

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Blanket Term Life Insurance SERFF Tr Num: AEGG-126537726 State: Arkansas
TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 45155
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: CPBTL100 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Donna Lambert Disposition Date: 03/19/2010
Date Submitted: 03/11/2010 Disposition Status: Approved-Closed
Implementation Date: 04/15/2010 Implementation Date:

State Filing Description:

General Information

Project Name: Blanket Term Life Insurance
Project Number: Blanket Term Life Insurance
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Filing Status Changed: 03/19/2010

Deemer Date:

Submitted By: Donna Lambert

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP TERM LIFE FILING

CPBTL100 Blanket Master Policy for Term Life Insurance

CRADBT00 Accidental Death and Dismemberment Rider

CRTIBT00 Accelerated Death Benefit for Terminal Illness Rider

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/09/2010

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Blanket, Other

Explanation for Other Group Market Type:

LABOR AND CREDIT UNIONS

State Status Changed: 03/19/2010

Created By: Donna Lambert

Corresponding Filing Tracking Number:

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

CRWPBT00 Waiver of Premium Benefit Rider
C-EI-01-00 Evidence of Insurability Form

The above-referenced forms are submitted for your review and approval. These are new forms and are not intended to replace any forms previously approved by the Department. No part of this filing contains unusual or controversial items that vary from normal company or industry standards.

CPBTL100 – This is a blanket term life insurance policy that will be available for issue to employers, labor unions, trade organizations, and credit unions, as permitted under the laws of your state. This letter serves as our assurance that we will file the Bylaws and Articles of Incorporation of every association group, if required by the Department, before this insurance is issued to that association. The policy is intended to provide self-administered, policyholder-paid Basic Term Life insurance to the employees or members of the policyholder on a guaranteed issue basis. No application will be required of an eligible employee or member for this basic coverage.

All eligible employees or members will have an opportunity to purchase Supplemental Life Insurance in amounts that are over and above the amounts provided by the policyholder. They may also elect Dependent Life Insurance. Each eligible employee or member who elects this optional coverage will be asked to contribute toward the cost of the Supplemental Life Insurance or Dependent Life Insurance. All premiums will be remitted by the policyholder on a monthly basis.

C-EI-01-00 – This Evidence of Insurability form will be used when:

- An employee or member wishes to elect Supplemental Life Insurance coverage in amounts that may require him/her to provide proof of good health; or
- An employee or member wishes to elect Dependent Life Insurance in amounts that may also require the proof of good health.

The following optional riders will be available and selected by the policyholder.

CRADBT00 – This rider, when elected by the Policyholder, will always be an integral part of all eligible employees' or members' coverage. The Accidental Death and Dismemberment Rider provides benefits to the named beneficiary if a covered person dies as the result of an accidental bodily injury. The benefits will be payable in addition to the applicable death benefit payable under the contract.

This rider also provides the following benefits:

Seatbelt Benefit Air Bag Benefit
Common Carrier Benefit Surviving Spouse Training Benefit
Elder Care Benefit Surviving Child Education Benefit

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Child Care Center Benefit Dismemberment Benefit
Transportation of Remains Benefit

CRTIBT00 – This rider, when elected by the Policyholder, will always be an integral part of all eligible employees' or members' coverage. This Accelerated Death Benefit for Terminal Illness Rider permits a covered person to accelerate a percentage of their death benefit if he or she has been diagnosed with a terminal illness and has a prognosis of 12 months or less to live.

CRWPBT00 – This Rider, when elected by the Policyholder, will always be an integral part of the employee or member's coverage. While an insured employee/member is totally disabled following a six month waiting period, this rider provides a Waiver of Premium credit as it applies to all premium paid through payroll deduction so long as the employer continues to include the insured in their monthly premium calculation.

The Group Policyholder Application to be used in the solicitation of this policy is form C-EA-01-00. This form was previously approved by your department on July 20, 2006, State Tracking # 32865. We wish to extend the use of the form to the policy form in this filing.

Please see the attached Explanation of Variables for the ranges of values we will use for text contained in brackets. Minor modifications in paper size, stock, ink, border, Company logo, signatures, and column formatting to accommodate system needs may result.

To the best of our knowledge, this filing is complete and in compliance with the insurance laws of your jurisdiction. If you have any questions, please contact me at the phone number or email address below.

Sincerely,

Donna Lambert, ACS, ACP, AIRC
Contract Analyst, Paralegal
Transamerica Life Insurance Company
Telephone: 800.400.3042, x1639
E-Mail: djlambert@aegonusa.com

Company and Contact

SERFF Tracking Number: AEGG-126537726 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
 Company Tracking Number: CPBTL100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Blanket Term Life Insurance
 Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Filing Contact Information

Donna Lambert, Contract Analyst djlambert@aegonusa.com
 PO Box 8063 800-400-3042 [Phone] 1639 [Ext]
 Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 PO Box 8063 Group Code: 468 Company Type: Life and Health
 Little Rock, AR 72203-8063 Group Name: State ID Number:
 (501) 227-1106 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$0.00	03/11/2010	
Transamerica Life Insurance Company	\$50.00	03/16/2010	34925762

SERFF Tracking Number: AEGG-126537726 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
 Company Tracking Number: CPBTL100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Blanket Term Life Insurance
 Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/19/2010	03/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/17/2010	03/17/2010	Donna Lambert	03/18/2010	03/18/2010
Pending Industry Response	Linda Bird	03/16/2010	03/16/2010	Donna Lambert	03/16/2010	03/16/2010

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Disposition

Disposition Date: 03/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGG-126537726 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
 Company Tracking Number: CPBTL100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Blanket Term Life Insurance
 Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Actuarial Memoranda	No	No
Supporting Document	Readability Certification	Yes	Yes
Supporting Document	Explanation of Variables	Yes	Yes
Form	Blanket Master Policy for Term Life Insurance	Yes	Yes
Form	Accidental Death and Dismemberment Rider	Yes	Yes
Form	Accelerated Death Benefit for Terminal Illness Rider	Yes	Yes
Form	Waiver of Premium Benefit Rider	Yes	Yes
Form	Evidence of Insurability Form	Yes	Yes
Form	Disclosure for Accelerated Death Benefit for Terminal Illness Rider	Yes	Yes

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/17/2010
Submitted Date 03/17/2010
Respond By Date 04/19/2010

Dear Donna Lambert,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accelerated Death Benefit for Terminal Illness Rider, CRTIBT00 (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

SERFF Tracking Number: AEGG-126537726 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
 Company Tracking Number: CPBTL100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Blanket Term Life Insurance
 Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/18/2010
 Submitted Date 03/18/2010

Dear Linda Bird,

Comments:

Thank you for your review of this filing.

Response 1

Comments: A disclosure for the Accelerated Death Benefit for Terminal Illness Rider is attached.

Related Objection 1

Applies To:

- Accelerated Death Benefit for Terminal Illness Rider, CRTIBT00 (Form)

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Disclosure for Accelerated Death Benefit for Terminal Illness Rider	CDTIBT00		Other	Initial		52.600	CDTIBT00 - ADB-TI Disclosure .pdf

No Rate/Rule Schedule items changed.

We hope this filing now meets with your approval. Please let me know if you need anything further for your review.

SERFF Tracking Number: *AEGG-126537726* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *45155*
Company Tracking Number: *CPBTL100*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Blanket Term Life Insurance*
Project Name/Number: *Blanket Term Life Insurance/Blanket Term Life Insurance*

Sincerely,
Donna Lambert

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/16/2010
Submitted Date 03/16/2010
Respond By Date 04/16/2010

Dear Donna Lambert,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: The filing fee was not included under EFT on this submission. We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: AEGG-126537726 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/16/2010
Submitted Date 03/16/2010

Dear Linda Bird,

Comments:

Thank you for your review of this filing.

Response 1

Comments: Please accept my apology for omitting the filing fee.

