TRANSAMERICA LIFE INSURANCE COMPANY

TransCare® II

Individual Long Term Care Insurance

TRANSAMERICA®

TLC TC2BR CT 0815

What if…

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

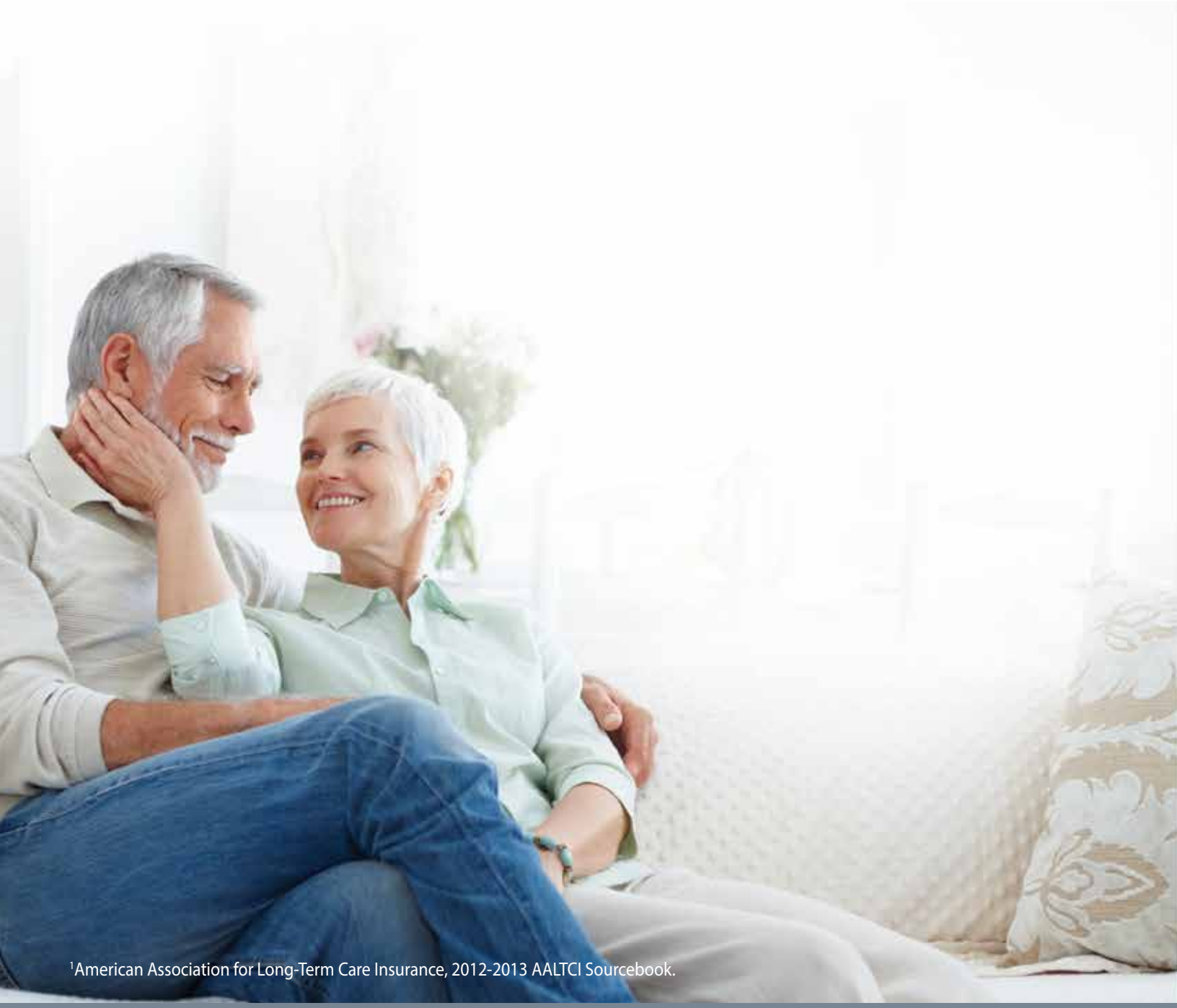
an illness caused you to lose mobility or functionality, such as transferring or dressing?

