



TRANSAMERICA LONG TERM CARE
MULTI-LIFE PRODUCER GUIDE

This guide is designed for electronic use, with active links to our most current product and sales materials and information.

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TRANSAMERICA LONG TERM CARE

Your Multi-Life Advantage

Knowing which insurance provider to trust and represent is one of the most important business decisions you make as a producer.

Transamerica Long Term Care (LTC) is a winning choice, especially for the multi-life market where the quality of a provider's services must meet the immediate demands of employers, associations and a wide range of applicants. Long Term Care insurance policies are underwritten by Transamerica Life Insurance Company.

Transamerica LTC makes your multi-life LTC insurance sales easy with our proven:

- **Easy to Sell Benefits** – multiple options to help meet the needs of your multi-life clients.
- **Innovative and Easy to Use Support Tools** – 24/7 access to the Agent Resource Center (www.taltc.com), TransQuote® Illustration System, TransQuote® Mobile for your smart phones, and multiple enrollment support options.
- **Solid Strength and Experience** – Over 25 years experience and expertise plus the confidence and security of high financial ratings.

Make multi-life your next big win with Transamerica LTC.



CLICK HERE TO VIEW THE
Transamerica LTCi Advantage Video

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SOLUTIONS FOR YOU

The Multi-Life Marketplace

Today's Long Term Care insurance agent stands at an amazing crossroads, where the needs of employers and employees are merging with a growing awareness of long term care and its impact. Your opportunity to offer a solution is remarkable and, in many ways, unparalleled. Consider the facts:

- Benefits continue to retain and attract **employees**: 60% of employees say that the benefits offered are an important reason why they remain with their employer. 49% of employees say benefits offered were an important reason they came to work for their company.¹
- **Employers** are motivated to learn more about the need for long term care and how LTC works. Long term care events can suddenly affect their employees, which affects their products, processes and success.
- **Growing awareness** of LTC costs and caregiving is hitting home as employees and employers now see the need in friends, neighbors or family members.

The emerging Multi-Life marketplace can be a winning proposition for your business, and Transamerica makes it easy with our next-generation LTC benefits and Business Advantage Program® for multi-life sales.

¹ American Association for Long-Term Care Insurance, 2011 LTCi Sourcebook.

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Transamerica LTC Benefits for Businesses

Business Advantage Program® – Your Winning Strategy for Multi-Life Sales

Transamerica's Business Advantage Program® is specially designed to make your multi-life sales easy, with thoughtful business solutions to meet every employer's need in this under-served market.²

- **Executive Advantage Program®** – an employer pay all (EPA) program for business owners, partners, board of directors, key executives or some other generally accepted defined class(es) of employees.
- **Corporate Advantage Program®** – the employer chooses to pay for a core benefit (Employer Pays Some – EPS) of at least \$50,000 total pool of money for all employees or some generally accepted defined class(es) of employees.
- **Employee Advantage Program®** – an insurance plan is made available to employees on a voluntary basis with no employer contribution (VOL).

Each program includes premium discounts, possible underwriting concessions, customizable benefits, and availability for extended Family Members. An employer may opt for a combination of programs. Transamerica supports your multi-life program every step of the way with program/plan design, Illustration capacity, educational materials, electronic enrollment, and live, personal telephone support for producers.

Transamerica LTC Benefits for Businesses

Our Long Term Care insurance products provide some of the best long term care benefits available that appeal to a wide range of employees and association members. For more information on benefits and benefit riders please refer to the Producer Guides.

² Employee Benefit Research Institute, April 2010

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THE RESOURCES YOU NEED

Transamerica Long Term Care

In today's ever-changing environment, you and your clients need a company you can rely on. With over 25 years of Long Term Care insurance experience, you can trust that Transamerica Long Term Care will be there when you need us.

Agent/Producer Support

On-Demand and On-Call

At Transamerica, producers are a priority. That's why we are known in the industry for providing exceptional, industry-leading service and support. We also equip you with on-demand tools and information.

- 24/7 access to our content rich Agent Resource Center (www.taltc.com)
- Online status of submitted applications and commissions
- TransQuote®: quote online or download the application to laptop or PC
- TransQuote® Mobile – quoting mobility for iPhone, iPad, and Android
- Experienced sales support from our team of Internal Wholesalers
- Effective Marketing Materials available for download and co-branding through the Agent Resource Center (www.taltc.com > Order Supplies > TransBuilder)
- Multimedia presentations and email campaign materials
- Electronic Enrollment
- A dedicated Worksite Administration Department

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Real Experience and Financial Strength

Transamerica Life Insurance Company

For over 25 years, Transamerica Long Term Care has been a leader in the Long Term Care insurance industry. Solid performance continues to rank Transamerica as one of the largest and most experienced financial services companies in existence today.

- **Strong** – High financial ratings from top rating agencies and a Comdex score of 93.³
- **Experienced** – More than 300,000 Long Term Care insurance policyholders.⁴
- **Reliable** – Approximately \$1,500,000 paid out in claims every business day.
- **Respected** – Backed by a 100-year-old company with a strong brand.

In today's world, you want a company that you can count on to be there when you need them. Transamerica will be there for you every step of the Multi-Life sales process.

³ Transamerica Life Insurance Company: Comdex as of 12/20/2011.

⁴ Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2012-13 AALTCI Sourcebook

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WORKSITE PROGRAMS WITH TRANSCARE® II

TARGETED MULTI-LIFE CHARACTERISTICS

Certain worksite characteristics are more likely to lead to sales of Long Term Care insurance to employees. In addition to size, other measures of sales predictability should be considered when planning to approach a worksite group.

FAVORABLE PROFILE	UNFAVORABLE PROFILE
<ul style="list-style-type: none"> Average age \geq 45 Employee incomes greater than \$35,000 Favorable LTC occupational risk characteristics (High Tech, skilled labor or “white collar”) High enrollment in multiple benefit programs Active marketing support of employer LTC not previously offered Strong marketing plan including employee education prior to the Open Enrollment Period Favorable demographics (ages, income, education, location) Existing employer sponsored protection and savings programs. Onsite access to employees for education and enrollment Seasoned LTC Multi-Life Producer or Enroller Employer funding until retirement List Bill – Payroll Deduction 	<ul style="list-style-type: none"> Average age is \leq 40 Employee incomes less than \$35,000 Low skilled labor or high turnover Poor enrollment with existing benefits or limited benefits available Low employer support Limited marketing plan or enrollment Multiple products (3+) being offered in a single enrollment Limited onsite access to employees No LTC pre Open Enrollment Period education program Limited LTC Multi-Life experience on part of Producer/Enroller Not payroll deduction/list bill

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Over the years, experience has shown that certain populations within various worksites are more likely to be interested in purchasing Long Term Care insurance. These High Potential Employees (HPE) are between the ages of 45 and 65 with an average annual income of \$35,000 or more.

