

SERFF Tracking Number: AEGJ-125851226 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40538
Company Tracking Number: TLC PBR AR 1008
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: PBR
Project Name/Number: PBR/TLC PBR AR 1008

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: PBR SERFF Tr Num: AEGJ-125851226 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40538
Sub-TOI: LTC03I.001 Qualified Co Tr Num: TLC PBR AR 1008 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler
Authors: Joan Shumaker, Pamm Davis Disposition Date: 11/19/2008
Date Submitted: 10/10/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: PBR Status of Filing in Domicile: Not Filed
Project Number: TLC PBR AR 1008 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Advertising not required to be filed in Domicile.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 11/19/2008 Deemer Date:
State Status Changed: 11/19/2008
Corresponding Filing Tracking Number:
Filing Description:
Please see Cover Letter on Supporting Documentation tab.

Company and Contact

Filing Contact Information

Pamm Davis, Advertising Analyst Trainee pamdavis@aegonusa.com

SERFF Tracking Number: AEGJ-125851226 State: Arkansas
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Project Name/Number: PBR/TLC PBR AR 1008

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

SERFF Tracking Number: AEGJ-125851226 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25 per advertisement
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$25.00	10/10/2008	23113954

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/19/2008	11/19/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	11/10/2008	11/10/2008	Joan Shumaker	11/18/2008	11/18/2008

SERFF Tracking Number: *AEGJ-125851226* *State:* *Arkansas*
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Product Name: *PBR*
Project Name/Number: *PBR/TLC PBR AR 1008*

Disposition

Disposition Date: 11/19/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Variables	Accepted for Informational Purposes	Yes
Form (revised)	Sales Brochure	Filed	Yes
Form	Sales Brochure		Yes

SERFF Tracking Number: AEGJ-125851226 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/10/2008
Submitted Date 11/10/2008
Respond By Date 12/10/2008

Dear Pamm Davis,

This will acknowledge receipt of the captioned filing.

Page 4 - Home Modification paragraph - It appears that part of this paragraph was cut off by the black box at the bottom of the page. Also, just as an "FYI", there is a small typo in the first paragraph under "Your Care Coordinator".

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/18/2008
Submitted Date 11/18/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Pursuant to your 11/10/08 objection letter, we have made the following changes:

- 1) Page 4 has been corrected so that last line of the paragraph can be read; and,
- 2) The typo in the first paragraph under "Your Care Coordinator" has been corrected.

This should complete this filing and ready for final review.

Thanks,

Pamm

Changed Items:

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No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Sales Brochure	TLC PBR AR 1008		Advertising	Initial			TLC PBR AR 0608 11-13-08.pdf
Previous Version							
Sales Brochure	TLC PBR AR 1008		Advertising	Initial			TLC PBR AR 1008 filing.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Joan Shumaker, Pamm Davis

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Form Schedule

Lead Form Number: TLC PBR AR 1008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	TLC PBR AR 1008	Advertising	Sales Brochure	Initial			TLC PBR AR 0608 11-13-08.pdf

[TRANSCARESM]

A Plan Designed for a Changing FutureSM



 **TRANSAMERICA**
® LIFE INSURANCE COMPANY

TLC PBR AR 1008

LONG TERM CARE INSURANCE

Even the most carefully laid out financial plan can be negatively impacted by a long term care need. For this reason, Transamerica Life Insurance Company has designed an insurance plan to help protect you from the costs of long term care.

[TransCareSM] Long Term Care insurance provides you the flexibility to design an insurance plan that best fits your financial and personal needs. You can choose from a variety of benefit options to help protect you and your family.

QUALIFYING FOR BENEFITS

To qualify for benefits under [TransCareSM], we must receive a Plan of Care from a Licensed Health Care Practitioner (your Doctor, a registered nurse or a licensed social worker) who must certify within the last 12 months that:

You require assistance due to your inability to perform at least two Activities of Daily Living (ADLs) for a period expected to last at least 90 days due to a loss of functional capacity.

OR

You require continual supervision due to severe Cognitive Impairment.

Activities of Daily Living defined in your Policy are: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

Policy benefits are subject to the Benefit Eligibility requirements; the Elimination Period, if applicable; the Maximum Daily Benefit and the Maximum Benefit of the Policy. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination.

AVAILABLE SELECTIONS

MAXIMUM DAILY BENEFIT

You can select your Maximum Daily Benefit from a range of \$50 to \$400 per day. [TransCareSM] will pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving Long Term Care in a Nursing Home, an Assisted Living Facility, Home Health Care Services (Basic and Professional), Adult Day Care, Hospice Care or Respite Care.

