

**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 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: Insured may 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 be selected 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.

**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	NO

HCB Company Notes: 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
						YES	

HCBO Company Notes: 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 Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

**7. Elimination Period (EP) = In days** Select all that 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 available

**8. Inflation Protection (IP)**

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: Compound Inflation: On each anniversary of the effective date of this rider, the maximum benefit and the daily benefit will be increased by 3% or 5%. The premium will not increase. Step-rated Compound Inflation: On each anniversary of the effective date of this rider, the maximum benefit, the daily benefit, and the premium will be increased by 3% or 5%.	YES	NO	NO	YES

IP Company Notes: 3% and 5% Compound, 3% and 5% Step Rated Compound

**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 2-P CA 0410

LTC Group - Comprehensive - Tax Qualified

**30 Day Elimination Period - Service      90 Day Elimination Period - Service**

ISSUE AGE	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 PROTECTION	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 PROTECTION
40	\$749	\$3,258			\$637	\$2,773		
45	\$868	\$3,586			\$739	\$3,052		
50	\$970	\$3,687			\$826	\$3,138		
55	\$1,158	\$3,971			\$985	\$3,379		
60	\$1,600	\$4,848			\$1,362	\$4,126		
65	\$2,383	\$5,792			\$2,028	\$4,929		
70	\$3,660	\$7,100			\$3,115	\$6,043		
75	\$6,163	\$10,230			\$5,245	\$8,706		
80								

Customer Service Telephone Number: (800) 338 - 0257