All long term care worksites must be approved by Transamerica Life Insurance Company prior to making a formal commitment to the employer or soliciting any applications. Once you submit a signed **Service Group Request (SGR)** form, an **Implementation Memo** issued by the Home Office is our commitment to you and your client detailing the specifics of the offer. Due to the nature of certain industries, some Riders may not be available. Once an Implementation Memo has been issued, it is up to you to notify the employer that the enrollment has been approved and clearly communicate the specifics of the offer.

Keep in mind: Transamerica Life reserves the right to alter its underwriting criteria or other program features at any time and/or decline to underwrite any group based on overall risk factors. If you have questions regarding current guidelines, do not hesitate to contact your Managing Agent, Regional Sales Director, or Internal Wholesaler.

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THE BUSINESS ADVANTAGE PROGRAM®

Transamerica LTC has designed a turnkey Multi-Life program – the Business Advantage Program®. With the Business Advantage Program®, you and your clients can choose one or any combination of options – the Executive Advantage Program®, Corporate Advantage Program® or the Employee Advantage Program®.

- Worksite Discount Options based upon Employer contribution
- Four Underwriting Options based upon worksite/enrollment characteristics
- Couples Discounts
- Step-Rated Compound Benefit Increase Option (BIO) available with the Executive Advantage Program® (EPA) and the Employee Advantage Program® (voluntary) plans in all states except HI, MN & SD.
- Multiple Enrollment Options (including both paper and electronic applications)
- Re-Enrollment options - New Hire, Annual re-enrollment, or Full Underwriting
- Worksite compensation schedule is not reduced from individual sales compensation
- Individual, fully portable policies
- Marketing materials – enrollment emails, multimedia presentations, and co-branding
- Flexible illustration/proposal software available for you to run professional proposals
- Dedicated Worksite Administration Department

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TAX ISSUES FOR EMPLOYERS AND EMPLOYEES

For Businesses:

Businesses may be eligible for certain tax benefits if the business pays some or all of the Long Term Care insurance premiums of its employees. Businesses (C-corporations, S-corporations, partnerships) may be able to deduct the eligible premium as an ordinary business expense.

For Individuals:

Premiums for tax-qualified Long Term Care insurance policies cannot be purchased with pre-tax dollars. However, there may still be tax advantages for employees and other eligible participants. For example, Long Term Care insurance benefits paid by tax-qualified Long Term Care insurance policies are not considered taxable at this time. There is also the possibility of deducting a portion of the premium on an individual's tax return, if your client meets the age and income requirements.

For more detailed information, please see our Tax Guide. Neither Transamerica Life Insurance Company nor any of its insurance agents/producers or representatives give legal, tax, or accounting advice. Please suggest that your clients consult their legal and/or tax advisors for assistance if they have additional questions.

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THE BUSINESS ADVANTAGE PROGRAM® – QUICK GUIDE

NOTE: Each worksite must have at least 10 employees, with at least 5 employee applications.

	Employee Advantage Employer contributes \$0 or less than \$50,000 benefit pool	Corporate Advantage Employer funds at least \$50,000 benefit pool	Executive Advantage Employer funds 100% of the premium
Policy Type	Individual – fully portable		
Discount*	5%	10%	10%
Requirements	Each class must have at least 5 employees Classes must be generally accepted, defined groupings In NY, no more than 50% employer contribution for Corporate Advantage In NY, no more than 25 employees for Executive Advantage		
Underwriting Types available	SI, AA & Full U/W available, determined by participation requirement set before enrollment begins. For MGI see page 18		
Plan limits SI, AA and Full	\$200/day with \$400,000 maximum total pool of money Maximum plan may not exceed 5 x the minimum offered		
Buy -ups ⁵	Buy-ups allowed: Plan designs outside the limits set for the group require full U/W and risk being declined or rated. Program discount still applies. Counts for participation.		No Buy-ups allowed. All participants must get the same benefit
Those eligible	Employees, spouse/partners, extended family members (adult children, parents, In-laws, siblings, grandparents, step parents, aunts, uncles, and cousins) age 18-79.		
Worksite discount for Spouse/Partner	(same as employee)	(same as employee)	(same as employee)
Extended Fam- ily Discount	5% (Fully underwritten)		
Additional Spouse/Partner Discounts	10% one insured (In CA, 15%) 20% both insured with identical benefits (In CA, 30%)		
Open Enroll- ment	60 days		

* Discount offers assume List Billing for all employees. Occasional exceptions may be made but the entire group may be changed to 5% discount if not on list bill. No deposit with application required for anyone on the list bill. All others must submit 2 months premium with application (1 month in CA).

⁵A “buy up” occurs when the Daily Benefit, Benefit Period, or total Pool of Money is more (or sometimes less) than the plan design limits.

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WORKSITE DISCOUNTS

The Executive Advantage Program® (Employer Pay All)

The Executive Advantage Program® allows you to help employers who are looking for ways to reward and retain a defined class(es) of employees. To qualify, employers must pay full LTCi premiums for a targeted employee group. Employers may tailor this benefit to certain employees by specifying the employer's own qualification criteria, since LTCi is not currently subject to IRS nondiscrimination laws. Company savings may include a substantial premium discount and possible tax advantages.

Key points:

- 10% discount is available for members of a qualified class and their spouses. Extended-family members eligible for a 5% discount.
- Employer must fund a minimum benefit pool of \$50,000. (In NY, no more than 25 employees.)
- Discounts assume list billing, employer payment, and that employer funding will end at retirement.
- The employer pays 100% of the premium for one single benefit plan provided to 100% of the members of any defined class of employees.
- "Buy ups" are not allowed.
- Defined classes must follow generally accepted, well defined groupings such as: job titles, income groupings, management/non-management, or partners/associates. All members of a defined class must be treated the same. Minimum class size of 5 employees.