MAXIMUM BENEFIT

Your Policy Maximum Benefit is the total amount payable while you are insured under the Policy. [TransCareSM] offers the following benefit periods:

- Two year
- Three year
- Four year
- Five year
- Six year
- Unlimited



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AND YOUR

Your Policy Maximum Benefit amount will equal the Maximum Daily Benefit multiplied by the benefit period you select multiplied by 365 days. For example: \$100 (Maximum Daily Benefit) x 2 years (benefit period) x 365 (days) = \$73,000.

ELIMINATION PERIOD

Your Nursing Home and Assisted Living Facility Elimination Period is the number of days you are responsible for paying the cost of Long Term Care services before your Policy begins to pay benefits. [TransCareSM] offers five Elimination Period options from which to choose:

- 0-day
- 30-day
- 60-day
- 90-day
- 180-day

The Elimination Period is cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.

0-DAY ELIMINATION PERIOD FOR HOME HEALTH CARE, ADULT DAY CARE AND ALTERNATIVE PAYMENT BENEFITS

[TransCareSM] has a built in 0-day Elimination Period for Home Health Care Services, Adult Day Care and the Alternative Payment Benefit - that means you are eligible for benefits from the first day you receive covered services. These benefits do not satisfy the Elimination Period that may apply to other benefits. First day coverage is contingent upon your qualifying for benefits and our receipt of the Plan of Care.

BENEFIT DESCRIPTIONS

ALTERNATIVE PAYMENT BENEFIT

You may choose the Alternative Payment Benefit, which pays a benefit equal to 10 times the Maximum Daily Benefit each month in lieu of all other benefits for care or services provided under the Policy. You may use this money any way you see fit. We must receive an updated Plan of Care at least once every 60 days. This benefit helps take freedom of choice one step further:

- **You can receive care by a family member**
- **You can receive care worldwide**

CARE COORDINATION

A VALUE-ADDED CONCEPT IN LONG TERM CARE SERVICE

Not surprisingly, the need for Long Term Care may come at a time of emotional stress for both you and your family. There are many questions to be answered and important decisions to be made, such as:

- › WHAT TYPE OF CARE DO I NEED?
- › WHERE DO I FIND A QUALIFIED PROVIDER?
- › HOW MUCH WILL THE SERVICES COST?
- › WHAT OTHER ALTERNATIVES ARE AVAILABLE?



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It's because of these and many other questions that [TransCareSM] includes a Care Coordination benefit. Although you do not have to use a Care Coordinator to receive benefits from the Policy, the Care Coordinator can work with you to help:

- ASSESS YOUR CARE NEEDS;
- ESTABLISH A PLAN OF CARE;
- MONITOR YOUR PROGRESS AND MAKE CHANGES TO THE PLAN OF CARE; AND
- PROVIDE A REFERRAL LIST OF CARE PROVIDERS FROM WHICH YOU MAY CHOOSE TO RECEIVE SERVICES, IF NEEDED.

Your Care Coordinator:

- IS A LICENSED HEALTH CARE PRACTITIONER;
- CONSIDERS FAMILY AND CAREGIVER CONCERNS;
- IS TRAINED IN SUCH AREAS AS GERIATRICS, REHABILITATION, SOCIAL AND HEALTH ASSESSMENTS;
- IS FAMILIAR WITH YOUR COMMUNITY AND THE VARIETY OF RESOURCES AND SERVICES AVAILABLE TO YOU LOCALLY; AND
- FOCUSES ON HELPING YOU IDENTIFY THE CARE YOU NEED.

For a Care Coordinator **contracted with us**, there will be no charge to you for the services of a Care Coordinator, for as long as you meet or are expected to meet the Benefit Eligibility provision. No amount will be deducted from your Maximum Benefit.

For a Care Coordinator **not contracted with us**, the Maximum Lifetime Care Coordination Benefit will be equal to 50 times the Maximum Daily Benefit. You must meet or be expected to meet the Benefit Eligibility provision. Benefit amounts paid will be deducted from your Maximum Benefit.

The following benefits are available at no additional premium when receiving the Care Coordination benefit using a Care Coordinator selected from our list (the Elimination Period does not apply to these benefits.):

RESPITE CARE

This benefit provides for temporary confinements in a Nursing Home, Assisted Living Facility, or care received in your Home, up to 30 days per calendar year, to allow your unpaid informal caregiver a vacation or rest. We will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for the covered services. Respite Care Benefits are not payable when other benefits are payable under the Policy, except for Care Coordination.

THERAPEUTIC DEVICE

We will pay the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for the rental or purchase of a Therapeutic Device to be used in your home. Therapeutic devices could include crutches, wheelchairs, hospital-style beds, infusion pumps, or respirators.

