TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231

LTC Group - Comprehensive - Tax Qualified

POLICY FORM: TLC 2-P CA 0410

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 365, 730, 1095, 1460, 1825, 2190 (Number of Days) times the Nursing Facility Daily Benefit =36600, 7300, 109500, 146000, 182500, 219000. Other Notes: Insur- select any policy maximum up to an equivalent of 6 years with a minimum of 1 year. For example, a daily benefit of \$200 with a maximum benefit of \$250,000 may and will provide \$200 per day for 1250 days. 2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments. Minimum Maximum Increment Day Week Month None Other \$50 \$400 \$10 YES NO NO NO NO NHB Company Enter Notes: None reported by the company. No NO NO NO NO NO NO NO NO NO NO NO NO NO NO So \$400 \$10 YES NO NO NO NO NO NO	
YES YES YES YES YES YES NO NO YES IMPB 365, 730, 1095, 1460, 1825, 2190 (Number of Days) times the Nursing Facility Daily Benefit =36500, 73000, 109500, 146000, 182500, 219000. Other Notes: Insurate select any policy maximum up to an equivalent of 6 years with a minimum of 1 year. For example, a daily benefit of \$200 with a maximum benefit of \$250, 000 may and will provide \$200 per day for 1250 days. 2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments. Minimum Maximum Increment Day Week Month None Other \$50 \$400 \$10 YES NO NO NO NO NHB Company Enter Notes: None reported by the company. No NO NO NO Statistic Statistic Statistic 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 NO NO RCFE company Notes: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF ALF Notes	
MPB Company Notes: 365, 730, 1095, 1460, 1825, 2190 (Number of Days) times the Nursing Facility Daily Benefit =36500, 73000, 109500, 146000, 182500, 219000. Other Notes: Insur- Motes: 2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments. Minimum Maximum Increment Day Week Month None Other \$50 \$400 \$10 YES NO NO NO NO NHB Company Notes: Enter Notes: None reported by the company. No NO NO NO 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 NO NO RCFE Company Notes: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF Inter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF 100% 90% 80% 75% 70% 60% S0% None Other YES NO NO NO NO NO NO NO NO	
Company Notes: select any policy maximum up to an equivalent of 6 years with a minimum of 1 year. For example, a daily benefit of \$200 with a maximum benefit of \$250,000 may and will provide \$200 per day for 1250 days. 2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments. Minimum Maximum Increment Day Week Month None Other \$50 \$400 \$10 YES NO NO NO NO NHB Company Notes: Enter Notes: None reported by the company. Notes: 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 RCFE Company Notes: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF Notes: 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company.	
Minimum Maximum Increment Day Week Month None Other \$50 \$400 \$10 YES NO NO NO NO NHB Company Notes: Enter Notes: None reported by the company. Enter Notes: None reported by the company. Image: Company Notes:	
\$50 \$400 \$10 YES NO NO NO NO NHB Company Notes: Enter Notes: None reported by the company. Image: Company Notes: Image: Company State Image: Company State Image: Company State Image: Company State Image: Company State Image: Company State Image: Company Notes: Image: Company State Image: Company Image: Company State	
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: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company. Enter Notes: None reported by the company.	
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: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF Image: Company Notes: 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. Image: Company Notes: 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company. Enter Notes: None reported by the company. Image: None No NO NO NO NO NO NO	
100% 90% 80% 75% 70% Other YES NO NO NO NO NO RCFE Company Notes: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company.	
YESNONONONORCFE Company Notes:Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.100%90%80%75%70%60%50%NoneOtherYESNONONONONONONOHCB CompanyEnter Notes: None reported by the company.Enter Notes: None reported by the company.	
RCFE Company Notes: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company. Enter Notes: None reported by the company. Enter Notes: None reported by the company.	
Company Notes: Enter Notes: RCFE is included in the Facility definition in states that use the RCF definition rather than ALF 4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies. 100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company.	
100% 90% 80% 75% 70% 60% 50% None Other YES NO NO NO NO NO NO NO HCB Company Enter Notes: None reported by the company. NO NO NO NO NO	
YES NO NO NO NO NO HCB Company Enter Notes: None reported by the company. Image: None reported by the company.	
HCB Company Enter Notes: None reported by the company.	
Company Enter Notes: None reported by the company.	
5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.	
Minimum Maximum Increment Day Week Month None Other	
HCBO Company Not Applicable: This LTC policy form is not a Home Care Only policy.	
6. Qualification for Benefits (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 The need for human assistance or continual supervision to perform at least2 of6 Activities of Daily Living. Notes:	