Related Objection 1

Comment:

The filing fee was not included under EFT on this submission. We will hold your filing in a pending status until the fee is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if I missed anything else.

Sincerely,
Donna Lambert

SERFF Tracking Number: AEGG-126537726 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
 Company Tracking Number: CPBTL100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Blanket Term Life Insurance
 Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Form Schedule

Lead Form Number: CPBTL100

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CPBTL100	Policy/Cont	Blanket Master ract/Fratern Policy for Term Life al Insurance Certificate	Initial		51.500	CPBTL100 - BTL Policy 3- 01-10- FINAL.pdf
	CRADBT00	Policy/Cont	Accidental Death and ract/Fratern Dismemberment al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	CRADBT00 - ADD Rider 3- 1-10- FINAL.pdf
	CRTIBT00	Policy/Cont	Accelerated Death ract/Fratern Benefit for Terminal al Illness Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.000	CRTIBT00 - ADB-TI Rider 3-1-10- FINAL.pdf
	CRWPBT00	Policy/Cont	Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	CRWPBT00 - Waiver of Premium Rider 2-22- 10-FINAL.pdf

SERFF Tracking Number: AEGG-126537726 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 45155
Company Tracking Number: CPBTL100
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Blanket Term Life Insurance
Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

C-EI-01-00	Application/Evidence of Enrollment Insurability Form Form	Initial	50.000	C-EI-01-00-022210.pdf
CDTIBT00	Other Disclosure for Accelerated Death Benefit for Terminal Illness Rider	Initial	52.600	CDTIBT00 - ADB-TI Disclosure.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]
A Stock Company

Policyholder: [ABC Eligible Group]
Policyholder Address: [123 Any Street
Any City]
Policy Number: [0123456789]
Effective Date: [June 1, 2009]
Anniversary Date: [June 1]
Governing Jurisdiction: [Any State]

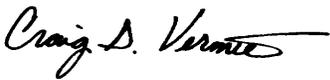
Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Policy, subject to all terms, conditions, and limitations. This Policy provides Basic Life Insurance on the lives of all Eligible Persons of the Policyholder, in consideration of the statements made in the Policyholder Application and the payment of premiums.

By our acceptance of the first premium paid by the Policyholder ("you," "your," and "yours") and by your receipt of this Policy, you agree:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is subject to the laws of the governing jurisdiction in which it is issued. This is not a policy of workers' compensation insurance.

This Policy is signed for the Company at our Home Office to take effect on the Policy's Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

Blanket Master Policy for Term Life Insurance

Annually Renewable Term Life Insurance
Term Life Insurance Proceeds Payable at Death of Insured
Nonparticipating - No Annual Dividends

Administrative Office:
[1400 Centerview Drive, PO Box 8063
Little Rock, AR 72203-8063]

For Customer Service: [1-888-763-7474]

MASTER POLICY TABLE OF CONTENTS

<u>Policy Sections</u>	<u>Page</u>
INSURANCE SCHEDULE	3
POLICYHOLDER RESPONSIBILITIES	4
PREMIUM, POLICY CHANGES, TERMINATION, AND REINSTATEMENT	4
DEFINITIONS	5
ELIGIBILITY REQUIREMENTS	6
INITIAL ENROLLMENT AND EFFECTIVE DATE	6
COVERAGE CHANGES	6
BENEFICIARY	7
PAYMENT OF LIFE INSURANCE PROCEEDS	7
SUICIDE EXCLUSION – OPTIONAL LIFE INSURANCE	8
TERMINATION OF COVERAGE	8
CONVERSION OPTION	8
CLAIMS	9
GENERAL PROVISIONS	9

INSURANCE SCHEDULE

This Insurance Schedule becomes effective on [January 1, 2010] and replaces any previous Insurance Schedule.

BENEFITS

Class:	Description:
1	<i>All Benefit Eligible Employees</i>

INSURED: [Total Basic Life Insurance and Supplemental Life Insurance cannot exceed [\$300,000] per Insured]

Basic Life Insurance	Total Volume	Cost Per \$1,000	Total Premium
[1 Times Salary	<i>Calculated Monthly</i>	\$ 0.12	<i>Calculated Monthly</i>]
[Salary means the Insured's annualized regular wages rounded up to the next highest \$1,000. Salary does not include overtime or bonuses, cash awards, expense allowances, shift differential, goal sharing, variable pay, stock option earnings, incentive items or other extra pay items. Salary will be recalculated on each Anniversary Date.]			

Supplemental Life Insurance	Total Volume	Cost Per \$1,000	Total Premium
1 Times Salary	<i>Calculated Monthly</i>	<i>See Premium Rates Table</i>	<i>Calculated Monthly</i>
2 Times Salary			
[Evidence of Insurability is required if an Insured increases election more than 1 multiple in a single Policy Year.]			

[**DEPENDENTS:** Cannot exceed 50% of the Insured's total amount.

Dependent Life Insurance	Total Volume	Cost Per \$1,000	Total Premium
\$10,000 per Dependent	<i>Calculated Monthly</i>	\$ 0.18	<i>Calculated Monthly</i>
[Evidence of Insurability is not required for Dependent coverage.]			

[**INCLUDED RIDERS:** Selected by the Policyholder

Accidental Death Benefit Rider, Accelerated Death Benefit for Terminal Illness Rider, Waiver of Premium Rider]
---	---

[**OPTIONAL RIDERS:** Selected by the Insured

None	
[Evidence of Insurability is required for each Covered Person if the Insured elects to add this Rider.]	

[OPTIONAL LIFE INSURANCE CONTRIBUTION RATES Monthly Premium per \$1,000 of Coverage

ATTAINED AGE	NON TOBACCO USER			TOBACCO USER		
	Volume	Cost	Total Premium	Volume	Cost	Total Premium
Under 30	<i>Calculated Monthly</i>	\$ 0.13	<i>Calculated Monthly</i>	<i>Calculated Monthly</i>	\$ 0.15	<i>Calculated Monthly</i>
30-34		\$ 0.14			\$ 0.16	
35-39		\$ 0.15			\$ 0.20	
40-44		\$ 0.22			\$ 0.33	
45-49		\$ 0.35			\$ 0.58	
50-54		\$ 0.53			\$ 0.93	
55-59		\$ 0.82			\$ 1.41	
60-64		\$ 1.29			\$ 2.12	
65-69		\$ 2.22			\$ 3.43	
70-74		\$ 3.67			\$ 5.21	
75+		\$ 8.48			\$11.11	

RATE GUARANTEE

[These rates are conditionally guaranteed for 2 contract years. Rates are subject to change if you request benefit changes to be made. Rates are also subject to change if the total number of Eligible Employees reduces more than 25%.]

MINIMUM PARTICIPATION

[We require 100% of all eligible employees to be covered under the Basic Life Insurance of this policy.]
--

INSURANCE SCHEDULE

(Continued)

[BENEFIT REDUCTION SCHEDULE

Life Insurance Proceeds automatically reduce to the following percentages on the Anniversary Date that follows the Insured's birthday, as follows:

<u>Birthday</u>	<u>Life Insurance Proceeds Payable</u>	
65 th	65% of pre-age 65 death benefit	
70 th	50% of pre-age 65 death benefit	
75 th	25% of pre-age 65 death benefit]

[ADDITIONAL AGREEMENTS

List of any special agreements we made with the Policyholder such as rollover agreements, special billing intervals, etc.]

POLICYHOLDER RESPONSIBILITIES

Duties - Your duties will include, but are not limited to, the following:

1. Accurately record and maintain information for each Eligible Person concerning eligibility, name, salary and any changes thereto, benefit elections, amount of coverage, Age, Effective Date, termination dates, Lapse dates, Beneficiary designations, contributions, class, and any completed Evidence of Insurability Forms. For two years after this Policy terminates, you must allow us the opportunity to examine these records at any reasonable time during normal business hours.
2. Provide us with any information we need to process claims.
3. Remit premium payments each month along with a worksheet detailing your premium calculations.
4. Provide us with any completed Evidence of Insurability Forms prior to the Anniversary Dates so that we can underwrite to determine benefit eligibility when applicable.
5. Cooperate fully with us in preparing and/or delivering any disclosures or notices regarding this insurance to all Insureds under this Policy.

