

PRIVILEGED CHOICE® FLEX
Offered by Genworth Life Insurance Company



Prepared For:

Client: Mr xxxx
Address: CA

Presented By:

Agent: Steve Shorr
Organization: Steve Shorr Insurance
Address: CA
License#: 0
Phone: (310) 519-1335
Email: steve@steveshorr.com

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To be Issued in: California

QUOTE SUMMARY

COST OF CARE

Based on the 2013 Genworth Annual Cost of Care Survey, the median annual cost of care for a Semi-Private Room in a Nursing Home in California is \$83,950.00. Assuming a 5% inflation rate each year for the next 30 years, the estimated cost would be:

	<u>Today</u>	<u>In 10 Years</u>	<u>In 20 Years</u>	<u>In 30 Years</u>
Annual Cost	\$83,950.00	\$130,234.00	\$212,137.47	\$345,549.58

The average length of claims lasting more than a year, based on our claims between 12/1974 and 12/31/2012, is 3.9 years*. Below we have estimated what your cost of care could be if you require Nursing Home care for either 3 or 5 years.

	<u>Today</u>	<u>In 10 Years</u>	<u>In 20 Years</u>	<u>In 30 Years</u>
Cost of Care for 3 Years	\$251,850.00	\$390,702.00	\$636,412.41	\$1,036,648.74
Cost of Care for 5 Years	\$419,750.00	\$651,170.00	\$1,060,687.35	\$1,727,747.90

*Genworth Life Insurance Company and Genworth Life Insurance Company of New York business operations information from December 1974 through December 31, 2012.

PROPOSED LONG TERM CARE INSURANCE BENEFIT

Mr xxx

Below is a Proposed Long Term Care Insurance Plan based on the options you selected of 3% Compound and a Benefit Multiplier of 48 Months (4 Years).

	<u>Today</u>	<u>In 10 Years</u>	<u>In 20 Years</u>	<u>In 30 Years</u>
Monthly Maximum	\$6,000.00	\$7,828.64	\$10,521.04	\$14,139.39
Coverage Maximum	\$288,000.00	\$375,774.68	\$505,009.74	\$678,690.87
Annual Premium	\$8,194.23			

Calculation of Compound increases due to inflation is not affected by benefit payments.

PRIVILEGED CHOICE® FLEX
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INDIVIDUAL SUMMARY for Mr Sxxxn

Presented By :

Agent: Steve Shorr
 License#: 0

Organization: Steve Shorr Insurance
 Address: CA
 Phone: (310) 519-1335

Plan Options

Coverage Maximum:	\$288,000.00	Residential Care Facility Benefit:	Includes Room Charges
Monthly Maximum:	\$6,000 Monthly	Residential Care Facility Percentage:	100%
Benefit Multiplier:	48 Months	Waiver of Premium:	Full Premium Waiver
Elimination Period:	90 Calendar Days	Transition Benefit:	None
Benefit Increase Option:	3% Compound	Covered Percentage:	100%
Restoration Benefit:	None	1st Day Home Care Elimination Period:	Included
Nonforfeiture Benefit:	None		
Premium Payment Period:	Lifetime	Premium Payment Mode:	Annual
Home and Community Care Benefit:	Included	Age:	68
Home and Community Care Percentage:	100%	Modal Premium:	\$8,194.23
Bed Reservation Benefit:	60 Days	Couple's Discount (40%):	\$0.00
International Coverage Benefit:	Included	Total Modal Premium:	\$8,194.23
Respite Care Benefit:	30 Days		

Modal Premium Payment Options

Payment Mode	Modal Factor	Modal Premium	Yearly Total Payment
Annual:	1.00	\$8,194.23	(\$8,194.23 x 1)
Semi-Annual:	0.51	\$8,358.12	(\$4,179.06 x 2)
Quarterly:	0.26	\$8,522.00	(\$2,130.50 x 4)
Monthly (EFT only):	0.09	\$8,849.76	(\$737.48 x 12)

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 charges 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.

IMPORTANT NOTES:

The Covered Percentage for the Home and Community Care Benefit and Residential Care Facility Benefit are a percentage of the Monthly Maximum.
 Compound Benefit Increases will be applied annually on each anniversary of your coverage effective date, and will not be reduced because of any claims reimbursed.

