

SERFF Tracking Number: AEGJ-125799440 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40132
Company Tracking Number: TLC PDN (AR) 708
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: TLIC AR Partnership Filing
Project Name/Number: /

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLIC AR Partnership Filing SERFF Tr Num: AEGJ-125799440 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40132
Sub-TOI: LTC03I.003 Other Co Tr Num: TLC PDN (AR) 708 State Status: Filed-Closed
Filing Type: Form Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Author: Laura Aleman Disposition Date: 10/23/2008
Date Submitted: 09/02/2008 Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: This is a state specific filing due to regulatory changes in regards to the Arkansas Long-Term Care Insurance Partnership Program.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/23/2008
State Status Changed: 10/23/2008
Corresponding Filing Tracking Number:
Filing Description:
September 2, 2008

Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Honorable Julie Bowman
Arkansas Insurance Department

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1200 W. Third Street
Little Rock, AR 72201

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC# 86231, FEIN# 39-0989781

Individual Long Term Care Insurance Forms Filing – DRA Partnership filing

New Form Numbers Description

TLC PDN (AR) 708 Policy Disclosure Form

TLC PPN (AR) 708 Solicitation Disclosure Form

To Be Used With Approved Policy Forms

TLC 1-GP 1001 General Provisions

TLC 1-COC 1001 Continuation of Coverage

TLC 1-C 1001 Claims Information

TLC 1-GEL 1001 General Exclusions and Limitations

TLC 1-GD 1001 General Definitions

TLC 1-NHD 1001 Nursing Home Definition

TLC 1-MPCD 1001 Maintenance or Personal Care Services Definition

TLC 1-HCD 1001 Home Health Care Definition

TLC 1-HCAD 1001 Home Health Care Agency Definition

TLC 1-ADCD 1001 Adult Day Care Definition

TLC 1-ADCCD 1001 Adult Day Care Center Definition

TLC 1-ED 1001 Eligibility Definition

TLC 1-BE 1001 Benefit Eligibility

TLC 1-GBI 1001 General Benefit Information

TLC 1-NH 1001 Nursing Home Benefit including Bed Reservation

TLC 1-PDNH 1001 Prescription Drug Benefit in a Nursing Home

TLC 1-NIPO 1001 Nursing Home Indemnity Payment Option

TLC 1-AB 1001 Ambulance Benefit

TLC 1-NROB 402 Restoration of Nursing Home Benefits

TLC 1-HHAD 1001 Home Health Care and Adult Day Care Benefits

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TLC 1-HC 1001 Hospice Care Benefit
TLC 1-RC (AR) 1001 Respite Care Benefit
TLC 1-TDB (AR) 1001 Therapeutic Device Benefit
TLC 1-HMB (AR) 1001 Home Modification Benefit
TLC 1-MASB (AR) 1001 Medical Alert System Benefit
TLC 1-CTB (AR) 1001 Caregiver Training Benefit
TLC 1-PA (AR) 1001 Patient Advocacy and Medication Management Benefits
TLC 1-MHC (AR) 1001 Monthly Home Care Benefit
TLC 1-APB 1001 Alternative Payment Benefit
TLC 1-FROB 402 Full Restoration of Benefits
TLC 1-WPB (AR) 1001 Waiver of Premium Benefit
TLC 1-JWP (AR) 1001 Joint Waiver of Premium Benefit
TLC 1-LWP 1001 Lifetime Waiver of Premium Benefit
TLC 1-SSWP 1001 Spouse Survivorship – Waiver of Premium
TLC 1-SWP 1001 Survivorship – Waiver of Premium
TLC 1-SBIO 1001 Simple Benefit Increase Option
TLC 1-CBIO 1001 Compound Benefit Increase Option
TLC 1-SRBIO 1001 Step-Rated Compound Benefit Increase Option
TLC 1-DBIO 1001 Deferred Benefit Increase Option
TLC 1-GPO 1001 Guaranteed Purchase Option
TLC 1-PUP 1001 Paid-Up Provision
TLC 1-RG 1001 Rate Guarantee
-Approved on August 20, 2002