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The Corporate Advantage Program® (Employer Pay Some)

This program is for employers who wish to fund a base plan for all employees or one or more defined class(es) while allowing them the option of buy-ups. The Corporate Advantage Program® offers:

- Up to 10% discount on coverage for eligible employees and their spouses. Extended family members eligible for a 5% discount.
- Employer must fund a minimum benefit pool of \$50,000. (In NY, no more than 50% employer contribution.)
- Discount availability assumes list billing, employer contribution, and that employer funding will end at retirement.
- Defined classes must follow generally accepted, well defined groupings such as: job titles, income groupings, management/non-management, partners/associates, etc. All members of a defined class must be treated the same. Minimum class size is 5 employees.
- The core benefit must be the same for all members of any defined class.
- “Buy ups” are allowed - more than the maximum benefit for the group requires full underwriting

The Employee Advantage Program® (Voluntary)

More employees are becoming aware of this protection. This program allows your clients to provide Long Term Care insurance as a voluntary benefit and provides for:

- 5% discount on coverage for eligible employees, their spouses and extended family members.
- Discount availability assumes list billing.
- This program is available for either all or a defined class(es) of employees.

Step-Rated Compound Benefit Increase Option (BIO) is available with the Executive Advantage Program® (EPA) and the Employee Advantage Program® (voluntary) plans in all states except HI, MN & SD. This will help open up new opportunities and allow your multi-life clients to take advantage of the guaranteed benefit increases of a compound BIO at a reduced premium (as compared to the traditional Compound BIO).

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ADDITIONAL DISCOUNTS

Business Advantage Program[®] Discounts

Besides the premium discount offered for your applicants, extended family members are eligible for a 5% discount under the Business Advantage Program[®].

POLICY SAVINGS

Discounts are provided for couples who maintain a shared residence for at least 2 years.

Couples⁸ Discount amounts vary by policy type and have policy-specific requirements. For TransCare[®] II, spouse/partner policies must have like-benefits. For TransCare[®] III, spouse/couple policies can differ. However, when spouse/partners apply for either the Shared Care or Joint Waiver of Premium Rider for TransCare[®] III, the benefits of the policy will need to match in order to receive the couples discount.

A reduced discount is available for a spouse/partner when only one spouse applies for coverage or whenever both spouses apply and one is declined for coverage.

A preferred health discount may be offered in addition to other discounts available and will be determined at the time of underwriting.

Some discounts may be offered simultaneously to help your clients save more.

⁸Under this policy, the term “spouse/partner” and “couple” may include married persons, domestic partners and/or civil union partners. In ID, LA & VA, Couple means legal spouse only. In MT, the term “companion” is defined as a legal spouse or an adult not related by blood to the Policyholder who: (1) resides with the Policyholder on a continuous basis and shares the same address, living expenses, rent and/or mortgage; and (2) has exchanged powers of attorney, or has designated his or her companion as the primary beneficiary under his or her will and/or testamentary trust.

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UNDERWRITING

Transamerica Life is proud to have one of the most flexible multi-life underwriting programs in the Long Term Care industry. We will work with you to develop the appropriate underwriting program for all of your multi-life cases. Each fully completed Service Group Request form and census will be analyzed and reviewed to determine the most appropriate underwriting type(s) and discount(s) available. Final case parameters will be reflected on the Implementation memo.

Underwriting Types:

TYPE	AVAILABILITY	PREMIUM CLASSES	EVIDENCE
Modified Guaranteed Issue (MGI)	Up to age 65 Worksite Home Office Pre-approval	Standard	“A” Application Section
Simplified Issue (SI)	Up to age 65 Worksite Home Office Pre-approval	Standard	“A & B” Application Sections RX Database MIB
Abbreviated Application (AA)	Up to age 65 Association Worksite Home Office Pre-approval	Preferred Standard Rated 1-2	“A & B” Application Sections Telephone Interview RX Database, MIB and APS on all Face to Face (F2F) Assessment “for cause”
Full Underwriting	All ages All products All distribution channels Home Office Pre-approval	Preferred Standard Rated 1-2	Full application or “ABC” sections RX Database, MIB and APS on all Telephone Interview (<age 69) Face to Face Assessment (age 70+ or “for cause” at all ages)

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Please keep in mind the following:

- If the worksite does not meet the participation levels during Open Enrollment, the entire worksite will be required to undergo Full Underwriting, the discount(s) may change, and no re-enrollments of any kind will be allowed.
- Any applicant, who is offered coverage on a MGI/SI basis, who chooses to apply for benefits outside the offered program and who is subsequently declined or rated for health reasons after being Fully Underwritten, cannot default back to the MGI/SI underwriting.
- There will be no Multi-Life discounts available with MGI cases.
- Requests for increases in benefits that are made past the enrollment end date will not be approved unless the client re-applies and goes through full underwriting.
- At time of application specific individuals may be required to complete the entire application (sections “A,” “B” and “C”) based on individual events or health history.
- A Medical Information Bureau (MIB) and the Prescription Drug Database (Rx) will be ordered on any SI, AA or Full Underwriting application. Additional underwriting evidence will be ordered based upon the underwriting type or for cause at the Underwriter’s discretion. Publically available information will also be used at the Underwriter’s discretion.
- A minimum of 5 applications is required to establish a list bill and to qualify for any worksite discount.
- Transamerica Life reserves the right, without limitation or liability, to (i) change or discontinue any marketing concept, underwriting program or premium discount; (ii) amend, discontinue, or stop selling any Policy; (iii) change any Policy premium rate; (iv) change the conditions or terms under which any Policy is offered; (v) reject any application for a Policy; and/or (vi) use publically available information.

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Employee Worksite Underwriting: Participation and Benefits

Underwriting Type	Max Age	Participation Requirements	Maximum Benefits
MGI	65	Greater of 50 EE applications or 100% of the defined class	\$100,000 - \$250,000 Pool 90 Day Elimination Period \$100 - \$200 Daily Benefit
SI	65	Greater of 10 EE applications or 5% of HPE	\$400,000 Pool 90 Day Elimination Period \$200 Daily Benefit
AA	65	5 EE applications	All Available
Full	79	5 EE applications	All Available

- HPE = High Potential Employees / Age 45-65 and income ≥ \$35,000/yr.
- Each Worksite requires a full analysis and review after submission of a fully completed and signed Service Group Request Form and Census. Once a full analysis and review has been performed, approval details (such as Underwriting Type, Benefits, Discounts, Open Enrollment Period, Effective Date, Billing Information etc.) will be documented and distributed in an Implementation Memo. The Implementation memo reflects the approved case parameters and no changes can be made to the case parameters after the start of the Open Enrollment Period.
- MGI, SI and AA require applicant to be employed Full Time for at least six months at enrolling worksite. Full Time is defined as 30 hours per week. We will consider a full time definition down to 20 hours per week if supporting documentation is provided from the employer at the time the Service Group Request form is submitted. The documentation must reflect the number of hours and that employees are eligible for other voluntary employer funded benefits.
- For MGI Underwriting, the employer must be funding a minimum pool of \$100,000 for the greater of 50 eligible employees or 100% of the defined class. The maximum pool available under MGI underwriting is \$250,000. Request for preferred rate will not be accepted if an employee is eligible for and purchasing benefits within the MGI Underwriting concessions.
- For SI Underwriting, the Maximum Daily Benefit and the Maximum Benefit Pool can't exceed five (5X) times the Minimum Benefit Pool. Request for preferred rate will not be accepted if an employee is eligible for and purchasing benefits within SI Underwriting concessions.

