

State: Arkansas **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: ADV TLC PBR TC2 AR 0712 et al
Project Name/Number: ADV TLC PBR TC2 AR 0712 et al/ADV TLC PBR TC2 AR 0712 et al

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: ADV TLC PBR TC2 AR 0712 et al
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Advertisement
Date Submitted: 09/14/2012
SERFF Tr Num: AEGJ-128687372
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: TLC PBR TC2 AR 0712

Implementation: On Approval
Date Requested:
Author(s): Julie Maclin, Joan Shumaker, Patsy Holt
Reviewer(s): Donna Lambert (primary)
Disposition Date: 09/28/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

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General Information

Project Name: ADV TLC PBR TC2 AR 0712 et al	Status of Filing in Domicile: Not Filed
Project Number: ADV TLC PBR TC2 AR 0712 et al	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: 09/28/2012
	State Status Changed: 09/28/2012
Deemer Date:	Created By: Patsy Holt
Submitted By: Patsy Holt	Corresponding Filing Tracking Number: TLC PBR TC2 AR 0712

Filing Description:
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]

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:	\$350.00
Retaliatory?	No
Fee Explanation:	\$50 per adv (\$50 x 7=\$350)
Per Company:	No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$350.00	09/14/2012	62715204

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	09/28/2012	09/28/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	09/21/2012	09/21/2012

Response Letters

Responded By	Created On	Date Submitted
Patsy Holt	09/26/2012	09/26/2012

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Disposition

Disposition Date: 09/28/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	TLC PBR TC2 AR 0712 Statement of Variability	Approved	Yes
Supporting Document	TLC PPT1 CMR TC2 AR 0712 Statement of Variability	Approved	Yes
Supporting Document	TC2 ILL IND AR 0812 Statement of Variability	Approved	Yes
Supporting Document	TC2 ILL IND SUM AR 0812 Statement of Variability	Approved	Yes
Supporting Document	TC2 ILL CEN AR 0812 Statement of Variability	Approved	Yes
Supporting Document	ICC12 TLC ILL CEN SUM Statement of Variability	Approved	Yes
Supporting Document	TC2 ILL VOL AR 0812 Statement of Variability	Approved	Yes
Form (revised)	Product Brochure	Approved	Yes
Form	Product Brochure	Replaced	Yes
Form	PowerPoint Presentation	Approved	Yes
Form	Individual Illustration.	Approved	Yes
Form	Individual Summary Illustration	Approved	Yes
Form	Census Illustration	Approved	Yes
Form	Census Summary Illustration	Approved	Yes
Form	Voluntary Illustration	Approved	Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/21/2012
Submitted Date	09/21/2012
Respond By Date	10/22/2012

Dear Patsy Holt,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Product Brochure, TLC PBR TC2 AR 0712 (Form)

Comments: The Department does not allow the comparison of a deductible and an elimination period. Please remove the comparison and simply define an elimination period.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/26/2012
 Submitted Date 09/26/2012

Dear Donna Lambert,

Introduction:

In response to your 9/21/2012 objection, we are attaching the revised form TLC PBR TC2 AR 0712 under "Form Schedule"..

Response 1

Comments:

We have deleted all reference to "the comparison of a deductible" on page 11 and have left the simple definition of elimination period.

Related Objection 1

Applies To:

- Product Brochure, TLC PBR TC2 AR 0712 (Form)

Comments: The Department does not allow the comparison of a deductible and an elimination period. Please remove the comparison and simply define an elimination period.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes							
Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	TLC PBR TC2 AR 0712	ADV	Product Brochure	Revised TLC PBR TC2 AR 0712		TLC PBR TC2 AR 0712 revised 9-26.pdf	Date Submitted: 09/26/2012 By: Patsy Holt
<i>Previous Version</i>							
1	TLC PBR TC2 AR 0712	ADV	Product Brochure	Initial		TLC PBR TC2 AR 0712.pdf	Date Submitted: 09/26/2012 By: Patsy Holt

No Rate/Rule Schedule items changed.

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Conclusion:

Thank you in advance for your continued review and approval of this filing

Sincerely,

Patsy Holt

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Form Schedule

Lead Form Number: TLC PBR TC2 AR 0712

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 09/28/2012	TLC PBR TC2 AR 0712	ADV	Product Brochure	Revised: Replaced Form #: TLC PBR TC2 AR 0712 Previous Filing #: TLC PBR TC2 AR 0712		TLC PBR TC2 AR 0712 revised 9-26.pdf
2	Approved 09/21/2012	TLC PPT1 CMR TC2 AR 0712	ADV	PowerPoint Presentation	Initial:		TLC PPT1 CMR TC2 AR 0712.pdf
3	Approved 09/21/2012	TC2 ILL IND AR 0812	ADV	Individuatl Illustration.	Initial:		TC2 ILL IND AR 0812..pdf
4	Approved 09/21/2012	TCW ILL IND SUM AR 0812	ADV	Individual Summary Illustration	Initial:		TC2 ILL IND SUM AR 0812 final 9-13.pdf
5	Approved 09/21/2012	TC2 ILL CEN AR 0812	ADV	Census Illustration	Initial:		TLC2 ILL CEN AR 0812 final 9-14.pdf
6	Approved 09/21/2012	ICC12 TLC ILL CEN SUM	ADV	Census Summary Illustration	Initial:		ICC12 ILL CEN SUM.pdf
7	Approved 09/21/2012	TC2 ILL VOL AR 0812I	ADV	Voluntary Illustration	Initial:		TC2 ILL VOL AR 0812 final 9-14.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)

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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



TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE[®]

Individual Long Term Care Insurance

II



A photograph of a family of three—a woman, a young girl, and a man—sitting together in a grassy field. They are all smiling warmly at the camera. The woman is on the left, the girl is in the middle, and the man is on the right. The background is a soft-focus outdoor setting with tall grass and a bright sky.

Planning for the Unexpected

A solid financial plan, hard work and saving for your future are key to helping you achieve your retirement goals. However, even the best laid plans can go wrong. Why? An unforeseen long term care event could seriously impact how you achieve your goals and may deplete your savings and investments.

In today's ever-changing environment, you need a partner to help you prepare for the unexpected. TransCare® II Long Term Care insurance underwritten by Transamerica Life Insurance Company can help. TransCare® II helps provide you with the protection you need for life's unexpected events while also giving you the flexibility to customize a Long Term Care insurance Policy that can fit your needs, not only now, but also in the future.

Consider This Long Term Care Example

[Debbie] [and] [Mike] were [48] and [52] when they began to think about their financial futures and the impact of a long term care event. At this stage in their lives, both of their children were in college in other states, and they started looking forward to retirement. They also wanted to be prepared for the unexpected so they purchased identical [\$250,000] TransCare® II policies from Transamerica Life Insurance Company. Their policies included the Shared Care Benefit Rider. [They also opted for a 10-pay Limited Payment plan because they wanted to finish paying for their Policies before they retired.]

At age [72], [Mike] was diagnosed with Alzheimer's disease and after qualifying for benefits, his Long Term Care insurance Policy paid for [Debbie] to receive caregiver training and covered his Home Health Care so [Debbie] would have additional help caring for [Mike].

Because TransCare® II emphasizes care at home, the Policy helped pay to have the required care that [Mike] needed in the comfort of his own home. It also provided for the additional care that he needed in the Long Term Care Facility as the disease advanced.

Throughout [Mike's] illness, [Debbie] was able to use their retirement savings for its intended purpose – living – because they purchased a TransCare® II Policy. [Mike's] required care cost almost [\$200,000] before he passed away. Upon his death, he had a [\$50,000] Policy Maximum Amount remaining. Because they purchased the Shared Care Benefit Rider, the balance of his Policy Maximum Amount transferred to [Debbie's] Policy at no additional cost.



What if...

...something happened and you were no longer able to do the things that you do every day?

...an illness caused you to lose mobility or functionality, such as transferring or dressing?

...a disease, such as Parkinson's or Alzheimer's disease, took away physical or mental abilities?

...professional care would cost \$38,000¹ to \$80,000¹ a year depending on the amount of care you need?

Who would care for you? Where would you get the money to pay for care?
Would your family incur financial hardship if you were not able to provide for them?

**TransCare® II Long Term Care insurance is there to help with your future's uncertainty.
Life doesn't always go as we planned and TransCare® II helps you
prepare for those unexpected moments.**

Failing to Plan is a Plan to Fail

People today plan for unexpected events by purchasing homeowner's and automobile insurance. They consider it a part of sensible planning. Preparing for a long term care need is just as important, especially when you consider the following:

After you reach the age of 65, the statistical chances¹ that the following events will happen are:

	For Women	For Men
Major House Fire ¹	2.6%	2.2%
Severe Car Accident ¹	18.0%	15.5%
Becoming ADL ² Deficient or Severely Cognitively Impaired ¹	72.0%	44.0%

What does this mean to you? As you age, your risk of needing long term care may increase.¹ However; no one knows what the future will bring.

But planning now with TransCare® II will help assure that your hard-earned retirement savings are used for their original purpose – enjoying life when you retire.

¹American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

²Activities of Daily Living (ADLs) include: Bathing, Continenence, Dressing, Eating, Toileting and Transferring, as defined in the Policy.



Long Term Care insurance Now Instead of Later

You never know when you will have a long term care need, so having the security of a TransCare® II Long Term Care insurance Policy may help ease your mind. In addition, you may be able to save more by purchasing your Long Term Care insurance Policy at a younger age.

Two main determining factors in setting your initial Long Term Care insurance premium are your health and your age. And generally, the younger you are the more affordable the premium. You may also qualify for good health discounts at younger ages saving you even more money throughout the life of the Policy.

Why Buy a TransCare® II Long Term Care insurance Policy?

Simply put, long term care services are expensive. The 2010 national average cost of a private room in a nursing home is over \$80,000³ a year. But, beyond nursing home stays, other forms of long term care can be just as costly. The national average cost of an assisted living facility is almost \$38,000³ a year and home health care can cut into any budget with a national average cost of \$21.00³ per hour for a home health aide. You can easily see that the need for long term care may be an expensive risk that you should not ignore.

These costs are only expected to continue increasing. So ask yourself, if an extended illness or injury left you needing long term care services, how would you pay for your care? You could use TransCare® II Long Term Care insurance to help pay for these services.

³American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.



How TransCare® II Can Help

TransCare® II Long Term Care insurance can be an effective way to help protect your assets from the high cost of long term care, and it can also help preserve your freedom of choice.

An illness or condition that requires long term care services can be costly, and it may have a negative impact on your financial plan. TransCare® II Long Term Care insurance, can give you the added peace of mind knowing that you have taken steps to help protect your savings in the event you face a need for long term care services.

How TransCare® II Works

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. The Policy 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.

All you need to do is 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.*



Qualifying for Benefits

Like with other types of insurance, you have to qualify before you can receive 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.



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. The available benefits to custom-build a TransCare[®] II policy that best meets your needs are included throughout this brochure.

Maximum Daily Benefit

This is the amount that we will reimburse for each day of qualified care you receive. Choose an amount that you are comfortable with and feel will cover your anticipated care needs. If your care costs less than the Maximum Daily Benefit, the funds will remain in your Pool of Money to be used in the future. If your care costs more than the Maximum Daily Benefit, you will need to self-fund that amount when it occurs.

You can select your Maximum Daily Benefit from a range of [\$40 to \$500] per day. TransCare® II will pay the out of pocket charges you incur for qualified care, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving long term care services in a Long Term Care Facility, your Home or an Adult Day Care Center.

Please remember, inflation has caused long term care costs to increase over the years. If you do not plan to include inflation protection in your Policy, you may want to consider a higher initial Maximum Daily Benefit.

Pool of Money

Your Policy Maximum Amount is the total amount available to cover the cost of your long term care services. It is also known as your Pool of Money. You may choose a Policy Maximum Amount of between [\$14,600] [and] [\$1,095,000].

This Pool of Money can be used to cover your out of pocket expenses for covered services, subject to your chosen Maximum Daily Benefit. When you access benefits and use less than the Maximum Daily Benefit each day covered services are required, the remaining unused portion will remain in the Pool of Money.

Our Pool of Money approach can be an advantage to you because if you use less than the Maximum Daily Benefit when less services are needed, your benefits may last longer than you anticipated. You will have benefits available as long as you have funds in your Pool of Money.

Elimination Period

An Elimination Period is the number of days that you are responsible for paying the cost of covered Long Term Care services before your Policy begins to pay benefits.

TransCare® II offers the following Elimination Period options from which to choose:

- [[0]-day Elimination Period (eligible for benefits from day one)]
- [[30]-day Elimination Period]
- [[60]-day Elimination Period]
- [[90]-day Elimination Period]
- [[180] day Elimination Period]
- [[365] day Elimination Period]

Your Elimination Period is also cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.



Benefits included in Your Policy (Standard Benefits)

The following benefits are included in your TransCare® II Long Term Care insurance plan. These benefits are what make your TransCare® II Policy one of the best in the industry.

Cash Benefit

Take freedom of choice one step further with the Cash Benefit. Once you qualify for benefits, you can choose to receive your benefit payments in an amount equal to 10 times the Maximum Daily Benefit each month. The Cash Benefit is paid directly to you in lieu of all other benefits, except for the Optional Care Coordination Benefit.

And because the Cash Benefit does not have an Elimination Period, you will be eligible for this benefit from Day 1 of Benefit Eligibility. You can use this money in any way you see fit, such as paying for care by a family member. You do not have to submit receipts or prove care was received.

This benefit is not subject to nor does it satisfy the Elimination Period that may apply to other benefits. We must receive an updated Plan of Care at least once every 90 days.

Optional Care Coordination Benefit

Care Coordination is a standard benefit with your TransCare® II Policy; however it is your option to use the services of a Care Coordinator or not.

The need for long term care services can be a highly stressful situation for you and your family. Perhaps you live far away from loved ones or you're simply not sure of the care you need. There are many questions to be answered and important decisions to be made, such as:

- What type of care do I need?
- Where do I find a qualified provider?
- What other alternatives are available?

Although you do not have to use a Care Coordinator (except for the Remain at Home Benefit) to receive benefits from the Policy, the Care Coordinator can work with you to help:

- Develop your Plan of Care;
- Coordinate services under the Plan of Care;
- Reassess the Plan of Care as needed; and
- Provide a referral list of care providers from which you may choose to receive services, if needed.

Your Care Coordinator:

- Is a Licensed Health Care Practitioner;
- Is normally familiar with your community and the variety of resources and services available to you locally; and
- Focuses on helping you identify the care you need.

The Optional Care Coordination Benefit can 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.

For a Care Coordinator who is contracted and approved by Us, there is no charge to You for the covered services of a Care Coordinator. No amount will be subtracted from the Policy Maximum Amount.

For a Care Coordinator who is not contracted and approved by Us, the Optional Care Coordination Benefit is limited to \$2,500, any amount paid for such covered Care Coordination services will be deducted from the Policy Maximum Amount, and the Care Coordinator must be employed by a Care Coordination Agency and provide Care Coordination services.

The Optional Care Coordination Benefit is not subject to nor will it satisfy the Elimination Period. You will have access to a Care Coordinator from the first day of Benefit Eligibility.

Home Care and Adult Day Care Benefit

Let's face it - people may want to receive their care at home. [That's why TransCare® II has maximized the Home Care and Adult Day Care Benefit by adding an automatic 0-day Elimination Period to this benefit. The Home Care and Adult Day Care Benefit may allow you to stay at home for as long as possible. And because this type of care is generally less expensive than facility care, it may extend the life of your Policy.

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 Home Care, Home Health Care or Adult Day Care services. Home Care and Home Health Care services must be provided under a Plan of Care through a Home Care Agency in your home. Adult Day Care services must be provided by an Adult Day Care Center and received for at least 4 hours a day.

Remain at Home Benefit

The emphasis on home care in your TransCare® II Policy is even more evident with the Remain At Home Benefit. Your home may present challenges when you need long term care services. The Remain At Home Benefit can pay for the assistance you need to stay in your home. While you are living in your home, this benefit can be used to pay for the following Qualified Long Term Care Services:

- **Home Modification** – modifications to your home including: ramps, grab bars or similar accessibility modifications.
- **Caregiver Training for a Volunteer Caregiver** – allows your informal caregiver to receive Caregiver Training.
- **Therapeutic Device or Technology** – rental or purchase of therapeutic devices including: crutches, wheelchairs, hospital-style beds or infusion pumps.
- **Medical Alert System** – includes the rental or purchase of systems to monitor your health.

Services must be consistent with your care needs, provided under a Plan of Care and approved by one of our Care Coordinators. The Maximum Benefit for these services is 60 times your Maximum Daily Benefit. The Remain At Home Benefit is not subject, to nor will it satisfy the Elimination Period, and may be used even if you are receiving the Home Care and Adult Day Care Benefit. You will be eligible for benefits from the first day you receive covered services.

Respite Care Benefit

Care is quite often provided by a friend or family member who is volunteering his or her time to help you. However, sometimes your volunteer caregiver needs a vacation or time away from the stress of caregiving. The Respite Care Benefit can help. It pays out of pocket expenses, up to your Maximum Daily Benefit, for temporary confinements in a Long Term Care Facility, or care received in your Home, up to [XX] days per calendar year. The Respite Care Benefit is not subject to nor will it satisfy the Elimination Period.

Long Term Care Facility Benefit

You may not want to think about it, but you may reach a time when a Long Term Care Facility will provide the best care for your needs. After satisfying the Elimination Period, TransCare® II will pay for your out of pocket expenses, up to your Maximum Daily Benefit, for room, board and Qualified Long Term Care Services for each day you are an overnight bed patient in a Long Term Care Facility (not to exceed the cost of a one-bedroom unit).

Long Term Care Facility Bed Reservation Benefit

Sometimes it is necessary to temporarily leave your Long Term Care Facility. You may need overnight tests in a hospital setting or maybe you are well enough to travel. However, when you leave a Long Term Care Facility, you need to continue paying for your bed or it can be given to someone else. With the Long Term Care Facility Bed Reservation Benefit, after satisfying the Elimination period, we will pay for the out of pocket expenses, up to your Maximum Daily Benefit, for the room to be reserved while you are absent for any reason. This benefit is provided up to [XX] days in any one calendar year.

