



GenworthSM
Financial

Built on GE Heritage

LONG TERM CARE INSURANCE UNDERWRITING GUIDE

Underwritten by Genworth Life Insurance Company
and Genworth Life Insurance Company of New York

This guide is designed to assist producers in determining whether an applicant may or may not be eligible for coverage and to assist producers in answering certain applicant questions. Producers are not authorized to act as field underwriters for the Company's long term care insurance policies nor may a producer enter into binding underwriting decisions on behalf of the Company.

LONG TERM CARE INSURANCE UNDERWRITING GUIDE

Long term care insurance helps protect your clients' income and assets from the high costs of long term care. Not all applicants will qualify for this type of insurance. To provide you with a better understanding of the underwriting process for long term care we've developed the Underwriting Guide.

Because we believe that an applicant's medical history is the most valid basis for underwriting selection, we obtain medical records on most submissions.

Each applicant must meet the following criteria:

- The ability to perform the **Activities of Daily Living (ADLs)**: bathing, bowel/bladder control, dressing, feeding, toileting, and transferring.
- The ability to perform the **Instrumental Activities of Daily Living (IADLs)**: handling finances, housework, laundry, meal preparation, shopping, taking medications, mobility and transportation.
- The ability to **function without assistance** from another individual or mechanical device (e.g. walker, wheelchair, oxygen, dialysis).
- The applicant should have **no signs of memory loss, confusion or forgetfulness**.
- **All acceptable medical conditions must be stable and well controlled**, not severe, debilitating or progressive (e.g. anticipating surgery, medical work-up in progress, current physical therapy).

UNDERWRITING REQUIREMENTS

Minimum Underwriting Requirements					
		Age:	18-64	65-71	72-79
Preferred Health	Application		x	x	x
	MRR			x	x
	In-Person Health Interview				x
	Phone Health Interview		x		
Non-Preferred	Doctor visit in last 2 years	Application	x	x	x
		MRR	x	x	x
		In-person Health Interview			x
	No doctor visit in last 2 years	Application	x	x	x
		In-person Health Interview	x	x	x

Additional requirements may be requested at the underwriter's discretion.

Medical Records Request

Always complete and have the applicant sign the HIPAA form. Medical records are not always needed, but this allows us to obtain them when necessary. The Home Office will order all medical records.

Phone and In-Person Health Interview Requests

When required, phone interviews and in-person health interviews will be ordered by the Home Office.

Please provide applicants with the Health Interview brochure (available online or by ordering form #81707), which explains both interviews. Let applicants know all costs associated with the interviews are paid for by us.

The interviews include questions about daily activities and a brief cognitive exercise. The in-person health interview takes approximately 1 hour, and the phone health interview takes about 15 minutes.

Outlines of Coverage

Leave applicants the Outline of Coverage for which they are applying.

Preferred Health Discount Eligibility

To qualify for the Preferred Health Discount, clients must accurately answer “No” to questions 1-10 on the application, which includes the criteria noted below:

Tobacco Use

No tobacco use within the past 3 years.

Need for Care

The applicant must not have used or been medically advised to receive home care, adult day care, nursing home care, assisted living care or any other long term care within the past 3 years.

Prescription Medications

No medications for osteoarthritis within the past 3 years. Hypertension on medications with a blood pressure average of 135/85 or less during the past 12 months.

Assistance

The applicant must not use a quad cane, hospital bed, or other physical assistance devices or receive help with managing medications, shopping, housekeeping, cooking or using transportation.

Medical Conditions:

In the past 5 years (10 years for cancer) the applicant must **NOT** have received medical advice or treatment; been medically diagnosed; or consulted with a health professional for any of the following conditions:

Alcoholism	Drug Addiction	Lymphoma
Amputation	Emphysema/COPD	Mental Illness
Angioplasty or Heart Surgery	Epilepsy, Seizures or Convulsions	Osteoporosis
Asthma or Chronic Bronchitis	Fainting Spells or Blacking Out	Paralysis
Brain Disorder	Heart Attack, Angina or Atrial Fibrillation	Rheumatoid Arthritis
Cancer (excluding basal cell skin cancer)	Hodgkin's Disease	Shortness of Breath
Congestive Heart Failure (CHF)	Immune System Disorder	Skin Ulcers
Depression	Injury due to Falls or Imbalance	Tremor
Diabetes not treated with insulin	Joint Replacement Surgery	Tuberculosis (TB)
Disabling Back or Spine Condition	Leukemia	Other Conditions causing Crippling or Limited Motion or requiring Adaptive Devices

