

SERFF Tracking Number: AEGJ-126396506 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44190  
Company Tracking Number: TLC AMB LD1 1109 ET AL  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Association Endorsement Letter  
Project Name/Number: Adv TLC AMB LD1 1109 et al/TLC AMB LD1 1109 et al

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Association Endorsement Letter SERFF Tr Num: AEGJ-126396506 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Withdrawn State Tr Num: 44190

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: TLC AMB LD1 1109 ET State Status: FEES PAID  
AL

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Authors: Julie Maclin, Joan

Disposition Date: 12/02/2009

Shumaker, Pamm Davis, Patsy Holt

Date Submitted: 11/24/2009

Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Adv TLC AMB LD1 1109 et al

Status of Filing in Domicile: Not Filed

Project Number: TLC AMB LD1 1109 et al

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Advertising filing  
not required in domicile state (Iowa).

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/02/2009

Explanation for Other Group Market Type:

State Status Changed: 11/25/2009

Deemer Date:

Created By: Patsy Holt

Submitted By: Julie Maclin

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under "Supporting Documentation" tab.

## Company and Contact

### Filing Contact Information

Patsy Holt, Advertising Analyst

PHolt@aegonusa.com

P.O. Box 93007

800-553-7600 [Phone] 3352 [Ext]

Bedford, TX 76053-3007

817-285-3394 [FAX]

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**Filing Company Information**

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

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$25 fee per ad x 2 ads = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	11/24/2009	32286198

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Marie Bennett	12/02/2009	12/02/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdrawal Request	Note To Reviewer	Patsy Holt	12/01/2009	12/01/2009

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## **Disposition**

Disposition Date: 12/02/2009

Implementation Date:

Status: Withdrawn

Comment: AS REQUESTED, THE FILING HAS BEEN CLOSED AS WITHDRAWN.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Variables		Yes
Supporting Document	Cover Letter		Yes
Form	Association Endorsement Letter		Yes
Form	Association Endorsement Letter		Yes

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**Note To Reviewer**

**Created By:**

Patsy Holt on 12/01/2009 09:43 AM

**Last Edited By:**

Marie Bennett

**Submitted On:**

12/02/2009 02:30 PM

**Subject:**

Withdrawal Request

**Comments:**

Please accept this as our formal request to withdraw the above referenced filing without prejudice. We will re-file at a later date.

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## Form Schedule

### Lead Form Number: TLC AMB LD1 1109

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TLC AMB LD1 1109	Advertising Association	Endorsement Letter	Initial		0.000	11TLC AMB LD1 1109 filing.pdf
	TLC AMB LD2 1109	Advertising Association	Endorsement Letter	Initial		0.000	11TLC AMB LD2 1109 filing.pdf

[Association Letterhead]

[NAME]  
[ADDRESS]  
[CITY/STATE/ZIP]

Dear [NAME],

Are you concerned with the high cost of long term care or home health care services? Unfortunately, Medicare, Medicare supplemental insurance and traditional health insurance provide little, if any, coverage for these services.

About 70 percent of individuals over age 65 will require at least some type of long term care services during their lifetime. Over 40 percent will need care in a nursing home for some period of time.<sup>1</sup> In the event that you need long term care, are you financially prepared?

To assist you in planning for your long term care needs, the [ASSOCIATION NAME] is proud to endorse a Long Term Care insurance policy underwritten by Transamerica Life Insurance Company, rated A (Excellent) by A.M. Best (as of 4/09)<sup>2</sup>. This coverage has been negotiated on behalf of the [ASSOCIATION REFERENCE] in many states, and we believe it is one of the finest available.

Transamerica Life Insurance Company was selected because their policy provides generous benefits and competitive premium rates. In addition, [ASSOCIATION NAME] members and relatives will receive a [10%] premium discount.

We invite you to learn more about this Long Term Care insurance policy for our members by calling [1-XXX-XXX-XXXX]. Since there is no obligation to buy, please give this special opportunity careful consideration.

Sincerely,

[NAME/TITLE]  
[ASSOCIATION NAME]

<sup>1</sup>U.S. Department of Health and Human Services. "National Clearinghouse for Long Term Care Information." 10/22/2008 (Use does not imply endorsement)

<sup>2</sup>A.M. Best Company, based on overall strength and ability to meet ongoing obligations to policyholders. The ratings refer only to the overall financial status of the company and are not a recommendation of the specific policy provisions, rates or practices of the insurance company. The Rating of A is 3<sup>rd</sup> of 16 Rating Categories.

[Association Letterhead]

[NAME]  
[ADDRESS]  
[CITY/STATE/ZIP]

Dear [NAME],

Are you concerned with the high cost of long term care or home health care services? Unfortunately, Medicare, Medicare supplemental insurance and traditional health insurance provide little, if any, coverage for these services.

About 70 percent of individuals over age 65 will require at least some type of long term care services during their lifetime. Over 40 percent will need care in a nursing home for some period of time.<sup>1</sup> In the event that you need long term care, are you financially prepared?

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We invite you to learn more about this Long Term Care insurance policy for our members by calling [1-XXX-XXX-XXXX]. Since there is no obligation to buy, please give this special opportunity careful consideration.

Sincerely,

[NAME/TITLE]  
[ASSOCIATION NAME]

<sup>1</sup>U.S. Department of Health and Human Services. "National Clearinghouse for Long Term Care Information." 10/22/2008 (Use does not imply endorsement)

<sup>2</sup>A.M. Best Company, based on overall strength and ability to meet ongoing obligations to policyholders. The ratings refer only to the overall financial status of the company and are not a recommendation of the specific policy provisions, rates or practices of the insurance company. The Rating of A is 3<sup>rd</sup> of 16 Rating Categories.

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Variables		
<b>Comments:</b>		
<b>Attachment:</b> 11Variables.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> AR AMB ltr.pdf		

## **VARIABLES**

**TLC AMB LD1 1109**

**TLC AMB LD2 1109**

“Association Letterhead” will be the association leadership’s letterhead.

“Name/Address/City/State/Zip” will be person to whom it is mailed

“Name” will be person to whom it is mailed

“Association Name/Association Reference ” will be the association reference throughout the letter.

TLC AMB LD1 1109: “10%” will be 5% to 15%, depending upon the association.

TLC AMB LD2 1109: will be used when no discount is available.

“1-XXX-XXX-XXXX” will be the licensed producer/agent’s phone number that is assigned to the association.

“Name/Title” is the person signing the letter.



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 95302  
Hurst, Texas 76053-5302  
800-553-7600, ext 3446  
jmaclin@aegonusa.com

November 24, 2009

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 AMB LD1 1109 Association Endorsement Letter – with discount  
TLC AMB LD2 1109 Association Endorsement Letter – no discount

Dear Commissioner Bowman:

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

These letters are endorsements from Teacher/Retired Teacher Associations, giving members' information of how to contact the licensed producer/agent or the company.

Once assigned to a producer/agent, they will be soliciting policy form TLC 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006.

It is our intention to use these forms via the US Mail.

Bracketed information is intended to be variable. Please see the Variables document attached to the Supporting Documentation tab.

We trust that these forms will meet with your approval. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Julie A. Maclin". The signature is written in a cursive, flowing style.

Julie A. Maclin, ACS  
Senior Policy Analyst  
Long Term Care Division