

SERFF Tracking Number: AEGD-125794603 State: Arkansas  
Filing Company: Transamerica Life Insurance Co. State Tracking Number: 40097  
Company Tracking Number: 08041  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Application Supplements  
Project Name/Number: MPQ171008T, et al/80041

## Filing at a Glance

Company: Transamerica Life Insurance Co.

Product Name: Application Supplements

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGD-125794603 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 08041

Co Status:

Author: Carl Hunter

Date Submitted: 08/27/2008

State Tr Num: 40097

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/29/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: MPQ171008T, et al

Project Number: 80041

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/29/2008

State Status Changed: 08/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC # 468-86231

FEIN #39-0989781

Form Numbers: MPQ171008T—Application Supplement—Drug Use Questionnaire

MPQ181008T—Application Supplement—Alcohol Usage Questionnaire

APE81008T—Supplement to Application—Nicotine Questionnaire

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/27/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Commissioner:

<i>SERFF Tracking Number:</i>	<i>AEGD-125794603</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Co.</i>	<i>State Tracking Number:</i>	<i>40097</i>
<i>Company Tracking Number:</i>	<i>08041</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application Supplements</i>		
<i>Project Name/Number:</i>	<i>MPQ171008T, et al/80041</i>		

Please find attached the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms are submitted in final printed form in which they will be distributed to the Insured, and are subject to only modifications in paper size and stock, ink, border, Company logo, Company address, and adaptation to computer printing.

MPQ171008—Application Supplement—Drug Usage Questionnaire will be used to collect additional information about drug usage indicated on basic applications APA401008T and APA411008T. These basic applications were approved by your department on 6-4-08 under SERFF CMPL-125670265.

MPQ181008T—Application Supplement—Alcohol Usage Questionnaire will be used to collect additional information about alcohol consumption indicated on basic applications APA401008T and APA411008T. These basic applications were approved by your department on 6-4-08 under SERFF CMPL-125670265 .

APE81008T—Supplement to Application—Nicotine Questionnaire will be used to collect additional information about nicotine usage indicated on basic applications APA401008T and APA411008T. These basic applications were approved by your department on 6-4-08 under SERFF CMPL-125670265.

## **Company and Contact**

### **Filing Contact Information**

Carl Hunter, Contract Analyst	carl.hunter@transamerica.com
1150 South Olive Street	(213) 742-4004 [Phone]
Los Angeles, CA 90015	(213) 741-5839[FAX]

### **Filing Company Information**

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

Fee Required? Yes  
Fee Amount: \$60.00  
Retaliatory? No  
Fee Explanation: 3 forms X \$20.00 each = \$60.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Co.	\$60.00	08/27/2008	22169516

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/29/2008	08/29/2008

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## Disposition

Disposition Date: 08/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGD-125794603 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Form</b>	Drug Usage Questionnaire		Yes
<b>Form</b>	Alcohol Usage Questionnaire		Yes
<b>Form</b>	Nicotine Usage Questionnaire		Yes

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## Form Schedule

**Lead Form Number:** MPQ171008T

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MPQ171008T	Application/ Drug Usage Enrollment Form	Questionnaire	Initial		62	MPQ171008T Standard.pdf
	MPQ181008T	Application/ Alcohol Usage Enrollment Form	Questionnaire	Initial		61	MPQ181008T Standard.pdf
	APE81008T	Application/ Nicotine Usage Enrollment Form	Questionnaire	Initial		54	APE81008T Standard.pdf

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_



\* D T 0 3 3 \*

File No: \_\_\_\_\_

1. Please check if you are now using or have in the past used the following:
- a. Opium derivatives:       Heroin                       Morphine                       Demerol                       Methadone
  - b. Barbiturates:             Amytal                       Phenobarbital               Seconal                       Nembutal
  - c. Marijuana:                 Hashish                       Cannabis
  - d. Amphetamines:           Benzedrine                   Dexedrine                       Methedrine
  - e. Hallucinogens:           LSD                               DMT                               Mescaline                   Peyote                       Psilocybin
  - f.  Cocaine                       Crack
  - g. IV drug use: \_\_\_\_\_
  - h. Other (*Explain*): \_\_\_\_\_

2. Please give details for any usage noted above:

<i>Type(s)</i>	<i>Usual Quantity</i>	<i>Frequency of Use</i>	<i>Dates Used From - To</i>

3. Have you ever sought medical treatment because of drug usage?       Yes       No      If yes, give dates and names of physicians and institutions consulted: \_\_\_\_\_

4. Have you ever been unable to work or lost a job due to excessive use of any drug?       Yes       No      If yes, give dates and details: \_\_\_\_\_

5. Have you ever participated in or attended meetings for drug abuse?       Yes       No      If yes, give dates and details: \_\_\_\_\_

6. Have you ever been arrested or charged in connection with any drugs?       Yes       No      If yes, give dates and details: \_\_\_\_\_

7. Have you ever been treated at a medical facility, emergency room or urgent care center as a result of drug use?  
 Yes       No      If yes, please give dates and reasons: \_\_\_\_\_

8. Please add any additional information which you feel is important: \_\_\_\_\_

It is agreed that this supplement will be part of the application for the policy, and will therefore be part of the policy.

