

TRANSCARE® | III

INDIVIDUAL LONG TERM CARE INSURANCE

Family Matters with Transamerica





YOUR *Family* MATTERS *when it comes to care*

Families come in all shapes and sizes, but one thing's for sure. Families care. Mothers and fathers, sisters and brothers, aunts and uncles may all live independent lives, but they share a unique family connection. Their lives affect each other. Maybe that's why families are often drawn together in life's significant moments.

A NEED TO CARE

Let's say something unexpected happens causing you to lose the ability to carry out basic self-care activities for an extended period of time, so that you require substantial assistance. Or you may require substantial supervision due to cognitive impairment, such as Alzheimer's disease. If that time comes, even the closest families may not be prepared to face the unexpected decisions or costs that can accompany such long term care needs.

A WAY TO CARE

TransCare® III Long Term Care insurance offers you an excellent way to begin planning for significant life events like this, and can help provide peace of mind about:

- **Your future.** Who will take care of you if you're unable to take care of yourself? What affect could your need for care have on your family?
- **Your finances.** Do you have sufficient income and assets to pay for your care? What long term care options are available?
- **Your independence.** What long term care options are available that might allow you to maintain as much of your independence as possible? How will you coordinate the long term care you need?

TransCare® III is underwritten by Transamerica Life Insurance Company, a 100-year-old company with more than a quarter century of service to Long Term Care insurance policyholders. With more than 300,000¹ policies in force, Transamerica Long Term Care pays out more than \$1.5 million² in benefits each day.

When it comes to care, your family matters. When it comes to long term care, TransCare® III can help make a significant time in the life of your family easier.

¹Market Share - Covered Lives, American Association for Long Term Care Insurance, 2012-13 Sourcebook.

²Based on Transamerica Long Term Care internal claims data as of December 2012.

Why Care Matters to you and your family

You and your loved ones may not know what long term care is or who might need it, but at least 7 out of 10 people who reach age 65 will use long term care services someday.³

What do you do on a typical day? Maybe you get out of bed, tend to personal hygiene, get dressed, have breakfast, and interact with those you live with before you leave for work or prepare for a busy day at home. Doing things for ourselves feels good. However, you probably know of a family member or someone else whose ability to care for themselves has been hindered by a serious accident, debilitating disease, dementia or aging. You may also know others who have become caregivers for loved ones due to such events. Caregivers are often family members, providing assistance with everyday tasks for months or years.

TransCare[®] III may help soften the impact of long term care needs that could arise – on you, your caring family and your assets.

CARING ABOUT INDEPENDENCE

People value their ability to live as independently as possible, and hope for that same independence for family members.

How would you prefer to be cared for?

When will decisions about your care be made?

Today is the best time to plan for the type of care you would want in case you need it, with a policy that fits your needs and supports your goals. The cost of insurance only gets more expensive the longer you wait, since rates are affected by your age and health when applying.

Who would you want to care for you?

Are they prepared to rearrange their responsibilities to help?

Family members are sometimes willing to provide long term care services for a loved one, if they live nearby and can rearrange their schedules or careers. But as needs grow more challenging, daily care may become too demanding for family members to provide. Planning now may help maintain your family's ability to continue living their own lives in the future.

³Medicare & You: National Medicare Handbook. CMS Product No. 10050. Revised November 2012

CARING ABOUT FINANCIAL SECURITY

Long term care costs can reach \$85,000⁴ or more per year, and costs may continue to increase in the future.

Where would you get the money to pay for your care?

Will your assets support your care, family expenses, and other goals you may have?

A solid financial plan including TransCare[®] III may help preserve your assets for a spouse/partner's⁵ lifestyle needs, unanticipated bills for long term care services, estate planning, or their goals. Health insurance and government programs are not designed to cover the high cost of long term care services, which may impact not only your savings but possibly those of your family, if they need to help pay for your care. These costs are only expected to continue increasing, doubling today's prices in just 25 years at 3% inflation.⁴

When care matters

When would you qualify for benefits?

To qualify for benefits under the TransCare[®] III policy, we must receive a Plan of Care that specifies what Qualified Long Term Care Services are needed because you are a Chronically Ill Individual. This means that a Licensed Health Care Practitioner has certified within the last 12 months that:

You require Substantial Assistance due to your inability to perform at least two of six Activities of Daily Living (ADLs) for a period expected to last at least 90 days due to a loss of functional capacity **OR** you require Substantial Supervision to protect you from threats of health and safety due to Severe Cognitive Impairment.