Inspection of Policy - You must make this Policy available for inspection by your employees or members at all reasonable times during normal business hours.

Notice of Right to Convert Coverage - You are required to give each Insured a notice of the right to convert coverage after an Insured ceases to be eligible for coverage under this Policy.

PREMIUM, POLICY CHANGES, TERMINATION, AND REINSTATEMENT

Premiums – The premiums due will be the sum of the premiums due for all Covered Persons under this Policy. Premiums are due and payable to us by you on each premium due date. The first premium due date is the Policy's Effective Date. Later premiums are due monthly.

Who May Change This Policy - The terms of this Policy, including premium rates, may be changed at any time by written agreement between you and us. The insurance provided by this Policy may be changed or canceled without the consent of any Insured and without prior notice to any Insured. Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to this Policy and then only in writing. No agent or Policyholder has authority to change this Policy or to waive any of its provisions. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes are Effective - Unless otherwise agreed upon in writing, the Effective Date of any change in benefits or premiums will be the Anniversary Date.

When This Policy Ends – This Policy will terminate at the earliest of the following events:

1. If any premium payable is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period;
2. If you submit a 60-day advance written request to us to terminate the Policy, this Policy will terminate on the date specified in such request;
3. If we give you a 60-day advance written notice that we intend to terminate the Policy, this Policy will terminate on the date specified in such notice;
4. If you fail to comply with any terms of the Policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

Termination of this Policy is without prejudice to claims that occur or commence prior to the date of termination.

Grace Period – You have a Grace Period of 31 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the Grace Period. You are liable for the premium during the Grace Period.

When Policy May Be Reinstated – At our sole discretion, we may reinstate the Policy which has terminated if requested to do so by the Policyholder.

DEFINITIONS

The defined terms below are subject to the provisions of this Policy.

Active Service – To be considered in Active Service, the Eligible Person must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The Eligible Person is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day. The Eligible Person must also have been in Active Service on the last preceding regular work day.

Age or Attained Age - The Insured's Age as of the last Anniversary Date. Attained Age will increase by one year on each Anniversary Date. **Issue Age** is the Attained Age of the Insured as of the Effective Date.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy provisions or benefits.

Anniversary Date – The month and date of each Policy Year that is the same month and date as the Effective Date. When any date is referred to, the Effective Date will be at 12:01 AM at your address.

Application - The form completed and signed by you to apply for this life insurance coverage.

Basic Life Insurance - The life insurance coverage paid for by you and provided to the Insured at no cost.

Beneficiary - The recipient of the Proceeds in the event of the Covered Person's death.

Child(ren) – An unmarried child within the Age range of 15 days through Age 24, financially dependent upon the Insured for support, who is:

1. A natural child;
2. A legally adopted child, or a child for whom adoption proceedings have begun;
3. A stepchild that lives with the Insured; or
4. A child that lives with the Insured and for whom the Insured has been appointed legal guardian.

Covered Person – The Insured and any Dependents.

Dependent – The Insured's Spouse, Other Adult Dependent, and Child(ren) covered under this Policy.

Dependent Life Insurance - The optional life insurance coverage available to an Insured for his or her Spouse or Other Adult Dependent, and/or Child(ren). The Insured must contribute toward the cost of this coverage.

Eligible Person - An employee or member of the Policyholder that meets all of the eligibility requirements for becoming insured for Basic Life Insurance coverage.

Effective Date - The date when coverage is in force.

Insured - The Eligible Person covered under this Policy.

Lapse - The termination of this Policy due to nonpayment of premium or insufficient payment of the premium due. This term is also applies to the termination of the Insured's Optional Life Insurance coverage for nonpayment or insufficient payment of the contributions due.

Life Insurance Proceeds or Proceeds – The coverage amount payable upon the Covered Person's death.

Optional Life Insurance – The Insured's Supplemental Life Insurance and/or Dependent Life Insurance coverage.

Other Adult Dependent – The Insured's common law marriage partner, domestic partner, or civil union partner, if legally required in the governing jurisdiction or as otherwise agreed upon between you and us.

Policy – This document that describes the life insurance coverage for your Insureds and their covered Dependents, if any.

Policy Year – The 12-month period that starts from the Effective Date constitutes the first Policy Year. A new Policy Year begins on each Anniversary Date.

Policyholder, you, your, or yours – The entity named on this Policy's Cover Page.

Spouse - A person who is legally married to the Insured.

Supplemental Life Insurance - The optional life insurance coverage available to an Insured, The Insured must contribute toward the cost of this coverage.

Tobacco User - An Insured who has used any of the following tobacco products within the last 12 months: cigarettes, cigars, pipes, snuff, and chewing tobacco, or nicotine replacement products, such as patches or gum.

Transamerica Life Insurance Company, the Company, we, us, or our – The Insurer that underwrites this life insurance coverage and pays the benefits upon a claim.

ELIGIBILITY REQUIREMENTS

Eligible Person - To become an Insured under this Policy an Eligible Person:

1. Must be in Active Service on the day his or her coverage becomes effective;
2. Must meet the eligibility requirements listed on the Application; and
3. If applicable, must be a member of an eligible class as listed on the Insurance Schedule of this Policy.

Dependent - If Dependent coverage is available under this Policy, the Insured may elect Dependent Life Insurance for his or her Spouse or Other Adult Dependent who has not attained Age [70], and/or Child(ren).

To be covered as a Dependent under this Policy, the Dependent must not be an Eligible Person under this Policy.

INITIAL ENROLLMENT AND EFFECTIVE DATE

Basic Life Insurance - An Eligible Person is automatically enrolled for Basic Life Insurance when he or she first becomes an Eligible Person. The Eligible Person is not required to enroll or contribute toward the cost of Basic Life Insurance. Coverage will become effective the first day of the month following the date he or she becomes an Eligible Person. If the Eligible Person is not in Active Service on the day coverage is scheduled to become effective, his or her coverage will become effective on the date he or she returns to Active Service.

Optional Life Insurance – If available, an Eligible Person may elect Optional Life Insurance within 31 days of becoming an Eligible Person and authorize the payment of contributions due for the amount of additional coverage elected. If the Insured fails to make an election within the 31-day period, the Insured will not be permitted to enroll until the next Anniversary Date.

Coverage will become effective the first day of the month following the date he or she elects in coverage, subject to the following:

1. If the Eligible Person is not in Active Service on the day coverage is scheduled to become effective, coverage will become effective on the date he or she returns to Active Service.
2. If a Spouse, Other Adult Dependent, or Child is confined in a hospital on the date their coverage is scheduled to become effective, his or her coverage will become effective on the day following discharge from the hospital.

COVERAGE CHANGES

Annual Benefit Elections – Benefits are elected on an annual basis and will remain in effect for the Policy Year, subject to the terms of this Policy. Changes in benefit elections are not allowed during the Policy Year unless made in accordance with the Change in Family Status provision of this Policy.

Coverage Options Subject to Change - Basic Life Insurance and Optional Life Insurance options are subject to change on any Anniversary Date, as agreed upon between the Policyholder and the Insurer.

Automatic Coverage Amount Change - If the Insured's coverage amount is based on Salary, Basic Life Insurance and Supplemental Life Insurance will be adjusted automatically on the next Anniversary Date as the Insured's Salary increases or decreases.

Optional Life Insurance Changes - An Insured may increase or decrease Optional Life Insurance elections each Anniversary Date. Such changes will become effective on the Anniversary Date, subject to the following:

1. If the Eligible Person is not in Active Service on the Anniversary Date, any new or additional amounts will not take effect until the Eligible Person returns to Active Service.
2. If a Spouse, Other Adult Dependent, or Child is confined in a hospital on the date their coverage is scheduled to become effective or to change, any new or additional amounts will not be effective until the day following discharge from the hospital.

