

State: Arkansas **Filing Company:** Western Reserve Life Assurance Co. of Ohio
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: Life Insurance Supplemental Illustration for Long Term Care Rider
Project Name/Number: /

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio
Product Name: Life Insurance Supplemental Illustration for Long Term Care Rider
State: Arkansas
TOI: LTC06 Long Term Care - Other
Sub-TOI: LTC06.000 Long Term Care - Other
Filing Type: Advertisement
Date Submitted: 01/08/2013
SERFF Tr Num: AESP-128839605
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: ICC 12 LTCR3 ILL 1212

Implementation
Date Requested:
Author(s): Joan King
Reviewer(s): Donna Lambert (primary)
Disposition Date: 01/14/2013
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Western Reserve Life Assurance Co. of Ohio
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
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General Information

Project Name: Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 01/14/2013
 State Status Changed: 01/14/2013
 Deemer Date: Created By: Joan King
 Submitted By: Joan King Corresponding Filing Tracking Number:

Filing Description:

This supplemental illustration is intended for use with individuals who are interested in purchasing a Long Term Care Rider with their Life Insurance policy.

Company and Contact

Filing Contact Information

Joan King, Compliance Assistant JFKing@aegonusa.com
 AEGON 727-557-3332 [Phone]
 570 Carillon Parkway 866-419-4389 [FAX]
 St. Petersburg, FL 33716-1202

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
 570 Carillon Parkway Group Code: 468 Company Type: Insurance
 St. Petersburg, FL 33716-1202 Group Name: WRL State ID Number:
 (727) 299-1800 ext. 2363[Phone] FEIN Number: 43-1162657

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 X \$50.00 = \$50.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Western Reserve Life Assurance Co. of Ohio	\$50.00	01/08/2013	66332059

SERFF Tracking #:

AESP-128839605

State Tracking #:

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ICC 12 LTCR3 ILL 1212

State:

Arkansas

Filing Company:

Western Reserve Life Assurance Co. of Ohio

TOI/Sub-TOI:

LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

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Life Insurance Supplemental Illustration for Long Term Care Rider

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	01/14/2013	01/14/2013

SERFF Tracking #:

AESP-128839605

State Tracking #:

Company Tracking #:

ICC 12 LTCR3 ILL 1212

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Disposition

Disposition Date: 01/14/2013

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	ICC 12 LTCR3 ILL 1212 AR COVER LETTER AND STATEMENT OF VARIABILITY	Approved	Yes
Form	ICC 12 LTCR3 ILL 1212	Approved	Yes

State: Arkansas

Filing Company:

Western Reserve Life Assurance Co. of Ohio

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Life Insurance Supplemental Illustration for Long Term Care Rider

Project Name/Number: /

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 01/14/2013	ICC 12 LTCR3 ILL 1212		ADV	Initial			ICC 12 LTCR3 ILL 1212 AR MATERIAL.pdf

Form Type Legend:

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

Western Reserve Life Assurance Co. of Ohio

Home Office: Columbus, OH

WRL Financial Foundation IULSM

Flexible Premium Adjustable Life Insurance with an Index Account Option Supplemental Illustration – Hypothetical Long Term Care Benefit Scenario

Rider Form Number: LTCR03

[John Doe]	Annual Premium:	[\$2,195.00]
[Male] Age [35] [Preferred Elite]	Initial Face Amount:	[\$250,000]
Riders: LTC		
LTC Rider Risk Class: [Preferred]	LTC Rider Specified Amount:	[\$250,000]

Assumptions:

HIPAA Per Diem Estimated Growth Rate: [4.00%]

Projected LTC Benefit Starting Age: [70]

Desired Daily LTC Benefit: [\$164]

HIPAA Per Diem Estimated Growth Rate This rate estimates annual increases to the HIPAA per diem amount. Higher growth rate estimates may illustrate a greater maximum monthly LTC benefit.

Projected LTC Benefit Starting Age The age at which monthly LTC Rider payments are estimated to begin.

Desired Daily LTC Benefit The daily LTC Rider benefit can be illustrated at an amount less than the maximum amount. Choosing a lesser amount could extend the period during which benefits may be payable. Benefits are paid monthly.

Premium Outlay During LTC Benefit Period For illustration purposes, premium payments cease during the LTC benefit period.

Remaining LTC Benefit The remaining LTC benefit is equal to the Long Term Care Rider Specified Amount reduced by any outstanding policy loan and the sum of previously paid LTC Rider benefits.