TLC 1-DPE 0102 Domestic Partner Endorsement
-Approved on November 22, 2002

TLC 1-ROP 1001 Return of Premium Benefit
TLC 1-FROP 1001 Full Return of Premium Benefit
TLC 1-NFB 1001 Nonforfeiture Benefit – Shortened Benefit Period
TLC 1-CP 1001 Cancellation Provision
TLC 1- CCB (AR) 104 Care Coordination Benefit

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-Approved on March 17, 2004

TLC 1-FP (AR) 206 Face Page

-Approved on May 30, 2006

TLC 1-TC 708 Table of Contents

TLC 1-S (AR) 708 Schedule Page

TLC 1-EPT (AR) 708 Effective Date, Premium Payment, Right to Reduce Benefits and
New Coverage Offer Provisions

TLC 1-ALFD 708 Assisted Living Facility Definition

TLC 1-ALF 708 Assisted Living Facility Benefit

TLC 1-CNFB-LP-45 1207 Contingent Nonforfeiture Benefit and Reduced Paid-Up
Contingent Nonforfeiture Benefit

-Approved on August 29, 2008 under State Tracking # 39803

(SERFF Tracking # AEGJ-125755497)

Dear Commissioner Bowman:

Enclosed for your formal review and approval are the above referenced forms. These forms are new and are not intended to replace any existing forms approved by your Department.

TLC 1-PDN (AR) 708 is the required Policy Disclosure Form for Partnership policies. It will be used with previously approved policy form TLC 1-FP (AR) 206, et al. This form will be attached to the face page of the policy itself when mailed.

TLC PPN (AR) 708 is the required Solicitation Disclosure Form. This form will be distributed by agents when soliciting, negotiating or offering to sell a policy that is intended to qualify as a partnership policy.

Also enclosed is the required Partnership certification.

Please be advised that the following inflation protection options will be used in Arkansas with Partnership Policies:

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For Issue Ages under 61:

TLC 1-CBIO 1001 Compound Benefit Increase Option

(On this option the insured may not select that the inflation protection be paid up to a maximum multiple. The insured may select the 3% or 5% compound option)

For Issue Ages 61 through 75:

1. TLC 1-CBIO 1001 Compound Benefit Increase Option

(On this option the insured may not select that the inflation protection be paid up to a maximum multiple. The insured may select the 3% or 5% compound option)

OR

2. TLC 1-SBIO 1001 Simple Benefit Increase Option

(On this option the insured may not select that the inflation protection be paid up to a maximum multiple. The insured may select the 3% or 5% compound option)

OR

3. TLC 1-SRBIO 1001 Step-Rated Compound Benefit Increase Option

(On this option the insured will receive a Benefit Increase Percentage of 5% along with a Premium Increase Percentage of 5% every year.)

For Issue Ages 76 and over:

There is no inflation protection requirement.

Your review and approval of this submission will be greatly appreciated. Please call me toll-free at 1-800-553-7600, extension 3353 if you should have any questions regarding this submission. My email address is LAleman@aegonusa.com.

Sincerely,

Laura Aleman, HIA
Senior Policy Analyst
Long Term Care Division

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Enclosures

Company and Contact

Filing Contact Information

Laura Aleman, Senior Policy Analyst LAlema@aegonusa.com
 P.O. Box 93007 (800) 553-7600 [Phone]
 Bedford, TX 76053-3007 (817) 285-3394[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
P O Box 93005	Group Code: 468	Company Type:
Hurst, TX 76053-3005	Group Name:	State ID Number:
(800) 553-7600 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$40.00
Retaliatory?	No
Fee Explanation:	\$20 per form X 2 forms = \$40
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$40.00	09/02/2008	22237674

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Marie Bennett Informational Purposes		10/23/2008	10/23/2008

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Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment: THE ATTACHED FORM ARE ACCEPTABLE FOR USE IN THE ARKANSAS PARTNERSHIP PROGRAM.