HOME MODIFICATION

We will pay the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for modifications to your Home. Examples of Home Modification include: ramps, grab bars or similar accessibility modifications. The Care Coordinator must approve the provider, labor, equipment and supplies. Approval from the company is also needed prior to any modification or installation.



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HELP

MEDICAL ALERT SYSTEM

We will pay the actual, out-of-pocket charges you incur, up to a maximum monthly amount equal to 50% of the Maximum Daily Benefit, to monitor, rent or purchase a Medical Alert System (the decision to purchase or rent is ours). The lifetime maximum is 50 times the Maximum Daily Benefit. Approval from the company is needed prior to any modification or installation.

CAREGIVER TRAINING BENEFIT

We will pay the actual, out-of-pocket charges you incur for you and your informal caregiver to receive Caregiver Training. We will pay this benefit up to a lifetime maximum equal to 10 times the Maximum Daily Benefit.

HOME HEALTH CARE AND ADULT DAY CARE BENEFITS

HOME HEALTH CARE

We will pay benefits for actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Professional and Basic Services provided in your Home.

PROFESSIONAL SERVICES

Include those provided by a Licensed: Registered Nurse, Practical Nurse, Vocational Nurse, Speech Therapist, Audiologist, Respiratory Therapist, Occupational Therapist, Physical Therapist, Chemotherapy Specialist or Nutritional Specialist.

BASIC SERVICES

Include those provided by: a home health aide, homemaker or companion. Basic Services must be provided by or through a Home Health Care Agency, unless they are provided by any properly licensed or certified provider that your Care Coordinator approves.

ADULT DAY CARE

Benefits are provided for care you receive in an Adult Day Care Center provided care is received for at least four hours a day. This includes social or related support services provided by and at an Adult Day Care Center. We will pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Adult Day Care.



ACCUMULATING ASSETS
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ASSISTED LIVING FACILITY BENEFIT

After the Elimination Period is satisfied, we will pay actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for room and board, not to exceed the charge for a one-bedroom unit, and for the necessary Maintenance and Personal Care Services for each day you are confined in an Assisted Living Facility. An Assisted Living Facility as defined in the Policy could include residential care facilities, family and group assisted living facilities, congregate care facilities, personal care boarding homes, adult foster care facilities, and domiciliary care homes.

NURSING HOME BENEFIT

After the Elimination Period is satisfied, we will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for each day you are confined in a Nursing Home.

BED RESERVATION BENEFIT

While receiving Nursing Home or Assisted Living Facility benefits, [TransCareSM] will pay actual, out-of-pocket charges you incur if you are charged for your room while temporarily absent for any reason (except for discharge). This benefit is provided up to 60 days in any one calendar year or as credit toward your Elimination Period (if not yet satisfied).

WAIVER OF PREMIUM

Your premium payments are waived on a monthly basis as long as you are receiving Nursing Home, Assisted Living Facility, Home Health Care, Adult Day Care or Alternative Payment benefits.

HOSPICE CARE

If you have no reasonable prospect of cure and have a life expectancy of six months or less, as estimated by your Doctor, we will pay the actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for each day of care given by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Care. The Elimination Period does not apply for Hospice Care.

RESTORATION OF NURSING HOME BENEFITS

Following a period in which you were receiving Nursing Home benefits and then recover, if you are no longer benefit eligible for a period of 180 consecutive days, your Nursing Home benefits will be restored.



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AND YOUR

OPTIONAL BENEFITS

NONFORFEITURE BENEFIT SHORTENED BENEFIT PERIOD OPTION

If you stop paying premiums after your coverage has been in effect for at least 3 full years, your coverage will continue on a limited basis if it would have otherwise lapsed. (See Outline of Coverage for full details.)

FULL RESTORATION OF BENEFITS

Following a period in which you were receiving benefits and then recover and if you are no longer benefit eligible for a period of 180 consecutive days, benefits that were paid out will be restored to the remaining Maximum Benefit. If you do not choose this benefit, the Restoration of Nursing Home Benefits will be automatically included at no additional charge to you.

BENEFIT INCREASE OPTIONS (BIO)

[TransCareSM] offers the following benefit increase options that help to protect you from rising Long Term Care costs. The increase to your benefits will occur regardless of any claims paid.

You can choose from a variety of Benefit Increase Options to help your benefits keep up with rising long term care costs due to inflation. You can choose from the following:

The **3% Compound Benefit Increase Option** increases your benefit amounts each year by 3% of the current dollar amount.

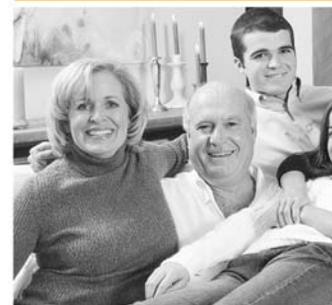
The **5% Compound Benefit Increase Option** increases your benefit amounts each year by 5% of the current dollar amount.

