



Genworth Life & Annuity  
 Genworth Life  
 Genworth Life of New York  
 Attn: LTCI Claims  
 P.O. Box 40007

Lynchburg, VA 24506-9939  
 Fax No.: 888 557.5526 ("Attn: Claims")  
 Phone No.: 800 876.4582 (Non-NY)  
 888 557.5529 (NY)

Online Submission:  
 Once completed, this form may be submitted  
 to us by uploading at  
[Genworth.com/ProviderDocumentUpload](http://Genworth.com/ProviderDocumentUpload)

# Confinement Form

from Genworth Life and Annuity Insurance Company,  
 Genworth Life Insurance Company,  
 and Genworth Life Insurance Company of New York†

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**Resident's Full Name:** .....

**Claim Number:** .....

**Facility Name:** .....

**Provider Number:** .....

We are providing benefits on behalf of the above-referenced resident (hereafter referred to as "the Resident"), based on residency in your facility. Please complete this form, and return it to us by the 5<sup>th</sup> of each month.

Laws in your state may make it a crime to fill out this form with information you know is false or to omit important fact. Criminal and/or civil penalties can result. For your protection, the state of New York laws require that we provide you with the following statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

## Facility Information

▶ What **type of facility** did the resident listed above reside in during \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)?  
 Skilled Nursing     Assisted Living/Residential Care     Dementia/Memory Care     Independent Living  
 Other (Explain): .....

## Confinement / Overnight Absence Information for \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

▶ Did the resident listed above have **any overnight absences** during \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)?  
 Yes     No\*    \*If answering "No", proceed to **Signature and Date**

[1<sup>st</sup>] **Overnight Absence Begin Date:** .....

**Reason for Overnight Absence:**  Hospital Stay     Other     The Resident Passed Away On: .....

**Bed-Hold (if applicable):** **From:** ..... **To:** .....

**Bed-Hold Charge (if applicable):** \$ ..... [per day]    [If No Bed-hold] **Date of Last Charge:** .....

**Resident Return (to Facility) Date:** .....

**(Skilled Nursing Facilities ONLY)** Has **Medicare** covered any charges following the Resident's return to your facility?  
 Yes     No     Not applicable

If "Yes", when did **Private Pay** begin? : .....    \* \* Please fax **UB04** once available \* \*

[2<sup>nd</sup>] **Overnight Absence Begin Date:** .....

**Reason for Overnight Absence:**  Hospital Stay     Other     The Resident Passed Away On: .....

**Bed-Hold (if applicable):** **From:** ..... **To:** .....

**Bed-Hold Charge (if applicable):** \$ ..... [per day]    [If No Bed-hold] **Date of Last Charge:** .....

**Resident Return (to Facility) Date:** .....

**(Skilled Nursing Facilities ONLY)** Has **Medicare** covered any charges following the Resident's return to your facility?  
 Yes     No     Not applicable

If "Yes", when did **Private Pay** begin? : .....    \* \* Please fax **UB04** once available \* \*

## Signature and Date (Please see the "State Fraud Notices" section on page 2 for additional information)

**SIGN HERE** ▶ **Signature X** ..... **Date:** .....

Print Name: ..... Title: .....

For California residents, please review our [Notice at Collection](#) (also at [Genworth.com/ccpa](http://Genworth.com/ccpa)) to understand how we collect, use, and disclose your personal information.

**State Fraud Notices – For your protection, some states' laws require that we provide you with the following statements:**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires that we provide you with following information: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires that we provide you with the following information: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regards to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) dollars and not more than ten thousand (\$10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are [sic] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**All other states:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.