Evidence of Insurability – Evidence of Insurability requirements are shown on the Insurance Schedule. If required, a completed Evidence of Insurability Form must be received prior to the Anniversary Date and approved by us before the associated coverage will become effective.

Change In Family Status – An Insured may change the election of Dependent Life Insurance coverage during any Policy Year due to a change in family status. A request to change coverage as a result of a change in family status must be consistent with the event. Requests for a change in coverage as a result of a change in family status must be submitted to the Policyholder in writing within 31 days following the event. Approval of the change in coverage will become effective on the date the change in family status occurred. If the Insured fails to request a change in coverage within 31 days following the change in family status, the Insured will not be permitted to make such a change until the next Anniversary Date.

BENEFICIARY

How to Designate or Change the Beneficiary – The Insured may designate or change the Beneficiary for his or her Proceeds at any time. Designations must be submitted to you in the manner you determine. The Insured will be the Beneficiary for any Dependent Life Insurance coverage.

Payment of Life Insurance Proceeds - If a Covered Person dies while this Policy is in force, we will pay the Proceeds to the designated Beneficiary, subject to the provisions of this Policy. Payment in good faith by us to the Beneficiary will fully discharge our obligations with respect to the amount(s) paid.

If No Beneficiary is Named or the Designated Beneficiary Dies - The rights of any Beneficiary to receive Proceeds will end if the Beneficiary dies prior to, at the time of, or within 30 days after, the death of the Insured, except to the extent that benefits have already been paid. If the rights of all designated Beneficiaries have ended, or if the Insured did not designate a Beneficiary, benefits will be payable to the Insured's survivors in the following order of priority:

1. Spouse;
2. Other Adult Dependent
3. Child(ren) (in equal amounts);
4. Parents (in equal amounts);
5. Siblings (in equal amounts);
6. The executor or administrator of the Insured's estate.

The existence of multiple Beneficiaries will not increase the benefit payable.

Protection of the Proceeds - To the extent permitted by law, the Proceeds will not be subject to the claims of the Beneficiary's creditors or to any legal process against the Beneficiary.

PAYMENT OF LIFE INSURANCE PROCEEDS

Amount of Proceeds - Upon receipt of satisfactory proof of an Insured's death, we will pay the Beneficiary the amount of Basic Life Insurance, and the amount of Supplemental Life Insurance if any, in force on the date of the Insured's death.

On receipt of satisfactory proof of a Dependent's death, we will pay the Insured the amount of Dependent Life Insurance in force for such Dependent on the date of the Dependent's death.

The amount of Proceeds applicable to each Child between the Ages of 15 days and 6 months old is limited to 10% of the selected Child's life insurance coverage.

Adjustments to the Proceeds - The Proceeds will be reduced by any due and unpaid premiums.

SUICIDE EXCLUSION – OPTIONAL LIFE INSURANCE

We will not pay Optional Life Insurance benefits if the Covered Person dies by suicide, whether sane or insane, within two years (one year in Colorado, Missouri, and North Dakota) from the Effective Date of the initial election of such benefits.

We will not pay any applicable increase in Optional Life Insurance benefits if the Covered Person dies by suicide, whether sane or insane, within two years (one year in Colorado, Missouri, and North Dakota) from the Effective Date of such increase. However, an increase due to a change in the Insured's Salary is not subject to this limitation.

If a Covered Person dies by suicide within the timeframes stated above, the only sum we will pay is an amount equal to the premiums paid for the decedent's Optional Life Insurance coverage or applicable increase thereof.

TERMINATION OF COVERAGE

Subject to the Conversion Option, an Insured's Basic Life Insurance will end upon the earliest of the following:

1. The date of the Insured's death;
2. The last day of the month in which the Insured no longer qualifies for coverage as an Eligible Person; or
3. The date the Policyholder discontinues the Policy in accordance with the Policy Termination provision.

An Insured's Supplemental Life Insurance coverage will end on the earliest of:

1. The date the Insured's Basic Life Insurance terminates;
2. The date the Supplemental Life Insurance Lapses;
3. The Anniversary Date, if the Insured elects not to enroll for the next Policy Year; or
4. The date the Policyholder discontinues offering Supplemental Life Insurance for the Insured's classification.

Subject to the Conversion Option, Dependent Life Insurance will end on the earliest of the following:

1. The date the Insured's Basic Life Insurance terminates;
2. The date the Dependent Life Insurance Lapses;
3. The Anniversary Date, if the Insured elects not to enroll for the next Policy Year;
4. The date the Policyholder discontinues offering Dependent Life Insurance for the Insured's classification;
5. The date a Dependent becomes an Eligible Person under this Policy (for that Dependent only);
6. The last day of the month following the date the Insured and Spouse divorce, (for Spouse only);
7. The last day of the month following the date the Insured and Other Adult Dependent partnership is dissolved, (for Other Adult Dependent only);
8. The last day of the month following the date a Dependent Child marries (for that Child only); or
9. The Anniversary Date following a Dependent Child's 25th birthday (for that Child only).

Coverage will also end if a Covered Person submits a fraudulent claim to us.

CONVERSION OPTION

A Covered Person can convert his or her coverage to permanent life insurance on a policy form that we then issue, without any optional riders, in an amount not to exceed the amount of insurance that is terminating under this Policy. The premium for the permanent coverage will be based upon the Covered Person's Attained Age and class of risk at the time of conversion, together with the form and amount of insurance chosen. No evidence of insurability will be required.

We must receive the conversion application and any required premium within 31 days of termination under this Policy. If the Covered Person dies within the 31-day conversion period, benefits under this Policy will be paid as if coverage had continued regardless of whether the Covered Person applied for conversion coverage.

Conversion is not available if termination is the result of:

1. Submitting a fraudulent claim; or
2. The Insured's decision to not elect Dependent Life Insurance for the next Policy Year.

CLAIMS

Claims Procedure - Satisfactory proof of death must be submitted to us at our Administrative Office. The Beneficiary or a personal representative can get a claim form by calling our toll-free telephone number listed on the Cover Page.

GENERAL PROVISIONS

Adjustments in the Event of Error in Age or Tobacco User Status - If the Age or Tobacco User status of any Covered Person is misstated, we will make an equitable adjustment in either the premium or amount of insurance. We will adjust any claims payable under this Policy to that amount of insurance that the premiums paid would have purchased based on the Covered Person's correct Age or Tobacco User status.

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise validly in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Conformity With State Statutes - Any provision of the Policy which is in conflict with the statutes of the governing jurisdiction is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract - The Entire Contract consists of this Policy, any attached Amendments, Endorsements, or Riders, and your Application.

Money Payable – All sums payable by or to us will be paid in the lawful currency of the United States of America.

No Dividends Payable - This Policy does not participate in the profits or surplus earnings of the Company.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy after it has been in force for two years from the Effective Date.

For any Optional Life Insurance elections, we will not use any statement, except fraudulent statements to void or reduce an Insured's Optional Life Insurance benefits after such benefits have been in force for two years from the Effective Date of such benefits. For increases in Optional Life Insurance benefits, our two-year right to contest starts anew, but will only apply to the amount of the increase.

Any such statements would have to be in a signed form. All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

Time Effective – For any dates used in this Policy, the effective time will be 12:01 AM at your address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown on the Insurance Schedule. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Policy will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Accidental Bodily Injury - Injury resulting, directly and independently of all other causes, from external and involuntary causes.

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within [365] days of the Accidental Bodily Injury.

Air Bag System – An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile – A four-wheeled private passenger motor vehicle licensed for use on public highways and not used to transport passengers for hire.

