

SERFF Tracking Number: AEGJ-128339906 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: TLC QPBR TC2 0412
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: ADV TLC QPBR TC2 0412
Project Name/Number: ADV TLC QPBR TC2 0412/ADV TLC QPBR TC2 0412

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: ADV TLC QPBR TC2 0412 SERFF Tr Num: AEGJ-128339906 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed State Tr Num:
Sub-TOI: LTC03I.001 Qualified Co Tr Num: TLC QPBR TC2 0412 State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Donna Lambert
Authors: Julie Maclin, Joan Shumaker, Patsy Holt Disposition Date: 05/14/2012
Date Submitted: 05/08/2012 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: ADV TLC QPBR TC2 0412 Status of Filing in Domicile: Not Filed
Project Number: ADV TLC QPBR TC2 0412 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Advertising filing not required in domicile state (Iowa).
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 05/14/2012
State Status Changed: 05/14/2012
Deemer Date: Created By: Patsy Holt
Submitted By: Patsy Holt Corresponding Filing Tracking Number: TLC QPBR TC2 0412
Filing Description: State Narrative:
Please see cover letter under "Supporting Documentation" tab.

Company and Contact

Filing Contact Information

Patsy Holt, Advertising Analyst Patsy.Holt@transamerica.com
P.O. Box 93007 800-553-7600 [Phone] 3352 [Ext]
Bedford, TX 76053-3007 817-285-3394 [FAX]

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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	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per advertisement
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	05/08/2012	59027464

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SERFF Tracking Number: *AEGJ-128339906* *State:* *Arkansas*
Filing Company: *Transamerica Life Insurance Company* *State Tracking Number:*
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Product Name: *ADV TLC QPBR TC2 0412*
Project Name/Number: *ADV TLC QPBR TC2 0412/ADV TLC QPBR TC2 0412*

Disposition

Disposition Date: 05/14/2012

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	TLC QPBR TC2 0412 Statement of Variability	Filed	Yes
Supporting Document (revised)	Cover Letter	Filed	Yes
Supporting Document	Cover Letter	Replaced	Yes
Form	Invitation to Inquire Brochure	Filed	Yes

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Form Schedule

Lead Form Number: TLC QPBR TC2 0412

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 05/14/2012	TLC QPBR TC2 0412	Advertising	Invitation to Inquire Brochure	Initial		0.000	TLC QPBR TC2 0412.pdf

Standard Benefits – Included in Your TransCare® II Policy

The following benefits are included in your TransCare® II Long Term Care insurance plan.

Home Care and Adult Day Care Benefit 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 qualified Home Care, Home Health Care or Adult Day Care services. The benefit features a 0-day Elimination Period.

Long Term Care Facility Benefit We will pay for out of pocket expenses incurred up to the chosen Maximum Daily Benefit for each day you are confined in an Assisted Living Facility or other qualifying care facility, subject to the Maximum Daily Benefit, Policy Maximum Amount and Elimination Period.

Waiver of Premium Benefits⁸ Premiums will be waived on a monthly basis during the period when you qualify for the Long Term Care Facility Benefit, Cash Benefit, Accident Benefit (if included in your Policy), Hospice Care Benefit, or Home Care and Adult Day Care Benefit. Waiver of Premium benefits are subject to the Elimination Period if it applies to the benefits received, and to the Policy Maximum Amount.

Remain at Home Benefit We will pay out of pocket expenses incurred up to a lifetime maximum equal to 60 times the Maximum Daily Benefit for Home Modifications, Caregiver Training for a Volunteer Caregiver, Therapeutic Device or Technology, and a Medical Alert System. The benefit is not subject to, nor will it satisfy, the Elimination Period.

Cash Benefit You may receive a cash benefit equal to 10 times the Maximum Daily Benefit, or 1/3 the Monthly Benefit, in lieu of all other benefits for care or services, except the Optional Care Coordination Benefit, subject to the Policy Maximum Amount. The money can be used in any way you see fit. Benefits will be prorated, if only needed for part of a calendar month. Cash Benefit is not subject to, nor will it satisfy, the Elimination Period.

Optional Care Coordination Benefit This feature pays for a Care Coordinator to facilitate an assessment of your care needs, available from the first day you are eligible for benefits. At your option, you may use this standard benefit to help answer your questions, establish a Plan of Care, and help ensure care is received when needed. It may 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. The benefit is not subject to, nor will it satisfy, the Elimination Period.

Return of Premium to age 67 If you die before the age of 67, we will pay a lump-sum benefit to your beneficiary or estate, totaling the sum of all premiums paid less the amount of any claims.

Other standard benefits included

Accident Benefit Endorsement⁹

Alternate Plan of Care Benefit

Global Coverage Benefit

Hospice Care Benefit

Long Term Care Facility Bed Reservation Benefit

Respite Care Benefit

This Policy is Guaranteed Renewable for Life

See the Outline of Coverage for more information.

⁸Waiver of Premium Rider—Home Care and Adult Day Care benefit does not apply to the Global Coverage Benefit or Cash Benefit. Waiver of Premium Rider—Cash Benefit does not apply to the Global Monthly Cash Benefit or any other benefits other than the Cash Benefit. Neither of these Waiver of Premium Rider benefits is available with single pay policies. ⁹ Not available in NJ.