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- Applications with total benefits outside the approved MGI and SI Maximum Benefits or where Participation Requirements are not met are subject to Full Underwriting.
- For cases with very favorable risk characteristics in a high cost area, Daily Benefits up to \$300 may be considered subject to Underwriting approval. The maximum pool of benefits will not exceed \$400,000.

Example:

A submitted census has 1000 eligible employees (30 hrs per week and six months on the job). We analyzed the case and found 250 fit the HPE criteria. To receive consideration for MGI underwriting we would require the employer to be funding for a generally accepted defined class equal to the greater of 50 eligible employees or 100% of the defined class. To receive consideration for SI underwriting we would need 13 applications (13 = 5% of the HPE population and is greater than 10). The approval of the case is contingent upon the submission of a full completed and signed Service Group Request form up front.

Spouse Underwriting

- Full and AA underwriting are normally available for spouses. MGI is never available to spouses.
- In situations where there is an Executive Advantage or Corporate Advantage defined class of employees that is 25 or greater, SI underwriting may be available for the Executive Advantage/Corporate Advantage employee's spouses who are employed full-time, up to age 65. Spouse benefits must be identical to the employee's benefits.

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ENROLLMENT OPTIONS

Transamerica LTC has three options available for enrolling your worksite opportunities:

1. You and your staff, with support from your Managing Agent, enroll the case.
2. Transamerica LTC's National Sales Desk (NSD) assists you in the enrollment of the case (compensation adjustment required. See your RSD for additional details).

Advantages of NSD Enrollment Support:

- Because our NSD is licensed in all 50 states, we can provide support for enrollment in states where you may not be LTC licensed.
- Our NSD can help improve your overall group participation by assisting with the entire group enrollment or just a selected segment.
- Assistance with spouses or employees not located at the core enrollment site.
- Fully integrated electronic process with electronic signature for timely processing.

3. Transamerica Life can provide per diem enrollers (compensation adjustment required. See your RSD for additional details).

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Additional Sales Support:

Case Management

Each case you sell will be assigned a single point of contact at Transamerica LTC, someone who is dedicated to providing you with everything you need to maximize your case opportunities. We are here to answer your questions, recommend helpful marketing materials, and guide you through the process.

Electronic Enrollment

Streamline your enrollments with laptops from Transamerica LTC, preloaded with software including your case's rates and plans (available in most states.) Everything is set up for you to hold a one-on-one enrollment with each applicant without the need for paper forms. We require a minimum of three weeks advance notice to set up an electronic enrollment program. Additional information will be required on the census to support this option.

Telephone Enrollment

Use the experienced, licensed agents/producers at our National Sales Desk to extend your reach to spouses, parents, in-laws and other extended family you may not have time to contact personally, or we can enroll the entire worksite with telephone enrollment. Our agents can follow up and walk applicants through the application process and facilitate the enrollment of designated clients, even after business hours. The National Sales Desk has proven experience showing increased participation, and can multiply your time for a moderate adjustment in commissions.

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STEPS TO CASE IMPLEMENTATION FOR AN EMPLOYER GROUP

We make it easy for you to quote and win multi-life cases. Once you have met with an employer who has expressed an interest in offering an employer sponsored plan to their employees, follow these steps to implementation:

Step 1

Determine if there will be an employer contribution for any or all employees so you can develop tentative plan designs and run quotes or rate sheets. For large groups, rate sheets may be more appropriate. For smaller groups or executive carve-outs, run quotes using census data for the group.

If you have a multi-life prospect that is ready to take the next step, you can begin to prepare your proposal using the TransQuote® Illustration System. TransQuote® is available for download or online quoting through the Agent Resource Center (www.taltc.com). Your Managing Agent or Independent Marketing Organization should be your first contact for help in running quotes, but everything you need to run them yourself is available on our website, as well as a training video: Creating a Quote with a Census.

Census data may be submitted with any plan design information, such as level of employer funding, to multi-life@transamerica.com for a High Potential Employee (HPE) Analysis. The HPE analysis is an optional service to help producers anticipate what underwriting level we may approve once the Service Group Request (SGR) form is received for consideration. The less information we have on the census, the more conservative the tentative underwriting offer will be. Please provide complete data.

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Step 2

Meet with employer to develop a marketing plan, discuss plan design and get a commitment to move forward. Obtain complete census data in excel format for all employees (whether being offered coverage or not) and a signed SGR (Service Group Request) form, available on the www.taltc.com website at the bottom of the home page.

• Census must include

- Unique Identifier (Employee ID or Last Name, First Name)
- Date of Birth
- Date of Hire
- Salary
- Full Time/Part Time
- Job Title
- Marital Status
- Gender
- State of Residence

When a Third Party Administrator is involved details of the arrangement must be submitted and the Home Office MUST approve the Third Party Administrator. A TPA Agreement must be completed prior to submission of applications. Contact our multi life support team at 888-475-6925 for assistance.

For information on completing the SGR form, please consult our short training video on www.taltc.com > Agent Resources > Training Material > Multi-Life > Multi Media Presentations - *Developing an Employee Communication Plan and Completing a Service Group Request Form.*

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Step 3

Submit complete census and signed SGR form to multi-life@transamerica.com for Home Office approval. The worksite's risk characteristics, employer funding, marketing plan, enrollment support, agent experience and access to employees will be used in determining the rate structure, discounts, underwriting type and open enrollment (OEP) dates for each employer group. The Home Office reserves the right to approve or not approve any Worksite or Association.

Step 4

Once your case is approved, an Implementation Memo will be distributed with a clear explanation of all the rules and requirements applicable to that group. It is important that you review the Implementation Memo, as it will govern the case from start to finish and cannot be changed after the OEP begins.

The Implementation Memo includes the Service Group Number (SGN) which is to be recorded on EACH application. The SGN drives the discounts and underwriting and without it you may experience processing delays or errors in applying the correct discounts and underwriting levels.