Covered Loss – An Accidental Death or a Dismemberment. Such a loss must occur within [365] days of an Accidental Bodily Injury subject to the Exclusions and Limitations section of this Rider. Covered Loss also includes an Accidental Death or Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within [365] days of the date of an Accidental Bodily Injury.

Dismemberment - An Accidental Bodily Injury that, directly and independently of all other causes, results in the loss of:

1. A hand – the actual severance at or above the wrist.
2. A foot – the actual severance at or above the ankle.
3. The thumb and index finger on the same hand - the actual severance at or above the point at which they are attached to the hand.
4. Sight - the total and permanent loss of sight.
5. Speech – the total and permanent loss of speech.
6. Hearing – the total and permanent loss of hearing.
7. Hemiplegia – the total and permanent paralysis of both an arm and a leg on the same side of the body.
8. Paraplegia – the total and permanent paralysis of both legs.
9. Quadriplegia – the total and permanent paralysis of both arms and both legs.

Elder - An adult who is at least [60] years of age and who depends primarily on the Insured for financial support.

Elder Care – The non-medical care provided in a home for the aged or a community living center that provides domiciliary, residential, or retirement care. Elder Care does not include:

1. Medical care in a hospital;
2. Psychiatric care in a facility that treats mental illness of a non-organic origin; or
3. Treatment in a facility for voluntary chemical dependence.

Immediate Family Member - The Insured, Spouse, Other Adult Dependent, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician – A practitioner of medicine, other than an Immediate Family Member, who is duly licensed or certified to diagnose and treat any sickness or injury within the scope of his or her license or certification.

Public Transportation – A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. (This definition excludes taxis, limousines, and chartered vehicles.)

Seatbelt – A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured. This benefit is not payable if a seatbelt is not worn or the seatbelt is not available in the Automobile.

Survivor – The Insured's Spouse or Other Adult Dependent.

DEATH BENEFITS

The following benefits are payable in addition to the Life Insurance Proceeds payable under the Policy. This Rider must be in force at the time of death.

Accidental Death Benefit - If a Covered Person dies as the result of an Accidental Bodily Injury, we will pay an Accidental Death Benefit to the Beneficiary in an amount equal to the Proceeds payable under the Policy.

Seatbelt Benefit – We will pay a Seatbelt Benefit equal to [10%] of the Accidental Death Benefit if the Covered Person's death was the result of an Automobile accident and the deceased was wearing and properly utilizing a Seatbelt at the time of the accident, as evidenced by a police accident report. This benefit will not be payable if the Covered Person was the driver of the Automobile and did not hold a current and valid driver's license.

Air Bag Benefit – We will pay an Air Bag Benefit equal to [5%] of the Accidental Death Benefit if:

1. The Covered Person's death is the result of an Automobile accident;
2. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer;
3. The deceased was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System; and
4. The Air Bag System deployed, as evidenced by a police accident report.

Common Carrier Benefit – We will pay a Common Carrier Benefit equal to [100%] of the Accidental Death Benefit if the Accident occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.

Transportation of Remains Benefit - We will pay a Transportation of Remains Benefit equal to the lesser of [10%] of the Accidental Death Benefit or [\$5,000] if the Covered Person dies more than [200] miles from his or her primary residence and expenses are incurred to transport the Covered Person's body to a mortuary near his or her primary place of residence.

Survivor Training Benefit - We will pay a Survivor Training Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] to the Insured's Survivor. This benefit will be for a training program in which a Survivor has enrolled within 365 days of the Insured's death. The training program must be for the purpose of obtaining an independent source of income for the Survivor. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

Elder Care Benefit - We will pay an Elder Care Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] as long as an Elder is receiving Elder Care before this Rider's Effective Date. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

Surviving Child Educational Benefit – We will pay a Surviving Child Educational Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] to the Insured's Survivor if the Insured is survived by a Child, within the Age range of 17 through Age 21, who is enrolled, or enrolls within 365 days of the Insured's death, as a regular, full-time student at an accredited secondary school, college, university, or trade school. We will pay this benefit each year, for up to four consecutive years, while a Child remains enrolled as a full-time student. We will pay this benefit in equal installments over the four-year period. We will pay separate benefits for each Child who meets the requirements for this benefit. Evidence of student status must be provided annually. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

If there is no Survivor, we will pay this benefit directly to the Child, if of legal age of majority. Otherwise we will pay this benefit to the legally appointed guardian of the Child.

Child Care Center Benefit - We will pay a Child Care Center Benefit equal to the lesser of [3%] of the Accidental Death Benefit or [\$3,500] to the Insured's Survivor if the Insured is survived by a Child, within the Age range of 15 days through Age 12, who is enrolled, or enrolls within 90 days of the Insured's death, in a qualified child care center on less than a 24-hour per day basis for which an expense is incurred. We will pay this benefit each year, for up to four years, while the Child remains enrolled in a child care center. We will pay this benefit in equal installments over the four year period. We will pay separate benefits for each Dependent Child who meets the requirements for this benefit. This benefit is subject to the Lifetime Benefits Limitation of this Rider.

A qualified child care center means a facility that operates pursuant to law, including any licensing or other laws or regulations applicable to child care facilities and primarily provides care and supervision for children in a group setting on a regular, daily basis. A child care center does not include any of the following: a hospital; the child's home; a nursing home or convalescent home; a facility or part thereof for the treatment of mental disorders; a place or part thereof used primarily for the care of drug addicts, or alcoholics; or an orphanage.

Lifetime Benefits Limitation - A claim can be made for Accidental Death Benefits under the Survivor Training, Elder Care, Surviving Child Education, or Child Care Center provisions, concurrently or separately. We do, however, limit the aggregate lifetime benefit for all four of these benefits to a maximum of \$15,000 over a four-year period.

DISMEMBERMENT BENEFITS

If a Covered Person suffers a Dismemberment, we will pay the applicable benefit shown in the following table. If more than one Dismemberment occurs as a result of the same Accidental Bodily Injury, we will pay a single benefit for the loss which has the largest benefit. This Rider must be in force at time of Dismemberment.

Dismemberment or complete loss of, with or without reattachment:

Two or more: hand, foot, or sight of one eye	[100]% of Proceeds
Quadriplegia	[100]% of Proceeds
Loss of speech and loss of hearing in both ears	[100]% of Proceeds
Paraplegia	[75]% of Proceeds
One: hand, foot, or sight of one eye	[50]% of Proceeds
Loss of speech or loss of hearing in both ears	[50]% of Proceeds
Hemiplegia	[50]% of Proceeds
Loss of hearing of one ear	[25]% of Proceeds
Loss of thumb and index finger on same hand	[25]% of Proceeds

EXCLUSIONS AND LIMITATIONS

Benefits for Accidental Death or Dismemberment will not be payable for any loss caused in whole or in part by, or resulting from, any of the following:

1. Suicide or intentionally self-inflicted injury while sane or insane;
2. Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition;
3. Committing or attempting to commit a felony or engaging in an illegal occupation;
4. Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
5. Voluntary taking, absorbing, or inhaling a poison, gas, or fumes;
6. Involvement in an accident that occurs while driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
7. Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
8. Service in the military or any auxiliary unit attached thereto;
9. Participation in any of the following activities: motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, or any related hazardous activities; or
10. The release of nuclear energy.

CLAIMS

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the Covered Loss. The written notice must be sent to our agent or us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of a loss, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send claim forms to the claimant within 15 days. If the forms have not been received within 15 days, the claimant may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss satisfactory to us. We must receive such proof within 90 days after the Covered Loss. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but not later than one year after the Covered Loss.

Written proof of loss means the completion and submission of all documents needed to support a Covered Loss, such as a claimant's statement, attending Physician's statement, Accident report, and death certificate, if applicable.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Covered Person while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes. We may have an autopsy performed, if necessary, unless prohibited by law.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims – Benefits other than loss of life are payable to the Insured, unless a different payee is designated. Life Insurance Proceeds are payable to the Beneficiary.

