



TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE®

— PARTNERSHIP —

Individual Long Term Care Insurance

II



AN APPROVED PARTICIPANT IN
P The Connecticut
PARTNERSHIP
FOR LONG-TERM CARE™



A photograph of a family of three—a mother, a father, and a young child—sitting together in a field of tall grass. The mother is on the left, smiling, with blonde hair. The father is on the right, also smiling, with grey hair and wearing a green polo shirt. The child is in the center, wearing a blue and white checkered shirt. The background is a bright, slightly blurred outdoor setting.

Planning for the Unexpected

A solid financial plan, hard work and saving for your future are key to helping you achieve your retirement goals. However, even the best laid plans can go wrong. Why? An unforeseen long term care event could seriously impact how you achieve your goals and may deplete your savings and investments.

In today's ever-changing environment, you need a partner to help you prepare for the unexpected. TransCare® II Partnership Long Term Care insurance underwritten by Transamerica Life Insurance Company can help. TransCare® II Partnership helps provide you with the protection you need for life's unexpected events while also giving you the flexibility to customize a Long Term Care insurance Policy that can fit your needs, not only now, but also in the future.

Consider This Long Term Care Example

Debbie and Mike were 48 and 52 when they began to really look at their retirement and financial future. At this stage in their lives, both of their children were in college in other states, and they started looking forward to retirement. They also wanted to be prepared for the unexpected so they purchased identical \$250,000 TransCare® II Partnership policies from Transamerica Life Insurance Company. Their policies included the Shared Care Benefit Rider.

At age 72, Mike was diagnosed with Alzheimer's disease and after qualifying for benefits, his Long Term Care insurance Policy paid for Debbie to receive caregiver training and covered his Home Health Care so Debbie would have additional help caring for Mike.

Because TransCare® II Partnership emphasizes care at home, the Policy helped pay to have the required care that Mike needed in the comfort of his own home. It also provided for the additional Long Term Facility care that he needed as the disease advanced.

Throughout all this time, Debbie was able to use their retirement savings for its intended purpose – living – because they purchased a TransCare® II Partnership Policy. Mike's required care cost almost \$200,000 before he passed away. Upon his death, he had a \$50,000 Policy Maximum Amount remaining. Because they purchased the Shared Care Benefit Rider, the balance of his Policy Maximum Amount transferred to Debbie's Policy without increasing her current premium.



What if...

...something happened and you were no longer able to do the things that you do every day?

...an illness caused you to lose mobility or functionality, such as transferring or dressing?

...a disease, such as Parkinson's or Alzheimer's disease, took away physical or mental abilities?

...professional care would cost on average \$40,000¹ to \$85,000¹ a year nationwide, and over \$130,000² a year in Connecticut, depending on the amount of care you need?

Who would care for you? Where would you get the money for care?
Would your family incur financial hardship if you were not able to provide for them?

TransCare® II Partnership Long Term Care insurance is there to help with your future's uncertainty. Life doesn't always go as we planned and TransCare® II Partnership helps you prepare for those unexpected moments.

Failing to Plan is a Plan to Fail

People today plan for unexpected events by purchasing homeowner's and automobile insurance. They consider it a part of sensible planning. Preparing for a long term care need is just as important, especially when you consider the following:

After you reach the age of 65, the statistical chances¹ that the following events will happen are:

	For Women	For Men
Major House Fire ³	2.6%	2.2%
Severe Car Accident ³	18.0%	15.5%
Becoming ADL ⁴ Deficient or Cognitively Impaired ³	72.0%	44.0%

What does this mean to you? As you age, your risk of needing long term care may increase.¹ However; no one knows what the future will bring.

But planning now with TransCare® II Partnership will help assure that your hard-earned retirement savings are used for their original purpose – enjoying life when you retire.

¹American Association for Long-Term Care Insurance, 2012 AALTCI Sourcebook.

²State of Connecticut, Office of Policy and Management, April 2012.

³American Association for Long-Term Care Insurance, 2010 AALTCI Sourcebook.

⁴Activities of Daily Living (ADLs) include: Bathing, Continence, Dressing, Eating, Toileting and Transferring.



