

SERFF Tracking Number: AEGJ-125763053 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 39857
Company Tracking Number: TLC NBR 0608
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: TransCare
Project Name/Number: TLC NBR/PBR 0608/TLC NBR/PBR 0608

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TransCare SERFF Tr Num: AEGJ-125763053 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 39857
Sub-TOI: LTC03I.001 Qualified Co Tr Num: TLC NBR 0608 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Authors: Joan Shumaker, Pamm Disposition Date: 08/29/2008
Davis
Date Submitted: 08/06/2008 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: TLC NBR/PBR 0608 Status of Filing in Domicile: Not Filed
Project Number: TLC NBR/PBR 0608 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Advertising filing not required by domicile (Iowa).
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 08/29/2008 Deemer Date:
State Status Changed: 08/29/2008
Corresponding Filing Tracking Number: TLC NBR 0608
Filing Description:
Please see cover letter in "Supporting Documentation" tab.

Company and Contact

Filing Contact Information

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Pamm Davis, Advertising Analyst Trainee pamdavis@aegonusa.com
P.O. Box 93007 (800) 553-7600 [Phone]
Bedford, TX 76053-3007 (817) 285-3394[FAX]

Filing Company Information

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

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? No
Fee Explanation: \$25 each advertising piece = 3@\$25 = \$75
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$75.00	08/06/2008	21811493

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	08/29/2008	08/29/2008

SERFF Tracking Number: *AEGJ-125763053* *State:* *Arkansas*
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Disposition

Disposition Date: 08/29/2008

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		Yes
Supporting Document	Variables		Yes
Form	Needs Brochure		Yes
Form	Product Brochure		Yes
Form	Illustration		Yes

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Form Schedule

Lead Form Number: TLC NBR 0608

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TLC NBR 0608	Advertising	Needs Brochure	Initial			TLC NBR 0608 filing 7-25.pdf
	TLC PBR 0608	Advertising	Product Brochure	Initial			TLC PBR 0608 GENERIC 7-24-08.pdf
	TLC ILL 0708	Advertising	Illustration	Initial			TLC ILL 0708.pdf

[TRANSCARESM]

A Plan Designed for a Changing FutureSM



 **TRANSAMERICA**
LIFE INSURANCE COMPANY

LONG TERM CARE INSURANCE

YOUR LIFE IS FULL OF ACCOMPLISHMENTS.

You may believe that hard work and planning for your future retirement needs are key to helping preserve your freedom of choice and maintain your standard of living. A solid financial plan can help you achieve these two very important goals. However, no matter how much thought goes into a financial plan, a long term care need could seriously impact what you have spent a lifetime saving.

For this reason, including Long Term Care insurance in your financial planning may be an effective way of helping protect your savings.

WHY BUY A LONG TERM CARE INSURANCE POLICY?

Quite simply, long term care is expensive, and it can negatively impact savings and investments that may be needed to maintain your standard of living both now and in the future.

When you consider the fact that the national average cost of a private room in a nursing home is \$[76,285]¹ a year, you can easily realize that the need for long term care may be a serious risk that you should not ignore. But, beyond nursing home stays, other forms of long term care can be just as costly. The national average cost of an assisted living facility is \$[36,096]¹ a year and home health care can cut into any budget with a national average cost of \$[18.00]¹ per hour for a home health aide.



These costs are only expected to continue increasing. So ask yourself, if an extended illness or injury left you or a loved one needing long term care, how would you pay for your care?

WHAT ARE THE CHANCES?

As people age, the risk of needing long term care may increase. However, what about needing long term care at younger ages? You may be surprised to learn that an estimated 40% of those persons receiving long term care are not seniors, but are between the ages of 18 and 64.²

What if a loved-one needed long term care? How would that affect your family and employment? The majority of caregivers in the United States (59 percent) are employed either full or part time.³

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¹*Paying for Long-Term Care, Cost of Care. National Clearinghouse for Long-Term Care Information. Available at <http://www.longtermcare.gov>. Accessed June 2008.*

²*Shelton, Phyllis. Long-Term Care: Your Financial Planning Guide. Tennessee: LTCI Publishing, 2007.*

³*AARP Public Policy Institute, "Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving," 2006.*

HOW CAN TRANSCARESM HELP?

Long Term Care insurance can be an effective way to help protect your assets from the high cost of long term care. It can also help preserve your freedom of choice. TransCareSM Long Term Care insurance was designed to provide you with the flexibility you need to design an insurance plan that fits your financial planning needs.