Activities of Daily Living defined in the TransCare[®] III policy are:

Bathing, Continence, Dressing, Eating, Toileting and Transferring.

TransCare[®] III provides coverage in accordance with the terms of the policy for Alzheimer's disease, Parkinson's disease and senile dementia as long as you are certified by a Licensed Health Care Practitioner as being a Chronically Ill Individual. Benefits are subject to the Elimination Period, provisions, exclusions and limitations of the policy.

Your individual policy will describe the coverage you select in greater detail and will provide the basis for determining when you qualify for benefits.

Qualified Long Term Care Services are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and Maintenance or Personal Care Services, which: (1) are required by a Chronically Ill Individual; (2) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner; (3) are services that are otherwise eligible to be paid under this Policy; and (4) satisfy all other requirements of your policy.

Qualified Long Term Care Services do not include charges for items or services unrelated to assistance with the Activities of Daily Living or Severe Cognitive Impairment.

⁴American Association for Long Term Care Insurance, 2012 Sourcebook.

⁵Under this policy, the term "spouse/partner" and "couple" may include married persons, domestic partners and/or civil union partners. Consult your insurance producer/agent for details about requirements in your state.



TransCare[®] III Long Term Care insurance

TransCare[®] III can help you plan for the possible costs of Qualified Long Term Care services that you may need someday and that your family wants you to have.

PLANNING WITH YOUR FAMILY IN MIND

What does your family look like? Is it traditional, blended, or some variation? Family can be blood relatives or your circle of closest friends. Today, *family* is the people you care about, and people who care about you.

These people may be the first to see signs of your emerging need for care. They will probably also be the ones to contribute their time, skills, or support to help provide that care, at least initially. However, if your care becomes more demanding, they may need help.

A TransCare[®] III Long Term Care insurance policy can be an important step toward helping you and your family prepare for future changes – whatever your family looks like.

A POLICY YOU CAN BUILD FOR A FAMILY THAT MATTERS

TransCare[®] III Long Term Care insurance can provide customized coverage that may help you plan and manage your Qualified Long Term Care in a way that truly considers your individual need and the wishes of your loved ones. There are three steps to building your policy:

- 1 Determine what **benefit amounts** are best for your goals and budget.
- 2 Familiarize yourself with how the **standard benefits** of the policy may help you and your family be better equipped to provide care that considers both your needs and the desires of your family to help you address those needs.
- 3 Select any **optional benefits** that can help provide additional coverage, such as the ability to share benefits with a spouse/partner⁶ or automatically grow your policy amounts to anticipate inflation.

⁶Under this Policy, the term “spouse/partner” and “couple” may include married persons, domestic partners and/or civil union partners. Consult your insurance producer/agent for details about requirements in your state.



1 Flexible Benefit Amounts that you choose for your policy

Perhaps the first decision you need to make when building your policy is determining how much your policy could pay, and how soon.

“What total amount of money do you want your policy to provide?”

POOL OF MONEY (or “Policy Maximum Amount”) is the total dollar amount of coverage you purchase to cover the costs of your Qualified Long Term Care services over the lifetime of your policy. Benefits paid cannot exceed the funds in your Pool of Money.

(Options range from \$18,250 to 1,095,000^{7,10}.)

“How much money do you want to be available each day?”

MAXIMUM DAILY BENEFIT establishes the maximum amount of reimbursement you could receive per day for each day of Qualified Long Term Care. If care costs less on a particular day, the difference will remain in your Pool of Money for future use. If care costs more on a given day than your Maximum Daily Benefit amount, you may have to self-fund the difference.

(Options range from \$50 to 500^{8,10}.)

“How soon do you want insurance to begin paying benefits?”

ELIMINATION PERIOD is the number of days that you are responsible for self-funding your Qualified Long Term Care before benefits may be paid (similar to a deductible, but measured in days). Once the Elimination Period has been satisfied, even if it’s extended over more than one claim period, it need never be satisfied again.

(Select from 0-day (eligible for benefits from day 1), 30-day, 60-day, 90-day, 180-day, and 365-day⁹.)

⁷Pool of Money in Maryland, Massachusetts, and Oregon is between \$36,500 and \$1,095,000; in Vermont¹⁰ \$27,375 and \$1,095,000; in Wisconsin \$21,900 and \$1,095,000.

⁸Maximum Daily Benefit in Vermont¹⁰ ranges from \$75 to \$500; in Wisconsin from \$60 to \$500; in Massachusetts from \$50 to \$500 unless a Mass Health participant, then from \$125 to \$500.