Level Death Benefit Option Once LTC Benefits Commence If the policy's death benefit option is not level when benefits begin on this supplemental illustration, we will change the death benefit option to level and adjust the Long Term Care Specified Amount accordingly.

Illustration Disclaimer This is a supplemental illustration, not a contract. Actual LTC coverage is subject to all of the terms and conditions of the LTC Rider.

Rider Charges LTC Rider charges are subject to change. They are based on the policy's amount at risk (as determined for purposes of the Monthly Cost of Insurance) and the table of Long Term Care Rider rates then in effect. The rates will not exceed those shown in the Table of Long Term Care Rider Guaranteed Maximum Monthly Charge Rates per \$1,000. You cannot be singled out for a rate increase. Any change in the monthly charge rate will apply to all persons of the same Long Term Care Specified Amount, age, sex, class of risk and any substandard rating whose riders have been in effect for the same length of time.

Annualized Guaranteed Charges: [119.28]/Year 1

Annualized Current Charges: [59.59]/Year 1

Underwriting Requirements This Rider is subject to full underwriting separate from the base policy underwriting. Long Term Care Rider Initial Underwriting Requirements: [MIB, PIL, Rx]

Preexisting Conditions This Rider has no preexisting condition limitations.

Grace Period The Grace Period for this Rider is 65 days. During the Grace Period this Rider will stay in effect.

Renewability This Rider is guaranteed renewable. Subject to the Rider's termination provision, this Rider will remain in force for as long as the policy remains in force and the required charges for this Rider are paid.

This is a supplemental illustration, not a contract or promise of future policy performance, and must be accompanied by the basic illustration. Non-guaranteed rates and values are shown and may not apply to an actual policy. Coverage is subject to the terms and conditions of the policy.

LTCR3 ILL 1212

Underwritten by Western Reserve Life Assurance Co. of Ohio, Columbus, OH

Western Reserve Life Assurance Co. of Ohio

Home Office: Columbus, OH

WRL Financial Foundation IULSM

Flexible Premium Adjustable Life Insurance with an Index Account Option Supplemental Illustration – Hypothetical Long Term Care Benefit Scenario

Rider Form Number: LTCR03

[John Doe]	Annual Premium:	[\$2,195.00]
[Male] Age [35] [Preferred Elite]	Initial Face Amount:	[\$250,000]
Riders: LTC		
LTC Rider Risk Class: [Preferred]	LTC Rider Specified Amount:	[\$250,000]

Elimination Period

The Rider has an Elimination Period of 90 days. This means that we will not pay benefits under the Rider for any period before the Insured has incurred expenses, on each of 90 separate days during which the Rider is in effect, for Qualified Long Term Care Services that would otherwise be covered under the Rider. These days of care or services need not be continuous. The Elimination Period has to be satisfied only once.

Residual Death Benefit Endorsement

Upon death of the insured while the policy is in force, we will pay the Residual Death Benefit instead of the death benefit that would otherwise be payable if it is more than such death benefit and:

1. The Insured dies during a Calendar Month for which a Monthly Long Term Care Benefit is due under the Long Term Care Rider; or
2. The Insured dies after we have paid the Rider Maximum Amount under the Long Term Care Rider.

The Residual Death Benefit is equal to the lesser of:

1. 10% of the lowest Face Amount of the Base Policy from its inception, less any outstanding Policy Loans; or
2. \$10,000.

General Exclusions and Limitations

Qualified Long Term Care Services do not include care, confinement or services:

1. Resulting from alcoholism, or drug addiction or chemical dependency unless as a result of medication used as 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 50 United States and the District of Columbia, or Canada; and
6. Performed by a member of your Immediate Family or the Insured's Immediate Family.

In addition, Qualified Long Term Care Services do not include care, confinement or services:

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); or
4. Paid or payable under any state or federal worker's compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; unless the costs incurred and paid exceed the amount covered by one of these entities, policies or programs.

Termination of this Rider

This Rider will terminate on the earliest of the following:

1. On the monthly policy date on or next following the date we receive your written request to terminate this Rider;
2. Upon termination (including any rescission) of the policy; or
3. When the Insured dies.

Federal Tax Consequences

This Rider is intended to be a federally tax-qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. Neither Western Reserve Life Assurance Co. of Ohio nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor, attorney, and accountant for assistance regarding these matters.