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)									
				5%							
IP Methodol	ogy			Compound	5% Simple	Guaranteed Purchase Option	Other				
Explain IP Meth anniversary of benefit and the The premium v Inflation: On e- rider, the maxin	the effective da daily benefit w vill not increase ach anniversar	ite of this rider, ill be increased . Step-rated Co y of the effective	the maximum by 3% or 5%. ompound e date of this								
premium will be	e increased by	3% or 5%.		YES	NO	NO	YES				
IP Company Notes:	3% and 5% C	ompound, 3% a	and 5% Step Ra	ated Compound							
9. Waiver o	f Premium (WAVP)									
Enter Notes: If	f vou are receiv	ing honofito un	dar the Facility		A						
	you are receiv	ing benefits und	ber the Facility	or Home Health	Care provision	s, or if you are red	ceiving the cas	sh benefit.			
	-			PANY - NAI					nce Rates	<u> </u>	
TRANSAM	ERICA LIF	E INSURAI					Long Term	n Care Insura			
TRANSAM	ERICA LIF	E INSURAI 2-P CA 041	NCE COMP	PANY - NAK	C 86231		Long Tern	n Care Insura - Comprehei			
TRANSAM	ERICA LIF	E INSURAI 2-P CA 041 mination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION	NCE COMP	PANY - NAIO	C 86231		Long Tern	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	PANY - NAIO	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO	BRICA LIF DRM: TLC 2 30 Day Elir 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	ICE COMF	PANY - NAIO	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO ISSUE AGE 40	BRICA LIF ORM: TLC 2 30 Day Elir 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$749	E INSURAI 2-P CA 041 mination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$3,258	ICE COMF	PANY - NAIO	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$637	3 YEAR 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$2,773	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO ISSUE AGE 40 45 50 55	BRICA LIF DRM: TLC 2 30 Day Elir 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$749 \$868 \$970 \$1,158	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$3,258 \$3,586 \$3,586 \$3,687 \$3,971	LIFETIME BENEFIT - NO INFLATION PROTECTION	PANY - NAIO	C 86231 90 Day Elin 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$637 \$739 \$826 \$985	aination Perio 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$2,773 \$3,052 \$3,138 \$3,379	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO ISSUE AGE 40 45 50 55 60	BRICA LIF DRM: TLC 2 30 Day Elir 30 Day Elir 30 Day Elir 30 Day Elir 30 Day Elir 90 LICY BENEFIT - NO INFLATION PROTECTION \$749 \$868 \$970 \$1,158 \$1,600	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$3,258 \$3,586 \$3,687 \$3,971 \$4,848	LIFETIME BENEFIT - NO INFLATION PROTECTION	PANY - NAIO	90 Day Elin 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$637 \$739 \$826 \$985 \$1,362	a year Maximum Policy BENEFIT - WITH INFLATION PROTECTION \$2,773 \$3,052 \$3,138 \$3,379 \$4,126	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO ISSUE AGE 40 45 50 55 60 65	BRICA LIF DRM: TLC 2 30 Day Elir 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$749 \$868 \$970 \$1,158 \$1,600 \$2,383	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$3,258 \$3,586 \$3,586 \$3,687 \$3,971 \$4,848 \$5,792	LIFETIME BENEFIT - NO INFLATION PROTECTION	PANY - NAIO	2 86231 90 Day Elin 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$637 \$739 \$826 \$985 \$1,362 \$2,028	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$2,773 \$3,052 \$3,138 \$3,379 \$4,126 \$4,929	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO ISSUE AGE 40 45 50 55 60 65 70	BRICA LIF DRM: TLC 2 30 Day Elir 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$749 \$868 \$970 \$1,158 \$1,600 \$2,383 \$3,660	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$3,258 \$3,586 \$3,586 \$3,687 \$3,971 \$4,848 \$5,792 \$7,100	NCE COMF 10 riod - Servic LIFETIME BENEFIT - NO INFLATION PROTECTION	PANY - NAIO	2 86231 90 Day Elin 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$637 \$739 \$826 \$985 \$1,362 \$2,028 \$3,115	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$2,773 \$3,052 \$3,138 \$3,379 \$4,126 \$4,929 \$6,043	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			
TRANSAM POLICY FO ISSUE AGE 40 45 50 55 60 65	BRICA LIF DRM: TLC 2 30 Day Elir 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$749 \$868 \$970 \$1,158 \$1,600 \$2,383	E INSURAI 2-P CA 041 nination Per 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$3,258 \$3,586 \$3,586 \$3,687 \$3,971 \$4,848 \$5,792 \$7,100	NCE COMF 10 riod - Servic LIFETIME BENEFIT - NO INFLATION PROTECTION	PANY - NAIO	2 86231 90 Day Elin 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION \$637 \$739 \$826 \$985 \$1,362 \$2,028	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION \$2,773 \$3,052 \$3,138 \$3,379 \$4,126 \$4,929 \$6,043	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION			

Customer Service Telephone Number: (800) 338 - 0257