

SERFF Tracking Number: AEGJ-125918151 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 40944
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC Personal Worksheets
Project Name/Number: /

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: LTC Personal Worksheets SERFF Tr Num: AEGJ-125918151 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 40944
Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Author: Julie Maclin Disposition Date: 12/11/2008
Date Submitted: 11/24/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 11/19/2008
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 12/11/2008
State Status Changed: 12/11/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Attached for your formal review and approval are duplicate copies of the above referenced forms. These forms are revisions to forms that are currently in use, previously approved forms TLC 1-PWS-R 906 and TLC 1-PWS-R-SP 906, approved March 20, 2007. Upon approval of these new Personal Worksheets we will discontinue use of existing Personal Worksheets. We are filing these revised forms to update them for recently approved rate increases on previously sold policies.

These forms will be used with our currently approved policy form TLC 1-FP (AR) 206, et al., approved by your

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department on May 30, 2006, AR Control #32143.

Company and Contact

Filing Contact Information

Julie Maclin, Senior Policy Analyst jmaclin@aegonusa.com
 P.O. Box 93007 (800) 553-7600 [Phone]
 Hurst, 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 not filed w/policy x 2 forms = \$40
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| Transamerica Life Insurance Company | \$40.00 | 11/24/2008 | 24116600 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Marie Bennett | 12/11/2008 | 12/11/2008 |

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Product Name: *LTC Personal Worksheets*
Project Name/Number: */*

Disposition

Disposition Date: 12/11/2008

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 | | Yes |
| Supporting Document | Health - Actuarial Justification | | Yes |
| Supporting Document | Outline of Coverage | | Yes |
| Form | LTC Personal Worksheet | | Yes |
| Form | LTC Personal Worksheet | | Yes |

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Form Schedule

Lead Form Number: TLC 1-PWS-R 1008

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|---------------------|-----------|------------------------|---------|----------------------|-------------|-------------------------|
| | TLC 1-PWS-R 1008 | Other | LTC Personal Worksheet | Initial | | 52 | TLC 1-PWS-R 1008.pdf |
| | TLC 1-PWS-R-SP 1008 | Other | LTC Personal Worksheet | Initial | | 51 | TLC 1-PWS-R-SP 1008.pdf |



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

Long-Term Care Insurance Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form Numbers _____

The premium for the coverage you are considering will be \$_____ per _____.

Type of Policy (noncancellable/guaranteed renewable): Guaranteed Renewable

The Company's Right to Increase Premiums: The Company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History

Through various affiliated companies the Company has sold long-term care insurance products since 1987 and has sold this policy since 2002. The Company has requested nationwide rate increases for several previously sold policy forms (within the last 10 years) providing similar coverage. The increased rates on various policy forms are as shown in the table below.

| Policy Form Series | Years Available | Rate History |
|--|------------------------|---|
| 3132 (00) 288, 6122 (00) 688, GLTC 2 1289, LTC 2 390, GLTC 3 1091, LTC 3 1091, IP-70-00-794, LTC 5 196, FLEX 2 196 | 1988 – 2001 | Varies by state, but the largest increases in any state were 35% in 2003, 35% in 2005 and 35% in 2007. |
| GCC 1 387 CERT, LTC5 TQ 1096, FTQ 197 | 1987 – 2001 | Varies by state, but the largest increases in any state were 35% in 2005 and 35% in 2007. |
| LTCP 889, GCPLUS 1290 and GCPLUS 2 1290, GCPRO 193 | 1990 – 2001 | Varies by state, but the largest increases in any state were 30% in 2001, 45% in 2003, 35% in 2005 and 35% in 2007. |
| KLTCP 1 490, LI-LTCP 192, GCPRO-II 794 | 1990 – 2001 | Varies by state, but the largest increases in any state were 45% in 2003, 35% in 2005 and 35% in 2007. |

| | | |
|--|-------------|---|
| LI-LTCP TQ 197, GCPRO-III TQ 197, LI-LTCP TQ 898, GC001 796 | 1996 – 2003 | Varies by state, but the largest increases in any state were 35% in 2005 and 35% in 2007. |
| 1-811 11-190; 1-820 11-191 and 1-822 11-191; LTC-100 11-193; LTC 104-194 | 1991 – 1999 | Varies by state, but the largest increases in any state were 45% in 2003 and 35% in 2005. |
| LTC 124-197; LTC 304-198 and LTC 305-198 | 1997 – 2004 | Varies by state, but the largest increase in any state was 35% in 2005. |

This represents the largest increases that have been filed with and approved by various state insurance departments. Some states have allowed two (or more) smaller increases and some states have approved the increases in years different than those shown above.

