost while you are away from the facility. This means the facility can hold your bed for you until you return. (The Total Asset 100 and the Dollar for Dollar 100 plans will also cover assisted living facility bed reservations up to 20 days per policy year.)

The Bed Reservation Benefit is subject to the Daily Maximum, the Lifetime Maximum benefit and the Elimination Period.

Alternate Care Benefit

We will pay the expenses you incur for care and support services (including room and board, but not prescription drugs) if you are confined in a hospital awaiting the availability of services that would otherwise be covered under the Nursing Home, Assisted Living Facility or Home Care benefits of your policy.

Waiver of Premium

If you receive covered care, the last thing you should have to worry about is paying long term care insurance premiums. With our Partnership Plus plans, unless you indicate you do not want Waiver of Premium coverage, we waive your premium payments for each coverage month that begins after you satisfy the elimination period and during a period for which qualifying benefits are paid or payable.

Protection against Policy Lapse

If your policy lapses due to Alzheimer's disease or other forms of cognitive impairment, we may provide a retroactive continuation of coverage. This continuation of coverage can only occur if, within seven months after the lapse, you receive care or services that would have been covered had the policy not lapsed, and if you pay all past due premiums. We need to receive acceptable proof that you met the requirements to qualify for covered benefits.

Late Payment Protection

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

30-Day Free Look

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

ADDITIONAL BENEFITS AVAILABLE

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

Full Daily Maximum Benefits Rider

Available with Total Asset 50

This rider allows you to increase your Home Care or Assisted Living Facility coverage from 50% of the Daily Maximum to 100% of the Daily Maximum. The increased amounts paid do not extend the length of your coverage, and are not counted against your Lifetime Maximum.

Independent and Informal Care Rider

Available with Total Asset 50

If you want to expand your Home Care Benefit, this rider allows you to include non-incidentals homemaker and chore tasks, and care provided by uncertified/unlicensed and independent caregivers, like your friends and neighbors. This rider excludes services provided by family members or individuals normally residing in your home, and all care providers are subject to the laws of the jurisdiction in which you live.

Combined Independent, Informal and Supplementary Benefits Rider

Available with Total Asset 100 and Dollar For Dollar 100

This rider includes all of the benefits of the Independent and Informal Care Rider along with a Supplementary Benefit that provides up to 5 times the Daily Maximum for expenses incurred to train an informal (unpaid) caregiver.

With mutual agreement and up to a specified level, the Supplementary Benefits Rider also provides additional categories of care and services that are cost-effective alternatives to benefits otherwise available. Some examples of covered care are home modifications, supportive/durable medical equipment and specialized transportation.

Monthly Home Care Maximum Rider

Available with Total Asset 100 and Dollar For Dollar 100

With this rider you can convert to a Monthly Benefit Maximum equal to 31 times the Daily Benefit Maximum. This Monthly Maximum applies to the combined total of all expenses incurred during any one calendar month.

Return of Premium Riders

Available with Total Asset 50 and Total Asset 100

There are two types of Return of Premium options and both can provide a benefit to your beneficiary if you die while the policy and rider are in force.

Return of Premium after 10 Years pays a benefit amount equal to the total premium paid minus any claims, if the policy and this rider have been in force for at least ten consecutive years before you die.

Graded Return of Premium considers your age on your most recent policy anniversary date. If you are 65 or younger when you die, the benefit payment amount is equal to the total premium paid minus all claims. If you are 66 when you die, the benefit amount is equal to 90% of the premium paid less claims, and the percentage of premium considered reduces by 10% each policy year until the policy anniversary date after you reach age 75. At that time, the rider terminates, benefits cease and no additional premium is charged for the rider.

7-Year Survivorship Rider

Available with Total Asset 50 and Total Asset 100

For couples who have each had long term care coverage with Survivorship Benefits with us for at least 7 years, when one insured dies, no further premiums will be required for the duration of the survivor's coverage.

ADDITIONAL BENEFITS AVAILABLE CONT.

Nonforfeiture Rider

Available with all Partnership Plus plans

Should your policy lapse after three years, this optional benefit provides you with a reduced, paid-up Lifetime Maximum amount equal to the total of all the premiums you've paid for your policy or 30 times your Daily Maximum at the time your policy lapses, whichever is greater.

To qualify for asset protection under the Partnership, your policy benefit must be at least equal to the minimum required benefits in effect when you began using them. Coverage provided by this rider does not qualify for extended Medicaid protection under the Partnership.

PAYMENT OPTIONS

Inflation Protection

The cost of nearly everything we purchase tends to increase over time. Long term care services are no different. That's where inflation protection comes in, to help keep pace with the rising costs of long term care services and to help maintain the value of your insurance.

With Partnership Plus long term care insurance, you automatically receive 5% Compound Inflation Protection. On each policy anniversary date, the Daily Benefit and the remaining Lifetime Maximum will automatically increase by 5%.

The table to the right shows how your Daily Benefit will grow over time.

Premium Payment Options

All Partnership Plus plans offer three choices in the way you pay for your coverage:

Lifetime: Payments will be due each year for as long as the policy is in force.

10-Pay: Premium payments are accelerated so your policy is paid up after ten years, with no more premiums payable.

Pay-to-65: Premium payments are accelerated so your policy will be paid up,

with no more premiums payable, when you reach age 65. This option is only available to applicants ages 55 and younger.

Premium Payment Mode⁶

You may pay your yearly premium in one of four premium payment modes. Premiums may be paid annually, semi-annually, quarterly or, if you use electronic funds transfer, you can pay on a monthly basis. If you choose a premium payment mode other than annual, you will pay additional charges for selecting that payment mode.