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

professional care would cost $40,000 to $85,000 a year depending on the amount of care you need?[1]

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

Since life doesn't always go as planned, TransCare® II Long Term Care insurance is here to help you prepare for the unexpected.



[1]American Association for Long-Term Care Insurance, 2012-2013 AALTCI Sourcebook.

How TransCare II Can Help

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

An illness or condition that requires long term care services can be costly. TransCare II Long Term Care insurance, can give you the added benefit of knowing that you've taken steps to help protect your finances.

Long Term Care insurance Now Instead of Later

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

The best time to buy Long Term Care insurance is now – before you need it. Long Term Care insurance premiums are based on your health, your age, and in certain situations your gender. And generally, the younger you are, the less the premium will cost.

Why Buy a TransCare II 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 $85,045 a year. But other forms of long term care can be equally costly. The national average cost of an assisted living facility is $40,200 a year and home health care can cut into any budget with a national average cost of $21 per hour for a home health aide.[2]

These costs are only expected to continue to increase. 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 Long Term Care insurance to help pay for these services.

How TransCare II Works

TransCare II 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 may also help you stay at home for as long as possible.

[2]American Association for Long-Term Care Insurance, 2012-2013 AALTCI Sourcebook.

Consider This Long Term Care Example

Debbie and Mike were 48 and 52 when they began to think about their financial futures and the impact of a long term care event. They wanted to be prepared for the unexpected so they each purchased a $250,000 TransCare II policy that 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 that Debbie would have additional help caring for Mike.

It also provided for the additional long term facility care that he needed as the disease advanced.

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 at no additional cost.

Qualifying for Benefits

To qualify for benefits under the TransCare II policy, its riders and endorsements, we must receive a Plan of Care that specifies what qualified long term care services are needed for you as 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 Activities of Daily Living (ADLs)[3] for a period expected to last at least 90 days due to a loss of functional capacity.

OR

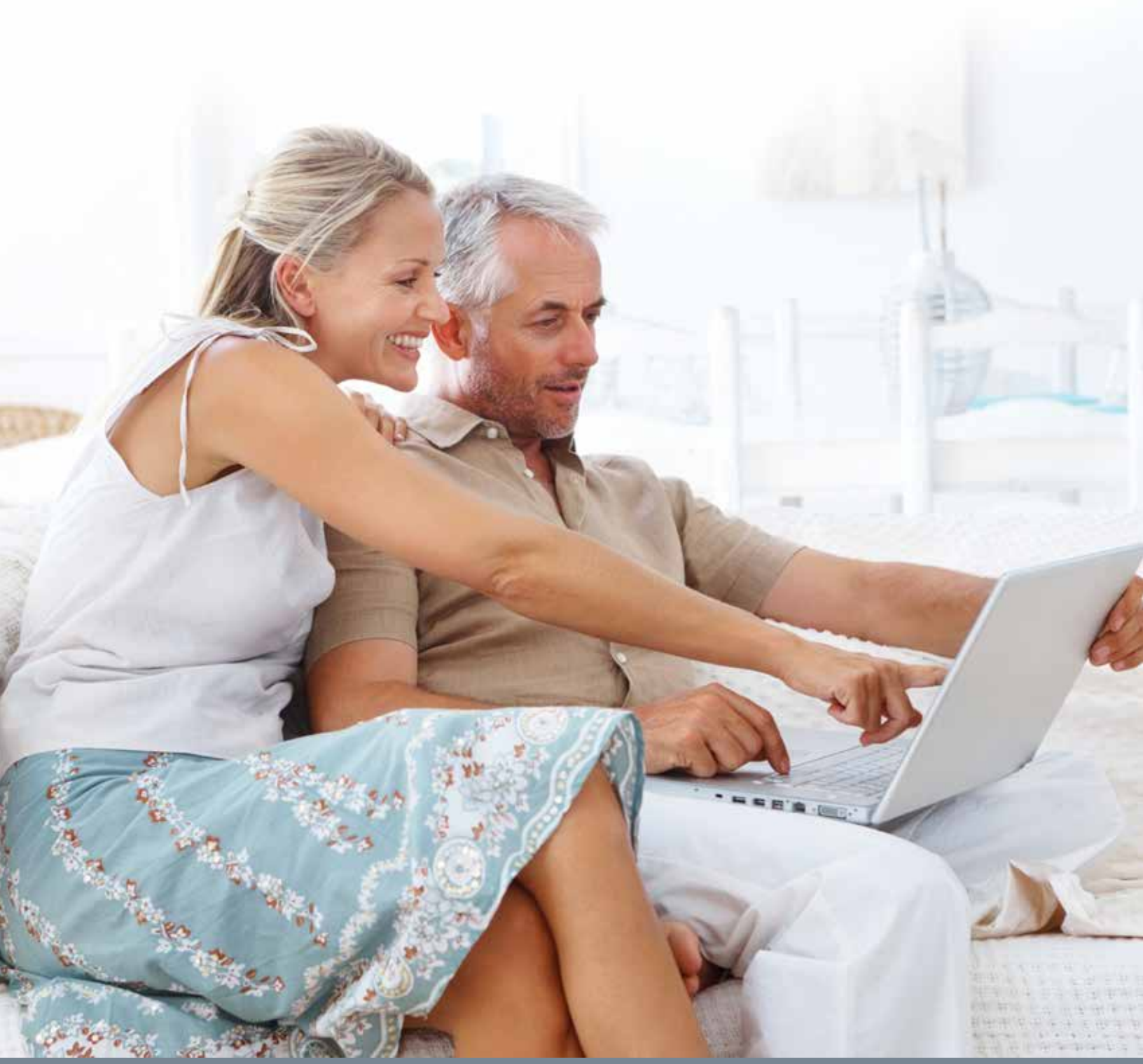
You require substantial supervision to protect you from threats of health and safety due to severe cognitive impairment.