TRANSAMERICA LIFE INSURANCE COMPANY

AND

TRANSCARE® II

Here 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 300,000¹⁰ 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.

¹⁰Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2011 AALTCI Sourcebook.

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 Series TLC 2-P 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.

TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

Individual Long Term Care Insurance

II

TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

Individual Long Term Care Insurance

II

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.

A Word About Premiums

The Policy allows the company to adjust premiums as needed, with prior approval if required by 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.

This advertisement is for sales purposes and an agent/producer will contact you.

LONG TERM CARE AND TRANSCARE® II

A powerful, flexible Long Term Care insurance plan for your extended care needs



Transamerica Life Insurance Company

Home Office:
Cedar Rapids, Iowa

Administrative Office:

P.O. Box 95302
Hurst, Texas 76053-5302

TLC QPBR TC2 0412

[ABC Co-Brand]



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.

TransCare® II Long Term Care insurance 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.



Just 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.

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.

Maximum Daily Benefit **[\$50 to \$400]**

You may select the amount we will reimburse you for each day of qualified care you receive. If your care costs less on a day, the funds will remain in your Pool of Money to be used in the future. If your care costs are more, you will need to self-fund that amount when it occurs.

Pool of Money **[\$18,250¹] to Unlimited**

Your Policy Maximum Amount (Pool of Money) is the total amount available to cover the cost of your long term care services. You will have benefits available as long as you have funds in your Pool of Money.

Elimination Period **[0-day] [30-day] [60-day] [90-day] [180-day] [365-day]**

An Elimination Period is the number of days that you are responsible for paying for Long Term Care services before your Policy begins to pay benefits. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.

¹In AZ and NV, Policy Maximum Amount is between [\$36,500] and unlimited.

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 Rider² With this benefit, couples³ may share each other's long term care benefits should one exhaust⁴ their own benefits, as long you and your spouse/partner³ both purchase and maintain identical Long Term Care insurance Policies. If one member of the couple exhausts both Policy maximums, the remaining spouse/partner can purchase an additional two years of coverage⁵ with no additional underwriting required. 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. | *Additional premium required.*

Monthly Benefit Rider Because the charges for long term care services may vary from day-to-day, this option makes your Home Care, Home Health Care, Assisted Living Facility, Adult Day Care, and Long Term Care Facility 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. | *Additional premium required.*

Benefit Increase Options (BIOs) Long term care services can be expensive, and inflation causes their cost to increase almost every year. You may choose from the following to help meet future costs:

- The **Compound Benefit Increase Option Rider** [3%⁶] [or] [5%] increases your benefit amounts each year by [3%⁶] [or] [5%] of the current dollar amount. | *Additional premium required.*
- The **Step-Rated Compound Benefit Increase Option Rider⁷** [3%⁶] [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%⁶] [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 **Deferred Benefit Increase Option**, allows you to add a Benefit Increase Option, without evidence of insurability, 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 increase your Policy Maximum Amount 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.

Other optional benefits available for additional premium

Additional Rate Guarantee⁷

Full Restoration of Benefits Rider

Return of Premium Upon Death Rider

Nonforfeiture Benefit – Shortened Benefit Period Rider

Joint Waiver of Premium Rider

See the Outline of Coverage for more information.

²Available 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. ³Under 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. ⁴In AZ, a person may not deplete their spouse/partner's Policy Maximum Amount and leave them less than 730 days of long term care benefits. ⁵An 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. ⁶Not available in IN. ⁷Not available in HI.

Qualifying for 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.



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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: TLC QPBR TC2 0412 Statement of Variability	Filed	05/14/2012

Comments:

Attachment:

Statement of Variability TLC QPBR TC2 0412.pdf

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Filed	05/14/2012

Comments:

Attachment:

AR Cover letter 5-8-12.pdf

Statement of Variability
For Form(s): TLC QPBR TC2 0412
(Quick Product Brochure)

TLC QPBR TC2 0412

[ABC Co-Brand] - will be for employer or association groups that may want their brand included. This is not typically the case, but may happen occasionally.

All footnote markers [X] will be numbered beginning with 1 and continue as needed.

[In AZ and NV, Policy Maximum Amount is between [\$36,500] and unlimited.

[3%] [or] [5%] – and will be 3%, or 5%, as applicable.

[\$50 to \$400] \$50 to \$400 – various state requirements for MDB are as follows:
 [In Massachusetts - \$50 to \$500
 unless a Mass Health participant, then \$125 to \$500]
 [In Vermont** – \$75 to \$500]
 [In Wisconsin - \$60 to \$500]

[\$18,250] – could be between \$14,600 and unlimited depending on the plan(s) chosen.

Elimination Period - typically we offer 0, 30, 60, 90 and 180 Elimination Period. The variables will be replaced with whichever ones are going to be in the offer - could be: 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365 Days

[In Kansas & Vermont** 0, 20, 30, 50, 60, 90, 100]

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/08/2012		Supporting Cover Letter Document	05/14/2012	AZ Cover letter 5-8-12.pdf (Superseded)

