

SERFF Tracking Number: AEGJ-127263668 State: Arkansas  
Filing Company: Transamerica Life Insurance Company State Tracking Number: 49064  
Company Tracking Number: ADV TC2 PBR NBR ILL  
TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
Home & Home Health Care  
Product Name: ADV TC2 PBR NBR ILL  
Project Name/Number: ADV TC2 PBR NBR ILL /ADV TC2 PBR NBR ILL

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: ADV TC2 PBR NBR ILL SERFF Tr Num: AEGJ-127263668 State: Arkansas  
TOI: LTC05I Individual Long Term Care - SERFF Status: Closed-Filed- State Tr Num: 49064  
Nursing Home & Home Health Care Closed  
Sub-TOI: LTC05I.001 Qualified Co Tr Num: ADV TC2 PBR NBR State Status: Filed-Closed  
ILL

Filing Type: Advertisement

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Authors: Julie Maclin, Joan  
Shumaker, Patsy Holt

Disposition Date: 07/12/2011

Date Submitted: 06/15/2011

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ADV TC2 PBR NBR ILL  
Project Number: ADV TC2 PBR NBR ILL  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/12/2011

State Status Changed: 07/12/2011

Created By: Julie Maclin

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Julie Maclin

Filing Description:

Please see cover letter under Supporting Documentation tab.

## Company and Contact

### Filing Contact Information

Julie Maclin, Senior Policy Analyst  
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Hurst, 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: \$250.00  
 Retaliatory? No  
 Fee Explanation: \$50 per ad x 5 ads = \$250  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$250.00	06/15/2011	48747394

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	07/12/2011	07/12/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Request	Note To Reviewer	Joan Shumaker	07/06/2011	07/06/2011

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## **Disposition**

Disposition Date: 07/12/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	Variables Documents	Filed-Closed	Yes
Form	Product Brochure	Filed-Closed	Yes
Form	Needs Brochure	Filed-Closed	Yes
Form	Premium Illustration	Filed-Closed	Yes
Form	Premium Illustration	Filed-Closed	Yes
Form	Premium Illustration	Filed-Closed	Yes

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**Note To Reviewer**

**Created By:**

Joan Shumaker on 07/06/2011 10:47 AM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

07/12/2011 03:59 PM

**Subject:**

Status Request

**Comments:**

May I please have a status regarding this filing? We are hoping to launch this new product in Arkansas this month and Marketing is asking when you might be able to review these materials.

I appreciate any information you can provide.

Joan Shumaker  
Advertising Manager

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## Form Schedule

**Lead Form Number: TLC PBR TC2 AR 0311**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 07/12/2011	TLC PBR TC2 AR 0311	Advertising	Product Brochure	Initial			TLC PBR TC2 AR 0311 filing.pdf
Filed-Closed 07/12/2011	TLC NBR TC2 0311	Advertising	Needs Brochure	Initial			TLC NBR TC2 0311 6- 9-11.pdf
Filed-Closed 07/12/2011	TC2 ILL CEN AR 0511	Advertising	Premium Illustration	Initial			TC2 ILL CEN AR 0511.pdf
Filed-Closed 07/12/2011	TC2 ILL IND AR 0511	Advertising	Premium Illustration	Initial			TC2 ILL IND AR 0511.pdf
Filed-Closed 07/12/2011	TC2 ILL VOL AR 0511	Advertising	Premium Illustration	Initial			TC2 ILL VOL AR 0511.pdf



TRANSAMERICA LIFE INSURANCE COMPANY

[ **TRANSCARE**<sup>®</sup> ]

*Individual Long Term Care Insurance*

||| ]



A photograph of a family of three—a woman, a young girl, and a man—sitting together in a field of tall grass. They are all smiling warmly at the camera. The woman is on the left, the girl is in the middle, and the man is on the right. The background is a soft-focus field of green grass under a bright sky.

## 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® II] Long Term Care insurance underwritten by Transamerica Life Insurance Company can help. [TransCare® II] 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.

## Consider This Long Term Care Example

[Debbie] [and] [Mike] were [48] and [52] when they began to think about their financial futures and the impact of a long term care event. At this stage in their lives, both of their children were in college in other states, and they started looking forward to retirement. They also wanted to be prepared for the unexpected so they purchased identical [\$250,000] [TransCare® II] policies from Transamerica Life Insurance Company. Their policies included the Shared Care Benefit Rider. They also opted for a 10-pay Limited Payment plan because they wanted to finish paying for their Policies before they retired.

At age [72], [Mike] was diagnosed with Alzheimer's disease and after qualifying for benefits, his Long Term Care insurance Policy paid for [Debbie] to receive caregiver training and covered his Home Health Care so [Debbie] would have additional help caring for [Mike].

Because [TransCare® II] emphasizes care at home, the Policy helped pay to have the required care that [Mike] needed in the comfort of his own home. It also provided for the additional Long Term Facility care that he needed as the disease advanced.

Throughout [Mike's] illness, [Debbie] was able to use their retirement savings for its intended purpose – living – because they purchased a [TransCare® II] Policy. [Mike's] required care cost almost [\$200,000] before he passed away. Upon his death, he had a [\$50,000] Policy Maximum Amount remaining. Because they purchased the Shared Care Benefit Rider, the balance of his Policy Maximum Amount transferred to [Debbie's] Policy at no additional cost.



*What if...*

*...something happened and you were no longer able to do the things that you do every day?*

*...an illness caused you to lose mobility or functionality, such as transferring or dressing?*

*...a disease, such as Parkinson's or Alzheimer's disease, took away physical or mental abilities?*

*...professional care would cost \$38,000<sup>1</sup> to \$80,000<sup>1</sup> a year depending on the amount of care you need?*

Who would care for you? Where would you get the money to pay for care?  
Would your family incur financial hardship if you were not able to provide for them?

**[TransCare® II] Long Term Care insurance is there to help with your future's uncertainty.  
Life doesn't always go as we planned and [TransCare® II] helps you  
prepare for those unexpected moments.**

## Failing to Plan is a Plan to Fail

People today plan for unexpected events by purchasing homeowner's and automobile insurance. They consider it a part of sensible planning. Preparing for a long term care need is just as important, especially when you consider the following:

After you reach the age of 65, the statistical chances<sup>1</sup> that the following events will happen are:

	<b>For Women</b>	<b>For Men</b>
Major House Fire <sup>1</sup>	2.6%	2.2%
Severe Car Accident <sup>1</sup>	18.0%	15.5%
Becoming ADL <sup>2</sup> Deficient or Severely Cognitively Impaired <sup>1</sup>	72.0%	44.0%

What does this mean to you? As you age, your risk of needing long term care may increase.<sup>1</sup> However; no one knows what the future will bring.

But planning now with [TransCare® II] will help assure that your hard-earned retirement savings are used for their original purpose – enjoying life when you retire.

<sup>1</sup>American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

<sup>2</sup>Activities of Daily Living (ADLs) include: Bathing, Continence, Dressing, Eating, Toileting and Transferring, as defined in the Policy.



### **Long Term Care insurance Now Instead of Later**

You never know when you will have a long term care need, so having the security of a [TransCare® II] Long Term Care insurance Policy may help ease your mind. In addition, you may be able to save more by purchasing your Long Term Care insurance Policy at a younger age.

Two main determining factors in setting your initial Long Term Care insurance premium are your health and your age. And generally, the younger you are the more affordable the premium. You may also qualify for good health discounts at younger ages saving you even more money throughout the life of Policy.

### **Why Buy a [TransCare® II] Long Term Care insurance Policy?**

Simply put, long term care services are expensive. The 2010 national average cost of a private room in a nursing home is over \$80,000<sup>3</sup> a year. But, beyond nursing home stays, other forms of long term care can be just as costly. The national average cost of an assisted living facility is almost \$38,000<sup>3</sup> a year and home health care can cut into any budget with a national average cost of \$21.00<sup>3</sup> per hour for a home health aide. You can easily see that the need for long term care may be an expensive risk that you should not ignore.

These costs are only expected to continue increasing. So ask yourself, if an extended illness or injury left you needing long term care services, how would you pay for your care? You could use [TransCare® II] Long Term Care insurance to help pay for these services.

<sup>3</sup>American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.



### **How [TransCare® II] Can Help**

[TransCare® II] Long Term Care insurance can be an effective way to help protect your assets from the high cost of long term care, and it can also help preserve your freedom of choice.

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® II] 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.

### **How [TransCare® II] Works**

[TransCare® II] Long Term Care insurance will pay the out of pocket charges you incur, up to the Maximum Daily Benefit amount for Long Term Care Facility care, Home Care, Home Health Care, Adult Day Care or Hospice care. The Policy provides benefits for a wide variety of long term care services. And because it emphasizes care at home, [TransCare® II] may also help you stay at home for as long as possible.

All you need to do is follow the steps below to help your insurance agent/producer customize a plan that fits your needs.

- 1. Determine the amount of assets you would like to help protect from the high cost of long term care services.*
- 2. Review this brochure to learn about the benefits available. Discuss with your insurance agent/producer what benefits are right for you.*
- 3. Select a Policy Maximum Amount, Maximum Daily Benefit and your Elimination Period*
- 4. Choose any Optional Benefits and the Premium Payment method that you may want.*
- 5. Your insurance agent/producer may help guide you through the Long Term Care insurance application process and submit your application for underwriting and review.*



## Qualifying for Benefits

Like with other types of insurance, you have to qualify before you can receive benefits. To qualify for benefits under the [TransCare® II] Policy, its Riders and Endorsements, we must receive a Plan of Care that specifies what Qualified Long Term Care Services are needed because you are a Chronically Ill Individual. This means that a Licensed Health Care Practitioner has certified within the last 12 months that:

You require Substantial 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 Substantial Supervision to protect you from threats of health and safety due to Severe Cognitive Impairment.

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

This Policy provides coverage for mental and nervous conditions, including Alzheimer's disease and Parkinson's disease and senile dementia as long as you are certified by a Licensed Health Care Practitioner as being a Chronically Ill Individual. Benefits are subject to the Elimination Period, provisions, exclusions and limitations of the Policy. Your Policy will describe your coverage in detail and will be the sole basis for making any benefits determination.



## Build Your [TransCare® II] Policy

*Selecting the benefits that best meet your personal situation is critical to achieving your insurance goals. Make a selection for each of the criteria in this section and begin forming your policy. The available benefits to custom-build a [TransCare® II] policy that best meets your needs are included throughout this brochure.*

## **Maximum Daily Benefit**

This is the amount that we will reimburse for each day of qualified care you receive. Choose an amount that you are comfortable with and feel will cover your anticipated care needs. If your care costs less than the Maximum Daily Benefit, the funds will remain in your Pool of Money to be used in the future. If your care costs more than the Maximum Daily Benefit, you will need to self-fund that amount when it occurs.

You can select your Maximum Daily Benefit from a range of [\$40 to \$500] per day. [TransCare® II] will pay the out of pocket charges you incur for qualified care, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving long term care services in a Long Term Care Facility, your Home or an Adult Day Care Center.

Please remember, inflation has caused long term care costs to increase over the years. If you do not plan to include inflation protection in your Policy, you may want to consider a higher initial Maximum Daily Benefit.