Long Term Care insurance Now Instead of Later

You never know when you will have a long term care need, so having the security of a TransCare® II Partnership Long Term Care insurance Policy may help ease your mind. In addition, you may be able to save more by purchasing your Long Term Care insurance Policy at a younger age.

Two main determining factors in setting your initial Long Term Care insurance premium are your health and your age. And generally, the younger you are the more affordable the premium. You may also qualify for good health discounts at younger ages saving you even more money throughout the life of Policy.

Why Buy a TransCare® II Partnership Long Term Care insurance Policy?

Simply put, long term care services are expensive. The 2011 national average cost of a private room in a nursing home is \$85,000⁵ a year. In addition, the average cost for a semi-private (shared) nursing home room located in Connecticut is over \$130,000⁶ a year. But, beyond nursing home stays, other forms of long term care can be just as costly. The national average cost of an assisted living facility is over \$40,000⁵ a year and home health care can cut into any budget with a national average cost of \$21.00⁵ per hour for a home health aide. You can easily see that the need for long term care may be an expensive risk that you should not ignore.

These costs are only expected to continue increasing. So ask yourself, if an extended illness or injury left you needing long term care services, how would you pay for your care? You could use TransCare® II Partnership Long Term Care insurance to help pay for these services.

⁵American Association for Long-Term Care Insurance, 2012 AALTCI Sourcebook.

⁶State of Connecticut, Office of Policy and Management, April 2012.



How TransCare® II Partnership Can Help

TransCare® II Partnership Long Term Care insurance can be an effective way to help protect your assets from the high cost of long term care, and it can also help preserve your freedom of choice.

An illness or condition that requires long term care services can be costly, and it may have a negative impact on your financial plan. TransCare® II Partnership Long Term Care insurance, can give you the added peace of mind knowing that you have taken steps to help protect your savings in the event you face a need for long term care services.

How TransCare® II Partnership Works

TransCare® II Partnership Long Term Care insurance will pay the out of pocket charges you incur, up to the Maximum Daily Benefit amount for Long Term Care Facility care, Home Care, Home Health Care, Adult Day Care or Hospice care. The Policy provides benefits for a wide variety of long term care services. And because it emphasizes care at home, TransCare® II Partnership may also help you stay at home for as long as possible.

All you need to do is follow the steps below to help your insurance agent/producer customize a plan that fits your needs.

1. *Determine the amount of assets you would like to help protect from the high cost of long term care and from Medicaid spend-down rules.*
2. *Review this brochure to learn about the benefits available. Discuss with your insurance agent/producer what benefits are right for you.*
3. *Select a Policy Maximum Amount, Maximum Daily Benefit, Inflation Protection and your Elimination Period.*
4. *Choose any Optional Benefits and the Premium Payment method that you may want.*
5. *Your insurance agent/producer will help guide you through the Long Term Care insurance application process and submit your application for underwriting and review.*



The Connecticut Partnership for Long-Term Care

The Connecticut Partnership for Long-Term Care is a public/private initiative under which the state approves special Long Term Care insurance policies sold by private companies. It is an alliance between the State of Connecticut and the private insurance industry to help Connecticut residents meet their long term care needs without depleting all of their assets to pay for care. The policies must meet certain state standards. People who buy them may later meet Medicaid eligibility requirements and still keep assets equal to the amount the Partnership Policy has paid for their care. Even if the Medicaid program changes, your assets will continue to be protected. Only partnership-approved policies have this feature, called Medicaid asset protection.

There are certain standards for a Long Term Care insurance Policy to be considered partnership-approved in Connecticut. There must be a specified minimum level of benefits, inflation protection of 5% compounded annually, case management services for home and community based care and an offer of lower coverage if your Policy is about to lapse for nonpayment of premium. In addition, insurance agents/producers who sell partnership-approved policies are required to complete additional training.

Benefits...

Connecticut Partnership for Long Term Care is a program that includes:

- quality long-term care insurance; and
- a way to get the care you need while helping to protect your assets.

As a Policy that is created under this partnership program, TransCare® II Partnership will pay for the Qualified Long Term Care Services covered by this Policy if:

- You are a Chronically Ill Individual; and
- The Qualified Long Term Care Services are prescribed for you in a written Plan of Care by a Licensed Health Care Practitioner.