An illness or condition that requires long term care can be costly, and it can have an impact on your financial plan. With Long Term Care insurance, you can have added peace of mind knowing that you have taken steps to help protect your savings.

HOW DOES TRANSCARESM WORK?

The TransCareSM Long Term Care insurance policy helps pay for your care and helps to protect your assets by paying for long term care expenses up to the Maximum Daily Benefit amount you choose in your policy. The policy provides benefits for a wide variety of long term care. TransCareSM may help you stay at home for as long as possible.

- Flexible Benefit Choices – to help your premium stay within your budget
- Alternative Payment Benefit Option – paid to you to use in any way you see fit, from Day 1!
- Home Health Care – Day 1 coverage for Home Health Care and Adult Day Care with a built in 0-Day Elimination Period for these services
- Benefit Increase Options⁴ – to help you keep up with the effects of inflation
- Home Health Care Services – benefits designed to help you stay at home
- Spousal Discounts – when both of you apply for like benefits
- Preferred Discounts – for individuals meeting certain criteria
- Rate Guarantees⁵ – 5 year rate guarantee included; up to a 10 year rate guarantee option available for purchase

Some benefits may be optional and will have an additional premium. See your agent or Outline of Coverage for details.

If you're working hard to create a solid financial plan for your family, it's important to evaluate the benefits of owning TransCareSM Long Term Care insurance.



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⁴Not all Benefit Increase Options available in all states.

⁵Rate guarantees not available in CT, FL, MD and TN.

This brochure provides only a brief description of benefits. Exclusions and Limitations apply. Benefits and Premiums vary depending upon plan selected. See the Outline of Coverage or your agent for complete details.

Policy form number, options, and discounts may vary by state and coverage may not be available in all jurisdictions. TransCareSM (policy form series TLC 1-FP 1001 or TLC 1-FP 402; in FL: TLC 1-FP (FL) 402; in ID: TLC 1-P (ID) 408; in MD: TLC 1-FP (MD) 402; in OK: TLC 1-FP (OK) 1001; in TX: TLC 1-FP (TX) 402) is an individual Long Term Care insurance policy underwritten by Transamerica Life Insurance Company.

Home Office: Cedar Rapids, Iowa
Administrative Office: P.O. Box 95302, Hurst, Texas 76053-5302



LONG TERM CARE INSURANCE

[TRANSCARE]SM

A Plan Designed for a Changing FutureSM



 **TRANSAMERICA**
® LIFE INSURANCE COMPANY

TLC PBR 0608

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 Doctor¹, a registered nurse or a licensed social worker) who must certify within the last 12 months that:

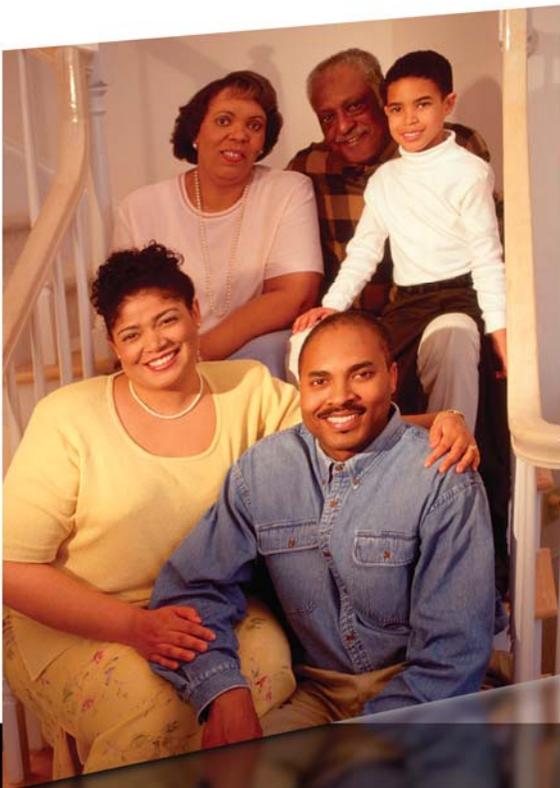
You require assistance due to your inability to perform at least two Activities of Daily Living (ADLs) for a period expected to last at least 90 days due to a loss of functional capacity.

OR

You require continual supervision² 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

¹In Ohio, Physician

²In Hawaii, substantial supervision

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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**



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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?