## **Pool of Money**

Your Policy Maximum Amount is the total amount available to cover the cost of your long term care services. It is also known as your Pool of Money. You may choose a Policy Maximum Amount of between [\$14,600] and unlimited.

This Pool of Money can be used to cover your out of pocket expenses for covered services, subject to your chosen Maximum Daily Benefit. When you access benefits and use less than the Maximum Daily Benefit each day covered services are required, the remaining unused portion will remain in the Pool of Money.

Our Pool of Money approach can be an advantage to you because if you use less than the Maximum Daily Benefit when less services are needed, your benefits may last longer than you anticipated. You will have benefits available as long as you have funds in your Pool of Money.

## **Elimination Period**

You may be used to paying a deductible which is a part of most kinds of insurance. [TransCare® II] has an Elimination Period, which is similar to a deductible; however, it is calculated in time instead of a certain amount of money. An Elimination Period is the number of days that you are responsible for paying the cost of covered Long Term Care services before your Policy begins to pay benefits.

[TransCare® II] offers the following Elimination Period options from which to choose:

- [[0]-day Elimination Period (eligible for benefits from day one)]
- [[30]-day Elimination Period]
- [[60]-day Elimination Period]
- [[90]-day Elimination Period]
- [[180] day Elimination Period]
- [[365] day Elimination Period]

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



## Benefits included in Your Policy (Standard Benefits)

*The following benefits are included in your [TransCare® II] Long Term Care insurance plan. These benefits are what make your [TransCare® II] Policy one of the best in the industry.*

## **Cash Benefit**

Take freedom of choice one step further with the Cash Benefit. Once you qualify for benefits, you can choose to receive your benefit payments in an amount equal to 10 times the Maximum Daily Benefit each month. The Cash Benefit is paid directly to you in lieu of all other benefits, except for the Optional Care Coordination Benefit.

And because the Cash Benefit does not have an Elimination Period, you will be eligible for this benefit from Day 1 of Benefit Eligibility. You can use this money in any way you see fit, such as paying for care by a family member. You do not have to submit receipts or prove care was received.

This benefit is not subject to nor does it satisfy the Elimination Period that may apply to other benefits. We must receive an updated Plan of Care at least once every 90 days.

## **Optional Care Coordination Benefit**

Care Coordination is a standard benefit with your [TransCare® II] Policy; however it is your option to use the services of a Care Coordinator or not.

The need for long term care services can be a highly stressful situation for you and your family. Perhaps you live far away from loved ones or you're simply not sure of the care you need. 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?
- What other alternatives are available?

Although you do not have to use a Care Coordinator (except for the Remain at Home Benefit) to receive benefits from the Policy, the Care Coordinator can work with you to help:

- Develop your Plan of Care;
- Coordinate services under the Plan of Care;
- Reassess the Plan of Care as needed; 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 chosen from our list of independent Care Coordinators;
- Is normally 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.

The Optional Care Coordination Benefit can also help with services to assist you in remaining at home, including:

- Home health care services;
- Durable medical equipment;
- Emergency medical call system; and
- Caregiver training.

For a Care Coordinator who is contracted and approved by Us, there is no charge to You for the covered services of a Care Coordinator. No amount will be subtracted from the Policy Maximum Amount.

For a Care Coordinator who is not contracted and approved by Us, the Optional Care Coordination Benefit is limited to \$2,500, any amount paid for such covered Care Coordination services will be deducted from the Policy Maximum Amount, and the Care Coordinator must be employed by a Care Coordination Agency and provide Care Coordination services.

The Optional Care Coordination Benefit is not subject to nor will it satisfy the Elimination Period. You will have access to a Care Coordinator from the first day of Benefit Eligibility.

## Home Care and Adult Day Care Benefit

Let's face it - people may want to receive their care at home. [That's why [TransCare® II] has maximized the Home Care and Adult Day Care Benefit by adding an automatic 0-day Elimination Period to this benefit. The Home Care and Adult Day Care Benefit may allow you to stay at home for as long as possible. And because this type of care is generally less expensive than facility care, it may extend the life of your Policy.

We will pay benefits for out of pocket charges you incur for covered services, up to your Maximum Daily Benefit, for each day you receive Home Care, Home Health Care or Adult Day Care services. Home Care and Home Health Care services must be provided under a Plan of Care through a Home Care Agency in your home. Adult Day Care services must be provided by an Adult Day Care Center and received for at least 4 hours a day.

## Remain at Home Benefit

The emphasis on home care in your [TransCare® II] Policy is even more evident with the Remain At Home Benefit. Your home may present challenges when you need long term care services. The Remain At Home Benefit can pay for the assistance you need to stay in your home. While you are living in your home, this benefit can be used to pay for the following Qualified Long Term Care Services:

- **Home Modification** – modifications to your home including: ramps, grab bars or similar accessibility modifications.
- **Caregiver Training for a Volunteer Caregiver** – allows your informal caregiver to receive Caregiver Training.
- **Therapeutic Device or Technology** – rental or purchase of therapeutic devices including: crutches, wheelchairs, hospital-style beds or infusion pumps.
- **Medical Alert System** – includes the rental or purchase of systems to monitor your health.

Services must be consistent with your care needs, provided under a Plan of Care and approved by one of our Care Coordinators. The Maximum Benefit for these services is 60 times your Maximum Daily Benefit. The Remain At Home Benefit is not subject, to nor will it satisfy the Elimination Period, and may be used even if you are receiving the Home Care and Adult Day Care Benefit. You will be eligible for benefits from the first day you receive covered services.

## Respite Care Benefit

Care is quite often provided by a friend or family member who is volunteering his or her time to help you. However, sometimes your volunteer caregiver needs a vacation or time away from the stress of caregiving. The Respite Care Benefit can help. It pays out of pocket expenses, up to your Maximum Daily Benefit, for temporary confinements in a Long Term Care Facility, or care received in your Home, up to [XX] days per calendar year. The Respite Care Benefit is not subject to nor will it satisfy the Elimination Period.

## **Long Term Care Facility Benefit**

You may not want to think about it, but you may reach a time when a Long Term Care Facility will provide the best care for your needs. After satisfying the Elimination Period, [TransCare® II] will pay for your out of pocket expenses, up to your Maximum Daily Benefit, for room, board and Qualified Long Term Care Services for each day you are an overnight bed patient in a Long Term Care Facility (not to exceed the cost of a one-bedroom unit).

## **Long Term Care Facility Bed Reservation Benefit**

Sometimes it is necessary to temporarily leave your Long Term Care Facility. You may need overnight tests in a hospital setting or maybe you are well enough to travel. However, when you leave a Long Term Care Facility, you need to continue paying for your bed or it can be given to someone else. With the Long Term Care Facility Bed Reservation Benefit, after satisfying the Elimination period, we will pay for the out of pocket expenses, up to your Maximum Daily Benefit, for the room to be reserved while you are absent for any reason. This benefit is provided up to [XX] days in any one calendar year.

## **Global Coverage Benefit**

Some families now live thousands of miles from one another and worldwide travel is more common than ever whether for business or vacation. That's why [TransCare® II] includes Global Coverage. In lieu of all other Policy benefits, the Global Coverage Benefit allows you to be anywhere in the world and have some coverage under your Long Term Care insurance Policy. If you are outside the 50 United States, District of Columbia or Canada, we will pay you for the out of pocket expenses for care or services that would otherwise be covered under your Policy. Please see your Outline of Coverage for details

Under the Global Coverage Benefit you have access to worldwide coverage of the following benefits for up to 365 days:

- Long Term Care Facility – pays up to 75% of your Maximum Daily Benefit.
- Home Care, Home Health Care and Adult Day Care – pays up to 75% of your Maximum Daily Benefit.
- Cash Benefit – pays a monthly benefit equal to 10 times the Maximum Daily Benefit
- Hospice – pays up to 75% of your Maximum Daily Benefit.

## **[Return of Premium to age 67**

If you are under the age of 67 when you die, this benefit will pay a benefit to the beneficiary named on your application or to your estate (if no beneficiary is named) in the amount of premiums paid less claims paid. Only available to applicants under age 67. Premiums paid will exclude any waived premiums and will be accumulated without interest.]

## **Waiver of Premium Benefit[s]**

Because you may not be able to work or your finances may be unavailable during a long term care need, [TransCare® II] has built in Waiver of Premium Benefit[s]. With the Waiver of Premium Benefits, you will no longer have to pay your premiums while you are receiving certain benefits under the Policy.

### **Waiver of Premium Benefit – Long Term Care Facility**

You will no longer have to pay your premiums while you are receiving the Long Term Care Facility Benefit, Accident Benefit (if included in your Policy) or the Hospice Care Benefit.

In order to qualify, you must satisfy the requirement for Benefit Eligibility and have satisfied the Elimination Period. If benefits are added at the time of the Waiver of Premium, the premium for those added benefits must continue to be paid and will not be waived.

### **[Waiver of Premium Rider - Home Care and Adult Day Care**

You will no longer have to pay your premium payments when you are receiving covered Home Care, Home Health Care or Adult Day Care or these services under the Accident Benefit Endorsement. You must satisfy the Elimination Period prior to receiving Waiver of Premium. We will stop waving premium when you no longer qualify for this benefit. This benefit does not apply to the Global Coverage Benefit or the Cash Benefit and is not available with single pay policies.]

### **[Waiver of Premium Rider - Cash Benefit**

You will no longer have to pay your premium payments when you are receiving the Cash Benefit. After you qualify for the Cash Benefit, we will automatically change your Premium Paying Mode to monthly and not require the payment of the monthly premium. So, you will not only be eligible for benefits on day one, but also have premiums waived. We will stop waiving the premium when you no longer qualify for this benefit or you exhaust your Policy Maximum Amount. If you no longer qualify for this benefit, monthly premiums must then be paid as they come due. This Rider does not apply to the Global Monthly Cash Benefit or any other benefits other than the Cash Benefit and is not available with single pay policies.]

### **[Accident Benefit Endorsement**

The unexpected is always a possibility. What if you have an accident that results in your need for Qualified Long Term Care Services? If an unexpected and unintentional physical event occurs resulting in you being certified as a Chronically Ill Individual needing Qualified Long Term Care Services, we will pay the out of pocket expenses for those services as a result of the Injury. You may be able to receive up to two times your Maximum Daily Benefit, not to exceed your out of pocket expenses; however, only one times the Maximum Daily Benefit will be deducted from your Policy Maximum Amount. All of the benefits of the Policy are available through the Accident Benefit except: the Cash Benefit, the Global Coverage Benefit, the Remain At Home Benefit and the Extension of Long Term Care Facility Benefit. Please see your Outline of Coverage for details.

The event must occur between your Effective Date and your 67th birthday and you cannot be currently eligible for benefits. You must be certified as a Chronically Ill Individual within 90 days of the Injury and must satisfy the Elimination Period, if applicable. A medical event such as a Stroke, Heart Attack or Seizure is not an Injury. This is true whether there was a diagnosis of an underlying medical condition or not and must be independent of and unrelated to any and all existing medical conditions.]