Qualifying for Benefits

A Chronically Ill Individual:

- Is unable to perform, without Substantial Assistance from another individual, at least 2 out of the 6 Activities of Daily Living (ADLs) for an expected period of at least 90 days due to a loss of functional capacity; or
- Requires Substantial Supervision to protect themselves from threats to health and safety due to Severe Cognitive Impairment.

A Licensed Health Care Practitioner must certify that you are a Chronically Ill Individual. The certification must be submitted to Us and must be renewed at least every 12 months.

Activities of Daily Living defined in your Policy are: Bathing, Continence, Dressing, Eating, Toileting and Transferring.

This Policy provides coverage for Qualified Long Term Care Services which are needed due to mental and nervous conditions, including 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 as defined in the Policy. Benefits are subject to the Elimination Period, provisions, exclusions and limitations of the Policy.



Customize Your TransCare® II Partnership Policy

Selecting the benefits that best meet your personal situation is critical to achieving your insurance goals. Make a selection for each of the criteria in this section and begin forming your policy. The available benefits to customize a TransCare® II Partnership policy that best meets your needs are included throughout this brochure.

Maximum Daily Benefit

We will reimburse your out of pocket charges up to this amount for each day of covered services you receive. Choose an amount that you are comfortable with and feel will cover your anticipated care needs. If your services cost less than the Maximum Daily Benefit, the funds will remain in your Pool of Money to be used in the future. If your services costs more than the Maximum Daily Benefit, you will need to self-fund that amount when it occurs.

You can select your Maximum Daily Benefit from a range of \$247 to \$400 per day. TransCare® II Partnership will pay the out of pocket charges you incur for up to your Maximum Daily Benefit, for each day you are eligible for benefits and are receiving long term care services in a Long Term Care Facility, your Home, or an Adult Day Care Center.

Pool of Money

Your Policy Maximum Amount is the total amount available to cover the cost of your long term care services. It is also known as your Pool of Money. You may choose a Policy Maximum Amount of between \$90,155 and \$876,000.

This Pool of Money can be used to cover your out of pocket expenses for covered services, subject to your chosen Maximum Daily Benefit. When you access benefits and use less than the Maximum Daily Benefit each day covered services are required, the remaining unused portion will remain in the Pool of Money.

Our Pool of Money approach can be an advantage to you because if you use less than the Maximum Daily Benefit when less services are needed, your benefits may last longer than you anticipated. You will have benefits available as long as you have funds in your Pool of Money.

Elimination Period

You may be accustomed to paying deductibles which are a part of most kinds of insurance. TransCare® II Partnership has an Elimination Period, which is similar to a deductible; however, it is calculated in time instead of a certain amount of money. An Elimination Period is the number of days that you are responsible for paying the cost of Long Term Care services before your Policy begins to pay benefits. TransCare® II Partnership offers the following Elimination Period options from which to choose:

- 0-day Elimination Period (eligible for benefits from day one)
- 30-day Elimination Period
- 60-day Elimination Period
- 90-day Elimination Period

Your Elimination Period is also cumulative. Once the Elimination Period has been satisfied, even if it's over more than one claim period, it need never be satisfied again.



Benefits Included in Your Policy (Standard Benefits)

The following benefits are included in your TransCare® II Partnership Long Term Care insurance plan.

Care Coordination Benefit

The need for long term care services can be a highly stressful situation for you and your family. Perhaps you live far away from loved ones or you are simply not sure of the care you need. There are many questions to be answered and important decisions to be made, such as:

- What type of care do I need?
- Where do I find a qualified provider?
- How much will the services cost?
- What other alternatives are available?

The Care Coordinator can work with you to help:

- Assess your care needs;
- Establish a Plan of Care;
- Monitor your progress and make changes to the Plan of Care; and
- Find care providers from which you may choose to receive services, if needed.

Your Care Coordinator:

- Is a Licensed Health Care Practitioner who considers family and caregiver concerns and is employed by an Access Agency. We will provide you with the Access Agency information;
- Is familiar with your community and the variety of resources and services available to you locally; and
- Focuses on helping you identify the care you need.

