

SERFF Tracking Number: AEGJ-125390255 State: Arkansas
Filing Company: Transamerica Occidental Life Insurance Company State Tracking Number: 37685
Company Tracking Number: LTC EE BR AR 0108
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Worksite Adv
Project Name/Number: Worksite Adv/LTC EE BR AR 0108

Filing at a Glance

Company: Transamerica Occidental Life Insurance Company

Product Name: Worksite Adv SERFF Tr Num: AEGJ-125390255 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 37685
Sub-TOI: LTC03I.001 Qualified Co Tr Num: LTC EE BR AR 0108 State Status: FEES PAID
Filing Type: Advertisement Co Status: Reviewer(s): Harris Shearer
Author: Joan Shumaker Disposition Date: 06/04/2008
Date Submitted: 12/17/2007 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Worksite Adv Status of Filing in Domicile: Not Filed
Project Number: LTC EE BR AR 0108 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: 06/04/2008
State Status Changed: 12/18/2007 Deemer Date:
Corresponding Filing Tracking Number: LTC EE BR AR 0108

Filing Description:

Enclosed are the referenced forms submitted for your review and approval. These forms are not intended to replace any previously approved forms.

These forms will be used to solicit policy form series TOL 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006. These forms will be used with the approved Outline of Coverage, the current Shopper's Guide and all other state-mandated materials required to be used at solicitation.

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It is our intention to use these forms in both paper and electronic form. Bracketed information is intended to be variable. We will ensure that the bracketed information is printed with information or benefits approved in your state.

We trust that this form will meet with your approval and look forward to receiving a stamped copy. If you have any questions, please call me at 800-553-7600, ext. 3363, or my e-mail address is jeshumaker@aegonusa.com.

Company and Contact

Filing Contact Information

Joan Shumaker, Advertising Manager jeshumaker@aegonusa.com
 P.O. Box 93007 (817) 285-3363 [Phone]
 Hurst, TX 76053-3007 (817) 285-3394[FAX]

Filing Company Information

Transamerica Occidental Life Insurance CoCode: 67121 State of Domicile: Iowa
 Company
 P O Box 92106 Group Code: 468 Company Type:
 Bedford, TX 76021 Group Name: State ID Number:
 (800) 553-7600 ext. [Phone] FEIN Number: 95-1060502

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? No
 Fee Explanation: 5 advertisements X \$5 each
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Occidental Life Insurance Company	\$125.00	12/17/2007	17133927

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	06/04/2008	06/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Enclosure Letter	Form	Joan Shumaker	01/17/2008	01/17/2008
Employee Brochure	Form	Joan Shumaker	01/17/2008	01/17/2008
Brochure Insert	Form	Joan Shumaker	01/17/2008	01/17/2008
Employee Announceme nt	Form	Joan Shumaker	01/17/2008	01/17/2008

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Disposition

Disposition Date: 06/04/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form	Employee Brochure		Yes
Form	Brochure Insert		Yes
Form	Employee Announcement		Yes
Form	Poster		Yes
Form	Disclosure Letter		Yes
Form	Employee Brochure		Yes
Form	Brochure Insert		Yes
Form	Employee Announcement		Yes
Form	Enclosure Letter		Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 01/17/2008

Comments:

It appears that the form LTC DIS 1207 was not a pdf file. Please see the attached pdf of that form.

I apologize for any inconvenience this may have caused.

Joan Shumaker
 800-553-7600, ext. 3363

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC DIS 1207	Advertising	Enclosure Letter	Other	Created pdf for this filing			0	LTC DIS 1207 Disclosure Letter.pdf

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Amendment Letter

Amendment Date:
 Submitted Date: 01/17/2008

Comments:

Please review the attached updated advertising forms, rather than the original filed ones. We found some minor typographical errors which have been updated on the 0208 versions.

