

SERFF Tracking Number: AEGJ-126857048 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47031  
Company Tracking Number: ADV TLC SCBF 0910  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: TCO - TC  
Project Name/Number: ADV TLC SCBF 0910/ADV TLC SCBF 0910

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TCO - TC SERFF Tr Num: AEGJ-126857048 State: Arkansas  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 47031  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: ADV TLC SCBF 0910 State Status: Closed  
Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris Shearer  
Authors: Julie Maclin, Joan Shumaker, Patsy Holt Disposition Date: 10/25/2010  
Date Submitted: 10/12/2010 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: ADV TLC SCBF 0910  
Project Number: ADV TLC SCBF 0910  
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 10/25/2010

Deemer Date:  
Submitted By: Joan Shumaker  
Filing Description:

Please see Cover Letter on the Supporting Documentation tab.

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: Advertising not required to be filed in Domicile.  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 10/25/2010  
Created By: Joan Shumaker  
Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

Joan Shumaker, Advertising Manager jeshumaker@aegonusa.com  
P.O. Box 93007 817-285-3363 [Phone]  
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	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 Advertisement X \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	10/12/2010	40610025

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	10/25/2010	10/25/2010

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## **Disposition**

Disposition Date: 10/25/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*    *AEGJ-126857048*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*    *ADV TLC SCBF 0910*  
*TOI:*                              *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*                *TCO - TC*  
*Project Name/Number:*        *ADV TLC SCBF 0910/ADV TLC SCBF 0910*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter		Yes
<b>Supporting Document</b>	Variables Document		Yes
<b>Form</b>	Invitation to Inquire		Yes

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## Form Schedule

### Lead Form Number: TLC SCBF 0910

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TLC SCBF 0910	Advertising	Invitation to Inquire	Initial		0.000	TLC SCBF 0910 filing.pdf

# [TRANSCARE<sup>®</sup>]

A Plan Designed for a Changing Future<sup>®</sup>

## ***You Share Your Life, Family and Home – Share Your Long Term Care insurance Benefits too.***

### **Shared Care Benefit Rider<sup>1</sup>**

[TransCare<sup>®</sup>] offers the Shared Care Benefit Rider as an optional benefit that allows couples<sup>2</sup> the ability to access each other's benefits if the Maximum Benefit has been exhausted on one of the policies. It is available to couples that purchase and maintain identical policies.

For example, a couple purchases identical policies with a [\$150/day] Maximum Daily Benefit and a [5] year Benefit Period. Each member of the couple then has a Maximum Benefit of [\$273,750]. Should one member of the couple exhaust his or her Maximum Benefit, that person, with the other's written permission, can then have access to the other Maximum Benefit of [\$273,750].

Both Maximum Benefits may become exhausted by one person. In this situation, the person who allowed access to his or her Maximum Benefit may purchase two years of additional coverage<sup>3</sup> with no underwriting.

Transamerica Life Insurance Company is committed to maximizing your care choices and helps provide you with the benefits that you need when you need them. With the Shared Care Benefit Rider, [TransCare<sup>®</sup>] provides greater protection from the high cost of long term care.

***The best way to help protect your future is to prepare. [Contact your [insurance agent/producer] today [or] [a]ttend an insurance sales presentation and enrollment meeting] to learn about all your choices and for information on how [TransCare<sup>®</sup>] Long Term Care insurance can help protect you and your family from the high cost of long term care.***

<sup>1</sup>Additional premium required. Available only to couples<sup>2</sup> who are both issued and maintain identical policies. Not available in conjunction with Return of Premium.

<sup>2</sup>Couples may include spouses, domestic partners and/or civil union partners. See your insurance agent/producer for details.

<sup>3</sup>An additional coverage request must be made in writing. Premium for additional coverage will be based on attained age. It will not be available on or after your 91<sup>st</sup> birthday, if you are currently eligible for benefits or if you are the one who exhausted the Maximum Benefit of your policy.

Underwritten by Transamerica Life Insurance Company. Qualifying for benefits is required. Exclusions and limitations apply. Options, benefits and premiums vary depending upon plan selected. [Contact your insurance agent/producer] today [or] [a]ttend an insurance sales presentation and enrollment meeting] for details. See the Outline of Coverage for complete policy benefits and details.

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.

**Home Office:**  
Cedar Rapids, IA

**Administrative Office:**  
PO Box 95302  
Hurst, TX 76053

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Cover Letter		
<b>Comments:</b>			
<b>Attachment:</b>			
AR Cover Ltr.pdf			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Variables Document		
<b>Comments:</b>			
<b>Attachment:</b>			
Variables.pdf			



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 95302  
Hurst, Texas 76053-5302  
800-553-7600, ext 3363  
joan.shumaker@transamerica.com

October 12, 2010

Commissioner Jay Bradford  
1200 West Third Street  
Little Rock, AR 72201

RE: **Long Term Care Advertising**  
**NAIC #:** 86231  
**FEIN #:** 39-0989781  
**Form # / Description:** TLC SCBF 0910 Invitation to Inquire

Dear Commissioner Bradford:

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

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, and the Shared Care Benefit approval on August 4, 2010 (SERFF #AEGJ-126667700).

It is our intention to use this form in both paper and electronic form.

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

We trust that this form will meet with your approval. If you have any questions, please let me know.

Sincerely,

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

Joan Shumaker  
Advertising Manager  
Transamerica Long Term Care Division

## TLC SCBF 0910 VARIABLES

The Product Name is variable, depending upon the employer or association group it is being used for. The variables could be:

- TransSecure II
- TransSecure Plus
- Transamerica Secure II
- TransCare Options
- TransCare

The Maximum Daily Benefit, Benefit Period, and Maximum Benefit are variable, depending upon what package will be offered to a particular person, employer or association group.

“[Contact your [insurance agent/producer] today [or] [a]ttend an insurance sales presentation and enrollment meeting]” is variable depending upon whether an employer will allow the insurance producer/agent to conduct a meeting or not.