Questions Related to Your Income

How will you pay each year's premium?

From my Income From my Savings\Investments My Family will Pay

Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?

What is your annual income? (check one)

Under \$10,000 \$10-20,000 \$20-30,000 \$30-50,000 Over \$50,000

How do you expect your income to change over the next 10 years? (check one)

No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

From my Income From my Savings\Investments My Family will Pay

The national average annual cost of care in [2008] was [\$68,255], but this figure varies across the country. In ten years the national average annual cost would be about [\$111,180] if costs increase 5% annually.

What elimination period are you considering?

Number of days _____ Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the elimination period? (check one)

- From my Income From my Savings\Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

- Under \$20,000 \$20,000-\$30,000 \$30,000-\$50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

- Stay about the same Increase Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

The answers to the questions above describe my financial situation.

OR

I choose not to complete this information, but I do wish to purchase this coverage. (Check one.)

I acknowledge that the carrier and/or its agent/insurance producer (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.** (This box must be checked.)

Signed: _____
(Applicant) (Date)

I explained to the applicant the importance of completing this information.

Signed: _____
(Agent/Insurance Producer) (Date)

Agent's/Insurance Producer's Printed Name: _____

Note: In order for us to process your application, please return this signed statement to Transamerica Life Insurance Company, along with your application.

My agent/insurance producer has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signed: _____
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The company may contact you to verify your answers.



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By state law, the insurance company must fill out part of the information on this worksheet and **ask** you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form Numbers _____

The premium for the coverage you are considering will be a one-time single premium of \$ _____.

Type of Policy (noncancellable/guaranteed renewable): Guaranteed Renewable

The Company's Right to Increase Premiums: The company cannot raise your rates on this policy.

Rate Increase History

Through various affiliated companies the Company has sold long-term care insurance products since 1987 and has sold this policy since 2002. The Company has requested nationwide rate increases for several previously sold policy forms (within the last 10 years) providing similar coverage. The increased rates on various policy forms are as shown in the table below.

| Policy Form Series | Years Available | Rate History |
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Signed: _____
(Applicant) (Date)

I explained to the applicant the importance of completing this information.

Signed: _____
(Agent/Insurance Producer) (Date)

Agent's/Insurance Producer's Printed Name: _____

Note: In order for us to process your application, please return this signed statement to Transamerica Life Insurance Company, along with your application.

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Signed: _____
(Applicant) (Date)

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 11/24/2008
Comments:
Attachment:
readability.certification.PDF

Review Status:
Bypassed -Name: Application 11/24/2008
Bypass Reason: This is an LTC Personal Worksheet filing; no application is being filed.
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 11/24/2008
Bypass Reason: This is an LTC Personal Worksheet filing; no rates are being filed.
Comments:

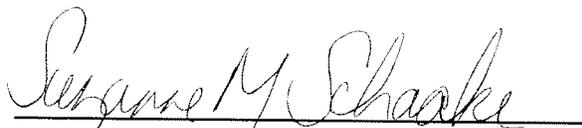
Review Status:
Bypassed -Name: Outline of Coverage 11/24/2008
Bypass Reason: This is an LTC Personal Worksheet filing; no outline of coverage is being filed.
Comments:

FLESCH READABILITY CERTIFICATION

| <u>Policy or Rider Form Number</u> | <u>Flesch Score</u> |
|--|-------------------------|
| TLC 1-PWS-R 1008 | 51.7 |
| TLC 1-PWS-R-SP 1008 | 51.2 |

I hereby certify that the Flesch Score(s) for the form(s) indicated above is/are accurate and correct, to the best of my knowledge.

Transamerica Life Insurance Company



Suzanne M. Schaake
Assistant Vice President & Director of
Product Compliance

DATE: November 19, 2008