## **[Relocation Benefit Endorsement**

Living in a mobile society has allowed us to secure the best jobs or live in the parts of the country that we like best. However, the result is that families are now spread across the country, and you may be hundreds or even thousands of miles away from your loved ones. Once you are Benefit Eligible, the Relocation Benefit Endorsement pays for your out of pocket expenses for the transportation costs of moving you 100 miles or more to the location where you will receive care. The Relocation Benefit Endorsement is available one time during your Policy and has a Maximum Benefit of 15 times your Maximum Daily Benefit. This benefit allows you to move closer to friends or family and spend more quality time with your loved ones at this time of need. It may also allow you to receive care in a place where care is less expensive. Limitations and Exclusions apply. See your Outline of Coverage for details.]

## **Alternate Plan of Care Benefit**

In the future, there may be care and services available that we could not anticipate when your policy was issued. New methods for care are being established every year. That is why [TransCare® II] includes an Alternate Plan of Care Benefit.

This benefit gives Transamerica Life Insurance Company the ability to consider whether to cover alternate Qualified Long Term Care Services not otherwise expressly covered by this Policy.

The Alternate Plan of Care Benefit will not be paid when any other benefits for care or services are being provided under the Policy. Limitations and Exclusions apply. Please see your Outline of Coverage for details.

## **Hospice Care Benefit**

Sometimes the end of life may be a prolonged process and Hospice Care may be the best option for you. For this reason, [TransCare® II] has included a Hospice Care Benefit.

If you have no reasonable prospect of cure and have a life expectancy of six months or less, we will pay the out of pocket expenses you incur up to the Maximum Daily Benefit for each day of care by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Care. Benefits for Hospice Care are not subject to nor will they be applied toward satisfaction of the Elimination Period. This benefit may be used even if you are receiving Optional Care Coordination or the limited Hospice Benefit under the Global Coverage Benefit. Please see your Outline of Coverage for details.

## **[Rate Guarantee**

The [TransCare® II] Policy includes a [5]-year Rate Guarantee. See "A Word About Premium Rates" for information about our right to increase premiums.]



## *Optional Benefits – You Can Truly Customize Your Policy*

*The following benefits may be purchased for an additional premium and are available in addition to all other benefits included in your [TransCare® II] Long Term Care insurance Policy.*

### **Shared Care Benefit Rider<sup>[4]</sup> | *Additional premium required.***

You never know what life may bring your way. Unforeseen circumstances can impact even the best laid plans. That's why we designed [TransCare® II] with a 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 extending their long term care insurance protection. This valuable benefit helps increase your flexibility in an uncertain future.

For example, if you and your spouse/partner purchase identical policies with a Policy Maximum Amount of [\$273,750], should one of you exhaust your Policy Maximum Amount, that person can then access the other's Policy benefits with the spouse/partner's written permission.

What if both Policy Maximums are exhausted? If one member of the couple exhausts both Policy maximums, the remaining spouse/partner can purchase an additional two years of coverage<sup>[5]</sup> with no additional underwriting required.

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

The Shared Care Benefit Rider helps you and your spouse/partner 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/partner" 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.*

### **Return of Premium Upon Death Rider | *Additional premium required.***

With the Return of Premium Upon Death Rider, when you die the beneficiary named on your application or your estate (if no beneficiary is named) will receive a lump sum totaling your premiums paid less claims paid. This may allow your heirs to receive the premiums you paid over the life of the Policy. Not available with the Shared Care Benefit Rider or limited pay policies.

### **[Monthly Benefit Rider | *Additional premium required.***

Because the charges for long term care services may vary from day-to-day, this option makes your Long Term Care Facility, Home Care, Home Health Care and Adult Day Care benefits available on a calendar month basis (the number of days in a calendar month) rather than a daily basis. This benefit reimburses your out of pocket expenses on a monthly basis for covered services. This means that the Maximum Daily Benefit no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs based on the long term care expenses you incur. You may also use this benefit for: Long Term Care Facility Bed Reservation, Respite Care or Hospice Care. ]

### **Nonforfeiture Benefit - Shortened Benefit Period Rider *Additional premium required.***

The Nonforfeiture Benefit – Shortened Benefit Period Rider allows for your coverage to continue on a limited basis if it would have otherwise lapsed due to non-payment of premiums. Your Policy must have been in effect for at least 3 years before this Rider will pay benefits. This may allow you to still be eligible to receive benefits when you need them. See Outline of Coverage for details.

<sup>[4]</sup>Available only to couples who are both issued and maintain identical policies. Not available in conjunction with Return of Premium Upon Death Rider or Unlimited Policy Maximum Amount selections.

<sup>[5]</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.

## Benefit Increase Options (BIOs)

Long Term Care services can be expensive and inflation causes their cost to increase almost every year. This results in a decline in the purchasing power of your money. The [TransCare® II] Policy allows you to help meet future costs by including available Benefit Increase Options.

You can choose from the following:

- [The **Simple Benefit Increase Option Rider** [3%] [or] [5%] increases your benefit amounts each year by [3%] [or] [5%] of the original benefit amount. Your benefits will increase by the same amount each year. | *Additional premium required.*]
- The **Compound Benefit Increase Option Rider** [3%] [or] [5%] increases your benefit amounts each year by [3%] [or] [5%] of the current dollar amount. | *Additional premium required.*
- [The **Step-Rated Compound Benefit Increase Option Rider** [3%] [or] [5%] allows you the protection of a Benefit Increase Option at a lower initial rate. Premiums increase each year as your benefits increase by [3%] [or] [5%] of the current dollar amount. You can elect to stop these increases on any anniversary date of your Policy. | *Additional premium required.*]
- [The **Tailored Benefit Increase Option Rider** automatically steps down the inflation protection amount at different stages of your life. You will receive an initial 5% Compound Benefit Increase Option prior to age 61. Then a 3% Compound Benefit Increase Option between ages 61 and 75. There will be no more benefit increases after your 76th birthday. Ask your insurance agent/producer for details. | *Additional premium required.* ]
- [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. ]

A Benefit Increase Option will continue to increase to your Maximum Daily Benefit regardless of any claims paid. However, the increases to your Policy Maximum Amount will be based on your Policy Maximum Amount less any claims paid since your last Policy anniversary.

*[The Deferred Benefit Increase Option will automatically be included if no Benefit Increase Option Rider is selected.] Limitations and Exclusions apply. Not all options are available with all payment choices. See your Outline of Coverage for details.*

**[Additional Rate Guarantee | *Additional premium required.***

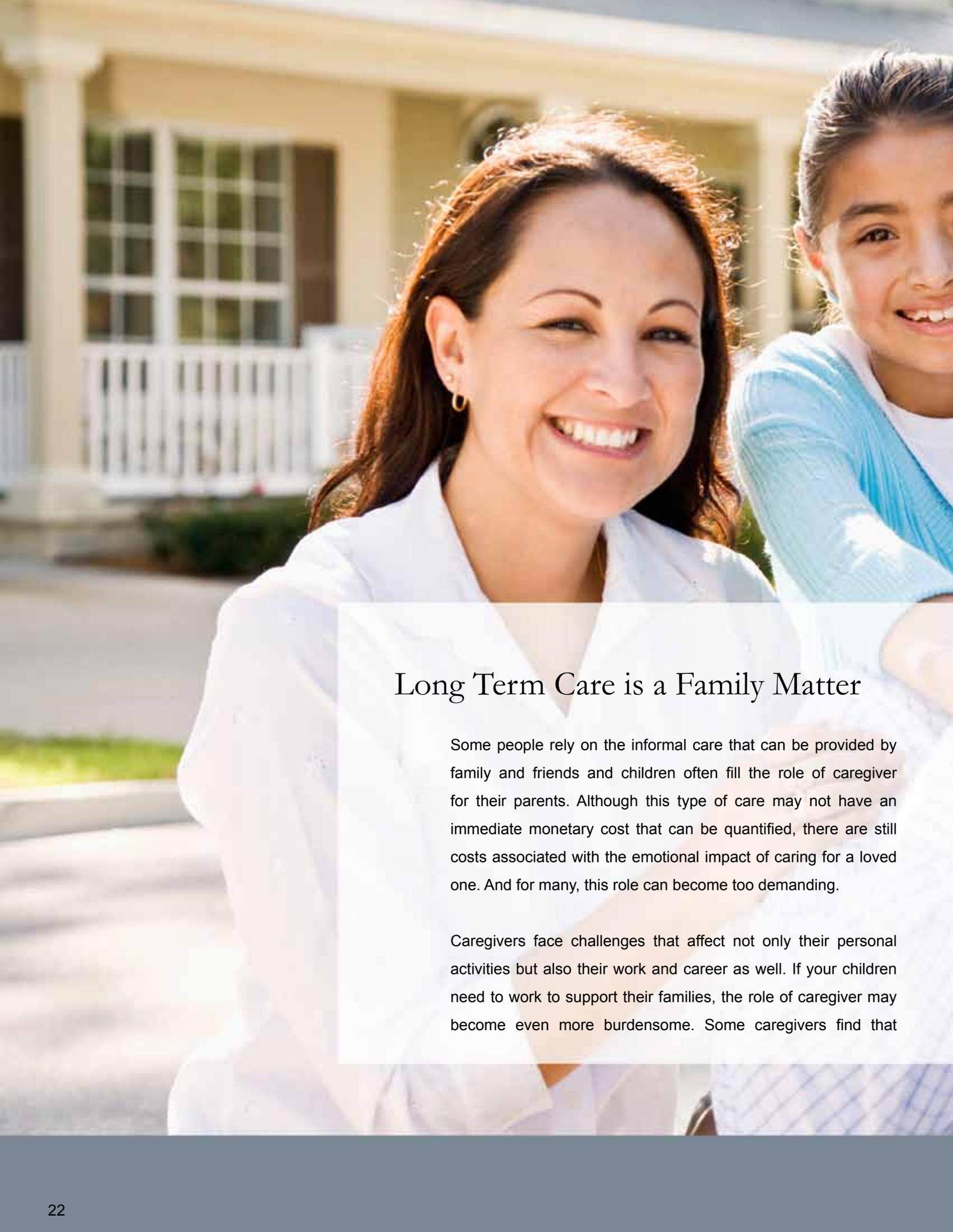
If you would prefer to guarantee that your rates stay the same for a longer period of time, you may be able to purchase an Additional Rate Guarantee. This extended guarantee helps protect your [TransCare® II] Policy against possible rate increases for up to [20] years. See “A Word About Premium Rates” for information about our right to increase premiums.]

**[Joint Waiver of Premium Rider | *Additional premium required.***

When one member of a couple needs care, financial resources may be strained. The Joint Waiver of Premium ensures that when one member of the couple becomes eligible for the Waiver of Premium Benefit, both members have their premiums waived. This may allow the healthy member to devote more to the one in need of care. We will stop waving premium when your spouse/partner no longer qualifies for the Waiver of Premium Benefit. Couples will need to have identical policies with Joint Waiver of Premium Riders attached. Please see your Outline of Coverage for details.]

