

SERFF Tracking Number: AEGJ-126710221 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 46420  
Company Tracking Number: TLIC ILL 1010  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: TCO - TC  
Project Name/Number: Uni-1 Illustrations/TLIC ILL 1010

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TCO - TC SERFF Tr Num: AEGJ-126710221 State: Arkansas  
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num: 46420  
Sub-TOI: LTC03I.001 Qualified Co Tr Num: TLIC ILL 1010 State Status: Closed  
Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris Shearer  
Authors: Julie Maclin, Joan Shumaker, Patsy Holt Disposition Date: 08/11/2010  
Date Submitted: 08/09/2010 Disposition Status: Filed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Uni-1 Illustrations  
Project Number: TLIC ILL 1010  
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 08/11/2010

Deemer Date:  
Submitted By: Joan Shumaker  
Filing Description:

Please see the Cover Letter on the Supporting Documentation tab.

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: Advertising not required to be filed in domicile.  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 08/11/2010  
Created By: Joan Shumaker  
Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

Joan Shumaker, Advertising Manager jeshumaker@aegonusa.com  
P.O. Box 93007 817-285-3363 [Phone]  
Hurst, TX 76053-3007 817-285-3394 [FAX]

SERFF Tracking Number: AEGJ-126710221 State: Arkansas  
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 Product Name: TCO - TC  
 Project Name/Number: Uni-1 Illustrations/TLIC ILL 1010

**Filing Company Information**

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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 Advertisement X \$50 each  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	08/09/2010	38601243

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	08/11/2010	08/11/2010

*SERFF Tracking Number:* AEGJ-126710221      *State:* Arkansas  
*Filing Company:* Transamerica Life Insurance Company      *State Tracking Number:* 46420  
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## **Disposition**

Disposition Date: 08/11/2010

Implementation Date:

Status: Filed

Comment:

THE ADVERTISING IS APPROVED FOR USE IN ARKANSAS SUBJECT TO PRIOR APPROVAL BY THE DEPARTMENT OF AN "ASSOCIATION" AS REQUIRED BY ACA 23-97-203.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Letter		Yes
Supporting Document	Variables Document		Yes
Form	Premium Illustration		Yes

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## Form Schedule

**Lead Form Number: TLIC ILL 1010**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TLIC ILL 1010	Advertising Premium Illustration	Initial			0.000	TLIC ILL 1010 filing.pdf



**Long Term Care Insurance Quote**

**Prepared For:** [Client First and Last Name 1]  
[Client First and Last Name 2]  
[Client Street 1]  
[Client Street 2]  
[Client City, State, ZIP Code]

**Provided By:** [Agent Name Here]  
[Agency Name Here]  
[Agency Street 1]  
[Agency Street 2]  
[Agency City, State, ZIP Code]  
  
[Phone: (XXX) XXX-XXXX]  
[Fax: (XXX) XXX-XXXX]  
[Email: XXXXXXXXXXXXX]  
[Insurance LIC #: XXXXXXXX]

**Transamerica Life Insurance Company**

**Home Office**  
Cedar Rapids, IA

**Administrative Office**  
[P.O. Box 95302]  
[Hurst, TX 76053-5302]  
[(866) 478-5209]

**This quote is valid for 90 days from the date below  
if your age does not change.**





<b>Premium Payment Periods</b>	<b>Premium Amounts</b>	<b>[Premium Amounts]</b>
<b>Lifetime Pay:</b>		
Annual	[\$Prem. Amt]	[\$Prem. Amt]
Semi Annual	[\$Prem. Amt]	[\$Prem. Amt]
Quarterly	[\$Prem. Amt]	[\$Prem. Amt]
Monthly	[\$Prem. Amt]	[\$Prem. Amt]
<b>[Limited Pay:]</b>		
<b>[10-Pay:</b>		
Annual	[\$Prem. Amt]	[\$Prem. Amt]
Semi Annual	[\$Prem. Amt]	[\$Prem. Amt]
Quarterly	[\$Prem. Amt]	[\$Prem. Amt]
Monthly	[\$Prem. Amt]	[\$Prem. Amt] ]
<b>[Pay to 65:</b>		
Annual	[\$Prem. Amt]	[\$Prem. Amt]
Semi Annual	[\$Prem. Amt]	[\$Prem. Amt]
Quarterly	[\$Prem. Amt]	[\$Prem. Amt]
Monthly	[\$Prem. Amt]	[\$Prem. Amt] ]
<b>[Single Premium</b>	<b>[\$Prem. Amt]</b>	<b>[\$Prem. Amt] ]</b>
<b>Payment Required with Application</b>	<b>[\$Amount]</b>	<b>[\$Amount]</b>

*This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.*



**Optional Coverage Designs**

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the Deferred Benefit Increase Option will be included in your Policy.