Legal Actions - No legal action may be brought to recover under the Policy within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

EFFECTIVE DATE

The Rider Effective Date is shown on the Insurance Schedule. A Covered Person's coverage will become effective on the Rider Effective Date or the same date his or her coverage becomes effective under the Policy, whichever is later.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of:

1. The date the Rider or Policy Lapses for failure to pay premiums, subject to the Grace Period;
2. The date the Policy terminates; or
3. The date of the Policyholder's written request to terminate this Rider.

Termination of Coverage – A Covered Person's coverage under this Rider will end on the earliest of:

1. The date the Rider terminates; or
2. The date the Covered Person's coverage ends under the Policy.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

(This Rider may only be accelerated once per Covered Person.)

SPECIAL NOTICE

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, the Covered Person and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Terminal Illness Rider is part of a Covered Person's coverage will not in and of itself affect the eligibility for these government programs. However, exercising this option before applying for these programs, or while receiving government benefits, may affect continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This Rider is attached to and made part of the Policy as of the Effective Date shown on the Insurance Schedule. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Policy will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Immediate Family Member - The Insured, Spouse, Other Adult Dependent, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician - A practitioner of medicine, other than an Immediate Family Member, who is duly licensed or certified to diagnose and treat any sickness or injury within the scope of his or her license or certification.

Terminal Illness - An illness that, in the best medical judgment of a Physician, will result in death within 12 months.

BENEFITS

If a Covered Person is diagnosed with a Terminal Illness for the *first* time, on or after the date his or her coverage becomes effective under this Rider, we will accelerate the lesser of:

1. [50]% of the Life Insurance Proceeds in effect on the day of diagnosis; or
2. \$[100,000].

The remaining Proceeds will be paid to the Beneficiary upon the Covered Person's death.

We will pay an Accelerated Death Benefit only once per Covered Person. We will not pay an Accelerated Death Benefit for any Terminal Illness that is diagnosed for the *first* time prior to the date a Covered Person's coverage becomes effective under this Rider.

We will deduct the following from the accelerated benefit:

1. An administrative fee of \$100; and
2. 12 months' interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).

HOW EXERCISING THIS RIDER WILL AFFECT BENEFIT ELECTIONS

When an Insured exercises this Rider due to his or her Terminal Illness, benefit election changes will no longer be allowed.

When the Insured exercises this Rider due to a Dependent's Terminal Illness, benefit election changes for that Dependent will no longer be allowed.

CLAIMS

Notice of Claim - We must be notified of a claim for benefits under this Rider, in writing, within 90 days of the initial date that the Covered Person is first diagnosed with a Terminal Illness. The written notice must be sent to us. The notice must include sufficient information to identify the claimant. If notice cannot reasonably be given within 90 days of the diagnosis, notice must be sent as soon as reasonably possible.

Claim Forms - After we receive notice of claim, we will send claim forms to the claimant within 15 days. If the forms have not been received within 15 days, the claimant may send us written proof of loss describing the nature and extent of the claim. The written proof of loss must be sent to us within the time limit stated in the following paragraph.

Written Proof of Loss - We will pay benefits under this Rider after we receive written proof of loss satisfactory to us. We must receive such proof within 90 days after the Insured is diagnosed with a Terminal Illness. If it is not reasonably possible to provide this information within such time, written proof of loss must be submitted as soon as reasonably possible but no later than one year from the time specified after the date of diagnosis.

Written proof of loss means a written statement signed by a Physician certifying that the Covered Person has been diagnosed with a Terminal Illness for the first time. Such certification must also show the date of the original diagnosis and the specific diagnosed condition.

Physical Examination - At our expense, we reserve the right to have a Physician of our choosing examine the Covered Person while a claim is pending to determine eligibility for benefits. In the event that the Physician we choose provides a different diagnosis of the condition, we reserve the right to rely on the certification from the Physician of our choosing for claim purposes.

Time of Payment of Claims - All benefits described in this Rider will be paid as soon as we have received written proof of loss satisfactory to us.

Payment of Claims - We will pay the benefit under this Rider to the Insured, unless a different payee is designated.

Legal Actions - No legal action may be brought to recover under the Policy within 60 days after written proof of loss has been provided to us as required nor more than 3 years from the time written proof of loss is required to be furnished.

EFFECTIVE DATE

The Rider Effective Date is shown on the Insurance Schedule. A Covered Person's coverage will become effective on the Rider Effective Date or the same date his or her coverage becomes effective under the Policy, whichever is later.

TERMINATION

Termination of Rider - This Rider will terminate on the earliest of:

1. The date the Rider or Policy Lapses for failure to pay premiums, subject to the Grace Period;
2. The date the Policy terminates; or
3. The date of the Policyholder's written request to terminate this Rider.

Termination of Coverage - A Covered Person's coverage under this Rider will end on the earliest of:

1. The date the Rider terminates;
2. The date the Covered Person's coverage ends under the Policy; or
3. The date an Accelerated Death Benefit is paid on a Covered Person (for that Covered Person only).

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]

[General Counsel and Secretary]

[]

[President]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa]

Administrative Office: [1400 Centerview Drive, PO Box 8306, Little Rock, Arkansas 72203-8063]
(Hereinafter called "the Company," "we," "us," or "our")

WAIVER OF PREMIUM BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Effective Date shown on the Insurance Schedule. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Policy will prevail. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Immediate Family Member - The Insured, Spouse, Other Adult Dependent, Child, brother, sister, mother, father, and the spouse of any of these individuals.

Physician - A practitioner of medicine, other than an Immediate Family Member, who is duly licensed or certified to diagnose and treat any sickness or injury within the scope of his or her license or certification.

Total Disability or Totally Disabled - The inability of the Insured, because of a bodily injury or disease, to engage in any occupation for which he or she is qualified by education, training, or experience.

A bodily injury must occur or disease must manifest itself after the date the Insured's coverage under this Rider begins. Total Disability will be presumed to be total, for the purpose of determining the beginning of liability under this Rider, when it is present and has existed continuously for not less than 6 consecutive months. Such disability must begin on or after the Insured's 16th birthday and prior to the Insured's [60th] birthday.

We will also recognize as Total Disability the Insured's complete and irrecoverable loss of any one of the following:

1. Sight of both eyes;
2. Use of both hands or both feet;
3. Use of one hand and one foot;
4. Hearing in both ears.

Waiting Period – The consecutive six-month period that starts on the date the Insured's Total Disability begins.

BENEFIT

Once an Insured has satisfied the Waiting Period, we will issue a Waiver of Premium credit in an amount equal to the premiums that were due, and which were paid, for the Insured's coverage during the Waiting Period, including any Dependent coverage. We will continue to issue a monthly Waiver of Premium credit for each month that the Insured continues to be Totally Disabled, subject to the Termination provisions in this Rider. You must continue to include the Totally Disabled Insured in your monthly premium calculation and then apply the credit that is issued.

No benefit will be provided that falls due:

1. More than one year prior to our receipt of a written notice of claim;
2. After the Insured's recovery from Total Disability; or
3. After the Insured's coverage under this Rider ends.

No premiums will be waived during periods of Total Disability if the Insured is not under the normal and customary care of a Physician. No premiums will be waived after the Insured ceases to be Totally Disabled.

CLAIMS

NOTICE AND PROOF OF LOSS - Before we waive any premium, we must receive, at our Administrative Office, written notice and satisfactory proof of Total Disability. The notice and proof must reach us:

1. While the Insured is living;
2. While the Insured is Totally Disabled; and
3. Not later than one year after the due date of any premium that is to be waived. Unless the Insured has been legally incapable of filing proof of Total Disability, we will not accept it if it is filed more than 12 months after the date it should otherwise have been filed.

