

SERFF Tracking Number: AEGD-125835315 State: Arkansas
Filing Company: Transamerica Life Insurance Co. State Tracking Number: 40391
Company Tracking Number: 1-011 06-101
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Waiver Provision Rider
Project Name/Number: Waiver Provision Rider/1-011 06-101

Filing at a Glance

Company: Transamerica Life Insurance Co.

Product Name: Waiver Provision Rider

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGD-125835315 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40391

Co Tr Num: 1-011 06-101

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Kathie Allen

Disposition Date: 10/02/2008

Date Submitted: 09/26/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Waiver Provision Rider

Project Number: 1-011 06-101

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Form 1-011 06-101 -- Waiver Provision Rider

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/09/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We have enclosed the above-referenced rider for your review and approval. It is identical to and was initially approved by your Department for use by Transamerica Occidental Life Insurance Company on February 12, 2001. This is a new form for Transamerica Life Insurance Company that does not replace any form(s) previously approved by your Department.

Waiver Provision Rider 1-011 06-101: We will waive the monthly deductions due under the policy (including any other

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riders) during the insured's total disability that occurs prior to the policy anniversary at age 60. This rider will be available for issue ages up to 55 and will terminate on the policy anniversary on or following the insured's 60th birthday, unless the insured is disabled at that time. If the insured is disabled on his/her 60th birthday, the rider benefits will continue until the earlier of recovery or termination of the policy.

Company and Contact

Filing Contact Information

Kathie Allen, Senior Analyst kathie.allen@transamerica.com
 1150 S. Olive St. (213) 742-4433 [Phone]
 Los Angeles, CA 90015 (213) 741-5839[FAX]

Filing Company Information

Transamerica Life Insurance Co. CoCode: 86231 State of Domicile: Iowa
 Contract Development T-03-06 Group Code: 468 Company Type:
 1150 S. Olive St.
 Los Angeles, CA 90015 Group Name: State ID Number:
 (213) 742-2241 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Arkansas charges a filing fee of \$25.00 for a rider.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Co.	\$20.00	09/26/2008	22762824

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/02/2008	10/02/2008

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Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Bulletin 11-83 Certification		Yes
Supporting Document	Actuarial Memorandum		No
Form	Waiver Provision Rider		Yes

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Form Schedule

Lead Form Number: 1-011 06-101

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1-011 06-101	Policy/Cont Waiver Provision ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	1-011 06-101.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

WAIVER PROVISION RIDER

Transamerica Life Insurance Company has issued this rider as a part of the policy to which it is attached.

Waiver Benefit -- We will waive each monthly deduction due immediately on or after age 10 of the insured during the insured's total disability. This deduction (referred to as "such deduction") is described in the Monthly Deductions provision of the policy. The waiver is subject to the provisions of this rider.

While monthly deductions are being waived under this benefit, premium payments are not required.

Any monthly deduction eligible for waiver under this rider that is taken before we approve a claim will be credited to the accumulation value of the policy. This credit will be treated as a new net premium. We will credit the accumulation value as of the date of notice of claim or the date at the end of the first six months of such disability, whichever is later. If that date is not a valuation date, we will credit the accumulation value on the next valuation date.

Total Disability -- Disability will be total when the insured becomes so disabled by injury or disease that first manifests itself after the date this rider is signed by us, as to be unable to perform substantially all of the material duties of any gainful work for which the insured is, or becomes, fitted by reason of education, training or experience. If the occupation of the insured is, or becomes, that of a student, "any gainful work" will include going to school. The total loss of sight of both eyes, or of the use of both hands, both feet or one hand and one foot, will be presumed total disability while such total loss continues. Total disability is called "such disability" in this rider.

The beginning of such disability will be the beginning of the disability that totally disables the insured for not less than six months. In no event will such disability be considered to have begun more than one year before the date due proof of such disability is received by us.

Age Limitations -- No waiver will be allowed under this rider during any period of disability before the insured's 10th birthday. If such disability continues beyond the insured's 10th birthday, we will waive each such deduction due after that birthday and during such disability. No waiver will be allowed under this rider if such disability begins after the policy anniversary nearest age 60 of the insured.

Exclusion from Coverage -- No benefits will be allowed under this rider if such disability results directly or indirectly from:

1. Intentionally self-inflicted injury.
2. Participation in insurrection.
3. War, declared or undeclared, or any act of war.

Automatic Termination -- This rider will automatically terminate:

1. If the policy is surrendered.
2. If the policy lapses.
3. At the policy anniversary nearest age 60 of the insured, subject to any claims under this rider.

Notice and Proof of Disability -- Written notice of such disability must be given to us at our home office while the insured is living and while such disability continues. Failure to give such notice will not invalidate any claim if such notice was given as soon as was reasonably possible. Due proof of such disability must be given to us at our home office. Although proof of such disability may have been accepted by us as satisfactory, the insured must, at any time when we request it, furnish due proof of the continuance of such disability. At our option, such proof may include an examination of the insured by a medical examiner chosen by us. Such proof will not be required by us more than once each year after such disability has continued for two full years.

Recovery from Disability -- The benefits provided by this rider will end:

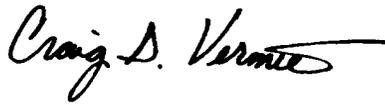
1. If the insured fails to give us any due proof, or refuses to submit to a requested medical examination.
2. If the insured is no longer totally disabled.

Cancellation -- Upon written request by the owner, this rider may be cancelled on any monthly policy date.

No Dividends are Payable -- This rider does not participate in our profits or surplus.

Consideration -- We have issued this rider in consideration of the application and payment of the initial premium shown in the Policy Data. A copy of the application is attached to the policy. Monthly deductions for this rider are based on the rates shown in the Policy Data and are payable as provided in the policy, except that when this rider terminates, such monthly deductions will no longer be payable.

Signed for the Company at Cedar Rapids, Iowa on the date of issue of the policy, unless a different date is shown here.



Secretary



President

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/26/2008

Comments:

Regulation 49 and the Consumer Information Notice do not apply to this filing because it is a rider, not a policy.

Attachments:

Regulation 19 Certification.pdf

Certification of Readability.pdf

Review Status:

Satisfied -Name: Bulletin 11-83 Certification 09/26/2008

Comments:

Attachment:

Bulletin 11-83 Certification.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

REGULATION 19 CERTIFICATION

Rider Form: 1-011 06-101

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



Fred Alvarado, Manager
Contract Development

09/26/08
Date



Cheryl Bock
Assistant Vice President

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

ARKANSAS CERTIFICATION OF READABILITY

This is to certify that the attached life insurance forms have each achieved a Flesch Reading Ease Score as shown.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
1-011 06-101	Waiver Provision Rider	52.4

and each form complies with the requirements of Arkansas Statutes Annotated Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Fred Alvarado, Manager
Contract Development

09/26/08
Date



Cheryl Bock
Assistant Vice President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

BULLETIN 11-83 CERTIFICATION

Rider Form: 1-011 06-101

We agree that all premium rates and/or cost bases (both "maximum" and "current or projected") used in relation to the above captioned policy form numbers will be filed with the Insurance Commissioner of the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.



Fred Alvarado, Manager
Contract Development

09/26/08

Date



Cheryl Bock
Assistant Vice President