Global Coverage Benefit

Some families now live thousands of miles from one another and worldwide travel is more common than ever whether for business or vacation. That's why TransCare® II includes Global Coverage. In lieu of all other Policy benefits, the Global Coverage Benefit allows you to be anywhere in the world and have some coverage under your Long Term Care insurance Policy. If you are outside the 50 United States, District of Columbia or Canada, we will pay you for the out of pocket expenses for care or services that would otherwise be covered under your Policy. Please see your Outline of Coverage for details

Under the Global Coverage Benefit you have access to worldwide coverage of the following benefits for up to 365 days:

- Long Term Care Facility – pays up to 75% of your Maximum Daily Benefit.
- Home Care, Home Health Care and Adult Day Care – pays up to 75% of your Maximum Daily Benefit.
- Cash Benefit – pays a monthly benefit equal to 10 times the Maximum Daily Benefit
- Hospice – pays up to 75% of your Maximum Daily Benefit.

[Return of Premium to age 67

If you are under the age of 67 when you die, this benefit will pay a benefit to the beneficiary named on your application or to your estate (if no beneficiary is named) in the amount of premiums paid less claims paid. Only available to applicants under age 67. Premiums paid will exclude any waived premiums and will be accumulated without interest.]

Waiver of Premium Benefit[s]

Because you may not be able to work or your finances may be unavailable during a long term care need, TransCare® II has built in Waiver of Premium Benefit[s]. With the Waiver of Premium Benefits, you will no longer have to pay your premiums while you are receiving certain benefits under the Policy.

Waiver of Premium Benefit – Long Term Care Facility

You will no longer have to pay your premiums while you are receiving the Long Term Care Facility Benefit, Accident Benefit (if included in your Policy) or the Hospice Care Benefit.

In order to qualify, you must satisfy the requirement for Benefit Eligibility and have satisfied the Elimination Period. If benefits are added at the time of the Waiver of Premium, the premium for those added benefits must continue to be paid and will not be waived.

[Waiver of Premium Rider - Home Care and Adult Day Care

You will no longer have to pay your premium payments when you are receiving covered Home Care, Home Health Care or Adult Day Care or these services under the Accident Benefit Endorsement. You must satisfy the Elimination Period prior to receiving Waiver of Premium. We will stop waiving premium when you no longer qualify for this benefit. This benefit does not apply to the Global Coverage Benefit or the Cash Benefit [and is not available with single pay policies].]

[Waiver of Premium Rider - Cash Benefit

You will no longer have to pay your premium payments when you are receiving the Cash Benefit. After you qualify for the Cash Benefit, we will automatically change your Premium Paying Mode to monthly and not require the payment of the monthly premium. So, you will not only be eligible for benefits on day one, but also have premiums waived. We will stop waiving the premium when you no longer qualify for this benefit or you exhaust your Policy Maximum Amount. If you no longer qualify for this benefit, monthly premiums must then be paid as they come due. This Rider does not apply to the Global Monthly Cash Benefit or any other benefits other than the Cash Benefit and is not available with single pay policies.]

[Accident Benefit Endorsement

The unexpected is always a possibility. What if you have an accident that results in your need for Qualified Long Term Care Services? If an unexpected and unintentional physical event occurs resulting in you being certified as a Chronically Ill Individual needing Qualified Long Term Care Services, we will pay the out of pocket expenses for those services as a result of the Injury. You may be able to receive up to two times your Maximum Daily Benefit, not to exceed your out of pocket expenses; however, only one times the Maximum Daily Benefit will be deducted from your Policy Maximum Amount. All of the benefits of the Policy are available through the Accident Benefit except: the Cash Benefit, the Global Coverage Benefit, the Remain At Home Benefit and the Extension of Long Term Care Facility Benefit. Please see your Outline of Coverage for details.

The event must occur between your Effective Date and your 67th birthday and you cannot be currently eligible for benefits. You must be certified as a Chronically Ill Individual within 90 days of the Injury and must satisfy the Elimination Period, if applicable. A medical event such as a Stroke, Heart Attack or Seizure is not an Injury. This is true whether there was a diagnosis of an underlying medical condition or not and must be independent of and unrelated to any and all existing medical conditions.]

[Relocation Benefit Endorsement

Living in a mobile society has allowed us to secure the best jobs or live in the parts of the country that we like best. However, the result is that families are now spread across the country, and you may be hundreds or even thousands of miles away from your loved ones. Once you are Benefit Eligible, the Relocation Benefit Endorsement pays for your out of pocket expenses for the transportation costs of moving you 100 miles or more to the location where you will receive care. The Relocation Benefit Endorsement is available one time during your Policy and has a Maximum Benefit of 15 times your Maximum Daily Benefit. This benefit allows you to move closer to friends or family and spend more quality time with your loved ones at this time of need. It may also allow you to receive care in a place where care is less expensive. Limitations and Exclusions apply. See your Outline of Coverage for details.]

Alternate Plan of Care Benefit

In the future, there may be care and services available that we could not anticipate when your policy was issued. New methods for care are being established every year. That is why TransCare® II includes an Alternate Plan of Care Benefit.

This benefit gives Transamerica Life Insurance Company the ability to consider whether to cover alternate Qualified Long Term Care Services not otherwise expressly covered by this Policy.

The Alternate Plan of Care Benefit will not be paid when any other benefits for care or services are being provided under the Policy. Limitations and Exclusions apply. Please see your Outline of Coverage for details.

Hospice Care Benefit

Sometimes the end of life may be a prolonged process and Hospice Care may be the best option for you. For this reason, TransCare® II has included a Hospice Care Benefit.

If you have no reasonable prospect of cure and have a life expectancy of six months or less, we will pay the out of pocket expenses you incur up to the Maximum Daily Benefit for each day of care by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Care. Benefits for Hospice Care are not subject to nor will they be applied toward satisfaction of the Elimination Period. This benefit may be used even if you are receiving Optional Care Coordination or the limited Hospice Benefit under the Global Coverage Benefit. Please see your Outline of Coverage for details.

[Rate Guarantee

The TransCare® II Policy includes a [5]-year Rate Guarantee. See "A Word About Premium Rates" for information about our right to increase premiums.]



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 Rider^[4] | Additional premium required.

You never know what life may bring your way. Unforeseen circumstances can impact even the best laid plans. That's why we designed TransCare® II with a Shared Care Benefit Rider to help with the unexpected. It allows couples to share each other's long term care benefits should one exhaust their own benefits; thereby extending their long term care insurance protection. This valuable benefit helps increase your flexibility in an uncertain future.

For example, if you and your spouse/partner purchase identical policies with a Policy Maximum Amount of [\$273,750], should one of you exhaust your Policy Maximum Amount, that person can then access the other's Policy benefits with the spouse/partner's written permission.

What if both Policy Maximums are exhausted? If one member of the couple exhausts both Policy maximums, the remaining spouse/partner can purchase an additional two years of coverage^[5] with no additional underwriting required.

What happens if a member of the couple dies? 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.

The Shared Care Benefit Rider helps you and your spouse/partner be better prepared for a changing future. You may be more confident knowing that you have customized your coverage to provide even greater protection for you and your hard earned assets.

Under 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.

Return of Premium Upon Death Rider | Additional premium required.

With the Return of Premium Upon Death Rider, when you die the beneficiary named on your application or your estate (if no beneficiary is named) will receive a lump sum totaling your premiums paid less claims paid. This may allow your heirs to receive the premiums you paid over the life of the Policy. [Not available with the Shared Care Benefit Rider [or limited pay policies].]

[Monthly Benefit Rider | Additional premium required.

Because the charges for long term care services may vary from day-to-day, this option makes your Long Term Care Facility, Home Care, Home Health Care and Adult Day Care 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.]

Nonforfeiture Benefit - Shortened Benefit Period Rider Additional premium required.

The Nonforfeiture Benefit – Shortened Benefit Period Rider allows for your coverage to continue on a limited basis if it would have otherwise lapsed due to non-payment of premiums. Your Policy must have been in effect for at least 3 years before this Rider will pay benefits. This may allow you to still be eligible to receive benefits when you need them. See Outline of Coverage for details.

^[4]Available 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].]

^[5]An 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.

Benefit Increase Options (BIOs)

Long Term Care services can be expensive and inflation causes their cost to increase almost every year. This results in a decline in the purchasing power of your money. The TransCare® II Policy allows you to help meet future costs by including available Benefit Increase Options.

You can choose from the following:

- [The **Simple Benefit Increase Option Rider** [3%] [or] [5%] increases your benefit amounts each year by [3%] [or] [5%] of the original benefit amount. Your benefits will increase by the same amount each year. | *Additional premium required.*]
- The **Compound Benefit Increase Option Rider** [3%] [or] [5%] increases your benefit amounts each year by [3%] [or] [5%] of the current dollar amount. | *Additional premium required.*
- [The **Step-Rated Compound Benefit Increase Option Rider** [3%] [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%] [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 **Tailored Benefit Increase Option Rider** automatically steps down the inflation protection amount at different stages of your life. You will receive an initial 5% Compound Benefit Increase Option prior to age 61. Then a 3% Compound Benefit Increase Option between ages 61 and 75. There will be no more benefit increases after your 76th birthday. Ask your insurance agent/producer for details. | *Additional premium required.*]
- [With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option, without evidence of insurability, at a future date 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 continue to increase your Maximum Daily Benefit regardless of any claims paid. However, the increases to your Policy Maximum Amount will be 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.

[Additional Rate Guarantee | *Additional premium required.*

If you would prefer to guarantee that your rates stay the same for a longer period of time, you may be able to purchase an Additional Rate Guarantee. This extended guarantee helps protect your TransCare® II Policy against possible rate increases by allowing you to purchase an additional 5 years of Rate Guarantee. This will give you a total of 10 years with your rates guaranteed, since a 5 year rate guarantee is included in the policy.

[If you prefer your premium payments to stay the same for the life of your policy, there are two ways you can accomplish that:

[Choose the 10-Pay Limited Payment Plan and purchase the Additional Rate Guarantee, in which case your premiums will not increase over those 10 years.]

[If you are age 55-60 you may choose the Pay to 65 Limited Payment Plan and purchase an additional Rate Guarantee of 1-5 additional years (not to go beyond the age of 65), allowing you to guarantee rates up to the time the Policy is paid up.]]

We offer the Additional Rate Guarantee to help increase your confidence in your Policy. See “A Word About Premium Rates” for information about our right to increase premiums.]

[Joint Waiver of Premium Rider | *Additional premium required.*

When one member of a couple needs care, financial resources may be strained. The Joint Waiver of Premium ensures that when one member of the couple becomes eligible for the Waiver of Premium Benefit, both members have their premiums waived. This may allow the healthy member to devote more to the one in need of care. We will stop waiving premium when your spouse/partner no longer qualifies for the Waiver of Premium Benefit. Couples will need to have identical policies with Joint Waiver of Premium Riders attached. Please see your Outline of Coverage for details.]

[Full Restoration of Benefits Rider | *Additional premium required.*

The Full Restoration of Benefits Rider will help if you have a long term care need from which you recover. If you were receiving benefits and then recuperate and are no longer receiving Qualified Long Term Care Services nor are benefit eligible for a period of 180 consecutive days, all benefits that were paid, except for Global Coverage Benefits, will be restored to the remaining Policy Maximum Amount. Benefits will be restored only one time during the life of the Policy but will not apply if you have exhausted your Policy Maximum Amount. This allows you to restore your Policy to its original amounts and have those amounts available in the future. Limitations and Exclusions apply. See your Outline of Coverage for details.]



Long Term Care is a Family Matter

Some people rely on the informal care that can be provided by family and friends and children often fill the role of caregiver for their parents. Although this type of care may not have an immediate monetary cost that can be quantified, there are still costs associated with the emotional impact of caring for a loved one. And for many, this role can become too demanding.

Caregivers face challenges that affect not only their personal activities but also their work and career as well. If your children need to work to support their families, the role of caregiver may become even more burdensome. Some caregivers find that



they must adjust their work schedule to accommodate the additional responsibility of caregiving. Family caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working family caregivers can include lost time from work, lower productivity, and lower future earnings.

This may not only affect their finances now, but it may also diminish the amount of money they can set aside for their own retirement. Owning a TransCare® II Long Term Care insurance policy can lessen the burden of your children having to provide care for you. They may be able to assume more of an administrative role rather than be the primary caregiver. Let your loved ones offer help out of compassion rather than necessity.

Discounts

We have made buying TransCare® II Long Term Care insurance as affordable as possible by offering discounts that may be available to you. Discounts you receive when you are issued coverage will remain on your Policy, despite changes in your health.

Couples Discount^[6]

Couples may be eligible for a discount of up to [30%], as compared to standard individual rates. This discount is available to couples who apply^[6] for identical benefits.

Discount for Spouse/Partner Individuals Applying Alone

Individuals that are part of a couple, but applying for a TransCare® II Policy alone or applying for different coverage amounts, may be eligible for a discount of up to [15%], as compared to standard individual rates.

Preferred Health Discount

Individuals who have taken care of their health may be rewarded with a discount of up to [15%] off standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

Under 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.

[Payment Choices

With TransCare® II, you can choose how you will pay [for] your Policy [and for how long. Some people prefer to pay each year for the Lifetime of their Policy or until they receive Waiver of Premium. Others have different goals and may want to pay up their Policy before a certain time in their life by using one of our Limited Payment Options. The Payment Options you have available to you are:

- Lifetime
- [Pay to age 65 (Only pay until you turn 65. You must be under the age of 60 to select this payment option.)]
- [[10]-Pay (Pay for [10 years])]
- [[5]-Pay (Pay for [5 years])]
- [Single Pay (One payment of the entire premium gives you a paid up Policy)]
- [[XXX]-Pay (Pay for [XXX])]

With any of the Limited Payment Options, your premium payments may be higher than if you choose the Lifetime payment option. However, the number of years you pay premiums can be less. Your insurance agent/producer can give you more information about your payment choices.

You also have the choice of how often to pay your] premiums. You can select from the following:

- Annually (once a year)
- Semi-Annually (two times per year)
- Quarterly (four times per year)
- Monthly (twelve times per year)
- [XXXX]

Premiums will vary based upon your premium payment choice. The more often you pay, the higher your total premium amount may be per year. All premium selections are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.]

^[6]Must apply in good faith for identical benefits. Changes in benefit levels due to underwriting may result in the discount being reduced to [15%] for one or both members of the couple.

General Exclusions and Limitations

This Policy and any Rider(s) or Endorsement(s) attached to it will not pay benefits when you are eligible for confinement, care or services:

- (1) resulting from alcoholism or drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
- (2) resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
- (3) due to participation in a felony, riot or insurrection;
- (4) for which no charge is normally made in the absence of insurance;
- (5) received outside the fifty (50) United States and the District of Columbia, or Canada; or
- (6) performed by a member of Your Immediate Family. Your Immediate Family member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

We will not pay for any confinement, care or service that is not included in Your Plan of Care. We will not pay for anything that is prohibited by state or federal law, including any law governing economic and trade sanctions.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit. This exclusion also will not apply to the Cash Benefit if received under the Global Coverage Benefit.

The exclusion regarding confinement, care or services received outside the fifty (50) United States and District of Columbia, or Canada will not apply to the Global Coverage Benefit.

Nonduplication of Coverage

This Policy will not pay benefits when confinement, care or services are:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid);
4. for services or items available or paid under another long term care insurance or health insurance policy; or
5. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

except to the extent that your out of pocket expenses exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

Substandard Rated Policies

The following are not available for a substandard rated policy: Waiver of Premium Rider – Cash Benefit, Waiver of Premium Rider – Home Care and Adult Day Care, Joint Waiver of Premium Rider, Return of Premium Upon Death Rider and Accident Benefit Endorsement.

Policy Termination

Your policy will not cancel or otherwise end because of your age or changes in your health. However, your Policy and all its benefits will end on the earliest of the following: the date the Policy lapses; the date of your death; the date the Policy Maximum Amount has been exhausted; our receipt of your written request to cancel this Policy.



30-day Right to Review

You have 30 days from the day you receive this Policy to review it and return it to Us or your insurance agent/producer. If you are not satisfied with your Policy for any reason, you may return it to Us within 30 days of delivery to you for a full return of premium.

Word About Premiums

The Policy allows the company to adjust premiums as needed, with prior approval if required by the Interstate Insurance Product Regulation Commission and/or 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.

Grace Period

You have a Grace Period of 65 days to pay each premium after the initial premium. If your premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your Policy will remain in effect during this Grace Period and will not lapse until 35 days after the date on the notice we have mailed to you and, if so designated, the third party.

Disclaimers

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 TLC 2-PAR 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.

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.

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 300,000^[7] 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.*

TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

Individual Long Term Care Insurance

II

^[7]Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

Transamerica Life Insurance Company

Home Office:
Cedar Rapids, Iowa

Administrative Office:
P.O. Box 95302
Hurst, Texas 76053-5302



TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

Individual Long Term Care Insurance

II

TLC PPT1 CMR TC2 AR 0712

 **TRANSAMERICA**
LIFE INSURANCE COMPANY

A solid financial plan, hard work and saving for your future are key to helping you achieve your retirement goals. However, even the best laid plans can go wrong. Why? An unforeseen long term care event could seriously impact how you achieve your goals and may deplete your savings and investments.

[As an Employee,]TransCare® II Long Term Care insurance, underwritten by Transamerica Life Insurance Company, is now available to you. In the next few minutes, you will learn more about the valuable product available to you. [If you have any questions, contact information will be provided at the end of this presentation.]

What if...?

...something happened and you were no longer able to do the things that you do every day?

...an illness caused you to lose your ability to perform Activities of Daily Living?*

...a disease resulted in severe cognitive impairment?

...professional care would cost \$38,000 to \$80,000 a year, depending on the amount of care you need?

*Activities of Daily Living (ADLs) include: Bathing, Continenence, Dressing, Eating, Toileting and Transferring.

**American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

What if something happened and you were no longer able to do the things that you do every day?

What if an illness caused you to lose your ability to perform Activities of Daily Living?

What if a disease resulted in severe cognitive impairment?

What if professional care would cost \$38,000 to \$80,000 a year, depending on the amount of care you need?

Who would care for you? Where would you get the money?

For these reasons, you need someone you can trust to help you plan for the unexpected. Including TransCare® II Long Term Care insurance in your financial planning can be an effective way to help protect your savings and lifestyle.

Failing to Plan is Planning to Fail

<i>What Are Your Chances? After you reach the age of 65...</i>	<i>For Women</i>	<i>For Men</i>
Major House Fire*	2.6%	2.2%
Severe Car Accident*	18.0%	15.5%
Becoming ADL** Deficient or Cognitively Impaired*	72.0%	44.0%

*American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook

**Activities of Daily Living (ADLs) include: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

People today plan for unexpected events by purchasing homeowner's and automobile insurance. They consider it a part of sensible planning. Preparing for a long term care need is just as important, especially when you consider the following: after the age of 65, the chance of becoming deficient in performing Activities of Daily Living or becoming cognitively impaired is 72% for women and 44% for men. What does this mean to you? As you age, your risk of needing long term care may increase. However, no one knows what the future will bring. Planning now with TransCare® II will help assure that your hard-earned retirement savings are used for their original purpose – enjoying life as you age.

