

SERFF Tracking Number: AEGJ-127051471 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 48076  
Company Tracking Number: TLC PBRE AR 0211  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: ADV TLC PBRE AR 0211  
Project Name/Number: ADV TLC PBRE AR 0211/ADV TLC PBRE AR 0211

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: ADV TLC PBRE AR 0211

SERFF Tr Num: AEGJ-127051471 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed-Closed

State Tr Num: 48076

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: TLC PBRE AR 0211

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Harris Shearer, Stephanie Fowler

Authors: Julie Maclin, Joan Shumaker, Patsy Holt

Disposition Date: 03/02/2011

Date Submitted: 02/24/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ADV TLC PBRE AR 0211

Status of Filing in Domicile: Not Filed

Project Number: ADV TLC PBRE AR 0211

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Advertising filing not required in domicile state (Iowa).

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/02/2011

Deemer Date:

State Status Changed: 03/02/2011

Submitted By: Patsy Holt

Created By: Patsy Holt

Corresponding Filing Tracking Number: TLC PBRE AR 0211

Filing Description:

Please cover letter under "Supporting Documentation" tab.

## Company and Contact

### Filing Contact Information

Patsy Holt, Advertising Analyst

Patsy.Holt@transamerica.com

P.O. Box 93007

800-553-7600 [Phone] 3352 [Ext]

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 Bedford, TX 76053-3007 817-285-3394 [FAX]

**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:	\$50 per advertisement
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	02/24/2011	45010676

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/02/2011	03/02/2011

*SERFF Tracking Number:* AEGJ-127051471      *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/02/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: TLC PBRE AR 0211**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/02/2011	TLC PBRE AR 0211	Advertising	Invitation to Contract	Initial			TLC PBRE AR 0211.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

# [ TRANSCARE<sup>®</sup> ]

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

ENHANCED



INDIVIDUAL LONG TERM CARE INSURANCE



## **Planning for the Unexpected**

*A solid financial plan, hard work and saving for your future are key to helping you achieve your retirement goals. However, even the best laid plans can go wrong. Why? An unforeseen long term care event could seriously impact how you achieve your goals and may deplete your savings and investments.*

*In today's ever-changing environment, you need a partner to help you prepare for the unexpected. [TransCare®] Long Term Care insurance underwritten by Transamerica Life Insurance Company can help. [TransCare®] helps provide you with the protection you need for life's unexpected events while also giving you the flexibility to customize a Long Term Care insurance Policy that can fit your needs, not only now, but also in the future.*

*An illness or condition that requires long term care services can be costly, and it may have a negative impact on your financial plan. [TransCare®] Long Term Care insurance, can give you the added peace of mind knowing that you have taken steps to help protect your savings in the event you face a need for long term care services.*

## **Qualifying for Benefits**

Similar to other types of insurance, you will need to qualify before you can begin receiving benefits. To qualify for benefits under [TransCare®], we must receive a Plan of Care from a Licensed Health Care Practitioner (your Doctor, a registered nurse or a licensed social worker) who must certify within the last 12 months that:

You require assistance due to your inability to perform at least two Activities of Daily Living (ADLs) for a period expected to last at least 90 days due to a loss of functional capacity.

OR

You require continual supervision due to Severe Cognitive Impairment.

Activities of Daily Living defined in your Policy are: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

Policy benefits are subject to the Benefit Eligibility requirements; the Elimination Period, if applicable; the Maximum Daily Benefit and the Maximum Benefit of the Policy. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination.



# HELP PRESERVE **FREEDOM OF CHOICE** AND YOUR **STANDARD OF LIVING.**

## **Customize Your [TransCare®] Policy**

### **Maximum Daily Benefit**

You can select your Maximum Daily Benefit from a range of \$[40/50] to \$400 per day. [TransCare®] will pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving Long Term Care in a Nursing Home, an

Assisted Living Facility, Home Health Care Services (Basic and Professional), Adult Day Care, Hospice Care or Respite Care.

### **Maximum Benefit**

Your Policy Maximum Benefit is the total amount payable while you are insured under the Policy. [TransCare®] offers the following benefit periods:

#### **Two year, Three year, Four year, Five Year, Six Year or Unlimited**

Your Policy Maximum Benefit amount will equal the Maximum Daily Benefit multiplied by the benefit period you select multiplied by 365 days. For example: \$100 (Maximum Daily Benefit) x 2 years (benefit period) x 365 (days) = \$73,000.

