

TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231**LTC Individual - Comprehensive - Tax Qualified****Female****POLICY FORM: TLC 3-P CA 0313F****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	NO

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	\$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
NO	NO	NO	NO	NO	NO

RCFE Company 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
<p>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%. Tailored Inflation: On each anniversary of the effective date of this rider up to an including the one prior to your 61st birthday, the maximum benefit and daily benefit will be increased by 5%. Starting with the anniversary of the effective date of this rider on or after your 61st birthday, the maximum benefit and daily benefit will be increased by 3%. Starting with the anniversary of the effective date of this rider on or after your 76th birthday, there will be no more increases under this rider.</p>	YES	NO	YES	YES

IP Company Notes: Tailored, 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 3-P CA 0313F

FEMALE

LTC Individual - 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	\$840	\$4,755			\$715	\$4,047		
45	\$974	\$4,937			\$829	\$4,202		
50	\$1,165	\$4,973			\$991	\$4,232		
55	\$1,375	\$5,100			\$1,170	\$4,340		
60	\$1,890	\$5,538			\$1,609	\$4,713		
65	\$2,768	\$6,312			\$2,356	\$5,372		
70	\$4,239	\$7,968			\$3,607	\$6,782		
75	\$6,912	\$11,128			\$5,882	\$9,470		
80								

Customer Service Telephone Number: (800) 338 - 0257