⁹Elimination Period greater than 100 days is not available in Kansas or Vermont¹⁰.

¹⁰In Vermont, prepackaged basic plan choices are also available. See your agent/producer for details.



Qualifying for benefits is required. Refer to the Outline of Coverage for details.

2 Standard Benefits included in your TransCare[®] III Policy

The following benefits are standard in your individual policy.

See how these policy benefits are designed to care for you, and may also help support ways for your family to lovingly contribute to your care.

“Can I help my daughter with some of her expenses while she cares for me?”

CASH BENEFIT¹¹ – This benefit makes cash available that you can use any way you see fit.

Wouldn't it be helpful to pay a caregiver no matter who they are, including family and friends? Most long term caregivers are typically family members.¹² Cash Benefit allows you to compensate them for the help they provide. Or perhaps you could use cash to fly in a loved one for an encouraging visit. Your policy gives you the flexibility to do so by providing a monthly cash benefit equal to 10 times your Maximum Daily Benefit (or 1/3 the monthly benefit) in lieu of all other benefits that month. You can spend the cash any way you like, and no receipts are required. Policy eligibility requirements apply, and you must submit an updated Plan of Care at least once every 90 days.

“My home and family are not equipped for my care needs.”

REMAIN AT HOME BENEFIT¹¹ – There's no place like home. This benefit can help pay for services that can help you remain at home for Qualified Long Term Care.

Wouldn't it be nice if certain things like an access ramp could help you stay in your own residence? Your policy can help pay for Home Modifications and more, such as Caregiving Training for a loved one. It may also help provide necessary Therapeutic Devices or Technologies like a wheelchair or infusion pump, and may even provide a Medical Alert System. This benefit reimburses you for Qualified Long Term Care expenses that are consistent with your care needs, up to a lifetime maximum of 60 times your Maximum Daily Benefit. This benefit is available for consideration even if you are receiving the Home Care and Adult Day Care Benefit, as long as services are prescribed under your Plan of Care and you are using the policy's Optional Care Coordination.

¹¹Not subject to, nor will it satisfy your Elimination Period.

¹²Fact Sheet: Selected Caregiver Statistics, Family Caregiver Alliance, 2012.



Standard Benefits included in your TransCare® III Policy

Qualifying for benefits is required. Refer to the Outline of Coverage for details.

“My family needs a break!”

RESPIRE CARE BENEFIT^{13,14} – The rewarding role of caregiver can be hard work. This benefit can help you receive the Qualified Long Term Care you need while allowing your caregiver to take a break.

For many people, caregiving depends on a relative or close friend who may appreciate or require some rest. In fact, one-third of family caregivers say that managing stress is one of their top concerns.¹⁵ This benefit provides an opportunity for your volunteer caregiver to take a break by helping pay out of pocket expenses for you to stay temporarily at a Long Term Care Facility or to receive care at your home up to 30 days per calendar year.

“My family is not available, but I still want to stay home.”

HOME CARE AND ADULT DAY CARE BENEFIT^{14,16} – Because home sweet home is your most familiar place, your policy may help you live there as long as possible.

Home is a comfortable place for you to live and for loved ones to visit. This benefit is available to provide the Home Care, Home Health Care or Adult Day Care services that can help you remain at home as long as possible by covering out of pocket expenses for Qualified Long Term Care providers, subject to policy requirements. For example, Home Care and Home Health Care must be provided under a Plan of Care by or through a Home Care Agency in your home. Adult Day Care must be provided by and at an Adult Day Care Center under a Plan of Care and be at least 4 hours in a day.

“I need more assistance than I can receive at home now.”

LONG TERM CARE FACILITY BENEFIT^{14,17} – You may reach a time when a Long Term Care Facility is appropriate for your needs. Your policy covers Qualified Long Term Care in facilities defined in your policy, such as Assisted Living Facilities or Nursing Homes.

For each day you spend as an overnight bed patient in a Long Term Care Facility for Qualified Long Term Care, benefits are available for expenses such as room and board, not to exceed the Long Term Care Facility Maximum Daily Benefit or the charge for the facility’s one-bedroom unit.

¹³Not subject to, nor will it satisfy your Elimination Period.

¹⁴Pays out of pocket charges you incur, up to your Maximum Daily Benefit amount.

¹⁵Fact Sheet: Selected Caregiver Statistics, Family Caregiver Alliance, 2012.

¹⁶Not subject to, nor will it satisfy your Elimination Period, unless the Elimination Period Credit Rider is selected.