**[Full Restoration of Benefits Rider | *Additional premium required.***

The Full Restoration of Benefit Rider will help if you have a long term care need from which you recover. If you were receiving benefits and then recuperate and are no longer receiving Qualified Long Term Care Services nor are benefit eligible for a period of 180 consecutive days, all benefits that were paid, except for Global Coverage Benefits, will be restored to the remaining Policy Maximum Amount. Benefits will be restored only one time during the life of the Policy but will not apply if you have exhausted your Policy Maximum Amount. This allows you to restore your Policy to its original amounts and have those amounts available in the future. Limitations and Exclusions apply. See your Outline of Coverage for details. ]



## Long Term Care is a Family Matter

Some people rely on the informal care that can be provided by family and friends and children often fill the role of caregiver for their parents. Although this type of care may not have an immediate monetary cost that can be quantified, there are still costs associated with the emotional impact of caring for a loved one. And for many, this role can become too demanding.

Caregivers face challenges that affect not only their personal activities but also their work and career as well. If your children need to work to support their families, the role of caregiver may become even more burdensome. Some caregivers find that



they must adjust their work schedule to accommodate the additional responsibility of caregiving. Family caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working family caregivers can include lost time from work, lower productivity, and lower future earnings.

This may not only affect their finances now, but it may also diminish the amount of money they can set aside for their own retirement. Owning a [TransCare® II] Long Term Care insurance policy can lessen the burden of your children having to provide care for you. They may be able to assume more of an administrative role rather than be the primary caregiver. Let your loved ones offer help out of compassion rather than necessity.

## Discounts

We have made buying [TransCare® II] Long Term Care insurance as affordable as possible by offering discounts that may be available to you. Discounts you receive when you are issued coverage will remain on your Policy, despite changes in your health.

### Couples Discount<sup>[6]</sup>

Couples may be eligible for a discount of up to [30%], as compared to standard individual rates. This discount is available to couples who apply<sup>[6]</sup> for identical benefits.

### Discount for Spouse/Partner Individuals Applying Alone

Individuals that are part of a couple, but applying for a [TransCare® II] 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 have taken care of their health may be rewarded with 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/partner” 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.*

## Payment Choices – How Do You Want to Pay for Your Policy?

With [TransCare® II], you can choose how you will pay for your Policy and for how long. Some people prefer to pay each year for the Lifetime of their Policy or until they receive Waiver of Premium. Others have different goals and may want to pay up their Policy before a certain time in their life by using one of our Limited Payment Options. The Payment Options you have available to you are:

- Lifetime
- [Pay to age 65 (Only pay until you turn 65. You must be under the age of 60 to select this payment option.)]
- [[10]-Pay (Pay for [10 years])]
- [[5]-Pay (Pay for [5 years])]
- [Single Pay (One payment of the entire premium gives you a paid up Policy)]
- [[XXX]-Pay (Pay for [XXX])]

With any of the Limited Payment Options, your premium payments may be higher than if you choose the Lifetime payment option. However, the number of years you pay premiums can be less. Your insurance agent/producer can give you more information about your payment choices.

You also have the choice of how often to pay your premiums. You can select from the following:

- Annually (once a year)
- Semi-Annually (two times per year)
- Quarterly (four times per year)
- Monthly (twelve times per year)
- [XXXX]

Premiums will vary based upon your premium payment choice. The more often you pay, the higher your total premium amount may be per year. All premium selections are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.

<sup>[6]</sup>Must apply in good faith for identical benefits. Changes in benefit levels due to underwriting may result in the discount being reduced to [15%] for one or both members of the couple.

## General Exclusions and Limitations

This Policy and any Rider(s) or Endorsement(s) attached to it will not pay benefits when you are eligible for confinement, care or services:

- (1) resulting from alcoholism or drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
- (2) resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
- (3) due to participation in a felony, riot or insurrection;
- (4) for which no charge is normally made in the absence of insurance;
- (5) received outside the fifty (50) United States and the District of Columbia, or Canada; or
- (6) performed by a member of Your Immediate Family. Your Immediate Family member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

We will not pay for any confinement, care or service that is not included in Your Plan of Care. We will not pay for anything that is prohibited by state or federal law, including any law governing economic and trade sanctions.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit. This exclusion also will not apply to the Cash Benefit if received under the Global Coverage Benefit.

The exclusion regarding confinement, care or services received outside the fifty (50) United States and District of Columbia, or Canada will not apply to the Global Coverage Benefit.

### Nonduplication of Coverage

This Policy will not pay benefits when confinement, care or services are:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid);
4. for services or items available or paid under another long term care insurance or health insurance policy; or
5. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

except to the extent that your out of pocket expenses exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

### Substandard Rated Policies

The following are not available for a substandard rated policy: Waiver of Premium Rider – Cash Benefit, Waiver of Premium Rider – Home Care and Adult Day Care, Joint Waiver of Premium Rider, Return of Premium Upon Death Rider and Accident Benefit Endorsement.

### Policy Termination

Your policy will not cancel or otherwise end because of your age or changes in your health. However, your Policy and all its benefits will end on the earliest of the following: the date the Policy lapses; the date of your death; the date the Policy Maximum Amount has been exhausted; our receipt of your written request to cancel this Policy.



### **30-day Right to Review**

You have 30 days from the day you receive this Policy to review it and return it to Us or your insurance agent/producer. 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.

### **Word About Premiums**

The Policy allows the company to adjust premiums as needed, with prior approval if required by the Interstate Insurance Product Regulation Commission and/or your state's Department of Insurance. We cannot increase your premiums during the [5]-year rate guarantee period. When a 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 insured 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.

### **Grace Period**

You have a Grace Period of 65 days to pay each premium after the initial premium. If your premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your Policy will remain in effect during this Grace Period and will not lapse until 35 days after the date on the notice we have mailed to you and, if so designated, the third party.

### **Disclaimers**

[TransCare® II] is an individual Long Term Care insurance Policy underwritten by Transamerica Life Insurance Company.

This brochure provides only a brief summary of the coverage provided under Policy TLC 2-PAR 0410. 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 benefits determination. Insurance terms in this brochure are defined in the Policy.

The Policy is intended to be a Tax Qualified Policy designed to meet Federal Standards.

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

Premiums may differ from the amount on your application. This may occur as the result of any applicable discounts. You may choose to pay your premium annually, semi-annually, quarterly, monthly or another premium option that may be available. Please note that the more often you pay, the higher your total premium amount may be per year. Please see your insurance agent/producer for additional details. 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® II]

*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® II], 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>[7]</sup> policyholders can provide.

[TransCare® II] 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.*

TRANSAMERICA LIFE INSURANCE COMPANY

[ TRANSCARE®  
*Individual Long Term Care Insurance*

II ]

<sup>[7]</sup>Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

**Transamerica Life Insurance Company**

Home Office:  
Cedar Rapids, Iowa

Administrative Office:  
P.O. Box 95302  
Hurst, Texas 76053-5302





TRANSAMERICA LIFE INSURANCE COMPANY

[ TRANSCARE® ]

*Individual Long Term Care Insurance*



PLAN FOR YOUR FUTURE  
*The Need for Long Term Care insurance*





# IS LONG TERM CARE IN YOUR FUTURE?

## *Long Term Care - A Growing Reality*

[Steve] and [Nancy] planned carefully for their retirement years. [He] took advantage of [his] company's retirement savings plan. [She] invested in some rental property, and their life insurance policies were in place. But [Steve] and [Nancy] may not be as secure as they think. What if they look around at different situations<sup>1</sup>, such as their parents, or even their friends?

[Steve's] buddy [Jeff] used to come over more often, but [Jeff's] [father] fell last year. After a period of Home Health Care, [he] now lives at an Assisted Living Facility. [Jeff] spends time visiting [him] and helping [his] [mother] figure out how to pay for [his] [father's] expensive care. [Jeff] has noticed that [her] health is beginning to deteriorate as well, and [his] parents' dollars just don't stretch like they originally thought they would. [Jeff] and [his] parents did not anticipate this situation and therefore were not fully prepared.

Meanwhile, [Steve] just saw on [Facebook] that one of [his] classmates, [Barbara], had a stroke and can no longer feed or dress [herself]. [He] realizes that [she] may need long term care, and [she's] only [51] years old. [She] could still live a long time, with years of expensive care ahead of [her].

As [Steve] takes notice, [he] sees the risk that [he] and [Nancy] are facing is very real. While they carefully pursue their dream of a well-planned retirement, they cannot ignore the fact that they are already at risk for a long term health need. There is always the risk of ill health, and as they grow older that risk may increase. There is also the chance of an unexpected illness or accident occurring at any time. At the very least, Long Term Care insurance is something they should consider in their future plans.

What can [Steve] do to help secure [his] future and provide [him] and [his] family with added peace of mind? [He] could consider how a [TransCare® II] Long Term Care insurance policy may fill the gap in an unexpected future.

<sup>1</sup>In 2009, 22.7% of the civilian noninstitutionalized population ages 18-64 reported a limitation in at least one complex activity such as Activities for Daily Living (bathing, continence, dressing, eating, toileting and transferring). Health, United States, 2010: With Special Feature on Death and Dying, p. 221, prepared by the National Center for Health Statistics. 2011. (<http://www.cdc.gov/nchs/data/abus/abus10.pdf>)

# WHAT IS KEEPING YOU FROM EXPLORING YOUR OPTIONS?

## [TransCare® II] Long Term Care Insurance

### *A Growing Need*

Growing older is a part of life. With every passing year, the likelihood increases that you may need long term care for yourself or a spouse/partner. Planning for that possibility with [TransCare® II] Long Term Care insurance is wise for you and for the sake of your family.

*“I don’t know what long term care means.”*

Long term care is the care you may need if an accident, prolonged illness, or disability makes it difficult for you to care for yourself. Long term care is a range of services designed to meet chronic health or personal care needs over an extended period of time. [TransCare® II] provides a fully customizable policy designed to help protect you in case long term care services are required.

*“I may not need long term care.”*

But maybe you will. Long term care is far more likely than you may assume. Not being able to perform basic activities of daily living (ADL disabled<sup>2</sup>) or becoming cognitively impaired and needing long term care is a distinct possibility for people. And once they turn 65, there is a 72%<sup>3</sup> chance for women and 44%<sup>3</sup> chance for men of becoming ADL disabled or cognitively impaired. Consider things that you were able to do when you were younger and may not be able to do now. Do your plans account for the real-world possibilities as well as the dreams you have?

*“My family will take care of me.”*

Caregiving can easily fall to family members. And most family members want to help care for you. But many caregivers reported their own health has declined as a result of caregiving.<sup>4</sup> Nearly one-third considered their caregiving to be emotionally stressful.<sup>4</sup> Do your plans currently provide the best for your family? Allowing your family members to take on a more administrative role may allow your loved ones to care for you out of want, not need.

<sup>2</sup>Activities of Daily Living (ADLs) include: Bathing, Contenance, Dressing, Eating, Toileting and Transferring, as defined in the Policy.

<sup>3</sup>American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

<sup>4</sup>National Alliance for Caregiving in collaboration with AARP, Caregiving in the U.S., Nov. 2009.

*“I am still too young to worry about long term care.”*

A surprising number of younger people recognize a need for long term health coverage. More than one-fourth of the long term care insurance policies sold in one recent year were purchased by people 44 years old and younger.<sup>3</sup> Nearly two-thirds of the policies covered people less than 55 years old. And since Long Term Care insurance pricing is based on health and age, younger consumers may be able to take advantage of lower pricing and/or health discounts during early years. And after you receive a discount, it cannot be removed because of changes in age or health. Have your plans missed something that has caused other people to act?