The Care Coordination Benefit can also help with services to assist you in remaining at home, including:

- Home health care services
- Durable medical equipment
- Emergency medical call system; and
- Caregiver training.

The Care Coordinator Benefit is not subject to nor will it satisfy the Elimination Period. You will have access to a Care Coordinator from the first day of Benefit Eligibility. There will be no charge for Care Coordination services as long as you are certified as meeting eligibility requirements.

Certain benefits of this Policy require Care Coordination. In order for Home and Community Care Benefits and the Alternate Plan of Care Benefit to be payable, you must be using the Care Coordination Benefit.

Home and Community Care includes the following benefits:

- 1) Home Care and Adult Day Care;
- 2) Remain At Home Benefit;
- 3) Respite Care; and
- 4) Hospice Care.

Services for home and community care must be included in a Plan of Care developed and approved by a Licensed Health Care Practitioner who is employed by an Access Agency. Services must be received somewhere other than in a Long Term Care Facility.

Respite Care Benefit

Care is quite often provided by a friend or family member who is volunteering his or her time to help you. However, sometimes your volunteer caregiver needs a vacation or time away from the stress of caregiving. The Respite Care Benefit can help. It pays out of pocket expenses, up to your Maximum Daily Benefit, for temporary confinements in a Long Term Care Facility, or care received in your Home, up to 30 days per calendar year. The Respite Care Benefit is not subject to nor will it satisfy the Elimination Period.

Remain at Home Benefit

TransCare® II Partnership's emphasis on home care is even more evident with the Remain At Home Benefit. Your home may present challenges when you need long term care services. The Remain At Home Benefit can pay for the assistance you need to stay in your home. While you are living in your home, this benefit can be used to pay for the following Qualified Long Term Care Services:

- **Home Modification** – modifications to your home including: ramps, grab bars or similar accessibility conversions.
- **Caregiver Training for a Volunteer Caregiver** – allows your informal volunteer caregiver to receive Caregiver Training.
- **Therapeutic Device or Technology** - rental or purchase of therapeutic devices including: crutches, wheelchairs, hospital-style beds or infusion pumps.
- **Medical Alert System** – includes the rental or purchase of systems to monitor your health.

Services must be consistent with your care needs and provided under a Plan of Care. We must approve the provider of labor, equipment and/or supplies in advance. The Maximum Benefit for these services is 60 times your Maximum Daily Benefit. The Remain At Home Benefit is not subject to nor will it satisfy the Elimination Period and may be used even if you are receiving the Home Care and Adult Day Care Benefit. You will be eligible for benefits from the first day you receive covered services.

Home Care and Adult Day Care Benefit

Let's face it - people may prefer to receive their care at home. The Home Care and Adult Day Care Benefit may allow you to stay at home for as long as possible. And because this type of care is generally less expensive than facility care, it may extend the life of your Policy.

We will pay benefits for out of pocket charges you incur for covered services, up to your Maximum Daily Benefit, for each day you receive Home Care, Home Health Care or Adult Day Care services. Home Care must be provided by or through a Home Care Agency or Homemaker-Home Health Aide Agency (in the state of Connecticut) in your home under a Plan of Care. Home Health Care Services must be provided by or through a Home Care Agency. Adult Day Care services must be provided by an Adult Day Care Center.

Long Term Care Facility Benefit

You may not want to think about it, but you may reach a time when a Long Term Care Facility will provide the best care for your needs. After satisfying the Elimination Period, TransCare® II Partnership will pay for your out of pocket expenses, up to your Maximum Daily Benefit, for room, board and Qualified Long Term Care Services for each day you are an overnight bed patient in a Long Term Care Facility (not to exceed the cost of a one-bedroom unit).

Long Term Care Facility Bed Reservation Benefit

Sometimes it is necessary to temporarily leave your Long Term Care Facility. You may need overnight tests in a hospital setting or maybe you are well enough to travel. However, when you leave a Long Term Care Facility, you need to continue paying for your bed or it can be given to someone else. With the Long Term Care Facility Bed Reservation Benefit, after satisfying the Elimination Period, we will pay for the out of pocket expenses, up to your Maximum Daily Benefit, for the room to be reserved while you are absent for any reason. This benefit is provided up to 60 days in any one calendar year.