LTC EE BR AR 0208
 LTC BI 707 0208
 AN NWS 0208

The original 2 forms remain the same: LTC 0925 1207 and LTC DIS 1207

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC EE BR AR 0208	Advertising	Employee Brochure	Other	Updated 0108 version re typos			0	LTC EE BR AR 0208.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC BI 707 0208	Advertising	Brochure Insert	Other	Updated 0108 version re typos			0	LTC BI 707 0208 Insert 1-16-08.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LTC AN	Advertising	Employee	Other	Updated 0108			0	LTC AN NWS

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NWS 0208 Announcem version re 0208.pdf
ent typos

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Form Schedule

Lead Form Number: LTC EE BR AR 0108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTC EE BR AR 0108	Advertising	Employee Brochure	Initial		0	LTC EE BR AR 0108 Employee Bro 12-17.pdf
	LTC BI 707 0108	Advertising	Brochure Insert	Initial		0	LTC BI 707 0108 Bro Insert 12-17.pdf
	LTC AN NWS 1207	Advertising	Employee Announcement	Initial		0	LTC AN NWS 1207 Aegon Announce FlyerEmail Gen no web 12-17.pdf
	LTC POST 1207	Advertising	Poster	Initial		0	LTC POST 1207 Poster 12-17.pdf
	LTC DIS 1207	Advertising	Disclosure Letter	Initial		0	LTC DIS 1207 Disclosure Letter.doc
	LTC EE BR AR 0208	Advertising	Employee Brochure	Other	Other Explanation: Updated 0108 version re typos	0	LTC EE BR AR 0208.pdf
	LTC BI 707 0208	Advertising	Brochure Insert	Other	Other Explanation: Updated 0108 version re typos	0	LTC BI 707 0208 Insert 1-16-08.pdf
	LTC AN NWS 0208	Advertising	Employee Announcement	Other	Other Explanation: Updated 0108 version re typos	0	LTC AN NWS 0208.pdf
	LTC DIS 1207	Advertising	Enclosure Letter	Other	Other Explanation:	0	LTC DIS 1207

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1207

Created pdf for this
filing

Disclosure
Letter.pdf

[Transitions by TRANSAMERICASM]

A Plan Designed for a Changing FutureTM



INDIVIDUAL LONG TERM CARE INSURANCE

 **TRANSAMERICA**
OCCIDENTAL LIFE

Transamerica Occidental Life Insurance Company

[TBT 0108]

LTC EE BR AR 0108

Tax Qualified

Helping Secure Your Tomorrow - Today

We all live busy lives. We transition from one role to another constantly. Along with being busy with your job, you may be helping one of your parents with a health care or long term care issue, attending your child's high school functions, sending your son or daughter off to college, or even becoming a grandparent for the first time. But, whatever life brings you today, owning a long term care insurance policy can help you feel more secure about the uncertainty of transitioning to tomorrow.

The Family Impact

Long term care is a family matter. Children often fill the role of caregiver for their parents. However, for many, this role becomes too demanding. An estimated 44.4 million Americans are caregivers to adult friends or family members.¹ If you have to work to support your family, the role of caregiver may become even more burdensome. Caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working caregivers include lost time from work, lower productivity, quitting a job to give care, lost career opportunities and lower future earnings.

The Cost of Long Term Care

The average cost in the United States for a private room in a nursing home is \$[70,810], and the average cost of an assisted living facility is \$[32,292] a year. Home care can be expensive too. A visit from a home health aide three times per week can cost an average of \$[16,000] a year.² You can see how these costs can negatively impact an individual's or family's savings.

¹*Care for the Family Caregiver: A Place to Start*, Health Plan of New York and the National Alliance for Caregiving, 2005.

²Information available at <http://www.longtermcare.gov>. A copy is available from Transamerica Occidental Life.



What is Long Term Care Insurance?

Long term care insurance can help protect you from the cost of long term care because of help you may need due to an accident, prolonged illness, or disability making it difficult for you to care for yourself. Long term care insurance doesn't just pay for nursing home stays either. It can pay for services you need to help you stay at home, such as home modifications, caregiver training and homemaker services or more professional care such as an assisted living facility or other approved facilities.

Long Term Care Insurance Now Instead of Later

One of the determining factors in setting your initial premium is not only your general health but also your age. Therefore, the younger you are when you apply for coverage, the lower your initial premium may be. To learn more about the cost of waiting, visit the "Cost of Waiting" page on our website, www.TransamericaLTC.com. Aside from premium amount, another reason you should consider buying long term care insurance now rather than later is the simple risk of needing long term care sooner rather than later. Did you know that 40% of those who need long term care services are under the age of 65?³

Available Discounts

Reduced rates may be available to employees and their family members who qualify. Additionally, should you relocate or change employment, the premium discounts will continue as long as your policy remains in effect.

³Shelton, Phyllis. *Long-Term Care: Your Financial Planning Guide*. Tennessee: LTCI Publishing, 2007.

Who is Eligible to Apply?