Build Table (Non-Diabetic)

Height	Maximum Weight		Minimum Weight
	Female	Male	(All)
4' 6"	149	157	71
4' 7"	155	163	73
4' 8"	160	169	76
4' 9"	166	175	79
4' 10"	172	182	82
4' 11"	178	188	84
5' 0"	184	194	87
5' 1"	190	201	90
5' 2"	197	208	93
5' 3"	203	214	96
5' 4"	210	221	99
5' 5"	216	228	102
5' 6"	223	235	106
5' 7"	230	243	109
5' 8"	237	250	112
5' 9"	244	257	115
5' 10"	251	265	119
5' 11"	258	272	122
6' 0"	265	280	126
6' 1"	273	288	129
6' 2"	280	296	133
6' 3"	288	304	136
6' 4"	296	312	140
6' 5"	304	321	144
6' 6"	312	329	147

Build Table (Diabetic)

Height	Maximum Weight (All)	Minimum Weight (All)
4' 6"	141	71
4' 7"	146	73
4' 8"	151	76
4' 9"	157	79
4' 10"	162	82
4' 11"	168	84
5' 0"	174	87
5' 1"	180	90
5' 2"	186	93
5' 3"	192	96
5' 4"	198	99
5' 5"	204	102
5' 6"	210	106
5' 7"	217	109
5' 8"	223	112
5' 9"	230	115
5' 10"	237	119
5' 11"	244	122
6' 0"	251	126
6' 1"	258	129
6' 2"	265	133
6' 3"	272	136
6' 4"	279	140
6' 5"	287	144
6' 6"	294	147

UNACCEPTABLE MEDICAL CONDITIONS

The following is a partial list of medical conditions that may prevent an applicant from functioning independently or place him or her at risk for future loss.

Do Not Submit An Application

A

Ascites, present

ADL Limitation (Activities of Daily Living) any current mental or physical limitation in the Activities of Daily Living is not acceptable:

- Bathing
- Toileting
- Bowel/Bladder control
- Transferring
- Dressing
- Feeding

Adult Day Care use within the past 12 months

AIDS/ARC (Acquired Immune Deficiency Syndrome/AIDS Related Complex)

Alcoholism current or less than 2 years of total abstinence

Alzheimer's Disease

ALS (Lou Gehrig's Disease)

Amaurosis Fugax within the past 6 months

Amputation due to disease (e.g. Diabetes or Peripheral Vascular Disease)

Aneurysms, Aortic surgery recommended, untreated Dissecting Aortic Aneurysm, surgical repair within the past 6 months

Aneurysms, Cerebrovascular untreated or surgery recommended. Surgery performed within the past 12 months

Angina unstable or episodes at rest (within the past 6 months) or in combination with any history of Congestive Heart Failure within the past 5 years, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Carotid Artery Surgery, or current treatment of Angina in combination with Sleep Apnea

Angioplasty (Coronary Artery) procedure within the past 3 months or in combination with any history of Transient Ischemic Attack, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Pulmonary Hypertension, Sleep Apnea, or post surgical Congestive Heart Failure

Asthma See Emphysema

Ataxia, Cerebellar

Atrial Fibrillation (A-fib) diagnosis of or hospitalization/ER visit within the past 6 months (12 months with Valvular Heart Disease)

B

Back Surgery within the past 6 months

Blindness with ADL/IADL limitations

Bone Marrow Transplant within the past 5 years

Brain Disorder (Organic Brain Syndrome)

Bronchitis, Chronic See Emphysema

Buerger's Disease

C

Cancer with metastasis from original site/location within the past 10 years. Bone, Brain, Esophagus, Liver, Lung, Ovary, Pancreas, Stomach or Testes within the past 4 years. Other internal organs, including Prostate and Breast, without metastasis, within the past 12 months

Cardiomyopathy symptomatic or diagnosed within the past 12 months or in combination with any of the following: Angioplasty or Heart Surgery, Angina, Asthma or Chronic Bronchitis, Diabetes, Emphysema/COPD, Heart Attack, Tuberculosis (TB), Pulmonary Hypertension

Carotid Artery Surgery within the past 12 months, or in combination with tobacco use within the past 12 months, TIA within the past 5 years (or multiple episodes), or any history of Angina, Heart Angioplasty or Bypass Surgery, Heart Attack, Peripheral Vascular Surgery, Stroke

Catheter Usage (permanent or intermittent) initiated within the past 6 months

Cellulitis, current. Hospitalized within the past 12 months

Cerebral Vascular Accident (CVA)

Chronic Lymphocytic Leukemia (CLL) diagnosed or treated within the past 2 years.

