



Genworth<sup>SM</sup>  
Financial

*Built on GE Heritage*



## WHEN VALUE MEANS SELECTION

CLASSIC SELECT<sup>SM</sup>  
LONG TERM CARE INSURANCE

Underwritten by General Electric Capital  
Assurance Company



## WHY CHOOSE GENERAL ELECTRIC CAPITAL ASSURANCE COMPANY?



Selecting a long term care insurance company is an important decision. You need to find a company you can trust to help protect your assets and lifestyle as you grow older. A company that's respected and recognized as a leader in quality service and products. A company with an innovative portfolio of plans that offer comprehensive benefits, and with a proven track record of paying its claims.

*Enjoy life today.*

*Enjoy life tomorrow.*

General Electric Capital Assurance Company gives you all this and more. Our Long Term Care Insurance Division helped pioneer the development of long term care insurance more than 30 years ago and we've been an industry leader ever since. Over the years we have continued to meet our customers' changing needs by improving and updating our policies and staying one step ahead in the long term care insurance industry. We believe that our experience and expertise set us apart from the rest and make us your best choice for helping to protect your future.

General Electric Capital Assurance Company is a member of the Genworth Financial family of companies. You can depend on us to provide you with excellent service and quality long term care insurance plans.

Meeting the needs of our approximately 1,000,000 policyholders<sup>1</sup> is not only our priority – it's our commitment. We have paid out more than \$2.3 billion in long term care claims.<sup>1</sup> We're here for the long-term – today, tomorrow and in the years to come.

<sup>1</sup> As of 12/31/04

## CLASSIC SELECT<sup>SM</sup>

Classic Select is a comprehensive, flexible long term care insurance policy that provides excellent coverage to help protect you from the high costs of long term care. Once you qualify for covered benefits, Classic Select pays you for covered care received in your home or your community, Assisted Care Facilities (including Alzheimer's facilities), and in Nursing Homes.

Classic Select is flexible — it gives you the option to choose an array of additional benefits and features. Classic Select can provide either shared or individual coverage.



# HOME AND COMMUNITY CARE<sup>1</sup> COVERAGE

Many people prefer to stay in the comfort of their own home when they need long term care. Classic Select is there for you when the covered care and services you need can come to your home – where, surrounded by friends and family, you're most comfortable.

**Once you satisfy the Elimination Period (like a deductible), we will pay you for actual expenses incurred for the covered care and services below. Classic Select offers coverage plans that pay you up to 100% of the Daily Maximum you choose.**

**Skilled Services<sup>2</sup>** Nursing care and physical, occupational, respiratory and speech therapy from licensed professionals.

**Home Health Aides and Personal Care Attendants** Help with personal hygiene, simple health care tasks, activities of daily living and managing medications.

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

**Chore Services** Help with minor household repairs, taking out the garbage and related tasks that help ensure your safety at 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<sup>3</sup>** A program of social and health-related services provided during the day in a community group setting outside your home.

**Couples may purchase two individual policies or share coverage under one shared policy.**



<sup>1</sup> Home Health and Community Care in Louisiana. Adult foster care is also covered in Idaho and Oregon.

<sup>2</sup> Services of a licensed dietary therapist are covered in Maine.

<sup>3</sup> In Vermont, these are services offered by facilities that provide social, health, respite, and other services for small groups of functionally impaired adults in group settings during specified hours of the week.

**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 five times your Daily Maximum.

**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 50 times your Daily 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.**



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

## PRIVILEGED CARE® COORDINATION

This service provides you with a Privileged Care Coordinator who can help you find care providers and manage your care needs. These coordinators are trained professionals from a nationwide network of local experts 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 Personal Benefit Account is not reduced by those costs.



A Privileged Care Coordinator:

- Assesses your care needs and along with you, your family and personal physician, develops your Plan of Care, which outlines the care and services you need.
- Helps find providers and schedules covered care and services.
- Provides ongoing care monitoring and modifies your Plan of Care as your needs change.
- Helps you complete initial claims forms; but does not make claims decisions.

You should be comfortable with the care providers helping you, and the flexibility of Classic Select gives you the freedom to choose care providers that you like. After meeting with you, your Privileged Care Coordinator will identify and recommend care providers in your area matched to your particular needs. You can select the providers that you want. You may also ask your coordinator to find more providers for you to choose from. And, if you want to change providers at any time for any reason, you can do so, the same as you can with your Privileged Care Coordinator.