If you are age 18 through 79, you are eligible to apply. You may only have to answer limited health questions if you are under the age of 65. However, if you are 65 or older or if you are an eligible family member and wish to apply for coverage, additional health questions will need to be answered.



How Do I Become Eligible for Benefits?

We must receive a Plan of Care from a Licensed Health Care Practitioner (your doctor, a registered nurse or a licensed social worker) that must certify within the last 12 months:

1. You require assistance due to your inability to perform at least two Activities of Daily Living (bathing, continence, dressing, eating, toileting, and transferring) for a period expected to last at least 90 days.
or
2. You require continual supervision due to a severe Cognitive Impairment.

Benefit Highlights



Elimination Period

Like your health insurance deductible, this is the amount of expenses you are financially responsible to pay before the policy starts to pay benefits. Once you satisfy the Elimination Period even if it's over more than one claim period, it need never be satisfied again.

Maximum Daily Benefit

Each day that expenses are incurred for your covered long term care, the policy pays those actual charges incurred up to a maximum daily dollar amount that you choose. Example: If your maximum daily benefit was \$100 and you were charged \$80 for home health care received on Tuesday, the policy would pay \$80 for those charges you incurred on Tuesday. However, if you were charged \$120 for home health care you received on Thursday, the policy would pay \$100 of the \$120. You would need to fund the remaining \$20.

Maximum Benefit

While you are insured, this is the maximum dollar amount that the policy will pay. It is a sum of money that you will have available to pay for your covered long term care once you qualify for benefits. You will need to determine what this amount should be depending on your budget and the amount of assets you wish to help protect.

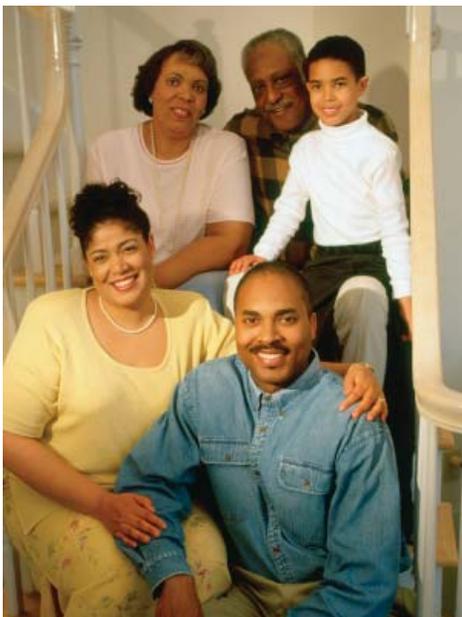
Care Coordination

This coverage 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 assess your needs; help establish a Plan of Care; monitor your progress; and provide a referral list of care providers. The Care Coordinator is a Licensed Health Care Practitioner. There will be no charge for the services of a Care Coordinator who is selected from our list for as long as you meet Benefit Eligibility. No amount will be deducted from your Maximum Benefit. For a Care Coordinator who is not from our list, the Maximum Lifetime Care Coordination benefit will be equal to 50 times the Maximum Daily Benefit and benefits will be deducted from your Maximum Benefit.

Home Health Care and Adult Day Care

Most people prefer to receive care at home. If you meet Benefit Eligibility and need the services of a licensed professional such as a registered nurse; practical nurse; speech, respiratory, occupational or physical therapist, the policy may pay for these services to be received in your home. It also pays benefits for covered home health aide, homemaker and companion services received in your home. Perhaps, you might just need to go to an Adult Day Care Center while your spouse or other caregiver is at work.

Benefit Highlights



Alternative Payment Benefit

This benefit provides a monthly payment of ten times the Maximum Daily Benefit, directly to you, that you may use any way you see fit. You can use this benefit any way you see fit such as paying a family member. An updated Plan of Care is required every 60 days. This benefit is paid in lieu of any other benefit under the policy.

Assisted Living Facility Benefit

If you find that you need more care than can be provided in your home and decide to move into an Assisted Living Facility. The policy will pay for covered room and board

for a one-bedroom unit in an Assisted Living Facility and for necessary Maintenance and Personal Care Services up to the Nursing Home Maximum Daily Benefit.

Nursing Home Benefit

If you need a higher level of nursing services and enter a Nursing Home, the policy will pay covered expenses while you are in a Nursing Home after satisfying the Elimination Period up to the Nursing Home Maximum Daily Benefit.