The **5% Simple Benefit Increase Option** increases your benefit amounts each year by 5% of the original benefit amount.

The **5% Step-Rated Compound Benefit Increase Option** allows you the protection of a benefit increase option at a lower initial rate. Premiums increase each year as your benefits increase. You can elect to stop these increases on any anniversary date of your policy.

With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option without evidence of insurability at a future date as long as you have not had a claim or are not currently eligible to claim. This offer will be extended to you within 90 days prior to the first, the third and the fifth anniversary date of the Policy. See Outline of Coverage for additional details.

The Deferred Benefit Increase Option will automatically be included if no other Benefit Increase Option is selected.



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MONTHLY HOME CARE

Because the charges for Home Health Care and Adult Day Care services may vary from day-to-day, this option makes your Home Health Care and Adult Day Care benefits available on a monthly basis (30 continuous day total) rather than a daily basis. This means that the Maximum Daily Benefit (MDB) no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs. You must be using the Care Coordination Benefit in order to receive this benefit.

Example: Your policy has a \$100 MDB. On Monday, you receive services from a home health aide and the total charge is \$125. On a daily basis, only \$100 would be covered. On a monthly basis, you would have \$3,000 available (\$100 MDB x 30 days), so all charges for that day would be covered.

Additionally, the number of days Professional Services are received during such 30-day period multiplied by 2 times the Basic Services Maximum Daily Benefit will be paid.

Example: Monthly Benefit (\$100 MDB X 30 continuous days)	\$3,000
+ 5 Days Professional Services received X \$100 = \$500	<u>+500</u>
Total available for 30-day period	\$3,500

SPOUSAL DISCOUNT

[TransCareSM] provides a premium discount for couples who apply for and maintain the same coverage under the same policy series. Couples may be eligible for a discount of up to 40% compared to like benefits at standard individual rates.

RATE GUARANTEE

Every policy comes with an automatic 5-year rate guarantee. See "A Word About Premium Rates" below for information about our right to increase premiums.

A WORD ABOUT PREMIUM RATES

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. We cannot increase your premiums during any applicable rate guarantee period. When the rate guarantee period ends, your premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single you out for a premium rate increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.



YOU HAVE SPENT A LIFETIME
HELP

EXCLUSIONS AND LIMITATIONS

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; or (2) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (3) provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medicaid), and services for which no charge is normally made in the absence of insurance; or (4) received outside the United States or Canada; or (5) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (6) that are not included in your Plan of Care; or (7) that are prohibited by federal law, including those governing economic and trade sanctions; or (8) rendered by a member of your immediate family, unless he or she is a regular employee of an organization which is providing the treatment, service or care; and the organization receives the payment for the treatment, services or care; and he or she receives no compensation other than normal compensation for employees in his or her category.

Coverage will be provided in accordance with the terms of the policy and subject to Benefit Eligibility for mental conditions, including Alzheimer's Disease, Parkinson's Disease and senile dementia.

The exclusions regarding a member of an Insured Person's Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.



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30-DAY FREE LOOK

If you are not satisfied with your policy for any reason, you may return it to us within 30 days of delivery to you for a full return of premium. This brochure provides only a brief summary of the coverage provided under policy series TLC 1-FP (AR) 206.

See the accompanying Outline of Coverage for additional details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy.

[TransCareSM] is a Tax Qualified Long Term Care insurance Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax or accounting advice. Please consult your tax advisor for assistance.

The Schedule page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will also be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

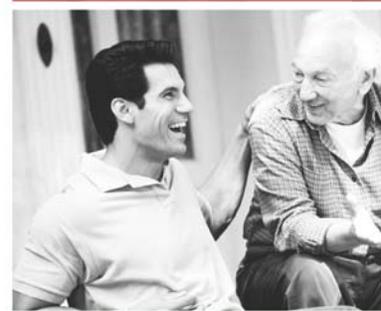


HELP PRESERVE FREEDOM OF
AND



**Home Office:
Cedar Rapids, Iowa**

**Administrative Office:
P.O. Box 95302
Hurst, Texas 76053-5302**



**CHOICE
YOUR STANDARD OF LIVING.**



LONG TERM CARE INSURANCE

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Accepted for Informational 11/19/2008
Purposes

Comments:

Attachment:

AR PBR 1008 ltr 10-9-08.pdf

Satisfied -Name: Variables

Review Status:

Accepted for Informational 11/19/2008
Purposes

Comments:

Attachment:

AR Variables 10-7-08.pdf



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P O Box 95302
Hurst, Texas 76053-5302
817-285-3530
pamdavis@aegonusa.com

October 9, 2008

Commissioner Julie Benafield Bowman
1200 West Third Street
Little Rock, AR 72201

RE: **Long Term Care Advertising**
NAIC #: 86231
FEIN #: 39-0989781
Form # / Description: TLC PBR AR 1008 – Invitation to Contract Brochure

Dear Commissioner Bowman:

Enclosed is the referenced form submitted for your review and approval. This form is intended to replace form TLC PBR 0608, which was approved by your department on August 29, 2008. However, please note that the original approved form has not been used in Arkansas.

