

SERFF Tracking Number: AEGB-128153702 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: MDI08
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Monthly Disability Income Rider
Project Name/Number: MDI08 - Monthly Disability Income Rider/MDI08

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Monthly Disability Income Rider SERFF Tr Num: AEGB-128153702 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: L04I.500 Other Co Tr Num: MDI08 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Michele Kusel

Disposition Date: 03/29/2012

Date Submitted: 03/26/2012

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MDI08 - Monthly Disability Income Rider

Status of Filing in Domicile: Pending

Project Number: MDI08

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Concurrently submitted.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/29/2012

State Status Changed: 03/29/2012

Deemer Date:

Created By: Michele Kusel

Submitted By: Michele Kusel

Corresponding Filing Tracking Number:

3Y001008

Filing Description:

Please find attached a copy of the above referenced form. This is a new form and is not intended to replace any form previously approved by the Department. This form has been submitted in final printed form in which it will be distributed to insureds. This form is subject to only minor modifications in paper size and stock, ink, border, company logo, company address, adaptation to computer printing and officers' signatures.

Monthly Disability Income Rider - If the owner elects this rider and pays the applicable premium, we will pay a monthly disability income benefit to the owner for up to 24 months upon proof of the rider insured's total disability, and that the rider insured has been totally disabled for a continuous period of 90 days, while covered by this rider. The issue ages

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 are 18-50, but cannot exceed the base policy issue age limits.

This rider will only be available at time of issue and will be issued on a non-medical and fully underwritten basis.

This form will be used with our individual term life portfolio.

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

Company and Contact

Filing Contact Information

Michele Kusel, Policy Analyst mkusel@aegonusa.com
 4333 Edgewood Road, NE 319-355-8095 [Phone]
 Cedar Rapids, IA 52499 319-355-2870 [FAX]

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	03/26/2012	57451883

SERFF Tracking Number: AEGB-128153702 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: Monthly Disability Income Rider
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/29/2012	03/29/2012

SERFF Tracking Number: *AEGB-128153702* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *MDI08*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.500 Other*
Product Name: *Monthly Disability Income Rider*
Project Name/Number: *MDI08 - Monthly Disability Income Rider/MDI08*

Disposition

Disposition Date: 03/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGB-128153702 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Monthly Disability Income Rider		Yes

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Form Schedule

Lead Form Number: MDI08

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	MDI08	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.800	MDI08 TLIC.pdf



[Transamerica Life Insurance Company]
Home Office: [Cedar Rapids, IA]
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

(Referred to as the Company, we, our or us)

MONTHLY DISABILITY INCOME RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Rider Benefit We agree to pay the Monthly Disability Income Benefit for up to 24 months for each Rider Insured while the Rider Insured is Totally Disabled. The Monthly Disability Income Benefit for each Rider Insured is shown in the Policy Data. Payments will begin after the Rider Insured has been Totally Disabled for a continuous period of 90 days while covered by this rider. The Total Disability must begin while this rider is in effect. Benefits are subject to the provisions of the policy and this rider.

Payment of Proceeds Unless you request otherwise, any proceeds payable under this rider will be paid to you.

Definitions **Age** has the meaning described in the policy.

Immediate Family Member means one of the following members of the Insured's, Rider Insured's, or owner's family: spouse (including common law spouse), civil union partner, child, stepchild, parent, grandparent, grandchild, brother, sister, and their spouses or civil union partners.

Rider Insured refers separately to each person named as a Rider Insured in the Policy Data.

Physician means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy practicing within the scope of his or her license issued by the jurisdiction in the United States in which such person's services are rendered. Physician does not include:

1. You, the Insured, the Rider Insured or an Immediate Family Member; or
2. A person who lives with you, the Insured, the Rider Insured or an Immediate Family Member; or
3. A person in the same medical practice as you, the Insured, the Rider Insured or an Immediate Family Member; or
4. A business partner of you, the Insured, the Rider Insured or an Immediate Family Member.

Total Disability means the inability of the Rider Insured to perform the substantial and material duties of any occupation for which the Rider Insured is reasonably suited by education, training or experience. The Rider Insured must be under the regular care of a Physician during the period of Total Disability.

Total Disability also includes the Rider Insured's total loss of:

1. The sight of both eyes, while such loss continues; or
2. The use of both hands, while such loss continues; or
3. The use of both feet, while such loss continues; or
4. The use of one hand and one foot, while such loss continues.

Waiting Period means a continuous period of 90 days at the beginning of Total Disability during which we will pay no benefits. It begins the day the Rider Insured is first treated by a Physician after Total Disability begins.

Separate Periods of Total Disability

Separate periods of Total Disability beginning while this rider is in effect will be considered as one continuous disability period unless such separate periods are:

1. Due to unrelated causes; or
2. Due to the same or related causes, but are separated by at least 6 months during which the Rider Insured has returned to work on a continuous basis.

One 90-day Waiting Period will apply to each continuous period of Total Disability. The 90-day Waiting Period may not be satisfied during any period for which Total Disability benefits are being paid under this rider.

Concurrent Disabilities

If a Total Disability is caused by more than one injury or sickness, or by both, we will pay benefits as if the Total Disability was caused by only one injury or sickness.