This is a supplemental illustration, not a contract or promise of future policy performance, and must be accompanied by the basic illustration. Non-guaranteed rates and values are shown and may not apply to an actual policy. Coverage is subject to the terms and conditions of the policy.

LTCR3 ILL 1212

Underwritten by Western Reserve Life Assurance Co. of Ohio, Columbus, OH

Western Reserve Life Assurance Co. of Ohio

WRL Financial Foundation IULSM

Flexible Premium Adjustable Life Insurance with an Index Account Option

Supplemental Illustration – Hypothetical Long Term Care Benefit Scenario

[John Doe]	Annual Premium:	[\$2,195.00]
[Male] Age [35] [Preferred Elite]	Initial Face Amount:	[\$250,000]
Riders: LTC		
LTC Rider Risk Class: [Preferred]	LTC Rider Specified Amount:	[\$250,000]

Non-Guaranteed Current Assumptions End of Year

Age	Year	Annual Premium Outlay	Annualized LTC Benefit	Cumulative Loan	Policy Value	Cash Surrender Value	Death Benefit	Remaining LTC Benefit
70	35	2,195	0	0	273,994	273,994	458,928	250,000
71	36	0	59,999	0	221,437	221,437	400,117	190,001
72	37	0	59,999	0	169,653	169,653	342,436	130,003
73	38	0	59,999	0	118,000	118,000	284,886	70,004
74	39	0	59,999	0	66,476	66,476	227,517	10,005
75	40	0	10,005	0	65,073	65,073	220,291	0
76	41	0	0	0	73,796	73,796	223,196	0
77	42	0	0	0	82,626	82,626	226,200	0
78	43	0	0	0	91,538	91,538	229,293	0
79	44	0	0	0	100,505	100,505	232,498	0
80	45	0	0	0	109,484	109,484	235,817	0
81	46	0	0	0	118,424	118,424	239,223	0
82	47	0	0	0	127,303	127,303	242,713	0
83	48	0	0	0	136,112	136,112	246,281	0
84	49	0	0	0	144,829	144,829	249,877	0
85	50	0	0	0	153,439	153,439	253,492	0
86	51	0	0	0	161,947	161,947	257,160	0
87	52	0	0	0	170,301	170,301	260,859	0
88	53	0	0	0	178,474	178,474	264,580	0
89	54	0	0	0	186,448	186,448	268,308	0
90	55	0	0	0	194,212	194,212	272,025	0
91	56	0	0	0	201,799	201,799	275,736	0
92	57	0	0	0	209,256	209,256	279,384	0

For illustration purposes only, all policy value is assumed to be in the Basic Interest Account. The non-guaranteed current values and benefits are based on an assumed interest rate of [3.50%] for the Basic Interest Account. Charges and cost of insurance rates are the current charges.

This illustration assumes a HIPAA Per Diem Estimated Growth Rate of [4.00%] and a Desired Daily LTC Benefit amount of [\$164].

[† The amount illustrated reflects loan interest paid in cash to avoid policy lapse.]

TRANSACTIONS ILLUSTRATED ON THE BASE ILLUSTRATION MAY NOT BE REFLECTED ON THIS HYPOTHETICAL LONG TERM CARE BENEFIT ANALYSIS. THIS ILLUSTRATION ASSUMES THAT THE INSURED CONTINUES TO BE ELIGIBLE FOR LTC RIDER BENEFITS AFTER THE PROJECTED LTC BENEFIT STARTING AGE.

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Western Reserve Life Assurance Co. of Ohio

WRL Financial Foundation IULSM

Flexible Premium Adjustable Life Insurance with an Index Account Option

Supplemental Illustration – Hypothetical Long Term Care Benefit Scenario

[John Doe]	Annual Premium:	[\$2,195.00]
[Male] Age [35] [Preferred Elite]	Initial Face Amount:	[\$250,000]
Riders: LTC		
LTC Rider Risk Class: [Preferred]	LTC Rider Specified Amount:	[\$250,000]