The only changes are to the Care Coordination Benefit on Page 4 and the form number of the advertisement.

This form will be used to solicit policy form TLC 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006, and subsequent regulation change form filings recently approved.

The brochure will be used with the approved Outline of Coverage as an Invitation to Contract package, along with the current Shopper's Guide and all other state-mandated materials required to be used at solicitation.

Please also see the attached Variables document for explanation of the bracketed variables.

It is our intention to use this form in both paper and electronic form. When used in electronic form, it will be formatted as would be represented on paper. Electronic form means:

- If a customer requests information be sent via email; or
- The Internet

We trust that this form will meet with your approval. If you have any questions, please contact me at 800-553-7600, x3530, or pamdavis@aegonusa.com.

Sincerely,

A handwritten signature in black ink that reads "Pamm Davis".

Pamm Davis
Advertising Analyst Trainee
Long Term Care Division

ARKANSAS VARIABLES

LTC PBR AR 1008 PRODUCT BROCHURE

Cover Page:

The Product Name, throughout the brochure, is variable, depending upon the employer or association group. The variables could be:

- TransCare
- Transitions by Transamerica
- SecurePath LTCi
- TransCare Options

Page 8:

In the “Spousal Discount”, appropriate discount and the amount for that discount will print.

The “Rate Guarantee” will only show on brochure if it is applicable to a particular employer/association.

In the “A Word about Premium Rates” box, if there is no Rate Guarantee, then the bracketed statement will not print.

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Sales Brochure	10/08/2008	TLC PBR AR 1008 filing.pdf

[TRANSCARESM]

A Plan Designed for a Changing FutureSM



 **TRANSAMERICA**
® LIFE INSURANCE COMPANY

TLC PBR AR 1008

LONG TERM CARE INSURANCE

Even the most carefully laid out financial plan can be negatively impacted by a long term care need. For this reason, Transamerica Life Insurance Company has designed an insurance plan to help protect you from the costs of long term care.

[TransCareSM] Long Term Care insurance provides you the flexibility to design an insurance plan that best fits your financial and personal needs. You can choose from a variety of benefit options to help protect you and your family.

QUALIFYING FOR BENEFITS

To qualify for benefits under [TransCareSM], we must receive a Plan of Care from a Licensed Health Care Practitioner (your Doctor, a registered nurse or a licensed social worker) who must certify within the last 12 months that:

You require assistance due to your inability to perform at least two Activities of Daily Living (ADLs) for a period expected to last at least 90 days due to a loss of functional capacity.

OR

You require continual supervision due to severe Cognitive Impairment.

Activities of Daily Living defined in your Policy are: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

Policy benefits are subject to the Benefit Eligibility requirements; the Elimination Period, if applicable; the Maximum Daily Benefit and the Maximum Benefit of the Policy. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination.

AVAILABLE SELECTIONS

MAXIMUM DAILY BENEFIT

You can select your Maximum Daily Benefit from a range of \$50 to \$400 per day. [TransCareSM] will pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving Long Term Care in a Nursing Home, an Assisted Living Facility, Home Health Care Services (Basic and Professional), Adult Day Care, Hospice Care or Respite Care.

MAXIMUM BENEFIT

Your Policy Maximum Benefit is the total amount payable while you are insured under the Policy. [TransCareSM] offers the following benefit periods:

- Two year
- Three year
- Four year
- Five year
- Six year
- Unlimited



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AND YOUR

Your Policy Maximum Benefit amount will equal the Maximum Daily Benefit multiplied by the benefit period you select multiplied by 365 days. For example: \$100 (Maximum Daily Benefit) x 2 years (benefit period) x 365 (days) = \$73,000.

ELIMINATION PERIOD

Your Nursing Home and Assisted Living Facility Elimination Period is the number of days you are responsible for paying the cost of Long Term Care services before your Policy begins to pay benefits. [TransCareSM] offers five Elimination Period options from which to choose:

- 0-day
- 30-day
- 60-day
- 90-day
- 180-day

The Elimination Period is cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.