**We pay for the cost of Privileged Care Coordination —  
the cost is *not* deducted from your Personal Benefit Account.**

## FACILITY CARE COVERAGE

You may find that the best place to receive care is not in your home, but in a covered facility.

**Once you satisfy the Elimination Period, we will pay you for expenses incurred for covered care and services in the facilities below. Classic Select pays you up to 100% of your selected Daily Maximum.**

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

**Temporary Absence Coverage** 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 to temporarily enter a hospital. If you do reserve your room or bed, we will continue to provide your Facility Care Coverage to help ensure that your place will still be there for you upon your return. Reimbursement up to 30 days a year, each year, for the life of your policy.



## INCLUDED FEATURES AND BENEFITS

**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 you for additional care, services, treatment, equipment, supplies, or other items not otherwise covered in your policy that 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.

**Respite Care** If your primary, unpaid caregiver needs to take a temporary break, we pay Facility Care and/or Home and Community Care<sup>1</sup> 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 21 days a year, each year – for the life of your policy.

**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 while you receive ongoing benefits for Facility Care or Home and Community Care<sup>1</sup> coverage.

**Premium Stability** While we reserve the right to raise future premiums for all policyholders by state and class, we have never had to do so on any policy issued by us since we pioneered long term care insurance 30 years ago. And, your premiums will never increase due to changes in your health status or age.

**Guaranteed Renewable** Once you're insured, as long as you pay your premiums on time and your benefits have not been exhausted, your coverage is guaranteed renewable and cannot be canceled by us.

**Protection Against Policy Lapse** If your policy lapses, we will reinstate it if, within 7 months after the lapse, you received care or services that would have been covered had the policy not lapsed, provided that you pay any past due premiums. We would need to receive 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.

**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.

## DISCOUNTS

**Preferred Health Discount** If you are eligible and in good health when you apply, you can receive a 20% discount on your premiums for the life of your policy, if you apply alone (the Preferred Health Discount is 10% if you also 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.

<sup>1</sup> Home Health and Community Care in Louisiana.

- 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 for couples. Each person can also qualify separately for a preferred health discount.

## OPTIONAL INFLATION PROTECTION

The following options are available for additional premiums. They help the value of your policy keep up with inflation, allowing for annual increases in your Daily 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.

You may choose either:

- **Compound Increases Option:** Your Daily Maximum increases each year by 5% of the *previous* year's amount. Your Personal Benefit Account increases each year by 5%

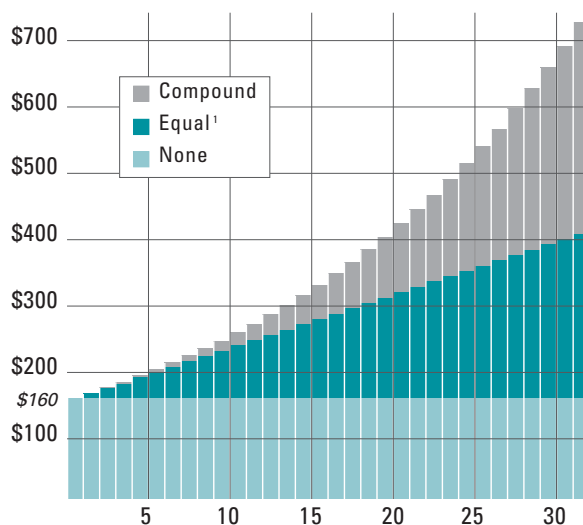
of the previous year's remaining amount (after payment of claims).

OR

- **Equal Increases Option<sup>1</sup>:** Both your Daily 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.

If your Personal Benefit Account reduces to zero it will not be replenished by either of these increase options, and your policy terminates.