Non-Guaranteed Current Assumptions End of Year

Age	Year	Annual Premium Outlay	Annualized LTC Benefit	Cumulative Loan	Policy Value	Cash Surrender Value	Death Benefit	Remaining LTC Benefit
93	58	0	0	0	216,612	216,612	282,857	0
94	59	0	0	0	223,916	223,916	286,108	0
95	60	0	0	0	231,255	231,255	289,087	0
96	61	0	0	0	238,820	238,820	291,798	0
97	62	0	0	0	246,915	246,915	294,181	0
98	63	0	0	0	255,966	255,966	296,104	0
99	64	0	0	0	266,683	266,683	297,514	0
100	65	0	0	0	280,254	280,254	298,378	0
101	66	0	0	0	297,249	297,249	302,722	0
102	67	0	0	0	314,680	314,680	320,327	0
103	68	0	0	0	332,544	332,544	338,370	0
104	69	0	0	0	350,836	350,836	356,845	0
105	70	0	0	0	369,549	369,549	375,744	0
106	71	0	0	0	388,671	388,671	395,058	0
107	72	0	0	0	408,213	408,213	414,795	0
108	73	0	0	0	428,162	428,162	434,944	0
109	74	0	0	0	448,502	448,502	455,487	0
110	75	0	0	0	469,211	469,211	476,403	0
111	76	0	0	0	490,263	490,263	497,666	0
112	77	0	0	0	511,627	511,627	519,243	0
113	78	0	0	0	533,445	533,445	541,280	0
114	79	0	0	0	555,892	555,892	563,951	0

For illustration purposes only, all policy value is assumed to be in the Basic Interest Account. The non-guaranteed current values and benefits are based on an assumed interest rate of [3.50%] for the Basic Interest Account. Charges and cost of insurance rates are the current charges.

This illustration assumes a HIPAA Per Diem Estimated Growth Rate of [4.00%] and a Desired Daily LTC Benefit amount of [\$164].

[† The amount illustrated reflects loan interest paid in cash to avoid policy lapse.]

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Western Reserve Life Assurance Co. of Ohio

WRL Financial Foundation IULSM

Flexible Premium Adjustable Life Insurance with an Index Account Option

Supplemental Illustration – Hypothetical Long Term Care Benefit Scenario

[John Doe]	Annual Premium:	[\$2,195.00]
[Male] Age [35] [Preferred Elite]	Initial Face Amount:	[\$250,000]
Riders: LTC		
LTC Rider Risk Class: [Preferred]	LTC Rider Specified Amount:	[\$250,000]

Non-Guaranteed Current Assumptions End of Year

Age	Year	Annual Premium Outlay	Annualized LTC Benefit	Cumulative Loan	Policy Value	Cash Surrender Value	Death Benefit	Remaining LTC Benefit
115	80	0	0	0	578,986	578,986	587,276	0
116	81	0	0	0	602,745	602,745	611,273	0
117	82	0	0	0	627,189	627,189	635,961	0
118	83	0	0	0	652,336	652,336	661,360	0
119	84	0	0	0	678,208	678,208	687,491	0
120	85	0	0	0	704,826	704,826	714,374	0
121	86	0	0	0	732,210	732,210	742,032	0

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This illustration assumes a HIPAA Per Diem Estimated Growth Rate of [4.00%] and a Desired Daily LTC Benefit amount of [\$164].

[† The amount illustrated reflects loan interest paid in cash to avoid policy lapse.]

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AESP-128839605

State Tracking #:

Company Tracking #:

ICC 12 LTCR3 ILL 1212

State:

Arkansas

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Product Name:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	ICC 12 LTCR3 ILL 1212 AR COVER LETTER AND STATEMENT OF VARIABILITY	Approved	01/14/2013
Comments:			
Attachment(s):	ICC 12 LTCR3 ILL 1212 AR COVER LETTER.pdf ICC 12 LTCR3 ILL 1212 AR SOV.pdf		



Western Reserve Life Assurance Co. of Ohio
Administrative Office:
P.O. Box 5068
Clearwater, FL 33758
Home Office: Columbus, OH
Distributor: Transamerica Capital, Inc.
www.westernreserve.com

January 8, 2013

Jay Bradford, Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

**RE: WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
NAIC #91413, FEIN #43-1162657
Long Term Care Rider Advertising**

Form No. ICC12 LTCR3 ILL 1212 – Life Insurance Supplemental Illustration for Long Term Care Rider,
Illustrating Non-Guaranteed Values – Invitation to Contract

To Whom It May Concern:

Enclosed for review and approval is the above referenced long term care rider advertising form intended for use with the:

- Long Term Care Rider Form LTCR03 approved August 13, 2012 (SERFF Tracking # AEGB-128452303)
- Index Universal Life Insurance Policy Form IUL06 AR approved on May 22, 2012 (SERFF Tracking #AEGB-128352071)

This supplemental illustration replaces LTCR3 ILL 0712 previously approved by the State of Arkansas on August 17, 2012, SERFF Tracking # AESP-128645266. The supplemental illustration is intended for use with individuals who are interested in purchasing a Long Term Care Rider with their life insurance policy and must be accompanied by a basic policy illustration which details WRL's guarantees and required product disclosure.