0-DAY ELIMINATION PERIOD FOR HOME HEALTH CARE, ADULT DAY CARE AND ALTERNATIVE PAYMENT BENEFITS

[TransCareSM] has a built in 0-day Elimination Period for Home Health Care Services, Adult Day Care and the Alternative Payment Benefit - that means you are eligible for benefits from the first day you receive covered services. These benefits do not satisfy the Elimination Period that may apply to other benefits. First day coverage is contingent upon your qualifying for benefits and our receipt of the Plan of Care.

BENEFIT DESCRIPTIONS

ALTERNATIVE PAYMENT BENEFIT

You may choose the Alternative Payment Benefit, which pays a benefit equal to 10 times the Maximum Daily Benefit each month in lieu of all other benefits for care or services provided under the Policy. You may use this money any way you see fit. We must receive an updated Plan of Care at least once every 60 days. This benefit helps take freedom of choice one step further:

- **You can receive care by a family member**
- **You can receive care worldwide**

CARE COORDINATION

A VALUE-ADDED CONCEPT IN LONG TERM CARE SERVICE

Not surprisingly, the need for Long Term Care may come at a time of emotional stress for both you and your family. There are many questions to be answered and important decisions to be made, such as:

- › WHAT TYPE OF CARE DO I NEED?
- › WHERE DO I FIND A QUALIFIED PROVIDER?
- › HOW MUCH WILL THE SERVICES COST?
- › WHAT OTHER ALTERNATIVES ARE AVAILABLE?



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It's because of these and many other questions that [TransCareSM] includes a Care Coordination benefit. Although you do not have to use a Care Coordinator to receive benefits from the Policy, the Care Coordinator can work with you to help:

- ASSESS YOUR CARE NEEDS;
- ESTABLISH A PLAN OF CARE;
- MONITOR YOUR PROGRESS AND MAKE CHANGES TO THE PLAN OF CARE; AND
- PROVIDE A REFERRAL LIST OF CARE PROVIDERS FROM WHICH YOU MAY CHOOSE TO RECEIVE SERVICES, IF NEEDED.

Your Care Coordinator:

- IS A LICENSED HEALTH CARE PRACTITIONER;
- CONSIDERS FAMILY AND CAREGIVER CONCERNS;
- IS TRAINED IN SUCH AREAS AS GERIATRICS, REHABILITATION, SOCIAL AND HEALTH ASSESSMENTS;
- IS FAMILIAR WITH YOUR COMMUNITY AND THE VARIETY OF RESOURCES AND SERVICES AVAILABLE TO YOU LOCALLY; AND
- FOCUSES ON HELPING YOU IDENTIFY THE CARE YOU NEED.

For a Care Coordinator **contracted with us**, there will be no charge to you for the services of a Care Coordinator, for as long as you meet or are expected to meet the Benefit Eligibility provision. No amount will be deducted from your Maximum Benefit.

For a Care Coordinator **not contracted with us**, the Maximum Lifetime Care Coordination Benefit will be equal to 50 times the Maximum Daily Benefit. You must meet or be expected to meet the Benefit Eligibility provision. Benefit amounts paid will be deducted from your Maximum Benefit.

The following benefits are available at no additional premium when receiving the Care Coordination benefit using a Care Coordinator selected from our list (the Elimination Period does not apply to these benefits.):

RESPITE CARE

This benefit provides for temporary confinements in a Nursing Home, Assisted Living Facility, or care received in your Home, up to 30 days per calendar year, to allow your unpaid informal caregiver a vacation or rest. We will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for the covered services. Respite Care Benefits are not payable when other benefits are payable under the Policy, except for Care Coordination.

THERAPEUTIC DEVICE

We will pay the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for the rental or purchase of a Therapeutic Device to be used in your home. Therapeutic devices could include crutches, wheelchairs, hospital-style beds, infusion pumps, or respirators.

HOME MODIFICATION

We will pay the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for modifications to your Home. Examples of Home Modification include: ramps, grab bars or similar accessibility modifications. The Care Coordinator must approve the provider, labor, equipment and supplies. Approval from the company is also needed prior to any modification or installation.



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MEDICAL ALERT SYSTEM

We will pay the actual, out-of-pocket charges you incur, up to a maximum monthly amount equal to 50% of the Maximum Daily Benefit, to monitor, rent or purchase a Medical Alert System (the decision to purchase or rent is ours). The lifetime maximum is 50 times the Maximum Daily Benefit. Approval from the company is needed prior to any modification or installation.

CAREGIVER TRAINING BENEFIT

We will pay the actual, out-of-pocket charges you incur for you and your informal caregiver to receive Caregiver Training. We will pay this benefit up to a lifetime maximum equal to 10 times the Maximum Daily Benefit.

HOME HEALTH CARE AND ADULT DAY CARE BENEFITS

HOME HEALTH CARE

We will pay benefits for actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Professional and Basic Services provided in your Home.