Benefit Increase Options

(additional premium required)

Long term care costs will continue to increase due to inflation. For this reason, you have the option of choosing a benefit increase option which provides for increases in your Maximum Daily Benefit to help keep up with increasing costs due to inflation.

Nonforfeiture

(additional premium required)

After your coverage has been in force for at least 3 full years, if you should decide for some reason not to continue your coverage, this benefit provides for your coverage to continue on a limited basis. (See Outline of Coverage for full details.)

Additional Benefits

Please see the Outline of Coverage for details.

Bed Reservation Benefit

Waiver of Premium

Hospice Care Benefit

Restoration of Benefits

Deferred Benefit Increase Option

[Rate Guarantee]

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 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.

30-Day Right to Examine Your Policy

You have 30 days from the day you receive the Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it, within 30 days of its receipt, to Us at Our Administrative Office, or to the agent or office through which it was purchased and We will refund the full amount of any premium paid and the Policy will be void from the start.

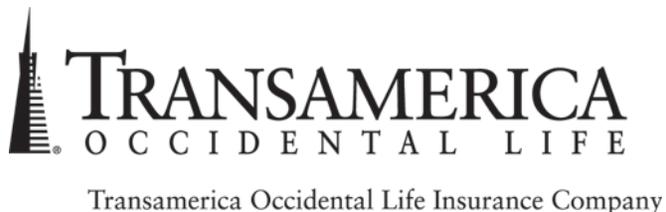
Exclusions and Limitations

This policy will not pay benefits when you are eligible for confinements, treatment, services or care: (1) resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of a 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, service or care; and he or she receives no compensation other than normal compensation for employees in his or her job category.

Coverage will be provided in accordance with the terms of the policy 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.

This brochure provides only a brief summary of the coverage provided under policy series TOL 1-FP (AR) 206. See the accompanying Outline of Coverage for 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. The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Occidental Life Insurance Company nor any of its agents or representatives give legal, tax, nor 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 be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.



Home Office
Cedar Rapids, IA

Administrative Office
P.O. Box 95303
Hurst, Texas 76053-2303

[Transitions by

TRANSAMERICASM]

A Long Term Care insurance program designed for the employees of

[Employer Name]:

	[Plan A, Your Plan]	[Plan B]	[Plan C]
Maximum Benefit	[\$_____]	[\$_____]	[\$_____]
Maximum Daily Benefit (MDB)	[\$40 - 400]	[\$100]	[\$200]
Benefit Period (BP)	[2, 3, 4, 5, 6, Unlimited] year	[4 year]	[4 year]
Elimination Period	[0, 30, 60, 90, 180]-day	[90]-day	[30]-day
Benefit Increase Option (BIO)¹	[Deferred BIO, 3% CBIO, 5% CBIO]	[3% Compound BIO]	[5% Compound BIO]
[Additional Benefits²]	[Nonforfeiture Shortened Benefit Period Option, Return of Premium]	[Nonforfeiture Shortened Benefit Period Option, Return of Premium]	[Nonforfeiture Shortened Benefit Period Option, Return of Premium]

INDIVIDUAL LONG TERM CARE INSURANCE

Exclusions and Limitations apply. See the attached brochure or outline of coverage for complete details or contact the company at (877) 532-4910.

¹There is an additional premium for both the 3% and 5% Compound Benefit Increase Options (CBIO). Deferred Benefit Increase Option will automatically be included if neither 3% nor 5% CBIO are chosen.

²There is an additional premium for the Nonforfeiture benefit.



Transamerica Occidental Life Insurance Company

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 single you out for a premium 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.

See the accompanying Outline of Coverage for 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.

The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Occidental Life Insurance Company nor any of its agents or representatives give legal, tax, nor 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 be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

Policy series TOL 1-FP 1001, TOL 1-FP 402 (In AR, TOL 1-FP (AR) 206); In ID, TOL 1-P (ID) 607; In NC, TOL 1-FP (NC-FR) 402; In OH, TOL 1-FP (OH) 1102; In OK, TOL 1-FP (OK) 1001).

Announcing a great, new benefit available to

[**AEGON** employees:]

[Transitions by

TRANSAMERICASM]

Individual Long Term Care Insurance



Benefits That Work For You

Now and Long After You Stop Working

How will you help protect yourself and your family from unforeseen Long Term Care expenses?