Name: [Client 1 First and Last Name] Elected Benefits: [XXXXXXXXXXXXXXXXXXXX]  
 Age: [XX] [XXXXXXXXXXXXXXXXXXXX]  
 Rate Classification: [XXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXX]  
 Elimination Period: [XXX] Days [XXXXXXXXXXXXXXXXXXXX]  
 Benefit Increase Option: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Premium Payment Period: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]

**MAXIMUM BENEFIT**

BENEFIT INCREASE OPTION	ELIMINATION PERIOD	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[UNLIMITED]
		[ANNUAL/SINGLE] PREMIUM					
DEFERRED BIO*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% SIMPLE	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
3% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% STEP RATED*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]

\*Rates are subject to change upon your election of future benefit increase offers.

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[

**Optional Coverage Designs**

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the Deferred Benefit Increase Option will be included in your Policy.

Name: [Client 2 First and Last Name] Elected Benefits: [XXXXXXXXXXXXXXXXXXXX]  
 Age: [XX] [XXXXXXXXXXXXXXXXXXXX]  
 Rate Classification: [XXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXX]  
 Elimination Period: [XXX] Days [XXXXXXXXXXXXXXXXXXXX]  
 Benefit Increase Option: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Premium Payment Period: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]

**MAXIMUM BENEFIT**

BENEFIT INCREASE OPTION	ELIMINATION PERIOD	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[\$Max. Amt]	[UNLIMITED]
		[ANNUAL/SINGLE] PREMIUM					
DEFERRED BIO*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% SIMPLE	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
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3% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	90 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	180 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
5% STEP RATED*	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	30 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
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5% COMPOUND	0 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
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	60 DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
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]



**Benefit Increase Schedule**

[ This is intended to show how your [Product Name] Long Term Care daily benefit and maximum benefit will increase due to the effect of the Benefit Increase Option you selected. This includes the illustration details and other elected benefits you selected in the original illustration.

Name: [Client 1 First and Last Name] Elected Benefits: [XXXXXXXXXXXXXXXXXXXX]  
 Age: [XX] [XXXXXXXXXXXXXXXXXXXX]  
 Rate Classification: [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXX]  
 Elimination Period: [XXX] Days [XXXXXXXXXXXXXXXXXXXX]  
 Benefit Increase Option: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Premium Payment Period: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]

AGE	MAXIMUM DAILY BENEFIT	MAXIMUM BENEFIT	ANNUAL PREMIUM
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]

*These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.*

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 Rate Classification: [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Maximum Daily Benefit: [\$Daily Amt] [XXXXXXXXXXXXXXXXXXXX]  
 Elimination Period: [XXX] Days [XXXXXXXXXXXXXXXXXXXX]  
 Benefit Increase Option: [XXXXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 Premium Payment Period: [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]  
 [XXXXXXXXXX] [XXXXXXXXXXXXXXXXXXXX]

AGE	MAXIMUM DAILY BENEFIT	MAXIMUM BENEFIT	ANNUAL PREMIUM
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
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[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
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[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
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[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]
[XX]	[\$Daily Amt]	[\$Max. Amt]	[\$Prem. Amt]

*These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.*

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]



### **Illustration Disclaimer**

This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. Please see the Outline of Coverage or sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased. Premium and benefit amounts will vary, depending upon your age at application and the plan selected. The actual Premiums may differ as a result of any applicable discounts. Premiums also vary based upon whether you pay annually, semi-annually, quarterly or monthly. Please note that the more often you pay, the higher your total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium.

Policy Series TLC 1-FP 1001 or TLC 1-FP 402; in LA: TLC 1-P (LA) 504; in OH: TLC 1-FP (OH) 409 or TLC 1-FP (OH-FR) 409; in OK: TLC 1-FP (OK) 709.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance.

### **A Word About Premium Rates**

The Policy allows the company to adjust premiums as needed, with prior regulatory approval if required in your state. [We cannot increase your premium during any applicable rate guarantee period. When the rate guarantee period ends, your premium will be adjusted by any premium increases that may occur during the rate guarantee period.] We cannot single you out for a rate increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your Policy as long as you pay your premium on a timely basis.

SERFF Tracking Number: AEGJ-126710221 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 46420  
Company Tracking Number: TLIC ILL 1010  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: TCO - TC  
Project Name/Number: Uni-1 Illustrations/TLIC ILL 1010

## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Filing Letter

**Comments:**

**Attachment:**

AR ltr.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Variables Document

**Comments:**

**Attachment:**

illustraton variables.pdf



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

August 9, 2010

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

RE: **Long Term Care Advertising**  
**NAIC #:** 86231  
**FEIN #:** 39-0989781  
**Form # / Description:** TLIC ILL 1010 Premium Illustration

Dear Commissioner Bradford:

Enclosed is the referenced form submitted for your review and approval. This form is intended to replace form TLIC ILL 0708, approved by your department on November 17, 2008 (SERFF #AEGJ-125763053).