It is represented that the statements and answers given in this supplement are true, complete and correctly recorded.

I understand that omissions or misstatements in this supplement to the application could cause an otherwise valid claim to be denied under any contract issued from this application.

Signed at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

Signature of Proposed Insured

Signature of Witness



Transamerica Life Insurance Company  
 Home Office: [4333 Edgewood Road NE  
 Cedar Rapids, IA 52499]

GA # \_\_\_\_\_  
**Application Supplement**  
**Alcohol Usage Questionnaire**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_



\* D T 0 3 3 \*

File No: \_\_\_\_\_

1. Do you presently use alcoholic beverages?  Yes  No If yes, please quantify in each category below (*glasses, ounces, bottles on a daily, weekly or monthly basis*).

**Amount of Usage**

	<i>Wine</i>	<i>Beer</i>	<i>Liquor</i>	<i>Date of Last Drink</i>
<b>Daily</b>				
<b>Weekly</b>				
<b>Monthly</b>				

2. Did you ever drink substantially more than indicated above?  Yes  No If yes, please complete below.

**Amount of Usage**

	<i>Wine</i>	<i>Beer</i>	<i>Liquor</i>	<i>Date Started</i>	<i>No. of Years</i>
<b>Daily</b>					
<b>Weekly</b>					
<b>Monthly</b>					

3. Have your drinking habits changed in the last 5 years?  Yes  No If yes, please explain: \_\_\_\_\_

4. Have you ever consulted a physician or received treatment because of your alcohol use?  Yes  No If yes, indicate dates, names and addresses of any physicians, hospitals or treatment centers: \_\_\_\_\_

5. Have you ever taken or has a physician ever prescribed Antabuse?  Yes  No If yes, please give details: \_\_\_\_\_

6. Have you ever attended AA meetings or similar support groups?  Yes  No If yes, please give details including frequency and duration: \_\_\_\_\_

7. Have you ever been charged with impaired driving, lost your job, or been arrested due to the influence of alcohol?  Yes  No If yes, give details: \_\_\_\_\_

8. Has any member of your immediate family been treated for or died due to excessive use of alcohol?  Yes  No If yes, give details: \_\_\_\_\_

9. Please add any additional information which you feel is important: \_\_\_\_\_

It is agreed that this supplement will be part of the application for the policy, and will therefore be part of the policy.

It is represented that the statements and answers given in this supplement are true, complete and correctly recorded.

I understand that omissions or misstatements in this supplement to the application could cause an otherwise valid claim to be denied under any contract issued from this application.

Signed at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

Signature of Proposed Insured

Signature of Witness



Transamerica Life Insurance Company  
Home Office: [4333 Edgewood Road NE  
Cedar Rapids, IA 52499]

GA # \_\_\_\_\_  
**Supplement to Application  
Nicotine Questionnaire**

Application No: \_\_\_\_\_

This supplement is to be completed with respect to all persons to be covered, as shown below:

Proposed Insured: \_\_\_\_\_

Have you used nicotine at any time?

**Date Last Used**

- |                              |                             |                 |       |
|------------------------------|-----------------------------|-----------------|-------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cigarettes      | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cigar           | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pipe            | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chewing Tobacco | _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other           | _____ |

Details of use:

It is agreed that this supplement will be part of the application for the policy, and will therefore be part of the policy.

It is represented that the statements and answers given in this supplement are true, complete and correctly recorded.

I understand that omissions or misstatements in this supplement to the application could cause an otherwise valid claim to be denied under any contract issued from this application.

Signed at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

Signature of Proposed Insured



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

08/27/2008

**Comments:**

**Attachment:**

AR Readability Certification.pdf

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Home Office: Cedar Rapids, Iowa**

**ARKANSAS CERTIFICATION OF READABILITY**

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

<b><u>Form Number</u></b>	<b><u>Form Description</u></b>	<b><u>Flesch Score</u></b>
MPQ171008T	Application Supplement—Drug Usage Questionnaire	62.4
MPQ181008T	Application Supplement—Alcohol Usage Questionnaire	61.3
APE81008T	Application Supplement—Nicotine Usage Questionnaire	54.2

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



\_\_\_\_\_  
Fred Alvarado, Manager  
Contract Development

08/27/08  
Date



\_\_\_\_\_  
Cheryl Bock, Assistant Vice President  
Contract Development