We want you to know Individual Long Term Care Insurance is available to you! Employees can take advantage of:

- **20% AEGON discount.**
- **Married discount and Preferred discount for those who qualify.**
- **Discounts and coverage are also available to your spouse, children 18 and older, parents, grandparents, in-laws, uncles, aunts, sisters, and brothers.**

 **TRANSAMERICA**
® OCCIDENTAL LIFE

Transamerica Occidental Life Insurance Company

Underwritten by Transamerica Occidental Life Insurance Company.

[TBT 0108]

Contact us at
(877) 532-4910

for enrollment dates.

or to learn more about Long
Term Care and Long Term Care
insurance.

*Exclusions & limitations apply.
Contact the agent for details.
Coverage provided under policy series
TOL 1-FP 1001, TOL 1-FP 402;
in AR, TOL 1-FP (AR) 206; in ID,
TOL 1-P (ID) 607; in NC, TOL
1-FP (NC-FR) 402.*

LTC AN NWS 1207

[Transitions by TransamericaSM]

Long Term Care Insurance



Plan on attending this meeting



Date: Time:

Place:

Questions? Contact:



Transamerica Occidental Life Insurance Company

[Transitions by TRANSAMERICASM]

A Plan Designed for a Changing FutureTM



INDIVIDUAL LONG TERM CARE INSURANCE

 **TRANSAMERICA**
OCCIDENTAL LIFE

Transamerica Occidental Life Insurance Company

[TBT 0208]

LTC EE BR AR 0208

Tax Qualified

Helping Secure Your Tomorrow - Today

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The Family Impact

Long term care is a family matter. Children often fill the role of caregiver for their parents. However, for many, this role becomes too demanding. An estimated 44.4 million Americans are caregivers to adult friends or family members.¹ If you have to work to support your family, the role of caregiver may become even more burdensome. Caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working caregivers include lost time from work, lower productivity, quitting a job to give care, lost career opportunities and lower future earnings.

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Long Term Care Insurance Now Instead of Later

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³Shelton, Phyllis. *Long-Term Care: Your Financial Planning Guide*. Tennessee: LTCI Publishing, 2007.

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1. You require assistance due to your inability to perform at least two Activities of Daily Living (bathing, continence, dressing, eating, toileting, and transferring) for a period expected to last at least 90 days.
or
2. You require continual supervision due to a severe Cognitive Impairment.

Benefit Highlights



Elimination Period

Like your health insurance deductible, this is the amount of expenses you are financially responsible to pay before the policy starts to pay benefits. Once you satisfy the Elimination Period even if it's over more than one claim period, it need never be satisfied again.

Maximum Daily Benefit

Each day that expenses are incurred for your covered long term care, the policy pays those actual charges incurred up to a maximum daily dollar amount that you choose. Example: If your maximum daily benefit was \$100 and you were charged \$80 for home health care received on Tuesday, the policy would pay \$80 for those charges you incurred on Tuesday. However, if you were charged \$120 for home health care you received on Thursday, the policy would pay \$100 of the \$120. You would need to fund the remaining \$20.

Maximum Benefit

While you are insured, this is the maximum dollar amount that the policy will pay. It is a sum of money that you will have available to pay for your covered long term care once you qualify for benefits. You will need to determine what this amount should be depending on your budget and the amount of assets you wish to help protect.

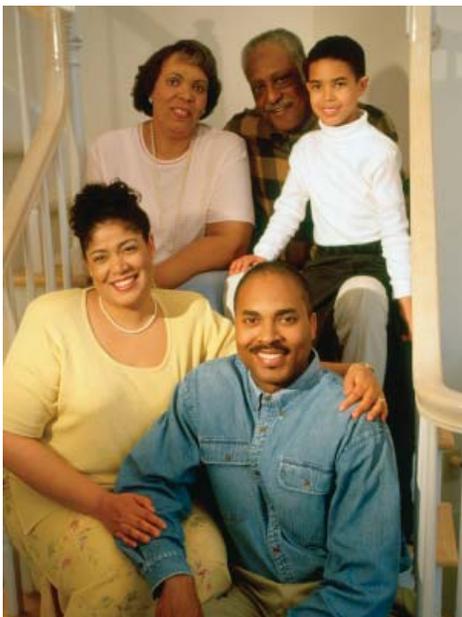
Care Coordination

This coverage 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 assess your needs; help establish a Plan of Care; monitor your progress; and provide a referral list of care providers. The Care Coordinator is a Licensed Health Care Practitioner. There will be no charge for the services of a Care Coordinator who is selected from our list for as long as you meet Benefit Eligibility. No amount will be deducted from your Maximum Benefit. For a Care Coordinator who is not from our list, the Maximum Lifetime Care Coordination benefit will be equal to 50 times the Maximum Daily Benefit and benefits will be deducted from your Maximum Benefit.