Cost of Care: A Comparison

2011 Averages	Cost*
Semi-Private Room Nursing Home	[\$209]/day
Private Room Nursing Home	[\$233]/day
Assisted Living [or Long Term Care] Facility	[\$3,350]/month
Home Health Aide	[\$21]/hour
Homemaker Services	[\$19]/hour
Adult Day Health Care	[\$69]/day

*American Association for Long-Term Care Insurance, 2012 AALTCI Sourcebook.

The 2009 national average cost of a private room in a nursing home is about \$[85,000] a year. Beyond nursing home stays, other forms of long term care can be just as costly. The national average cost of an assisted living facility is about \$[40,000] a year, and home health care can cut into any budget with a national average cost of \$[21.00] per hour for a home health aide.

You can easily see that the need for long term care may be an expensive risk that you should not ignore. These costs are only expected to continue increasing. So ask yourself, if an extended illness or injury left you needing long term care services, how would you pay for your care? By purchasing a Policy, you could use TransCare® II Long Term Care insurance to help pay for these services.

Individual Long Term Care Insurance

Comprehensive Coverage

Competitive Premium Rates

[Reduced Underwriting Procedures*]

[* Available to eligible individuals]

An unforeseen long term care event could seriously impact how you achieve your goals and may deplete your savings and investments. In today's ever-changing environment, you need someone to help you prepare for the unexpected. With TransCare® II you get comprehensive coverage with benefit increase options at rates that may be surprisingly affordable to you [and reduced underwriting requirements that may make it easier and quicker for you to obtain coverage]. TransCare® II helps provide you with the protection you need for life's unexpected events while also giving you the flexibility to customize a Long Term Care insurance Policy that can fit your needs, not only now, but also in the future.

Why TransCare® II?

- The need for long term care can happen at any time – no matter what your age
- Long term care can be expensive
- Helps protect retirement savings
- May relieve your family from the burden of caring for you
- Helps protect your freedom of choice

"This is too important an issue to overlook"

– Joan S., TX

TransCare® II is designed to give you the comprehensive coverage you need should you require long term care services.

Once you purchase TransCare® II it will be there should you ever need long term care no matter what your age.

TransCare® II will be there to help cover the high cost of long term care and help you preserve your retirement savings.

With TransCare® II, family and friends may not face the need of caring for you.

And you have more control over the type of care you receive and where you receive it.

Comprehensive Coverage: At A Glance

- **Home Care and Adult Day Care**
- **Respite Care**
- **Remain at Home Benefit**
 - Home Modifications
 - Caregiver Training for a Volunteer Caregiver
 - Therapeutic Devices or Technology
 - Medical Alert System
- **Long Term Care Facilities**
 - Assisted Living Facilities
 - Nursing Homes

TransCare® II Long Term Care insurance includes benefits for a range of long term care services. Because many people are served best in the comfortable surroundings of their own homes, TransCare® II covers a variety of home care needs, including Adult Day Care and Respite Care. A Remain at Home Benefit can be used to pay for home modifications like ramps or grab bars, training for a volunteer caregiver, therapeutic devices or technology like wheelchairs or hospital-style beds, and a medical alert system. Of course, coverage also includes care in a Long Term Care Facility if that type of care is necessary.

Reduced Underwriting Procedures

- Available to eligible [employees/members]
- Limited medical questions if applying for standard coverage
- [Premium payments paid through [payroll deduction]]

[Because you are a[n] [Employee], you may be eligible for Reduced Underwriting Procedures. With Reduced Underwriting Procedures, you will only have to complete certain sections of the application for coverage. This allows your policy to be issued faster. [Additionally, you may also pay your premiums through the convenience of payroll deduction.] Other eligible individuals such as spouses/partners, parents, in-laws, siblings and other extended family members will need to complete the entire application and undergo full underwriting.]

Example of a Standard Benefit

A benefit included in your TransCare® II Policy Care Coordination and Your Care Coordinator

- Assesses your care needs
- Establishes a Plan of Care
- Monitors your progress and makes changes to the plan of care
- Approves Remain at Home Benefit
 - Home modifications
 - Therapeutic device or technology
 - Medical alert system
 - Caregiving training for a volunteer caregiver

The need for long term care services can be a highly stressful situation for you and your family. Perhaps you live far away from loved ones or you are simply not sure of the care you need. There are many questions to be answered and important decisions to be made, such as:

- What type of care do I need?
- Where do I find a qualified provider?
- How much will the services cost?
- What other alternatives are available?

A Care Coordinator is a Licensed Health Care Practitioner who is familiar with your community and the variety of resources and services available to you. You may use them to help you identify the care you need by establishing a Plan of Care and finding care providers from which you may choose to receive services, if needed. Since TransCare® II emphasizes remaining at home for as long as possible, your care coordinator can also help determine what you need to be able to do so. Using one of our listed Care Coordinators is required in order to access the Remain at Home Benefit.

Example of an Optional Benefit

Shared Care Benefit Rider*

- Couples** can share each other's long term care benefits should one exhaust their own benefits
- You and your spouse/partner must purchase and maintain identical policies
- Maximizes long term care protection
- Increases flexibility in an uncertain future

*Couples must be issued and maintain identical benefits.

**The term "spouse/partner" and "couple" may include married persons, domestic partners and/or civil union partners.

You never know what life may bring your way. Unforeseen circumstances can impact even the best laid plans. That's why we designed TransCare® II's Shared Care Benefit Rider to help with the unexpected. It allows couples to share each other's long term care benefits should one exhaust their own benefits, thereby maximizing their long term care protection. This valuable benefit helps increase your flexibility in an uncertain future.

For example, let's say that you and your spouse/partner purchase and maintain identical coverage with a Policy Maximum Amount of [\$250,000] each. Should one of you exhaust your Policy Maximum Amount, that person can then access the other's Policy benefits with the spouse/partner's written permission.

Overview

- Discount[s] for you, [and] your spouse[, and all eligible family members]
- Comprehensive coverage with
 - Long Term Care Facilities
 - Home Care and Adult Day Care
 - Shared Care
- Convenient payment plans
- [Reduced Underwriting Procedures]

“Knowing that the insurance was there...helped tremendously.”

– Connie E., TX

In summary, [by purchasing TransCare® II [through the [Employee VIP Program] you and your family members will receive [up to a 10%] discount[s] off of standard premium rates.] [T]here is up to a [30%] discount for married couples and domestic partners who are issued and maintain identical benefits. For couples that are not applying together or not requesting identical benefits, there is up to a [15%] discount for that member of the couple.

Individuals who have maintained their health may be rewarded with a discount of up to [10%] as compared to standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

Additionally, with TransCare® II you will receive a comprehensive product that gives you more control over your care and the ability to customize a policy to meet your future needs. [Because of the Reduced Underwriting Procedures available to eligible employees your policy may be issued more quickly.]

An Example: Deb & Mike

- Identical Policies
- Shared Care Benefit Rider
- Care at Home
- Long Term Care Facility, when necessary
- Used their retirement for its purpose—

Living Life



[Debbie] [and] [Mike] were [48] and [52] when they began to really look at their retirement and financial future. At this stage in their lives, both of their children were in college in other states, and they started looking forward to retirement. They also wanted to be prepared for the unexpected so they purchased identical [\$250,000] TransCare® II policies from Transamerica Life Insurance Company. [Their policies included the Shared Care Benefit Rider.]

At age [72], [Mike] was diagnosed with Alzheimer's disease and after qualifying for benefits, his Long Term Care insurance Policy paid for [Debbie] to receive caregiver training and covered his Home Health Care so [Debbie] would have additional help caring for [Mike]. Because TransCare® II emphasizes care at home, the Policy helped pay to have the required care that [Mike] needed in the comfort of his own home. It also provided for the additional Long Term Facility care that he needed as the disease advanced.

Throughout [Mike's] illness, [Debbie] was able to use their retirement savings for its intended purpose – living life – because they purchased a TransCare® II Policy. [Mike's] required care cost almost [\$200,000] before he passed away. [Upon his death, he had a [\$50,000] Policy Maximum Amount remaining. Because they purchased the Shared Care Benefit Rider, the balance of his Policy Maximum Amount transferred to [Debbie's] Policy without increasing her current premium.]

Learn More

To learn more about long term care and long term care insurance, [attend an insurance sales seminar and enrollment meeting] [or] [contact:]

[Agent/Producer Name]

[(XXX) XXX-XXXX]

**[Enrollment Seminar
Date/Time/Room]**

*A licensed agent will be
available to answer your questions.*

This is an individual Long Term Care Insurance policy underwritten by Transamerica Life Insurance Company. Policy TLC 2-P AR 0410. Qualifying for benefits is required. Exclusions and limitations apply. Premiums and benefits vary depending upon plan selected. Home Office: Cedar Rapids, Iowa; Administrative Office: PO Box 95302, Hurst, Texas 76053-5302.



We understand that this is a lot of information to consider. We encourage you to discuss these things with your family and friends and figure out what works best for you.

If you would like greater detail, a licensed Long Term Care insurance agent/producer will be happy to answer questions that you may have. [Or learn more in person by attending an insurance sales seminar and enrollment meeting [on month xx, xxxx in Room XXXXX at XX:XX x.m.]]. The information provided in this presentation is a general overview of long term care.



Transamerica Life Insurance Company]

Long Term Care Insurance Quote

Prepared For: [Client 1 First and Last Name 1]
[Client 2 First and Last Name 2]
[Client Street 1]
[Client Street 2]
[Client City, State, ZIP Code]

Provided By: [Insurance Agent/Producer Name]
[Agency Name, if any]
[Agency Street 1]
[Agency Street 2]
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]
[Fax: (XXX) XXX-XXXX]
[Email: XXXXXXXXXXXXX]
[Insurance LIC #: XXXXXXXX]

Transamerica Life Insurance Company

Home Office

Cedar Rapids, IA

Administrative Office

[P.O. Box 95302]
[Hurst, TX 76053-5302]
[(866) 478-5209]

**This quote is valid for [90] days from the date below
if your age does not change.**

TRANSAMERICA LIFE INSURANCE COMPANY

[

TransCare® II Illustration

Prepared for:

[Client 1 First and Last Name] [and Client 2 First and Last Name]

Thank you for taking the time to consider this opportunity to help protect you and your family from the financial risks of long term care. TransCare® II is designed with you in mind. Long Term Care insurance is a financial planning tool that may help you safeguard key foundational elements of your lifestyle, including financial security, dignity, and freedom of choice.

Your TransCare® II Long Term Care insurance quote includes the following benefits: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, [XX] year Rate Guarantee [and] [Accident Benefit,] [Relocation Benefit,] [Deferred Benefit Increase Option] [Guaranteed Purchase Option [Waiver of Premium Rider – Home Care/Adult Day Care] [Waiver of Premium Rider – Cash Benefit].

[The premiums shown in this illustration include:

- A[n] [Title] discount of [XX]%.
- A[n] [Title] discount of [XX]%.
- A[n] [Title] discount of [XX]%.

Illustration Details	[Client 1 FName]	[Client 2 FName]
Age	[XX]	[XX]
State	[State]	[State]
Rate Classification	[Class]	[Class]
Status	[XXXXXXXX]	[XXXXXXXX]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]
[Estimated Benefit [Days/Years]	[XXXXX]	[XXXXX]
Facility Elimination Period	[XXX] Days	[XXX] Days
Home Care and Adult Day Care Elimination Period	[XXX] Days	[XXX] Days
Base Plan Premium	[\$Prem Amt]	[\$Prem Amt]
[Optional Benefits (Additional Premium Required)]		
[Shared Care Benefit Rider*]	[\$Prem Amt]	[\$Prem Amt]
[Monthly Benefit Rider]	[\$Prem Amt]	[\$Prem Amt]
[Full Restoration of Benefits Rider]	[\$Prem Amt]	[\$Prem Amt]
[Joint Waiver of Premium Rider]	[\$Prem Amt]	[\$Prem Amt]
[Survivorship Rider]	[\$Prem Amt]	[\$Prem Amt]
[Full Survivorship Rider]	[\$Prem Amt]	[\$Prem Amt]
[Return of Premium Upon Death Rider]	[\$Prem Amt]	[\$Prem Amt]
[Nonforfeiture Benefit Rider]	[\$Prem Amt]	[\$Prem Amt]
[Full] [X%] [Title] Benefit Increase Option Rider]	[\$Prem Amt]	[\$Prem Amt]
[Additional Rate Guarantee	[XX] Days]	[XX] Days]
[Optional Benefits Subtotal]	[\$Prem Amt]	[\$Prem Amt]
Total [XXXXXXXX] Premium	[\$Prem Amt]	[\$Prem Amt]
[Total Combined [XXXXXXXX] Premium	[\$Prem Amt]]

TRANSAMERICA LIFE INSURANCE COMPANY

Premium Payment Period	Premium Amounts	[Premium Amounts]
[Lifetime Pay*[*]:]		
Annual	[\$Prem Amt]	[\$Prem Amt]
Semi Annual	[\$Prem Amt]	[\$Prem Amt]
Quarterly	[\$Prem Amt]	[\$Prem Amt]
Monthly	[\$Prem Amt]	[\$Prem Amt]]
[[Limited Pay*[*]:]		
[Title]:		
Annual	[\$Prem Amt]	[\$Prem Amt]
Semi Annual	[\$Prem Amt]	[\$Prem Amt]
Quarterly	[\$Prem Amt]	[\$Prem Amt]
Monthly	[\$Prem Amt]	[\$Prem Amt]]
[Single Premium	[\$Prem Amt]	[\$Prem Amt]]
Payment Required with Application	[\$Prem Amt]	[\$Prem Amt]
[Total Combined Payment Required with Application	[\$Prem Amt]]	

[This quote may meet requirements for your state’s partnership program, if the state in which you reside at time of your application maintains a partnership program. You must apply for the policy approved by the state in which you reside. Please see your insurance producer/agent for details.]

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

[*The Shared Care Benefit Rider and associated premiums are only applicable to couples when both are issued and maintain identical benefits.]

[] Bank Draft is available for all payment modes. Payroll Deduction may be available for worksites.

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TRANSAMERICA LIFE INSURANCE COMPANY

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Optional Coverage Designs

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the [Deferred Benefit Increase Option][Guaranteed Purchase Option] will be included in your Policy.

Name:	[Client 1 First and Last Name]	Premium Payment Period:	[Title]
Age:	[XX]	Benefit Increase Option:	[Title]
Rate Classification:	[Class]	Optional Benefits:	[Title]
Maximum Daily Benefit:	[\$Max Amt]		[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
[Estimated Benefit [Days/Years]	[XXXXX]]		[Title]
Facility Elimination Period:	[XXX] Days		[Title]
Home Care, Adult Day Care Elimination Period:	[XXX] Days		[Title]

POLICY MAXIMUM AMOUNT							
BENEFIT INCREASE OPTION	FACILITY ELIMINATION PERIOD	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[UNLIMITED]
		[ANNUAL/SINGLE] PREMIUM					
[DEFERRED*]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [SIMPLE]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [COMPOUND]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [STEP RATED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [TAILORED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]

[*Rates are subject to change upon your election of future benefit increase offers.]

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.]

TRANSAMERICA LIFE INSURANCE COMPANY

[

Optional Coverage Designs

Premium rates of different plans are based on the Long Term Care insurance benefits selected in the original illustration. If you do not elect any optional Benefit Increase Option, the [Deferred Benefit Increase Option][Guaranteed Purchase Option] will be included in your Policy.

Name:	[Client 1 First and Last Name]	Premium Payment Period:	[Title]
Age:	[XX]	Benefit Increase Option:	[Title]
Rate Classification:	[Class]	Optional Benefits:	[Title]
Maximum Daily Benefit:	[\$Max Amt]		[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
[Estimated Benefit [Days/Years]	[XXXXXX]		[Title]
Facility Elimination Period:	[XXX] Days		[Title]
Home Care, Adult Day Care Elimination Period:	[XXX] Days		[Title]

POLICY MAXIMUM AMOUNT

BENEFIT INCREASE OPTION	FACILITY ELIMINATION PERIOD	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[Unlimited]
		[ANNUAL/SINGLE] PREMIUM					
[DEFERRED*]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [SIMPLE]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [COMPOUND]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [3%/5%] [STEP RATED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[FULL] [TAILORED]	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
	[XX] DAYS	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]

[*Rates are subject to change upon your election of future benefit increase offers.]

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

]

TRANSAMERICA LIFE INSURANCE COMPANY

[

Benefit Increase Schedule

This is intended to show how your TransCare® II Long Term Care daily benefit and maximum benefit will increase due to the effect of the Benefit Increase Option you selected. This includes the illustration details and other optional benefits you selected in the original illustration.

Name:	[Client 1 First and Last Name]	Premium Payment Period:	[Title]
Age:	[XX]	Benefit Increase Option:	[Title]
Rate Classification:	[Class]	Optional Benefits:	[Title]
Maximum Daily Benefit:	[\$Max Amt]		[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
[Estimated Benefit [Days/Years]	[XXXXX]		[Title]
Facility Elimination Period:	[XXX] Days		[Title]
Home Care, Adult Day			[Title]
Care Elimination Period:	[XXX] Days		

AGE	MAXIMUM DAILY BENEFIT	POLICY MAXIMUM AMOUNT	ANNUAL PREMIUM
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]

These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.

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]

TRANSAMERICA LIFE INSURANCE COMPANY

[

Benefit Increase Schedule

This is intended to show how your TransCare® II Long Term Care daily benefit and maximum benefit will increase due to the effect of the Benefit Increase Option you selected. This includes the illustration details and other optional benefits you selected in the original illustration.

Name:	[Client 1 First and Last Name]	Premium Payment Period:	[Title]
Age:	[XX]	Benefit Increase Option:	[Title]
Rate Classification:	[Class]	Optional Benefits:	[Title]
Maximum Daily Benefit:	[\$Max Amt]		[Title]
Policy Maximum Amount:	[\$Pol Max]		[Title]
[Estimated Benefit [Days/Years]	[XXXXX]]		[Title]
Facility Elimination Period:	[XXX] Days		[Title]
Home Care, Adult Day Care Elimination Period:	[XXX] Days		[Title]

AGE	MAXIMUM DAILY BENEFIT	POLICY MAXIMUM AMOUNT	ANNUAL PREMIUM
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]
[XX]	[\$Max Amt]	[\$Pol Max]	[\$Ann Amt]

These calculations assume that the premiums have not changed and you purchase the amounts in the original illustration.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

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TRANSAMERICA LIFE INSURANCE COMPANY

Illustration Disclaimer

This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. Please see the Outline of Coverage or sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased. Premium and benefit amounts will vary, depending upon your age at application and the plan selected. The actual Premiums may differ as a result of any applicable discounts. Premiums also vary based upon whether you pay annually, semi-annually, quarterly or monthly. Please note that the more often you pay, the higher your total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect the actual premium.