### **Elimination Period**

Your Nursing Home and Assisted Living Facility Elimination Period is the number of days you are responsible for paying the cost of Long Term Care services before your Policy begins to pay benefits. [TransCare®] offers five Elimination Period options from which to choose:

- 0-day
- 30-day
- 60-day
- 90-day
- 180-day

The Elimination Period is cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.

### **0-day Elimination Period for Home Health Care, Adult Day Care and Alternative Payment Benefits**

[TransCare®] has a built in 0-day Elimination Period for Home Health Care Services, Adult Day Care and the Alternative Payment Benefit - that means you are eligible for benefits from the first day you receive covered services. These benefits do not satisfy the Elimination Period that may apply to other benefits. First day coverage is contingent upon your qualifying for benefits and our receipt of the Plan of Care.

## **Benefits Included in a [TransCare®] Policy**

### **Alternative Payment Benefit**

You may choose the Alternative Payment Benefit, which pays a benefit equal to 10 times the Maximum Daily Benefit each month in lieu of all other benefits for care or services provided under the Policy. You may use this money any way you see fit. We must receive an updated Plan of Care at least once every 60 days. This benefit helps take freedom of choice one step further:

- You can receive care by a family member
- You can receive care worldwide

### **Care Coordination Benefit - a value-added concept in Long Term Care service**

Not surprisingly, the need for Long Term Care may come at a time of emotional stress for both you and your family. There are many questions to be answered and important decisions to be made, such as:

- What type of care do I need?
- Where do I find a qualified provider?
- How much will the services cost?
- What other alternatives are available?

It's because of these and many other questions that [TransCare®] includes a Care Coordination benefit. Although you do not have to use a Care Coordinator to receive benefits from the Policy, the Care Coordinator can work with you to help:

- Assess your care needs;
- Establish a Plan of Care;
- Monitor your progress and make changes to the Plan of Care; and
- Provide a referral list of care providers from which you may choose to receive services, if needed.

Your Care Coordinator:

- Is a Licensed Health Care Practitioner;
- Is chosen from our list of independent providers;
- Considers family and caregiver concerns;
- Is trained in such areas as geriatrics, rehabilitation, social and health assessments;
- Is familiar with your community and the variety of resources and services available to you locally; and
- Focuses on helping you identify the care you need.

For a Care Coordinator contracted with us, there will be no charge to you for the services of a Care Coordinator, for as long as you meet or are expected to meet the Benefit Eligibility provision. No amount will be deducted from your Maximum Benefit.

For a Care Coordinator not contracted with us, the Maximum Lifetime Care Coordination Benefit will be equal to 50 times the Maximum Daily Benefit. You must meet or be expected to meet the Benefit Eligibility provision. No amount will be deducted from your Maximum Benefit.

CCUMULATING ASSETS  
YOU HAVE SPENT A LIFETIME ACCUMULATING ASSETS

HELP PROTECT THEM WITH [TransCare®]

### **Additional Benefits with Care Coordination**

*The following benefits are available only through Care Coordination. For the Therapeutic Device, Home Modification and Medical Alert System Benefits, your "Home" does not include Assisted Living Facilities. (The Elimination Period does not apply to these benefits.)*

#### **Respite Care**

This benefit provides for temporary confinements in a Nursing Home, Assisted Living Facility, or care received in your Home, up to 30 days per calendar year, to allow your unpaid informal caregiver a vacation or rest. We will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for the covered services. Respite Care Benefits are not payable when other benefits are payable under the Policy, except for Care Coordination.

#### **Therapeutic Device**

We will pay the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for the rental or purchase of a Therapeutic Device to be used in your Home. Therapeutic devices could include crutches, wheelchairs, hospital-style beds, infusion pumps, or respirators.

#### **Home Modification**

We will pay the actual, out-of-pocket charges you incur, up to a lifetime maximum equal to 50 times the Maximum Daily Benefit, for modifications to your Home. Examples of Home Modification include: ramps, grab bars or similar accessibility modifications. The Care Coordinator must approve the provider, labor, equipment and supplies. Approval from the company is also needed prior to any modification or installation.