**Comparison of inflation options with a \$160 daily maximum**



**Example of increasing benefit with a \$160 daily maximum and a benefit multiplier of 2,190 (6 years)**

POLICY YEAR ANNIVERSARY	MAXIMUM DAILY BENEFIT		PERSONAL BENEFIT ACCOUNT	
	EQUAL <sup>1</sup>	COMPOUND	EQUAL <sup>1</sup>	COMPOUND
---	\$ 160	\$ 160	\$ 350,400	\$ 350,400
5th	\$ 200	\$ 204	\$ 438,000	\$ 445,760
10th	\$ 240	\$ 260	\$ 525,600	\$ 569,400
15th	\$ 280	\$ 332	\$ 613,200	\$ 727,080
20th	\$ 320	\$ 424	\$ 700,800	\$ 928,560
25th	\$ 360	\$ 542	\$ 788,400	\$ 1,186,980
30th	\$ 400	\$ 691	\$ 876,000	\$ 1,513,290

<sup>1</sup> Equal Increases Option is not available in Idaho, Delaware, Wisconsin.

## OPTIONAL RIDERS

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

**1st Day Home Care** You can choose a Waiver of Home Care Elimination Period rider so that covered Home and Community Care<sup>1</sup> Coverage benefits can start immediately, and waiver of premium begins earlier. In addition, if you choose this option, days for which you receive Home and Community Care<sup>1</sup> benefits in accordance with a Privileged Care Coordinator's Plan of Care will count towards satisfying your Elimination Period for Facility Care Coverage benefits.<sup>2</sup>

**Monthly Maximum** Because you may need more care on some days and less on others, the expenses incurred for long term care (particularly home care) services can vary greatly day-to-day. To give you benefit flexibility you can choose a Monthly Maximum instead of a Daily Maximum for both Home and Community Care<sup>1</sup> and Facility Care Coverage. The Monthly Maximum equals 30 times the Daily Maximum.

**10 Year Survivorship Benefit<sup>3</sup>** For couples who have each had long term care coverage with Survivorship Benefits with us for at least 10 years, when one 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.

**7 Year Survivorship Benefit** An alternative to the 10 Year Survivorship Benefit above. 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 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.*

**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 Rider, 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 30 times your Daily Maximum at the time your policy lapses – whichever amount is greater.

*The expenses you incur for care and services can vary greatly from day to day. A Monthly Maximum helps you get the most value out of your policy.*

<sup>1</sup> Home Health and Community Care in Louisiana.

<sup>2</sup> In Missouri this also applies when the Plan of Care is from an Independent Care Advisor not affiliated with a home care agency.

<sup>3</sup> In Oregon and Washington state, the 10 Year Survivorship Benefit is not available.

# HOW TO QUALIFY FOR BENEFITS

You qualify for covered benefits when:

*Activities  
of Daily  
Living:*

- 1a. You need help with at least two of six Activities of Daily Living. In addition, it is expected that you will need the help for at least 90 days.

*Bathing  
Eating  
Dressing  
Toileting  
Continence  
Transferring*

OR

- 1b. 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).

-AND-

2. Your doctor, a nurse, licensed social worker, or Privileged Care Coordinator certifies 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.

-AND-

3. Benefits are paid to you only 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.

<sup>1</sup> In Arizona, a minimum of 2 years of coverage is required to be available for each person. In New Jersey, a minimum of 1 year of coverage is required to be available for each person.

## **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.

# SHARED BENEFIT COVERAGE FOR COUPLES

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)<sup>1</sup>. 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 an optional Survivorship Benefit rider.
- **Conversion option** In the event a couple's relationship terminates due to divorce or final separation, they have the opportunity to continue their shared coverage or to convert to individual coverage.

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

# DESIGN YOUR CLASSIC SELECT PLAN



**Choose Your Daily Maximum** This is the maximum amount of benefits you can select to have your coverage pay for expenses you incur on any one day.

In \$5 increments, select from:

- \$50<sup>1</sup> to \$400

<sup>1</sup> \$60 minimum in Wisconsin.

**Reduced Home Care Option<sup>2</sup>** For a reduced premium, you can choose a lower home care benefit that reimburses up to 50%, instead of 100% of your Daily Maximum. (This option cannot be selected with Shared Benefit coverage, the Waiver of Home Care Elimination Period, or a Monthly Maximum.)

<sup>2</sup> Not available in Rhode Island.

**Choose Your Benefit Multiplier** Multiply your Daily Maximum by your Benefit Multiplier to determine your initial Personal Benefit Account amount.