Grace Period

There is a Grace Period of 65 days to pay each premium after the initial premium. If premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to the insured and, if so designated, to a third party. Policy will remain in effect during the Grace Period and will not lapse until 35 days after the date on the notice we have mailed to the insured and, if so designated, the third party.

Policy

Policy **TLC 2-P XX 0410** is an individual tax-qualified long term care insurance policy designed to meet federal standards, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance.

[Partnership Policies

The coverage advertised may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard.' Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have questions about the availability of this Program in your state, please contact the company or your state insurance department.

The insured's state of residence is responsible for the asset protection partnership program. The partnership program and requirements for asset protection are determined by the state in which the insured resides at the time of application for long term care insurance. If an insured moves to another state, they may not have asset protection through any partnership program.]

A Word About Premium Rates

The Policy is Guaranteed Renewable which means the company may adjust premiums as needed, with prior regulatory approval if required by the state Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single out an insured for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel the Policy as long as premium is paid on a timely basis.



Long Term Care Insurance Quote

Prepared For: [Client 1 First and Last Name 1]
[Client 2 First and Last Name 2]
[Client Street 1]
[Client Street 2]
[Client City, State, ZIP Code]

Provided By: [Producer/Agent Name]
[Agency Name, if any]
[Agency Street 1]
[Agency Street 2]
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]
[Fax: (XXX) XXX-XXXX]
[Email: XXXXXXXXXXXXX]
[Insurance LIC #: XXXXXXXX]

Transamerica Life Insurance Company

Home Office
Cedar Rapids, IA

Administrative Office
[P.O. Box 95302]
[Hurst, TX 76053-5302]
[(866) 478-5209]

**This quote is valid for [90] days from the date below
if your age does not change.**

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® II

Prepared For: [Name Applicant 1 [and Applicant 2]]

Thank you for taking the time to consider this opportunity to help protect you and your family from the financial risks of long term care. TransCare® II is designed with you in mind. Long Term Care insurance is a financial planning tool that may help you safeguard key foundational elements of your lifestyle, including financial security, dignity, and freedom of choice.

Your TransCare® II Long Term Care insurance quote includes the following benefits: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, [XX] year Rate Guarantee, [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option] [Waiver of Premium – Home Care and Adult Day Care] [Waiver of Premium – Cash Benefit].

Applicant 1 (Appl 1)

Age [55]
Rate Classification [Class]

[[Applicant 2 (Appl 2)]

[Age] [60]
Rate Classification [Class]

Plan Options	[Base Plan]	[Plan X]	[Plan X]
Payment Mode	[XXX]	[XXX]	[XXX]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]
[Maximum Benefit Period	[XX Years]	[XX Years]	[XX Years]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]
[Facility] Elimination Period	[XXX] Day[s]	[XXX] Day[s]	[XXX] Day[s]
[Home Care, Adult Day Care Elimination Period	[XXX] Day[s]	[XXX] Day[s]	[XXX] Day[s]
Status	[Status]	[Status]	[Status]
[Discount Program	[Discount]	[Discount]	[Discount]
Premium Payment Period	[Period]	[Period]	[Period]
Benefit Increase Option	[Deferred]	[3% Compound]	[5% Compound]
[Shared Care Benefit Rider*:	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Joint Waiver of Premium	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Return of Premium upon Death	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Full Restoration of Benefits	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Monthly Benefit	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Nonforfeiture Benefit	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Additional Rate Guarantee]	[XX] Years	[XX] Years	[XX] Years]
 [Appl 1 Base Premium	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Appl 1 Optional Benefits Premium	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
 [Appl 2 Base Premium	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
[Appl 2 Optional Benefits Premium	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]
 [Total Combined [Modal] Premium	[Prem Amt]	[\$Prem Amt]	[\$Prem Amt]]
 [Total Combined Payment Required with Application	[Prem Amt]	[\$Prem Amt]	[\$Prem Amt]]

TRANSAMERICA LIFE INSURANCE COMPANY

This quote may meet requirements for your state's partnership program, if the state in which you reside at time of your application maintains a partnership program. You must apply for the policy approved by the state in which you reside. Please see your insurance producer/agent for details.

This is only a quote, not a contract. Final premium are subject to underwriting approval. The Schedule Page of your Policy will reflect the actual premium. Premium and benefits may vary, depending upon your age at application and the plan selected.

*The Shared Care Benefit Rider and associated premiums are only applicable to couples when both are issued and maintain identical benefits.

]

TRANSAMERICA LIFE INSURANCE COMPANY

Illustration Disclaimer

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Grace Period

There is a Grace Period of 65 days to pay each premium after the initial premium. If premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to the insured and, if so designated, to a third party. The Policy will remain in effect during this Grace Period and will not lapse until 35 days after the date on the notice we have mailed to the insured and, if so designated, the third party.

Policy

Policy TLC 2-P AR 0410 is an individual tax-qualified long term care policy designed to meet federal standards, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance.

Partnership Policies

The coverage advertised may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard.' Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have questions about the availability of this Program in your state, please contact the company or your state insurance department.

The insured's state of residence is responsible for the asset protection partnership program. The partnership program and requirements for asset protection are determined by the state in which the insured resides at the time of application for long term care insurance. If an insured moves to another state, they may not have asset protection through any partnership program.

A Word About Premium Rates

The Policy is Guaranteed Renewable which means the company may adjust premiums as needed, with prior regulatory approval if required by the state Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single out an insured for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel the Policy as long as premium is paid on a timely basis.

]



Long Term Care Insurance Proposal

Prepared For: [Company Representative Name]
[ABC Company]
[Company Street 1]
[Company Street 2]
[Company City, State, ZIP Code]

Provided By: [Agent/Insurance Producer Name]
[Agency Name]
[Agency Street 1]
[Agency Street 2]
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]
[Fax: (XXX) XXX-XXXX]
[Email: XXXXXXXXXXXXX]
[Insurance LIC #: XXXXXXXX]

Proposal Date: [Date]

Transamerica Life Insurance Company

Home Office

Cedar Rapids, IA

Administrative Office

[P.O. Box 95302]

[Hurst, TX 76053-5302]

[(866) 478-5209]

**This proposal is valid for [90] days from the date below
If your age does not change.**

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC Company]

Some Plan Highlights:

Eligibility: Eligible [employees/members] [and family members] will be defined by agreements between the [employer/association] and Transamerica Life.

Underwriting: Underwriting classification will be determined following receipt of a Signed Service Group Request detailing plan design, group size, [High Potential Employee (HPE) Analysis] and other required information. For case approval, a written implementation memo must be issued.

Discounts: [Title] [XX%]
[Title] [XX%]
[Title] [XX%]

Policy: Individual Long Term Care Insurance

Product Highlights:

Maximum Daily Benefit [\$40 - \$400] [or] [Unlimited] for Long Term Care Facility, Home Care, Adult Day Care, Respite Care, Hospice Care.

Policy Maximum Amount This is the total dollar amount the policy will pay in benefits.

Estimated Benefit [Days/Years] [XXXXX]. This is the amount of time the Policy Maximum Amount will last if the Maximum Daily Benefit is paid each day.

Cash Benefit policyholder This benefit is paid in lieu of other policy benefits, and may be used in any way that the Policyholder sees fit.

Facility Elimination Period [XX] Day[s]

Home Care, Adult Day Care Elimination Period] [XX] Day[s]

Rate Guarantee [XX] Years

Benefit Increase Option (BIO) Will be defined by agreements between the [employer/association] and Transamerica Life.

Optional Benefits (additional premium required):

[Shared Care Benefit Rider*]
[Monthly Benefit Rider]
[Full Restoration of Benefits Rider]
[Waiver of Premium Rider – Home Care/Adult Day Care]
[Waiver of Premium Rider – Cash]
[Joint Waiver of Premium Rider]
[Survivorship Rider]
[Full Survivorship Rider]
[Return of Premium Upon Death Rider]
[Nonforfeiture Benefit Rider]
[XXXX Benefits]
[Full] [X%] [Title] Benefit Increase Option Rider

This quote may meet requirements for certain state partnership programs, if the state in which the insured resides at time of application maintains a partnership program. The insured must apply for the policy approved by the state in which they reside. Please see the insurance producer/agent for details.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium. Premium and benefits may vary, depending upon age at application and the plan selected.

[*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC Company]

This Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, [XX] year Rate Guarantee [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option].

[The premiums shown in this illustration include: A[n] [Title] discount of [XX]%, a[n] [Title] discount of [XX]%. [and] a[n] [Title] discount of [XX]%.]

Illustration Details	Base Plan
State	Arkansas
Rate Classification	[Class]
Maximum Daily Benefit	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]
Estimated Benefit [Days/Years]	[XXXXX]
[Facility]Elimination Period	[XXX] Days
[Home Health Care, Adult Day Care Elimination Period	[XXX] Days]
Premium Payment Period	[Period]
[Benefit Increase Option	[Title]]
Premium Subtotal	[\$XXX]
Optional Benefits (Additional Premium Required)	
[Title][*]	[\$XXX]
[Title]	[\$XXX]
[Title]	[\$XXX]
Optional Benefits Subtotal	[\$XXX]
Annual [ABC Company] Contribution	[\$XXX]
Total [Modal] Premium	[\$XXX]
Total [Employer] [Modal] Premium	[\$XXX]

This quote may meet requirements for your state’s partnership program, if the state in which you reside at time of your application maintains a partnership program. You must apply for the policy approved by the state in which you reside. Please see your insurance producer/agent for details.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium. Premium and benefits may vary, depending upon age at application and the plan selected.

[*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC Company]

This Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, [XX] year Rate Guarantee [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option]

[The premiums shown in this illustration include: A[n] [Title] discount of [XX]%, a[n] [Title] discount of [XX]%. [and] a[n] [Title] discount of [XX]%.]

Illustration Details	Base Plan	[Plan X]	[Plan X]	[Plan X]
State	Arkansas	Arkansas	Arkansas	Arkansas
Rate Classification	[Class]	[Class]	[Class]	[Class]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]
Estimated Benefit [Days/Years]	[XXXXX]	[XXXXX]	[XXXXX]	[XXXXX]
[Facility] Elimination Period	[XXX] Days	[XXX] Days	[XXX] Days	[XXX] Days
[Home Health Care, Adult Day Care Elimination Period:	[XXX] Days	[XXX] Days	[XXX] Days	[XXX] Days
Premium Payment Period	[Period]	[Period]	[Period]	[Period]
[Benefit Increase Option	[Title]	[Title]	[Title]	[Title]
[Title] [Modal] Premium Subtotal	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Optional Benefits (Additional Premium Required)				
[Title][*]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Optional Benefits Subtotal	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Annual [Employer] Contribution	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Total [Modal] Premium	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Total Yearly Premium	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]

This quote may meet requirements for your state’s partnership program, if the state in which you reside at time of your application maintains a partnership program. You must apply for the policy approved by the state in which you reside. Please see your insurance producer/agent for details.

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TRANSAMERICA LIFE INSURANCE COMPANY

Total [Modal] Premium per [Employee]

For [ABC Company]

Name	Status	Age	[Plan X]	[Plan X]	Plan X]	[Plan X]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Ind Name]	[Title]	[XX]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Total Premiums			[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]

TRANSAMERICA LIFE INSURANCE COMPANY

[Modal] [Employee] Contributions

For [ABC Company]

Name	Status	Age	[Plan X]	[Plan X]	Plan X]	[Plan X]
[Ind Name]	[Title]	[XX]	\$XXX]	[\$XXX]	[\$XXX]	\$XXX]
[Ind Name]	[Title]	[XX]	\$XXX]	[\$XXX]	[\$XXX]	\$XXX]
[Ind Name]	[Title]	[XX]	\$XXX]	[\$XXX]	[\$XXX]	\$XXX]
[Ind Name]	[Title]	[XX]	\$XXX]	[\$XXX]	[\$XXX]	\$XXX]
Total Premiums			[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]

TRANSAMERICA LIFE INSURANCE COMPANY

[ABC Company] Illustration Disclaimer

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Grace Period

There is a Grace Period of 65 days to pay each premium after the initial premium. If the premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to the insured and, if so designated, to a third party. The Policy will remain in effect during this Grace Period and will not lapse until 35 days after the date on the notice we have mailed to the insured and, if so designated, the third party.

Policy

Policy TLC 2-P AR 0410 is an individual tax-qualified Long Term Care insurance policy designed to meet federal standards, and is underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance.

Partnership Policies

The coverage advertised may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard.' Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have questions about the availability of this Program in your state, please contact the company or your state insurance department.

The insured's state of residence is responsible for the asset protection partnership program. The partnership program and requirements for asset protection are determined by the state in which the insured resides at the time of application for long term care insurance. If an insured moves to another state, they may not have asset protection through any partnership program.

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TRANSAMERICA LIFE INSURANCE COMPANY
 TransCare® II Long Term Care Insurance Proposal
 Prepared For: [Ind Name]

This Long Term Care insurance quote includes the following benefits at no additional premium: Cash Benefit, Home Care and Adult Day Care, Optional Care Coordination, Remain at Home, Long Term Care Facility, Long Term Care Facility Bed Reservation, Respite Care, Global Coverage, Facility Waiver of Premium, Hospice Care, Alternate Plan of Care, [XX] year Rate Guarantee [and] [Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option].

[The premiums shown in this illustration include: A[n] [Title] discount of [XX]%, a[n] [Title] discount of [XX]%. [and] a[n] [Title] discount of [XX]%.]

Illustration Details	Base Plan	[Plan X]	[Plan X]	[Plan X]
State	Arkansas	Arkansas	Arkansas	Arkansas
Status	[XXXX]	[XXXX]	[XXXX]	[XXXX]
Rate Classification	[Class]	[Class]	[Class]	[Class]
Maximum Daily Benefit	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]	[\$Max Amt]
Policy Maximum Amount	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]	[\$Pol Max]
Estimated Benefit [Days/Years]	[XXXXX]	[XXXXX]	[XXXXX]	[XXXXX]
[Facility] Elimination Period	[XXX] Days	[XXX] Days	[XXX] Days	[XXX] Days
[Home Health Care, Adult Day Care] Elimination Period:	[XXX] Days	[XXX] Days	[XXX] Days	[XXX] Days
Premium Payment Period	[Period]	[Period]	[Period]	[Period]
[Benefit Increase Option]	[Title]	[Title]	[Title]	[Title]
[Employee] [Modal] Premium Subtotal	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Optional Benefits (Additional Premium Required)				
[Title][*]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Title]	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
[Employee] [Modal] Optional Benefits Subtotal	[\$XXX]	[\$XXX]	[\$XXX]	[\$XXX]
Total [Employee] Contribution [Modal] Premium	[\$XXX]	[\$XXX]	[XXX]	[\$XXX]
Total [Employer] [Modal] Premium	[\$XXX]	[\$XXX]	[XXX]	[\$XXX]
Total [Modal] Premium	[\$XXX]	[\$XXX]	[XXX]	[\$XXX]
Total Yearly Premium	[\$XXX]	[\$XXX]	[XXX]	[\$XXX]

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TRANSAMERICA LIFE INSURANCE COMPANY

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[Transamerica Life Insurance Company]

Long Term Care Insurance Proposal

Prepared For: [Name]
[ABC]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

Provided By: [Licensed Producer/Agent Name]
[Agency]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

Insurance LIC # [XXXXXXXX]

Proposal Date: [08/15/11]

Transamerica Life Insurance Company

Home Office

Cedar Rapids, IA

Administrative Office

[P.O. Box 95302
Hurst, TX 76053-5302
(866) 478-5209]

This proposal is valid for [90] days.

[

TRANSAMERICA LIFE INSURANCE COMPANY

Premium Summary for Long Term Care Insurance Proposal(s)

Prepared for: [ABC]

A summary of the premiums for each of the plans that you are considering follows. Premiums for Long Term Care insurance are determined by the plan design and benefit limits selected. Benefits may vary by state. For specific state illustration details, consult the separate state proposal and census detail provided.

[Plan X]

Payroll Frequency Premiums						
State	Total Annual Contribution	Total Monthly Premium	[Eplr / Assoc]	[Eplee / Member]	Total	Program
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]
[State]	[\$Prem Amt]	[\$Mo Amt]	[\$Emplr Amt]	[\$Eplee Amt]	[\$Total Prem]	[Mode/Discount]

]

[

TRANSAMERICA LIFE INSURANCE COMPANY

[ABC] Illustration Disclaimer

This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. Please see the accompanying Outline of Coverage or sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased. Premium and benefit amounts will vary, depending upon age at application and the plan selected. The actual Premiums may differ as a result of any applicable discounts. Premiums also vary based upon whether premium is paid annually, semi-annually, quarterly or monthly. Please note that the more often premium is paid the higher the total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium.

Grace Period

There is a Grace Period of 65 days to pay each premium after the initial premium. If the premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your Policy will remain in effect during Grace Period and will not lapse until 35 days after the date on the notice we have mailed to you and, if so designated, the third party.

Policy

Policy ICC10 TLC-3[, and policy series TLC 2-P 0410] are Individual tax-qualified long term care policies designed to meet federal standards, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance.

[Partnership Policies

The coverage advertised may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard.' Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have questions about the availability of this Program in your state, please contact the company or your state insurance department.

The insured's state of residence is responsible for the asset protection partnership program. The partnership program and requirements for asset protection are determined by the state in which the insured resides at the time of application for long term care insurance. If an insured moves to another state, they may not have asset protection through any partnership program.]

A Word About Premium Rates

The Policy is Guaranteed Renewable which means the company may adjust premiums as needed, with prior regulatory approval if required by the Interstate Insurance Product Regulation Commission or state Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single an insured out for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel the Policy as long as premium is paid on a timely basis.

]



Long Term Care Insurance Proposal

Prepared For: [Company Representative Name]
[ABC]
[Company Street 1]
[Company Street 2]
[Company City, State, ZIP Code]

Provided By: [Agent/Insurance Producer Name]
[Agency Name]
[Agency Street 1]
[Agency Street 2]
[Agency City, State, ZIP Code]

[Phone: (XXX) XXX-XXXX]
[Fax: (XXX) XXX-XXXX]
[Email: XXXXXXXXXXXXX]
[Insurance LIC #: XXXXXXXX]

Proposal Date: [Date]

Transamerica Life Insurance Company
Home Office
Cedar Rapids, IA

Administrative Office
[P.O. Box 95302]
[Hurst, TX 76053-5302]
[(866) 478-5209]

**This quote is valid for [90] days from the date below
if your age does not change.**

TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC]

Some Plan Highlights:

Eligibility: Eligible [employees/members] [and family members] will be defined by agreements between the [employer/association] and Transamerica Life.