*“I am still too healthy.”*

Good health is a big advantage that can slip away without warning. It may be because of age, sickness, an accident or something else, but health is a precious gift that should not be taken for granted. There are millions of injury-related accidents that occur every year.<sup>5</sup> And new cases of Alzheimer’s and Parkinson’s disease are diagnosed every day. After your health has diminished, it may become difficult to obtain insurance that can help you fund your care. Are you taking advantage of your best health now to save costs in the future? You do not want to wait until it is too late.

*“My retirement income and savings are adequate.”*

You may have been saving for years in order to have a long enjoyable life. But will you outlive your money? Life expectancy continues to climb by more than 1 year each decade.<sup>5</sup> As we live longer, we require more funds to sustain our lifestyle. And should a long term care need arise, each year of professional care could cost \$38,000 to \$80,000 a year<sup>6</sup>, depending on the amount of care you need. Are you sure your resources will outpace inflation, a longer life, and still provide the standard of living and freedom of choice you desire?

*“I don’t want to think about it.”*

A major house fire. A severe car accident. Some events are hard to think about, but you still carry insurance for them in order to protect yourself, your family and your finances. Your future will happen whether you think about it or not. By preparing for the unknown now, you may have a greater control of what steps are taken in the future. You may also have more care and facility choices because you planned ahead. Do yourself and your family a favor by addressing this subject now. Consider [TransCare® II] Long Term Care insurance, which can help protect your future assets and freedom of choice.

<sup>3</sup>Health, United States, 2010: With Special Feature on Death and Dying, p. 221, 309, prepared by the National Center for Health Statistics. 2011. (<http://www.cdc.gov/nchs/data/abus/abus10.pdf>)

<sup>6</sup>American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

# HOW CAN [TRANSCARE® II] HELP?

## [TransCare® II] Long Term Care Insurance

*Your Partner in Planning*

### **Plan for the Unexpected**

A solid financial plan, hard work and saving for your future are key to helping you achieve your retirement goals. However, no matter how much forethought goes into a financial plan, a long term need could seriously impact what you have spent a lifetime saving. Planning early for an unfortunate accident or a future long term care need can pay off both financially and emotionally for you and your family. And exploring possibilities while you are still healthy, may provide more savings and available options.

### **Help Protect Your Assets**

Long term care services are expensive, and it can negatively impact savings and the investment that may be needed to maintain your standard of living now and in the future. So ask yourself, if an extended illness or injury left you or a loved one needing long term care, how would you pay for the necessary care? Many people are surprised to find that their existing medical or disability insurance policies may not cover long term care. When long term care expenses alone can run over \$80,000 a year<sup>7</sup>, even substantial savings can be depleted quickly, leaving you with inadequate care and a smaller inheritance to pass on to your loved ones. [TransCare® II] Long Term Care insurance can help you shift some of the financial risk to the insurance company.

### **Help Protect Your Loved Ones**

Often a person's need for long term care affects his or her family – spouse/partner, children, even brothers or sisters. Families and close friends may be the first people to devote time and other resources to meeting your long term care needs. If you require assistance for even a few Activities for Daily Living (Bathing, Continence, Dressing, Eating, Toileting and Transferring), the toll on your caregivers can be significant. The stress on their own physical and emotional health may be minimized with the protection and assistance provided by a [Transcare® II] Long Term Care policy.

### **Help Protect Your Independence**

Unfortunately, long term care deprives some people of the independence they have always valued. But [Transcare® II] can help provide you with the opportunity to preserve your freedom of choice, now and in the future. You can be fully involved today in assessing your potential needs and planning for any care you might require at the Policy levels you choose. If a sudden illness or unexpected accident affects your ability to express yourself and your desires down the road, planning now can help guide others in making decisions that reflect your own choices.

*The term “spouse/partner” 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>7</sup>American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

## What [TransCare® II] Provides

[TransCare® II] Long Term Care insurance provides a wide range of benefits. Because it emphasizes care at home, [TransCare® II] may help you stay at home for as long as possible with Home Care and Adult Day Care benefits. Remain at Home benefits may also include meeting home-stay challenges such as home modification and caregiver training. For more extensive care needs, benefits cover Long Term Care Facilities, Respite Care and Hospice Care. Your agent/producer can help you customize a Policy that meets your own needs.

## Tax Advantages of a [TransCare® II] Policy

[TransCare® II] Long Term Care insurance is intended to be a tax-qualified policy. The costs of qualified Long Term Care insurance can qualify as deductible medical expenses. Since nursing-home care can be so expensive and insurance for such care is growing in popularity, this deduction may apply to many taxpayers. You may also be able to use tax shielded funds, such as a health savings account (HSA) or a 1035 exchange to pay your [TransCare® II] Long Term Care insurance premiums. Consult with your financial or tax advisor for assistance.

*Note: Employee LTCi contributions are currently not eligible for pre-tax consideration under IRS sec. 125 plans. Neither Transamerica Life Insurance Company nor any of its agents give legal, tax, or accounting advice. Please consult your tax advisor.*

## How [TransCare® II] Works

[TransCare® II] Long Term Care insurance helps pay for your care and helps to protect your assets by paying for long term care expenses up to your chosen Maximum Daily Benefit amount. The Policy provides benefits for a wide variety of long term care services.

All you need to do is follow the steps below to help your insurance agent/producer customize a plan that fits your needs.

1. With your agent/producer, determine the amount of assets you would like to help protect from the high cost of long term care services.
2. Review the benefits in the [TransCare® II] Product Brochure with your agent/producer and family to learn about what benefits are available and what benefits are right for you.
3. Select a Maximum Daily Benefit, Policy Maximum Amount and your Elimination Period.
4. Choose any Optional Benefits and the Premium Payment method you want.
5. Your insurance agent/provider may help guide you through the Long Term Care insurance application process and submit your application for underwriting and review.

ABOUT TRANSAMERICA LIFE INSURANCE COMPANY  
AND  
[TRANSCARE® II]

*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® II], 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>9</sup> policyholders can provide.

[TransCare® II] 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.*



**Transamerica Life Insurance Company** Administrative Office:  
Home Office: P.O. Box 95302  
Cedar Rapids, Iowa Hurst, Texas 76053-5302



<sup>9</sup>Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.



## Long Term Care Insurance Proposal

**Prepared For:** [Company Representative Name]  
[ABC Company]  
[Company Street 1]  
[Company Street 2]  
[Company City, State, ZIP Code]

**Provided By:** [Producer/Agent Name]  
[Agency Name]  
[Agency Street 1]  
[Agency Street 2]  
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]  
[Fax: (XXX) XXX-XXXX]  
[Email: XXXXXXXXXXXXX]  
[Insurance LIC #: XXXXXXXX]

**Proposal Date:** [Date]

### Transamerica Life Insurance Company

**Home Office**  
Cedar Rapids, IA

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

This proposal is valid for 90 days from the date below.

**TRANSAMERICA LIFE INSURANCE COMPANY**

**[Product Name] Long Term Care Insurance Proposal**

Prepared For: [ABC Company]

**Some Plan Highlights:**

Eligibility: Eligible [employees/members] [and family members] will be defined by agreements between the [employer/association] and Transamerica Life.

Underwriting: Underwriting classification will be determined following receipt of a Signed Service Group Request detailing plan design, group size, [High Potential Employee (HPE) analysis] and other required information. For case approval, a written implementation memo must be issued.

Discounts: [Title] [XX%]  
[Title] [XX%]  
[Title] [XX%]

Policy: Individual Long Term Care Insurance

**Product Highlights:**

Maximum Daily Benefit [\$Max Amt - \$Max Amt] [or] [Unlimited] for Long Term Care Facility, Home Care, Adult Day Care, Respite Care, and Hospice Care.

Policy Maximum Amount This is the total dollar amount the policy will pay in benefits.

Estimated Benefit [Days/Years] The amount of time the Policy Maximum Amount will last if the Maximum Daily Benefit is paid each day.

Cash Benefit This benefit is paid in lieu of other policy benefits, and may be used in any way that the Policyholder sees fit.

Facility Elimination Period [XXX] Days

[Home Care, Adult Day Care Elimination Period] [XXX] Days

Rate Guarantee [XX] Years

Benefit Increase Option (BIO) Will be defined by agreements between the [employer/association] and Transamerica Life.

**Optional Benefits (additional premium required):**

[Shared Care Benefit Rider\*]  
[Monthly Benefit Rider]  
[Full Restoration of Benefits Rider]  
[Joint Waiver of Premium Rider\*]  
[Survivorship Rider]  
[Full Survivorship Rider]  
[Return of Premium Upon Death Rider]  
[Nonforfeiture Benefit Rider]  
[Additional Rate Guarantee - [XX] Years]  
[Full/Tailored] [X%] [Title] Benefit Increase Option Rider

**[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]**

**TRANSAMERICA LIFE INSURANCE COMPANY**

**[Product Name] Long Term Care Insurance Proposal**

Prepared For: [ABC Company]

This Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, 5 year Rate Guarantee [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option] [Waiver of Premium Rider – Home Care/Adult Day Care] [Waiver of Premium Rider – Cash].

[The premiums shown in this illustration include:

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.] ]

**Illustration Details**

**Base Plan**

State

[State]

Rate Classification

[Class]

Maximum Daily Benefit

[\$Max Amt]

Policy Maximum Amount

[\$Pol Max]

Estimated Benefit [Days/Years]

[XXXXXX]

[Facility]Elimination Period

[XXX] Days

[Home Health Care, Adult Day Care Elimination Period

[XXX] Days]

Premium Payment Period

[Period]

[Benefit Increase Option

[Title] ]

Rate Guarantee

[XX] Years

**Premium Subtotal**

**[\$XXX]**

**Optional Benefits (Additional Premium Required)**

[Title][\*]

[\$XXX]

[Title]

[\$XXX]

[Title]

[\$XXX]

**Optional Benefits Subtotal**

**[\$XXX]**

**Annual [ABC Company] Contribution**

**[\$XXX]**

**Total [Modal] Premium**

**[\$XXX]**

**Total [Employer] [Modal] Premium**

**[\$XXX]**

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

[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]

**TRANSAMERICA LIFE INSURANCE COMPANY**

**[Product Name] Long Term Care Insurance Proposal**

Prepared For: [ABC Company]

This Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, 5 year Rate Guarantee [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option] [Waiver of Premium Rider – Home Care/Adult Day Care] [Waiver of Premium Rider – Cash].

[The premiums shown in this illustration include:

- A[n] [Title] discount of [XX]%.
- A[n] [Title] discount of [XX]%.
- A[n] [Title] discount of [XX]%.