#### **Medical Alert System**

We will pay the actual, out-of-pocket charges you incur, up to a maximum monthly amount equal to 50% of the Maximum Daily Benefit, to monitor, rent or purchase a Medical Alert System (the decision to purchase or rent is ours). The lifetime maximum is 50 times the Maximum Daily Benefit. Approval from the company is needed prior to any modification or installation.

#### **Caregiver Training Benefit**

We will pay the actual, out-of-pocket charges you incur for you and your informal caregiver to receive Caregiver Training. We will pay this benefit up to a lifetime maximum equal to 10 times the Maximum Daily Benefit.

## ***Benefits That May Help You Stay More Independent Longer***

### ***Home Health Care***

We will pay benefits for actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Professional and Basic Services provided in your Home.

#### ***Professional Services***

Include those provided by a Licensed: Registered Nurse, Practical Nurse, Vocational Nurse, Speech Therapist, Audiologist, Respiratory Therapist, Occupational Therapist, Physical Therapist, Chemotherapy Specialist or Nutritional Specialist.

#### ***Basic Services***

Include those provided by: a home health aide, homemaker or companion. Basic Services must be provided by or through a Home Health Care Agency, unless they are provided by any properly licensed or certified provider that your Care Coordinator approves.

### ***Adult Day Care***

Benefits are provided for care you receive in an Adult Day Care Center provided care is received for at least four hours a day. This includes social or related support services provided by and at an Adult Day Care Center. We will pay the actual, out-of-pocket charges you incur, up to your Maximum Daily Benefit, for Adult Day Care.

### ***Waiver of Premium***

Your premium payments are waived on a monthly basis as long as you are receiving Nursing Home, Assisted Living Facility, Home Health Care [or/], Adult Day Care [or Alternative Payment] Benefits.

# HELP PRESERVE **FREEDOM OF CHOICE** AND YOUR **STANDARD OF LIVING.**

## **Facility and Additional Standard [TransCare®] Benefits**

### **Assisted Living Facility Benefit**

After the Elimination Period is satisfied, we will pay actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for room and board, not to exceed the charge for a one-bedroom unit, and for the necessary Maintenance and Personal Care Services for each day you are confined in an Assisted Living Facility. An Assisted Living Facility as defined in the Policy could include residential care facilities, family and group assisted living facilities, congregate care facilities, personal care boarding homes, adult foster care facilities, and domiciliary care homes.

### **Nursing Home Benefit**

After the Elimination Period is satisfied, we will pay the actual, out-of-pocket charges you incur, up to the Maximum Daily Benefit, for each day you are confined in a Nursing Home.

### **Bed Reservation Benefit**

While receiving Nursing Home or Assisted Living Facility benefits, [TransCare®] will pay actual, out-of-pocket charges you incur if you are charged for your room while temporarily absent for any reason (except for discharge). This benefit is provided up to [30/60] days in any one calendar year or as credit toward your Elimination Period (if not yet satisfied).

### **Hospice Care**

If you have no reasonable prospect of cure and have a life expectancy of six months or less, as estimated by your Doctor, we will pay the actual, out-of-pocket charges you incur up to the Maximum Daily Benefit for each day of care given by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Care. The Elimination Period does not apply for Hospice Care.

### **Restoration of Nursing Home Benefits**

Following a period in which you were receiving Nursing Home benefits and then recover, if you are no longer benefit eligible for a period of 180 consecutive days, your Nursing Home benefits will be restored.

## **Optional Benefits<sup>1</sup>**

### **Nonforfeiture Benefit Shortened Benefit Period Option**

If you stop paying premiums after your coverage has been in effect for at least 3 full years, your coverage will continue on a limited basis if it would have otherwise lapsed for non-payment of premium. (See Outline of Coverage for details.)

### **[Full Restoration of Benefits**

Following a period in which you were receiving benefits and then recover and if you are no longer benefit eligible for a period of 180 consecutive days, benefits that were paid out will be restored to the remaining Maximum Benefit. If you do not choose this benefit, the Restoration of Nursing Home Benefits will be automatically included at no additional charge to you.]