Return of Premium to age 67 Endorsement

If you are under the age of 67 when you die, this endorsement will pay a lump sum to the beneficiary named on your application or to your estate in the amount of premiums paid less claims paid. The sum of all premiums paid will exclude any waived premiums and will be without interest.

Inflation Protection Coverage

Long Term Care services can be expensive and inflation causes costs to increase almost every year. This results in a decline in the purchasing power of your money. The TransCare® II Partnership Policy allows you to help meet future costs by including Inflation Protection Coverage.

You can choose from the following:

- **5% Compound Benefit** increases your Maximum Daily Benefit and your Policy Maximum Amount each year by 5% of the previous anniversary's Policy amounts until the Policy ends.
- **5% Daily Benefit Compound** increases your Maximum Daily Benefit and your Policy Maximum Amount each year by 5% of the previous anniversary's Policy amounts, until the Policy Anniversary following your 65th birthday. At that time, the Policy Maximum Amount stops increasing; however, your Maximum Daily Benefit continues to increase. A higher Maximum Daily Benefit may deplete your Policy Maximum Amount faster.

The Inflation Protection Coverage options continue to increase your Maximum Daily Benefit regardless of any claims paid. However, the increases to your Policy Maximum Amount will be based on the Policy Maximum Amount less any claims paid since your last Policy anniversary.

If you add benefits after the effective date of your Policy, those added benefits will not increase until the amount of the additional coverage has been in effect one full year. With the 5% Daily Benefit Compound, once the Policy Maximum Amount ceases to increase at age 65, any added benefits will not increase the Policy Maximum Amount.

Hospice Care Benefit

Sometimes the end of life may be a prolonged process and Hospice Care may be the best option for you. For this reason, TransCare® II Partnership has included a Hospice Care Benefit.

If you have no reasonable prospect of cure and have a life expectancy of six months or less, we will pay the out of pocket expenses you incur up to the Maximum Daily Benefit for each day of covered services by a Hospice Care Provider. Benefits for Hospice Care are not subject to nor will they be applied toward satisfaction of the Elimination Period. This benefit may be used even if you are receiving the Care Coordination Benefit. Please see your Outline of Coverage for details.

Alternate Plan of Care Benefit

What may be common in your future care settings may not be services we could anticipate when your Policy was issued. New methods for care are being established every year. That is why TransCare® II Partnership includes an Alternate Plan of Care Benefit.

This benefit gives Transamerica Life Insurance Company the discretion to consider whether to cover alternate Qualified Long Term Care Services not otherwise expressly covered by this Policy.

The Alternate Plan of Care Benefit will not be paid when any other benefits for care or services are being provided under the Policy. Limitations and Exclusions apply. Please see your Outline of Coverage for details.

Waiver of Premium Benefit

Because you may not be able to work or your finances may be unavailable during a long term care need, TransCare® II Partnership has built in a Waiver of Premium Benefit. With the Waiver of Premium Benefit, you will no longer have to pay your premiums while you are confined as an overnight bed patient and receiving the Long Term Care Facility Benefit, or receiving Home Care and Adult Day Care Benefit or the Hospice Care Benefit.

In order to qualify, you must satisfy the requirement for Benefit Eligibility and have satisfied the Elimination Period. If benefits are added while you are on Waiver of Premium, the premium for those added benefits must continue to be paid and will not be waived.



Optional Benefits – *You Can Truly Customize Your Policy*

The following benefits may be purchased for an additional premium and are available in addition to all other benefits included in your TransCare® II Partnership Long Term Care insurance Policy.

Shared Care Benefit Rider⁷

Additional premium required.

You never know what life may bring your way. Unforeseen circumstances can impact even the best laid plans. That's why we designed TransCare® II Partnership's Shared Care Benefit Rider to help with the unexpected. It allows couples to share each other's long term care benefits should one exhaust their own benefits; thereby maximizing their long term care protection. This valuable benefit helps increase your flexibility in an uncertain future.