Underwriting: Underwriting classification will be determined following receipt of a Signed Service Group Request detailing plan design, group size, [High Potential Employee (HPE) analysis] and other information. For case approval, a written implementation memo must be issued.

Discounts: [Title] [XX%]
[Title] [XX%]
[Title] [XX%]

Policy: Individual Long Term Care Insurance

Product Highlights:

Maximum Daily Benefit [\$40 - \$500] [or] [Unlimited] for Long Term Care Facility, Home Care, Adult Day Care, Respite Care, Hospice Care.

Policy Maximum Amount This is the total dollar amount the policy will pay in benefits.

Estimated Benefit [Days/Years] [XXXXX.] This is the amount of time the Maximum Benefit will last if the Maximum Daily Benefit is paid each day.

Cash Benefit This benefit is paid in lieu of other policy benefits, and may be used in any way that the policyholder sees fit.

Facility Elimination Period [XX] Day[s]

[Home Care, Adult Day
Care Elimination Period [XX] Day[s]]

Rate Guarantee [XX] Years

Benefit Increase Option (BIO) Will be defined by agreements between the [employer/association] and Transamerica Life.

Optional Benefits (additional premium required):

- [Shared Care Benefit Rider*]
- [Monthly Benefit Rider]
- [Full Restoration of Benefits Rider]
- [Waiver of Premium Rider – Home Care/Adult Day Care]
- [Waiver of Premium Rider – Cash]
- [Joint Waiver of Premium Rider]
- [Survivorship Rider]
- [Full Survivorship Rider]
- [Return of Premium Upon Death Rider]
- [Nonforfeiture Benefit Rider]
- [XXXX Benefits]
- [Full] [X%] [Title] Benefit Increase Option Rider

This quote may meet requirements for certain state partnership programs, if the state in which the insured resides at time of application maintains a partnership program. The insured must apply for the policy approved by the state in which they reside. Please see the insurance producer/agent for details.

This is only a quote, not a contract. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium. Premium and benefits may vary, depending upon age at application and the plan selected.

[*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.]

TRANSAMERICA LIFE INSURANCE COMPANY
TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC]

[Spouse/Partner Applying] – [[Base Plan] [Plan X]]

Maximum Daily Benefit:	[\$Max Amt]	Rate Guarantee:	[XX] Years
Policy Maximum Amount:	[\$Pol Max]	Optional Benefits:	[Title]
Estimated Benefit [Days/Years]:	[XXX]		[Title]
Premium Payment Period:	[Period]		[Title]
Facility Elimination Period:	[XX] Days		[Title]
[Home Care, Adult Day Care Elimination Period:	[XX] Days]		

[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX] %.]

Deferred BIO			[Title] BIO		
Issue Age	Annual Premium	[Payroll] Cost	Annual Premium	[Payroll] Cost	Issue Age
18-30	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	18-30
31	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	31
32	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	32
33	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	33
34	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	34
35	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	35
36	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	36
37	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	37
38	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	38
39	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	39
40	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	40
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42	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	42
43	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	43
44	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	44
45	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	45
46	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	46
47	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	47
48	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	48
49	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	49
50	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	50
51	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	51
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53	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	53
54	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	54
55	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	55
56	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	56
57	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	57
58	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	58
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63	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	63
64	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	64
65	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	65
66	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	66
67	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	67
68	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	68
69	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	69
70	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	70

TRANSAMERICA LIFE INSURANCE COMPANY
TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC]

[Spouse/Partner Not Applying] – [[Base Plan] [Plan X]]

Maximum Daily Benefit:	[\$Max Amt]	Rate Guarantee:	[XX] Years
Policy Maximum Amount:	[\$Pol Max]	Optional Benefits:	[Title]
Estimated Benefit [Days/Years]:	[XXX]		[Title]
Premium Payment Period:	[Period]		[Title]
Facility Elimination Period:	[XX] Days		[Title]
[Home Care, Adult Day Care Elimination Period:	[XX] Days]		

[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX] %.]

Deferred BIO			[Title] BIO		
Issue Age	Annual Premium	[Payroll] Cost	Annual Premium	[Payroll] Cost	Issue Age
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TRANSAMERICA LIFE INSURANCE COMPANY
TransCare® II Long Term Care Insurance Proposal

Prepared For: [ABC]
 [Single] – [[Base Plan] [Plan X]]

Maximum Daily Benefit:	[\$Max Amt]	Rate Guarantee:	[XX] Years
Policy Maximum Amount:	[\$Pol Max]	Optional Benefits:	[Title]
Estimated Benefit [Days/Years]:	[XXX]		[Title]
Premium Payment Period:	[Period]		[Title]
Facility Elimination Period:	[XX] Days		[Title]
[Home Care, Adult Day Care Elimination Period:	[XX] Days]		

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68	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	68
69	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	69
70	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	[\$Prem Amt]	70

TRANSAMERICA LIFE INSURANCE COMPANY

[ABC Company] Illustration Disclaimer

This is only a quote, not a contract. Actual coverage is subject to the terms and conditions of the Policy. Please see the accompanying Outline of Coverage or sales brochure for a description of benefits, exclusions and limitations, as well as the terms under which the Policy may continue in force and premiums may be increased. Premium and benefit amounts will vary, depending upon age at application and the plan selected. The actual Premiums may differ as a result of any applicable discounts. Premiums also vary based upon whether premium is paid annually, semi-annually, quarterly or monthly. Please note that the more often premium is paid the higher the total premium amount will be per year. Final premium amounts are subject to underwriting approval. The Schedule of the Policy will reflect the actual premium.

Grace Period

There is a Grace Period of 65 days to pay each premium after the initial premium. If premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to the insured and, if so designated, to a third party. The Policy will remain in effect during this Grace Period and will not lapse until 35 days after the date on the notice we have mailed to the insured and, if so designated, the third party.

Policy

Policy TLC 2-P AR 0410 is an individual tax-qualified Long Term Care insurance policy designed to meet federal standards, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.

Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor for assistance.

Partnership Policies

The coverage advertised may meet the requirements for participation in a Long-Term Care Insurance Partnership Program in some states. Under this Program, the policyholder may be able to protect assets from Medicaid spend-down requirements through a feature known as 'asset disregard.' Nothing in a policy or certificate issued by a company is a guarantee of Medicaid eligibility, nor a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. Please also note that states do not take part in company-specific marketing plans, and states do not endorse specific companies or company specific policy and certificate forms. If you have questions about the availability of this Program in your state, please contact the company or your state insurance department.

The insured's state of residence is responsible for the asset protection partnership program. The partnership program and requirements for asset protection are determined by the state in which the insured resides at the time of application for long term care insurance. If an insured moves to another state, they may not have asset protection through any partnership program.

A Word About Premium Rates

The Policy is Guaranteed Renewable which means the company may adjust premiums as needed, with prior regulatory approval if required by the state Department of Insurance. We cannot increase premium during any applicable rate guarantee period. When the rate guarantee period ends, premium will be adjusted by any premium increases that may occur during the rate guarantee period. We cannot single out an insured for a rate increase, but we can change premium based on our experience with all insureds in the same premium class. Once we issue coverage, we cannot cancel the Policy as long as premium is paid on a timely basis.

SERFF Tracking #:

AEGJ-128687372

State Tracking #:

Company Tracking #:

TLC PBR TC2 AR 0712

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

ADV TLC PBR TC2 AR 0712 et al

Project Name/Number:

ADV TLC PBR TC2 AR 0712 et al/ADV TLC PBR TC2 AR 0712 et al

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved	09/28/2012
Comments:			
Attachment(s):	AR Cover Letter 9-14.pdf		

		Item Status:	Status Date:
Satisfied - Item:	TLC PBR TC2 AR 0712 Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):	TLC PBR TC2 AR 0712 Variables 9-14.pdf		

		Item Status:	Status Date:
Satisfied - Item:	TLC PPT1 CMR TC2 AR 0712 Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):	TLC PPT1 CMR TC2 AR 0712 Stmt of Variability.pdf		

		Item Status:	Status Date:
Satisfied - Item:	TC2 ILL IND AR 0812 Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):	TC2 ILL IND AR 0812 Variables 9-13.pdf		

		Item Status:	Status Date:
Satisfied - Item:	TC2 ILL IND SUM AR 0812 Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):			

SERFF Tracking #:

AEGJ-128687372

State Tracking #:

Company Tracking #:

TLC PBR TC2 AR 0712

State: Arkansas

Filing Company: Transamerica Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: ADV TLC PBR TC2 AR 0712 et al

Project Name/Number: ADV TLC PBR TC2 AR 0712 et al/ADV TLC PBR TC2 AR 0712 et al

TC2 ILL IND SUM AR 0812 Variables 9-13.pdf

		Item Status:	Status Date:
Satisfied - Item:	TC2 ILL CEN AR 0812 Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):			
TC2 ILL CEN AR 0812 Variables Final 9-14.pdf			

		Item Status:	Status Date:
Satisfied - Item:	ICC12 TLC ILL CEN SUM Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):			
ICC12 ILL CEN SUM Variables 8-20.pdf			

		Item Status:	Status Date:
Satisfied - Item:	TC2 ILL VOL AR 0812 Statement of Variability	Approved	09/28/2012
Comments:			
Attachment(s):			
TC2 ILL VOL AR 0812 Variables 9-14.pdf			



Home Office: Cedar Rapids, Iowa
 Long Term Care
 P O Box 95302
 Hurst, Texas 76053-5302
 800-553-7600, ext 3363
 joan.shumaker@transamerica.com

September 14, 2012

Commissioner Jay Bradford
 1200 West Third Street
 Little Rock, AR 72201

RE: **Long Term Care Advertising**
NAIC #: 86231
FEIN #: 39-0989781

Form #/Description:

TLC PBR TC2 AR 0712	Invitation to Contract - Product Brochure
TLC PPT1 CMR TC2 AR 0712	Invitation to Inquire - Mini Pamphlet
TC2 ILL IND AR 0812	Individual Illustration
TC2 ILL CEN AR 0812	Census Illustration
TC2 ILL VOL AR 0812	Voluntary Illustration
TC2 ILL IND SUM AR 0812	Individual Summary Illustration
ICC12 ILL CEN SUM	Census Summary Illustration

Dear Commissioner Bradford:

Attached are the referenced forms submitted for your review and approval. The following forms are intended to replace forms as follows:

<u>Form</u>	<u>Replaces</u>	<u>Approved</u>	<u>SERFF #</u>
TLC PBR TC2 AR 0712	TLC PBR TC2 AR 0311	7/22/11	AEGJ-127263668
TLC PPT1 CMR TC2 AR 0712	TLC PPT1 CMR TC2 AR 0711	9/20/11	AEGJ-127389857
TC2 ILL IND AR 0812	TC2 ILL IND AR 0511	7/22/11	AEGJ-127263668
TC2 ILL CEN AR 0812	TC2 ILL CEN AR 0511	7/22/11	AEGJ-127263668
TC2 ILL VOL AR 0812	TC2 ILL VOL AR 0511	7/22/11	AEGJ-127263668

The following forms are new and are not intended to replace other forms:

TC2 ILL IND SUM AR 0812
 ICC12 ILL CEN SUM

All the above forms will be used to solicit policy form TLC 2-P AR 0410, which was approved by your department on October 11, 2010 (SERFF #AEGJ-126778143).

It is our intention to use these forms in both paper and electronic form.

Please note the following:

Transamerica is currently going through a rework of company and corporate logos. We request that you please look at this complete filing with that in mind. As soon as we receive all of the parameters of the new logos, we may be making the changes to advertising pieces, if necessary.

The advertising pieces in this filing have the current logo with the full statutory company name. Those are not marked variable because it has not been decided yet whether to change them to the new logo, or when to make the changeover.

Please see the below for explanation of logo variable on the cover sheet. It will either be:



Will be Transamerica Life Insurance Company on the front of the Illustration(s)

or it will be:



Bracketed information is intended to be variable. Please see the attached Variables document on the Supporting Documentation tab.

We trust that these forms will meet with your approval. If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Joan Shumaker".

Joan Shumaker
Advertising Manager
Transamerica Life & Protection



Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Long Term Care

P.O. Box 95302

Hurst, TX 76053-5302

**Statement of Variability
For Form TLC PBR TC2 AR 0712**

Cover Page:

[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.

Page 4:

Consider This Long Term Care Example:

Names could be:

[Debbie] [and] - Debbie, Mark, Emma, Maria, Chris – and will be one name throughout brochure

[Mike] - Mike, Jamie, Shawn, Juan, Taylor – and will be one name throughout the brochure

Ages could be:

[48] – 40 to 62

[52] – 40 to 62

Policy amount could be:

[\$250,000] - \$250,000, \$150,000, \$300,000, \$350,000

[72] – 75-85

Amount remaining could be:

[\$200,000] - an amount less than policy amount [150,000-350,000]

[50,000] – the difference between policy amount [150,000-350,000] and care cost amount used

Page 11:

Maximum Daily Benefit: [\$40 to \$500], \$40 to \$500

Policy Maximum Amount/Pool of Money:

[\$14,600] \$14,600 to \$1,095,000 [and] [\$1,095,000] up to \$1,095,000

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.

[[0] [[30] [[60] [[90] [[180] [[365] Days – could be: 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365 Days

Page 15:

Long Term Care Facility Bed Reservation Benefit – [XX] will be 30, 45 or 60 days

[Return of Premium to age 67

If you are under the age of 67 when you die, this benefit will pay a benefit to the beneficiary named on your application or to your estate (if no beneficiary is named) in the amount of premiums paid less claims paid. Only available to applicants under age 67. Premiums paid will exclude any waived premiums and will be accumulated without interest.] – will display, if included in the marketing package being offered.

Page 16:

Waiver of Premium Benefit[s] – “s” will display if more than one Waiver of Premium Benefit is included in the marketing package being offered

[Waiver of Premium Rider–Home Care and Adult Day Care] - will display, if included in the marketing package being offered

[Waiver of Premium Rider–Cash Benefit] – will display, if included in the marketing package being offered.

[Accident Benefit Endorsement] – will display, if included in the marketing package being offered

Page 17:

[Relocation Benefit Endorsement] – will display, if included in the marketing package being offered

[Rate Guarantee

The TransCare[®] II Policy includes a [5]-year Rate Guarantee. See “A Word About Premium Rates” for more information about our right to increase premiums.] - will display, if included in the marketing package being offered; then “5” is the number of years of such rate guarantee which could be 5 to 20 years.

Page 19:

[Monthly Benefit Rider] - will display, if included in the marketing package being offered.

Page 20:

Benefit Increase Options (BIO’s) include(s): will display, if included in the marketing package being offered.

Simple Benefit Increase Option Rider

Compound Benefit Increase Option Rider

Step-Rated Compound Benefit Increase Option Rider

Tailored Benefit Increase Option Rider

Deferred Benefit Increase Option

[The Deferred Benefit Increase Option will automatically be included if no Benefit Increase Option Rider is selected.] - will display, if included in the marketing package being offered.

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

Page 21:

[Additional Rate Guarantee] – will display, if included in the marketing package being offered.

[If you prefer your premium payments to stay the same for the life of your policy, there are two ways you can accomplish that: - will display, if more than one premium payment plan is included in the marketing package being offered:

[Choose the 10-Pay Limited Payment Plan and purchase the Additional Rate Guarantee, in which case your premiums will not increase over those 10 years.] - will display, if this premium payment plan is included in the marketing package being offered.

[If you are age 55-60 you may choose the Pay to 65 Limited Payment Plan and purchase an additional Rate Guarantee of 1-5 additional years (not to go beyond the age of 65), allowing you to guarantee rates up to the time the Policy is paid up.]] - will display, if this premium payment plan is included in the marketing package being offered.

[Joint Wavier of Premium] – will display, if included in the marketing package being offered.

[Full Restoration of Benefits Rider] - will display, if included in the marketing package being offered.

Page 24:

Couples Discount [30%] - will be between 5% and 40% for spouses/partners applying together

Discount for Spouse/Partner Individual Applying Alone [15%] – will be between 5% and 15%

Preferred Health Discount [15%] – will be between 5% and 15%

[Payment Choices] – will display, if included in the marketing package being offered.

[Pay to age 65 (Only pay until you turn 65. You must be age of 60 or under to select this payment option)]

[[10]-Pay (Pay for 10 years)]

[[5]-Pay (Pay for 5 years)]

[Single pay (One payment of the entire premium gives you a paid up Policy)]

[XXX] – Pay (Pay for [XXX])]

The [XXX] – could be 15, or 20 year

[XXXX] will be other payroll deduction options, such as Bi-monthly, Weekly, Bi-weekly, etc., depending upon an employer group's payroll. It will only display, if included in the marketing package being offered.

Word About Premiums [5]-year rate guarantee period – will be the number of years of such rate guarantee which could be 5 to 20 years, depending on the marketing package being offered.



Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Long Term Care

P.O. Box 95302

Hurst, TX 76053-5302

**Statement of Variability
Form TLC PPT1 CMR TC2 AR 0712**

TLC PPT1 CMR TC2 AR 0712

Notes 1:

[As an Employee] - will be Employee to which the offer is being made.

[If you have any questions, contact information will be provided at the end of this presentation.] – will appear as is if contact information will be given at end of presentation or could be modified to give agent’s contact information in this sentence.

Slide 4:

[209] – will reflect information when it becomes available and/or updated.

[233] – will reflect information when it becomes available and/or updated.

[3,350] – will reflect information when it becomes available and/or updated.

[21] – will reflect information when it becomes available and/or updated.

[19] – will reflect information when it becomes available and/or updated.

[69] – will reflect information when it becomes available and/or updated.

Notes 4:

[85,000] – will reflect information when it becomes available

[40,000] – will reflect information when it becomes available

[21.00] – will reflect information when it becomes available

Slide 5:

[Reduced Underwriting Procedures*] will not appear unless underwriting concessions have been made with the employer/company.

Notes 5:

[and reduced underwriting requirements that may make.....] will not appear unless underwriting concessions have been made with the employer/company.

Slide & Notes 8:

The entire slide & note is variable, depending upon whether underwriting concessions are applicable to the employer/company.

Notes 10:

[\$250,000]- will reflect the Policy Maximum Amount chosen.

