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To understand the benefits and features available to you under this Program go to genworth.com/nebraska or call 800 416.3624. The limitations and exclusions that apply to this coverage are listed below.

Premiums are not guaranteed and the insurer has the right to change rates in the future.

E i jbi i f B: Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

Li i a i E i : As with any insurance program, certain limitations apply.

Charges that are not covered include those for services:

- for which no charge is made
- received outside of the United States, unless included in another benefit
- · provided by your immediate family except as covered under the Informal Care benefit
- for which benefits are payable by a Worker's Compensation or occupational disease act or law
- provided by a Veteran's Administration or other federal government facility, unless a valid charge is made.

Charges are also not covered if they are for services that are required because of:

- · war or an act of war
- · attempted suicide or self-inflicted injury
- your participation in a felony, riot or insurrection
- service in the armed forces or units auxiliary thereto
- · alcoholism or drug addiction.

P -E i i C i i Li i a i : Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within twelve months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date.

O Li i a i B : Benefits under the Program coordinate with other long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits will not duplicate benefits received under another insurance program such as:

- Medicare
- any state or federal worker's compensation, employer's liability, or occupational disease law
- any other federal, state or government health care or long term care program, or law except Medicaid.

This is a summary of the limitations and exclusions. State variations may apply to these exclusions and limitations. The specific language may vary or change the impact of the exclusion. Check your Outline of Coverage for complete details and any state variations that apply.

Details about benefits, costs, limitations and exclusions can be found in the outline of coverage.



Genworth Life Insurance Company may contact you about this communication.

This material is part of a solicitation for group long term care insurance for policy form 7053. Form numbers can vary by state, including a state specific variation. For example, in Nebraska, the certificate form number may read 7053CRT.