For example, if you and your spouse/partner purchase and maintain identical coverage with a Policy Maximum Amount of \$275,000 each, should one of you exhaust your Policy Maximum Amount, that person can then access the other's Policy benefits with the spouse/partner's written permission.

What happens if a member of the couple dies? Should one spouse/partner die, any remaining Policy Maximum Amount on his or her Policy will be transferred to the surviving spouse/partner. No further premium on the rider will be required.

The Shared Care Benefit Rider⁷ helps you and your spouse/partner be better prepared for a changing future. You may be more confident knowing that you have customized your coverage to provide even greater protection for you and your hard earned assets.

The amount of assets you can protect under a Partnership-approved Policy is equal to the amount of benefits paid for your care. Medicaid Asset Protection is only available to the individual actually receiving the benefits. If your spouse/partner is accessing benefits under your Policy, you will not receive Medicaid Asset Protection for that care. Medicaid Asset Protection is not transferable between spouse/partners. See Outline of Coverage for details.

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

Monthly Benefit Rider

Additional premium required.

Because the charges for long term care services may vary from day-to-day, this option makes your Long Term Care Facility, Home Care and Adult Day Care benefits available on a calendar month basis (the number of days in a calendar month) rather than a daily basis. This benefit reimburses your out of pocket expenses for up to the numbers of day in a calendar month times your Maximum Daily Benefit on a monthly basis for covered services. This means that the Maximum Daily Benefit no longer applies and you may use the entire benefit in one day, ten days, or whatever best suits your needs. You may also use this benefit for: Long Term Care Facility Bed Reservation, Respite Care or Hospice Care.

⁷Available only to couples who are both issued and maintain identical coverage. This Rider is not available in conjunction with the Return of Premium Upon Death Rider selection.

Full Restoration of Benefits Rider

Additional premium required.

The Full Restoration of Benefits Rider will help if you have a long term care need from which you recover. If you were receiving benefits and then recuperate and are no longer receiving Qualified Long Term Care Services nor are benefit eligible for a period of 180 consecutive days, all benefits that were paid will be restored to the remaining Policy Maximum Amount. Benefits will be restored only one time during the life of the Policy but will not apply if you have exhausted your Policy Maximum Amount.

This allows you to restore your Policy to its original amounts and have those amounts available in the future.

Joint Waiver of Premium Rider

Additional premium required.

When one member of a couple needs care, financial resources may be minimal. The Joint Waiver of Premium ensures that when one member of the couple becomes eligible for the Waiver of Premium Benefit, both members have their premiums waived. This may allow the healthy member to devote more to the one in need of care. We will stop waving premium when your spouse/partner no longer qualifies for the Waiver of Premium Benefit. Couples will need to have identical coverage with Joint Waiver of Premium Riders attached.

Joint Waiver of Premium ends when the Policy Maximum Amount is exhausted under your or your spouse/partner's Policy, or when your or your spouse's Policy ends.

Nonforfeiture Benefit - Shortened Benefit Period Rider

Additional premium required.

The Nonforfeiture Benefit – Shortened Benefit Period Rider allows for your coverage to continue on a limited basis if it would have otherwise lapsed due to non-payment of premiums. Your Policy must have been in effect for at least 3 full years before this Rider will take effect. See Outline of Coverage for details.

Return of Premium Upon Death Rider

Additional premium required.

With the Return of Premium Upon Death Rider, when you die the beneficiary named on your application or your estate (if no beneficiary is named) will receive a lump sum totaling your premiums paid less any claims paid. This may allow your heirs to receive the premiums you paid over the life of the Policy. The sum of all premiums paid exclude any waived premiums and will be without interest.

This Rider is not available with the Shared Care Benefit Rider.

Discounts

We have made buying TransCare® II Partnership Long Term Care insurance as affordable as possible by offering discounts that may be available to you. Discounts you receive will remain for the lifetime of your Policy, despite changes in your life or health.

Spouse/Partner Discount

Couples may be eligible for a discount of up to 20%, as compared to standard individual rates. This discount is available to couples who are both issued and maintain identical coverage.

