

TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231

LTC Individual - Comprehensive - Tax Qualified

Unisex

POLICY FORM: TLC 2-P CA 0216

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: 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

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%.</p>	YES	NO	YES	YES
IP Company Notes:	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.

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Long Term Care Insurance Rates

POLICY FORM: TLC 2-P CA 0216

UNISEX

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	\$755	\$4,392			\$642	\$3,738		
45	\$909	\$4,855			\$774	\$4,132		
50	\$1,132	\$5,287			\$964	\$4,500		
55	\$1,321	\$5,482			\$1,124	\$4,665		
60	\$1,715	\$5,712			\$1,460	\$4,861		
65	\$2,487	\$6,193			\$2,117	\$5,271		
70	\$3,808	\$7,730			\$3,241	\$6,579		
75	\$6,210	\$10,556			\$5,285	\$8,984		
80								