At reasonable intervals, we can require satisfactory proof that the Total Disability is continuing. If we do not receive this continuing proof of loss, we will stop waiving premiums. After the first two years of Total Disability, we will not ordinarily require proof more often than once a year. As part of satisfactory proof, we can require, at our expense, that the Insured be examined by a Physician of our choice. The Insured has the obligation to inform us immediately if he or she is no longer Totally Disabled or returns to work.

EFFECTIVE DATE

The Rider Effective Date is shown on the Insurance Schedule. An Insured's coverage will become effective on the Rider Effective Date or the same date his or her coverage becomes effective under the Policy, whichever is later.

TERMINATION

Benefit Payments - The benefits provided by this Rider stop on the earliest of the following dates:

1. The date the Insured's Total Disability ends;
2. The date the Insured refuses to give us proof of his or her continuing Total Disability if we have asked for it;
3. The date the Insured refuses to be examined by a Physician of our choice if asked to do so;
4. The date the Insured's coverage under this rider ends; or
5. The date the Policy ends.

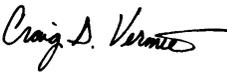
Termination of Rider - This Rider will terminate on the earliest of:

1. The date the Rider or Policy Lapses for failure to pay premiums, subject to the Grace Period;
2. The date the Policy terminates; or
3. The date of the Policyholder's written request to terminate this Rider.

Termination of Coverage - An Insured's coverage under this Rider will end on the earliest of:

1. The Anniversary Date on or following the Insured's [60th] birthday, unless the Insured is Totally Disabled prior to that date and remains Totally Disabled, in which case coverage under this Rider will end no later than the Anniversary Date on or following the Insured's 65th birthday;
2. The date the Rider terminates; or
3. The date the Insured's coverage ends under the Policy.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.

[]

[General Counsel and Secretary]

[]

[President]



Transamerica Life Insurance Company ("insurer")
 Home Office: [Cedar Rapids, IA]
 Administrative Office: [P.O. Box 8063
 Little Rock, AR 72203-8063]

Evidence of Insurability Form

Group Name		Group Number		Location	
Employee/Member Name (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth	Effective Date
Home address		City		State	Zip code

Full Name of Covered Person(s) Requiring Underwriting Approval	Relationship to Employee/Member	Date of Birth	Height	Weight	Occupation

1. Is any Covered Person listed above currently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has any Covered Person listed above had an actual diagnosis of or treatment by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or sexually transmitted disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past ten years, has any Covered Person listed above been treated for, been diagnosed as having, or had any indication, sign or symptom of having any heart, brain, lung, circulatory, respiratory, blood, vascular, kidney, liver, digestive, reproductive, rheumatoid or neurological disorders, high blood pressure, blood transfusion, diabetes, drug addiction, alcoholism, cancer or malignancy in any form (except non-melanoma skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has any Covered Person listed above been recommended for any medical treatment that has not yet been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has any Covered Person listed above ever been recommended for an organ transplant, including bone marrow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any Covered Person listed above undergone a biopsy or other diagnostic test within the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of all "Yes" answers. Use additional paper if needed.
 For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.

Question #	Name	Please list: Illness, Injury, Condition, Symptoms, Medication, Date of Last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital

I represent that all statements and answers made on or attached to this form are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage.
 I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
 I also understand that coverage will become effective only if underwriting is approved by Transamerica Life Insurance Company.
 I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records or knowledge of me or my family's health, to give to Transamerica Life Insurance Company, or its reinsurers, any such information.
 I understand the information obtained by use of this Authorization will be used by Transamerica Life Insurance Company to determine eligibility for insurance. Any information obtained will not be released by Transamerica Life Insurance Company to any person or organization except to reinsuring companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required or as I authorize. I know that I may request to receive a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I agree that this Authorization shall be valid for two years from the date shown below.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ .
 Employee's Signature _____

Administrative Office Use Only: Request has been reviewed by the Administrative Office and is: Approved Declined Date: _____
 Reviewer Name: _____ Reviewer Signature: _____

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, Iowa 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "We," "Us," or "Our")

DISCLOSURE FOR ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

SPECIAL NOTICE

The Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes. Whether any tax liability may be incurred when benefits are paid under the Rider could depend on how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, the Covered Person and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Terminal Illness Rider is part of the Covered Person's Contract will not in and of itself affect the eligibility for these government programs. However, exercising this option before the Covered Person applies for these programs, or while receiving government benefits, may affect continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This Disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life Contract set forth in detail the terms, conditions, limitations and exclusions of your coverage.

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Terminal Illness Rider, please contact your agent or Us directly at [1-888-763-7474].

- Description of Benefit** - Upon receipt of written proof acceptable to Us that the Covered Person has been diagnosed with a Terminal Illness for the *first* time, *on or after* the date his or her coverage becomes effective under the Rider and has 12 months or less to live because of a Terminal Illness, the Covered Person may choose to receive a portion of the Death Benefit while he or she is still living and while the Rider is in force.
- Terminal Illness** – Is an illness that in the best medical judgment of a Physician will result in death within 12 months.
- Terminal Illness Accelerated Death Benefit Amount** - The Terminal Illness Accelerated Death Benefit amount will be equal to the lesser of: (1) [50]% of the Death Benefit; or (2) \$[100,000].
- Premiums** - There is no cost for the Rider, unless the Covered Person exercises this option. If the Covered Person exercises this option, an administrative fee of \$[100] will be assessed. In addition, we will deduct 12 month's interest in advance on the amount. We will accelerate at an interest rate not higher than 7.4%.
- Impact on Death Benefit** - The Death Benefit will be reduced if this option is exercised. Here is an illustration of the effect of exercising the 50% Accelerated Death Benefit for terminal illness.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount
Before payment of Accelerated Benefit	\$50,000	\$0
After payment of Accelerated Benefit	\$25,000	\$25,000*

* The Accelerated Death Benefit amount elected will be reduced by an administrative fee of \$100 and 12-months interest in advance.

- Limitations** - The option to accelerate the Death Benefit under this Rider may be exercised only once.

SERFF Tracking Number: AEGG-126537726 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 45155
 Company Tracking Number: CPBTL100
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Blanket Term Life Insurance
 Project Name/Number: Blanket Term Life Insurance/Blanket Term Life Insurance

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Reg 19 Certification.pdf

Reg 49 Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

The Group Policyholder Application to be used in the solicitation of this policy is form C-EA-01-00. This form was previously approved by your department on July 20, 2006, State Tracking # 32865. We wish to extend the use of the form to the policy form in this filing.

Item Status: **Status Date:**

Satisfied - Item: Readability Certification

Comments:

Attachment:

Readability Certification 2-24-2010.pdf

Item Status: **Status Date:**

Satisfied - Item: Explanation of Variables

Comments:

Attachment:

Explanation of Variables 3-4-10-FINAL.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Titles: Blanket Master Policy for Term Life Insurance; Accidental Death and Dismemberment Rider; Death Benefit for Terminal Illness Rider; Waiver of Premium Benefit Rider; Evidence of Insurability Form

Form Numbers: CPBTL100; CRADBT00; CRTIBT00; CRWPBT00; C-EI-01-00

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

March 10, 2010
Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Titles: Blanket Master Policy for Term Life Insurance; Accidental Death and Dismemberment Rider; Death Benefit for Terminal Illness Rider; Waiver of Premium Benefit Rider; Evidence of Insurability Form

Form Numbers: CPBTL100; CRADBT00; CRTIBT00; CRWPBT00; C-EI-01-00

I hereby certify that to the best of my knowledge and belief, the above forms and submission comply with Arkansas Regulation 49, relative to the dissemination of life and health guaranty association notices.



Patsy J. Napier, FLMI, AIRC, HIA, CCP
Assistant Secretary

March 10, 2010
Date

Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are attached.