Home Health Care and Adult Day Care

Most people prefer to receive care at home. If you meet Benefit Eligibility and need the services of a licensed professional such as a registered nurse; practical nurse; speech, respiratory, occupational or physical therapist, the policy may pay for these services to be received in your home. It also pays benefits for covered home health aide, homemaker and companion services received in your home. Perhaps, you might just need to go to an Adult Day Care Center while your spouse or other caregiver is at work.

Benefit Highlights



Alternative Payment Benefit

This benefit provides a monthly payment of ten times the Maximum Daily Benefit, directly to you. You can use this benefit any way you see fit such as paying a family member. An updated Plan of Care is required every 60 days. This benefit is paid in lieu of any other benefit under the policy.

Assisted Living Facility Benefit

If you find that you need more care than can be provided in your home and decide to move into an Assisted Living Facility. The policy will pay for covered room and board, not to exceed the charge for a

one-bedroom unit in an Assisted Living Facility and for necessary Maintenance and Personal Care Services up to the Nursing Home Maximum Daily Benefit.

Nursing Home Benefit

If you need a higher level of nursing services and enter a Nursing Home, the policy will pay covered expenses while you are in a Nursing Home after satisfying the Elimination Period up to the Nursing Home Maximum Daily Benefit.

Benefit Increase Options (additional premium required)

Long term care costs will continue to increase due to inflation. For this reason, you have the option of choosing a benefit increase option which provides for increases in your Maximum Daily Benefit to help keep up with increasing costs due to inflation.

Nonforfeiture (additional premium required)

After your coverage has been in force for at least 3 full years, if you should decide for some reason not to continue your coverage, this benefit provides for your coverage to continue on a limited basis. (See Outline of Coverage for full details.)

Additional Benefits

Please see the Outline of Coverage for details.

Bed Reservation Benefit

Waiver of Premium

Hospice Care Benefit

Restoration of Benefits

Deferred Benefit Increase Option

[Rate Guarantee]

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 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.

30-Day Right to Examine Your Policy

You have 30 days from the day you receive the Policy to examine and return it to Us if You decide not to keep it. You do not have to tell Us Your reason for returning the Policy. Simply return it, within 30 days of its receipt, to Us at Our Administrative Office, or to the agent or office through which it was purchased and We will refund the full amount of any premium paid and the Policy will be void from the start.

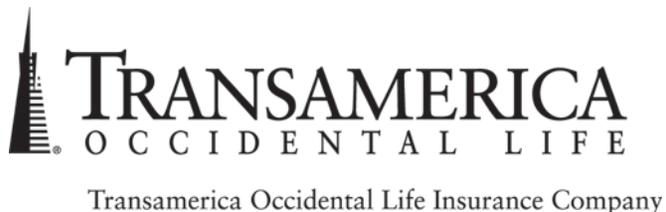
Exclusions and Limitations

This policy will not pay benefits when you are eligible for confinements, treatment, services or care: (1) resulting from alcoholism, drug addiction, or chemical dependency, unless as a result of a 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, service or care; and he or she receives no compensation other than normal compensation for employees in his or her job category.

Coverage will be provided in accordance with the terms of the policy 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.

This brochure provides only a brief summary of the coverage provided under policy series TOL 1-FP (AR) 206. See the accompanying Outline of Coverage for 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. The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Occidental Life Insurance Company nor any of its agents or representatives give legal, tax, nor 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 be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.



Home Office
Cedar Rapids, IA

Administrative Office
P.O. Box 95303
Hurst, Texas 76053-2303

[TransCareOptions[®]] for the Worksite]

A Long Term Care insurance program designed for the employees of

[Employer Name]:

	[Plan A, Your Plan]	[Plan B]	[Plan C]
Maximum Benefit	[\$_____]	[\$_____]	[\$_____]
Maximum Daily Benefit (MDB)	\$[40 - 400]	\$[100]	\$[200]
Benefit Period (BP)	[2, 3, 4, 5, 6, Unlimited] year	[4 year]	[4 year]
Elimination Period	[0, 30, 60, 90, 180]-day	[90]-day	[30]-day
Benefit Increase Option (BIO)¹	[Deferred BIO, 3% CBIO, 5% CBIO]	[3% Compound BIO]	[5% Compound BIO]
[Additional Benefits²]	[Nonforfeiture Shortened Benefit Period Option, Return of Premium]	[Nonforfeiture Shortened Benefit Period Option, Return of Premium]	[Nonforfeiture Shortened Benefit Period Option, Return of Premium]

INDIVIDUAL LONG TERM CARE INSURANCE

Exclusions and Limitations apply. See the attached brochure or outline of coverage for complete details or contact the company at [(877) 532-4910].