Slide 11:

[s] [and] [, and all eligible family members] – will appear if more than one discount is applicable.

[Reduced Underwriting Procedures] will not appear unless underwriting concessions have been made with the employer/company.

Notes 11:

[by purchasing TransCare[®] II [through the [Employee VIP Program] you and your family members will receive [up to a 10%] discount[s] off of standard premium rates.] – will be applicable to the employer/company.

[T] – may be capitalized or lower case depending on the variability of the sentence before.

[30%] – will appear only if spouse/partner coverage is applicable. This discount will range from 5% to 30% depending upon the employer/company.

[15%] – will be between 5% and 15%.

[10%] – will be between 5% and 10%.

[Because of the Reduced Underwriting Procedures.....] - will not appear unless underwriting concessions have been made with the employer/company

Notes 12:

Names could be:

[Debbie] [and] - Debbie, Mark, Emma, Maria, Chris – and will be one name throughout brochure

[Mike] - Mike, Jamie, Shawn, Juan, Taylor – and will be one name throughout the brochure

Ages could be:

[48] – 40 to 62

[52] – 40 to 62

Policy Maximum Amount could be:

[\$250,000] – will reflect the Policy Maximum Amount chosen

Age could be:

[72] – could be 72 to 85

Cost of Care:

[\$200,000] – cost will be variable depending on required care cost

Amount remaining could be:

[\$50,000] –difference between policy amount and care cost amount used

Slide and Notes 13:

[attend an insurance sales seminar and enrollment meeting] [or] [contact:] { Agent/Producer Name} [Phone Number] [Enrollment Seminar Date/Time/Room] [or learn more...] – will be variable depending if the company has a seminar and /or enrollment – each employer/company assigned a unique phone number for employee/members and their families to call licensed producers difference between policy amount and care cost amount used.



Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Long Term Care

P.O. Box 95302

Hurst, TX 76053-5302

**Statement of Variability
For Illustration Form TC2 ILL IND AR 0812**

VARIABLES DESCRIPTIONS:

Every Page - Footer:

State of residence and the Month/Day/Year of the quote will print on each page.

Pages 2 through end will also print a page number after the Month/Day/Year.

COVER PAGE:

Please see the Cover Letter for explanation of logo variable on the cover sheet. It will either be:



or it will be:



Please note that Cover Page and Illustration Page(s) and the Last Page (disclaimer page) will print for every client. The Optional Coverage Designs Page(s) and/or Benefit Increase Schedule Page(s) may not print on every illustration.

COVER PAGE:

Prepared For: The name(s) and client(s) information will be listed.

Provided By: The insurance producer/agent information goes in this area.

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels through which to contact the company.

[90] days is variable, depending upon the time frame the quote is valid for. It would be between 20 and 100 days.

ILLUSTRATION PAGE(S):

[Client 1 First and Last Name][Client 02 First and Last Name]. The client(s) name(s) will appear, if on a Couples quote.

Pages 4 & 5 are illustrations for what the client(s) selected.

Each quote page: Prepared For: The client(s) name(s) is/are repeated on the Illustration pages.

Second Paragraph:

“[XX]” year Rate Guarantee – will be between 5 – 20 years depending on the package offer

“[and]” will appear before the last variable item included in the marketing package.

“[Accident Benefit,] [Relocation Benefit,] [Deferred Benefit Increase Option] [Guaranteed Purchase Option] [Waiver of Premium Rider – Home Care/Adult Day Care] [Waiver of Premium Rider – Cash Benefit]” will display, if included in the marketing package.

Third Paragraph:

“[The premiums shown in this illustration include:

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount of [XX]%.]

A[n] [Title] discount” will display the title of the discount: Preferred, [Spouse/Partner applying,] [Spouse/Partner not applying,] Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

“of [XX]%.]” The percentage will be between 5% and 40%, depending upon the package.

If there is no applicable discount, these lines will not show on the illustration.

Illustration Details:

If there is no “Client 2”, then only the Client 1 column will print on this page.

“[Client 1 FName] [Client 2 FName]: the client(s) name(s) will appear.

Age: [XX] is Age(s) of client(s)

State: [State] is Client(s) state of residence

Rate Classification: [Class] is Standard, Preferred, Class 1, Class 2, Class 3, Class 4

Status: [XXXXXXXX] is Single, Spouse/Partner Applying, Spouse/Partner Not Applying

Maximum Daily Benefit: [\$Max Amt] is \$40 to \$500, Unlimited

Policy Maximum Amount: [\$Pol Max] is \$14,600 to Unlimited

[Estimated Benefit [Days/Years] is the Days or Years the Policy Maximum Amount will last, if the Maximum Daily Benefit is paid each day. The whole line is variable in the event it is not included in the illustration.

[XXXXX] will either be the number of days or years, as applicable.

Facility Elimination Period: typically we offer 0, 30, 60, 90 and 180 Elimination Period. The variable will be replaced with whichever ones are going to be in the offer.

[XXX] Days 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

Home Care and Adult Day Care Elimination Period:

[XXX] Days 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

Base Plan Premium [\$Prem Amt] depends upon the plan(s) chosen.

[Optional Benefits (Additional Premium Required)]

This section will not print if no optional benefit is chosen. The benefits are variable and will only print what the client(s) selected. The corresponding premium amount for each benefit will print beside the optional benefit. The optional benefits are as follows:

Shared Care Benefit Rider*	Joint Waiver of Premium Rider
Monthly Benefit Rider	Survivorship Rider
Full Restoration of Benefits Rider	Full Survivorship Rider
Wavier of Premium Rider-Home Care & Adult Day Care	Nonforfeiture Benefit Rider
Waiver of Premium – Cash Benefit	Return of Premium Upon Death Rider
[Full] [X%] [Title] Benefit Increase Option Rider	Additional Rate Guarantee
[Full] full, if applicable	
[X%] is percentage of the BIO, which include: 3% or 5%, as applicable	
[Title] is the type of Benefit Increase Option Riders which include(s):	
Simple Benefit Increase Option Rider, Full Simple Benefit Increase Option Rider, Compound Benefit Increase Option Rider, Full Compound Benefit Increase Option Rider, Step-Rated Compound Benefit Increase Option Rider, Full Step-Rated Compound Benefit Incr. Option Rider, Tailored Benefit Increase Option Rider, Full Tailored Benefit Increase Option Rider	

[Optional Benefit Subtotal [\$Prem Amt]] - depend upon whether options are selected.

Total [XXXXXXXX] Premium

[XXXXXXXX] (Annual, Semi-Annual, Quarterly, Monthly) will be shown in this area. Also see Lifetime Pay.

[Total Combined [XXXXXXXX] Premium] is only shown on couples quotes to give them the combined premium amount as a convenience to the customers applying together.

Lifetime Pay*[*]: The correct variable marker will show, depending on whether the quote is for a couple or single person, as appropriate. [Title] will be Annual, Semi Annual, Quarterly, Monthly

Limited Pay*[*]:

[Title] 5 year, 10 year, 15 year, 20 year, Pay to age 65, or Single Pay on a separate line and the corresponding premium amounts. Limited Pays will only print, as applicable to the plan chosen by client(s).

[Single Premium] – will only print, as applicable to the plan chosen by client(s).

[Total Combined Premium Required with Application

[\$Prem Amt]] is only shown on couples quotes as a

convenience to customers applying together.

Footnotes: Will print, as applicable

[*The Shared Care Benefit Rider statement will only show if the couple chooses it to be shown on the quote.]

**Bank Draft is available for all payment modes. Payroll Deduction may be available for worksites.

OPTIONAL COVERAGE DESIGNS PAGES:

These pages are variable because the client may not require Optional Coverage to be shown. That is not typically the case, but could happen occasionally. Quote pages 1-3 and last page (disclaimer page) will always print for every client.

[Deferred Benefit Increase Option] [Guaranteed Purchase Option] – the appropriate selection will print depending upon the marketing package.

Name, Age, Rate Classification, Maximum Daily Benefit, Policy Maximum Amount, [Estimated Benefit [Days/Years]], Facility Elimination Period, Home Care, Adult Day Care Elimination Period, Benefit Increase Option, Premium Payment Period, and list of Optional Benefits are brought forward on remaining pages.

Premium Payment Period [Period]: is Lifetime, 20 years, 15 years, 10 years, 5 years, Single and Pay to Age 65.

In the Policy Maximum Amount chart [ANNUAL/SINGLE] - either “Annual or Single” will show information with the premium amount, depending upon the information in the Facility Elimination Period column.

Benefit Increase Option column:

[DEFERRED*] - Deferred* or None will show, depending upon the marketing package or what is chosen by the client(s). (“None” will show if a Limited Pay is selected for the quote.)

[FULL] [SIMPLE] [COMPOUND] [STEP RATED] [TAILORED] – will show depending on selection.

[3%/5%] The percentage will either be 3% or 5% for Simple, Compound and Step-Rated BIOs, depending on selection.

Facility Elimination Period Column:

[XX] Days: 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365 Days

[\$Prem Amt] will be the applicable premium charged depending on column and row information.

[*Rates are subject to change upon your election of future benefit increase offers.] We made this variable because if the clients don’t want to see a Deferred quote, it would not show.

BENEFIT INCREASE SCHEDULE PAGES:

These pages do not print if no Benefit Increase Option is chosen by the client(s). Quote pages 1-3 and last page (disclaimer page) will always print for every client.

Age Column will show the person’s age on the top line and ages going forward from 6 years and then in 5 year increments up to and including age 99.

[\$Max Amt], [\$Pol Max] and [\$Ann Amt]: The corresponding premium amounts will show for those ages under the appropriate heading



Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa
Long Term Care
P.O. Box 95302
Hurst, TX 76053-5302

**Statement of Variability
For Illustration Form TC2 ILL IND SUM AR 0812**

This summary is designed to give agents a chance to show a 2 or 3 Plans in comparison to other plans.

VARIABLES DESCRIPTIONS AND GENERAL INFORMATION:

Every Page - Footer:

State of residence and the Month/Day/Year of the quote will print on each page.
Pages 2 through end will also print a page number after the Month/Day/Year.

COVER PAGE:

Please see the Cover Letter for explanation of logo variable on the cover sheet. It will either be:



or it will be:



Prepared For: The name(s) and client(s) information will be listed.

Provided By: The insurance producer/agent information goes in this area.

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels through which to contact the company.

[90] days is variable, depending upon the time frame the quote is valid for. It would be between 20 and 100 days.

PAGE 2:

[Name Applicant 1] will show the client name information
[and Applicant 2] and other references to Applicant 2 or Appl2 throughout will only show if quote is for a couple.

"[XX]" year Rate Guarantee – will be between 5 – 20 years depending on the package offer

[and] will print prior to the last benefit listed for the particular package being marketed.

[Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option] [Wavier of Premium – Home Care and Adult Day Care] [Waiver of Premium – Cash Benefit] - will print, depending upon the marketing package(s) being offered.

Age: Age of the person(s) being quoted

Rate Classification: [Class] = Standard, Preferred, Class 1, 2, 3, 4, 5, or 6

Payment Mode: [Mode] = Monthly, Quarterly, Semi-Annual, Annual or may be a company's payroll frequency. We moved this under Plan Options, but it does not change.

Maximum Daily Benefit:[\$Max Amt] is \$40 to \$500, Unlimited

[Maximum Benefit Period: [XX Years] = 1, 2, 3, 4, 5, 6 Years or Unlimited]

Policy Maximum Amount: [\$Pol Max] = \$14,600 to Unlimited

[Facility] Elimination Period:
[XXX] Days 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

[Home Care and Adult Day Care Elimination Period:
[XXX] Day[s]] 0, 20, 30, 50, 60, 90, 100, 120, 150, 180, 365

Status: Single, Spouse/Partner Applying, Spouse/Partner Not Applying

[Discount Program: Preferred, [Spouse/Partner applying,] [Spouse/Partner not applying,] Association, Executive Advantage, Corporate Advantage, Employee Advantage, Professional Advantage, Affinity Advantage]

Premium Payment Period: Annual, Semi Annual, Quarterly, Monthly
5 year, 10 year, 15 year, 20 year, Pay to age 65, or Single Pay

Benefit Increase Option: Benefit Increase Options Available are: Simple Benefit Increase Option Rider, Full Simple Benefit Increase Option Rider, Compound Benefit Increase Option Rider, Full Compound Benefit Increase Option Rider, Step-Rated Compound Benefit Increase Option Rider, Full Step-Rated Compound Benefit Incr. Option Rider, Tailored Benefit Increase Option Rider, Full Tailored Benefit Increase Option Rider

Please note that, as required, 5% Compound Benefit Increase Option and Nonforfeiture Benefit will always be offered to every customer; however, the client may not request these benefits be included in the summary quote.

The other optional benefits include Shared Care Benefit Rider*, Joint Waiver of Premium, Return of Premium Upon Death, Full Restoration of Benefits, Monthly Benefit and Nonforfeiture Benefit. They will print if requested by the customer for the quote summary.

The Shared Care Benefit Rider* and associated premiums are only applicable to couples when both are issued and maintain identical benefits.

\$Prem Amt is the amount of premium associated with the particular benefit shown on the quote.

[Total Combined [Modal] Premium] [\$Prem Amt] - is only shown on couples quotes to give them the combined premium amount as a convenience to the customers applying together.

[Total Combined Payment Required with Application [\$Prem Amt] is only shown on couples quotes as a convenience to customers applying together.

The breakdown section for Appl 1 and Appl2 will not show if summary is only for one individual.

[*The Shared Care Benefit Rider statement will only show if the couple chooses it to be shown on the quote.]



Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa

Long Term Care

P.O. Box 95302

Hurst, TX 76053-5302

**Statement of Variability
For Illustration Form TC2 ILL CEN AR 0812**

VARIABLES DESCRIPTIONS:

Every Page - Footer:

State of residence and the Month/Day/Year of the quote will print on each page.

Pages 2 through end will also print a page number after the Month/Day/Year.

COVER PAGE:

Please see the Cover Letter for explanation of logo variable on the cover sheet. It will either be:



or it will be:



Prepared For: The company representative name, company name and address information will be listed

Provided By: The insurance producer/agent information goes in this area

Proposal Date: The date of the quote will print

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels through which to contact the company.

[90] days is variable, depending upon the time frame the quote is valid for. It would be between 20 and 100 days.

SOME PLAN HIGHLIGHTS – This page highlights for the employer/association (“management”) a brief summary of what can be chosen to be included in the offer to the employee/members.

Prepared For: The company name is repeated on the Illustration pages

Eligibility: [employees/members] [and family members] – will show the employee/member and family members for the company and/or members of the association, if applicable.

Underwriting: [High Potential Employee (HPE) Analysis] will only show if application to employer groups.

Footnotes: Will print, as applicable

[*The Shared Care Benefit Rider statement will only show if the couple chooses it to be shown on the quote.]

PROPOSAL PAGES:

“[XX]” year Rate Guarantee – will be between 5 – 20 years depending on the package offer

[and] will print prior to the last benefit listed for the particular package being marketed.

[Contingent Nonforfeiture,] [Accident Benefit,] [Relocation Benefit,] [Return of Premium to Age 67] [Deferred Benefit Increase Option Rider] [Guaranteed Purchase Option] [Waiver of Premium – Home Care and Adult Day Care] [Waiver of Premium – Cash Benefit] - will print, depending upon the marketing package(s) being offered.

Pages 4 & 5 are identical except that Page 4 only shows the Base Plan. Page 5 shows Base Plan in relation to other Plans, depending upon the marketing package(s) being offered to management.

A[n] [Title] discount” will display the title of the discount: Preferred, Couples, [Spouse/Partner applying, Spouse/Partner not applying], Executive Advantage, Corporate Advantage, Employee Advantage, Professional Advantage, Affinity Advantage.

Illustration Details are listed as to what was chosen by management for offer to employees/members on the two recap pages.

Annual [ABC Company] Contribution is amount management will pay annually.

Total [Modal] Premium depends upon how often the premium is paid and includes both the management portion and employee portion, if applicable: Annual, Semi-Annual, Quarterly, Monthly.

Total [Employer] [Modal] Premium depends upon how often the premium is paid by Employer: Annual, Semi-Annual, Quarterly, Monthly.

[*The Shared Care Benefit Rider and associated premium are only applicable to couples when both are issued and maintain identical benefits.] – If Shared Care is part of the marketing package, the corresponding footnote will print.

Page 6 is the Modal Premium per each Employee/Member

Page 7 is the Employee/Member premium contributions.

Page 8 is the Disclaimer page for management. This page always prints.

Page 9 is the individual employee/member quote page. If printed, it can be given to the employee/member showing the various plans being offered and their corresponding premiums.

Page 10 is the Disclaimer page for the employee/member pages. This page prints if the individual pages are printed for each employee/member.



Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Long Term Care Division
P.O. Box 95302
Hurst, TX 76053-5302

Statement of Variability
For Illustration ICC12 TLC ILL CEN SUM

The Summary Pages are designed to print for employer/association management only, not for individual employees/members. These pages only print if the employer/association has employees/members in different states. It is not designed for one-state proposals.

Every Page - Footer:

The page number will print on every page.

COVER PAGE:

Please see the Cover Letter for explanation of logo variable on the cover sheet. It will either be:



Transamerica Life Insurance Company

or it will be:



Prepared For: The name(s) and client(s) information will be listed.

Provided By: The insurance producer/agent information goes in this area.

Proposal Date: The date of the proposal will print.

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels through which to contact the company.

Summary Page:

- | | |
|---------------------|-----------------------------------|
| [ABC] | Employer/Association Name |
| [Plan X] | Base Plan, Plan A, Plan B, Plan C |
| [Emplr / Assoc] | Employer or Association |
| [Employee / Member] | Employee or Member |
| [State] | State name |

[\$Prem Amt]	Premium amount for Annual Contribution
[\$Mo Amt]	Monthly Premium amount
[\$Emplr Amt]	Amount Employer or Association will pay – this could be an amount or “None”
[\$Emplee Amt]	Amount Employee or Member will pay – this could be a n amount or “None”
[\$Total Prem]	Amount Employer or Association will pay plus Amount Employee or Member will pay
[Mode/Discount]	Mode is how often the premium is paid: Annual, Semi-annual, Quarterly, Monthly Discount is Preferred, Spouse/Partner applying, Spouse/Partner not applying, [In ID, LA, VA, Spouse applying, Spouse not applying,] Executive Advantage Program, Corporate Advantage Program, Employee Advantage Program, Professional Advantage Program, Affinity Advantage Program.

LAST PAGE:

[ABC] Employer/Association Name

[, and policy series TLC 2-P 0410] – This will be used if a Non-IC state is chosen as one of the multi-states being quoted.

