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# Assignment of Long Term Care Insurance



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

Page 1 of 3

**Insured's Name:** .....

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

- Benefit payments may be assigned to a Long Term Care facility or home care agency
- All sections of this form must be completed in full to authorize the Assignment of Benefits to a facility or home care agency.
- I acknowledge that only one Assignment of Benefit can be in place at a time. I understand that this form does not, by itself, withdraw any previously established Assignment of Benefits.
- I understand that I am responsible for informing any previous Assignee(s) of my decision to terminate that previous assignment of benefits.

## I. Facility/Agency Information

Complete this section with the details for the facility or home care agency to whom benefits should be paid.

**Section II must be completed, and a signature of authorized individual must be provided in Section III.**

Provide Payment Address and Phone info only if the billing contact differs from the Facility/Agency Address and Phone number provided.

Facility/Agency Name	Tax Identification Number	
.....	.....	
Facility/Agency Address	Facility/Agency Phone	
.....	.....	
City	State	Zip Code
.....	.....	.....
Payment Address	Payment Phone	
.....	.....	
City	State	Zip Code
.....	.....	.....

## II. Substitute Form W-9 (an official Form W-9 with instruction is available upon request)

If you are not a U.S. citizen or other U.S. person, do not complete this section. You must provide an IRS Form W-8BEN (individual), W-8BEN-E (nonindividual), or another applicable IRS form to document your foreign status.

You must cross out item 2, if you have been notified by the IRS that you are currently subject to backup with-holding because of a failure to report all interest and dividends on your tax return.

The Foreign Account Tax Compliance Act (FATCA) is a Federal tax regulation that extends existing reporting requirements to require Foreign Financial Institutions to comply with IRS request of withholding and reporting on US and unidentified account holders.

IRS regulations require certification of FATCA exemption. FATCA codes apply to certain entities, not individuals.

Social Security Number or Employer Identification Number

.....

Check the appropriate box for federal tax classification:

- Individual/Sole Proprietor     C Corporation     S Corporation Partnership     Trust/Estate  
 Limited Liability Company

Enter the tax classification (C= C Corporation, S= S Corporation, P= Partnership) .....

Other (see Form W-9 instructions): .....

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because:
  - (a) I am exempt from backup withholding, or
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
  - (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA Reporting is correct.

### III. Facility/Agency Authorization

By signing the below, you confirm accuracy of information provided in Section II and acknowledge the Insured's request for the Assignment of Long Term Care Benefits and understand that Benefit payments will be made directly to you.

#### Signature of Facility/Agency Representative



X.....

Print Name of Facility/Agency Representative

.....

Date

Job Title

.....

### IV. Insured Acknowledgement and Signature

The Genworth companies listed at the top of page 1 are referred to as "the Company" in this section.

I hereby authorize payment of any benefits under my Long Term Care contract to be made directly to the long term care provider listed above.

I certify and agree that:

1. I am the insured or the insured's legal representative (as indicated below) authorized to assign my rights to receive payment of benefits or priority in payment of benefits.
2. I am financially responsible for any charges for Long Term Care which are not covered by my Long Term Care Insurance or are in excess of its benefit limitations.
3. I have the right to request, in writing, that this Assignment of Insurance Benefits be cancelled and I am responsible for notifying the above identified care provider in advance and providing that notification to the Company.
4. I will indemnify and hold harmless the Company for payments made to this long term care provider in good faith while the Company has reason to believe this assignment remains in effect.
5. I understand that my contract may have specific payment requirements after I pass away (for example: payment to my estate), and that no guarantee is made that the provider will be paid directly after that time.

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 penalty 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.

Please see the "State Fraud Notices" section on page 3 for additional information.

#### Signature of Insured or Legal Representative



X.....

Print Name of Insured or Legal Representative

.....

Date

.....

If you are signing as a fiduciary or representative, you must sign in that capacity and, if you have not already done so, provide documentation of authority.

**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 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.