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BENEFIT OPTIONS COMPARISON for Mr xxx

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options

Coverage Maximum:	\$288,000.00	Residential Care Facility Benefit:	Includes Room Charges
Monthly Maximum:	\$6,000 Monthly	Residential Care Facility Percentage:	100%
Benefit Multiplier:	48 Months	Waiver of Premium:	Full Premium Waiver
Elimination Period:	90 Calendar Days	Transition Benefit:	None
Benefit Increase Option:	3% Compound	Covered Percentage:	100%
Restoration Benefit:	None	1st Day Home Care Elimination Period:	Included
Nonforfeiture Benefit:	None		
Premium Payment Period:	Lifetime	Premium Payment Mode:	Annual
Home and Community Care Benefit:	Included	Age:	68
Home and Community Care Percentage:	100%	Modal Premium:	\$8,194.23
Bed Reservation Benefit:	60 Days	Couple's Discount (40%):	\$0.00
International Coverage Benefit:	Included	Total Modal Premium:	\$8,194.23
Respite Care Benefit:	30 Days		

Premium differences illustrated below are based on changing A SINGLE OPTION from the illustrated Plan Design and are not cumulative. This data is intended to show how selecting a different benefit option would affect an annual premium. To see MULTIPLE OPTION changes, refer to the Plan Option Comparison page.

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
Monthly Maximum:	\$5,000 Per Month	\$6,828.52	(\$1,365.71)
	\$5,500 Per Month	\$7,511.37	(\$682.86)
	\$6,500 Per Month	\$8,877.08	\$682.85
	\$7,000 Per Month	\$9,559.93	\$1,365.70
Benefit Multiplier:	24 Months	\$5,469.07	(\$2,725.16)
	36 Months	\$7,173.50	(\$1,020.73)
	60 Months	\$9,128.74	\$934.51
	72 Months	\$9,855.83	\$1,661.60
	96 Months	\$10,584.94	\$2,390.71
	120 Months	\$11,225.71	\$3,031.48

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BENEFIT OPTIONS COMPARISON(Continued)

Benefit Option	Change Benefit To	New Annual Premium	Amount of Change
Elimination Period:	30 Calendar Days	\$9,302.29	\$1,108.06
Benefit Increase Option:	5% Compound	\$11,535.37	\$3,341.14
	5% Simple	\$8,773.91	\$579.68
	5% FPO every 3 years	\$6,693.19	(\$1,501.04)
	None	\$6,404.96	(\$1,789.27)
Home and Community Care Percentage:	50%	\$7,798.36	(\$395.87)
Residential Care Facility Percentage:	75%	\$7,893.37	(\$300.86)
Restoration Benefit:	Included	\$8,572.54	\$378.31
Nonforfeiture Benefit:	Included	\$9,783.14	\$1,588.91
1st Day Home Care Elimination Period:	None	\$7,725.12	(\$469.11)

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BENEFIT INCREASE COMPARISON for Mr xxx

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Plan Options

Coverage Maximum:	\$288,000.00	Residential Care Facility Benefit:	Includes Room Charges
Monthly Maximum:	\$6,000 Monthly	Residential Care Facility Percentage:	100%
Benefit Multiplier:	48 Months	Waiver of Premium:	Full Premium Waiver
Elimination Period:	90 Calendar Days	Transition Benefit:	None
Benefit Increase Option:	3% Compound	Covered Percentage:	100%
Restoration Benefit:	None	1st Day Home Care Elimination Period:	Included
Nonforfeiture Benefit:	None		
Premium Payment Period:	Lifetime	Premium Payment Mode:	Annual
Home and Community Care Benefit:	Included	Age:	68
Home and Community Care Percentage:	100%	Modal Premium:	\$8,194.23
Bed Reservation Benefit:	60 Days	Couple's Discount (40%):	\$0.00
International Coverage Benefit:	Included	Total Modal Premium:	\$8,194.23
Respite Care Benefit:	30 Days		

This page is intended to show a comparison of possible Monthly Maximums based on the available Benefit Increase Options. Monthly Maximum assumes that each option is accepted. Coverage Maximum assumes that all Purchase Options for FPO have been accepted, and no benefits have been paid. Balance available in Coverage Maximum to pay for benefits will decrease as benefits are paid.

