



NEED-TO-KNOW INFO

UNDERWRITING GUIDE FOR
TRANSAMERICA LONG TERM CARE RIDER

TRANSAMERICA LIFE INSURANCE COMPANY AND
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY



TRANSAMERICA®





LONG TERM CARE RISK CLASSES

The rate class for the Long Term Care rider will match the base life insurance rate class through Table D. There are some conditions that do not qualify for the LTC rider regardless of the base life insurance rate.

The underwriting risk classes for the Long Term Care Rider (LTC rider)* are:

- Preferred
- Nonsmoker
- Smoker

In addition to these underwriting risk classes, we may be able to offer coverage on a substandard risk class Table A through substandard risk class Table D with increases in rider charges at the rate of 25% per table rating. Life insurance flat extras will be converted to the commensurate LTC rate class if available.

* Named Comprehensive Long Term Care Insurance rider (LTC rider) In California

UNDERWRITING CONSIDERATIONS

The underwriting of long term care insurance for the LTC rider involves consideration of medical evidence, functional performance, and cognition.

We will also consider other LTC coverage the insured may currently have in force with Transamerica and its affiliates.

Each of these factors is critical in the risk selection process for long term care insurance. The sources for this information may include the life and supplemental applications, medical records, a telephone interview, a face-to-face assessment, and/or any other evidence required by the underwriter, depending on age and health history. (See Underwriting Evidence.)

Medical evidence is simply any findings, current or by history, that relate to the physical or mental health of the proposed insured.

Functional performance includes such things as independence in performing Activities of Daily Living (ADLs) such as bathing, continence, eating, dressing, toileting, and transferring, and Instrumental Activities of Daily Living (IADLs) such as the ability to handle one's finances, the ability to use the telephone, food preparation, housekeeping, laundry, taking one's medications, and shopping.

Limitations in the ability to perform ADLs are usually a strong indicator of someone that would currently or soon require long term care support or services. Limitations with one or more IADLs may be leading indicators of individuals who might need long term care services in the future.

Cognition relates to one's awareness and perception, as well as the ability to understand and reason.

While early stages of cognitive impairment may be difficult to detect, it is a critical element in the underwriting for long term care insurance. Such impairments tend to be progressive and may be indicative of Alzheimer's or other types of dementia.

In addition, the underwriter will verify all LTC rider coverage that the applicant has in force with a Transamerica company when underwriting the application. If other LTC rider coverage is currently in force, the amount applied for must be adjusted in order not to exceed the \$2,000,000* maximum LTC specified amount per life.

The maximum LTC specified amount per life is the combined total amount of the LTC specified amounts of all LTC coverage (excluding stand-alone LTC coverage) in force with Transamerica and its affiliates.

* Currently \$1,000,000 specified amount is available in those states where base policy form number IUL09 has not been approved.
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LTC RIDER UNDERWRITING EVIDENCE (IN ADDITION TO UNDERWRITING EVIDENCE FOR THE LIFE POLICY)

The LTC rider will be fully underwritten for all issue ages and risk classes. Information regarding the insured's health status and underwriting risk class will be obtained from the base policy application, a supplemental application, the Medical Information Bureau (MIB), a telephone interview, a prescription report, a LTC phone interview, and a face to face cognitive screen assessment, as applicable, depending on the issue age of the proposed insured. The proposed insured must be a U.S. citizen or legal permanent resident. Individuals with any other visa type will not be accepted for LTC rider coverage. Note that this differs from the guidelines for a life insurance contract.

Underwriting reserves the right to request additional evidence in circumstances where our normal evidence does not provide enough detail to complete accurate risk selection. Initial underwriting requirements for the LTC rider are shown in the following chart:

ISSUE AGES	INITIAL LTC U/W REQUIREMENTS
18-44	Medical Information Bureau (MIB), Prescription History (RX)
45-59	Medical Information Bureau (MIB), Prescription History (RX)
60-65	Medical Information Bureau (MIB), LTC Phone Interview, Prescription History (RX)
66-69	Medical Information Bureau (MIB), Medical Records, LTC Phone Interview, Prescription History (RX)
70-75	Face-to-Face Assessment (F2F), Medical Information Bureau (MIB), Medical Records, Prescription History (RX)

A telephone interview is usually performed for all applicants between the ages of 60 and 69. This interview is to help verify the accuracy of the information on the supplemental application and to help determine additional information/clarification regarding the applicant's health, functional performance and cognition. Applicants aged 70 and older will be required to complete a face to face cognitive screen assessment.

Face-to-face assessment is an evaluation where a trained assessor visits with the applicant at his/her residence. The assessment includes questions related to health history, general activity level, and functional ability regarding both instrumental and basic activities of daily living. Physical observations are made, and additional mobility and a cognitive screening test are included as well. On occasion we may require such an assessment below age 70 at our discretion.