¹⁷Subject to your Elimination Period.

Qualifying for benefits is required. Refer to the Outline of Coverage for details.

“Will I lose my place at a Long Term Care Facility if I leave temporarily?”

LONG TERM CARE FACILITY BED RESERVATION BENEFIT^{18,19} – Suppose someone wants to take you on a trip, or you require temporary hospitalization.

With this benefit, you could reserve your bed at a Long Term Care Facility when you leave temporarily, for up to 60 days per calendar year.

“I’m on a budget. Will my premiums go up?”

RATE GUARANTEE – Your TransCare® III policy includes a 3-year Rate Guarantee for the premiums you pay for your policy. See “A Word About Premiums” for information about our right to increase premiums in the future.

“What if a long term care event affects my ability to pay my premium?”

WAIVER OF PREMIUM¹⁸ – Premiums are the recurring cost you pay for your policy. The Waiver of Premium benefit waives your premiums while you are receiving certain policy benefits such as the Long Term Care Facility Benefit, Accident Benefit, or Hospice Care Benefit, subject to any applicable Elimination Period. Once your Waiver of Premium benefit goes into effect, your normal payment frequency (or mode) will automatically convert to monthly if it’s not already.

With the *Waiver of Premium Rider – Home Care and Adult Day Care^{20,21}* your premiums are waived while you are receiving Qualified Long Term Care for Home Care, Home Health Care or Adult Day Care, or services under the Accident Benefit.

With the *Waiver of Premium Rider – Cash Benefit^{20,21}* you may receive the Cash Benefit, but not need to pay premiums while you are doing so.

“Is there any benefit to having this policy if I rarely or never use it?”

RETURN OF PREMIUM UPON DEATH BEFORE AGE 67 – If you are younger than 67 when you die, this benefit would allow your estate or a beneficiary named on your application to receive a lump-sum payment totaling the sum of all premiums paid to date for your policy, less the amount of any claims paid. Premiums paid would exclude any waived premiums, with no interest paid on the accumulated amount. The Return of Premium Upon Death Before Age 67 Benefit is not available for purchase with your policy if you are over age 67 at the time of purchase, or if the optional Shared Care Benefit Rider has been purchased.

¹⁸Subject to your Elimination Period.

¹⁹Pays out of pocket charges you incur, up to your Maximum Daily Benefit amount.

²⁰Not subject to, nor will it satisfy your Elimination Period.

²¹Based on the underwriting of your policy, these options may be included as standard benefits in your policy.



Standard Benefits included in your TransCare® III Policy

Qualifying for benefits is required. Refer to the Outline of Coverage for details.

“Does this policy cover accidents?”

ACCIDENT BENEFIT^{22,23} – Your policy anticipates the impact that an accidental injury might have on your long term care needs.

You may be reimbursed for Qualified Long Term Care expenses by up to two times your Maximum Daily Benefit, and your Pool of Money would only be reduced by the Maximum Daily Benefit amount. The injury must result from an unexpected and unintentional physical event, occurring between your policy’s effective date and your 67th birthday, resulting in your being certified within 90 days as Chronically Ill and needing Qualified Long Term Care services. The injury must be independent and unrelated to any and all existing medical conditions, and you cannot be eligible for or already be receiving other policy benefits. Strokes, heart attacks, and seizures are not considered injuries, whether there was a diagnosis of an underlying medical condition or not. Other policy benefits are available in connection with the Accident Benefit except the Cash Benefit, Remain at Home Benefit and the Extension of Long Term Care Facility Benefit. The Accident Benefit is not included in your policy if you are over age 67 at the time of purchase.

“What if I learn about new care options in the future that the policy might not cover?”

ALTERNATE PLAN OF CARE BENEFIT^{22,23} – By the time you need your policy’s benefits, there may be Qualified Long Term Care services or providers that don’t exist today.

Your policy provides you the flexibility to request coverage for the use of new or alternative services not covered in your policy. With our approval, you may begin using and receive benefits for these services based on out of pocket expenses, provided you are already receiving policy benefits, costs are less than the amount you would otherwise be paid for qualified services, the services are clearly specified in your Plan of Care, and a written Alternate Plan of Care agreement is signed by you and Transamerica Life. You must satisfy and continue to satisfy eligibility requirements, and benefits paid will reduce your Pool of Money.

“Is there a provision for end of life care, if I need it?”