Policy Year	5% Compound		3% Compound		5% Simple	
	Monthly Maximum	Coverage Maximum	Monthly Maximum	Coverage Maximum	Monthly Maximum	Coverage Maximum
1	\$6,000.00	\$288,000.00	\$6,000.00	\$288,000.00	\$6,000.00	\$288,000.00
5	\$7,293.04	\$350,065.80	\$6,753.05	\$324,146.54	\$7,200.00	\$345,600.00
10	\$9,307.97	\$446,782.53	\$7,828.64	\$375,774.68	\$8,700.00	\$417,600.00
15	\$11,879.59	\$570,220.30	\$9,075.54	\$435,625.84	\$10,200.00	\$489,600.00
20	\$15,161.70	\$727,761.66	\$10,521.04	\$505,009.74	\$11,700.00	\$561,600.00
25	\$19,350.60	\$928,828.78	\$12,196.76	\$585,444.70	\$13,200.00	\$633,600.00

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BENEFIT INCREASE COMPARISON(Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

Policy Year	5% FPO every 3 years		No Increases	
	Monthly Maximum	Coverage Maximum	Monthly Maximum	Coverage Maximum
1	\$6,000.00	\$288,000.00	\$6,000.00	\$288,000.00
5	\$6,945.75	\$333,396.00	\$6,000.00	\$288,000.00
10	\$9,307.97	\$446,782.53	\$6,000.00	\$288,000.00
15	\$10,775.14	\$517,206.62	\$6,000.00	\$288,000.00
20	\$14,439.72	\$693,106.34	\$6,000.00	\$288,000.00
25	\$19,350.60	\$928,828.78	\$6,000.00	\$288,000.00

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PLAN OPTIONS COMPARISON for Mr xxx
 (Assumes Annual Premium Mode)
 Your total annual payments will be higher for other modes

Plan Options

Coverage Maximum:	\$288,000.00	Residential Care Facility Benefit:	Includes Room Charges
Monthly Maximum:	\$6,000 Monthly	Residential Care Facility Percentage:	100%
Benefit Multiplier:	48 Months	Waiver of Premium:	Full Premium Waiver
Elimination Period:	90 Calendar Days	Transition Benefit:	None
Benefit Increase Option:	3% Compound	Covered Percentage:	100%
Restoration Benefit:	None	1st Day Home Care Elimination Period:	Included
Nonforfeiture Benefit:	None		
Premium Payment Period:	Lifetime	Premium Payment Mode:	Annual
Home and Community Care Benefit:	Included	Age:	68
Home and Community Care Percentage:	100%	Modal Premium:	\$8,194.23
Bed Reservation Benefit:	60 Days	Couple's Discount (40%):	\$0.00
International Coverage Benefit:	Included	Total Modal Premium:	\$8,194.23
Respite Care Benefit:	30 Days		

Annual premiums shown below are based on originally selected Monthly Maximum, Optional Benefits and Discounts shown above.

5% Compound

Benefit Multiplier

Elimination Period	24 Months	36 Months	48 Months	60 Months	72 Months	96 Months	120 Months
30 Calendar Days	\$8,674.17	\$11,343.24	\$13,095.23	\$14,589.63	\$15,752.96	\$17,057.13	\$18,337.17
90 Calendar Days	\$7,640.93	\$9,992.07	\$11,535.37	\$12,851.75	\$13,876.51	\$15,025.34	\$16,152.90

3% Compound

Benefit Multiplier

Elimination Period	24 Months	36 Months	48 Months	60 Months	72 Months	96 Months	120 Months
30 Calendar Days	\$6,208.62	\$8,143.53	\$9,302.29	\$10,363.16	\$11,188.58	\$12,016.28	\$12,743.72
90 Calendar Days	\$5,469.07	\$7,173.50	\$8,194.23	\$9,128.74	\$9,855.83	\$10,584.94	\$11,225.71

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PLAN OPTIONS COMPARISON(Continued)

(Assumes Annual Premium Mode)

Your total annual payments will be higher for other modes

5% Simple

Benefit Multiplier

Elimination Period	24 Months	36 Months	48 Months	60 Months	72 Months	96 Months	120 Months
30 Calendar Days	\$6,577.13	\$8,626.76	\$9,854.33	\$10,627.38	\$11,413.29	\$12,495.77	\$13,472.90
90 Calendar Days	\$5,856.01	\$7,680.92	\$8,773.91	\$9,462.20	\$10,161.94	\$11,125.74	\$11,995.75