If the required participation number is not met, the entire group must go through full underwriting. It does not drop down to the next level (i.e. from MGI to SI.) There are NO exceptions to this rule so please make sure you are comfortable with the number of employee applications required. If a more conservative number is appropriate please let us know before beginning the enrollment.

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Step 5

Review and confirm the details of the Implementation Memo with the client and start executing your marketing plan. We will schedule 2 calls:

- Implementation call with the agent to go over the rules and details of the offer to the worksite or association.
- Billing call with the person at the worksite who will be responsible for remitting premiums

The agent is responsible for ordering all materials from the Order Supplies tab on www.taltc.com. Any overnight shipping charges must be paid by the agent so please plan ahead. If the order is noted as over the limit, it will automatically be routed to our approval desk for special consideration, so you can still submit the order yourself.

Co-branded marketing materials are available on www.taltc.com under Order Supplies > TransBuilder. Talk to our multi life specialist about the availability of customized emails or BrainSharks. Please allow approximately 2 weeks for any customized marketing materials.

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Step 6

Enrollment may only begin once the Implementation Memo is issued. Applications must be submitted using the Worksite Transmittal form to:

For regular mail delivery

Transamerica Worksite Administration
P.O. Box 95302
Hurst, TX 76053-5302

For overnight mail delivery

Transamerica LTC
1900 L Don Dodson Dr. Suite 300
Bedford, TX 76021

Or fax to **1-888-816-7481**

Applications must be dated within the Open Enrollment Period (OEP) with Service Group Number indicated on each application. (See Implementation Memo for scheduled OEP.)

For Paper enrollments, applications must be signed within the OEP dates and received in the Home Office no later than the date noted on the Implementation Memo (15 days following the last day of the OEP.)

For Electronic enrollments both the agent and applicant must sign and submit (upload) the application to the home office no later than the last day of the OEP.

Marketing and Enrollment

To ensure the highest level of participation, we recommend that you start your communications campaign well in advance of the start of enrollment. Communications can include online presentations, email campaigns, endorsement letters from the employer and posters. Educational meetings should be mandatory, preferably about 15 minutes long, and designed to have employees schedule one-on-one appointments to learn more and enroll.

For tips on developing an easy-to-run marketing plan, please see the *Multi-Life Enrollment Communication Guide* on www.taltc.com > Order Supplies (search: Enrollment Communication Guide).

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HOW TO SUBMIT BUSINESS

Keep in Mind: State variations may require the use of additional or different forms. Electronic enrollment may require additional forms or state-specific processes. Please contact your Managing Agent or Regional Sales Director for additional details.

At the time of application, the following items **MUST** be delivered:

- The Disclosure Package that includes the following:
 - Disclosure Statement (Disclosure Form in some states)
 - “Things You Should Know Before You Buy Long Term Care insurance”
 - Potential Rate Increase Disclosure Statement, if applicable
 - Authorization for the Release of Health Information
 - Privacy Notice
 - Disclosure Notice – Medical Information Bureau and Fair Credit Reporting
 - Replacement Notice form should be used, if applicable
 - Conditional Receipt
- State specific forms or guides if applicable
- The NAIC Shopper’s Guide to Long Term Care insurance
- Guide to Health Insurance for People with Medicare (if 65 or older)

Keep in Mind: The “Coverage Comparison Section” of the NAIC Shopper’s Guide must be completed any time a comparison of Long Term Care coverage is done.

Must be submitted with application:

Signed Authorization for the Release of Health Information

Signed Replacement Notice, if applicant is replacing existing coverage

A completed Personal Worksheet

Service Group Number (SGN) must be indicated on EACH application where indicated

Applications for MGI, SI or AA underwriting must be signed during the OEP and received in Home Office within 15 days of the last day of the OEP.

Applications completed after the end of the OEP or received more than 15 days after the OEP will be subject to Full Underwriting.

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Resident States

In most cases, the application should match the applicant's state of residence. In certain situations, the application must be signed in either the state in which the application was completed or the applicant's state of residence, but this is considered an exception. Special delivery receipts may be required. Agent must be properly appointed.

The Interstate Compact (IC) States are: AL, AK, CO, GA, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NH, NM, NC, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY.

Please use the following Applicant Situations below to determine whether there is an exception to the rules.

APPLICANT SITUATIONS:

(1) If the two states in question, the state of residence of the applicant and the state where the application is being taken, are both states covered by the IC, an IC policy can be issued for that person and no special delivery receipt is required.

(2) If the applicant is a resident of an IC state, but the application is being taken in a non-IC state, the producer should refer to the Resident State Guidelines and Chart found on the Agent Resource Center (ARC). And if a policy can be issued outside the resident state (see the chart for specific states), a special delivery receipt will be required.

(3) If the applicant is a resident of a nonIC state, then there are three states an agent should be aware of: CT, NJ and NY. CT does not allow anything other than a CT policy to be issued to their residents. The chart on the ARC outlines the requirements for an agent in order to write an out of state policy on a NJ or NY resident. The special delivery receipt requirements will also apply.

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Payroll Deduction – List Bill

A payroll deduction – List Bill program allows LTC premiums to be withheld from the employee’s checks and paid directly to Transamerica Life Insurance Company by the employer.

- At least 5 applicants must select this option to establish a Payroll Deduction – List Bill.
- Initial premium is not required when the Payroll Deduction – List Bill payment option is selected.
- The effective date will be established by the Home Office per the Implementation Memo. Do not communicate an effective date to the employer until you have received an Implementation Memo.
- Premium rates will be based on each insured’s age as of the policy’s effective date.
- Backdating to save age will not be permitted.
- At the employer’s discretion, a payroll deduction form may be required with each application.

The Payroll Deduction – List Bill may include the employee’s dependents and other eligible extended family members purchasing a LTC policy through the employee’s relationship with the employer. This is contingent upon the approval of both the employer and the employee.

For applicants paying premiums through Payroll Deduction – List Bill, the policy effective date will normally be the first of the month following two full months from the date the application is received.

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The following is an example from the Implementation Memo illustrating the correlations between our receipt of the worksite application and the policy effective date. Each worksite Implementation Memo includes this information:

Applications Received at Home Office	App Receipt Dates	Payroll Deduction Dates	Effective Dates
Apps On or Before	July 31	September 1	October 1
Apps After	July 31	October 1	November 1
Apps On or Before	August 31	October 1	November 1
Apps After	August 31	November 1	December 1
Apps on or Before	September 30	November 1	December 1

Example: The application is signed August 1 and received before August 31. Count forward to the first of the following month, September 1. Then, go forward two months to November 1. The effective date would be November 1. Use this date to correctly determine the insured’s age to quote the appropriate premium on the application.