Chronic Obstructive Pulmonary Disease (COPD) See Emphysema

Cirrhosis of the Liver

Congestive Heart Failure (CHF) symptomatic or diagnosed within the past 12 months or in combination with any of the following within the past 5 years: Angina, Asthma or Chronic Bronchitis, Diabetes, Emphysema/COPD, Heart Attack, Tuberculosis (TB), Pulmonary Hypertension, or after Angioplasty or Heart Surgery

Coronary Artery Bypass Graft (CABG) within the past 6 months or in combination with any history of Transient Ischemic Attack, Diabetes, Cardiomyopathy, Peripheral Vascular Disease, Pulmonary Hypertension, Sleep Apnea, or post surgical Congestive Heart Failure

Cystic Fibrosis

D

Dementia

Depression hospitalization within the past 12 months or ECT treatment within the past 4 years

Diabetes Mellitus, currently treated with insulin, hospitalization within the past 2 years, or in combination with any history of Congestive Heart Failure within the past 5 years, Transient Ischemic Attack, Amputation, recurrent Skin Ulcerations or Infections, Blindness, Kidney Disease, Cardiomyopathy, Peripheral Vascular Disease, Aortic Aneurysm, Heart Attack, Surgery (Heart or Vascular), Coronary Artery Disease

Dialysis, Kidney (Renal) within the past 2 years

Drug/Chemical Dependency current or within the past 2 years

E

Ehlers-Danlos Syndrome

Emphysema requiring hospitalization within the past 6 months, respirator or oxygen use within the past 12 months. In combination with Congestive Heart Failure within the past 5 years or Pulmonary Hypertension

Endarterectomy (Carotid, Femoral, Renal) within the past 12 months or

in combination with tobacco use within the past 12 months, TIA within the past 5 years or multiple occurrences, Diabetes, Stroke, Angioplasty, CABG, Peripheral Vascular Surgery

Epilepsy/Seizure seizure within the past 2 years

F

Forgetfulness frequent or persistent

G

Gangrene due to disease (e.g. Diabetes or Peripheral Vascular Disease)

H

Heart Attack (MI) within the past 3 months or in combination with any history of Valvular Heart Disease within 6 months, symptomatic Arrhythmia within 12 months, Congestive Heart Failure within 5 years, or Diabetes, Cardiomyopathy, Carotid Artery surgery, Pulmonary Hypertension, Peripheral Vascular Disease, Sleep Apnea, Transient Ischemic Attack

Heart Transplant

Heart Valve Replacement within the past 6 months, both Mitral and Aortic Valve Replacement or in combination with Heart Attack within the past 6

months, Arrhythmias within the past 12 months, or any history of Cardiomyopathy, Transient Ischemic Attack, post-surgical Congestive Heart Failure

Hodgkin's Disease and Other Lymphomas if treated within the past 12 months

Home Health Care within the past 12 months

Hospitalization current or anticipated

Huntington's Disease or other forms of Chorea

Hydrocephalus shunt replacement within the past 2 years, untreated, or with residual functional or cognitive deficits or imbalance resulting in falls

I

IADL Limitations partial or total assistance needed with 2 or more IADLs:

- Handling Finances
- Shopping
- Housework
- Taking Medications
- Laundry
- Using the Telephone
- Mobility
- Meal Preparation
- Transportation

Incontinence bowel, bladder, requiring assistance

K

Kidney (Renal) Dialysis within the past 2 years

Kidney Transplant within 5 years

L

Leukemia except CLL diagnosed or treated more than 2 years ago or any chemotherapy treatment within the past 3 years

Liver Transplant

Lymphomas if treated within the past 12 months or any ongoing need for chemotherapy or radiation treatment

M

Melanoma, malignant recurrence, nodal involvement or distant metastasis, Ocular Melanoma surgically treated within the past 2 years

Mechanical Appliances use of quad cane, electric stair lift, feeding tube, walker, wheelchair, respirator, kidney dialysis, electric cart or scooter, electric chair, Hoyer lift, hospital bed (if used for medical need not preference) or oxygen

Memory Loss

Mental Disorders Psychosis or Schizophrenia diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

Multiple Sclerosis (MS)

Muscular Dystrophy (MD)

N

Nursing Home Confinement current or within the past 12 months

O

Organ Transplants except Kidney or Bone Marrow Transplant over 5 years ago

Organic Brain Syndrome (OBS)