Discount for Spouse/Partner Individuals Applying Alone

Individuals that are part of a couple, but applying for a TransCare® II Partnership Policy alone or applying for different coverage amounts, may be eligible for a discount of up to 10%, as compared to standard individual rates.

Preferred Health Discount

Individuals who have taken care of their health may be rewarded with a discount of up to 10% as compared to standard premium rates. The Preferred Health Discount may be offered in addition to other discounts available.

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

Payment Choices

With TransCare® II Partnership, you can choose how often to pay your premiums. You can select from the following:

- Annually (once a year)
- Semi-Annually (two times per year)
- Quarterly (four times per year)
- Monthly (twelve times per year)

Premiums will vary based upon your premium payment choice. The more often you pay, the higher your total premium amount may be per year. All premium selections are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.

General Exclusions and Limitations

This Policy will not pay benefits when you are eligible for confinement, care or services:

- (1) resulting from 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) provided in a government facility (unless otherwise required by law), services for which benefits are paid or payable under Medicare, or would be payable except for application of a deductible or coinsurance amount (This does not apply when expenses are reimbursable under Medicare solely as a secondary payer), or other governmental program (except Medicaid);
- (4) due to participation in a felony or insurrection;
- (5) for which no charge is normally made in the absence of insurance;
- (6) received outside the fifty (50) United States and the District of Columbia, or Canada;
- (7) paid or payable under any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
- (8) 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.

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

Coordination with Other Benefits

The benefits of this Policy are designed to supplement NOT duplicate other benefits.

If you have any health insurance plan or non-Partnership long term care plan and you are entitled to benefits under those plans that would also be covered services under this Policy, you are required to obtain payment for those benefits first, prior to using benefits under this Policy.

Examples of health insurance plans include, but are not limited to, basic hospital, health maintenance organization (HMO), medical/surgical, major medical plan, Medicare, Medicare managed care plan, and Medicare supplemental programs.

If you are eligible to receive benefits under this Policy and any other Partnership-approved long term care plans, then the plan with the earliest Effective Date shall be deemed to be the primary coverage and the other Partnership-approved plans shall be deemed the secondary coverage, in order by Effective Date, from earliest to latest.

Any benefit amounts that you are entitled to receive under this Policy will be reduced by any benefits payable by these other plans. This provision will not reduce the Policy Maximum Amount payable under this Policy.

30-day Right to Review

You have 30 days from the day you receive this Policy to review it and return it to Us or your insurance agent/producer. 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.

Word About Premiums

The Policy allows the company to adjust premiums as needed, with prior regulatory approval from the Connecticut Department of Insurance. 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® II Partnership is an individual Long Term Care insurance Policy underwritten by Transamerica Life Insurance Company.

This brochure provides only a brief summary of the coverage provided under Policy TLC 2-P CTP 0410. See the accompanying Outline of Coverage for 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.

TransCare® II Partnership is a Tax Qualified Long Term Care insurance Policy designed to meet Federal Standards.

Neither Transamerica Life Insurance Company nor any of its insurance agents/producers or representatives give legal, tax, or accounting advice. Please consult your 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, monthly or another premium option that may be available. Please note that the more often you pay, the higher your total premium amount may be per year. Please see your insurance agent/producer for additional details. All premium amounts are subject to underwriting approval. The Schedule of your Policy will reflect your actual premium.



**ABOUT TRANSAMERICA LIFE INSURANCE COMPANY
AND
TRANSCARE® II PARTNERSHIP**

Your Partner for the Long Term

An unforeseen long term care need could seriously impact your future. Transamerica Life Insurance Company will partner with you to help protect your hard-earned savings from the high cost of long term care services. With TransCare® II Partnership, you can benefit from the resources of one of the largest financial services companies and the experience that only a company with over 300,000⁸ policyholders can provide.

TransCare® II Partnership Long-Term Care insurance is designed with your needs in mind. It provides you with the flexibility and options you want to customize a Policy that can fit your needs.

*For more information, call your licensed insurance agent/producer or contact
Transamerica Life Insurance Company.*

Transamerica Life Insurance Company

Home Office:
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⁸Market Share - Covered Lives, American Association for Long-Term Care Insurance, 2012 AALTCI Sourcebook.

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