<b>Illustration Details</b>	<b>Base Plan</b>	<b>[Plan X]</b>	<b>[Plan X]</b>	<b>[Plan X]</b>
State	[State]	[State]	[State]	[State]
Rate Classification	[Class]	[Class]	[Class]	[Class]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]
Estimated Benefit [Days/Years]	[XXXXXX]	[XXXXXX]	[XXXXXX]	[XXXXXX]
[Facility ]Elimination Period	[XXX] Days	[XXX] Days	[XXX] Days	[XXX Days]
[Home Health Care, Adult Day Care Elimination Period:	[XXX] Days	[XXX] Days	[XXX] Days	[XXX Days]
Premium Payment Period	[Period]	[Period]	[Period]	[Period]
Rate Guarantee	[XX] Years	[XX] Years	[XX] Years	[XX] Years
[Benefit Increase Option	[Title]	[Title]	[Title]	[Title] ]
<b>Premium Subtotal</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Optional Benefits (Additional Premium Required)</b>				
[Title][*]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
<b>Optional Benefits Subtotal</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Annual [Employer] Contribution</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Total [Modal] Premium</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Total Yearly Premium</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>

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

[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]

**TRANSAMERICA LIFE INSURANCE COMPANY**

**Total [Modal] Premium per [Employee]**

**For [ABC Company]**

<b>Name</b>	<b>Status</b>	<b>Age</b>	<b>[Plan X]</b>					
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
<b>Total Premiums</b>			<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>

**TRANSAMERICA LIFE INSURANCE COMPANY**

**[Modal] [Employee] Contributions**

**For [ABC Company]**

<b>Name</b>	<b>Status</b>	<b>Age</b>	<b>[Plan X]</b>					
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
<b>Total Premiums</b>			<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>

## **TRANSAMERICA LIFE INSURANCE COMPANY**

### **[ABC Company] 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 accompanying 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 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 premium is paid annually, semi-annually, quarterly or monthly. Please note that the more often premium is paid the higher the total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium.

Policy TLC 2-P AR 0410.

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 by the state Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single an insured out for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel the Policy as long as premium is paid on a timely basis.

[

**TRANSAMERICA LIFE INSURANCE COMPANY****[Product Name] Long Term Care Insurance Proposal**

Prepared For: [Ind Name]

This Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, 5 year Rate Guarantee [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option].

[The premiums shown in this illustration include:

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

<b>Illustration Details</b>	<b>Base Plan</b>	<b>[Plan X]</b>	<b>[Plan X]</b>	<b>[Plan X]</b>
State	[State]	[State]	[State]	[State]
Status	[XXXX]	[XXXX]	[XXXX]	[XXXX]
Rate Classification	[Class]	[Class]	[Class]	[Class]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]
Estimated Benefit [Days/Years]	[XXXXXX]	[XXXXXX]	[XXXXXX]	[XXXXXX]
[Facility ]Elimination Period	[XXX] Days	[XXX] Days	[XXX] Days	[XXX] Days
[Home Health Care, Adult Day Care Elimination Period:	[XXX] Days	[XXX] Days	[XXX] Days	[XXX] Days
Premium Payment Period	[Period]	[Period]	[Period]	[Period]
[Benefit Increase Option	[Title]	[Title]	[Title]	[Title] ]
<b>[Title] [Modal] Premium Subtotal</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Optional Benefits (Additional Premium Required)</b>				
[Title][*]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
<b>Optional Benefits Subtotal</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Annual [Employer] Contribution</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Total [Modal] Premium</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>
<b>Total Yearly Premium</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>	<b>[\$XXX]</b>

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

[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]

**TRANSAMERICA LIFE INSURANCE COMPANY**

**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 accompanying 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 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 premium is paid annually, semi-annually, quarterly or monthly. Please note that the more often premium is paid the higher the total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium.

Policy TLC 2-P AR 0410.

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 by your state's Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, 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 the same premium class. Once we issue coverage, we cannot cancel the Policy as long you pay your premium on a timely basis.

]



## Long Term Care Insurance Proposal

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

**Provided By:** [Producer/Agent Name]  
[Agency Name, if any]  
[Agency Street 1]  
[Agency Street 2]  
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]  
[Fax: (XXX) XXX-XXXX]  
[Email: XXXXXXXXXXXXXXX]  
[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.



[Product Name] Illustration

Prepared for:

[Client 1 First and Last Name] [and Client 2 First and Last Name]

Thank you for taking the time to consider this opportunity to help protect you and your family from the financial risks of long term care. [Product Name] is designed with you in mind. Long Term Care insurance is a financial planning tool that may help you safeguard key foundational elements of your lifestyle, including financial security, dignity, and freedom of choice.

Your [Product Name] Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, 5 year Rate Guarantee [and] [Accident Benefit,] [Relocation Benefit,] [Deferred Benefit Increase Option] [Guaranteed Purchase Option] [Waiver of Premium Rider – Home Care/Adult Day Care] [Waiver of Premium Rider – Cash Benefit].

[The premiums shown in this illustration include:

- A[n] [Title] discount of [XX]%.]
- A[n] [Title] discount of [XX]%.]
- A[n] [Title] discount of [XX]%.]

Illustration Details	[Client 1 FName]	[Client 2 FName]
Age	[XX]	[XX]
State	Arkansas	Arkansas
Rate Classification	[Class]	[Class]
Status	[XXXXXXXXXX]	[XXXXXXXXXX]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]
[Estimated Benefit [Days/Years]	[XXXXXX]	[XXXXXX]
Facility Elimination Period	[XXX] Days	[XXX] Days
Home Care and Adult Day Care Elimination Period	[XXX] Days	[XXX] Days
<b>Base Plan Premium</b>	<b>[\$Prem Amt]</b>	<b>[\$Prem Amt]</b>
<b>[Optional Benefits (Additional Premium Required)]</b>		
[Shared Care Benefit Rider]	[\$Prem Amt]	[\$Prem Amt]
[Monthly Benefit Rider]	[\$Prem Amt]	[\$Prem Amt]
[Full Restoration of Benefits Rider]	[\$Prem Amt]	[\$Prem Amt]
[Joint Waiver of Premium Rider]	[\$Prem Amt]	[\$Prem Amt]
[Survivorship Rider]	[\$Prem Amt]	[\$Prem Amt]
[Full Survivorship Rider]	[\$Prem Amt]	[\$Prem Amt]
[Return of Premium Upon Death Rider]	[\$Prem Amt]	[\$Prem Amt]
[Nonforfeiture Benefit Rider]	[\$Prem Amt]	[\$Prem Amt]
[Additional Rate Guarantee – [XX] Years]	[\$Prem Amt]	[\$Prem Amt]
[Full] [X%] [Title] Benefit Increase Option Rider]	[\$Prem Amt]	[\$Prem Amt]
<b>[Optional Benefits Subtotal]</b>	<b>[\$Prem Amt]</b>	<b>[\$Prem Amt]</b>
<b>Total [XXXXXXXX] Premium</b>	<b>[\$Prem Amt]</b>	<b>[\$Prem Amt]</b>



Premium Payment Periods	Premium Amounts	[Premium Amounts]
<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>		
[Title]:		
Annual	[\$Prem Amt]	[\$Prem Amt]
Semi Annual	[\$Prem Amt]	[\$Prem Amt]
Quarterly	[\$Prem Amt]	[\$Prem Amt]
Monthly	[\$Prem Amt]	[\$Prem Amt]
 [Single Premium	 [\$Prem Amt]	 [\$Prem Amt]

\*Bank Draft is available for all payment modes. Payroll Deduction may be available for worksites.

Payment Required with Application                      [\$Prem Amt]                      [\$Prem Amt]

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule 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][Guaranteed Purchase Option] will be included in your Policy.]

Name: [Client 1 First and Last Name]      Optional Benefits: [Title]  
 Age: [XX]      [Title]  
 Rate Classification: [Class]      [Title]  
 Maximum Daily Benefit: [\$Max Amt]      [Title]  
 Policy Maximum Amount: [\$Pol Max]      [Title]  
 [Estimated Benefit [Days/Years] [XXXXX] ]      [Title]  
 Facility Elimination Period: [XXX] Days      [Title]  
 Home Care, Adult Day  
     Care Elimination Period: [XXX] Days  
 Benefit Increase Option: [Title]  
 Premium Payment Period: [Period]

POLICY MAXIMUM AMOUNT							
BENEFIT INCREASE OPTION	FACILITY ELIMINATION PERIOD	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[UNLIMITED]
		[ANNUAL/SINGLE] PREMIUM					
[DEFERRED*] [NONE]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [SIMPLE]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [COMPOUND]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [STEP RATED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [TAILORED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] 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.]

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule 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][Guaranteed Purchase Option] will be included in your Policy.]

Name: [Client 2 First and Last Name] Optional Benefits: [Title]  
 Age: [XX] [Title]  
 Rate Classification: [Class] [Title]  
 Maximum Daily Benefit: [\$Max Amt] [Title]  
 Policy Maximum Amount: [\$Pol Max] [Title]  
 [Estimated Benefit [Days/Years] [XXXXX] ] [Title]  
 Facility Elimination Period: [XXX] Days [Title]  
 Home Care, Adult Day  
 Care Elimination Period: [XXX] Days  
 Benefit Increase Option: [Title]  
 Premium Payment Period: [Period]

POLICY MAXIMUM AMOUNT							
BENEFIT INCREASE OPTION	FACILITY ELIMINATION PERIOD	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[UNLIMITED]
		[ANNUAL/SINGLE] PREMIUM					
[DEFERRED*] [NONE]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [SIMPLE]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [COMPOUND]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [STEP RATED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [TAILORED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] 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.]

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







### **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 of your Policy will reflect the actual premium.

Policy TLC 2-P **AR** 0410.

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 by your state's Department of Insurance. 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.



## Long Term Care Insurance Proposal

Prepared For: [Company Representative Name]  
[ABC Company]  
[Company Street 1]  
[Company Street 2]  
[Company City, State, ZIP Code]

Provided By: [Producer/Agent Name]  
[Agency Name]  
[Agency Street 1]  
[Agency Street 2]  
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]  
[Fax: (XXX) XXX-XXXX]  
[Email: XXXXXXXXXXXXX]  
[Insurance LIC #: XXXXXXXX]

Proposal Date: [Date]

### Transamerica Life Insurance Company

**Home Office**  
Cedar Rapids, IA

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

**This proposal is valid for 90 days from the date below.**

**TRANSAMERICA LIFE INSURANCE COMPANY**

**[Product Name] Long Term Care Insurance Proposal**

Prepared For: [ABC Company]

**Some Plan Highlights:**

Eligibility: Eligible [employees/members] [and family members] will be defined by agreements between the [employer/association] and Transamerica Life.

Underwriting: Underwriting classification will be determined following receipt of a Signed Service Group Request detailing plan design, group size, [High Potential Employee (HPE) analysis] and other information. For case approval, a written implementation memo must be issued.

Discounts: [Title] [XX%]  
[Title] [XX%]  
[Title] [XX%]

Policy: Individual Long Term Care Insurance

**Product Highlights:**

Maximum Daily Benefit [\$Max Amt - \$Max Amt] [or] [Unlimited] for Long Term Care Facility, Home Care, Adult Day Care, Respite Care, and Hospice Care.

Policy Maximum Amount This is the total dollar amount the policy will pay in benefits.

Estimated Benefit [Days/Years] The amount of time the Policy Maximum Amount will last if the Maximum Daily Benefit is paid each day.

Cash Benefit This benefit is paid in lieu of other policy benefits, and may be used in any way that the Policyholder sees fit.

Facility Elimination Period [XXX] Days

[Home Care, Adult Day Care Elimination Period] [XXX] Days

Rate Guarantee [XX] Years

Benefit Increase Option (BIO) Will be defined by agreements between the [employer/association] and Transamerica Life.