Notice and Proof of Total Disability

Written notice and due proof of Total Disability must be given to us at our Administrative Office. The notice and proof must be given while the Rider Insured is living and while the Total Disability continues. Failure to give such notice and proof will not invalidate any claim if the notice and proof are given as soon as reasonably possible. The Rider Insured will be required to furnish due proof of the continuance of Total Disability upon request but not more than once every 30 days. At our option and at our expense, such proof may include an examination of the Rider Insured by a Physician chosen by us. You have the obligation to inform us immediately if the Rider Insured is no longer disabled or returns to work.

Risks Not Covered

No benefits will be payable under this rider if Total Disability is caused by or contributed to by, or results directly or indirectly from:

1. Attempted suicide or intentionally self-inflicted injury while sane or insane.
2. War, declared or undeclared, or any act of war.
3. Active participation in a riot, insurrection or terrorist activity.
4. Serving in the military forces of any country, including non-military units supporting such forces.
5. Committing or attempting to commit a felony.
6. Participation in an illegal occupation or activity.
7. The voluntary intake or use by any means of:
 - a. Any drug, unless prescribed or administered by a Physician and taken in accordance with a Physician's instructions.
 - b. Poison, gas or fumes, unless a direct result of an occupational accident.
8. Travel in or descent from any kind of aircraft except as a passenger.
9. Normal pregnancy or childbirth except for complications of pregnancy. Complications of pregnancy means any disease disorder, or condition whose diagnoses are distinct from pregnancy but are adversely affected by or caused by pregnancy, and which:
 - a. Requires Physician prescribed supervision; and
 - b. If not related to pregnancy, would be covered by the provision of this rider.

10. A pre-existing condition during the first 24 months following the Rider Date. A pre-existing condition means:
 - a. A condition for which the Rider Insured received medical care, treatments, services, medications, diagnosis, diagnostic tests or consultation in the 2-year period preceding the Rider Date; or
 - b. A condition which produced symptoms in the 2-year period preceding the Rider Date.

Premium	The premiums for this rider are shown in the Policy Data and are payable as provided in the policy. No premiums for this rider will be payable after this rider terminates.
Non-Convertible	This rider is not convertible.
Reinstatement	If the policy is Reinstated, this rider may be reinstated at the same time for each Rider Insured who is not Age 60, provided we receive proof of insurability satisfactory to us.
No Dividends Are Payable	This rider does not participate in our profits or surplus.
Nonforfeiture Values	This rider does not have cash values or loan values.
Rider Date	The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.
Incontestability	The provisions of the policy relating to incontestability apply to this rider.
Termination of Benefits	<p>The benefits provided by this rider for any period of Total Disability will end:</p> <ol style="list-style-type: none">1. When we have paid 24 months of Monthly Disability Income Benefits for the Rider Insured for all combined periods of Total Disability regardless of whether such payments are consecutive; or2. If the Rider Insured is no longer Totally Disabled (you have the obligation to inform us immediately if the Rider Insured is no longer Totally Disabled or if the Rider Insured returns to work); or3. If the Rider Insured fails to give us any requested due proof or refuses to submit to a requested examination.
Termination	<p>This rider will terminate on the earliest of the following dates or events:</p> <ol style="list-style-type: none">1. The policy anniversary at Age 60 of the youngest Rider Insured, unless benefits are being paid at that time, in which case it will terminate when benefits cease for that period of Total Disability; or2. The death of the last Rider Insured; or3. The date the policy lapses; or4. The date the policy is surrendered, matures, or otherwise terminates; or5. The date a nonforfeiture option under the policy, if any, becomes effective; or6. The next Monthly Policy Date following the date you request termination of this rider; or7. The date insurance under this rider terminates for the last remaining Rider Insured.

Insurance under this rider for any Rider Insured will automatically terminate on the earliest of the following dates or events:

1. When we have paid 24 months of Monthly Disability Income Benefits with respect to such Rider Insured for all combined periods of Total Disability regardless of whether such payments are consecutive; or
2. Age 60 of such Rider Insured unless benefits are being paid at that time, in which case insurance will terminate for that Rider Insured when benefits cease for that period of Total Disability.

Our acceptance of a premium, for any period after the date of termination of this rider, shall create no liability to us, nor will it constitute a waiver of the termination. Any premium for this rider that has been accepted by us and that applies to a period after the date of termination of the rider shall be refunded.

Signed for us at our home office.



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[Secretary]



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[President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: MDI08 Flesch Score TLIC.pdf		
Bypassed - Item: Application Bypass Reason: This is not a policy filing. Comments:		
Satisfied - Item: Life & Annuity - Acturial Memo Comments: Attachment: MDI08 Actuarial Memorandum - STD.pdf		
Satisfied - Item: Statement of Variability Comments: Attachment: MDI08 SOV TLIC.pdf		

**TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

MDI08

53.8

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

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

TRANSAMERICA LIFE INSURANCE COMPANY

**STATEMENT OF VARIABILITY
FOR RIDER MDI08 (may vary by state)**

1. Administrative Office Address (page 1, header): This may change to another location. Any change to the administrative office address will be submitted to the Department in an informational filing prior to use.
2. Telephone Number (page 1, header): This may change to another number. Any change to the telephone number will be submitted to the Department in an informational filing prior to use.