5% FPO every 3 years

Benefit Multiplier

Elimination Period	24 Months	36 Months	48 Months	60 Months	72 Months	96 Months	120 Months
30 Calendar Days	\$5,276.97	\$6,629.27	\$7,545.85	\$8,329.15	\$8,953.73	\$9,901.93	\$10,511.30
90 Calendar Days	\$4,680.70	\$5,880.18	\$6,693.19	\$7,387.98	\$7,941.99	\$8,783.05	\$9,323.56

No Benefit Increases Option

Benefit Multiplier

Elimination Period	24 Months	36 Months	48 Months	60 Months	72 Months	96 Months	120 Months
30 Calendar Days	\$5,049.73	\$6,343.79	\$7,220.91	\$7,970.48	\$8,568.16	\$9,475.53	\$10,058.66
90 Calendar Days	\$4,479.13	\$5,626.97	\$6,404.96	\$7,069.84	\$7,599.98	\$8,404.83	\$8,922.07

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IMPORTANT NOTES:

This is a solicitation of insurance. An insurance agent/producer will contact you and is required to provide to you their Agent License Number. This is not a contract of insurance. Coverage is subject to the underwriting requirements of Genworth Life Insurance Company.

Privileged Choice Flex is underwritten by Genworth Life Insurance Company, using policy form series 7052CA. A Summary of Coverage, including benefits, limitations and exclusions are set forth in the accompanying Outline of Coverage. Policy Terms and Provisions will prevail.

This Long Term Care Insurance quote is intended for illustrative purposes only and may be subject to change for any reason, including changes in premiums quoted. Dollar amounts may be rounded for purposes of Illustration.

In the event coverage is issued, any difference between the premiums quoted in this illustration and the premiums shown in your Policy Schedule, the premiums shown in your Policy Schedule will govern.



Premiums shown are subject to the terms and conditions of the Policy and may change in the future. While Genworth Life Insurance Company reserves the right to raise future premiums by class and state your premiums will never increase individually due to changes in your health status or your age.

The illustrations assume no increase in premium. The illustrations assume the premiums are paid when due even if there is an increase in premiums.

Certain eligibility requirements must be met to qualify for the couples discounts.

Couples Discount is 25% if only one becomes insured.

Coverage under the Policy is intended to be qualified long term care insurance under federal tax law (IRC 7702B). You should consult your tax advisor to determine the income tax implications of paying premiums and receiving benefit payments.

	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 the bank or its affiliates.



Administrative Offices:
Genworth Life
3100 Albert Lankford Drive
Lynchburg, VA 24501
genworth.com

Notice to California Residents Regarding Privileged Choice Flex Long Term Care Insurance

from Genworth Life Insurance Company

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Privileged Choice Flex Does Not Qualify for the California Partnership for Long Term Care

Please be advised that Privileged Choice Flex does **NOT** qualify for Medi-Cal Asset Protection under the California Partnership for Long Term Care (the "Partnership Program"). The Partnership Program is a partnership between the state of California and several private insurance companies designed to assist individuals in planning their long term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long term care insurance coverage that meets certain California and federal requirements. Long term care insurance that qualifies as Partnership coverage may protect some of the insured's assets through a feature known as "Asset Disregard" under California's Medi-Cal program.

Generally, Asset Disregard means that an amount of the insured's assets equal to the amount of long term care insurance benefits received under qualified Partnership coverage will be disregarded for the purpose of determining the insured's eligibility for Medi-Cal. This generally allows a person to keep assets equal to the insurance benefits received under qualified Partnership coverage without affecting the person's eligibility for Medi-Cal. Asset Disregard is not available under long term care insurance that is not Partnership coverage, including coverage issued under Privileged Choice Flex. Therefore, before you purchase Privileged Choice Flex, you should consider if Asset Disregard is important to you, and whether Partnership coverage may meet your long term care needs. The purchase of Partnership coverage does not automatically qualify you for Medi-Cal.

For information about policies and certificates qualifying under the California Partnership for Long Term Care, call the Health Insurance Counseling and Advocacy Program toll-free at 800 434.0222 or consult your Agent.