The correct initial premium covering the full premium cost must be submitted by the employer within sixty (60) days of the billing effective date or the policy will be considered “not paid” and never in-force. Future premiums must be remitted to the Home Office by the 10th of the month following the month in which premiums were payroll-deducted. All Payroll Deduction – List Bill worksite cases will receive a payroll register one month prior to the billing effective date.

If an employee terminates employment, the date of termination should be noted by the employer on the List Bill and all collected premium should be submitted (including partial premiums) to the Home Office. The employee will be contacted by the Home Office with instructions for continuing their coverage under a new payment plan.

If the employee wishes to cancel coverage, they must send the request in writing to the Home Office. The employer and/or employee should call the Customer Service Department at 1-800-227-3740 for guidance. The employee will be contacted by the Home office with instructions for discontinuing their coverage.

Direct Bill worksites also follow the above defined effective dating rules.

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Submitting initial Premium – Non List Bill Business

For all non list billed applicants, two months premium must be submitted with the application (CA requires only one (1) month).

Payment options are check, EFT, or credit card (MasterCard, Visa, Amex and Discover). Credit card can be used to pay initial premium only, up to one (1) full annual modal premium.

Credit Card payment is not available in AK, CA, MD, NV, NC, NJ, or NY.

Electronic Funds Transfer is recommended for initial premium payment to ensure that you will not have to go back to the client for additional funds. We will draft the premium from their account based upon what is ultimately due. Differences could occur due to a Class Rating in underwriting or a Cash with Application (CWA) difference.

If EFT is selected, when the policy is approved a letter will accompany the policy notifying the applicant that 15 days from the date of this letter we will be drafting your bank account for the amount below. We cannot accept cashier's checks, certified checks from a bank, or money orders.

Monthly direct billing is not available.

When Payroll Deduction is selected, no initial premium is necessary with the application.

Balance of Premium

The balance of any premium due must be received in the Home Office before the policy is placed in force.

Delivery Requirements

Completed delivery requirements must be returned to the Home Office within 30 days from the date the policy was mailed to the applicant.

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Delivery Receipt

When a policy is delivered by the agent, a delivery receipt must be completed. The delivery receipt must be signed and received in the Home Office within 25 days. If the delivery receipt has not been received by the 25th day, a new policy will be sent directly to the policyholder.

This will ensure compliance with the requirements under the IRS code which mandate that tax-qualified long term care policies be delivered to the policyholder within 30 days of approval.

A delivery receipt is always required when the policy is delivered (mailed) before it is placed in force if any of the following is applicable:

- In the states of Louisiana, Nebraska, Pennsylvania, South Dakota, and West Virginia
- When the policyholder's resident state is different than the state where the application was signed
- Note that the agent may instruct the Home Office to send the policy directly to the policyholder

Ongoing Premium Payments

For premium payments after the initial premium payment, electronic funds transfer (EFT) or check are the only forms of payment accepted. We will accept EFT authorization for all modes of payment. Direct bill available for annual, semi-annual or quarterly only. Money **orders, cashier's checks or certified checks from a bank are not accepted.**

Signed Endorsement

When required, a signed endorsement must be received in the Home Office before the policy is placed in force. Endorsements are required for changes to benefits, changes in premium, and corrections to an incomplete or incorrect application.

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Replacements

We strongly recommend that you compare the proposed policy with the current policy and document the reasons for recommending a replacement. We suggest that you retain your own copy of this written comparison and recommendation. You and the applicant will then need to sign the replacement form and return it along with the application.

If the Long Term Care insurance policy is replacing a policy underwritten by another AEGON Insurance Group Company:

- We will ask for the agent's brief, written explanation as to why this replacement is in the policyholder's best interest.
- Any LTC policy or rider replacing an existing LTC policy or rider pays the 2nd year commission rate in the 1st year.

Conditional Receipt

The Conditional Receipt should be completed and given to the applicant. If the premium is paid by payroll deduction, the premium collected field should indicate \$0.00 in most cases.

Note: Transamerica offers conditional insurance for list billed multi-life applications submitted without premium deposit.

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RE-ENROLLMENTS AND NEW HIRES

Enrollment after a successful initial Open Enrollment Period (OEP) is available when one of the following options is requested at the time of the original worksite approval. If no re-enrollment option is chosen on the SGR when the group is submitted for approval, Option III is the default. Once the re-enrollment option has been approved and the initial OEP has started no future changes to the re-enrollment option is allowed.

Option I - Annual Re-enrollment

Annual Open Enrollment Periods may be available, subject to Home Office approval, for Worksites that successfully met their previous enrollment period's participation requirement. The method of underwriting will be determined according to the following criteria:

Annual Re-enrollment period with Modified Guarantee Issue (MGI), Simplified Issue (SI), and Abbreviated Application (AA) may be available if:

- The original/previous participation level was met, and
- The Home Office has approved the re-enrollment

Applicants must have been employed full-time for at least 6 months with the sponsoring employer at the time of application and appropriately answer all application questions.

If the required re-enrollment Service Group Request form and census are not received within 12 months within the end of the initial OEP no future applications will be accepted.

Re-enrollment Participation Requirements

Re-enrollment Participation Requirements apply when Option I is selected and the re-enrollment is applicable to all employees. If the re-enrollment participation requirement is not met no future enrollments will be allowed or accepted. The original underwriting level will not necessarily be offered for re-enrollments with this option.

A current census and Re-enrollment Form must be submitted to the Home Office for review 90 days prior to the proposed OEP. The Home Office will determine the current HPE and the total employee counts that will be used to establish the number of HPE's which will be required. HPE's are considered to be ages 45-65 with annual incomes greater than \$35,000.

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Underwriting Type	Participation Requirements	Previous Enrollment Participation
Modified Guarantee Issue (MGI)	Greater of 50 EE applications or 100% of defined class	Worksite must have met all participation requirements during the previous enrollment
Simplified Issue (SI)	Greater of 10 EE applications or 5% of HPE	Worksite must have met all participation requirements during the previous enrollment
Abbreviated Application (AA)	Greater of 10 EE applications or 5% of HPE	None
Full	None	None

Depending on the Worksite’s enrollment policies and Home Office agreement, new employees may be eligible to apply for coverage at any time using Full Underwriting. Full Underwriting may also be available at anytime to applicants, who do not meet the MGI, SI, and AA criteria or who wish to apply outside of the approved Annual Re-enrollment period.

