Learn about long term care insurance

1. What is long term care insurance?

Long term care insurance is designed to help you pay for the care you may need if you are chronically ill. That could include:

- Help with some of the everyday activities we often take for granted (like eating, bathing or dressing)
- Nursing home or assisted living facility fees
- Benefits that can help you receive care in your own home

2. What's the difference between long term care and long term disability insurance?

People often confuse long term care insurance with long term disability insurance.

- **Long term disability coverage** provides income protection to help you cover daily expenses such as rent, utilities, and food. It is not intended to pay for your care if you have a long term care situation.
- **Long term care insurance** is not medical insurance. It will not cover doctor visits, hospital costs, pharmacy costs or any other cost to treat an injury or illness.

3. What does long term insurance cover?

Long term care insurance covers care received in a nursing or assisted living facility, at home, or in community settings like adult day care centers.

The plan also has features that may help you stay in your own home, such as benefits that help reimburse the costs for informal care, home modifications, caregiver training and in home monitoring systems, as well as a respite care benefit.

4. Who should consider long term care insurance?

Regardless of age, anyone could suddenly be in a situation where long term care services are needed. A broken bone, a chronic disease, or a cognitive impairment such
as Alzheimer’s disease could mean months or even years of ongoing care. Long term care insurance is specifically designed to help pay for this kind of care.

5. Is long term care insurance affordable?

The cost of long term insurance varies depending on your age and the options you choose. Many people find the group premiums more affordable than expected.

6. Should I wait until I'm older to buy it?

Long term care insurance premiums are based on your age when you apply. Typically, the younger you are, the lower your premiums will be.

People tend to associate long term care with older age, but an accident or illness requiring long term care services could happen at any time. Enrolling in long term care now can help ensure you’re covered for the unexpected.

Learn about eligibility for long term care insurance

7. Who is eligible to apply for coverage?

The long term care insurance program is available to:

- Benefits-eligible employees who are actively at work
- Retirees who are between the ages of 18 and 75
- Family members of an eligible employee or retiree who are between the ages of 18 and 75, including:
  - Spouses or Domestic Partners
  - Adult children
  - Siblings
  - Parents, parents-in-law, step parents, step parents-in-law
  - Grandparents, grandparents-in-law, step grandparents and step grandparents-in-law

All applicants must maintain a permanent US residence and have a valid Social Security number or Tax Identification number.
8. **What coverage choices do I have under this plan and how do I learn more about the program?**

For information about coverage options under this plan:

Visit the Genworth Life Insurance Company website. Go to:

- [www.genworth.com/groupltc](http://www.genworth.com/groupltc)
- Enter the Group ID: **Princeton**
- Enter the Code: groupltc

The website has interactive tools to provide you with more information about long term care insurance, and to help you understand the coverage options that are available, or call **1-800-416-3624** toll free to speak to a Genworth program expert, or order a printed information kit that contains full details of the program including important disclosures as well as applications you can fill out, sign and mail.

9. **When can I enroll in the long term care program?**

The following underwriting requirements will apply during the initial enrollment:

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<td>• Benefits-eligible new hires and newly benefits-eligible employees</td>
<td>Modified Guarantee Issue Comprehensive</td>
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<td>up to and including age 65 during the first 31 days of your hire date</td>
<td>• Two question form</td>
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<td>or becoming newly eligible for benefits</td>
<td>• Height/weight parameters</td>
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<td>• Eligible employees and new hires ages 66 and above during initial</td>
<td>• Pre-existing Conditions Limitation applies</td>
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<td>• Retirees under age 76</td>
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<td>• Spouses/domestic partners of employees ages 18 through 75 during initial</td>
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<td>• Full medical underwriting which may include:</td>
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<td>• Paramedical exam</td>
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<td>• Functional/Cognitive assessment</td>
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<td>• Phone health interview</td>
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For information or to receive an application, go to:

- [www.genworth.com/groupltc](http://www.genworth.com/groupltc)
- Enter the group ID: Princeton
- Enter the code: groupltc

Or simply call 1-800-416-3624 toll free, to speak with a Genworth program expert, or order a printed information kit that contains full details of the program including important disclosures as well as applications you can fill out, sign and mail.

Newly-hired eligible full-time employees 65 and younger have 31 days to enroll in the plan after they become eligible on date of hire to take advantage of this streamlined application process.

