TRANSAMERICA LIFE INSURANCE COMPANY - NAIC 86231

LTC Individual - Comprehensive - Tax Qualified Gender = 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:	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:	Enter Notes: None reported by the company.

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%. 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.	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 3-P CA 0313

Gender = Male

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	$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								

Customer Service Telephone Number: (800) 338 - 0257

Source: Long Term Care Insurance Rate Guide (LTCRG) Data Call 2014