### **Benefit Increase Options (BIO)**

[TransCare®] offers the following Benefit Increase Options that help to protect you from rising Long Term Care costs. The increase to your benefits will occur regardless of any claims paid.

There are a variety of Benefit Increase Options to help your benefits keep up with rising long term care costs due to inflation. You can choose from the following:

- The **3% Compound Benefit Increase Option** increases your benefit amounts each year by 3% of the current dollar amount.
- The **5% Compound Benefit Increase Option** increases your benefit amounts each year by 5% of the current dollar amount.
- The **5% Simple Benefit Increase Option** increases your benefit amounts each year by 5% of the original benefit amount.
- [The **5% Step-Rated Compound Benefit Increase Option** allows you the protection of a Benefit Increase Option at a lower initial rate. Premiums increase each year as your benefits increase. You can elect to stop these increases on any anniversary date of your policy.]

With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option without evidence of insurability at a future date as long as you have not had a claim or are not currently eligible to claim. This offer will be extended to you within 90 days prior to the first, the third and the fifth anniversary date of the Policy. See Outline of Coverage for additional details.

*The Deferred Benefit Increase Option will automatically be included if no other Benefit Increase Option is selected.*



<sup>1</sup>Premiums will vary with choice of benefits. Additional premium required.

YOU HAVE SPENT A LIFETIME ACCUMULATING ASSETS

HELP PROTECT THEM WITH [TransCare®]

## Optional Benefits<sup>1</sup>

### [Monthly Home Care

Because the charges for Home Health Care and Adult Day Care services may vary from day-to-day, this option makes your Home Health Care and Adult Day Care benefits available on a monthly basis (30 continuous day total) rather than a daily basis. This means that the Maximum Daily Benefit (MDB) no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs. You must be using the Care Coordination Benefit in order to receive this benefit.

Example: Your policy has a \$100 MDB. On Monday, you receive services from a home health aide and the total charge is \$125. On a daily basis, only \$100 would be covered. On a monthly basis, you would have \$3,000 available (\$100 MDB x 30 days), so all charges for that day would be covered.

[Additionally, the number of days Professional Services are received during such 30-day period multiplied by 2 times the Basic Services Maximum Daily Benefit will be paid.

Example:	Monthly Benefit (\$100 MDB X 30 continuous days)	\$3,000
	+ 5 days Professional Services received X \$100 = 500	<u>+500</u>
	Total available for 30-day period	\$3,500 ]

### Shared Care Benefit Rider<sup>2</sup>

You never know what life may bring your way. Unforeseen circumstances can impact even the best-laid plans. That's why we designed the [TransCare®] Shared Care Benefit Rider to help with the unexpected. It allows couples to share each other's long term care benefits should one exhaust their own benefits; thereby maximizing their long term care insurance protection. This valuable benefit helps increase your flexibility in an uncertain future.

For example, if you and your spouse purchase identical policies with a Policy Maximum Amount of \$[250,000], should one of you exhaust your Policy Maximum Amount, that person can then access the other's Policy benefits with the spouse's written permission.

**What if both Policy Maximums are exhausted?** If one member of the couple exhausts both Policy maximums, the remaining spouse can purchase an additional two years of coverage<sup>3</sup> with no additional underwriting required.

**What happens if a member of the couple dies?** Should one spouse die, any remaining Policy Maximum Amount on his or her Policy will be transferred to the surviving member. No further premium on the rider will be required.

The Shared Care Benefit Rider<sup>2</sup> helps you and your spouse be better prepared for a changing future. You may be more confident knowing that you have customized your coverage to provide even greater protection for you and your hard earned assets.

*Under this Policy, the term "spouse", "married" and "couple" may include married persons, domestic partners and/or civil union partners. Consult your insurance agent/producer for details about requirements in your state.*

<sup>2</sup>Available only to couples who are both issued and maintain identical policies. Not available in conjunction with Refund of Premium Upon Death Rider or Unlimited Policy Maximum Amount selections.

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

## **Discounts**

### **Couples Discount**

Couples may be eligible for a discount of up to [30%], as compared to standard individual rates. This discount is available to couples who are both issued and maintain identical policies.