For *individual* policies, choose a multiplier of:

- 730 (2 years)
- 1,095 (3 years)
- 1,460 (4 years)
- 1,825 (5 years)
- 2,190 (6 years)
- 2,920 (8 years)
- 3,650 (10 years)
- Unlimited (lifetime)

For *shared* policies, choose a multiplier of:

- 1,460 (4 years)<sup>3</sup>
- 2,190 (6 years)
- 2,920 (8 years)
- 3,650 (10 years)
- 4,380 (12 years)
- 5,840 (16 years)
- 7,300 (20 years)

<sup>3</sup> Not available in Arizona.

**Personal Benefit Account** The initial amount of your Personal Benefit Account is equal to your Daily Maximum times the Benefit Multiplier you select. 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. If your Personal Benefit Account reduces to zero, it will not be replenished, and your policy terminates.

$$\text{Daily Maximum} \times \text{Benefit Multiplier} = \text{Initial Personal Benefit Account}$$

**Choose Your Elimination Period<sup>4</sup>** An Elimination Period is similar to a deductible. It is the number of days of covered care that you must pay for before your coverage begins to pay benefits. Choose an Elimination Period of either:

- 30 days
- 90 days
- 180 days<sup>5</sup>
- 365 days<sup>5,6</sup>

For an additional premium, you may select a rider which removes the requirement of an Elimination Period for Home and Community Care<sup>7</sup> Coverage. (See the Optional Riders section of this brochure for more details.)

**You only have to satisfy your Elimination Period once, for the life of your coverage.**

<sup>4</sup> In Georgia your Elimination Period for home care is never more than 60 days.

<sup>5</sup> Not available in Georgia, South Dakota, Vermont.

<sup>6</sup> Not available with optional Waiver of Home Care Elimination Period Rider.

<sup>7</sup> Home Health and Community Care in Louisiana.

# YOUR PERSONAL CLASSIC SELECT WORKSHEET

	I N D I V I D U A L		S H A R E D
	CLIENT A Age _____	CLIENT B Age _____	CLIENT A Age _____ CLIENT B Age _____
<b>Daily Maximum</b> Choose your benefit in \$5 increments from: \$50 <sup>1</sup> - \$400 <small>1 \$60 minimum in Wisconsin . . . . .</small>	\$ _____ /day	\$ _____ /day	\$ _____ /day
<b>Benefit Multiplier</b> For the Individual Plan, choose: 730/2yrs. 1,095/3yrs. 1,460/4yrs. 1,825/5yrs. 2,190/6yrs. 2,920/8yrs. 3,650/10yrs. Unlimited <small>In Washington state, "Unlimited" is referred to as "Lifetime."</small> For the Shared Plan, choose: 1,460/4yrs. <sup>2</sup> 2,190/6yrs. 2,920/8yrs. 3,650/10yrs. 4,380/12yrs. 5,840/16yrs. 7,300/20yrs. <small>2 Not available in Arizona.</small>	X _____	X _____	X _____
<b>Personal Benefit Account</b> <small>(Daily Maximum x Benefit Multiplier) . . . . .</small>	\$ _____	\$ _____	\$ _____
<b>Elimination Period</b> Choose your number of Elimination Period days. . . . . <small>3 Not available in Georgia, South Dakota, Vermont.            4 Not available with Waiver of Home Care Elimination Period.</small>	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <sup>3</sup> <input type="checkbox"/> 365 <sup>3,4</sup>	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <sup>3</sup> <input type="checkbox"/> 365 <sup>3,4</sup>	<input type="checkbox"/> 30 <input type="checkbox"/> 90 <input type="checkbox"/> 180 <sup>3</sup> <input type="checkbox"/> 365 <sup>3,4</sup>
<b>Options &amp; Riders</b> Inflation Protection 5% Compound Benefit Increases . . . . . 5% Equal Benefit Increases <sup>5</sup> . . . . . None . . . . . Reduced (50%) Home Care <sup>6</sup> . . . . . Monthly Maximum <sup>7</sup> . . . . . Waiver of Home Care Elimination Period <sup>7,8</sup> . . . . . Survivorship Benefit 10 year <sup>9</sup> . . . . . 7 year . . . . . None . . . . . Restoration of Benefits (unavailable with Unlimited) . . . . . Nonforfeiture Benefit . . . . . <small>5 Not available in Idaho, Delaware, Wisconsin.            6 Not available in Rhode Island.            7 Cannot be combined with the Reduced Home Care.            8 Cannot be combined with 365 Elimination Period.            9 Not available in Oregon, Washington state.</small>	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> 10 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> 10 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> 5% Compound <input type="checkbox"/> 5% Equal <input type="checkbox"/> None N/A <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> 10 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> None <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Discounts</b>	<input type="checkbox"/> Preferred Health <input type="checkbox"/> Couples	<input type="checkbox"/> Preferred Health <input type="checkbox"/> Couples	<input type="checkbox"/> Client A Preferred Health <input type="checkbox"/> Client B Preferred Health
<b>Annual Premium (Annual Mode)</b> <small>(<input type="checkbox"/> Standard    <input type="checkbox"/> Pay to 65<sup>10</sup>    <input type="checkbox"/> 10 Pay<sup>10</sup>) . . . . .</small> <b>Modes/Factors</b> <input type="checkbox"/> Annual (1.0) <input type="checkbox"/> Semi-annual (.51) <input type="checkbox"/> Quarterly (.26) <input type="checkbox"/> Monthly (.09) . . . . . <b>Modal Premium</b> <small>(Annual Premium x Mode Factor) . . . . .</small> <b>Number of Premium Payments per Year</b> <small>(1, 2, 4 or 12) . . . . .</small> <b>Annual Total of Modal Premiums</b> . . . . . <small><sup>10</sup> Not available with shared benefit coverage and            not available in Missouri, Oregon, Tennessee.</small>	\$ _____  X _____  = \$ _____  X _____  = \$ _____	\$ _____  X _____  = \$ _____  X _____  = \$ _____	Client A: \$ _____ Client B: \$ _____ Total: \$ _____  X _____  = \$ _____  X _____  = \$ _____

