

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** TLTL2500GCA APPVER  
**Project Name/Number:** Application Verification Form/L081-1

### Filing at a Glance

Company: Transamerica Life Insurance Company  
 Product Name: TLTL2500GCA APPVER  
 State: Arkansas  
 TOI: L04G Group Life - Term  
 Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Filing Type: Form  
 Date Submitted: 11/13/2012  
 SERFF Tr Num: AEGB-128767900  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: TLTL2500GCA APPVER  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Deb White  
 Reviewer(s): Linda Bird (primary)  
 Disposition Date: 11/27/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:

State Filing Description:

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### General Information

Project Name: Application Verification Form	Status of Filing in Domicile: Pending
Project Number: L081-1	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Discretionary	Overall Rate Impact:
Filing Status Changed: 11/27/2012	
State Status Changed: 11/27/2012	Deemer Date:
Created By: Deb White	Submitted By: Deb White
Corresponding Filing Tracking Number: 3Y001008	

Filing Description:  
Transamerica Life Insurance Company

November 13, 2012

Arkansas Department of Insurance  
 Re: Application Verification SLTL2500GCA APPVER  
 NAIC #: 8623 NAIC, Group #: 0468  
 Company FEIN #: 39-0989781

Dear Commissioner:

The application verification form will be used when taking the application via telemarketing methods. The company uses an electronic signature process for the customer's signature of the application when taking the application over the telephone, and will maintain records of sales of this product in a secure electronic format.

TLTL2500GCA APPVER will be used on Transamerica Life Insurance Company paper. This form will be used in all states including Missouri where coverage under the group policy may be issued.

The application verification form will be used with previously approved Group Term To Age 120 Life Insurance Group Certificate TLTL2500GC and Group Certificate Application TLTL2500GCA, both approved July 27, 2012.

Thank you for the review of this form. Please do not hesitate to contact me with any concerns or questions.

Regards,

Deb White  
 Contract Development  
 Ph: 319-355-7265  
 Fax: 319-355-2501  
 deb.white@transamerica.com

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## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

## Filing Fees

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

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$50.00	11/13/2012	64862037

SERFF Tracking #:

AEGB-128767900

State Tracking #:

Company Tracking #:

TLTL2500GCA APPVER

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/27/2012	11/27/2012

SERFF Tracking #:

AEGB-128767900

State Tracking #:

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## Disposition

Disposition Date: 11/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Supporting Documents		Yes
Form	Application Verification Form		Yes

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## Form Schedule

### Lead Form Number: TLTL2500GCA APPVER

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application Verification Form	TLTL2500GCA APPVER	AEF	Initial		50.400	TLTL2500GCA APPVER.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**Term To Age 120 Life Insurance  
Application Verification**

**Keep this form with your Certificate of Insurance. Your acceptance of this offer is on file at our Administrative Office.**

This document is a verification record of your telephone-recorded application for the Term to Age 120 Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, gender, height and weight, the answers and information you provided to the health questions which qualified you for this plan, and your authorization to disclose your medical information to Transamerica Life Insurance Company.

**Our records indicate the following information:**

Name/Address: [John Q. Public]  
[1000 Anywhere Street]  
[Any Town, USA 75000]

Date of Birth: [01/05/1968] Age: [44] Gender: [Male]

Height: [5'10"] Weight: [185 lbs.]

Will this insurance replace or change any life insurance that you now have?  Yes  No

Initial Life Insurance Benefit Amount: [\$100,000.00]

**Health Questions**

1. Have you used any tobacco or nicotine based products within the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 3 years, have you had a driver's license suspended and/or revoked or been cited or arrested for driving while intoxicated (DWI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 10 years, have you been diagnosed with or treated for: any disease or disorder of the heart, blood, lungs, liver, kidneys; AIDS or AIDS Related Complex; any mental, nervous, circulatory, digestive or immune disorder; high blood pressure, stroke, hepatitis, cancer or tumor, diabetes, drug or alcohol abuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 10 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Other than those conditions covered in Question 3 during the last three years have you had an examination that was caused by an illness, injury, or abnormal physical condition, or follow-up of a diagnosed condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**FULL DETAILS YOU PROVIDED TO QUESTIONS 2, 3, 4, or 5 THAT YOU ANSWERED "YES"**