This form will be used to solicit policy form TLC 1-FP (AR) 206, et al., which was approved by your department on May 30, 2006, and the Shared Care Benefit Rider, approved by your department on August 4, 2010 (SERFF #AEGJ-126667700).

This form will be used as part of an invitation to contract package with the approved Outline of Coverage. The current Shopper's Guide and all other state-mandated materials required will also be used at solicitation.

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

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

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

Sincerely,

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

Joan Shumaker  
Advertising Manager  
Transamerica Long Term Care Division

# ILLUSTRATION VARIABLES

## TLIC ILL 1010

### COVER PAGE:

Prepared For: The name(s) and client(s) information will be listed.

Provided By: The insurance producer/agent information goes in this area.

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels through which to contact the company.

### Footer – Each Page:

State of residence and the Month, Day and Year of the quote will print on each page.

### ILLUSTRATION PAGE:

The Product Name is variable throughout the quote due to this illustration being used for different marketing packages. It will be “TransCare”, “Transitions by Transamerica”, “SecurePath”, or “TransCare Options”.

Prepared For: The client(s) name(s) is repeated here.

Please note that once a client(s) makes choices, this page will print information only for the selections made by the client(s).

Rate Guarantee – [xx] years: 1 to 10 years – will print if applicable to the plan.

Deferred BIO: Deferred becomes part of the base package if no other BIO is chosen and will show only if that is the case. The 5% Compound BIO is always offered to the client(s), as required.

### Illustration Details:

If there is no “Client 2”, then only the Client 1 column will print on this page.

Age:	Age(s) of client(s) on date of quote.
State:	Client(s) residence state
Rate Classification:	Standard, Preferred, Class 1, Class 2, Class 3, Class 4
Maximum Daily Benefit :	\$40 - \$400
Maximum Benefit:	Policy Maximum Benefit amount chosen
[Estimated Benefit Days:	XXXXXXX] - this will be estimated # of Days Max Benefit will last, if client requests this information.
Elimination Period:	0, 30, 60, 90, 180 Days

**Base Plan Premium** amounts are variable depending upon the plan chosen.

### Other Elected Benefits (Additional Premium Required)

The benefits are variable and will only print what the client(s) elected. The corresponding premium amount for each benefit will print beside the elected benefit.

**Elected Benefit Subtotal** amounts are variable depending upon plan chosen.

### Total [XXXX] Premium

Whichever premium payment plan is selected (Annual, Semi-Annual, Quarterly, Monthly) will be shown in this area. Please also see Lifetime Pay.

### Lifetime Pay:

The amounts of the premium for all payment modes will always print on the illustration as a comparison.

### Limited Pay:

If the client(s) chose a Limited Pay period, their selection (10 year, Pay to 65, or Single Pay) will print along with the corresponding premium amount.

**Payment Required with Application** and corresponding dollar amount will print.

**OPTIONAL COVERAGE DESIGNS PAGES:**

These pages are variable because the client may not want Optional Coverage shown. That is not typically the case, but could happen occasionally. Quote pages 1-3 and 8 (disclaimer page) will always print for every client.

Name, Age, Rate Classification, Maximum Benefit, Elimination Period, Benefit Increase Option and list of Elected Benefits will be brought forward on remaining pages.

Under "Premium Payment Period", if a limited payment period is selected, it will show on the first line and the second line will show which limited pay was chosen with corresponding premium amounts. "Lifetime" will appear on the first line if a limited payment option is not chosen.

In the Maximum Benefit chart, either the Annual premium or the Single Pay premium will show, depending upon what the client(s) selected for the quote.

For comparison purposes, this page is designed to show the client(s) various premium amounts, depending upon changing Benefit Increase Option, the Elimination Period and the Maximum Benefit Amount.

**BENEFIT INCREASE SCHEDULE PAGES:**

These pages do not print if no Benefit Increase Option is chosen by the client(s). Quote pages 1-3 and 8 (disclaimer page) will always print for every client.

Age Column will show the person's age on the top line and ages going forward, in 5 year increments. The corresponding Maximum Daily Benefit, Maximum Benefit and Annual Premium amounts will show for those ages.

**ILLUSTRATION DISCLAIMER PAGE:**

Under "A Word About Premium Rates", if there is no rate guarantee included in the offer, the bracketed sentences will not print.