Option II - New Hire Rule (Available for new hires only)

- New employees that become eligible can apply for coverage, using the same underwriting (MGI, SI or AA) if the employee applies within 30 days after they have reached six months of employment with their employer. Note: All approval parameters will be listed in the Implementation Memo.
- Transamerica reserves the right to request a census annually for Worksites that choose Option II.
- MGI, SI, and AA will not be available to the employee after the 30 day period. Once the 30 day period has passed, the employee must undergo Full Underwriting.

Option III - Full underwriting

Full underwriting is available to new and current employees subject to the Employer’s enrollment policies and Home Office agreement.

Re-Enrollment Work Flow for Annual re-enrollments

- Step 1** Submit the appropriate re-enrollment form and current Census data to the Home Office 90 days prior to proposed re-enrollment date.
- Step 2** Re-enrollment Implementation Memo released
- Step 3** Confirm employer commitment and schedule events leading to enrollment.
- Step 4** Enrollment

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ASSOCIATION PROGRAMS WITH TRANSCARE® II AND TRANSCARE® III

While all worksite cases must use TransCare® II, specific association cases may also require TransCare® II. For Multi-Life association sales, quote TransCare® III unless:

- Membership in the association is a term or condition of employment.
- The association acts or negotiates on behalf of its members in matters of pay, benefits, grievances, work hours, or other terms or conditions of employment.
- Employees of an association member or employees of the association are eligible to apply for coverage.

	TransCare® II	TransCare® III
Applicant is an employee of the Association	X	
Applicant is an employee of an Association member	X	
Association acts or negotiates on behalf of any applicant regarding matters of pay, benefits, grievances, work hours, or other terms or conditions of employment.	X	
Worksite cases	X	
Individual sales		X
Associations with no connection to employment status		X

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ASSOCIATION REQUIREMENTS

Open up new markets for your business by using Transamerica's Multi-Life program to reach members of Associations with discounted premiums and possible adjustments to standard underwriting rules.

In order for an association to be considered for one of the two programs described below, the Association must satisfy the following requirements:

- Have a Constitution or Charter and bylaws;
- Be formed for purposes other than the sale of insurance;
- Have been in existence for at least two (2) years;
- Have an independent operation with its own board of directors, conducting documented board meetings and an annual meeting of association members;
- Have (at least 250) dues paying members who have affirmatively joined the association;
- Have a true affinity relationship between the organization and its members;
- Offer a wide array of membership benefits such as fellowship, education/training, newsletters, meetings/events/activities, advocacy or community services. It may also offer commercial benefits such as travel discounts, bank and or other financial services offers and discounts, coupon offers, prescription drug or health related discounts, etc.

Two different Association discounts are available:

Affinity (Non-Professional)

Our basic program includes a 5% discount and is available to most Associations, including:

- Organizations such as, but not limited to, churches, service groups, social organizations, etc.
- Organizations such as chambers of commerce, unions, industry/trade Associations, or members of a particular job type.

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Professional

Some professional Associations may qualify for a 10% discount, based on further specific criteria in addition to the basic requirements described above:

- Members must have a direct relationship with a specific career or profession (CPAs, Engineers, Computer Analysts, etc.).
- The Association and Marketer must exclusively endorse and market only Transamerica Long Term Care to the members.
- The risk profile of Association members must be very favorable for LTC.
- Transamerica must review and approve a comprehensive marketing plan.
- A compensation adjustment may be required for that specific Association.

Underwriting

Abbreviated Application (AA) is available to eligible members of Associations that meet prescribed size and participation requirements. To be eligible for Abbreviated Application, Association members and spouses must be age 18-65 and actively at a workplace on a full-time basis (30 hours or more) for at least 6 months.

Those who are not eligible for Abbreviated Underwriting – including Association members working part time, spouses working part time, and other extended family members (children, siblings, parents of the employee, parents of the spouse, and other family members such as cousins) – may apply for coverage with Full Underwriting.

Association Member Underwriting Types	Abbreviated Application (AA) if full time employed and age 18 - 65 If not working full time, Full Underwriting (Full) for all individuals 18-79
Spouse Underwriting Types	Abbreviated Application (AA) if full time employed and age 18-65 Otherwise ages 18 – 79 Full Underwriting
Family Members Underwriting Types	Full Underwriting ages 18 – 79

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Association Size (Minimum size 250 members)	Annual Participation Requirements			
	Professional		Affinity	
	Quarterly	Annually	Quarterly	Annually
250-2,500 members	5	25	3	12
2,501-5,000 members	10	50	3	12
5,001-10,000 members	15	75	5	25
10,001+ members	0.2%	1.0%	0.1%	0.5%

Association programs must meet the minimum participation requirement as indicated on the Implementation Memo. Participation will be monitored quarterly. If the participation falls below the prescribed levels, appropriate action will be taken up to and may include closing the Association to new LTCi sales.

For very large Associations, Transamerica will consider individualized marketing plans. Options may include adjustments to underwriting rules per Association segments or regions.

Other Discounts

Besides the Association Multi-Life Discounts, applicants may qualify for additional premium discounts offered by their policies (see page 15).

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STEPS TO CASE IMPLEMENTATION FOR ASSOCIATION BUSINESS

Below are suggested steps to implementing your next case.

Step 1

Download the appropriate forms: All Association cases require the submission of the Association SGR form and a detailed marketing plan before an Implementation Memo can be issued. These and other forms are available on the Agent Resource Center or by contacting your multi-life case contact at 866-475-6925 for assistance.

Step 2

Meet with the Client to develop the Program design that meets the situation. Complete the Association Service Group Request (SGR) form and have it signed by both the Association representative and the Agent. Submit the SGR along with Articles of Incorporation or By-Laws.

- When a Third Party Administrator is involved, details of the arrangement must be submitted and the Home Office MUST approve the Third Party Administrator. A TPA Agreement must be completed prior to submission of applications. Contact the National Sales Desk for assistance.

Step 3

Request Home Office approval: The submitted Association SGR, Articles of Incorporation or By-Laws and the marketing plan will be evaluated in the Home Office. The Association's unique risk characteristics, marketing plan, enrollment plan, etc. will be used in determining the discounts, underwriting type, and participation requirement for each association. The Company reserves the right to approve or not approve any Worksite or Association.

Step 4

Once your case is approved, an Implementation Memo will be released documenting the discount, underwriting type and participation requirements, etc. It is very important that you review the Implementation Memo as it will govern the case from start to finish.

The Implementation Memo includes the Service Group Number (SGN) which is to be recorded on EACH application in the "Employer/Assoc. No." box in the Business Information section located at the beginning of the application. The SGN drives the discounts and underwriting and, if omitted, causes processing delays and will result in your client not receiving the appropriate discount or underwriting concession.