Bracketed information is intended to be variable. Please see the attached Statement of Variability on the Supporting Documentation tab.

We trust that this filing will meet with your approval. If you should have any questions regarding this submission, please feel free to call me at (727) 557-3281, or contact me at my email address below. Thank you in advance for your consideration.

Sincerely,

Tracey Evans
Assistant Manager
Advertising Compliance
tracey.evans@transamerica.com



Western Reserve Life Assurance Co. of Ohio
Administrative Office:
P.O. Box 5068
Clearwater, FL 33758
Home Office: Columbus, OH
Distributor: Transamerica Capital, Inc.
www.westernreserve.com

**Statement of Variability
For Illustration Form ICC12 LTCR3 ILL 1212
Invitation to Contract**

Western Reserve Life Assurance Co. of Ohio is certifying the following:

1. The final form issued to the consumer will not contain brackets denoting variable text.
2. Any variable text included in this Statement of Variability will be effective only for future issues.
3. Only text included in this Statement will be allowed to be used on the referenced Form received by consumers.
4. Any changes to variable text or permissible ranges of values will be submitted for approval prior to implementation if required by the State of Arkansas.

VARIABLE DESCRIPTIONS:

Every Page - Footer:

Agent: Producer's name

Date: Date of quote (month/day/year)

State: State of issue

Version: software version number

Every Page – Top of Page:

For: The client's first and last name, sex, age, and base policy rate classification and smoker status (Preferred Non-smoker, Standard Non-smoker, Preferred Smoker, Standard Smoker, Select, substandard Table Ratings A – D)

LTC Rider Risk Class: Preferred Non-smoker, Standard Non-smoker, Standard Smoker, substandard Table Ratings A - D

Annual Premium: The first year premium outlay for the life insurance policy in dollars.

Initial Face Amount: \$25,000 - \$1,000,000

LTC Rider Specified Amount: \$25,000 - \$1,000,000

Top of Page 1 Only - Assumptions:

HIPAA Per Diem Estimated Growth Rate: 0% - 10%

Projected LTC Benefit Starting Age: 23 - 110

Desired Daily LTC Benefit: \$17 - \$657

Middle of Page 1 Only:

Annualized Guaranteed Charges – Year 1: Based on the age, underwriting class and LTC Rider Specified Amount for each insured.

Annualized Current Charges – Year 1: Based on the age, underwriting class and LTC Rider Specified Amount for each insured.

Underwriting Requirements:

Medical Information Bureau (MIB)

LTC Phone Interview (PIL)

LTC Phone Interview with Cognitive Screen (PIC)

Prescription History (Rx)

Face to Face Assessment (F2F)

Medical Records (PHI)

Illustration Columns Pages 3 -5:

Age: 18-75

Year: The numerical policy year.

Annual Premium Outlay: The annualized expected premium outlay in dollars.

Annualized LTC Benefit: The annualized desired daily LTC benefit in dollars (daily benefit times 365 days).

Cumulative Loan: Shows loan amounts and loan interest cumulatively for loans taken prior to the LTC Benefit start age.

Policy Value: The policy value of the life insurance policy in dollars.

Cash Surrender Value: The cash value of the life insurance policy in dollars, net of any loans and surrender charges.

Death Benefit: \$25,000 - \$1,000,000

Remaining LTC Benefit: \$0 - \$1,000,000

Beneath Illustration Columns – Pages 3-5:

Non Guaranteed Basic Interest Account and Index Account Interest Rates: The current interest rate declared by the company for the Basic Interest Account and an assumed annual Index Change for the Index Account(s).

HIPAA Per Diem Estimated Growth Rate: 0% - 10%

Desired Daily LTC Benefit: \$17 - \$657



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Beneath Illustration Columns – Pages 3-5 (Continued):

Footnote † The amount illustrated reflects loan interest paid in cash to avoid policy lapse.: This footnote will only show up when the user illustrates a scenario to pay loan interest in cash to avoid policy lapse. The amount paid in cash will appear under the existing “Annual Premium Outlay” column, but these specific values will be followed by this symbol: †.