PROFESSIONAL SERVICES

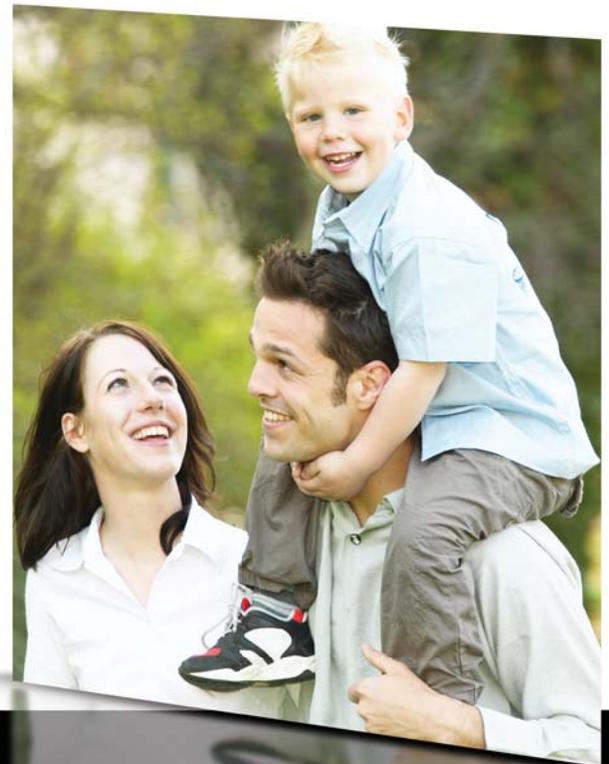
Include those provided by a Licensed: Registered Nurse, Practical Nurse, Vocational Nurse, Speech Therapist, Audiologist, Respiratory Therapist, Occupational Therapist, Physical Therapist, Chemotherapy Specialist or Nutritional Specialist.

BASIC SERVICES

Include those provided by: a home health aide, homemaker or companion. Basic Services must be provided by or through a Home Health Care Agency, unless they are provided by any properly licensed or certified provider that your Care Coordinator approves.

ADULT DAY CARE

Benefits are provided for care you receive in an Adult Day Care Center provided care is received for at least four hours a day. This includes social or related support services provided by and at an Adult Day Care Center. We will pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Adult Day Care.



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ASSISTED LIVING FACILITY BENEFIT

After the Elimination Period is satisfied, we will pay actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for room and board, not to exceed the charge for a one-bedroom unit, and for the necessary Maintenance and Personal Care Services for each day you are confined in an Assisted Living Facility. An Assisted Living Facility as defined in the Policy could include residential care facilities, family and group assisted living facilities, congregate care facilities, personal care boarding homes, adult foster care facilities, and domiciliary care homes.

NURSING HOME BENEFIT

After the Elimination Period is satisfied, we will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for each day you are confined in a Nursing Home.

BED RESERVATION BENEFIT

While receiving Nursing Home or Assisted Living Facility benefits, [TransCareSM] will pay actual, out-of-pocket charges you incur if you are charged for your room while temporarily absent for any reason (except for discharge). This benefit is provided up to 60 days in any one calendar year or as credit toward your Elimination Period (if not yet satisfied).

WAIVER OF PREMIUM

Your premium payments are waived on a monthly basis as long as you are receiving Nursing Home, Assisted Living Facility, Home Health Care, Adult Day Care or Alternative Payment benefits.

HOSPICE CARE

If you have no reasonable prospect of cure and have a life expectancy of six months or less, as estimated by your Doctor, we will pay the actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for each day of care given by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Care. The Elimination Period does not apply for Hospice Care.

RESTORATION OF NURSING HOME BENEFITS

Following a period in which you were receiving Nursing Home benefits and then recover, if you are no longer benefit eligible for a period of 180 consecutive days, your Nursing Home benefits will be restored.



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OPTIONAL BENEFITS

NONFORFEITURE BENEFIT

SHORTENED BENEFIT PERIOD OPTION

If you stop paying premiums after your coverage has been in effect for at least 3 full years, your coverage will continue on a limited basis if it would have otherwise lapsed. (See Outline of Coverage for full details.)

FULL RESTORATION OF BENEFITS

Following a period in which you were receiving benefits and then recover and if you are no longer benefit eligible for a period of 180 consecutive days, benefits that were paid out will be restored to the remaining Maximum Benefit. If you do not choose this benefit, the Restoration of Nursing Home Benefits will be automatically included at no additional charge to you.

BENEFIT INCREASE OPTIONS (BIO)

[TransCareSM] offers the following benefit increase options that help to protect you from rising Long Term Care costs. The increase to your benefits will occur regardless of any claims paid.