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		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Partnership Certification	Accepted for Informational Purposes	Yes
Form	Policy Disclosure Form	Accepted for Informational Purposes	Yes
Form	Solicitation Disclosure Form	Accepted for Informational Purposes	Yes

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Form Schedule

Lead Form Number: TLC PDN (AR) 708

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	TLC PDN (AR) 708	Other	Policy Disclosure Form	Initial		40	TLC PDN (AR) 708.pdf
Accepted for Information al Purposes	TLC PPN (AR) 708	Other	Solicitation Disclosure Form	Initial		40	TLC PPN (AR) 708.pdf



Home Office: Cedar Rapids, Iowa
Long Term Care Division
[P.O. Box 95302]
[Hurst, Texas 76053-5302]
[1-800-227-3740]

Policy Disclosure Form

Important Information Regarding Your Policy's Long-Term Care Insurance Partnership Status

This disclosure notice is issued in conjunction with your long-term care policy:

Some long-term care insurance policies sold in Arkansas qualify for the Arkansas Long-Term Care Insurance Partnership Program. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may be entitled to special treatment, and in particular an "Asset Disregard," under Arkansas's Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is **not** a Partnership Policy. **The purchase of a Partnership Policy does not automatically qualify you for Medicaid.**

Partnership Policy Status. Your long-term care insurance policy is intended to qualify as a Partnership Policy under the Arkansas Long-Term Care Partnership Program as of your Policy's effective date.

What Could Disqualify Your Policy as a Partnership Policy? If you make any changes to your policy, such changes could affect whether your policy continues to be a Partnership Policy. ***Before you make any changes, you should consult with Transamerica Life Insurance Company to determine the effect of a proposed change.*** In addition, if you move to a State that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that State. The information contained in this Notice is based on current State and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding your insurance policy please contact Transamerica Life Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

This form and all benefit statements received should be kept with your policy.

Solicitation Disclosure Form
Important Consumer Information Regarding the Arkansas Long-Term Care Insurance
Partnership Program

Some long-term care insurance policies sold in Arkansas may qualify for the Arkansas Long-Term Care Insurance Partnership Program (the Partnership Program). The Partnership Program is a partnership between state government and private insurance companies to assist individuals in planning their long-term care needs. Insurance companies voluntarily agree to participate in the Partnership Program by offering long-term care insurance coverage that meets certain State and Federal requirements. Long-term care insurance policies that qualify as Partnership Policies may protect the policyholder's assets through a feature known as "Asset Disregard" under Arkansas Medicaid program.

Asset Disregard means that an amount of the policyholder's assets equal to the amount of long-term care insurance benefits received under a qualified Partnership Policy will be disregarded for the purpose of determining the insured's eligibility for Medicaid. This generally allows a person to keep assets equal to the insurance benefits received under a qualified Partnership Policy without affecting the person's eligibility for Medicaid. All other Medicaid eligibility criteria will apply. Asset Disregard is not available under a long-term care insurance policy that is not a Partnership Policy. Therefore, you should consider whether Asset Disregard is important to you, and whether a Partnership Policy meets your needs. *The purchase of a Partnership Policy does not automatically qualify you for Medicaid.*

What are the Requirements for a Partnership Policy? In order for a policy to qualify as a Partnership Policy, it must, among other requirements:

- be issued to an individual after January 1, 2008;
- cover an individual who was an Arkansas resident when coverage first becomes effective under the policy;
- be a tax-qualified policy under Section 7702B(b) of the Internal Revenue Code of 1986;
- meet stringent consumer protection standards; and,
- must provide annual inflation protection for ages 75 and younger.

If you apply and are approved for long-term care insurance coverage, Transamerica Life Insurance Company will provide you with written documentation as to whether your policy qualifies as a Partnership Policy.

What Could Disqualify a Policy as a Partnership Policy? Certain types of changes to a Partnership Policy could affect whether such policy continues to be a Partnership Policy. If you purchase a Partnership Policy and later decide to make any changes, you should first consult with Transamerica Life Insurance Company to determine the effect of a proposed change. In addition, if you move to a state that does not maintain a Partnership Program or does not recognize your policy as a Partnership Policy, you would not receive beneficial treatment of your policy under the Medicaid program of that state. The information contained in this disclosure is based on the current Arkansas and Federal laws. These laws may be subject to change. Any change in law could reduce or eliminate the beneficial treatment of your policy under Arkansas's Medicaid program.

Additional Information. If you have questions regarding long-term care insurance policies please contact Transamerica Life Insurance Company. If you have questions regarding current laws governing Medicaid eligibility, you should contact the Arkansas Department of Human Services.

