

SERFF Tracking Number: AEGD-125797149 State: Arkansas  
Filing Company: Transamerica Life Insurance Co. State Tracking Number: 40125  
Company Tracking Number: 08040/APE 3-1008 ET AL  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: TLIC Save Age Application Amendments  
Project Name/Number: TLIC Save Age Application Amendments/08040

## Filing at a Glance

Company: Transamerica Life Insurance Co.

Product Name: TLIC Save Age Application Amendments SERFF Tr Num: AEGD-125797149 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40125

Sub-TOI: L08.000 Life - Other

Co Tr Num: 08040/APE 3-1008 ET AL State Status: Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Paula Sachs

Disposition Date: 09/02/2008

Date Submitted: 08/29/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: TLIC Save Age Application Amendments

Status of Filing in Domicile: Authorized

Project Number: 08040

Date Approved in Domicile: 08/29/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approved August 29, 2008

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/02/2008

State Status Changed: 09/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Commissioner of Insurance – Arkansas Project #08040

Re: Transamerica Life Insurance Company

NAIC #: 468-86231; FEIN #: 39-0989781

Forms Filing - Application Amendments

*SERFF Tracking Number:* AEGD-125797149 *State:* Arkansas  
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*Project Name/Number:* TLIC Save Age Application Amendments/08040

APE 3-1008 – Request to Backdate Policy to “Save Age”

APE 4-1008 – Request to Backdate Policy to “Save Age”

APE 5-1008 – Request to Backdate Policy

Dear Commissioner:

Enclosed please find the above application amendments for your review and approval. These are new forms that do not replace any form(s) currently on file with your Department. These application amendments are intended for use with life insurance forms approved for use by your Department for Transamerica Life Insurance Company.

Amendment form APE 3-1008 (for term products) and APE 4-1008 (for UL products) will be used for contract “backdating”, an underwriting practice that allows the Insured to keep his or her Insurance Age down by one year; thereby reducing the premium or monthly deductions rates over the life of the policy. Amendment form APE 5-1008 (used for sales of life insurance to pension plans) will be used for list billing and streamlined administration processing, and these sales may (or may not) also result in “saving age”.

Please accept this letter as certification that we will permit backdating only within the guidelines set forth by applicable state law in Arkansas.

The forms submitted do not contain any unusual or controversial items, or provisions that deviate from normal company or industry standards.

Iowa, our state of domicile, approved these forms on August 29, 2008.

If you have any questions, comments or concerns or if you need any additional information in order to complete your review, please contact me by e-mail at paula.sachs@transamerica.com, fax at (213) 741-5839, or you may call me collect at (213) 741-7101 (Pacific Time).

Thank you in advance for your time and attention.

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## Company and Contact

### Filing Contact Information

Paula Sachs, Senior Analyst Paula.Sachs@Transamerica.com  
 1150 S. Olive St. (213) 741-7101 [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: 20 per form  
 Per Company: No

| COMPANY                         | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---------------------------------|---------|----------------|---------------|
| Transamerica Life Insurance Co. | \$60.00 | 08/29/2008     | 22214828      |

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## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 09/02/2008 | 09/02/2008     |

*SERFF Tracking Number:*      *AEGD-125797149*                      *State:*                      *Arkansas*  
*Filing Company:*              *Transamerica Life Insurance Co.*              *State Tracking Number:*      *40125*  
*Company Tracking Number:*      *08040/APE 3-1008 ET AL*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *TLIC Save Age Application Amendments*  
*Project Name/Number:*      *TLIC Save Age Application Amendments/08040*

## **Disposition**

Disposition Date: 09/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type           | Item Name             | Item Status | Public Access |
|---------------------|-----------------------|-------------|---------------|
| Supporting Document | Certification/Notice  |             | Yes           |
| Supporting Document | Application           |             | No            |
| Form                | Application Amendment |             | Yes           |
| Form                | Application Amendment |             | Yes           |
| Form                | Application Amendment |             | Yes           |

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## Form Schedule

**Lead Form Number:** APE 3-1008

| Review Status | Form Number | Form Type Form Name                                   | Action  | Action Specific Data | Readability | Attachment     |
|---------------|-------------|---|---------|----------------------|-------------|----------------|
|               | APE 3-1008  | Application/ Enrollment Form<br>Application Amendment | Initial |                      | 52          | APE 3-1008.pdf |
|               | APE 4-1008  | Application/ Enrollment Form<br>Application Amendment | Initial |                      | 51          | APE 4-1008.pdf |
|               | APE 5-1008  | Application/ Enrollment Form<br>Application Amendment | Initial |                      | 49          | APE 5-1008.pdf |



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**APPLICATION AMENDMENT**

Life Insured:

The Application for Policy/Certificate ("Policy") No. \_\_\_\_\_ is amended as follows:

**REQUEST TO BACKDATE POLICY TO "SAVE AGE"**

I request that Transamerica Life Insurance Company ("Transamerica") date the life insurance Policy for which I am applying in the application so as to "save age." I understand that dating to "save age" means that each of the regular premium payments I make on the Policy will be lower in dollar amounts than if I did not date to "save age." **I also recognize that dating to save age means part of my first premium payment will be for a period of time during which insurance coverage will not be in effect.** The precise length of that period will depend on a number of factors, such as:

- (a) how far back in weeks or months the Policy needs to be dated in order to qualify for the younger insurance age,
- (b) how long it takes to process my application, which includes how quickly I respond to any requests for information from Transamerica, and
- (c) how quickly I am able to obtain delivery of the Policy and make the first premium payment, **which in most cases is when coverage commences.**

I further understand that I may have the option of making an initial estimated premium payment with my application and that doing so may eliminate or reduce the period of time for which I would be paying premiums without coverage.

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy issued by the Company.