HOSPICE CARE BENEFIT^{22,24} – Making the end of life as comfortable as possible for you is an important part of your policy that may also provide additional peace of mind for your family. If you have no reasonable prospect of cure and have a life expectancy of six months or less, this benefit would provide up to 180 days of care by a Hospice Care Provider. Benefits for Hospice Care will not be payable when other benefits are being received under the policy.

²²Pays out of pocket charges you incur, up to your Maximum Daily Benefit amount.

²³Subject to your Elimination Period.

²⁴Not subject to, nor will it satisfy your Elimination Period.

WHEN CARE MATTERS

Figuring out what steps to take when an unexpected need for long term care occurs can be confusing and stressful for you and your family. Whether you are seeking care for yourself, or are a family member trying to help provide care for someone across the country, you may have questions about where to start and what to do.

- The **TransCare® III claims process** puts you in touch with real people who can help you and your loved ones access the available policy benefits in connection with Qualified Long Term Care.
- A **Care Coordinator** is available with your policy at no charge to you, who can help provide answers to your questions and help guide you to long term care resources.



Additional premium required. Qualifying for benefits is required. Refer to the Outline of Coverage for details.

3 **Optional Benefits** for a policy as special as your family

The following benefits are optional with your TransCare® Ill policy.

These optional benefits may be purchased for an additional premium to customize your policy. These optional benefits present another opportunity to consider situations that may affect how you and your family care for each other someday.

“What if my spouse/partner uses up their Pool of Money?”

SHARED CARE BENEFIT RIDER²⁵ – For most couples²⁶, sharing is a way of life. What if you could share the benefits of your identical TransCare® Ill policies?

Suppose your spouse/partner²⁶ requires Qualified Long Term Care and exhausts all benefits (the Pool of Money) in their policy. As long as you have both purchased identical policies²⁷, including Shared Care Benefit Riders, this rider would allow your spouse/partner to access your policy’s benefits as well, with your written permission and subject to the policy’s requirements. If one of you exhausts all benefits in both policies, the remaining spouse/partner could purchase an additional two years of coverage²⁸ without additional underwriting. If one of you dies, any amount remaining in that policy’s Pool of Money would be transferred to the survivor, with no further premium required on the rider.

“What if my daily expenses exceed my Maximum Daily Benefit?”

MONTHLY BENEFIT RIDER – It’s possible for certain days of Qualified Long Term Care costs to exceed your Maximum Daily Benefit if, for example, you required care on certain days by a skilled therapist. In that case, you and your family might have more flexibility to fund the difference for those days if you have purchased this rider.

Instead of limiting your reimbursement for qualified out of pocket expenses to your Maximum Daily Benefit, this rider would calculate your maximum possible reimbursement on a monthly basis by multiplying your Maximum Daily Benefit by the number of days in the calendar month. That means you no longer have to worry about exceeding your Maximum Daily Benefit on any given day. Instead, you have the entire month’s benefits available to pay charges incurred in one day or ten days – whatever you need. This rider may be used for Home Care and Adult Day Care, Respite Care, Long Term Care Facility, Long Term Care Facility Bed Reservation, and Hospice Care Benefits.

²⁵Available only to couples who are issued and maintain identical policies. Not available in conjunction with Return of Premium Upon Death Rider.

²⁶Under this Policy, the term “spouse/partner” and “couple” may include married persons, domestic partners and/or civil union partners. Consult your insurance producer/agent for details about requirements in your state.

²⁷If the Tailored Benefit Increase Option Rider is also applicable, the spouse/partner may be in different age categories, but will be considered as having identical benefits.

²⁸An additional coverage request must be made in writing. Premium for additional coverage will be based on attained age. It will not be available on or after your 91st birthday, if you are currently eligible for benefits within the two years prior to your policy becoming exhausted or if you are the one who exhausted your policy’s Pool of Money. The additional purchased coverage cannot be shared with your spouse/partner.



Optional Benefits for a policy as special as your family

Additional premium required. Qualifying for benefits is required. Refer to the Outline of Coverage for details.

Young and on a budget?

BENEFIT INCREASE OPTIONS (BIOS) – Benefit Increase Options are a way to increase your Pool of Money and Maximum Daily Benefit to keep up with inflation and the rising cost of long term care services over time. Over the last 15 years, for example, costs for Home Health Care have increased between 1-2% each year and the costs for Nursing Home care have increased between 3-4% each year.²⁹

Step-Rated Compound Benefit Increase Option Rider – This benefit automatically increases your current benefit amounts – including Maximum Daily Benefit, Pool of Money (less claims paid), and Remain at Home Benefit – every year by 3% or 5%. At the same time, your premium “steps up” by the same amount so that you effectively receive more value for your increased premium every year. This benefit allows you to start at lower initial premiums than traditional Compound Benefit Increase Options. It also gives you the flexibility to temporarily or permanently stop the coming year’s increase.