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;
- IS CHOSEN FROM OUR LIST OF INDEPENDENT PROVIDERS;
- 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.

The following benefits are available only through Care Coordination. For the Therapeutic Device, Home Modification and Medical Alert System Benefits, your "Home" also does not include Assisted Living Facilities. (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.



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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.

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,³ 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 Doctor⁴, 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.

³Not applicable in Nebraska

⁴In Ohio, Physician.



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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.

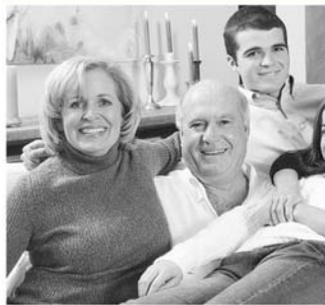
The **5% Simple Benefit Increase Option** increases your benefit amounts each year by 5% of the original benefit amount.

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.

*Premiums will vary with choice of benefits.



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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 from⁵ alcoholism, drug addiction or chemical dependency,⁶ unless as a result of medication prescribed by a Doctor;⁷ or (2) arising out of suicide (while sane or insane),⁸ attempted suicide or intentionally self-inflicted injury;⁹ 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.

⁵In South Carolina, that is provided for:

⁶In Maine and Oklahoma, chemical dependency does not apply.

⁷In Ohio, Physician

⁸In Colorado, while sane or insane is not applicable.

⁹In Colorado, while sane.



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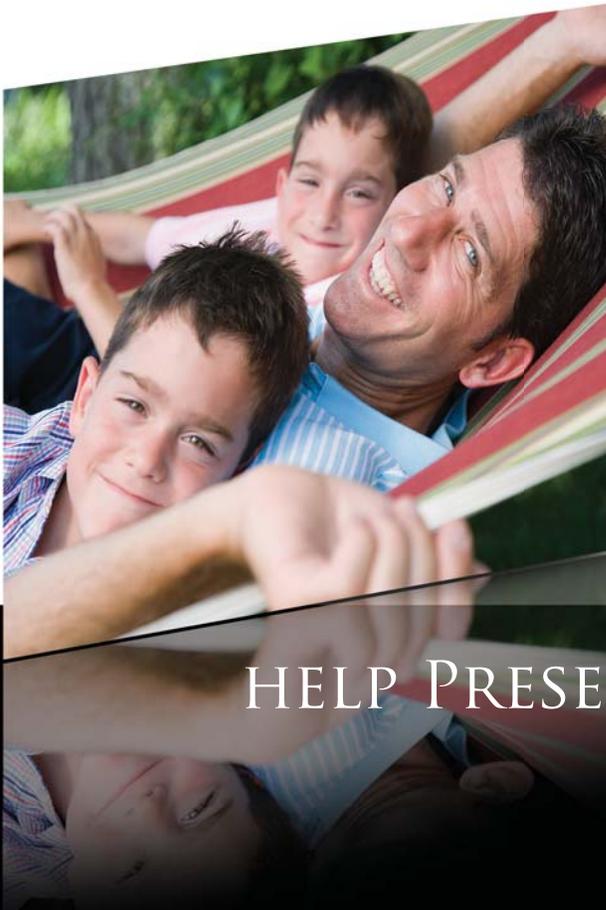
30-DAY FREE LOOK

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 1001 or TLC 1-FP 402; in OK: TLC 1-FP (OK) 1001.

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.

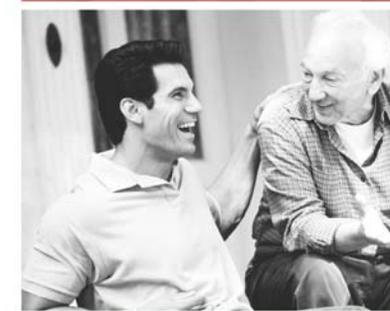


HELP PRESERVE FREEDOM OF CHOICE
AND YOUR STATE



**Home Office:
Cedar Rapids, Iowa**

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



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LONG TERM CARE INSURANCE



Long Term Care Insurance Quote

Prepared For: [Client First and Last Name 1]
[Client First and Last Name 2]
[Client Street 1]
[Client Street 2]
[Client City, State, ZIP Code]

Provided By: [Agent Name Here]
[Agency Name Here]
[Agency Street 1]
[Agency Street 2]
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]
[Fax: (XXX) XXX-XXXX]
[Email: XXXXXXXXXXXXX]
[Insurance LIC #: XXXXXXXX]

