TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231

LTC Individual - Comprehensive - Tax Qualified Male

POLICY FORM: TLC 3-P CA 0313M

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.													
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other	_				
YES	YES	YES	YES	YES	YES	NO	NO	YES					
MPB Company Notes:	select any pol		p to an equival	ent of 6 years w					46000, 182500, 219000. Other Notes: Insured may 00 with a maximum benefit of \$250,000 may be selected				
2. Nursing	Home/Facili	ty Daily Ber	nefit Amoun	ts (NHB) - T	here is a mir	nimum and ma	ximum amo	ount offered	d in dollar increments.				
Minimum	Maximum	Increment	Day	Week	Month	None	Other						
\$50	\$500	\$10	YES	NO	NO	NO	NO						
NHB Company Notes:	Enter Notes: None reported by the company.												
3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.													
100%	90%	80%	75%	70%	Other								
YES	NO	NO	NO	NO	NO								
RCFE Company Notes:													
4. Home Ca	are Benefit A	Mounts (H	CB) - Repres	sents the per	centage of H	ome Care Ber	nefit Amount	t for Compi	rehensive Policies.				
100%	90%	80%	75%	70%	60%	50%	None	Other					
YES	NO	NO	NO	NO	NO	NO	NO	NO					
HCB Company Notes:	Enter Notes: None reported by the company.												
5. Home Care O	only Benefit Amo	ounts (HCBO) - 1	There is a minimu	Im and maximum	amount offered in	dollar increments.							
Minimum	Maximum	Increment	Day	Week	Month	None	Other	1					
HCBO Company Notes:	^{ny} Not Applicable: This LTC policy form is not a Home Care Only policy.												
6. Qualifica	tion for Ben	efits (QB)											
QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2	_						
YES	NO	NO	NO	NO	NO	NO							
QB Company Notes:	The need for human assistance or continual supervision to perform at least2 of6 Activities of Daily Living.												
7. Eliminati	on Period (I	EP) = In days	Select all th	at applies.									
0	20	30	60	90	100	CALENDAR	SERVICE	Other					
YES	NO	YES	YES	YES	NO	NO	YES	YES					
EP Company Notes:	Enter Notes:	180 day EP ava	ailable										

8. Inflation Protection (IP)

Notes:

9. Waiver of Premium (WAVP)

Enter Notes: If you are receiving benefits under the Facility or Home Health Care provisions, or if you are receiving the cash benefit.

TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231

Long Term Care Insurance Rates

POLICY FORM: TLC 3-P CA 0313M MALE

LTC Individual - Comprehensive - Tax Qualified Male

	30 Day Elir	nination Per	<mark>iod - Servic</mark>	e	90 Day Elimination Period - Service							
		3 YEAR										
	3 YEAR	MAXIMUM			3 YEAR	3 YEAR						
	MAXIMUM	POLICY		LIFETIME	MAXIMUM	MAXIMUM	LIFETIME	LIFETIME				
	POLICY	BENEFIT -	LIFETIME	BENEFIT -	POLICY	POLICY	BENEFIT -	BENEFIT -				
	BENEFIT - NO		BENEFIT - NO		BENEFIT - NO	BENEFIT - WITH	NO	WITH				
	INFLATION	INFLATION	INFLATION	INFLATION	INFLATION	INFLATION	INFLATION	INFLATION				
ISSUE AGE	PROTECTION	PROTECTION	PROTECTION	PROTECTION	PROTECTION	PROTECTION	PROTECTION	PROTECTION				
40	\$551	\$3,120			\$469	\$2,655						
45	\$639	\$3,240			\$544	\$2,757						
50	\$764	\$3,263			\$650	\$2,777						
55	\$902	\$3,347			\$768	\$2,848						
60	\$1,240	\$3,634			\$1,056	\$3,093						
65	\$1,817	\$4,142			\$1,546	\$3,525						
70	\$2,781	\$5,229			\$2,367	\$4,450						
75	\$4,535	\$7,302			\$3,860	\$6,214						
80												

Note: 0 day EP for HHC, marital discounts available, 5 year rate guarantee, preferred rate class