

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: TLTL2300IPA APPVER
Project Name/Number: Term Life Insurance Application Verification/TLTL2300IPA APPVER

Filing at a Glance

Company: Transamerica Life Insurance Company
 Product Name: TLTL2300IPA APPVER
 State: Arkansas
 TOI: L04I Individual Life - Term
 Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Filing Type: Form
 Date Submitted: 09/20/2012
 SERFF Tr Num: AEGB-128691009
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: TLTL2300IPA APPVER

Implementation
 Date Requested:
 Author(s): Michele Kusel
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 09/26/2012
 Disposition Status: Approved-Closed
 Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
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General Information

Project Name: Term Life Insurance Application Verification	Status of Filing in Domicile: Not Filed
Project Number: TLTL2300IPA APPVER	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/26/2012
	State Status Changed: 09/26/2012
Deemer Date:	Created By: Michele Kusel
Submitted By: Michele Kusel	Corresponding Filing Tracking Number: 3Y001008

Filing Description:

Attached for your review is a copy of the above referenced application form. The application form is new and does not replace any form previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Application Verification form TLTL2300IPA APPVER will be used to underwrite term policy TLTL2300IP-AR which was approved by your Department on 06.22.2012 under SERFF tracking number AEGB-128476161. The policy is marketed through direct marketing methods, including mail, internet, and telephone.

Application TLTL2300IPA APPVER will be used when an application is taken over the phone by a company licensed agent. An electronic signature process is used when an application is completed and taken over the telephone. Electronic signatures as well as all records of sales of the policy are maintained in a secure electronic format. A copy of a completed and electronically signed application verification form will be attached to an issued policy.

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?	No
Retaliatory?	No

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Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$50.00	09/20/2012	62876076

SERFF Tracking #:

AEGB-128691009

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

TLTL2300IPA APPVER

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/26/2012	09/26/2012
Approved-Closed	Linda Bird	09/26/2012	09/26/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Term Life Insurance Application Verification	Michele Kusel	09/26/2012	09/26/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen filing	Note To Filer	Linda Bird	09/26/2012	09/26/2012
Request to Reopen Filing	Note To Reviewer	Theresa Meyers	09/26/2012	09/26/2012

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
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Disposition

Disposition Date: 09/26/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to Medical question number 3 on application.

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	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Form (revised)	Term Life Insurance Application Verification		Yes
Form	Term Life Insurance Application Verification	Replaced	Yes

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
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Disposition

Disposition Date: 09/26/2012

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	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Form (revised)	Term Life Insurance Application Verification		Yes
Form	Term Life Insurance Application Verification	Replaced	Yes

SERFF Tracking #:

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State Tracking #:

Company Tracking #:

TLTL2300IPA APPVER

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

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Product Name:

TLTL2300IPA APPVER

Project Name/Number:

Term Life Insurance Application Verification/TLTL2300IPA APPVER

Amendment Letter

Submitted Date: 09/26/2012

Comments:

We would like to amend this filing to update the TLTL2300IPA APPVER application. Medical question number 3 has been revised to include the same language that is in medical question number 3 of the TLTL2300IPA application. We certify no other changes have been made to this form.

Please do not hesitate to contact me if you have any questions or need additional information.

Sincerely,
Theresa Meyers
Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TLTL2300IPA APPVER	Application/Enrollment Form	Term Life Insurance Application Verification	Initial				50.400	TLTL2300IPA APPVER.pdf

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
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Note To Filer

Created By:

Linda Bird on 09/26/2012 11:24 AM

Last Edited By:

Linda Bird

Submitted On:

09/26/2012 11:24 AM

Subject:

Request to reopen filing

Comments:

Filing has been re-opened in order for correction to be made.

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Note To Reviewer

Created By:

Theresa Meyers on 09/26/2012 11:10 AM

Last Edited By:

Theresa Meyers

Submitted On:

09/26/2012 11:10 AM

Subject:

Request to Reopen Filing

Comments:

Thank you for your review and approval of this filing. We would like to request this filing be reopend in order to update the TLTL2300IPA APPVER application. Medical question number 3 needs to be updated to include the same language that is in the TLTL2300IPA's medical question number 3.

Please do not hesitate to contact me if you have any questions or need additional information.

Thank you,
Theresa Meyers

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
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Form Schedule

Lead Form Number: TLTL2300IPA APPVER

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		TLTL2300IPA APPVER	AEF	Term Life Insurance Application Verification	Initial:	50.400	TLTL2300IPA APPVER.pdf

Form Type Legend:

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

**Term Life Insurance
Application Verification**

Keep this form with your Term Life Insurance Policy. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for term life insurance. 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 the term life insurance, 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

Term of Coverage: 10 Years 15 Years 20 Years

Life Insurance Benefit Amount: [\$100,000]

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 10 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. Within the past 10 years, has a licensed medical doctor diagnosed you with or treated you for: any disease or disorder of the heart, blood, lungs, liver, kidneys; Acquired Immune Deficiency Syndrome (AIDS); any mental, nervous, circulatory, respiratory, digestive, neuromuscular, connective tissue 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. Have you ever tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 Policy 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 effective date shown on the policy. I further understand that if I and my spouse apply for the insurance at the same time and both are accepted for coverage then both will be covered under the one policy. If either I or my spouse is not accepted for coverage then the applicant that is accepted will be issued their own policy. **I have read or have had read to me the NOTICE TO APPLICANT that accompanies this application 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** (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) except psychotherapy notes. 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]

TLTL2300IPA APPVER

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AEGB-128691009

State Tracking #:

Company Tracking #:

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State:

Arkansas

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Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability		
Comments:			
Attachment(s):			
Explanation of Variability TLIC.pdf			

**TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

TLTL2300IPA APPVER

50.4

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

Explanation of Variability for Application Verification
TLTL2300IPA APPVER (may vary by state)

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.

SERFF Tracking #:

AEGB-128691009

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

TLTL2300IPA APPVER

State:

Arkansas

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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)
09/20/2012	Form	Term Life Insurance Application Verification	09/26/2012	TLTL2300IPA APPVER.pdf (Superseded)

my medical records (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) except psychotherapy notes. 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.

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

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Administrative Offices: [Valley Forge, Pennsylvania 19493]

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