

SERFF Tracking Number: AEGJ-126416970 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44338
Company Tracking Number: TLC 1-CNFB-LP-45-E 1207
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: TLC 1-CNFB-LP-45-E 1207
Project Name/Number: /

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TLC 1-CNFB-LP-45-E 1207 SERFF Tr Num: AEGJ-126416970 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Approved State Tr Num: 44338
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: TLC 1-CNFB-LP-45-E State Status: Closed
1207

Filing Type: Form

Reviewer(s): Marie Bennett
Author: Laura Aleman Disposition Date: 03/10/2010
Date Submitted: 12/11/2009 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/10/2010

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 03/10/2010
Created By: Laura Aleman
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Laura Aleman
Filing Description:
December 11, 2009

Honorable Jay Bradford
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: TRANSAMERICA LIFE INSURANCE COMPANY
NAIC# 86231, FEIN# 39-0989781
Long Term Care Insurance Form Filing

SERFF Tracking Number: AEGJ-126416970 State: Arkansas
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New Form Number Description
TLC 1-CNFB-LP-45-E 1207 Endorsement

Dear Commissioner Bradford:

Enclosed for your formal review and approval is the above referenced form. This form is new and is not intended to replace any form previously approved by your Department. This form will be used during our rate increase process for policies that are limited pays. Currently, we are using TLC 1-CNNFB 1000 which was approved on 10/9/09 under SERFF Tracking # AEGJ-126171543 (State Tracking # 42552) for policies that are lifetime pays.

Your review and approval of this submission will be greatly appreciated. Please call me toll-free at 1-800-553-7600, extension 3353 if you should have any questions regarding this submission. My email address is LAleman@aegonusa.com.

Sincerely,

Laura Aleman, HIA, AIAA, AIRC, ACS
Senior Policy Analyst
Long Term Care Division

Company and Contact

Filing Contact Information

Laura Aleman, Senior Policy Analyst
P.O. Box 93007
Bedford, TX 76053-3007

LAleman@aegonusa.com
800-553-7600 [Phone] 3353 [Ext]
817-285-3394 [FAX]

Filing Company Information

Transamerica Life Insurance Company
P O Box 93005
Hurst, TX 76053-3005
(800) 553-7600 ext. [Phone]

CoCode: 86231 State of Domicile: Iowa
Group Code: 468 Company Type:
Group Name: State ID Number:
FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00

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 Retaliatory? No
 Fee Explanation: \$20 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$20.00	12/11/2009	32727189
Transamerica Life Insurance Company	\$30.00	02/25/2010	34442583

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	03/10/2010	03/10/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Filer	Ashley Roberts	02/24/2010	02/24/2010
Filing	Note To Reviewer	Laura Aleman	01/26/2010	01/26/2010

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Disposition

Disposition Date: 03/10/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Endorsement		Yes

SERFF Tracking Number: AEGJ-126416970 *State:* Arkansas
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Note To Filer

Created By:

Ashley Roberts on 02/24/2010 04:21 PM

Last Edited By:

Marie Bennett

Submitted On:

03/10/2010 09:54 AM

Subject:

Filing Fees

Comments:

Please send an additional \$30.00 for this filing. Thank you.

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Form Schedule

Lead Form Number: TLC 1-CNFB-LP-45-E 1207

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TLC 1-CNFB-LP-45-E 1207	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.000	TLC 1-CNFB-LP-45-E 1207.pdf



A Capital Stock Company
Home Office: Cedar Rapids, Iowa
Administrative Office: [P.O. Box 95302]
[Hurst, Texas 76053-5302]
[1-800-227-3740]

(Hereinafter called: the Company, We, Our, or Us)

CONTINGENT NONFORFEITURE BENEFIT AND REDUCED PAID-UP CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

This Endorsement is made a part of the Policy/Certificate to which it is attached and is subject to all of the provisions of the Policy/Certificate that are not inconsistent with this Endorsement. The Effective Date of this Endorsement will be the Endorsement Effective Date shown below.

CONTINGENT NONFORFEITURE BENEFIT

[After the expiration of the rate guarantee, if any,] if We increase Your premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of Your Initial Premium set forth below and You are unable to afford the increased premium, You may choose one of the two coverage options offered in this provision. We will notify You at least 45 days prior to the due date of the premium reflecting the rate increase.

Your Initial Premium is based on Your age when the Policy was issued, plus the premium for any benefits that You have added since then, and/or minus the premium for any benefits that You have reduced since Your Policy was issued.

Triggers for a Substantial Premium Increase

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
29 and under	200%	72	36%
30 - 34	190%	73	34%
35 - 39	170%	74	32%
40 - 44	150%	75	30%
45 - 49	130%	76	28%
50 - 54	110%	77	26%
55 - 59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

Coverage Options

If a Trigger for a Substantial Premium Increase should occur and You are unable to afford the increased premium, We will notify You that You may elect to:

- (1) reduce Your current Policy benefits, but not less than an amount that is currently available, so that required premium payments are not increased, or

(2) convert Your coverage as provided under the Shortened Benefit Period described below. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium. However, should Your Policy Lapse during this 120-day period, the Shortened Benefit Period will automatically take effect.

Shortened Benefit Period

Your coverage will continue on a limited basis if this option is put into effect.

The daily benefit amounts available will be the same amounts available at the time Your Policy would have Lapsed. The minimum benefit provided under this Shortened Benefit Period will be equal to 30 times Your Nursing Home Maximum Daily Benefit at the time of Lapse.

If You have a benefit increase option of any kind in force, the benefits available will NOT continue to increase.