This policy provides coverage for mental and nervous conditions, including Alzheimer's disease and 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 policy will describe your coverage in detail and will be the sole basis for making any benefits determination.

[3]Activities of Daily Living (ADLs) include: Bathing, Continence, Dressing, Eating, Toileting and Transferring, as defined in the Policy.

Build Your TransCare II 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 custom-build a TransCare II policy that best meets your needs are included throughout this brochure.



Maximum Daily Benefit

This is the amount that we will reimburse for each day of qualified care you receive. Choose an amount that you are comfortable with and feel will cover your anticipated care needs. If your care costs less than the Maximum Daily Benefit, the funds will remain in your Pool of Money to be used in the future. If your care 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 $50 to $400 per day. TransCare II will pay the out-of-pocket charges you incur for qualified care, 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.

Please remember, inflation has caused long term care costs to increase over the years. If you do not plan to include inflation protection in your policy, you may want to consider a higher initial Maximum Daily Benefit.

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 $18,250 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

TransCare II has an Elimination Period, which is similar to a deductible; however, it is calculated in time instead of money. An Elimination Period is the number of days that you are responsible for paying the cost of covered long term care services before your policy begins to pay benefits.

TransCare II 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 Long Term Care insurance plan.

Cash Benefit

Take freedom of choice one step further with the Cash Benefit. Once you qualify for benefits, you can choose to receive your benefit payments in an amount equal to 10 times the Maximum Daily Benefit each month. The Cash Benefit is paid directly to you in lieu of all other benefits, except for the Optional Care Coordination Benefit.

You can use this money in any way you see fit, such as paying for care by a family member. You do not have to submit receipts or prove care was received.

We must receive an updated Plan of Care at least once every 90 days.

Optional Care Coordination Benefit

Care Coordination is a standard benefit with your TransCare II policy; however, it is your option to use the service.

Although you do not have to use a Care Coordinator to receive benefits from the policy (except for the Remain at Home Benefit), the Care Coordinator can work with you to help:

- Develop your Plan of Care;
- Coordinate services under the Plan of Care;
- Reassess the Plan of Care as needed; and
- Provide a referral list of care providers from which you may choose to receive services, if needed.

Your Care Coordinator:

- Is a licensed health care practitioner chosen from our list of independent Care Coordinators;
- Is normally 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 Optional 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.