You can choose from a variety of Benefit Increase Options to help your benefits keep up with rising long term care costs due to inflation. You can choose from the following:

The **3% Compound Benefit Increase Option** increases your benefit amounts each year by 3% of the current dollar amount.

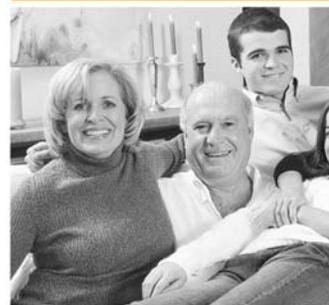
The **5% Compound Benefit Increase Option** increases your benefit amounts each year by 5% of the current dollar amount.

The **5% Simple Benefit Increase Option** increases your benefit amounts each year by 5% of the original benefit amount.

The **5% Step-Rated Compound Benefit Increase Option** allows you the protection of a benefit increase option at a lower initial rate. Premiums increase each year as your benefits increase. You can elect to stop these increases on any anniversary date of your policy.

With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option without evidence of insurability at a future date as long as you have not had a claim or are not currently eligible to claim. This offer will be extended to you within 90 days prior to the first, the third and the fifth anniversary date of the Policy. See Outline of Coverage for additional details.

The Deferred Benefit Increase Option will automatically be included if no other Benefit Increase Option is selected.



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MONTHLY HOME CARE

Because the charges for Home Health Care and Adult Day Care services may vary from day-to-day, this option makes your Home Health Care and Adult Day Care benefits available on a monthly basis (30 continuous day total) rather than a daily basis. This means that the Maximum Daily Benefit (MDB) no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs. You must be using the Care Coordination Benefit in order to receive this benefit.

Example: Your policy has a \$100 MDB. On Monday, you receive services from a home health aide and the total charge is \$125. On a daily basis, only \$100 would be covered. On a monthly basis, you would have \$3,000 available (\$100 MDB x 30 days), so all charges for that day would be covered.

Additionally, the number of days Professional Services are received during such 30-day period multiplied by 2 times the Basic Services Maximum Daily Benefit will be paid.

Example: Monthly Benefit (\$100 MDB X 30 continuous days)	\$3,000
+ 5 Days Professional Services received X \$100 = \$500	<u>+500</u>
Total available for 30-day period	\$3,500

SPOUSAL DISCOUNT

[TransCareSM] provides a premium discount for couples who apply for and maintain the same coverage under the same policy series. Couples may be eligible for a discount of up to [40%] compared to like benefits at standard individual rates.

[RATE GUARANTEE

Every policy comes with an automatic [5]-year rate guarantee. See "A Word About Premium Rates" below for information about our right to increase premiums.]

A WORD ABOUT PREMIUM RATES

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. [We cannot increase your premiums during any applicable rate guarantee period. When the rate guarantee period ends, your premium will be adjusted by any premium increases that may occur during the rate guarantee period.] We cannot single you out for a premium rate increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.



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EXCLUSIONS AND LIMITATIONS

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; or (2) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (3) provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medicaid), and services for which no charge is normally made in the absence of insurance; or (4) received outside the United States or Canada; or (5) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (6) that are not included in your Plan of Care; or (7) that are prohibited by federal law, including those governing economic and trade sanctions; or (8) rendered by a member of your immediate family, unless he or she is a regular employee of an organization which is providing the treatment, service or care; and the organization receives the payment for the treatment, services or care; and he or she receives no compensation other than normal compensation for employees in his or her category.

Coverage will be provided in accordance with the terms of the policy and subject to Benefit Eligibility for mental conditions, including Alzheimer's Disease, Parkinson's Disease and senile dementia.

The exclusions regarding a member of an Insured Person's Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.



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30-DAY FREE LOOK

If you are not satisfied with your policy for any reason, you may return it to us within 30 days of delivery to you for a full return of premium. This brochure provides only a brief summary of the coverage provided under policy series TLC 1-FP (AR) 206.

See the accompanying Outline of Coverage for additional details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy.

[TransCareSM] is a Tax Qualified Long Term Care insurance Policy designed to meet Federal Standards. Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax or accounting advice. Please consult your tax advisor for assistance.

The Schedule page of your Policy will reflect your actual premium. It may differ from the amount on your application. This may occur as the result of any applicable discounts, and will also be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

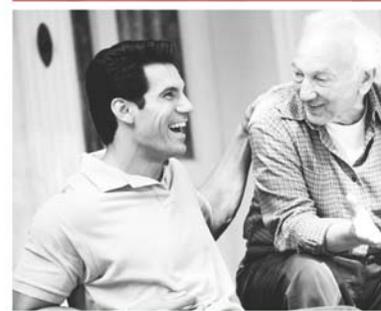


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AND



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LONG TERM CARE INSURANCE