SERFF Tracking Number: *AEGJ-125799440* *State:* *Arkansas*
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Company Tracking Number: *TLC PDN (AR) 708*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.003 Other*
Product Name: *TLIC AR Partnership Filing*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/02/2008
Comments:
Attachment:
 Certification of Compliance.pdf

Review Status:

Satisfied -Name: Application 09/02/2008
Comments:
 This policy is currently used with the following applications:
 TLC 1-ABCAPP (AR) 303
 TLC 1-JABCAPP (AR) 303
 TLC 1-CAPP (AR) 303
 TLC 1-JCAPP (AR) 303
 which were approved on May 30, 2006

Review Status:

Bypassed -Name: Health - Actuarial Justification 09/02/2008
Bypass Reason: N/A Partnership Filing Only
Comments:

Review Status:

Satisfied -Name: Outline of Coverage 09/02/2008
Comments:
 This policy is currently used with Outline of Coverage Form TLC 1 (AR) 708 O/C which was approved on August 29, 2008 under State Tracking # 39803 (SERFF Tracking # AEGJ-125755497)

Review Status:

Satisfied -Name: LTC Partnership Certification Accepted for Informational Purposes 10/23/2008
Comments:
Attachment:
 Certification.PDF



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P O Box 95302
Hurst, Texas 76053-5302

CERTIFICATION OF COMPLIANCE

<u>New Form Numbers</u>	<u>Form Titles</u>	<u>Flesch Scores</u>
TLC 1-PDN (AR) 708	Policy Disclosure Form	40.2
TLC 1-PPN (AR) 708	Solicitation Disclosure Form	40.2

I hereby certify that to the best of my knowledge and belief the above form submission complies with the laws, rules and regulations of the State of Arkansas.

I also certify that the above form submission complies with all pertinent sections of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996.

I also certify that to the best of my knowledge and belief that this plan meets the requirements for and is eligible to be called a tax qualified plan.

I also certify that the above form submission complies with Rule and Regulation 19 regarding unfair sex discrimination. This submission meets the provisions of this rule.

I also certify that we provide the notices described in Rule and Regulation 49, ACA 23-79-139 and Bulletin 11-88.

I also certify compliance that the Flesch scores(s) for the form(s) indicated above are accurate and correct. Therefore, this filing meets the minimum reading ease score on the test used.



Signature of Officer or Counsel

Suzanne M. Schaake

Name (Typed or Printed)

Assistant Vice President & Director of Product Compliance

Title

09/02/08

Date

ISSUER CERTIFICATION FORM
(relating to Qualified State Long-Term Care Insurance Partnership)

In order to provide the Insurance Commissioner with information necessary to provide a certification for policies, this Issuer Certification Form requires information and a certification from issuers of long-term care insurance policies with respect to policy forms that may be covered under the Qualified Partnership of the State.

An insurance company may request certification of policies from time to time and, accordingly, may supplement this issuer certification form, *e.g.*, as it introduces new long-term care insurance policy forms for issuance.

I. GENERAL INFORMATION

A. Name, address and telephone number of issuer:

Transamerica Life Insurance Company
P.O. Box 95302
Hurst, Texas 76053-5302
(800) 227-3740

B. Name, address, telephone number, and email address (if available) of an employee of issuer who will be the contact person for information relating to this form:

Laura Aleman
C/O Transamerica Life Insurance Company
P.O. Box 95302
Hurst, Texas 76053-5302
(800) 553-7600 x3353
LAleman@aegonusa.com

C. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form (expand the space below as required):

TLC 1-FP (AR) 206, et al.

Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided upon request.

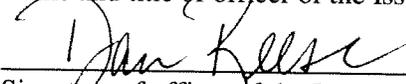
II. CERTIFICATIONS

- A. I hereby certify that the policy forms listed above are in compliance with Rule 13 and Rule 94 and all other Arkansas statutes and rules regarding long-term care insurance.
- B. I hereby certify to the best of my knowledge and belief that all producers who sell, solicit or negotiate long-term care insurance products on Transamerica Life Insurance Company's behalf have received the training required for Partnership policies and that they demonstrate an understanding of the policies and their relationship to public and private long-term care coverage.
- C. I hereby certify that the answers, accompanying documents, and other information set forth herein are, to the best of my knowledge and belief, true, correct, and complete.

09/02/08

Date

Dan Reese, Executive Vice President and Chief Legal Counsel
Name and title of officer of the Issuer


Signature of officer of the Issuer