It is agreed that this amendment shall be part of the application for the Policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_ Date

\_\_\_\_\_  
Witness to all signatures (Licensed Resident Agent, as required)

\_\_\_\_\_  
Policyowner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**APPLICATION AMENDMENT**

Life Insured:

The Application for Policy/Certificate ("Policy") No. \_\_\_\_\_ is amended as follows:

**REQUEST TO BACKDATE POLICY TO "SAVE AGE"**

I REQUEST THAT Transamerica Life Insurance Company ("Transamerica") backdate the life insurance Policy for which I am applying in the attached application so as to "save age".

I understand that backdating means that this application is amended to be "dated back" to the time specified in this amendment. I also understand that the Policy I am purchasing is the Policy then available for sale as of the date specified on this amendment.

I understand dating to "save age" means that each of the required Policy premiums I make on the Policy will be lower in dollar amounts than if I did not date to "save age". I realize that backdating means my required fixed premium will be due and payable from my "dated back to save age" date. **I recognize and understand my monthly deductions taken from my premium payments will start from the same date and will be for a period of time during which life insurance will not be in effect.** Likewise, the Surrender Charge period of my Policy will begin from that same date. Interest will not begin to accrue until either the Policy issue date or the premium payment is received in our Administrative Offices, whichever is later. The precise length of that period in which interest will not accrue depends on a number of factors such as:

- a) how far back in weeks or months the Policy needs to be dated in order to qualify for the applied for plan,
- b) how long it takes to process my application, which includes how quickly I respond to any requests for information from Transamerica, and
- c) how quickly I am able to obtain delivery of the Policy and make the first premium payment, which in most cases is when coverage begins.

I further understand that I may have the option of making an initial estimated premium payment with my application and that in so doing may eliminate or reduce the period of time for which I would be paying premiums without coverage.

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy issued by the Company.

It is agreed that this amendment shall be part of the application for the Policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_ Date

\_\_\_\_\_  
Witness to all signatures (Licensed Resident Agent, as required)

\_\_\_\_\_  
Policyowner

\_\_\_\_\_

\_\_\_\_\_



Transamerica Life Insurance Company  
Home Office: Cedar Rapids, IA

**APPLICATION AMENDMENT**

Name of Insured:

Name of Qualified Pension Plan

The Application for Policy/Certificate ("Policy") No. \_\_\_\_\_ is amended as follows:

**REQUEST TO BACKDATE POLICY**

I REQUEST THAT Transamerica Life Insurance Company ("Transamerica") backdate the life insurance Policy for which I am applying in the attached application. The requested date will provide one or more of the following benefits to me: (a) ease administrative tasks by receiving a group, list billing of all policies issued to the plan; (b) facilitate plan administration services by establishing common monthly dates for all policies issued to the plan; and/or (c) result in lower fixed premium rates and/or monthly deductions rates if the requested date results in a younger issue age for the proposed insured (compared to those that would apply at his/her current attained age. The requested date is \_\_\_\_\_.

I understand that backdating means that this application is amended to be "dated back" to the time specified in this amendment. I also understand that the Policy I am purchasing is the Policy then available for sale as of the date specified on this amendment.

If the requested date results in the proposed insured "saving age", I understand this means that each of the required Policy premiums I make on the Policy will be lower in dollar amounts than if I did not date to "save age". **I realize that backdating means my required fixed premium will be due and payable from my "dated back" Policy Date and understand my monthly deductions taken from my premium payments will start from the same Policy Date and I will be making payments for a period in which no life insurance coverage is provided under the Policy.** Likewise, the Surrender Charge period of my Policy will begin from that same date. Interest will not begin to accrue until either the Policy issue date or the premium payment is received in our Administrative Offices, whichever is later. The precise length of that period in which interest will not accrue depends on a number of factors such as:

- a) how far back in weeks or months the Policy needs to be dated in order to qualify for the applied for plan,
- b) how long it takes to process my application, which includes how quickly I respond to any requests for information from Transamerica, and
- c) how quickly I am able to obtain delivery of the Policy and make the first premium payment, which in most cases is when coverage begins.

I further understand that I may have the option of making an initial estimated premium payment with my application and that in so doing may eliminate or reduce the period of time for which I would be paying premiums without coverage.

I/We declare that I/we have, in an identical manner, completed and signed the copy of this amendment that is attached to and made part of the Policy issued by the Company.

It is agreed that this amendment shall be part of the application for the Policy.

Signed at \_\_\_\_\_ on \_\_\_\_\_ Date

\_\_\_\_\_  
Witness to all signatures (Licensed Resident Agent, as required)

\_\_\_\_\_  
Name of Plan

\_\_\_\_\_  
Plan Trustee

*SERFF Tracking Number:*      *AEGD-125797149*                      *State:*                      *Arkansas*  
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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

08/29/2008

### Comments:

This is an application-only filing; Guaranty Association Notice certification not applicable to this filing

### Attachments:

Regulation 19 (Unfair Sex Discrimination) Certification.pdf

08040 Readability Certification.pdf

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

**COMPLIANCE CERTIFICATION**

**Application Amendments APE 3-1008, APE 4-1008 and APE 5-1008**

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.



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Cheryl Bock  
Assistant Vice President

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

**CERTIFICATION OF READABILITY**

| <u>Form Number</u> | <u>Flesch Score</u> |
|--------------------|---------------------|
| APE 3-1008         | 51.6                |
| APE 4-1008         | 50.8                |
| APE 5-1008         | 49.3                |

It is hereby certified that each form listed above meets the minimum reading ease score required by ARKANSAS.

The Flesch score was calculated using the text of the entire form. "Text" is as defined by State regulations.

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.



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Cheryl Bock  
Contract Development  
Assistant Vice President