### **Discount for Married Individuals Applying Alone**

Individuals that are part of a couple, but applying for a [TransCare®] Policy alone or applying for different coverage amounts, may be eligible for a discount of up to [15%], as compared to standard individual rates.

### **Preferred Health Discount**

Individuals who are healthy may be eligible for a discount of up to [15%] off standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

*Under this Policy, the term “spouse”, “married” and “couple” may include married persons, domestic partners and/or civil union partners. Consult your insurance agent/producer for details about requirements in your state.*

## **Rates and Guarantees**

### **[Rate Guarantee**

Every policy comes with an automatic [5]-year rate guarantee. See “A Word About Premium Rates” for information about our right to increase premiums.]

### **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 premiums 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 premium 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.

# HELP PRESERVE **FREEDOM OF CHOICE** AND YOUR **STANDARD OF LIVING.**

## **30-Day Free Look**

If you are not satisfied with your policy for any reason, you may return it to us within 30 days of delivery to you for a full return of premium.

## **Exclusions and Limitations**

This policy will not pay benefits when you are eligible for confinement, treatment, services or care: (1) resulting from alcoholism, drug addiction or chemical dependency, unless as a result of medication prescribed by a Doctor; or (2) arising out of suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or (3) provided in a government facility (unless otherwise required by law), services for which benefits are payable under Medicare, or would be payable except for application of a deductible or coinsurance amount, or other governmental programs (except Medicaid), and services for which no charge is normally made in the absence of insurance; or (4) received outside the United States or Canada; or (5) for which benefits are payable under any state or federal workers' compensation, employer's liability or occupational disease law; or (6) that are not included in your Plan of Care; or (7) that are prohibited by federal law, including those governing economic and trade sanctions; or (8) rendered by a member of your immediate family, unless he or she is a regular employee of an organization which is providing the treatment, service or care; and the organization receives the payment for the treatment, services or care; and he or she receives no compensation other than normal compensation for employees in his or her category.

Coverage will be provided in accordance with the terms of the policy and subject to Benefit Eligibility for mental conditions, including Alzheimer's disease, Parkinson's disease and senile dementia.

The exclusions regarding a member of an Insured Person's Immediate Family and confinement, treatment, service or care received outside the United States or Canada will not apply to the Alternative Payment Benefit provision.

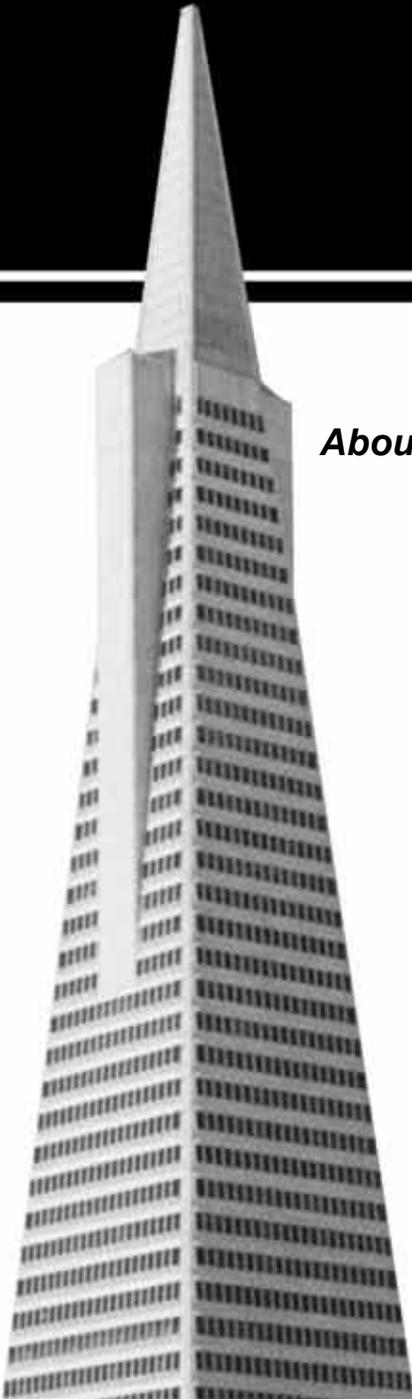
## **Disclaimers**

This brochure provides only a brief summary of the coverage provided under policy series TLC 1-FP (AR) 206.

