

SERFF Tracking Number: AEGG-128339780 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: CRDIPT00
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.004 Other
Product Name: Physical Therapy Rider to Group STD
Project Name/Number: Physical Therapy Rider to Group STD/CRDIPT00

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Physical Therapy Rider to Group STD SERFF Tr Num: AEGG-128339780 State: Arkansas

Group STD

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved State Tr Num:

Sub-TOI: H11G.004 Other

Co Tr Num: CRDIPT00

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Author: Patsy Napier

Disposition Date: 05/10/2012

Date Submitted: 05/08/2012

Disposition Status: Approved

Implementation Date Requested: 07/10/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Physical Therapy Rider to Group STD

Status of Filing in Domicile: Pending

Project Number: CRDIPT00

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: Employer, Association, Other

Explanation for Other Group Market Type:

Labor Union

Overall Rate Impact:

Filing Status Changed: 05/10/2012

State Status Changed: 05/10/2012

Deemer Date:

Created By: Patsy Napier

Submitted By: Patsy Napier

Corresponding Filing Tracking Number:

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP HEALTH DISABILITY RIDER FILING

CRDIPT00 – Physical Therapy Benefit Rider

Transmitted via SERFF are copies of the above-referenced form for your review and approval. This is a new form and not intended to replace any form previously approved by the Department. No part of this filing contains unusual or

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controversial items that vary from normal company or industry standards.

CRDIPT00 – This is an optional Physical Therapy Benefit Rider that will be offered with and attached to our Group Short Term Disability Income policy and certificate, forms CPDI0100 and CCDI0100, which were approved by your Department on July 11, 2006 (SERFF Tracking # SERT-6QXJS6028).

This rider provides an indemnity benefit for physical therapy obtained during a covered period of disability, as well as an additional indemnity benefit for medical appliances and/or prosthesis obtained during a period of disability. It is available in units of 0.5 unit to 5 units.

This rider will be available to the same markets as the underlying disability income policy form: employees or members of employers, associations, labor unions, and credit unions as permitted under the laws of your state. This rider will be marketed to the individual employees/members in a Worksite Marketing solicitation.

The only variable items bracketed in the Rider are the addresses of the Home Office and Administrative Office as well as the named officers and their titles to facilitate any future change.

Minor modifications in paper size, stock, ink, border, Company logo, signatures, and column formatting to accommodate system needs or internet format may occur.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your state. If you have any questions, please do not hesitate to contact me.

Sincerely,

Patsy J. Napier, FLMI, AIRC, HIA, CCP
Senior Product Manager, Contract Compliance & Assistant Secretary
Product Implementation Department
Transamerica Life Insurance Company
Telephone: 800-400-3042 x1271664
Email: patsy.napier@transamerica.com
State Narrative:

Company and Contact

Filing Contact Information

Patsy Napier, Senior Contract Analyst pnapier@aegonusa.com
PO Box 8063 501-227-1664 [Phone]

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 Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 PO Box 8063 Group Code: 468 Company Type: Life and Health
 Little Rock, AR 72203-8063 Group Name: State ID Number:
 (501) 227-1106 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form @ \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	05/08/2012	59029906

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	05/10/2012	05/10/2012

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Disposition

Disposition Date: 05/10/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 05/10/2012	CRDIPT00	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Physical Therapy Benefit Rider	Initial		65.300	Physical Therapy Rider - 4-30- 2012.pdf

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "We," "Us," or "Our")

PHYSICAL THERAPY BENEFIT RIDER

This Rider is attached to and made part of the Contract, as defined below, as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Contract will prevail.

DEFINITIONS

In addition to the definitions contained in the Contract, the following definitions apply to this Rider:

Contract – The Policy or any Certificate, if applicable, to which this Rider is attached.

Medical Appliance – Crutches, leg braces, wheelchairs, walkers or other similar durable medical or surgical equipment.

Period of Disability – The time that begins on the day you become Total Disabled and ends on the day you are no longer receiving a Disability Benefit.