**Optional Benefits (additional premium required):**

[Shared Care Benefit Rider\*]  
[Monthly Benefit Rider]  
[Full Restoration of Benefits Rider]  
[Joint Waiver of Premium Rider\*]  
[Survivorship Rider]  
[Full Survivorship Rider]  
[Return of Premium Upon Death Rider]  
[Nonforfeiture Benefit Rider]  
[Additional Rate Guarantee - [XX] Years]  
[Full/Tailored] [X%] [Title] Benefit Increase Option Rider

**[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]**

**TRANSAMERICA LIFE INSURANCE COMPANY**

**[Product Name] Long Term Care Insurance Proposal**

Prepared For: [ABC Company]

[Spouse/Partner Applying] – [[Base Plan] [Plan X]]

Maximum Daily Benefit:	[\$Max Amt]	Optional Benefits:	[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
Estimated Benefit [Days/Years]:	[XXX]		[Title]
Premium Payment Period:	[Period]		[Title]
Facility Elimination Period:	[XX] Days		[Title]
Home Care, Adult Day Care Elimination Period:	[XX] Days		
Rate Guarantee:	[XX] Years		

[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX] %].]

Deferred BIO			[Title] BIO		
Issue Age	Annual Premium	[Payroll] Cost	Annual Premium	[Payroll] Cost	Issue Age
18-30	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	18-30
31	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	31
32	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	32
33	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	33
34	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	34
35	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	35
36	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	36
37	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	37
38	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	38
39	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	39
40	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	40
41	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	41
42	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	42
43	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	43
44	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	44
45	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	45
46	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	46
47	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	47
48	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	48
49	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	49
50	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	50
51	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	51
52	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	52
53	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	53
54	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	54
55	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	55
56	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	56
57	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	57
58	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	58
59	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	59
60	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	60
61	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	61
62	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	62
63	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	63
64	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	64
65	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	65
66	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	66
67	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	67
68	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	68
69	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	69
70	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	70

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**[Product Name] Long Term Care Insurance Proposal**  
 Prepared For: [ABC Company]  
 [Spouse/Partner Not Applying] – [[Base Plan] [Plan X]]

Maximum Daily Benefit:	[\$Max Amt]	Optional Benefits:	[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
Estimated Benefit [Days/Years]:	[XXX]		[Title]
Premium Payment Period:	[Period]		[Title]
Facility Elimination Period:	[XX] Days		[Title]
Home Care, Adult Day Care Elimination Period:	[XX] Days		
Rate Guarantee:	[XX] Years		

[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX %] [, a[n] [title] discount of [XX %].]

Deferred BIO			[Title] BIO		
Issue Age	Annual Premium	[Payroll] Cost	Annual Premium	[Payroll] Cost	Issue Age
18-30	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	18-30
31	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	31
32	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	32
33	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	33
34	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	34
35	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	35
36	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	36
37	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	37
38	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	38
39	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	39
40	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	40
41	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	41
42	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	42
43	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	43
44	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	44
45	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	45
46	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	46
47	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	47
48	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	48
49	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	49
50	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	50
51	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	51
52	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	52
53	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	53
54	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	54
55	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	55
56	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	56
57	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	57
58	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	58
59	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	59
60	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	60
61	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	61
62	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	62
63	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	63
64	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	64
65	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	65
66	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	66
67	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	67
68	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	68
69	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	69
70	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	70

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**[Product Name] Long Term Care Insurance Proposal**

Prepared For: [ABC Company]  
 [Single] – [[Base Plan] [Plan X]]

Maximum Daily Benefit:	[\$Max Amt]	Optional Benefits:	[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
Estimated Benefit [Days/Years]:	[XXX]		[Title]
Premium Payment Period:	[Period]		[Title]
Facility Elimination Period:	[XX] Days		[Title]
Home Care, Adult Day			
Care Elimination Period:	[XX] Days		
Rate Guarantee:	[XX] Years		

[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX %] [, a[n] [title] discount of [XX %].]

Deferred BIO			[Title] BIO		
Issue Age	Annual Premium	[Payroll] Cost	Annual Premium	[Payroll] Cost	Issue Age
18-30	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	18-30
31	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	31
32	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	32
33	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	33
34	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	34
35	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	35
36	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	36
37	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	37
38	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	38
39	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	39
40	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	40
41	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	41
42	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	42
43	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	43
44	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	44
45	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	45
46	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	46
47	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	47
48	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	48
49	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	49
50	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	50
51	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	51
52	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	52
53	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	53
54	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	54
55	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	55
56	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	56
57	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	57
58	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	58
59	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	59
60	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	60
61	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	61
62	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	62
63	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	63
64	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	64
65	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	65
66	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	66
67	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	67
68	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	68
69	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	69
70	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	70

## **TRANSAMERICA LIFE INSURANCE COMPANY**

### **[ABC Company] 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 accompanying 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 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 premium is paid annually, semi-annually, quarterly or monthly. Please note that the more often premium is paid, the higher the total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium.

Policy TLC 2-P AR 0410.

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 by the state Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single out an insured for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel Policy as long as premium is paid on a timely basis.

SERFF Tracking Number: AEGJ-127263668 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49064  
 Company Tracking Number: ADV TC2 PBR NBR ILL  
 TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified  
 Home & Home Health Care  
 Product Name: ADV TC2 PBR NBR ILL  
 Project Name/Number: ADV TC2 PBR NBR ILL /ADV TC2 PBR NBR ILL

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> AR PBR NBR ILLs ltr.pdf	Filed-Closed	07/12/2011

	Item Status:	Status
<b>Satisfied - Item:</b> Variables Documents <b>Comments:</b> <b>Attachments:</b> Variables Census AR trckd.pdf Variables Ind AR trckd.pdf Variables Vol AR trckd.pdf	Filed-Closed	07/12/2011



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

June 15, 2011

Commissioner Jay Bradford  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: **Long Term Care Advertising**  
**NAIC #:** 86231  
**FEIN #:** 39-0989781  
**Form # / Description:** TLC PBR TC2 AR 0311 Invitation to Contract  
TLC NBR TC2 0311 Invitation to Inquire  
TC2 ILL IND AR 0511 Invitation to Contract  
TC2 ILL CEN AR 0511 Invitation to Contract  
TC2 ILL VOL AR 0511 Invitation to Contact

Dear Commissioner Bradford:

Enclosed are the referenced forms submitted for your review and approval. These forms are not intended to replace any previously approved forms.

These forms will be used to solicit policy form TLC 2-P AR 0410, et al., which was approved by your department on October 11, 2011.

All forms, except TLC NBR TC2 0311, will be used in Invitation to Contract packages along with the approved Outline of Coverage and/or Product Brochure. The current Shopper's Guide and all other state-mandated materials required for solicitation will also be used.

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

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

We trust that these forms will meet with your approval. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Patsy B. Holt". The signature is written in a cursive, flowing style.

Patsy B. Holt  
Advertising Analyst  
Transamerica Long Term Care Division

**Variability Document**  
**Illustration Form TC2 ILL CEN AR 0511**

**VARIABLES DESCRIPTIONS:**

**Every Page - Footer:**

The Month/Day/Year of the quote will print on each page.

Pages 2 through end will also print a page number after the Month/Day/Year.

**COVER PAGE:**

Prepared For: The company representative name, company name and address information will be listed

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

Proposal Date: The date of the quote will print

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

Pages 1 through 7 are the proposal and summary pages for the employer/association and will always print. Pages 8-9 are the individual employee/member pages and may not be requested to print if the employer/association is large.

**SOME PLAN HIGHLIGHTS** – This page highlights for the employer/association (“management”) a brief summary of what can be chosen to be included in the offer to the employee/member.

The Product Name is variable on all illustration pages that list the Product Name for the different marketing packages. The product name could be TransCare, TransCare II, Transamerica Secure, Transamerica Secure II.

Prepared For: [ABC Company] The company/association name is repeated on the Illustration pages.

Eligibility: [employees/members] [and family members] – will show the employee/member and/or family members, if applicable to the offer.

**Discounts:**

[Title] discount” will display the title of the discount: Preferred, Voluntary, Employer Pay All, Executive Carveout, Employer Contributory Plan, Association, Spouse/Partner Applying, Spouse/Partner Not Applying, Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

[XX%] - The percentage will be 5% to 40%, depending upon the package.

**Product Highlights:**

Maximum Daily Benefit      [\$Max Amt - \$Max Amt] [or] [Unlimited] - \$40 to \$500, Unlimited

[Days/Years] depends upon the package being offered.

**Facility Elimination Period:**

[XXX] Day                      0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

**Home Care and Adult Day Care Elimination Period:**

[XXX] Day                      0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

Rate Guarantee

[XX] Years will be 5 – 20

**Optional Benefits (additional premium required)**

The benefits are variable and will only print what the employer/association selected for the proposal. The optional benefits are as follows:

Shared Care Rider*	Benefit Increase Option Rider
Monthly Benefit Rider	Compound Benefit Increase Option Rider
Full Restoration of Benefits Rider	Simple Benefit Increase Option Rider
Joint Waiver of Premium Rider	Step-Rated Compound Benefit Increase Option Rider
Survivorship Rider	Tailored Benefit Increase Option Rider
Full Survivorship Rider	Full Compound Benefit Increase Option Rider
Return of Premium Upon Death Rider	Full Simple Benefit Increase Option Rider
Nonforfeiture Benefit Rider	Full Step-Rated Compound Benefit Incr. Option Rider
Additional Rate Guarantee - [XX Years]	Full Tailored Benefit Increase Option Rider

[Full/Tailored] [X%] [Title] Benefit Increase Option Rider will be the applicable BIO chosen. [X%] will be 3% or 5%, depending on the package. However, please note that 5% Compound BIO and Nonforfeiture Benefit Riders will always be offered to every applicant.

**[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]** – If Shared Care is part of the marketing package, the corresponding footnote will print.

**PROPOSAL PAGES:**

Pages 3 & 4 are identical except that Page 3 only shows the Base Plan. Page 4 shows Base Plan in relation to other Plans, depending upon the marketing package(s).

[Plan X] ] will be Plan 1, Plan 2, Plan 3, depending upon the marketing package(s) being offered.

[and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option] [Waiver of Premium Rider – Home Care/Ad;ult Day Care] [ Waver of Premium – Cash] will print, depending upon the marketing package(s)..

“A[n] [Title] discount” will display the title of the discount: Preferred, Voluntary, Employer Pay All, Executive Carveout, Employer Contributory Plan, Association, Spouse/Partner Applying, Spouse/Partner Not Applying, Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

Illustration Details are listed as to what was chosen by company/association for offer to employees/members on the two recap pages.

Annual [ABC Company] Contribution is amount company/association will pay annually.

Total [Modal] Premium depends upon how often the premium is paid and includes both the company/association and employee/member portion, if applicable. [Modal] will be Annual, Semi-Annual, Quarterly, Monthly.

Total [Employer] [Modal] Premium depends upon how often the premium is paid by Employer. [Modal] will be Annual, Semi-Annual, Quarterly, Monthly.

Page 5 is the Modal Premium per each Employee/Member, based on Plan being offered Individual’s name, title and age will be presented on this page.

Page 6 is the Employee/Member modal premium contribution.

