

SERFF Tracking Number: AEGJ-126405445 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44239
Company Tracking Number: ADV TLC AMBA LD1 1209
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: AMBA
Project Name/Number: AMBA/TLC AMBA LD1 1209

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: AMBA SERFF Tr Num: AEGJ-126405445 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 44239
Sub-TOI: LTC03I.001 Qualified Co Tr Num: ADV TLC AMBA LD1 State Status: Closed
1209

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Authors: Julie Maclin, Joan Disposition Date: 12/09/2009

Shumaker, Pamm Davis, Patsy Holt

Date Submitted: 12/03/2009 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMBA

Status of Filing in Domicile: Not Filed

Project Number: TLC AMBA LD1 1209

Date Approved in Domicile:

Requested Filing Mode:

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: 12/09/2009

Explanation for Other Group Market Type:

State Status Changed: 12/09/2009

Deemer Date:

Created By: Joan Shumaker

Submitted By: Julie Maclin

Corresponding Filing Tracking Number:

Filing Description:

Please see Cover Letter on Supporting Documents tab.

Company and Contact

Filing Contact Information

Julie Maclin, Senior Policy Analyst

jmaclin@aegonusa.com

P.O. Box 93007

800-553-7600 [Phone] 3446 [Ext]

Hurst, 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: \$75.00
 Retaliatory? No
 Fee Explanation: \$25 fee per ad x 3 ads = \$75
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$75.00	12/03/2009	32453010

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	12/09/2009	12/09/2009

SERFF Tracking Number: AEGJ-126405445 *State:* Arkansas
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Disposition

Disposition Date: 12/09/2009

Implementation Date:

Status: Filed

Comment: THE FILING IS APPROVED FOR USE IN ARKANSAS SUBJECT TO COMPLIANCE WITH ACA 23-97-203. ASSOCIATIONS MUST FURNISH THE REQUIRED INFORMATION AND BE APPROVED BY THE DEPARTMENT PRIOR TO MARKETING TO AN ASSOCIATION.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	AMBA Variables		Yes
Supporting Document	Cover Letter		Yes
Form	Endorse Letter w/discount		Yes
Form	Endorse Letter no discount		Yes
Form	Return Card		Yes

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Form Schedule

Lead Form Number: TLC AMBA LD1 1209

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TLC AMBA LD1 1209	Advertising	Endorse Letter w/discount	Initial		0.000	11TLC AMBA LD1 1209 filing.pdf
	TLC AMBA LD2 1209	Advertising	Endorse Letter no discount	Initial		0.000	11TLC AMBA LD2 1209 filing.pdf
	TLC AMBA RC 1209	Advertising	Return Card	Initial		0.000	11TLC AMBA RC 1209 filing.pdf

[ASSOCIATION NAME]

[DATE]

[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.¹ 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)². 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] or by returning the enclosed reply card. Since there is no obligation to buy, please give this special opportunity careful consideration.

Sincerely,

[NAME/TITLE]
[ASSOCIATION NAME]

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

²A.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 3rd of 16 Rating Categories.

[ASSOCIATION NAME]

[DATE]

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

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[NAME/TITLE]
[ASSOCIATION NAME]

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I would like to receive information on the following benefits:

- | | |
|---|---|
| <input type="checkbox"/> Long Term Care Policy including Home Health Care | <input type="checkbox"/> Easy Issue Life Policy |
| <input type="checkbox"/> Medicare Supplement Policy | <input type="checkbox"/> Tax Deferred Annuity |
| <input type="checkbox"/> Cancer Policy | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Air and Ground Ambulance Plan | <input type="checkbox"/> Vision Plan |

Name _____ Phone (____) _____

Address _____ City _____

State _____ Zip _____ County _____

Long Term Care policy series TLC 1-FP 1001 or TLC 1-FP 402; in ID: TLC 1-P (ID) 408; in LA: TLC 1-P (LA) 504; in OK: TLC 1-FP (OK) 709 is underwritten by Transamerica Life Insurance Company. Benefits and premiums depend upon the plan selected. Exclusions and limitations apply. See insurance agent/producer for details. This is for insurance solicitation purposes and an insurance agent will contact you.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 5435 AUSTIN TX

POSTAGE WILL BE PAID BY ADDRESSEE

ASSOCIATION MEMBER BENEFITS ADVISORS
6034 W COURTYARD DR STE 300
AUSTIN TX 78730-9800



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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: AMBA Variables

Comments:

Attachment:

11AMBA Variables.pdf

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

AR AMB ltr.pdf

AMBA VARIABLES

TLC AMBA LD1 1209

TLC AMBA LD2 1209

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

“Date” will be the date the letter is created/mailed.

“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 AMBA LD1 1209: “10%” will be 5% to 15%, depending upon the association.

TLC AMBA LD2 1209: 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

December 3, 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 AMBA LD1 1209 Association Endorsement Letter – with discount
TLC AMBA LD2 1209 Association Endorsement Letter – no discount
TLC AMBA RC 1209 Invitation to Inquire Return Card

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.

The letters are endorsements from Teacher/Retired Teacher Associations, giving members' information of how to contact the licensed producer/agent or the company. The Return Card will be in the same envelope and will be returned to a licensed agency.

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