In your 50s and looking for age-based adjustments?

Tailored Benefit Increase Option Rider – With this benefit, your benefit amounts change as you enter different stages of life. Prior to age 61, benefit amounts will increase on your rider’s anniversary each year based on 5% Compound Benefit Increase Option (see below). On your rider’s anniversary each year between the ages 61-75, benefit amounts will increase based on 3% Compound Benefit Increase Option (see below). There will be no more benefit increases after your 76th birthday.

Looking for maximum growth?

Compound Benefit Increase Option Rider – Plan for inflation’s cumulative effect by increasing your benefit amount each year by a percentage of the current dollar amount, thus building on the value of each year’s increase (that is, compounding) based on a 5% BIO rider. A 3% Compound Benefit Increase Rider may also be available.

Undecided right now, but want to keep your options open?

Deferred Benefit Increase Option – You may be able to add a 3% Step-Rated Compound BIO Rider, a Tailored BIO Rider, or a 3% Compound BIO Rider without evidence of insurability, at a future date as long as you have not had a claim or are not currently eligible for benefits. This offer will be extended to you within 90 days prior to the first, third and fifth anniversary dates of the policy. 5% is also available upon request.

The Deferred Benefit Increase Option will automatically be included if no Benefit Increase Option is selected. Limitations and Exclusions apply. See your Outline of Coverage for details.

²⁹American Association for Long-Term Care Insurance, 2012 AALTCI Sourcebook.

Additional premium required. Qualifying for benefits is required. Refer to the Outline of Coverage for details.

“Is there a way for care at home to count toward my Elimination Period?”

ELIMINATION PERIOD CREDIT RIDER – The days you receive the Home and Adult Day Care Benefit do not normally satisfy your policy’s Elimination Period (the number of days that you are responsible for paying for Qualified Long Term Care before your policy pays benefits). If you later become eligible for the Long Term Facility Benefit, you may then need to begin satisfying your Elimination Period before benefits become payable. The Elimination Period Credit Rider can lessen or even satisfy all of your Elimination Period by providing credit for days you have received the Home and Adult Day Care Benefit. If your policy has a 90-day Elimination Period, for example, and you received 45 days of eligible Home and Adult Day Care before entering a Long Term Care Facility, only 45 days of the Elimination Period would remain to be satisfied. If you received 90 days of eligible Home and Adult Day Care, the Elimination period would be satisfied completely.

“How can my estate recover the amount of premiums I have paid no matter when I die?”

RETURN OF PREMIUM UPON DEATH RIDER – At the time of your death, your estate or a loved one named on your application would receive a lump-sum payment totaling the sum of all premiums paid to date for your policy, less the amount of any claims paid. Premiums paid will exclude any waived premiums and no interest will be paid on the accumulated amount. This rider is not available with the Shared Care Benefit Rider.

“What if I cannot pay my premiums someday?”

NONFORFEITURE BENEFIT – SHORTENED BENEFIT PERIOD RIDER – Your policy would normally lapse if you stop paying the premium, causing you to forfeit or give up your coverage. With this rider, you could retain limited coverage for benefits to be applied to your Qualified Long Term Care needs on a limited basis if your policy lapses due to non-payment of premiums. Your policy must have been in effect for at least 3 years before benefits would be available under this rider.

“What happens to my premiums if my spouse/partner went on claim on their policy?”

JOINT WAIVER OF PREMIUM RIDER – If your spouse/partner³⁰ needs long term care, it may strain your financial resources. This rider ensures that when one member of a couple becomes eligible for the Waiver of Premium Benefit, then neither member would need to pay premiums, if you both have identical coverage³¹ including Joint Waiver of Premium Riders. We will stop waiving premiums when the member on claim no longer qualifies for the Waiver of Premium Benefit.

“What if I fully recover and no longer need my long term care services?”

FULL RESTORATION OF BENEFITS RIDER – Let’s say you qualified for care – after an accident, for example – but now you have recovered. If you are no longer receiving Qualified Long Term Care and remain ineligible for benefits for 180 consecutive days, this rider will restore your Pool of Money to the amount it would have been if no benefits had been paid under the policy (unless you have exhausted your Pool of Money). This rider will restore benefits one time during the life of the policy, and is subject to limitations and exclusions.