Employees who are age 66 and older will need to go through full underwriting.

Spouses and domestic partners of a newly hired eligible full-time employee between the ages of 18 and 75 can apply with full underwriting.

All other eligible individuals, (parents, parents-in-law, grandparents, grandparents-in-law, siblings and adult children) can apply any time, with full underwriting.

10. **What happens to my coverage if I leave Princeton University?**

If you leave Princeton University you can still continue your long term care coverage as long as you pay your premiums on time.

11. **Do I have to apply in order for my spouse or domestic partner, parents or other family members to get coverage?**

Even if you decide not to apply, your eligible family members can still apply for this program.

12. **If age 75 is the oldest age for a family member to apply for this program, does that mean the program ends when I (or they) reach age 76?**
No. This program will continue as long as you continue to pay your premiums, or when your pool of benefits (Total Coverage Amount) is exhausted.

13. Can I apply for coverage any time after the initial enrollment period and if so, will I have to go through full underwriting?

Yes, after the initial enrollment period, an eligible employee or family member can apply at any time for coverage and will be required to go through full medical underwriting and complete a long form application.

14. Will my Group Long Term Care insurance plan pay for care provided by family members, friends, neighbors, etc.? If so, how much will it pay for?

When you become eligible to receive benefits, your plan will pay for a limited amount each year for care provided by “informal caregivers” such as family members (who do not live with the insured), friends, neighbors, etc. via the Informal Care Benefit only. This Informal Care Benefit will pay each year for informal care provided in accordance with your plan of care.

15. What happens if I miss a premium payment or can’t pay the full amount?

If you are not able to pay your full premiums on time:

- There is an initial grace period of 31 days. If your premium has not been paid by the end of that period, you will receive notice explaining that a payment was missed and your coverage is in danger of lapsing. The notice will provide an additional 35 days to pay the unpaid premium beginning on the date the notice is mailed.
- If you have designated someone else to receive notification in the event your payment has lapsed, her/she will also receive this notice.
- As long as Genworth receives your payment within the timeframe above, your coverage will continue without any lapse.
- If Genworth does not receive your payment within the timeframe above, your coverage will be terminated, as of the date your premium was originally due.

16. As a new hire, is there a waiting period before this plan is effective?
You need to be actively at work for at least 30 days before coverage can go into effect. You can apply before the 30 day wait period is over, but your coverage won’t become effective until after the 30 day requirement is met.

17. How long do I need to pay my premiums?

You will continue to pay your premiums as long as you want to keep your insurance in force. Genworth will stop billing you if your coverage lapses or if you exhaust the benefits available under the plan.

Learn more specifics about long term care insurance

18. Can premiums go up in the future? If so, under what circumstances?

No insurance company can guarantee that premiums will never increase. Genworth Life Insurance Company has priced this coverage conservatively to help avoid future rate increases; however, it does retain the right to raise premiums in the future. Such an increase would have to be reviewed and approved by the New Jersey Insurance Department, and it would have to be for an entire class of individuals, not for you as an individual. You cannot be singled out for a rate increase and your premiums will never be increased based on your age, claim or health status.

19. Once I’m receiving benefits under the plan, do I continue to pay premiums?

No. Premium payments will be waived while you are receiving benefits under the Nursing Facility or Assisted Living Facility Benefit, Bed Reservation Benefit, Home and Community Care Benefit or Hospice Care Benefit.

20. When will this program start to pay benefits?

Benefits become payable under this program when:

- You need help with at least two “activities of daily living” and will likely need it for at least 90 days, OR
- You are diagnosed with a cognitive impairment that requires supervision, AND
- A medically licensed healthcare professional certifies that your condition qualifies you maintaining:
The activities of daily living that are eating, dressing, continence, transferring, bathing and toileting

In addition, the elimination period (also known as a “waiting period”) must be satisfied, and you must be receiving covered services under a plan of care.

21. What is an “elimination or waiting period” and how does it work for this program?

Once you qualify for benefits, a “waiting period” of 90 calendar days starts on the first day you receive care and continues for 90 calendar days while you remain chronically ill. You are not required to receive services during these 90 days. Once the elimination period is satisfied, benefits for covered services become payable.

22. Can I cancel my coverage at any time?

Yes, you can cancel your coverage at any time by notifying Genworth in writing.