PARTNERSHIP PLUS INFLATION OPTION

Benefit Increase Option, 5% Automatic Compound Chart assumes a \$245 initial daily benefit amount, no claims paid and that the policy remains in force during the period illustrated. The remaining Lifetime Maximum is increased by the same 5%.

POLICY ANNIVERSARY	DAILY BENEFIT
1st	\$257
2nd	\$270
3rd	\$284
4th	\$298
5th	\$313
10th	\$399
15th	\$509
20th	\$650
21st	\$683

GREAT REASONS TO CHOOSE GENWORTH LIFE OF NEW YORK

Genworth Life of New York is a member of the Genworth Financial family of companies, whose Long Term Care Insurance Division helped pioneer the development of long term care insurance in 1974 and has been an industry leader ever since. More people have trusted our Long Term Care Insurance Division to help cover their long term care costs than any other insurer.⁷ Genworth Life of New York proudly meets the needs of more than 64,500 policyholders, paying more than \$319 million in long term care claims.⁸

Location Choices

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 to receive covered care in a location appropriate to your needs as provided for in your Plan of Care.

Caregiver Choice

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 event. So, in addition to covering nurses, therapists 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 of New York, you don't have to go it alone. Should you file a claim and need help finding local care providers or scheduling care, our Care Coordinators are ready to assist you—at no extra cost.

Affordability

Long term care insurance may be one of the most important things you consider because it can help protect your assets. And it's probably more affordable than you think. If you're looking for comprehensive protection, we can help you customize a policy to fit your needs and your budget.

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 of New York.

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.

World-Class Claims Service

We strive to make sure our claims process is as quick and simple as possible so that every claim is handled with the utmost care for the policyholder.

Heart

Although we're a big company, we give policyholders the personal attention they deserve so they can live life to the fullest. It's our commitment, and it shows in everything we do.

You've got an important decision to make

Now that you have had the opportunity to review in greater detail Genworth Life of New York's Partnership Plus long term care insurance, we hope you'll find it to be a solution to your long term care needs. Please take this important next step and help protect your family, assets and independence with long term care insurance. You'll be glad you did.

EXCLUSIONS AND LIMITATIONS

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

- Provided by a family member (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 the same job category).
- Provided by or in a Veterans Administration or federal government facility unless a valid charge is made.
- Provided outside the United States, its territories and possessions.
- For which no charge is normally made in the absence of insurance.

- Resulting from alcoholism, drug or narcotic addiction, unless they occur as a result of administration of these substances under the written instructions of a doctor.
- Resulting from war or any act of war, declared or not, intentionally self-inflicted injury or attempted suicide.

Non Duplication

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

¹ Assumes \$1,750 per year grows at 5% annually, net of taxes.

² Genworth 2010 Cost of Care Survey, conducted by CareScout®, April 2010.

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 55, married preferred, a three-year policy from Genworth Life of New York, \$300 daily benefit, 50% home care option, 90-day elimination period, 5% compound inflation, no claims incurred for 20 years, and premiums remain level during the period illustrated, which is not guaranteed.

⁵ Genworth 2010 Cost of Care Survey, conducted by CareScout®, April 2010.

⁶ **MODAL PREMIUM DISCLOSURE:** Although premiums are calculated on an annual basis, premiums may be shown on a monthly, quarterly or semi-annual basis. Annual premiums may be paid in advance at the beginning of each coverage year. However, your premiums may be paid on a more frequent basis throughout your coverage year. If you pay your premiums more frequently than annually (e.g. monthly, quarterly or semi-annually), there will be additional charges that apply. The more frequent the premium payment mode, the more changes you will incur. For example, the total annual premium paid on a monthly basis will be more than the total premium paid on a quarterly basis. As a result, the total annual premiums paid will be higher for Monthly, Quarterly or Semi-Annual payment modes than if you paid premiums on an Annual mode. For more information, please refer to the Modal Premium Disclosure in your Policy or Certificate.

⁷ LifePlans 2009 Long Term Care Individual and Group Association Top Writers Survey Results. Based on number of individual policies sold and annualized individual premium in force.

⁸ As of 06/30/10.

WE WANT YOU TO KNOW

Our policies are intended to be qualified long term care insurance contracts under federal tax law. You should consult your tax advisor to determine the income tax implications of your paying premiums and receiving benefit payments.

This is not Medicare Supplement insurance. Discuss with your insurance representative how long term care insurance would work relative to other medical expense coverage you currently have.

You should not purchase any long term care insurance if:

- You currently receive or may soon receive Medicaid benefits.
- You have limited assets and can't afford the premiums over the lifetime of your policy.
- Your only source of income is a Social Security benefit or supplemental security income.

As part of the underwriting process, we may obtain copies of medical records from your doctor. Delays in receiving any necessary information may cause the underwriting process to extend beyond the usual 30 to 45 days.

Any incorrect or omitted information in your application may result in your coverage being denied.

This brochure is intended to provide a summary of the coverage available. For more detailed information regarding the benefits, limitations and exclusions, please review the actual policy terms and provisions carefully. Coverage is provided under policy form series 51015 Rev and 51015F Rev.

Long Term Care Insurance is underwritten
by Genworth Life Insurance Company of New York
Long Term Care Insurance Division
Administrative Offices
6620 West Broad Street, Building 4
Richmond, VA 23230
genworth.com

The New York State Partnership for Long-Term Care Program (NYSPLTC) symbol indicates the coverage advertised complies with the New York State (NYS) requirements for participation in the NYSPLTC. However, NYS and the NYSPLTC do not take part in specific insurer marketing plans, and do not endorse specific insurers or their policies/certificates.

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