Page 7 is the Disclaimer page for management. This page always prints.

Pages 8 & 9 are variable in that they may not be requested to print, depending upon the size of the employer/association.

Page 8 is the individual employee/member quote page. If printed, it can be given to the employee/member showing the various plans being offered and their corresponding premiums.

Page 9 is the Disclaimer page for the employee/member. This page prints if the individual pages are printed for each employee/member.



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

## TC2 INDIVIDUAL PREMIUM ILLUSTRATIONS

### VARIABLES DESCRIPTIONS:

#### Every Page - Footer:

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

Pages 2 through end will also print a page number after the Month/Day/Year.

Please note that Cover Page and Illustration Page(s) and the Last Page (disclaimer page) will print for every client. The Optional Coverage Designs Page(s) and/or Benefit Increase Schedule Page(s) may not print on every illustration.

#### 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.

#### ILLUSTRATION PAGE(S):

The [Product Name] is variable on all illustration pages that list the Product Name for accommodating the different marketing packages. The Product Name could be TransCare, TransCare II, Transamerica Secure, Transamerica Secure II.

Prepared For: The client(s) name(s) is/are repeated on the Illustration pages.

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

#### Second Paragraph:

“[and] will appear before the last variable item included in the marketing package.

“[Accident Benefit,] [Relocation Benefit,] [Deferred Benefit Increase Option] [Guaranteed Purchase Option] [Waiver of Premium Rider – Home Care/Adult Day Care] [Waiver of Premium Rider – Cash Benefit]” will display, if included in the marketing package.

#### Third Paragraph:

“[The premiums shown in this illustration include:

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount” will display the title of the discount: Preferred, Voluntary, Employer Pay All, Executive Carveout, Employer Contributory Plan, Association, Spouse/Partner Applying, Spouse/Partner Not Applying, Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

“of [XX]%.)” The percentage will be between 5% and 40%, depending upon the package.

If there is no applicable discount, these lines will not show on the illustration.

**Illustration Details:**

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

“[Client 1 FName] [Client 2 FName]: the client(s) name(s) will appear.

Age: [XX] is Age(s) of client(s)

State: ARKANSAS

Rate Classification: [Class] is Standard, Preferred, Class 1, Class 2, Class 3, Class 4

Status: [XXXXXXXX] is Single, Spouse/Partner Applying, Spouse/Partner Not Applying

Maximum Daily Benefit: [\$Max Amt] is \$40 to \$500, Unlimited

Policy Maximum Amount: [\$Pol Max] is \$14,600 to Unlimited

[Estimated Benefit [Days/Years] is the Days or Years the Policy Maximum Amount will last, if the Maximum Daily Benefit is paid each day. The whole line is variable in the event it is not included in the illustration.

[XXXXXX] Will either be the number of days or years, as applicable.

Facility Elimination Period:

[XXX] Days 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

Home Care and Adult Day Care Elimination Period:

[XXX] Days 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

**Base Plan Premium** [\$Prem Amt] depends upon the plan(s) chosen.

**[Optional Benefits (Additional Premium Required)]**

This section will not print if no optional benefit is chosen. The benefits are variable and will only print what the client(s) selected. The corresponding premium amount for each benefit will print beside the optional benefit. The optional benefits are as follows:

- |  |                               |
|--|-------------------------------|
| Shared Care Benefit Rider                          | Nonforfeiture Benefit Rider   |
| Monthly Benefit Rider                              | Joint Waiver of Premium Rider |
| Full Restoration of Benefits Rider                 | Survivorship Rider            |
| Return of Premium Upon Death Rider                 | Full Survivorship Rider       |
| Additional Rate Guarantee                          |                               |
| [Full] [X% ] [Title] Benefit Increase Option Rider |                               |

**Benefit Increase Option Riders include:**

Simple Benefit Increase Option Rider	Full Simple Benefit Increase Option Rider
Compound Benefit Increase Option Rider	Full Compound Benefit Increase Option Rider
Step-Rated Compound Benefit Increase Option Rider	Full Step-Rated Compound Benefit Incr. Option Rider
Tailored Benefit Increase Option Rider	Full Tailored Benefit Increase Option Rider

[Full] Full, if applicable

[X%] is percentage of the BIO, which include: 3% or 5%, as applicable

[Title] is the type of BIO, which include: Simple, Compound, Step-Rated or Tailored, as applicable

**[Optional Benefit Subtotal [\$Prem Amt]]** - depend upon whether options are selected.

**Total [XXXXXXXX] Premium**

[XXXXXXXX] (Annual, Semi-Annual, Quarterly, Monthly) will be shown in this area. Also see Lifetime Pay.

**Lifetime Pay\*:**

[Title] - Annual, Semi Annual, Quarterly, Monthly - Corresponding premium amounts. It will print unless other elected benefits are not available for Lifetime Pay.

**Limited Pay\*:**

[Title] 5 year, 10 year, 15 year, 20 year, Pay to age 65, or Single Pay on a separate line and the corresponding premium amounts. Limited Pays will only print, as applicable to the plan chosen by client(s).

[Single Pay] – will only print, as applicable to the plan chosen by client(s).

[\$Prem Amt] – Corresponding premium amounts will show on this page, as applicable.

**OPTIONAL COVERAGE DESIGNS PAGES:**

These pages are variable because the client may not require Optional Coverage to be shown. That is not typically the case, but could happen occasionally. Quote pages 1-3 and last page (disclaimer page) will always print for every client. In Vermont, the 3 benefit options required by the state will always print on Vermont illustrations.

Name, Age, Rate Classification, Maximum Daily Benefit, Policy Maximum Amount, Estimated Benefit [Days/Years], Facility Elimination Period, Home Care, Adult Day Care Elimination Period, Benefit Increase Option and list of Elected Benefits are brought forward on remaining pages.

Premium Payment Period [Period]: is Lifetime, 20 years, 15 years, 10 years, 5 years, Single and Pay to Age 65.

In the Policy Maximum Amount chart [ANNUAL/SINGLE] - either “Annual or Single” will show information with the premium amount, depending upon the information in the Facility Elimination Period column.

Benefit Increase Option column:

[DEFERRED\*] [NONE] - Deferred\* or None will show, depending upon the marketing package. (None will always show if a Limited Pay is selected for the quote.

[FULL] FULL will show, depending on selection.

[3%/5%] The percentage will either be 3% or 5% for Simple, Compound and Step-Rated BIOs, depending on selection.

[FULL] [TAILORED] FULL and/or TAILORED will show, depending on selection.

Facility Elimination Period Column:

[XX] Days: 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365 Days

[\$Prem Amt] will be the applicable premium charged depending on column and row information.

**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 last page (disclaimer page) will always print for every client.

If limited pay option is selected, the following sentence will not print: [If you do not elect any optional Benefit Increase Option, the [Deferred Benefit Increase Option][Guaranteed Purchase Option] will be included in your Policy.]

[\$Max Amt], [\$Pol Max] and [\$Ann Amt]: The corresponding premium amounts will show for those ages under the appropriate heading.

**Statement of Variability  
For Illustration Form TC2 ILL VOL AR 0511**

**VARIABLES DESCRIPTIONS:**

**Every Page - Footer:**

The Month/Day/Year of the quote will print on each page.

Pages 2 through end will also print a page number after the Month/Day/Year.

**COVER PAGE:**

Prepared For: The company representative name, company name and address information will be listed

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

Proposal Date: The date of the quote will print

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

Pages 1 through 7 are the proposal and summary pages for the employer/association and will always print. Pages 8-9 are the individual employee/member pages and may not be requested to print if the employer/association is large.

**SOME PLAN HIGHLIGHTS** – This page highlights for the employer/association a brief summary of what can be chosen to be included in the offer to the employee/member.

The Product Name is variable on all illustration pages that list the Product Name for the different marketing packages. The product name could be TransCare, TransCare II, Transamerica Secure, Transamerica Secure II.

Prepared For: [ABC Company] The company/association name is repeated on the Illustration pages.

Eligibility: [employees/members] [and family members] – will show the employee/member and/or family members, if applicable to the offer.

**Discounts:**

[Title] discount” will display the title of the discount: Preferred, Voluntary, Employer Pay All, Executive Carveout, Employer Contributory Plan, Association, Couples, Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

[XX%] - The percentage will be 5% to 40%, depending upon the package.

**Product Highlights:**

Maximum Daily Benefit      [\$Max Amt - \$Max Amt] [or] [Unlimited] - \$40 to \$500, Unlimited

[Days/Years] depends upon the package being offered.

**Facility Elimination Period:**

[XXX] Day                      0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

**Home Care and Adult Day Care Elimination Period:**

[XXX] Day                      0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

Rate Guarantee                      [XX] Years will be 5 – 20

**Optional Benefits (additional premium required)**

The benefits are variable and will only print what the employer/association selected for the proposal. The optional benefits are as follows:

Shared Care Rider*	Benefit Increase Option Rider
Monthly Benefit Rider	Compound Benefit Increase Option Rider
Full Restoration of Benefits Rider	Simple Benefit Increase Option Rider
Joint Waiver of Premium Rider	Step-Rated Compound Benefit Increase Option Rider
Survivorship Rider	Tailored Benefit Increase Option Rider
Full Survivorship Rider	Full Compound Benefit Increase Option Rider
Return of Premium Upon Death Rider	Full Simple Benefit Increase Option Rider
Nonforfeiture Benefit Rider	Full Step-Rated Compound Benefit Incr. Option Rider
Additional Rate Guarantee - [XX Years]	Full Tailored Benefit Increase Option Rider

[Full/Tailored] [X%] [Title] Benefit Increase Option Rider will be the applicable BIO chosen. [X%] will be 3% or 5%, depending on the package. However, please note that 5% Compound BIO and Nonforfeiture Benefit Riders will always be offered to every applicant.

**[\*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]** – If Shared Care is part of the marketing package, the corresponding footnote will print.

**PROPOSAL PAGES:**

[Spouse/Partner applying] – The next 3 pages are identical, except for whether they are for a Single person, Spouse/Partner Applying or Spouse/Partner Not Applying and the corresponding premium amounts for each status.

[[Base Plan] [Plan X] ] will be Base Plan, or Plan 1, Plan 2, Plan 3, etc., depending upon the marketing package(s) being offered.

The Maximum Daily Benefit, Policy Maximum Amount, Estimated Benefit Days/Years, Premium Payment Period, Facility Elimination Period, Home Care, Adult Day Care Elimination Period, Rate Guarantee and Optional Benefits will be brought over to top of the proposal pages, as applicable.

**[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX %] [, a[n] [title] discount of [XX %].]**

A[n] [Title] discount” will display the title of the discount: Preferred, Voluntary, Employer Pay All, Executive Carveout, Employer Contributory Plan, Association, Couples, Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

[XX] %] – the percentage will be between 5% and 30%, depending upon the package.

[\$Prem. Amt] - The corresponding premium amounts will show for those ages under the appropriate heading for the appropriate ages.

[Title] BIO – will print if another selected BIO is chosen for comparison.

[Payroll] – Monthly, Quarterly, Semi-Annual, Annual, Single, Semi-monthly, Bi-weekly, Weekly, or whatever payroll the employer/association has set up for employees/members.

Last Page: the last page will print with every proposal.