Transamerica Life Insurance Company

Home Office
Cedar Rapids, IA

Administrative Office
[P.O. Box 95302]
[Hurst, TX 76053-5302]
[(866) 478-5209]



[Product Name] Illustration

Prepared for:

[Client 1 First and Last Name] [and Client 2 First and Last Name]

Thank you for taking the time to consider this opportunity to help protect you and your family from the financial risks of long term care. [Product Name] is designed with you in mind. Long Term Care insurance is a financial planning tool that may help you safeguard key foundational elements of your lifestyle, including financial security, dignity, and freedom of choice.

Illustration Details	[Client 1 FName]	[Client 2 FName]
Age	[XX]	[XX]
State	[State]	[State]
Rate Classification	[XXXXXXXXXX]	[XXXXXXXXXX]
Maximum Daily Benefit	[\$Daily Amt]	[\$Daily Amt]
Maximum Benefit	[\$Max. Amt]	[\$Max Amt]
Elimination Period	[XX] Days	[XX] Days
[Care Coordination]	[Included]	[Included]
[Home Health Care]	[Included]	[Included]
[Adult Day Care]	[Included]	[Included]
[Alternative Payment Benefit]	[Included]	[Included]
[Assisted Living Facility Benefit]	[Included]	[Included]
[Nursing Home Benefit]	[Included]	[Included]
[Bed Reservation Benefit]	[Included]	[Included]
[Waiver of Premium]	[Included]	[Included]
[Hospice Care Benefit]	[Included]	[Included]
[Rate Guarantee – [XX] Years]	[Included]	[Included]
[Benefit Increase Option]	[Deferred]	[Deferred]
 Base Plan Premium	 [\$XXX,XXX.XX]	 [\$XXX,XXX.XX]
 [Other Elected Benefits (Additional Premium Required)]		
[Monthly Home Care Benefit]	[\$Prem. Amt]	[\$Prem. Amt]
[Full Restoration of Benefits]	[\$Prem. Amt]	[\$Prem. Amt]
[Joint Waiver of Premium]	[\$Prem. Amt]	[\$Prem. Amt]
[Return of Premium]	[\$Prem. Amt]	[\$Prem. Amt]
[Paid Up Provision]	[\$Prem. Amt]	[\$Prem. Amt]
[Nonforfeiture Benefit]	[\$Prem. Amt]	[\$Prem. Amt]
[Cancellation Provision]	[\$Prem. Amt]	[\$Prem. Amt]
[Additional Rate Guarantee – XX Years]	[\$Prem. Amt]	[\$Prem. Amt]
[5% Compound Benefit Increase Option]	[\$Prem. Amt]	[\$Prem. Amt]
[3% Compound Benefit Increase Option]	[\$Prem. Amt]	[\$Prem. Amt]
[5% Simple Benefit Increase Option]	[\$Prem. Amt]	[\$Prem. Amt]
[5% Step Rated Benefit Increase Option]	[\$Prem. Amt]	[\$Prem. Amt]
 [Elected Benefits Subtotal]	 [\$Prem. Amt]	 [\$Prem. Amt]
TLIC ILL 0708	[State]	[Date of Quote]

[Discounts]

[Single / Preferred, Married / Standard, Married / Preferred]	[\$X,XXX,XXX.XX]	[\$X,XXX,XXX.XX]
[Professional Association]	[\$X,XXX,XXX.XX]	[\$X,XXX,XXX.XX]
[Non-Professional Association]	[\$X,XXX,XXX.XX]	[\$X,XXX,XXX.XX]
[Worksite – Voluntary]	[\$X,XXX,XXX.XX]	[\$X,XXX,XXX.XX]
[Employer Pay All]	[\$X,XXX,XXX.XX]	[\$X,XXX,XXX.XX]
[Discount Subtotal]	[\$X,XXX,XXX.XX]	[\$X,XXX,XXX.XX]

Total [XXXXXXXX] Premium **[\$Prem. Amt]** **[\$Prem. Amt]**

Premium Payment Periods
Lifetime Pay:

	Premium Amounts	[Premium Amounts]
Annual	[\$Prem. Amt]	[\$Prem. Amt]
Semi Annual	[\$Prem. Amt]	[\$Prem. Amt]
Quarterly	[\$Prem. Amt]	[\$Prem. Amt]
Monthly [Bank Draft]	[\$Prem. Amt]	[\$Prem. Amt]
[Payroll Deduction]	[\$Prem. Amt]	[\$Prem. Amt]