[is an/are] and [polic[y/ies] – will be determined by whether a Non-IC state is chosen as one of the multi-states being quoted.

[Non-IC State-specific disclaimers] - This page of the illustration is for multi-state use. If any Non-IC state has special disclaimers, they will print here, if a Non-IC state is chosen as one of the multi-states being quoted.



Transamerica Life Insurance Company

Home Office: Cedar Rapids, Iowa
Long Term Care
P.O. Box 95302
Hurst, TX 76053-5302

**Statement of Variability
For Illustration Form TC2 ILL VOL AR 0812**

VARIABLES DESCRIPTIONS:

Every Page - Footer:

State of residence and the Month/Day/Year of the quote will print on each page.
Pages 2 through end will also print a page number after the Month/Day/Year.

COVER PAGE:

Please see the Cover Letter for explanation of logo variable on the cover sheet. It will either be:



or it will be:



Prepared For: The company representative name, company name and address information will be listed

Provided By: The insurance producer/agent information goes in this area

Proposal Date: The date of the quote will print

The administrative office address and phone number are variable, depending upon the offer. Employers/Associations have specific channels through which to contact the company.

[90] days is variable, depending upon the time frame the quote is valid for. It would be between 20 and 100 days.

SOME PLAN HIGHLIGHTS – This page highlights for the employer/association (“management”) a brief summary of what can be chosen to be included in the offer to the employee/members.

Prepared For: [ABC] The company name is repeated on the Illustration pages

Eligibility: [employees/members] [and family members] – will show the employee/member and family members for the company and/or members of the association, if applicable.

Underwriting: [High Potential Employee (HPE) Analysis] will only show if application to employer groups.

[[Base Plan] [Plan X]] will be Base Plan, or Plan 1, Plan 2, Plan 3, Plan 4, Plan 5, depending upon the marketing package(s) being offered to management.

The Maximum Daily Benefit, Policy Maximum Amount, Estimated Benefit Days, Premium Payment Period, Facility Elimination Period, Home Care, Adult Day Care Elimination Period, and Optional Benefits will be brought over to top of the proposal pages, if applicable.

[The premiums shown in this illustration include a[n] [title] discount of [XX] % [, a[n] [title] discount of [XX %] [, a[n] [title] discount of [XX %].]

A[n] [Title] discount” will display the title of the discount: Preferred, [Spouse/Partner applying, Spouse/Partner not applying], Employer Pay All, Executive Carveout, Employer Contributory Plan, Association, Executive Advantage, Corporate Advantage, Employee Advantage, Professional Advantage, Affinity Advantage.

of [XX] %] – the percentage will be between 5% and 30%, depending upon the package.

[\$Prem. Amt] - The corresponding premium amounts will show for those ages under the appropriate heading for the appropriate ages.

[Title] BIO – will print if another selected BIO is chosen for comparison.

[Payroll] – Monthly, Quarterly, Semi-Annual, Annual, Single, Semi-monthly, Bi-weekly, Weekly, or whatever payroll management has set up for employees/members.

LAST PAGE: the last page will print with every proposal.

[ABC Company] – name of employer or association.

SERFF Tracking #:

AEGJ-128687372

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

TLC PBR TC2 AR 0712

State:

Arkansas

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

ADV TLC PBR TC2 AR 0712 et al

Project Name/Number:

ADV TLC PBR TC2 AR 0712 et al/ADV TLC PBR TC2 AR 0712 et al

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)
09/14/2012	Form	Product Brochure	09/26/2012	TLC PBR TC2 AR 0712.pdf (Superseded)



TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE[®]

Individual Long Term Care Insurance

II



A photograph of a family of three—a woman, a young girl, and a man—sitting together in a field of tall grass. They are all smiling warmly at the camera. The woman is on the left, the girl is in the middle, and the man is on the right. The background is a soft-focus field of green grass under a bright sky.

Planning for the Unexpected

A solid financial plan, hard work and saving for your future are key to helping you achieve your retirement goals. However, even the best laid plans can go wrong. Why? An unforeseen long term care event could seriously impact how you achieve your goals and may deplete your savings and investments.

In today's ever-changing environment, you need a partner to help you prepare for the unexpected. TransCare® II Long Term Care insurance underwritten by Transamerica Life Insurance Company can help. TransCare® II helps provide you with the protection you need for life's unexpected events while also giving you the flexibility to customize a Long Term Care insurance Policy that can fit your needs, not only now, but also in the future.

Consider This Long Term Care Example

[Debbie] [and] [Mike] were [48] and [52] when they began to think about their financial futures and the impact of a long term care event. At this stage in their lives, both of their children were in college in other states, and they started looking forward to retirement. They also wanted to be prepared for the unexpected so they purchased identical [\$250,000] TransCare® II policies from Transamerica Life Insurance Company. Their policies included the Shared Care Benefit Rider. [They also opted for a 10-pay Limited Payment plan because they wanted to finish paying for their Policies before they retired.]

At age [72], [Mike] was diagnosed with Alzheimer's disease and after qualifying for benefits, his Long Term Care insurance Policy paid for [Debbie] to receive caregiver training and covered his Home Health Care so [Debbie] would have additional help caring for [Mike].

Because TransCare® II emphasizes care at home, the Policy helped pay to have the required care that [Mike] needed in the comfort of his own home. It also provided for the additional care that he needed in the Long Term Care Facility as the disease advanced.

Throughout [Mike's] illness, [Debbie] was able to use their retirement savings for its intended purpose – living – because they purchased a TransCare® II Policy. [Mike's] required care cost almost [\$200,000] before he passed away. Upon his death, he had a [\$50,000] Policy Maximum Amount remaining. Because they purchased the Shared Care Benefit Rider, the balance of his Policy Maximum Amount transferred to [Debbie's] Policy at no additional cost.



What if...

...something happened and you were no longer able to do the things that you do every day?

...an illness caused you to lose mobility or functionality, such as transferring or dressing?

...a disease, such as Parkinson's or Alzheimer's disease, took away physical or mental abilities?

...professional care would cost \$38,000¹ to \$80,000¹ a year depending on the amount of care you need?

Who would care for you? Where would you get the money to pay for care?
Would your family incur financial hardship if you were not able to provide for them?

**TransCare® II Long Term Care insurance is there to help with your future's uncertainty.
Life doesn't always go as we planned and TransCare® II helps you
prepare for those unexpected moments.**

Failing to Plan is a Plan to Fail

People today plan for unexpected events by purchasing homeowner's and automobile insurance. They consider it a part of sensible planning. Preparing for a long term care need is just as important, especially when you consider the following:

After you reach the age of 65, the statistical chances¹ that the following events will happen are:

	For Women	For Men
Major House Fire ¹	2.6%	2.2%
Severe Car Accident ¹	18.0%	15.5%
Becoming ADL ² Deficient or Severely Cognitively Impaired ¹	72.0%	44.0%

What does this mean to you? As you age, your risk of needing long term care may increase.¹ However; no one knows what the future will bring.

But planning now with TransCare® II will help assure that your hard-earned retirement savings are used for their original purpose – enjoying life when you retire.

¹American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

²Activities of Daily Living (ADLs) include: Bathing, Continenence, Dressing, Eating, Toileting and Transferring, as defined in the Policy.



Long Term Care insurance Now Instead of Later

You never know when you will have a long term care need, so having the security of a TransCare® II Long Term Care insurance Policy may help ease your mind. In addition, you may be able to save more by purchasing your Long Term Care insurance Policy at a younger age.

Two main determining factors in setting your initial Long Term Care insurance premium are your health and your age. And generally, the younger you are the more affordable the premium. You may also qualify for good health discounts at younger ages saving you even more money throughout the life of the Policy.

Why Buy a TransCare® II Long Term Care insurance Policy?

Simply put, long term care services are expensive. The 2010 national average cost of a private room in a nursing home is over \$80,000³ a year. But, beyond nursing home stays, other forms of long term care can be just as costly. The national average cost of an assisted living facility is almost \$38,000³ a year and home health care can cut into any budget with a national average cost of \$21.00³ per hour for a home health aide. You can easily see that the need for long term care may be an expensive risk that you should not ignore.

These costs are only expected to continue increasing. So ask yourself, if an extended illness or injury left you needing long term care services, how would you pay for your care? You could use TransCare® II Long Term Care insurance to help pay for these services.

³American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.



How TransCare® II Can Help

TransCare® II Long Term Care insurance can be an effective way to help protect your assets from the high cost of long term care, and it can also help preserve your freedom of choice.

An illness or condition that requires long term care services can be costly, and it may have a negative impact on your financial plan. TransCare® II Long Term Care insurance, can give you the added peace of mind knowing that you have taken steps to help protect your savings in the event you face a need for long term care services.

How TransCare® II Works

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. The Policy 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.

All you need to do is 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.*



Qualifying for Benefits

Like with other types of insurance, you have to qualify before you can receive 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.



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. The available benefits to custom-build a TransCare[®] II policy that best meets your needs are included throughout this brochure.

Maximum Daily Benefit

This is the amount that we will reimburse for each day of qualified care you receive. Choose an amount that you are comfortable with and feel will cover your anticipated care needs. If your care costs less than the Maximum Daily Benefit, the funds will remain in your Pool of Money to be used in the future. If your care costs more than the Maximum Daily Benefit, you will need to self-fund that amount when it occurs.

You can select your Maximum Daily Benefit from a range of [\$40 to \$500] per day. TransCare® II will pay the out of pocket charges you incur for qualified care, up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving long term care services in a Long Term Care Facility, your Home or an Adult Day Care Center.

Please remember, inflation has caused long term care costs to increase over the years. If you do not plan to include inflation protection in your Policy, you may want to consider a higher initial Maximum Daily Benefit.

Pool of Money

Your Policy Maximum Amount is the total amount available to cover the cost of your long term care services. It is also known as your Pool of Money. You may choose a Policy Maximum Amount of between [\$14,600] [and] [\$1,095,000].

This Pool of Money can be used to cover your out of pocket expenses for covered services, subject to your chosen Maximum Daily Benefit. When you access benefits and use less than the Maximum Daily Benefit each day covered services are required, the remaining unused portion will remain in the Pool of Money.

Our Pool of Money approach can be an advantage to you because if you use less than the Maximum Daily Benefit when less services are needed, your benefits may last longer than you anticipated. You will have benefits available as long as you have funds in your Pool of Money.

Elimination Period

You may be used to paying a deductible which is a part of most kinds of insurance. TransCare® II has an Elimination Period, which is similar to a deductible; however, it is calculated in time instead of a certain amount of money. An Elimination Period is the number of days that you are responsible for paying the cost of covered Long Term Care services before your Policy begins to pay benefits.

TransCare® II offers the following Elimination Period options from which to choose:

- [[0]-day Elimination Period (eligible for benefits from day one)]
- [[30]-day Elimination Period]
- [[60]-day Elimination Period]
- [[90]-day Elimination Period]
- [[180] day Elimination Period]
- [[365] day Elimination Period]

Your Elimination Period is also cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.



Benefits included in Your Policy (Standard Benefits)

The following benefits are included in your TransCare® II Long Term Care insurance plan. These benefits are what make your TransCare® II Policy one of the best in the industry.

Cash Benefit

Take freedom of choice one step further with the Cash Benefit. Once you qualify for benefits, you can choose to receive your benefit payments in an amount equal to 10 times the Maximum Daily Benefit each month. The Cash Benefit is paid directly to you in lieu of all other benefits, except for the Optional Care Coordination Benefit.

And because the Cash Benefit does not have an Elimination Period, you will be eligible for this benefit from Day 1 of Benefit Eligibility. You can use this money in any way you see fit, such as paying for care by a family member. You do not have to submit receipts or prove care was received.

This benefit is not subject to nor does it satisfy the Elimination Period that may apply to other benefits. We must receive an updated Plan of Care at least once every 90 days.

Optional Care Coordination Benefit

Care Coordination is a standard benefit with your TransCare® II Policy; however it is your option to use the services of a Care Coordinator or not.

The need for long term care services can be a highly stressful situation for you and your family. Perhaps you live far away from loved ones or you're simply not sure of the care you need. There are many questions to be answered and important decisions to be made, such as:

- What type of care do I need?
- Where do I find a qualified provider?
- What other alternatives are available?

Although you do not have to use a Care Coordinator (except for the Remain at Home Benefit) to receive benefits from the Policy, the Care Coordinator can work with you to help:

- Develop your Plan of Care;
- Coordinate services under the Plan of Care;
- Reassess the Plan of Care as needed; and
- Provide a referral list of care providers from which you may choose to receive services, if needed.

Your Care Coordinator:

- Is a Licensed Health Care Practitioner;
- Is normally familiar with your community and the variety of resources and services available to you locally; and
- Focuses on helping you identify the care you need.

The Optional Care Coordination Benefit can 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.

For a Care Coordinator who is contracted and approved by Us, there is no charge to You for the covered services of a Care Coordinator. No amount will be subtracted from the Policy Maximum Amount.

For a Care Coordinator who is not contracted and approved by Us, the Optional Care Coordination Benefit is limited to \$2,500, any amount paid for such covered Care Coordination services will be deducted from the Policy Maximum Amount, and the Care Coordinator must be employed by a Care Coordination Agency and provide Care Coordination services.

The Optional Care Coordination Benefit is not subject to nor will it satisfy the Elimination Period. You will have access to a Care Coordinator from the first day of Benefit Eligibility.

Home Care and Adult Day Care Benefit

Let's face it - people may want to receive their care at home. [That's why TransCare® II has maximized the Home Care and Adult Day Care Benefit by adding an automatic 0-day Elimination Period to this benefit. The Home Care and Adult Day Care Benefit may allow you to stay at home for as long as possible. And because this type of care is generally less expensive than facility care, it may extend the life of your Policy.

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 Home Care, Home Health Care or Adult Day Care services. Home Care and Home Health Care services must be provided under a Plan of Care through a Home Care Agency in your home. Adult Day Care services must be provided by an Adult Day Care Center and received for at least 4 hours a day.

Remain at Home Benefit

The emphasis on home care in your TransCare® II Policy is even more evident with the Remain At Home Benefit. Your home may present challenges when you need long term care services. The Remain At Home Benefit can pay for the assistance you need to stay in your home. While you are living in your home, this benefit can be used to pay for the following Qualified Long Term Care Services:

- **Home Modification** – modifications to your home including: ramps, grab bars or similar accessibility modifications.
- **Caregiver Training for a Volunteer Caregiver** – allows your informal caregiver to receive Caregiver Training.
- **Therapeutic Device or Technology** – rental or purchase of therapeutic devices including: crutches, wheelchairs, hospital-style beds or infusion pumps.
- **Medical Alert System** – includes the rental or purchase of systems to monitor your health.

Services must be consistent with your care needs, provided under a Plan of Care and approved by one of our Care Coordinators. The Maximum Benefit for these services is 60 times your Maximum Daily Benefit. The Remain At Home Benefit is not subject, to nor will it satisfy the Elimination Period, and may be used even if you are receiving the Home Care and Adult Day Care Benefit. You will be eligible for benefits from the first day you receive covered services.

Respite Care Benefit

Care is quite often provided by a friend or family member who is volunteering his or her time to help you. However, sometimes your volunteer caregiver needs a vacation or time away from the stress of caregiving. The Respite Care Benefit can help. It pays out of pocket expenses, up to your Maximum Daily Benefit, for temporary confinements in a Long Term Care Facility, or care received in your Home, up to [XX] days per calendar year. The Respite Care Benefit is not subject to nor will it satisfy the Elimination Period.

Long Term Care Facility Benefit

You may not want to think about it, but you may reach a time when a Long Term Care Facility will provide the best care for your needs. After satisfying the Elimination Period, TransCare® II will pay for your out of pocket expenses, up to your Maximum Daily Benefit, for room, board and Qualified Long Term Care Services for each day you are an overnight bed patient in a Long Term Care Facility (not to exceed the cost of a one-bedroom unit).

Long Term Care Facility Bed Reservation Benefit

Sometimes it is necessary to temporarily leave your Long Term Care Facility. You may need overnight tests in a hospital setting or maybe you are well enough to travel. However, when you leave a Long Term Care Facility, you need to continue paying for your bed or it can be given to someone else. With the Long Term Care Facility Bed Reservation Benefit, after satisfying the Elimination period, we will pay for the out of pocket expenses, up to your Maximum Daily Benefit, for the room to be reserved while you are absent for any reason. This benefit is provided up to [XX] days in any one calendar year.

Global Coverage Benefit

Some families now live thousands of miles from one another and worldwide travel is more common than ever whether for business or vacation. That's why TransCare® II includes Global Coverage. In lieu of all other Policy benefits, the Global Coverage Benefit allows you to be anywhere in the world and have some coverage under your Long Term Care insurance Policy. If you are outside the 50 United States, District of Columbia or Canada, we will pay you for the out of pocket expenses for care or services that would otherwise be covered under your Policy. Please see your Outline of Coverage for details

Under the Global Coverage Benefit you have access to worldwide coverage of the following benefits for up to 365 days:

- Long Term Care Facility – pays up to 75% of your Maximum Daily Benefit.
- Home Care, Home Health Care and Adult Day Care – pays up to 75% of your Maximum Daily Benefit.
- Cash Benefit – pays a monthly benefit equal to 10 times the Maximum Daily Benefit
- Hospice – pays up to 75% of your Maximum Daily Benefit.

[Return of Premium to age 67

If you are under the age of 67 when you die, this benefit will pay a benefit to the beneficiary named on your application or to your estate (if no beneficiary is named) in the amount of premiums paid less claims paid. Only available to applicants under age 67. Premiums paid will exclude any waived premiums and will be accumulated without interest.]

Waiver of Premium Benefit[s]

Because you may not be able to work or your finances may be unavailable during a long term care need, TransCare® II has built in Waiver of Premium Benefit[s]. With the Waiver of Premium Benefits, you will no longer have to pay your premiums while you are receiving certain benefits under the Policy.

Waiver of Premium Benefit – Long Term Care Facility

You will no longer have to pay your premiums while you are receiving the Long Term Care Facility Benefit, Accident Benefit (if included in your Policy) or the Hospice Care Benefit.

In order to qualify, you must satisfy the requirement for Benefit Eligibility and have satisfied the Elimination Period. If benefits are added at the time of the Waiver of Premium, the premium for those added benefits must continue to be paid and will not be waived.

[Waiver of Premium Rider - Home Care and Adult Day Care

You will no longer have to pay your premium payments when you are receiving covered Home Care, Home Health Care or Adult Day Care or these services under the Accident Benefit Endorsement. You must satisfy the Elimination Period prior to receiving Waiver of Premium. We will stop waiving premium when you no longer qualify for this benefit. This benefit does not apply to the Global Coverage Benefit or the Cash Benefit [and is not available with single pay policies].]