The maximum benefit amount in force will be equal to all premiums paid, excluding waived premiums, for all Your coverage combined.

REDUCED PAID-UP CONTINGENT NONFORFEITURE BENEFIT

In addition to the Contingent Nonforfeiture benefits described above, the following Reduced Paid-Up Contingent Nonforfeiture benefit is an option in all policies that have a fixed or limited premium payment period, even if You selected a nonforfeiture benefit when You bought Your Policy. If both the Reduced Paid-Up Benefit AND the Contingent Benefit described above are triggered by the same rate increase, You can choose either of the two benefits.

You are eligible for the Reduced Paid-Up Contingent Nonforfeiture Benefit when all three conditions shown below are met:

(1) The premium You are required to pay after the increase exceeds Your original premium by the same percentage or more shown in the chart below:

Triggers for a Substantial Premium Increase	
Issue Age	Percent Increase Over Initial Premium
Under 65	50%
65 - 80	30%
Over 80	10%

(2) You stop paying Your premiums within 120 days of when the premium increase took effect; AND
(3) The ratio of the number of months You already paid premiums is 40% or more than the number of months You originally agreed to pay.

If You exercise this option Your coverage will be converted to reduced “paid-up” status. That means there will be no additional premiums required. Your benefits will change in the following ways:

- (a) The total lifetime amount of benefits Your reduced paid-up Policy will provide can be determined by multiplying 90% of the lifetime benefit amount at the time the Policy becomes paid up by the ratio of the number of months You already paid premiums to the number of months You agreed to pay them.
- (b) The daily benefit amounts You purchased will also be adjusted by the same ratio.

If You purchased lifetime benefits, only the daily benefit amounts You purchased will be adjusted by the applicable ratio.

Example:

You bought the Policy at age 65 with an annual premium payable for 10 years.

In the sixth year, You receive a rate increase of 35% and You decide to stop paying premiums.

Because You have already paid 50% of Your total premium payments and that is more than the 40% ratio, Your “paid-up” Policy benefits are .45 (.90 times .50) times the total benefit amount that was in effect when You stopped paying Your premiums. If You purchased inflation protection, it will not continue to apply to the benefits in the reduced “paid-up” Policy.

Coverage Options

For Policies that have a fixed or limited premium payment period, if a Trigger for a Substantial Premium Increase should occur, You are unable to afford the increased premium and You meet conditions 1-3 above for the Reduced Paid-Up Contingent Nonforfeiture Benefit, We will notify You that You may elect to:

- (1) reduce Your current Policy benefits, but not less than an amount that is currently available, so that required premium payments are not increased, or
- (2) convert Your coverage as provided under the Shortened Benefit Period described above. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium, or
- (3) convert Your coverage as provided under the Reduced Paid-Up Contingent Nonforfeiture Benefit described above. This option must be elected anytime during the 120 days following the Premium Due Date for the increased premium. However, should Your Policy Lapse during this 120-day period, the Reduced Paid-Up Contingent Nonforfeiture Benefit will automatically take effect.

For both the Contingent Nonforfeiture Benefit and Reduced Paid-Up Contingent Nonforfeiture Benefits, all of the eligibility requirements, including waiting periods, elimination periods, or deductible amounts that applied in order for an Insured Person to be eligible for payment of benefits at the time Your coverage would have Lapsed will apply. To the extent that any such eligibility requirements and/or waiting periods were satisfied under Your coverage at the time it would have Lapsed, they will also be satisfied under this Shortened Benefit Period or Reduced Paid-Up Contingent Nonforfeiture Benefit.

The daily benefits payable under Your Policy and this Shortened Benefit Period or Reduced Paid-Up Contingent Nonforfeiture Benefit will not exceed the daily benefits that would have been payable under Your Policy if You had continued paying premiums. The total combined benefits payable under Your Policy and this Shortened Benefit Period or Reduced Paid-Up Contingent Nonforfeiture Benefit will not exceed the total benefits that would have been payable under Your Policy if You had continued paying premiums.

Once the maximum benefit amount in force under this Shortened Benefit Period or Reduced Paid-Up Contingent Nonforfeiture Benefit has been paid, no further benefits will be payable and all coverage will terminate.

If You have another benefit in force that allows coverage to become paid up or premium to be waived for life at some future date, this Contingent Nonforfeiture Benefit or Reduced Paid-Up Contingent Nonforfeiture Benefit will only apply if coverage Lapses before the date the coverage becomes paid up or the waiver of premium begins. Otherwise, this benefit will terminate on the date the coverage becomes paid up or on the date premium is waived for life.

Endorsement Effective Date: _____


SECRETARY


PRESIDENT

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Flesch.PDF

Item Status:

**Status
Date:**

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status:

**Status
Date:**

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: N/A

Comments:

Item Status:

**Status
Date:**

Bypassed - Item: Outline of Coverage

Bypass Reason: N/A

Comments:



Home Office: Cedar Rapids, Iowa
Long Term Care Division
P.O. Box 95302
Hurst, TX 76053-5302
1-800-227-3740

FLESCH CERTIFICATION

New Form Number

TLC 1-CNFB-LP-45-E 1207

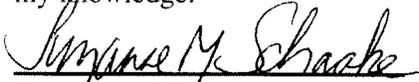
Form Title

Endorsement

Flesch Score

40

I hereby certify that the Flesch score for the form indicated above are accurate and correct, to the best of my knowledge.


Signature of Officer or Counsel

Suzanne M. Schaake

Name (Typed or Printed)

Assistant Vice President & Director of Product Compliance

Title

12/11/09

Date