

**State:** Arkansas **Filing Company:** Transamerica Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.004 Partnership  
**Product Name:** UNI2R-PRI  
**Project Name/Number:** Product-Form Filing/2399

## Filing at a Glance

Company: Transamerica Life Insurance Company  
Product Name: UNI2R-PRI  
State: Arkansas  
TOI: LTC03I Individual Long Term Care  
Sub-TOI: LTC03I.004 Partnership  
Filing Type: Form  
Date Submitted: 08/30/2012  
SERFF Tr Num: AEGJ-128666637  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 9824  
  
Implementation: On Approval  
Date Requested:  
Author(s): Debbie Bellows  
Reviewer(s): Donna Lambert (primary)  
Disposition Date: 09/04/2012  
Disposition Status: Approved  
Implementation Date:  
  
State Filing Description:

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

Project Name: Product-Form Filing	Status of Filing in Domicile: Not Filed
Project Number: 2399	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Iowa is the state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/04/2012
	State Status Changed: 09/04/2012
Deemer Date:	Created By: Debbie Bellows
Submitted By: Debbie Bellows	Corresponding Filing Tracking Number:

**Filing Description:**  
 Please see filing letter under the Supporting Documentation tab.

### Company and Contact

#### Filing Contact Information

Debbie Bellows, Senior Policy Analyst	debbie.bellows@transamerica.com
P.O. Box 93007	800-553-7600 [Phone] 3382 [Ext]
Hurst, TX 76053-3007	817-285-3394 [FAX]

#### 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:	1 Form at \$50.00 per form = \$50.00.
Per Company:	No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$50.00	08/30/2012	62170811

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	09/04/2012	09/04/2012

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## Disposition

Disposition Date: 09/04/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Filing Letter	Approved	Yes
Form	Potential Rate Increase Disclosure Form	Approved	Yes

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## Form Schedule

### Lead Form Number: TLC 2-PRI-DF 0410

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 09/04/2012	TLC 2-PRI-DF 0410	OTH	Potential Rate Increase Disclosure Form	Initial:	41.600	AR-TLC 2-PRI-DF 0410.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



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
[P.O. Box 95302]  
[Hurst, Texas 76053-5302]  
[1-800-227-3740]

## Long Term Care Insurance Potential Rate Increase Disclosure Form

### Instructions:

This form provides information to the applicant regarding premium rate schedules, rate schedule adjustments, potential rate revisions, and policyholder options in the event of a rate increase.

### **Insurers shall provide all of the following information to the applicant:**

- 1. Premium Rate:** Premium rates that are applicable to you and that will be in effect until a request is made and filed and approved for an increase are on the application.
- 2. The premium for this policy will be shown on the schedule page of your policy.**
- 3. Rate Schedule Adjustments:**

The company will provide a description of when premium rate or rate schedule adjustments will be effective: Next premium due date after the notification period.

- 4. Potential Rate Revisions:**

**This policy is Guaranteed Renewable.** This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

**If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:**

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.\* (This option may be available if you do not purchase a separate nonforfeiture option.)

### \* **Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage, (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

#### **Example:**

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)

**Contingent Nonforfeiture**  
**Cumulative Premium Increase over Initial Premium**  
**That qualifies for Contingent Nonforfeiture**

(Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

<b>Issue Age</b>	<b>Percent Increase Over Initial Premium</b>
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

SERFF Tracking #:

AEGJ-12866637

State Tracking #:

Company Tracking #:

9824

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.004 Partnership

Product Name:

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	09/04/2012
Comments:			
Attachment(s):			
AR-Uni2 PRI Certification of Compliance 08302012.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	This is not a policy filing. We will continue to use applications TLC 2-ABCAPP 0410, TLC 2-JABCAPP 0410, TLC 2-CAPP 0410 & TLC 2-JCAPP 0410 approved for use with our Long Term Care Insurance policy form TLC 2-P AR 0410, et al.. The applications and policy, et al. were approved by your Department on June 2, 2011, SERFF Tracking # AEGJ-126778143, State Tracking #46551.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	The Actuarial Memorandum was approved under SERFF filing # AEGJ-128625268 on 8/15/2012.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	We will continue to use outline of coverage form TLC 2-P AR 0410 OC approved approved by your Department on June 2, 2011, SERFF Tracking # AEGJ-126778143, State Tracking #46551, for use with our Long Term Care Insurance policy form TLC 2-P AR 0410, et al. also approved by your Department on June 2, 2011, SERFF Tracking # AEGJ-126778143, State Tracking #46551.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Filing Letter	Approved	09/04/2012
Comments:			
Attachment(s):			

**SERFF Tracking #:**

AEGJ-128666637

**State Tracking #:**

**Company Tracking #:**

9824

**State:**

Arkansas

**Filing Company:**

Transamerica Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.004 Partnership

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AR-Uni2 PRI Filing Letter 08302012.pdf



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 95302  
Hurst, TX 76053-5302  
1-800-553-7600, ext 3382

## CERTIFICATION OF COMPLIANCE

<u>New Form Numbers</u>	<u>Form Titles</u>	<u>Flesch Scores</u>
TLC 2-PRI-DF 0410	Potential Rate Increase Disclosure Form	41.6

I hereby certify that to the best of my knowledge and belief the above form submission complies with the laws, rules and regulations of the State of Arkansas.

I also certify that the above form submission complies with all pertinent sections of P.L. 104-191, the Health Insurance Portability and Accountability Act of 1996.

I also certify that to the best of my knowledge and belief that this plan meets the requirements for and is eligible to be called a tax qualified plan.

I also certify that the above form submission complies with Rule and Regulation 19 regarding unfair sex discrimination. This submission meets the provisions of this rule.

I also certify that we provide the notices described in Rule and Regulation 49, ACA 23-79-138 and Bulletin 15-2009.

I also certify compliance that the Flesch scores(s) for the form(s) indicated above are accurate and correct. Therefore, this filing meets the minimum reading ease score on the test used.

A handwritten signature in cursive script that reads "Suzanne M. Schaake".

Signature of Officer or Counsel

Suzanne M. Schaake  
Name (Typed or Printed)

Assistant Vice President & Director of Product Compliance  
Title

08/30/2012  
Date



Home Office: Cedar Rapids, Iowa  
Long Term Care Division  
P.O. Box 95302  
Hurst, TX 76053-5302  
1-800-553-7600, ext 3382

August 30, 2012

Honorable Jay Bradford, Commissioner  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201

**RE: TRANSAMERICA LIFE INSURANCE COMPANY**  
**NAIC# 86231, FEIN# 39-0989781**  
**Individual Long Term Care Insurance**  
**TLC 2-PRI-DF 0410 – Potential Rate Increase Disclosure**

Dear Commissioner Bradford:

Attached for your review and approval is potential rate increase disclosure form TLC 2-PRI-DF 0410. This form will not replace any forms currently on file with your Department. It is designed for use when soliciting business with lifetime premium paying periods for our Long Term Care Insurance policy form TLC 2-P AR 0410, et al., approved by your Department on June 2, 2011, SERFF Tracking # AEGJ-126778143, State Tracking #46551, with the revised rates new business rates approved on August 15, 2012, SERFF Filing # AEGJ-128625268.

Please note, we will continue to use potential rate increase disclosure form TLC 2-PRI-DF-LP 0410 approved by your Department on June 2, 2011, SERFF Tracking # AEGJ-126778143, State Tracking #46551, when soliciting business with limited payment period with the revised new business rates approved on August 15, 2012, SERFF Filing # AEGJ-128625268.

The logo, address and phone number in the heading are bracketed as variable in the event those items change in the future.

We trust that this filing will meet with your approval. If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-553-7600, extension 3382. My email address is [Debbie.Bellows@Transamerica.com](mailto:Debbie.Bellows@Transamerica.com). Thank-you in advance for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Bellows".

Debbie Bellows, FLMI, ACS, AIRC, ARA, LTCP, HCAFA  
Senior Policy Analyst  
Long Term Care Division