[Waiver of Premium Rider - Cash Benefit

You will no longer have to pay your premium payments when you are receiving the Cash Benefit. After you qualify for the Cash Benefit, we will automatically change your Premium Paying Mode to monthly and not require the payment of the monthly premium. So, you will not only be eligible for benefits on day one, but also have premiums waived. We will stop waiving the premium when you no longer qualify for this benefit or you exhaust your Policy Maximum Amount. If you no longer qualify for this benefit, monthly premiums must then be paid as they come due. This Rider does not apply to the Global Monthly Cash Benefit or any other benefits other than the Cash Benefit and is not available with single pay policies.]

[Accident Benefit Endorsement

The unexpected is always a possibility. What if you have an accident that results in your need for Qualified Long Term Care Services? If an unexpected and unintentional physical event occurs resulting in you being certified as a Chronically Ill Individual needing Qualified Long Term Care Services, we will pay the out of pocket expenses for those services as a result of the Injury. You may be able to receive up to two times your Maximum Daily Benefit, not to exceed your out of pocket expenses; however, only one times the Maximum Daily Benefit will be deducted from your Policy Maximum Amount. All of the benefits of the Policy are available through the Accident Benefit except: the Cash Benefit, the Global Coverage Benefit, the Remain At Home Benefit and the Extension of Long Term Care Facility Benefit. Please see your Outline of Coverage for details.

The event must occur between your Effective Date and your 67th birthday and you cannot be currently eligible for benefits. You must be certified as a Chronically Ill Individual within 90 days of the Injury and must satisfy the Elimination Period, if applicable. A medical event such as a Stroke, Heart Attack or Seizure is not an Injury. This is true whether there was a diagnosis of an underlying medical condition or not and must be independent of and unrelated to any and all existing medical conditions.]

[Relocation Benefit Endorsement

Living in a mobile society has allowed us to secure the best jobs or live in the parts of the country that we like best. However, the result is that families are now spread across the country, and you may be hundreds or even thousands of miles away from your loved ones. Once you are Benefit Eligible, the Relocation Benefit Endorsement pays for your out of pocket expenses for the transportation costs of moving you 100 miles or more to the location where you will receive care. The Relocation Benefit Endorsement is available one time during your Policy and has a Maximum Benefit of 15 times your Maximum Daily Benefit. This benefit allows you to move closer to friends or family and spend more quality time with your loved ones at this time of need. It may also allow you to receive care in a place where care is less expensive. Limitations and Exclusions apply. See your Outline of Coverage for details.]

Alternate Plan of Care Benefit

In the future, there may be care and services available that we could not anticipate when your policy was issued. New methods for care are being established every year. That is why TransCare® II includes an Alternate Plan of Care Benefit.

This benefit gives Transamerica Life Insurance Company the ability to consider whether to cover alternate Qualified Long Term Care Services not otherwise expressly covered by this Policy.

The Alternate Plan of Care Benefit will not be paid when any other benefits for care or services are being provided under the Policy. Limitations and Exclusions apply. Please see your Outline of Coverage for details.

Hospice Care Benefit

Sometimes the end of life may be a prolonged process and Hospice Care may be the best option for you. For this reason, TransCare® II has included a Hospice Care Benefit.

If you have no reasonable prospect of cure and have a life expectancy of six months or less, we will pay the out of pocket expenses you incur up to the Maximum Daily Benefit for each day of care by a Hospice Care Provider. We will pay a maximum of 180 days of Hospice Care. Benefits for Hospice Care are not subject to nor will they be applied toward satisfaction of the Elimination Period. This benefit may be used even if you are receiving Optional Care Coordination or the limited Hospice Benefit under the Global Coverage Benefit. Please see your Outline of Coverage for details.

[Rate Guarantee

The TransCare® II Policy includes a [5]-year Rate Guarantee. See "A Word About Premium Rates" for information about our right to increase premiums.]



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 Rider^[4] | Additional premium required.

You never know what life may bring your way. Unforeseen circumstances can impact even the best laid plans. That's why we designed TransCare® II with a Shared Care Benefit Rider to help with the unexpected. It allows couples to share each other's long term care benefits should one exhaust their own benefits; thereby extending their long term care insurance protection. This valuable benefit helps increase your flexibility in an uncertain future.

For example, if you and your spouse/partner purchase identical policies with a Policy Maximum Amount of [\$273,750], should one of you exhaust your Policy Maximum Amount, that person can then access the other's Policy benefits with the spouse/partner's written permission.

What if both Policy Maximums are exhausted? If one member of the couple exhausts both Policy maximums, the remaining spouse/partner can purchase an additional two years of coverage^[5] with no additional underwriting required.

What happens if a member of the couple dies? 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.

The Shared Care Benefit Rider helps you and your spouse/partner be better prepared for a changing future. You may be more confident knowing that you have customized your coverage to provide even greater protection for you and your hard earned assets.

Under 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.

Return of Premium Upon Death Rider | Additional premium required.

With the Return of Premium Upon Death Rider, when you die the beneficiary named on your application or your estate (if no beneficiary is named) will receive a lump sum totaling your premiums paid less claims paid. This may allow your heirs to receive the premiums you paid over the life of the Policy. [Not available with the Shared Care Benefit Rider [or limited pay policies].]

[Monthly Benefit Rider | Additional premium required.

Because the charges for long term care services may vary from day-to-day, this option makes your Long Term Care Facility, Home Care, Home Health Care and Adult Day Care 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.]

Nonforfeiture Benefit - Shortened Benefit Period Rider Additional premium required.

The Nonforfeiture Benefit – Shortened Benefit Period Rider allows for your coverage to continue on a limited basis if it would have otherwise lapsed due to non-payment of premiums. Your Policy must have been in effect for at least 3 years before this Rider will pay benefits. This may allow you to still be eligible to receive benefits when you need them. See Outline of Coverage for details.

^[4]Available 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].]

^[5]An 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.

Benefit Increase Options (BIOs)

Long Term Care services can be expensive and inflation causes their cost to increase almost every year. This results in a decline in the purchasing power of your money. The TransCare® II Policy allows you to help meet future costs by including available Benefit Increase Options.

You can choose from the following:

- [The **Simple Benefit Increase Option Rider** [3%] [or] [5%] increases your benefit amounts each year by [3%] [or] [5%] of the original benefit amount. Your benefits will increase by the same amount each year. | *Additional premium required.*]
- The **Compound Benefit Increase Option Rider** [3%] [or] [5%] increases your benefit amounts each year by [3%] [or] [5%] of the current dollar amount. | *Additional premium required.*
- [The **Step-Rated Compound Benefit Increase Option Rider** [3%] [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%] [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 **Tailored Benefit Increase Option Rider** automatically steps down the inflation protection amount at different stages of your life. You will receive an initial 5% Compound Benefit Increase Option prior to age 61. Then a 3% Compound Benefit Increase Option between ages 61 and 75. There will be no more benefit increases after your 76th birthday. Ask your insurance agent/producer for details. | *Additional premium required.*]
- [With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option, without evidence of insurability, at a future date 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 continue to increase your Maximum Daily Benefit regardless of any claims paid. However, the increases to your Policy Maximum Amount will be 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.

[Additional Rate Guarantee | *Additional premium required.*

If you would prefer to guarantee that your rates stay the same for a longer period of time, you may be able to purchase an Additional Rate Guarantee. This extended guarantee helps protect your TransCare® II Policy against possible rate increases by allowing you to purchase an additional 5 years of Rate Guarantee. This will give you a total of 10 years with your rates guaranteed, since a 5 year rate guarantee is included in the policy.

[If you prefer your premium payments to stay the same for the life of your policy, there are two ways you can accomplish that:

[Choose the 10-Pay Limited Payment Plan and purchase the Additional Rate Guarantee, in which case your premiums will not increase over those 10 years.]

[If you are age 55-60 you may choose the Pay to 65 Limited Payment Plan and purchase an additional Rate Guarantee of 1-5 additional years (not to go beyond the age of 65), allowing you to guarantee rates up to the time the Policy is paid up.]]

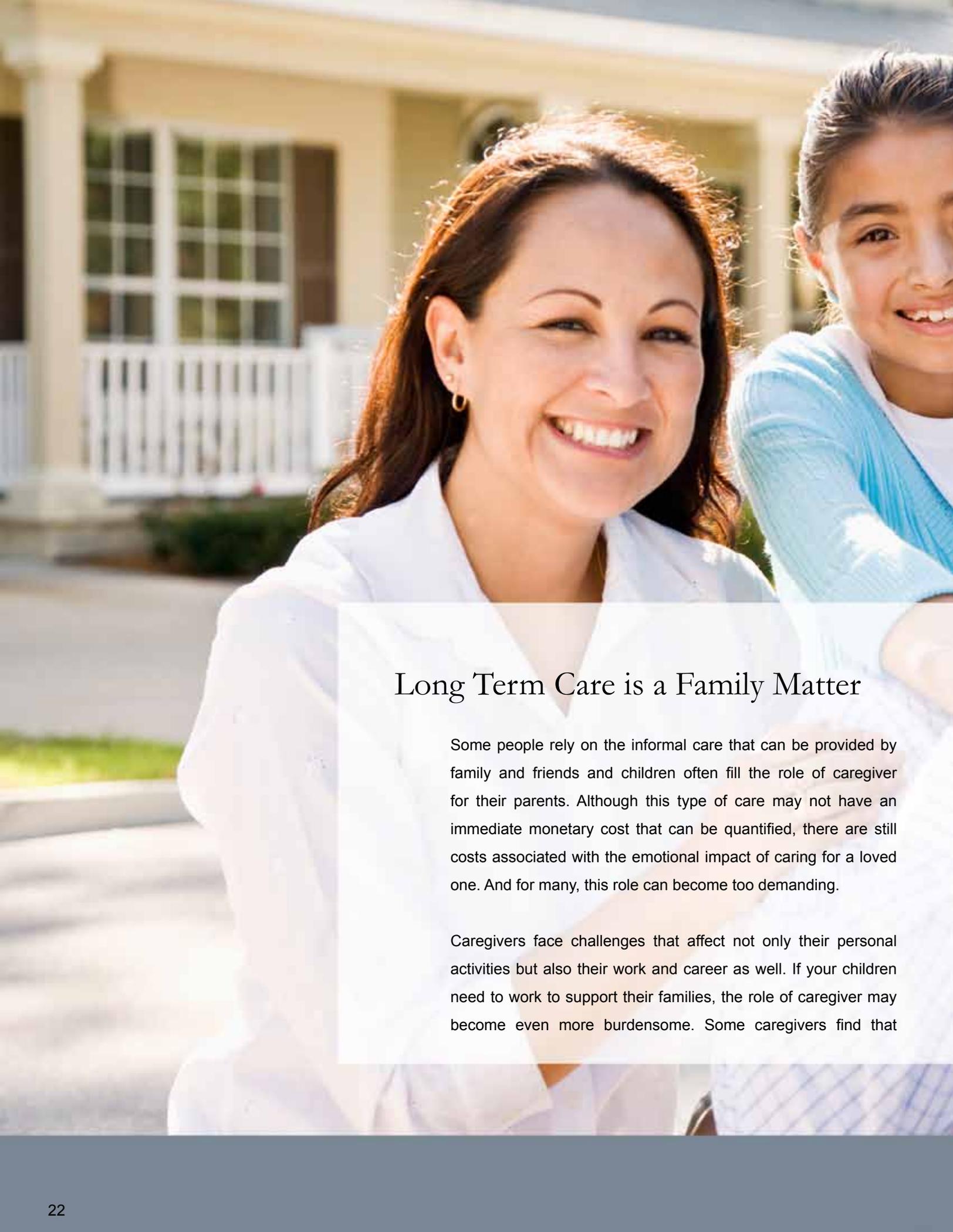
We offer the Additional Rate Guarantee to help increase your confidence in your Policy. See “A Word About Premium Rates” for information about our right to increase premiums.]

[Joint Waiver of Premium Rider | *Additional premium required.*

When one member of a couple needs care, financial resources may be strained. The Joint Waiver of Premium ensures that when one member of the couple becomes eligible for the Waiver of Premium Benefit, both members have their premiums waived. This may allow the healthy member to devote more to the one in need of care. We will stop waiving premium when your spouse/partner no longer qualifies for the Waiver of Premium Benefit. Couples will need to have identical policies with Joint Waiver of Premium Riders attached. Please see your Outline of Coverage for details.]

[Full Restoration of Benefits Rider | *Additional premium required.*

The Full Restoration of Benefits Rider will help if you have a long term care need from which you recover. If you were receiving benefits and then recuperate and are no longer receiving Qualified Long Term Care Services nor are benefit eligible for a period of 180 consecutive days, all benefits that were paid, except for Global Coverage Benefits, will be restored to the remaining Policy Maximum Amount. Benefits will be restored only one time during the life of the Policy but will not apply if you have exhausted your Policy Maximum Amount. This allows you to restore your Policy to its original amounts and have those amounts available in the future. Limitations and Exclusions apply. See your Outline of Coverage for details.]



Long Term Care is a Family Matter

Some people rely on the informal care that can be provided by family and friends and children often fill the role of caregiver for their parents. Although this type of care may not have an immediate monetary cost that can be quantified, there are still costs associated with the emotional impact of caring for a loved one. And for many, this role can become too demanding.

Caregivers face challenges that affect not only their personal activities but also their work and career as well. If your children need to work to support their families, the role of caregiver may become even more burdensome. Some caregivers find that



they must adjust their work schedule to accommodate the additional responsibility of caregiving. Family caregivers may sacrifice leisure time, and may suffer stress-related illnesses. Negative effects on working family caregivers can include lost time from work, lower productivity, and lower future earnings.

This may not only affect their finances now, but it may also diminish the amount of money they can set aside for their own retirement. Owning a TransCare® II Long Term Care insurance policy can lessen the burden of your children having to provide care for you. They may be able to assume more of an administrative role rather than be the primary caregiver. Let your loved ones offer help out of compassion rather than necessity.

Discounts

We have made buying TransCare® II Long Term Care insurance as affordable as possible by offering discounts that may be available to you. Discounts you receive when you are issued coverage will remain on your Policy, despite changes in your health.

Couples Discount^[6]

Couples may be eligible for a discount of up to [30%], as compared to standard individual rates. This discount is available to couples who apply^[6] for identical benefits.

Discount for Spouse/Partner Individuals Applying Alone

Individuals that are part of a couple, but applying for a TransCare® II Policy alone or applying for different coverage amounts, may be eligible for a discount of up to [15%], as compared to standard individual rates.

Preferred Health Discount

Individuals who have taken care of their health may be rewarded with a discount of up to [15%] off standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

Under 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.

[Payment Choices

With TransCare® II, you can choose how you will pay [for] your Policy [and for how long. Some people prefer to pay each year for the Lifetime of their Policy or until they receive Waiver of Premium. Others have different goals and may want to pay up their Policy before a certain time in their life by using one of our Limited Payment Options. The Payment Options you have available to you are:

- Lifetime
- [Pay to age 65 (Only pay until you turn 65. You must be under the age of 60 to select this payment option.)]
- [[10]-Pay (Pay for [10 years])]
- [[5]-Pay (Pay for [5 years])]
- [Single Pay (One payment of the entire premium gives you a paid up Policy)]
- [[XXX]-Pay (Pay for [XXX])]

With any of the Limited Payment Options, your premium payments may be higher than if you choose the Lifetime payment option. However, the number of years you pay premiums can be less. Your insurance agent/producer can give you more information about your payment choices.

You also have the choice of how often to pay your] premiums. You can select from the following:

- Annually (once a year)
- Semi-Annually (two times per year)
- Quarterly (four times per year)
- Monthly (twelve times per year)
- [XXXX]

Premiums will vary based upon your premium payment choice. The more often you pay, the higher your total premium amount may be per year. All premium selections are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.]

^[6]Must apply in good faith for identical benefits. Changes in benefit levels due to underwriting may result in the discount being reduced to [15%] for one or both members of the couple.

General Exclusions and Limitations

This Policy and any Rider(s) or Endorsement(s) attached to it will not pay benefits when you are eligible for confinement, care or services:

- (1) resulting from alcoholism or drug addiction or chemical dependency, unless as a result of medication prescribed by a Physician;
- (2) resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
- (3) due to participation in a felony, riot or insurrection;
- (4) for which no charge is normally made in the absence of insurance;
- (5) received outside the fifty (50) United States and the District of Columbia, or Canada; or
- (6) performed by a member of Your Immediate Family. Your Immediate Family member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

We will not pay for any confinement, care or service that is not included in Your Plan of Care. We will not pay for anything that is prohibited by state or federal law, including any law governing economic and trade sanctions.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit. This exclusion also will not apply to the Cash Benefit if received under the Global Coverage Benefit.

The exclusion regarding confinement, care or services received outside the fifty (50) United States and District of Columbia, or Canada will not apply to the Global Coverage Benefit.

Nonduplication of Coverage

This Policy will not pay benefits when confinement, care or services are:

1. provided in a government facility (unless otherwise required by law);
2. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
3. provided under any governmental programs (except Medicaid);
4. for services or items available or paid under another long term care insurance or health insurance policy; or
5. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law;

except to the extent that your out of pocket expenses exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

Substandard Rated Policies

The following are not available for a substandard rated policy: Waiver of Premium Rider – Cash Benefit, Waiver of Premium Rider – Home Care and Adult Day Care, Joint Waiver of Premium Rider, Return of Premium Upon Death Rider and Accident Benefit Endorsement.

Policy Termination

Your policy will not cancel or otherwise end because of your age or changes in your health. However, your Policy and all its benefits will end on the earliest of the following: the date the Policy lapses; the date of your death; the date the Policy Maximum Amount has been exhausted; our receipt of your written request to cancel this Policy.



30-day Right to Review

You have 30 days from the day you receive this Policy to review it and return it to Us or your insurance agent/producer. If you are not satisfied with your Policy for any reason, you may return it to Us within 30 days of delivery to you for a full return of premium.

Word About Premiums

The Policy allows the company to adjust premiums as needed, with prior approval if required by the Interstate Insurance Product Regulation Commission and/or 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.

Grace Period

You have a Grace Period of 65 days to pay each premium after the initial premium. If your premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your Policy will remain in effect during this Grace Period and will not lapse until 35 days after the date on the notice we have mailed to you and, if so designated, the third party.

Disclaimers

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 TLC 2-PAR 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.

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.

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 300,000^[7] 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.*

TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

Individual Long Term Care Insurance

II

^[7]Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

Transamerica Life Insurance Company

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