³⁰Under this Policy, the term “spouse/partner” and “couple” may include married persons, domestic partners and/or civil union partners. Consult your insurance producer/agent for details about requirements in your state.

³¹If the Tailored Benefit Increase Option Rider is also applicable, the spouse/partner may be in different age categories, but will be considered as having identical benefits.



Additional Policy Details

Policy Discounts

Couples Discount – Couples³² may be eligible for a discount of up to 30%³³, as compared to standard individual rates. This discount is available to couples who apply together and are issued coverage.³³

Discount for Spouse/Partner³² Individuals Applying Alone – Individuals that are part of a couple, but applying for a TransCare® III Policy alone may be eligible for a discount of up to 15%, as compared to standard individual rates.

Preferred Health Discount – Individuals who satisfy certain health-related underwriting criteria may be eligible for a discount of up to 10% off standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

Payment Choices

The right payment plan is available to help you and your family address your planning goals.

HOW LONG YOU PAY

Policy premium payments must be paid as they become due to keep your policy in force, unless you are receiving a Waiver of Premium benefit.

HOW OFTEN YOU PAY

The more often you pay, the higher your total premium cost will be per year. All premium payment modes are subject to underwriting approval.

- Annually (once a year)
- Semi-Annually (2 times per year)
- Quarterly (4 times per year)
- Monthly (12 times per year)

Your policy's schedule will reflect your actual premium amount and payment mode. Your insurance producer/agent can give you more information about your payment choices.

³²Under this Policy, the term "spouse/partner" and "couple" may include married persons, domestic partners and/or civil union partners. Consult your insurance producer/agent for details about requirements in your state. In LA and VA, partners are not eligible for couples discounts.

³³Couples must be issued and maintain identical benefits when purchasing the Shared Care Benefit Rider or Joint Waiver of Premium Rider. However, if the Tailored Benefit Increase Option Rider is also applicable, the spouse/partner may be in different age categories, but will be considered as having identical benefits.

When Your Policy Matters to you and your family

The TransCare® III claims process puts you in touch with real people who can help you and your loved ones access available policy benefits in connection with Qualified Long Term Care needs.

When you first receive your TransCare® III policy, you may want to store a copy of it with someone else in your family. All of you may be glad they have access to the information they need in order to assist you in contacting Transamerica Life for your benefits if a long term care situation arises.

When the moment comes to consider a claim under your TransCare® III policy, we understand that each claim is unique. Customer Service representatives would like to help you and your family from the very beginning of your long term care journey.

BEGIN A CLAIM BY CALLING

1-866-745-3542

Customer Service can assist you with your questions and discuss any necessary steps with you, such as:

- Locating basic information you will need, such as personal data, designated contacts and care providers
- Obtaining necessary Authorization Forms, and specifying any loved ones we may speak to regarding your claims

When filing a claim, you may choose to speak with a personal Care Coordinator who can:

- Request documents and services that may help determine your eligibility and establish a Plan of Care
- Help assist you and your family in securing recommended services for your Plan of Care
- Help provide a list of covered providers in your area



Additional Policy Details

General exclusions and limitations

The Policy will not pay benefits when You are eligible for confinement, care or services:

1. as a result of alcohol or drug abuse, alcoholism or drug addiction, unless as a result of medication prescribed by a Physician;
2. resulting from or arising out of attempted suicide or intentionally self-inflicted injury;
3. due to participation in a felony, riot or insurrection;
4. for which no charge is normally made in the absence of insurance;
5. paid or payable under Medicare. This includes any amounts that would be covered under Medicare, except that they are subject to a Medicare deductible or coinsurance of some kind. This does not apply when expenses are reimbursable under Medicare solely as a secondary payer;
6. received outside the fifty (50) United States and the District of Columbia, or Canada; or
7. performed by a member of Your Immediate Family. Your Immediate Family member can provide covered care or services if he or she is a regular employee of an organization that is engaged in providing the Qualified Long Term Care Services. The organization he or she works for must receive the payment for the care or service. Your Immediate Family member must receive no compensation other than the normal compensation for employees in his or her job category.

We will not pay for any confinement, care or service that is not included in Your Plan of Care. We will not pay for anything that is prohibited by state or federal law, including any law governing economic and trade sanctions.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit.

The exclusion regarding confinement, care or services received outside the fifty (50) United States and District of Columbia, or Canada will not apply to the Cash Benefit if a Licensed Health Care Practitioner licensed in the United States determines that You satisfy the Eligibility for the Payment of Benefits provision and develops Your Plan of Care at least once each 90 days. The Licensed Health Care Practitioner must assess and certify that the insured is chronically ill.