[Limited Pay:]
[10-Pay:

Annual	[\$Prem. Amt]	[\$Prem. Amt]
Semi Annual	[\$Prem. Amt]	[\$Prem. Amt]
Quarterly	[\$Prem. Amt]	[\$Prem. Amt]
Monthly [Bank Draft]	[\$Prem. Amt]	[\$Prem. Amt]

[Pay to 65:

Annual	[\$Prem. Amt]	[\$Prem. Amt]
Semi Annual	[\$Prem. Amt]	[\$Prem. Amt]
Quarterly	[\$Prem. Amt]	[\$Prem. Amt]
Monthly [Bank Draft]	[\$Prem. Amt]	[\$Prem. Amt]

[Single Premium

[\$Prem. Amt]	[\$Prem. Amt]
---------------	---------------

[Payment Required with Application] **[\$Amount]** **[\$Amount]**

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.



Optional Coverage Designs

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the Deferred Benefit Increase Option will be included in your Policy.

Name: [Client 1 First and Last Name] Elected Benefits: [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 Age: [XX] [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 Rate Classification: [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 Elimination Period: [XX] Days [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 Benefit Increase Option: [XXXXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 Premium Payment Period: [XXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXX]
 [XXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXX]

MAXIMUM BENEFIT

BENEFIT INCREASE OPTION	ELIMINATION PERIOD	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[UNLIMITED]
		ANNUAL PREMIUM					
DEFERRED BIO*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% SIMPLE	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
3% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% STEP RATED*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]

*Rates are subject to change upon your election of future benefit increase offers.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.



Optional Coverage Designs

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the Deferred Benefit Increase Option will be included in your Policy.

Name: [Client 2 First and Last Name] Elected Benefits: [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Age: [XX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Rate Classification: [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Elimination Period: [XX] Days [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Benefit Increase Option: [XXXXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Premium Payment Period: [XXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 [XXXXXXXXXXXXXXXXXXXX]

BENEFIT INCREASE OPTION	ELIMINATION PERIOD	MAXIMUM BENEFIT					
		[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[UNLIMITED]
ANNUAL PREMIUM							
DEFERRED BIO*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% SIMPLE	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
3% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% STEP RATED*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]

*Rates are subject to change upon your election of future benefit increase offers.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.



[Benefit Increase Schedule

This is intended to show how your [Product Name] Long Term Care daily benefit and maximum benefit will increase due to the effect of the Benefit Increase Option you selected. This includes the illustration details and other elected benefits you selected in the original illustration.

Name: [Client 2 First and Last Name] Elected Benefits: [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Age: [XX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Rate Classification: [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Elimination Period: [XX] Day [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Benefit Increase Option: [XXXXXXXXXXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 Premium Payment Period: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]
 [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXXXXXXXXXX]

AGE	MAXIMUM DAILY BENEFIT	MAXIMUM BENEFIT	ANNUAL PREMIUM
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]

These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.



Illustration Disclaimer

This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. Please see the Outline of Coverage or sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased. Premium and benefit amounts will vary, depending upon your age at application and the plan selected. The actual Premiums may differ as a result of any applicable discounts. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium.

Policy Series TLC 1-FP 1001 or TLC 1-FP 402 {In ID, TLC 1-P (ID) 408; in MD, TLC 1-FP (MD) 402; in OK, TLC 1-FP (OK) 1001.}

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.

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 premium 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 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.

SERFF Tracking Number: AEGJ-125763053 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 39857
Company Tracking Number: TLC NBR 0608
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: TransCare
Project Name/Number: TLC NBR/PBR 0608/TLC NBR/PBR 0608

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGJ-125763053 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 39857
Company Tracking Number: TLC NBR 0608
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: TransCare
Project Name/Number: TLC NBR/PBR 0608/TLC NBR/PBR 0608

Supporting Document Schedules

Satisfied -Name: Cover Letter

Comments:

Attachment:

AR NBR-PBR-ILL filing ltr 8-6-08.pdf

Review Status:

08/06/2008

Satisfied -Name: Variables

Comments:

Attachment:

NBR-PBR-ILL Variables.pdf

Review Status:

08/06/2008



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

August 6, 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 NBR 0608 - Needs Brochure
TLC PBR 0608 - Product Brochure
TLIC ILL 0708 - Invitation to Contract Premium Illustration

Dear Commissioner Bowman:

Enclosed is the referenced form submitted for your review and approval. This form is not intended to replace any previously approved advertising forms.