Ostomy (Ileostomy/Colostomy) within the past 6 months or if assistance is required

Oxygen Use within the past 12 months

P

Paralysis/Paraplegia with ADL/IADL limitations

Parkinson's Disease

Pericarditis current or untreated, or treated with anti-inflammatories within the past 6 months or surgery within the past 12 months, or in combination with any history of Rheumatoid Arthritis

Psychosis diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

R

Rehabilitation Physical Therapy/ Occupational Therapy/Speech Therapy within the past 6 months for chronic conditions (12 months for Fibromyalgia)

Renal Failure, Chronic dialysis within the past 2 years

Rheumatoid Arthritis history of any joint replacement, hospitalization or multiple ER visits within the past 2 years, or in combination with any history of Pressure Sores or Pericarditis

S

Schizophrenia diagnosed or symptomatic within the past 4 years, hospitalization or ER visits within the past 4 years

Senility/Dementia

Skin Ulcers within the past 2 years or in combination with a history of diabetes

Sleep Apnea with the beginning use of CPAP within the past 3 months, or recommended but not used, or in combination with any history of Heart Attack, Heart Angioplasty or Bypass Surgery, Pulmonary Hypertension

Spinal Cord Injury with ADL/IADL limitations

Stroke

Surgery if procedure has taken place within:

Back/Spine	6 months
Coronary Artery Graft Bypass	6 months *
Coronary Artery Angioplasty	3 months *
Endarterectomy (Carotid or Femoral)	12 months *
Heart Valve Replacement	6 months
Hip or Knee Replacement/Fracture (12 months with Ankylosing Spondylitis)	3 months
Other Major Surgery	3 months

*Not acceptable if diabetic

Surgery that is projected or recommended is not acceptable, including elective surgery (except cataract).

T

Transient Ischemic Attack (TIA)

within the past 5 years or multiple episodes, or in combination with Carotid Artery surgery within the past 12 months, or any history of Aortic Aneurysm repair, Atrial Fibrillation, Brain Aneurysm, Cardiomyopathy, Diabetes, Heart Attack, Heart Valve Disease, Peripheral Vascular Disease, Polycythemia

Tuberculosis (TB) active pulmonary infection under current treatment or in combination with any history of Congestive Heart Failure

V

Vertigo or Syncope cause unknown within the past 6 months or multiple episodes within the past 12 months

W

Walker Use

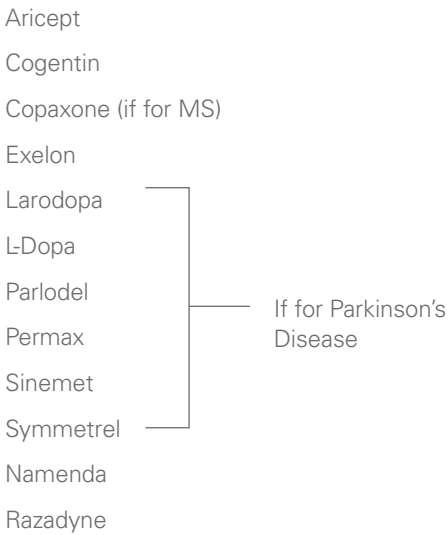
Wernicke-Korsakoff Syndrome

Wheelchair Use

MEDICATIONS

The following medications denote a significant underlying disease.

Do not take an application if your client is taking any of the following medications.



APPLICATION CHECKLIST

We've developed this checklist to help you ensure that each application is accurately and thoroughly completed with all necessary answers and details. Because the Home Office must telephone or correspond with you and/or your client to obtain any missing information, failure to complete the application will cause delays. Please remember that the application is part of the contract between the company and the policyholder and must be accurately completed.

- Is every question on the application answered?
- Did the applicant accurately answer "No" to the medical criteria that would allow eligibility for the Preferred Health Discount?
- Are complete details given for questions answered "Yes"?
- Are complete details for medical questions provided, including: **Date diagnosed, current treatment, medications, current status, name, address and phone number of doctor, and date last seen?**
- Have there been any other medical conditions that were not inquired about on the application that have affected the applicant's health?
- Has the applicant seen any other physicians within the past 5 years? If so, why?
- Are all doctors for Medical Records Requests listed on the application?
- Has the applicant been hospitalized for any reason within the past 3 years?
- Are all medications listed, including the reason for taking the drug, or what illness the drug is being taken for and how long the applicant has taken the drug?
- Is the Agent's Report complete?

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