For a Care Coordinator who is contracted and approved by us, there is no charge to you for the covered services of a Care Coordinator. No amount will be subtracted from the Policy Maximum Amount.

For a Care Coordinator who is not contracted and approved by us, the Optional Care Coordination Benefit is limited to the Maximum Lifetime Optional Care Coordination Benefit, any amount paid for such covered Care Coordination services will be deducted from the Policy Maximum Amount.

The Optional Care Coordination 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.

Home Care and Adult Day Care Benefit

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.

Once you qualify for benefits, 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 and home health care services must be provided under a Plan of Care through a home care agency or homemaker-home health aide agency (in the state of Connecticut) in your home. 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 and received at least four hours a day. The home care and adult day care benefit is subject to the Elimination Period.

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 modifications.
- **Caregiver Training for a Volunteer Caregiver** – allows your informal 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, provided under a Plan of Care, and approved by a Care Coordinator contracted with us. 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.

Respite Care Benefit

Care is often provided by friends or family members who volunteer time to help you. However, sometimes a 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.

Long Term Care Facility Benefit

After satisfying the Elimination Period, TransCare II 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's necessary to temporarily leave your long term care facility. You may need overnight tests in a hospital setting, or maybe you're well enough to travel. However, when you leave, you need to continue to pay 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.

Global Coverage Benefit

In lieu of all other policy benefits, the Global Coverage Benefit allows you to be anywhere in the world and have some coverage under your Long Term Care insurance policy. If you are outside the 50 United States, District of Columbia, or Canada, we will pay you for the out-of-pocket expenses for care or services that would otherwise be covered under your policy. Please see your Outline of Coverage for details.

Under the Global Coverage Benefit you have access to worldwide coverage of the following benefits for up to 365 days:

- Long Term Care Facility – pays up to 75% of your Maximum Daily Benefit.
- Home Care, Home Health Care, and Adult Day Care – pays up to 75% of your Maximum Daily Benefit.
- Cash Benefit – pays a monthly benefit equal to 10 times the Maximum Daily Benefit
- Hospice – pays up to 75% of your Maximum Daily Benefit.

Return of Premium to age 67[4]

If you are under the age of 67 when you die, this benefit will pay a benefit to the beneficiary named on your application or to your estate (if no beneficiary is named) in the amount of premiums paid less claims paid. Only available to applicants under age 67. Premiums paid will exclude any waived premiums and will be accumulated without interest.

Waiver of Premium Benefit

You will no longer have to pay your premiums while you are receiving the Long Term Care Facility Benefit , Home Care and Adult Day Care Benefit, Cash Benefit, or the Hospice Care Benefit.

To qualify, you must satisfy the requirement for Benefit Eligibility and have satisfied the Elimination Period. If benefits are added at the time of the Waiver of Premium, the premium for those added benefits must continue to be paid and will not be waived. This benefit does not apply to the Global Coverage Benefit.

[4]Some financial institutions may not sell the Return of Premium to Age 67 Benefit. Consult your agent/producer for details.

Alternate Plan of Care Benefit

In the future, care and services may not be services we could anticipate when your policy was issued. New methods for care are being established every year. That's why TransCare II includes an Alternate Plan of Care Benefit.

This benefit gives Transamerica Life Insurance Company the ability 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.

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 care 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 Optional Care Coordination or the limited Hospice Benefit under the Global Coverage Benefit. Please see your Outline of Coverage for details.

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 Long Term Care insurance policy.

Shared Care Benefit Rider[5] | *Additional premium required.*

You never know what life may bring. That's why we designed TransCare II with a 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 extending their long term care insurance protection. This valuable benefit helps increase flexibility in an uncertain future.

With the Shared Care Benefit Rider, if you and your spouse/partner are issued and maintain identical policies with a Policy Maximum Amount of $273,750, 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 Rider 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.

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.

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 claims paid. This may allow your heirs to receive the premiums you paid over the life of the Policy. Not available with the Shared Care Benefit Rider or limited pay policies.