Physical Therapist – Anyone, other than You or Your Immediate Family Member, who is licensed as a Physical Therapist and certified to treat physically disabled or handicapped persons with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in rehabilitation.

Prosthetic Device – An artificial device which is:

1. Prescribed by a Physician; and
2. Designed to replace a missing body part (hand, foot, eye, or breast).

The following items are NOT considered a Prosthetic Device: hearing aids; dental aids (including false teeth); eye glasses; cosmetic Prosthetic Devices, such as a hair wig; or joint replacements, such as an artificial hip or knee.

BENEFITS

Physical Therapy Benefit – If a Physician advises an Insured to seek treatment from a Physical Therapist, We will pay a benefit of \$60 per unit of coverage shown on the Contract Data Page for each day treatment is received. All services must be prescribed by a Physician, rendered by a Physical Therapist, and performed in an office or in a Hospital on an inpatient or outpatient basis. To be eligible for payment, the following conditions must be met:

1. The treatment must be due to a covered disability;
2. The Insured must have satisfied the Elimination Period for the covered disability; and
3. The Insured must be receiving a Disability Benefit at the time of the treatment. Exception: If the Contract's Maximum Disability Period is limited to 3 months, the Physical Therapy benefit will be eligible for payment for up to 30 days following the end of the Period of Disability.

Our benefit payment is limited to a maximum of 10 days per Period of Disability.

Medical Appliance Benefit – We will pay a benefit of \$120 per unit of coverage shown on the Contract Data Page for a Medical Appliance. The appliance must be:

1. Recommended by a Physician as an aid in personal locomotion; and
2. Be purchased or rented during a period for which the Insured is receiving a Disability Benefit.

This benefit is not payable for Prosthetic Devices. This benefit is limited to one payment per Period of Disability.

Prosthetic Device Benefit – We will pay a benefit of \$1,000 per unit of coverage shown on the Contract Data Page for a Prosthetic Device purchased during a period for which the Insured is receiving a Disability Benefit. This benefit is limited to one payment per Period of Disability.

EFFECTIVE DATE

This Rider becomes effective on the same date as the Contract's Effective Date unless We inform the Insured in writing of a different date.

TERMINATION

This Rider will end on the earliest of:

1. The date the Contract ends;
2. The date the Contract or Rider lapses for failure to pay premium, subject to the Grace Period; or
3. The date stated in the Policyholder's written request to end this Rider.

Termination of the Contract and/or Rider by Us will not affect any claim or loss which commenced while the Contract and/or Rider were in force.

This Rider is signed for the Company at Our Home Office to take effect on the Rider Effective Date.


[General Counsel and Secretary]


[President]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	05/10/2012
Comments:		
Attachment: Readability Certification PTRider 5-8-2012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	05/10/2012
Comments:		
This rider will be made available at the option of the group policyholder. The application to be used is form is C-PH-01-00, approved by your Department on July 22, 2010, SERFF Tracking # AEGG-126732538.		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variables	Approved	05/10/2012
Comments:		
Attachment: PTR-VARIABLES2012-00 Explanation of Variables 5-8-2012.pdf		

Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are attached.

Forms and Form Numbers to Which Certification is Applicable:

See attached list

B. Test Option Selected

1. Test was applied to entire policy form(s)
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

	Assistant Secretary
Signature	Officer's Title
Officer's name: Patsy J. Napier	Date: May 8, 2012

PHYSICAL THERAPY RIDER

FORM NAME	FORM NUMBER	SYLLABLES	WORDS	SENTENCES	SCORE
Physical Therapy Benefit Rider	CRDIPT00	912	610	41	65.3

**TRANSAMERICA LIFE INSURANCE COMPANY
PHYSICAL THERAPY BENEFIT RIDER
EXPLANATION OF VARIABLES**

Optional Benefit Rider – CRDIPT00

Text that is intended to be variable is bracketed. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Variable bracketing is included for the addresses of the Home Office and Administrative Office as well as the named officers and their titles to facilitate any future change.

The Rider is available in units of from 0.5 unit to 5 units.