## 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).
- Provided without a charge, whether by a provider, or by a Veteran's Administration or other government facility.<sup>1</sup>
- Provided outside the United States, its territories and possessions.
- Resulting from alcoholism, drug or narcotic addiction, unless they occur as a result of administration of these substances under the written instruction of a doctor.<sup>2</sup>
- Resulting from war or any act of war, intentionally self-inflicted injury or attempted suicide.<sup>3</sup>
- In New Jersey, when provided by any government program (except Medicare and Medicaid) or any state or federal Workers' Compensation, Employers' Liability or occupational disease law.

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*Be sure to review the accompanying Outline of Coverage for definitions and more details of this policy and its features. This brochure is only a summary of coverage. Policy terms and provisions will prevail. Coverage is provided under policy form series 7042 (7042ID in Idaho, 7042LA in Louisiana, 7042NC in North Carolina, 7042VT in Vermont). Missouri residents may obtain a Guide to Long Term Care Insurance from the Department of Insurance, Consumer Hotline Number: 1-800-726-7390. All applications are subject to the underwriting requirements of General Electric Capital Assurance Company.*

**Non-Duplication** We will reimburse only for covered expenses that are in excess of what Medicare or other governmental health care programs or laws (except Medicaid) pay.<sup>4</sup> Deductibles and coinsurance expenses under Medicare are also excluded from coverage.

**Other Coverage with Us<sup>5</sup>** If you have multiple policies with us, we will reduce benefits under this policy if the combined benefits under all policies with us exceed 100% of the expenses you actually incur for covered care.

<sup>1</sup> In Colorado this exclusion does not apply to charges made under Medicaid. This exclusion is not applicable in South Carolina.

<sup>2</sup> In Louisiana, for alcoholism, drug or narcotic addiction, unless resulting from administration of these substances under the written instruction of a doctor. In South Dakota, limited to the treatment of alcoholism or drug addiction. In South Carolina, to the extent they are for your alcoholism or drug addiction.

<sup>3</sup> War or act of war is excluded in Oklahoma only when the loss originates while serving in the military or any auxiliary unit thereto. In Missouri, intentionally self-inflicted injury or attempted suicide is excluded only while sane.

<sup>4</sup> In New Jersey, benefits will be paid only for covered expenses in excess of the amount paid or payable under Medicare.

<sup>5</sup> This provision does not apply in Georgia, New Hampshire, New Jersey, North Carolina, North Dakota, South Carolina.



Classic Select  
is underwritten by  
General Electric Capital  
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Long Term Care  
Insurance Division  
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