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, Home Health Care and Adult Day Care benefits available on a calendar month basis (the number of days in a calendar month) rather than on a daily basis. This benefit reimburses your out-of-pocket expenses 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 based on the long term care expenses you incur. You may also use this benefit for long term care facility bed reservation, respite care. or hospice care.

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 three years before this rider will pay benefits. This may allow you to still be eligible to receive benefits when you need them. See your Outline of Coverage for details.

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

Benefit Increase Options (BIOs)

Inflation can cause the costs of long term care services to increase almost every year. This results in a decline in the purchasing power of your money. Your TransCare II policy allows you to help meet future costs by including available Benefit Increase Options.

You can choose from the following:

- The **Compound Benefit Increase Option Rider** 5% increases your benefit amounts each year by 5% of the current dollar amount. *Additional premium required.*
- The **Step-Rated Compound Benefit Increase Option Rider** 3% or 5% allows you the protection of a Benefit Increase Option at a lower initial rate. Premiums increase each year as your benefits increase by 3% or 5% of the current dollar amount. You can elect to stop these increases on any anniversary date of your Policy. *Additional premium required.*
- With the **Deferred Benefit Increase Option**, you have an opportunity to add a Benefit Increase Option, without evidence of insurability, at a future date as long as you have not had a claim or are not currently eligible to claim. This offer will be extended to you within 90 days prior to the first, the third and the fifth anniversary date of the Policy.

A Benefit Increase Option will continue to increase to your Maximum Daily Benefit regardless of any claims paid. However, the increases to your Policy Maximum Amount will be based on your Policy Maximum Amount less any claims paid since your last policy anniversary.

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

Full Restoration of Benefits Rider | *Additional premium required.*

The Full Restoration of Benefit 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, except for Global Coverage Benefits, 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. Limitations and Exclusions apply. See your Outline of Coverage for details.

Discounts

We have made buying TransCare II Long Term Care insurance as affordable as possible by offering discounts that may be available to you. Discounts you receive when you are issued coverage will remain on your policy, despite changes in your health.

Couples Discount[6]

Couples may be eligible for a discount of up to 20%, as compared to standard individual rates. This discount is available to couples who apply for identical benefits.

Discount for Spouse/Partner Individuals Applying Alone

Individuals that are part of a couple, but applying for a TransCare II 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% off 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, you can choose how you will pay for your policy:

- 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.

[6]Must apply in good faith for identical benefits. Changes in benefit levels due to underwriting may result in the discount being reduced to 10% for one or both members of the couple.

General Exclusions and Limitations

This Policy and any Rider(s) or Endorsement(s) attached to it 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 under Medicare, or would be payable except for application of a deductible or co-insurance 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 of 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.

The exclusion regarding a member of Your Immediate Family will not apply to the Cash Benefit. This exclusion also will not apply to the Cash Benefit if received under the Global Coverage 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 Global Coverage Benefit.

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 the Remain At Home Benefit); payments in-kind; transportation; and personal expenses, such as items and services furnished at Your request for comfort, convenience, beautifaction or entertainment.

Substandard Rated Policies
Teh joint Waiver of Premim Rider and the Return of Premium Upon death Rider are not available of a substandard rated policy.

Policy Termination
Your policy will not cancel 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 Policy Maximum Amount 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 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 approval if required by your state's 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 insured 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.

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.

Disclaimers
TransCare® II 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 Series TLC 2-P CT 0410. 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 in this brochure are defined in the Policy. The Policy is intended to be a Tax Qualified Policy designed to meet Federal Standards.

Transamerica Life Insurance Company and its agents and representatives do not give tax or legal advice. This material and the concepts presented here are for information purposes only and should not be construed as tax or legal advice. Any tax and/or legal advice you may require or rely on regarding this material should be based on your particular circumstances and should be obtained from an independent professional advisor.

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.

Transamerica Life Insurance Company
and
TransCare® II

Here for the Long Term

For more information, call your licensed insurance agent/producer or contact Transamerica Life Insurance Company and we will have a licensed insurance agent/producer contact you.

TRANSAMERICA LIFE INSURANCE COMPANY

TRANSCARE® II

Individual Long Term Care Insurance

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