See the accompanying Outline of Coverage for additional details. Premium and benefit amounts will vary depending upon the plan selected. Your Policy will describe your coverage in detail and will be the sole basis for making any benefit determination. Capitalized terms in this brochure are defined in the Policy.

[TransCare®] is intended to be a Tax Qualified Long Term Care insurance Policy designed to meet Federal Standards. 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.

Premiums may differ from the amount on your application. This may occur as the 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 may be per year. All premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.



## ***About Transamerica Life Insurance Company and [TransCare®]***

### ***Your Partner for the Long Term***

An unforeseen long term care need could seriously impact your future. Transamerica Life Insurance Company can help protect your hard-earned savings from the high cost of long term care services. With [TransCare®], you can benefit from the resources of one of the largest financial services companies and the experience that only a company with over 300,000<sup>4</sup> policyholders can provide.

[TransCare®] Long-Term Care insurance is designed with your needs in mind. It provides you with the flexibility and options you want to customize a Policy that can fit your needs.

*For more information, call your licensed insurance agent/producer or contact Transamerica Life Insurance Company.*



<sup>4</sup>Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

**Home Office:** Cedar Rapids, IA  
**Administrative Office:** PO Box 95302  
Hurst, TX 76053

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Cover Letter	Filed	03/02/2011
<b>Comments:</b>			
<b>Attachment:</b>			
AR ltr.pdf			
		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Variables	Filed	03/02/2011
<b>Comments:</b>			
<b>Attachment:</b>			
Variables.pdf			



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P O Box 95302  
Hurst, Texas 76053-5302  
800-553-7600, ext 3381  
partricia.holt@transamerica.com

February 24, 2011

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

RE: **Long Term Care Advertising**  
**NAIC #:** 86231  
**FEIN #:** 39-0989781  
**Form # / Description:** TLC PBRE AR 0211 Invitation to Contract

Dear Commissioner Bradford:

Enclosed is the referenced form submitted for your review and approval. This form is intended to replace form TLC PBR AR 1008, approved by your department on November 19, 2008 (SERFF #AEGJ-125851226).

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. This form will be used with the approved Outline of Coverage, the current Shopper's Guide and all other state-mandated materials required to 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 "Patsy B. Holt". The signature is written in a cursive style.

Patsy B. Holt  
Advertising Analyst  
Transamerica Long Term Care Division

## VARIABLES

### TLC PBRE AR 0211                      PRODUCT BROCHURE

#### **Cover Page and throughout:**

The Product Name is variable, depending upon the marketing package. The variables could be:

- TransCare
- TransCare Enhanced
- TransCare Options
- TransCare Options Enhanced

#### **Cover Page:**

In the center bottom “[TCO/TC]” will be for marketing tracking purposes, depending upon the marketing package. It is will be either TCO, TC.

#### **Page 3:**

The Maximum Daily Benefit [\$40/\$50] will be \$40 or \$50 per day minimum, depending upon the marketing package.

#### **Page 6:**

In Waiver of Premium, the “or” “or Alternative Payment” will show if applicable to the marketing package.

#### **Page 7:**

Under the “Bed Reservation Benefit”, the last sentence [30/60] will be either 30 days or 60 days, depending upon the marketing package.

#### **Page 8:**

Full Restoration of Benefits will show if applicable to the marketing package.

The “5% Step-Rated Compound Benefit Increase Option” will show if applicable to the marketing package.

#### **Page 9:**

“Monthly Home Care” will show if applicable to the marketing package.

Additionally, the number of days...” through “\$3500” will show if applicable to the marketing package.

“\$250,000” will depend upon the marketing package.

#### **Page 10:**

In the “Couples Discount”, the appropriate discount percentage will print. It can be 5% to 40%. Currently, it is 30%.

In the “Married Individuals Applying Alone” the appropriate discount percentage will print. It can be 5% to 30%. Currently, it is 15%.

In the “Preferred Health Discount” the appropriate discount percentage will print. It can be 5% to 20%. Currently, it is 15%.

The “Rate Guarantee” will only show on brochure if it is applicable to a particular employer/association. It can be 5 to 10 years. Currently it is 5 years.

In the “A Word about Premium Rates” box, if there is no Rate Guarantee, then the bracketed statements will not print.