Forms and Form Numbers to Which Certification is Applicable:

See attached list

B. Test Option Selected

1. Test was applied to entire policy form(s)
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

	Assistant Secretary
Signature	Officer's Title
Officer's name: Patsy J. Napier	Date: February 24, 2010

GROUP WHOLE LIFE INSURANCE POLICY AND RELATED FORMS

FORM NAME	FORM NUMBER	SYLLABLES	WORDS	SENTENCES	SCORE
Blanket Master Policy for Term Life Insurance	CPBTL100	5699	3812	134	51.5
Accelerated Death Benefit for Terminal Illness Rider	CRITBT00	1137	761	29	54
Accidental Death and Disability Rider	CRADBT00	3392	2269	78	51
Waiver of Premium Benefit Rider	CRWPBT00	1416	947	32	50
Evidence of Insurability Form	C-EI-01-00	943	631	21	50

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

BLANKET TERM LIFE INSURANCE EXPLANATION OF VARIABLES

FOR FORMS: CPBTL100, CRADBT00, CRTIBT00, and CRWPBT00 and any state variations thereof.

Text that is intended to be variable is bracketed. Bracketed text is either intended to be: (1) in or out of the contract; (2) have variable ranges; or (3) be customized (specific sections only) to accommodate Policyholder requirements. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

CPBTL100 – Blanket Term Life Master Policy - Variations

Face Page

1. Home Office Address - The address is bracketed for any future address changes.
2. Officers' Signatures – The signatures are bracketed to take into consideration any future personnel changes.
3. Officers' Titles – The titles are bracketed to take into consideration any future changes in the officers' titles who are signing on behalf of the Company.
4. Administrative Office Address – The address is bracketed to take into consideration any future changes.
5. Customer Service Toll Free Number – The toll free number is bracketed to take into consideration any future changes to the telephone number.

Insurance Schedule (Pages 3a and 3b)

The insurance schedule included in this filing is an illustrative example of what information will be contained in the actual insurance schedule provided to the Policyholder. It contains information for a single class of Insureds. These pages will be repeated for each additional class of Insureds for which a Policyholder is purchasing coverage. Coverage amounts are determined by the Policyholder. The rates displayed are for illustrative purposes only. Actual rates will be determined by using rating information provided to us by the Policyholder.

6. Insured Total Amount Limit – Will be in or out, depending on whether the Policyholder is offering Supplemental Life Insurance.
7. Insured Basic Term Life – Will always be included and will describe the amount of coverage the Policyholder is purchasing for each Eligible Person. The amount of coverage will either be a multiple of salary, a flat amount of coverage, or a combination of the two.
8. Salary definition – This definition will only be included if the coverage is based on a multiple of salary. The definition illustrated is our standard definition for hourly/salaried employees. This definition will change for classes covering other types of employees, such as employees that are paid in part or completely based on commissions, in which case we would define the exact commission structure on which the Policyholder will base coverage amounts.
9. Insured Supplemental Life Insurance – Will be in or out, depending on whether the Policyholder is offering Supplemental Life Insurance. If included, the amount of coverage will either be a multiple of salary or flat amounts of coverage, as determined by the Policyholder. The number of options is also determined by the Policyholder. The rate will either be a composite rate or could vary by age and tobacco user status, as illustrated. Evidence of Insurability will always be included in this section and will describe if and when Evidence of Insurability is required. The illustrated language will vary based on whether the options are based on salary or a flat amount of coverage.
10. Dependent Life Insurance – Will be in or out, depending on whether the Policyholder is offering Dependent Life Insurance. If included, the amount of coverage will either be a flat amount or will be a percentage of the Insured's amount of coverage. The number of options is determined by the Policyholder. The rate will either be a composite rate or could vary by age and tobacco user status. Evidence of Insurability will always be included in this section and will describe if and when Evidence of Insurability is required.

11. Included Riders – Will be in or out, depending on whether the Policyholder is offering any optional riders. If included, it will list all of the riders that the Policyholder selected.
12. Optional Riders – Will be in or out, depending on whether the Policyholder is offering any of the riders as an Insured option. If included, this section would list all of the riders that the Policyholder selected to be Insured options. Evidence of Insurability would only be included if Evidence of Insurability would be required for the optional riders and would describe when Evidence of Insurability is required.
13. Optional Life Insurance Contribution Rates – Will be in or out, depending on whether the Policyholder is offering Optional Life Insurance coverage that is based on age and tobacco use status. If included, it will contain the applicable age bands and rates.
14. Rate Guarantee – Will always be included. The rate guarantee illustrated is our standard rate guarantee. This guarantee could vary based on agreements between us and the Policyholder.
15. Minimum Participation – Will always be included. The participation requirement illustrated is our standard participation requirement. This requirement could vary based on agreements between the Policyholder and us, however the minimum participation will never be less than required in your state. Additional participation requirements could be added for the Optional Life Insurance coverage.
16. Benefit Reduction Schedule – Will be in or out, depending on whether the Policyholder wishes to reduce coverage. The reduction schedule illustrated is our standard age reduction schedule. The ages or percentages could vary based on agreements between us and the Policyholder.
17. Additional Agreements – Will be in or out, depending on whether we have made any additional agreements regarding the contract. If included, this section would describe these additional agreements. This would include items such as, but not limited to, special handling for merged locations, grandfathering agreement from previous plans, or special billing intervals. However nothing in this section would add, remove, or change benefits contained in the policy or violate state law.

Page 6 – Eligibility Requirements

18. Spouse or Other Adult Dependent – maximum age limit – range Age 60 to Age 100.

Rider Variations:

CRADBT00 - Accidental Death and Dismemberment Rider – Variations

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future changes.
3. Accidental Death – Death must occur within [365] days – range of days is 180 days to 2 years.
4. Covered Loss – Loss for Accidental Death or a Dismemberment must occur within [365] days of Accidental Bodily Injury – range is 180 days to 2 years.
5. Loss from an unavoidable exposure to elements must occur within [365] of the date of an Accidental Bodily Injury – range of days is 180 days to 2 years.
6. Elder age range is 50 to 80.
7. Seat Belt Benefit is [10%] of Accidental Death Benefit – range is 1% to 100%.
8. Air Bag Benefit is [5%] of Accidental Death Benefit – range is 1% to 100%.
9. Common Carrier Benefit is [100%] of Accidental Death Benefit – range is 10% to 300%.
- 10-12. Transportation of Remains Benefit is the lesser of [10%] – range is 1% to 100%; or [\$5,000] – range is \$1,000 to \$50,000; if the Covered Person dies more than [200] miles – range is 50 to 2,000; from primary residence
- 13-14. Survivor Training Benefit – [3%] of the Accidental Death Benefit – range is 1% to 10%; or [\$3,500] – range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.
- 15-16. Elder Care Benefit – [3%] of the Accidental Death Benefit – range is 1% to 10%; or [\$3,500] – range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.
- 17-18. Surviving Child Educational Benefit – [3%] of the Accidental Death Benefit – range is 1% to 10%; or [3,500] – range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.
- 19-20. Child Care Center Benefit – [3%] of the Accidental Death Benefit – range is 1% to 10%; or [\$3,500] – range is \$500 to \$10,000; subject to the Lifetime Benefits Limitation.
21. Dismemberment Benefits: [%] of Proceeds – range 5% to 100%
22. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
23. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.

CRTIBT00 – Accelerated Death Benefit for Terminal Illness Rider – Variations

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future changes.
- 3-4. Accelerate the lesser of [50%] of Proceeds – range is 25% to 100%; or [\$100,000] – range is \$25,000 to \$500,000
5. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
6. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.

CRWPBT00 - Waiver of Premium Benefit Rider – Variations

1. Home Office Address - The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address – The address is bracketed to take into consideration any future changes.
3. Disability must begin prior to the Insured's [60th] birthday – range is 50 to 100
4. Following the Insured's [60th] birthday – range is 50 to 100
5. Officers' Signatures – The signatures are variable to take into consideration any future personnel changes.
6. Officers' Titles – The titles are variable to take into consideration any future changes in the officers who are signing on behalf of the Company.