¹There is an additional premium for both the 3% and 5% Compound Benefit Increase Options (CBIO). Deferred Benefit Increase Option will automatically be included if neither 3% nor 5% CBIO are chosen.

²There are additional premiums for the Nonforfeiture and Return of Premium benefits.



Transamerica Occidental Life Insurance Company

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 single you out for a premium 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.

See the accompanying Outline of Coverage for 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.

The Policy is a Tax Qualified Policy designed to meet Federal Standards. Neither Transamerica Occidental Life Insurance Company nor any of its agents or representatives give legal, tax, nor 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 be impacted by the premium payment mode you select. All premium amounts are subject to underwriting approval.

Policy series TOL 1-FP 1001, TOL 1-FP 402 (In AR, TOL 1-FP (AR) 206); In CA, TOL 1-FP (CA) 1001; In ID, TOL 1-P (ID) 607; In, KY, TOL 1-FP (KY) 1001; In MA, TOL 1-FP (MA) 402 or TOL 1-FP (MAMH) 402; In MD, TOL 1-FP (MD) 402; In NC, TOL 1-FP (NC-FR) 402; In OH, TOL 1-FP (OH) 1102; In OK, TOL 1-FP (OK) 1001).

**Announcing a great, new benefit available to
[ABC] [employees]:**

**[Transitions by
TRANSAMERICASM]**

Individual Long Term Care Insurance



Benefits That Work For You

Now and Long After You Stop Working

How will you help protect yourself and your family from unforeseen Long Term Care expenses?

We want you to know Individual Long Term Care Insurance is available to you! Employees can take advantage of:

- **[20%] [ABC] discount.**
- **Married discount and Preferred discount for those who qualify.**
- **Discounts and coverage are also available to your spouse, children 18 and older, parents, grandparents, in-laws, uncles, aunts, sisters, and brothers.**



Transamerica Occidental Life Insurance Company

Underwritten by Transamerica Occidental Life Insurance Company.

[TBT 0208]

Contact us at

[(877) 532-4910]

for enrollment dates.

or to learn more about Long

Term Care and Long Term Care insurance.

Exclusions & limitations apply. Contact the agent for details. Coverage provided under policy series TOL 1-FP 1001, TOL 1-FP 402; in AR, TOL 1-FP (AR) 206; in FL, TOL 1-FP (FL) 402; in ID, TOL 1-P (ID) 607; in MD, TOL 1-FP (MD) 402; in NC, TOL 1-FP (NC-FR) 402; in TX, TOL 1-FP (TX) 402.

LTC AN NWS 0208



**TRANSAMERICA OCCIDENTAL
LIFE INSURANCE COMPANY**
Statutory Home Office: Cedar Rapids, IA
Long Term Care Division
P O Box 92106
Bedford, Texas 76095-9106
Phone Number: (877) 532-4910

[DATE]

[John Doe
1234 Any Street
City, State 12345]

Dear [Mr. Doe],

We'd like to help keep you in the *Good Life, Uninterrupted!*

Many experts agree that long term care insurance should be considered as part of any sound financial plan. Why? Well, quite simply – we are all living longer, and, with this increase in longevity, the risk of needing some form of long term care also increases. Additionally, the cost of long term care can significantly impact the retirement savings that you have worked so hard to accumulate. Therefore, to help you better understand long term care and long term care insurance, we have sent you this package.

What's Included in the Package:

This package includes general information about long term care as well as information on our long term care insurance product.

We hope that you find this package helpful. It provides some practical advice, some steps you can take now and resources to help you easily learn more about long term care. You can also visit the U.S. Department of Health and Human Services website, www.longtermcare.gov.

What's Next?

Review the enclosed information, and call us at (877) 532-4910. A Transamerica Long Term Care Insurance Agent will be happy to explain what the next steps are.

Thank you, and we look forward serving your Long Term Care insurance needs!

