

SERFF Tracking Number: AEGB-127736340 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 50171
Company Tracking Number: INFORMATIONAL FILING - RW01 1009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: INFORMATIONAL FILING - RW01 1009
Project Name/Number: New Business Re-write Application/L034

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: INFORMATIONAL FILING - RW01 1009 SERFF Tr Num: AEGB-127736340 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: 50171

Sub-TOI: L08.000 Life - Other

Co Tr Num: INFORMATIONAL FILING - RW01 1009 State Status: Filed-Closed

Filing Type: Form

Author: Deb White

Reviewer(s): Linda Bird

Date Submitted: 11/02/2011

Disposition Date: 11/07/2011

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: New Business Re-write Application

Status of Filing in Domicile: Pending

Project Number: L034

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/07/2011

State Status Changed: 11/07/2011

Deemer Date:

Created By: Deb White

Submitted By: Deb White

Corresponding Filing Tracking Number:
30822730

Filing Description:

October 27, 2011

Commissioner of Insurance

Arkansas Department of Insurance

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Product Name: INFORMATIONAL FILING - RW01 1009
Project Name/Number: New Business Re-write Application/L034
Attn.: Policy Examination Division (Individual Life)

RE: TRANSAMERICA LIFE INSURANCE COMPANY NAIC #468-86231
Form number: RW01 1009 – Individual Life Application

INFORMATIONAL FILING

Dear Sir/Madam:

During a recent audit of our files we discovered a typographical error in the above referenced application. Two statements on page 2 under the STATEMENT OF GOOD HEALTH AND INSURABILITY should be changed.

“Provide details for any yes statements” should read “Provide details for any no statements”....

The beginning of the first paragraph underneath the above, “If any questions are marked yes, a full review.....” should read “If any questions are marked no, a full review.....”

We are implementing our corrected application immediately. We certify that no other changes have been made to the application.

We would appreciate your acknowledgment of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Deb White
Policy Analyst
Contract Development
(319) 355-7265 (collect)
Fax #: (319) 355-2501
deb.white@transamerica.com

Company and Contact

SERFF Tracking Number: AEGB-127736340 State: Arkansas
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 Project Name/Number: New Business Re-write Application/L034

Filing Contact Information

Debra White, Policy Analyst Deb.White@Transamerica.com
 4333 Edgewood Rd. NE 319-355-7265 [Phone]
 MS 2225 319-355-2501 [FAX]
 Cedar Rapids, IA 52499

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 4333 Edgewood Road, NE Group Code: 468 Company Type:
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-7888 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	11/02/2011	53402656

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	11/07/2011	11/07/2011

SERFF Tracking Number: *AEGB-127736340* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:* *50171*
Company Tracking Number: *INFORMATIONAL FILING - RW01 1009*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *INFORMATIONAL FILING - RW01 1009*
Project Name/Number: *New Business Re-write Application/L034*

Disposition

Disposition Date: 11/07/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGB-127736340</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50171</i>
<i>Company Tracking Number:</i>	<i>INFORMATIONAL FILING - RW01 1009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>INFORMATIONAL FILING - RW01 1009</i>		
<i>Project Name/Number:</i>	<i>New Business Re-write Application/L034</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	New Business Re-write Application		Yes

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Form Schedule

Lead Form Number: RW01 1009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RW01 1009	Application/New Business Re-Enrollment write Application Form	Initial		50.400	RW01 1009.pdf

- Transamerica Life Insurance Company
 Stonebridge Life Insurance Company

- Western Reserve Life Assurance Co. of Ohio
 Monumental Life Insurance Company

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499-0001

(Check appropriate "Company")

INSTRUCTIONS FOR USE: This form may be used to request changes to an application for a policy if that policy has not been delivered and prior to the delivery deadline.

Requests are subject to approval of the Company.

New Business Application Change Supplement

Policy/certificate ("policy") number: _____

Proposed Insured: _____ **Owner:** _____

Additional Proposed Insured (if any): _____

I hereby request the following changes to the application for my policy.

Section 1. Change to Face Amount or Premium Amount

Face Amount: Increase Decrease New Face Amount \$ _____

New Premium Amount \$ _____ Mode: _____ RAP: _____

Initial Lump Sum Amount: \$ _____

Note: Any increase in face amount may require additional underwriting. The terms, conditions and limits of the conditional receipt, if any, continue to apply. **No additional conditional coverage is provided for this requested increase.** Do not submit money with this Application Supplement.

Section 2. Plan change

New Plan Name: _____ New Premium Amount \$ _____

Kind Code (if applicable): _____ Mode: _____

If term, specify level premium period: _____ UL, specify Death Benefit Option in Section 3 below.

Note: Plan changes and death benefit option changes may require additional underwriting.

Section 3. Change UL death benefit option to the following general definition:

The death benefit is the face amount. (Level)

The death benefit is the face amount plus the policy value. (Increasing)

The death benefit is the face amount plus the return of premium. (Plus Premium or ROP)

Section 4. Riders (There is no conditional coverage for riders.)

Add Delete

Rider Description: _____

Face amount or number of units (if applicable): _____

Section 5. Beneficiary Change

<u>Name</u>	<u>Relationship to Proposed Insured</u>
Primary : _____	_____
Address: _____	_____
Contingent: _____	_____
Address _____	_____

Section 6. Change of Risk Classification or Nicotine Classification

Change Risk Classification to: _____ . Extra Rating of: _____

Change Nicotine Classification to (check one): Nicotine Non-Nicotine

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: NA		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: NA		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: RW01 1009 Cover Letter - TLIC.pdf		



Transamerica Life Insurance Company
4333 Edgewood Road NE
PO Box 3183
Cedar Rapids, Iowa 52499

October 27, 2011

Commissioner of Insurance
Arkansas Department of Insurance

Attn.: Policy Examination Division (Individual Life)

RE: **TRANSAMERICA LIFE INSURANCE COMPANY NAIC #468-86231**
Form number: RW01 1009 – Individual Life Application

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Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Digitally signed by Deb White
DN: cn=Deb White, o, ou,
email=deb.white@transamerica.com, c=US
Date: 2011.10.31 10:48:07 -05'00'

Deb White
Policy Analyst
Contract Development
(319) 355-7265 (collect)
Fax #: (319) 355-2501
deb.white@transamerica.com