QUES. NO.	REASON OR CONDITION	DATE(S)	RESULTS	NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF DOCTORS AND MEDICAL FACILITIES

**TRANSAMERICA LIFE INSURANCE COMPANY**  
Administrative Offices: [Valley Forge, Pennsylvania 19493]

I understand and affirm by my signature below that, to the best of my knowledge and belief, the information in this entire application is true and complete. I understand that if I fail to give true and complete answers on this application, benefits may be denied during the first 2 Certificate Years I understand that no insurance is in effect unless the following happens while I am alive. Transamerica: (1) approves this application; and (2) receives the first premium [before] [within 21 days after] the Certificate Effective Date. **I have read or have had read to me the NOTICE TO APPLICANT that accompanies this form as required by the Fair Credit Reporting Act [and my state's fraud notice that is on this application verification form].**

**Authorization for disclosures of medical information to Transamerica Life Insurance Company**  
I understand I am not required to sign this authorization; however, without it Transamerica cannot achieve two purposes, (1) its underwriters cannot determine my eligibility for insurance; and (2) its claim adjusters may not be able to pay my claim. I authorize any medical practitioner, medical related institution, government agency, paramedic facility, medical record retrieval services, pharmaceutical services, insurance company, reinsurer, plan administrator, the MIB, Inc, or any Consumer Reporting Agency, to disclose to Transamerica **all of my medical records** except psychotherapy notes (e.g., my medical history, diagnoses, symptoms, treatments, prescription drug information, alcohol or drug or tobacco use or abuse or information regarding communicable or infectious conditions, such as AIDS). I understand that entities to which this information may be disclosed may not be covered by federal privacy rules and if this information is redisclosed, it may no longer be protected by those rules. I understand this authorization or a copy: (1) expires 24 months from the date signed or if earlier, upon completion of any claim for benefits; (2) a copy will be sent to me; and (3) I may revoke it in writing at any time by sending written notice to Transamerica [(Valley Forge, Pa. 19493)] except to the extent it is already relied upon.

**FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.**

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [\_\_\_\_ 11/01/2012 \_\_\_\_]  
[Applicant's Signature] [Date Application signed]

**Residents of ARKANSAS and NEW MEXICO:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Residents of DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicants.

**Residents of RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Residents of TENNESSEE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Residents of NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Residents of KENTUCKY and PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**TRANSAMERICA LIFE INSURANCE COMPANY**  
**Administrative Offices: [Valley Forge, Pennsylvania 19493]**

TLTL2500GCA APPVER

**SERFF Tracking #:**

AEGB-128767900

**State Tracking #:****Company Tracking #:**

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Score TLIC.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Supporting Documents		
Comments:			
Attachment(s):			
AR Cover Letter TLIC.pdf Explanation of Variability.pdf			

**TRANSAMERICA LIFE INSURANCE COMPANY  
FLESCH READABILITY CERTIFICATION**

**Form Number (may vary by state)**

**Flesch Score**

TLTL2500GCA APPVER

50.4

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President of Contract Development

Transamerica Life Insurance Company

November 13, 2012

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Regards,

Deb White  
Contract Development  
Ph: 319-355-7265  
Fax: 319-355-2501  
deb.white@transamerica.com

## **Explanation of Variability for Application Verification TLTL2500GCA APPVER**

1. The name and address, date of birth, age, marital status, gender, height, weight, and coverage amount will be unique to each applicant.
2. The Administrative Office address may be.
  - a) 2700 West Plano Parkway  
Plano, Texas 75075-8200
  - b) 520 Park Avenue  
Baltimore, Maryland 21201
  - c) Valley Forge, Pennsylvania 19493
3. The telephone number for customer service will match the company's Administrative office location that will be issuing and administering the issued policy.
4. Either "before" or "within 21 days after" the Effective Date will be printed on an application to reflect when the first premium is due as described in the policy that may be issued to the applicant.
5. The applicant's electronic signature and date of application will be unique to each applicant.
6. The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application is used.