Nonduplication of Coverage

This Policy and any rider(s) or endorsement(s) attached to it will not pay benefits when confinement, care or services are:

1. provided in a government facility (unless otherwise required by law);
2. provided under any governmental programs (except Medicaid); or
3. paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; except to the extent that Your Out of Pocket Expenses exceed the amount covered by one of these entities, policies or programs.

A government facility includes a facility administered, covered or reimbursed by the Veteran's Administration.

Limitations

We will not pay for: Physician's charges; hospital or laboratory charges; prescription or non-prescription medications; medical supplies; durable medical equipment (except as provided under Remain at Home Benefit); payments in-kind; transportation; and personal expenses, such as items and services furnished at Your request for comfort, convenience, beautification or entertainment.

Substandard rated policies

The following are not available for a substandard rated policy: Waiver of Premium Rider – Cash Benefit, Waiver of Premium Rider – Home Care and Adult Day Care, Elimination Period Credit Rider, Joint Waiver of Premium Rider, Return of Premium Upon Death Rider, Return of Premium Upon Death Before Age 67 Endorsement, and Accident Benefit Endorsement.

Policy termination

Your policy will not be cancelled or otherwise end because of your age or changes in your health. However, your policy and all its benefits will end on the earliest of the following: the date the Policy lapses; the date of your death; the date the Pool of Money has been exhausted; our receipt of your written request to cancel this policy.

30-day right to review

You have 30 days from the day you receive your policy to review it and return it to us or your insurance producer/agent. If you are not satisfied with your policy for any reason, you may return it to us within 30 days of delivery to you for a full return of premium.

Grace period

You have a grace period of 65 days to pay each premium after the initial premium. If your premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your policy will remain in effect during this grace period and will not lapse until 35 days after the date on the notice we have mailed to you and, if so designated, the third party.

A word about premiums

Premium rates for this policy vary by gender.

Although the policy allows the company to adjust premiums as needed, with prior approval if required by the Interstate Insurance Product Regulation Commission or your state's Department of Insurance, we cannot increase your premiums during the 3-year rate guarantee period. When a rate guarantee period ends, your premium will be adjusted by any premium increases that may have occurred during the rate guarantee period. We cannot single you out for a premium rate increase, but we can change your premium based on our experience with all insureds in your same premium class. Once we issue your coverage, we cannot cancel your policy as long as you pay your premium on a timely basis.

Disclaimers

TransCare[®] III is an individual Long Term Care insurance policy underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. This brochure provides only a brief summary of the coverage provided under Policy ICC13 TLC-4. See the accompanying Outline of Coverage for additional details. Premium and benefit amounts will vary depending upon the plan selected. Your policy will describe your coverage in detail and will be the sole basis for making any benefits determination. Insurance terms used in this brochure are defined in the policy. See policy for defined terms.

The policy is intended to be a Tax Qualified Policy designed to meet federal standards.

Neither Transamerica Life Insurance Company nor any of its insurance producer/agents or representatives give legal, tax, or accounting advice. Please consult your legal and/or tax advisor for assistance.

Premiums may differ from the amount on your application. This may occur as the result of any applicable discounts. You may choose to pay your premium annually, semi-annually, quarterly, or monthly. Please note that the more often you pay, the higher your total premium cost will be per year. Please see your insurance producer/agent for additional details. All premium amounts are subject to underwriting approval. Your policy's schedule will reflect your actual premium.

HELPING PROTECT FAMILIES AND THEIR DREAMS

What dreams do you and your family have for your Tomorrows?

Wherever tomorrow takes you and your family, Transamerica Life Insurance Company can help. Long Term Care insurance policies from Transamerica Life have helped many families prepare for unexpected circumstances and responsibilities, and helped protect their dreams against the high costs of long term care services.

Long Term Care insurance is only as good as the company behind it, and Transamerica Life has a reputation for delivering on our policies' promises when they are needed most. We have helped protect families and provided dependable service for over a century, and have over 25 years experience specifically focused on Long Term Care insurance.³⁴

TRANSCARE® | III
INDIVIDUAL LONG TERM CARE INSURANCE



Transamerica Life Insurance Company
Home Office:
Cedar Rapids, Iowa

Administrative Office:
P.O. Box 95302
Hurst, Texas 76053-5302

³⁴Internal data from Transamerica Life Insurance Company, as reported June 2013.