Step 5

Review and confirm the details of the Implementation Memo with the Client.

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CONTRACTING AND LICENSING

Insurance Agents/Producers

All Long Term Care agents/producers must be properly licensed and be current on all Long Term Care training requirements for all state(s) in which they expect to do business. Agents will be contracted and appointed with Transamerica Long Term Care before being permitted to take any applications under Transamerica Life Insurance Company (TLIC).

Producers who are interested in selling Transamerica Long Term Care Insurance should contact their marketing organization for the Application for Appointment and the Agent Agreement. If your managing agency does not have a Transamerica selling agreement, please call our marketing team at 1-888-545-2713 and we will introduce you to a distribution channel that will best support your sales.

Transamerica Life Insurance Company Licensing Department contact information:

Transamerica Life Insurance Company
Licensing Department
P. O. Box 95302
Hurst, TX 76053-5302
Telephone: 1-866-588-8745
Fax: 1-866-630-7496
Email: LTCLicensing@transamerica.com

Once an agent has been appointed, a welcome letter will be sent to the agent, along with the executed contract, via email or mail.

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Enrollers

Enrollers must be licensed and appointed through Transamerica Long Term Care. The LTC Marketing Department will notify all internal departments when enrollers are involved with a service group. All of the previous information applies when enrollers are involved except for the following:

- Correspondence – all correspondence normally going to the writing agent will instead be sent to the submitting agent.
- Commission – Since commission is not paid by the LTC Division to enrollers, they will not receive commission statements.
- Reports – enrollers will not receive any production reports. These will be sent to the submitting agent.

“Purchasing Long-Term Care Insurance through the workplace is more attractive...”

– Kiplinger’s Personal Finance, “Long-Term Care Insurance for Less” December, 2008

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TRANSAMERICA MULTI LIFE – AT A GLANCE

0-Day Elimination Period for Home Health Care and Cash Benefit

Cash Benefit – 1/3 of monthly benefit paid in cash, instead of reimbursement

Return of Premium and Accident Benefit* to age 67

Plan design riders (subject to state availability):

Monthly Home Care | 3% & 5% Compound BIO | Joint Waiver of Premium

3%** & 5% Step Rated BIO for Executive & Employee Advantage Programs (N/A in HI, MN & SD)

Shared Care | Full Restoration of Benefits | Return of Premium upon Death | Nonforfeiture Benefit

Underwriting

Modified Guaranteed Issue - Section A: 3 questions, Standard rate class

Greater of 50 Employee applications or 100% of defined class

Simplified Issue - Sections A & B: 8 questions, Standard rate class

Greater of 10 Employee applications or 5% of HPE*

MIB and Prescription drug checks to verify Section A & B answers

Abbreviated Application - Sections A & B: same 8 questions but with phone interview and Medical Records for all applicants

At least 5 Employee applications

Telephone interview questions similar to section C questions

All rate classes available, including preferred

* HPE = age 45-65, working full time, earning at least \$35,000/year

- Approval is not guaranteed.
- Underwriting will review all information provided and determine the most appropriate underwriting type, discount, participation and enrollment period. The final offer will be communicated in the form of an implementation memo.

*Not available in CA.

**Not available in IN.

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Discounts

Multi-life Discounts determined by who pays the premium. All discounts assume List Billing.

- 5% Employee Advantage Program* (Voluntary, no Employer contribution)
- 10% Corporate Advantage Program* (Employer pays for at least \$50,000 benefit pool; Buy-ups allowed) (In NY, employer contribution is no more than 50%)
- 10% Executive Advantage Program* (Employer pays all premium; no Buy-ups allowed) (In NY, no more than 25 employees)
- Marital discounts available in addition to worksite discounts

Benefit Limits for SI Employer Sponsored Plans

- Up to 200/day (to 300/day in high cost areas) \$400,000 maximum lifetime benefit
- Total benefit pool for largest plan cannot be more than 5x the smallest plan
- 90-day elimination period for facility (1st day coverage for HHC and Cash Benefit built in)
- For MGI: \$100,000-\$250,000 pool; \$100-\$200 Daily Benefit

Marketing Support for Large Enrollments

Please confirm availability before offering.

- Electronic Enrollment - Census feed with electronic signature platform (laptop deployment)
- Transamerica Life Internal Call Center, licensed in all 50 states - Enroll entire group or partial
- Marketing enrollment materials, per-diem enrollers, Microsites & multimedia presentations

Additional Important Facts

- Employer must have at least 10 employees; each case must have at least 5 Employee applications.
- We do not offer “True Group” LTC plans. These are individual, fully portable policies, requiring an application for each applicant. We need a complete census of all employees (whether being offered coverage or not) and a signed Service Group Request form to review for an offer.
- Different plan designs can be offered to different classes of employees for the same worksite, such as a Corporate Advantage plan for management and Voluntary for other employees.
- Associations: Employment-related=TransCare® II. Non-employment related=TransCare® III.

Multi-life@transamerica.com 866-475-6925

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A Company You Can Count On

With Transamerica Long Term Care, you get a valuable planning solution for your clients and powerful tools to make your job easier – including personal agent support when you need it.

The Benefits Your Clients Want:

- Cash benefit included
- Flexible Multi-Life Programs
- Spouse/Partner Discounts
- 4 Underwriting Options

Powerful Agent Tools and Support Agent Resource Center (www.taltc.com)

- TransQuote® Illustration System
- TransQuote® Mobile for iPhone®, iPad® and Android⁹
- Flexible Multi-Life Programs
- Personalized, Live Agent Support

Transamerica Life Insurance Company

Financial Strength and Experience

- High Financial Ratings
- Highly Experienced
- 300,000¹⁰ LTCi Policyholders

\$1.5 million¹¹ in Long Term Care claims paid every business day

⁸Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone and iPad are trademarks of Apple Inc.

⁹Android is a trademark of Google Inc.

¹⁰Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2012-13 AALTCI Sourcebook

¹¹Transamerica Life Insurance Company, 2013

This is an individual Long Term Care insurance policy underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA, or in NY Transamerica Financial Life Insurance Company (Administrative Office: P.O. Box 93003, Hurst, Texas 76053-3003). Policy ICC13 TLC-4, ICC10 TLC-3 or Policy Series TLC 2-P 0410, TFL 2-P NYF 0410, or TFL 2-P NYAF 0410. Qualifying for benefits is required. Benefit options not available in all states. Policy features may be named differently depending on state. Exclusions and limitations apply. Premiums and benefits vary based upon plan selected.