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.

This form 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

NBR, PBR & ILLUSTRATION VARIABLES

LTC NBR 0608 NEEDS 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 2:

The variables are the average costs will reflect what is currently on the www.longtermcare.gov web site.

Page 3:

In the “How Does [Transcaresm] Work?”, Rate Guarantee will only show on brochure if it is applicable.

LTC PBR 0608 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.

TLIC ILL 0708 PREMIUM ILLUSTRATION

COVER PAGE:

Prepared For: The name(s) and client(s) information will be listed.

Provided By: The agent information goes in this area.

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels in which to contact the company.

Footer – Each Page:

State of residence and the Month, Day and Year of the quote will print on each page.

ILLUSTRATION PAGE:

Please note that once a client makes his/her choices, this page will print information only for the selections made by the client(s).

The Product Name in the heading and first paragraph is variable due to this illustration being used for different marketing packages. It will be “TransCare”, “Transitions by Transamerica”, “SecurePath”, or “TransCare Options”.

Prepared For: The client(s) name(s) is repeated here.

Illustration Details:

If there is no “Client 2”, then only the Client 1 information will print on this page.

Age:	Age(s) of client(s) on date of quote.
State:	Client(s) residence state
Rate Classification:	Standard or Preferred
Maximum Daily Benefit	\$50 - \$400
Maximum Benefit:	Policy Maximum Benefit amount chosen
Elimination Period	0, 30, 60, 90, 180 Days
General Benefits	Listed as “included” if they are part of the base plan.

Benefit Increase Option: Deferred is automatically included if any other BIO is rejected. “Deferred” will only show if that is the case. Optional Benefit Increase Options are listed in the next section as additional premium required.

Other Elected Benefits (Additional Premium Required)

The benefits are variable and will only print if the client(s) elected it. The corresponding premium amount for each will print beside the elected benefit.

Discounts:

The appropriate discount (Single Preferred, Married Standard, or Married Preferred) and the amount for that discount will show. For sales to those who are not part of an employer or association group, the only thing that will print is if they qualify for Single / Preferred, Married / Standard, or Married / Preferred discount.

Other discounts (Professional – Association, Non-Professional Association, Worksite – Voluntary, or Employer Pay All) will show only if applicable.

Total [Annual] Premium

Annual is variable, in that whichever premium pay plan is selected, (Annual, Semi-Annual, Quarterly, Monthly, or Payroll Deduction) will be show in this area. Please see comment under Lifetime Pay, below.

Lifetime Pay:

The amounts of the premium will show for all payment modes. “Annual, Semi-Annual, Quarterly and Monthly” will always print on the illustration.

Monthly will print “ – Bank Draft Only”, if that is what the client(s) chose. If they just want to pay monthly, the variable words will not show.

Payroll Deduction will only show if that is applicable (e.g., employer groups sometimes have payroll deduction).

Limited Pay:

If the client chooses a Limited Pay period, their selection (Single Pay, or 15 year or 20 year Pay) will print along with the corresponding premium amount. If the client does not choose a limited Pay period, this section will not show.

Payment Required with Application and corresponding premium will print, if applicable.

OPTIONAL COVERAGE DESIGNS PAGE:

If there is only one client on the quote, then the Optional coverage Designs page for Client 2 will not print.

Under “Premium Payment Period”, if a limited payment period is selected, it will show on the first line and the second line will show which limited pay was chosen.

This page is designed to show the client various premium amounts, depending upon changing Benefit Increase Option, the Elimination Period and the Maximum Benefit.

Name, Age, Rate Classification, etc. will be brought forward on remaining pages.

BENEFIT INCREASE SCHEDULE PAGE:

If there is only one client on the quote, then the Optional coverage Designs page for Client 2 will not print.

The Name, Age, Rate Classification, etc. will be brought forward on remaining pages.

Age Column will show the person’s age on the top line and ages going forward, usually in 5 year increments. The corresponding Maximum Daily Benefit, Maximum Benefit and Annual Premium amounts will show for those ages.

ILLUSTRATION DISCLAIMER PAGE:

Under “A Word About Premium Rates”, if there is no rate guarantee on the illustration, the bracketed information will not show.