For applicants with a history of stroke/TIA/amnesia/memory problems/brain surgery/hearing or mobility limitations, or other issues triggering underwriting concerns, we will conduct a special face-to-face assessment completed by an approved vendor.



COMPLETING THE SUPPLEMENTAL APPLICATION

The supplemental application for the LTC rider contains questions for additional medical conditions that are not asked on the life application. These medical conditions are consistent with reasons for long term care benefits to be utilized, either at home or in a facility. The supplemental application needs to be completed for all applicants applying for the LTC rider at the same time the life insurance application is completed.

APPLICANT INFORMATION

Fully complete the supplemental information on the proposed insured and proposed owner (if applicable). Note: We need the proposed insured's work and home telephone numbers from Part I of the Life Insurance Application to enable us to conduct a phone interview or arrange for a face-to-face assessment, depending upon age.

PROTECTION AGAINST UNINTENDED LAPSE

Contains space for the applicant to specify a third-party individual who is to receive any notice that the policy has entered its grace period and will terminate if sufficient premium is not paid before the end of the Grace Period. If the policy enters the Grace Period, a shortage notice will be mailed to the policy owner and the third party listed. Further, 30 days after such premium is due and unpaid, a notice of lapse will be mailed to the policy owner and the third party listed. If sufficient premium is not paid during the 35-day period following receipt of the notice of lapse, the policy and LTC rider will lapse.

HEALTH AND PERSONAL HISTORY

The supplemental application will include a set of knockout questions in this section. If the proposed insured answers "yes" to any of these questions, then the LTC rider is not available for that person.

Please note that a "yes" answer to any of the other questions requires that additional details be provided. Space is available to provide that information; however, an additional sheet may be attached if more space is needed. Any additional sheets must also be signed and dated by the applicant.

EXISTING AND PENDING COVERAGE

This section will provide the underwriter with information regarding other government and individual insurance coverage the applicant may have or has applied for in the past, in addition to any coverage being replaced. If question No. 1 is answered “yes,” the applicant will not be eligible for the LTC rider as the benefits would be paid in addition to Medicaid benefits. Please verify if the “yes” answer is correct as some applicants or agents may confuse this question with Medicare coverage.

LTC REPLACEMENT

LTC replacement requirements must be satisfied if the policy being replaced is a long term care insurance policy. If the policy being replaced is a life insurance policy, then the life insurance replacement requirements must be satisfied. If a life insurance policy that includes a long term care rider (or riders) is being replaced by a life insurance policy and the LTC rider, then both life insurance as well as long term care replacement requirements must be satisfied.

AGENT'S REPORT

The information the agent provides here gives the underwriters a more complete picture of the applicant. These questions need to be answered to the best of the agent's ability and knowledge. The additional questions regarding insurance policies sold to the applicant by the agent are mandated by state laws. Note that, regardless of any replacement, all such prior policies must be listed even if they've long since lapsed.

NOTICE ABOUT INSURANCE FRAUD

Transamerica is committed to reducing fraud. All applicants should be made aware that any person who facilitates a fraud against an insurer or submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

SIGNATURES

A HIPAA authorization must be signed and dated with the same date that the supplemental application is signed before underwriting processing can begin.

- The applicant must sign and date the supplemental application for the LTC rider in all requested areas. We do not accept power of attorney signatures on any supplemental application.
- All applications must be received in the administrative office within 30 days of the signed date.
- Please print as well as sign the supplemental application.
- Include the agent number (please consult your local agency for assistance). If we cannot identify the writing agent and determine that his/her license and continuing education credits are current, the case will not be issued and paid. Furthermore, the premium, if any, will be returned.



UNDERWRITING PROCEDURES

1. The LTC rider supplemental application, as well as all state-required new business forms in good order, must be received by us at the same time as the Life Application. A HIPAA authorization must be signed and dated with the date the supplemental application is signed before underwriting processing can begin.
2. Upon timely receipt in our administrative office of the new business application and required forms for the life policy and the LTC rider, the agent/broker license, compliance with the continuing education requirements, and appointment status for the LTC rider will be verified.
3. The file is reviewed in the underwriting area and any necessary underwriting evidence for the LTC rider will be requested along with the necessary underwriting evidence for the life policy.
4. All underwriting evidence and other forms and information must be received in a timely manner. If not, the file will be closed as incomplete and the premium will be refunded directly to the applicant. If the information is received after the applicant's case has been deemed to be incomplete, the underwriter will determine if the current supplemental application can be used or if a new fully completed supplemental application with a current signature and date will be required.
5. In the event an LTC rider supplemental application is declined, the underwriter will provide the reason for that action, to the extent permitted, to the agent. A letter with a detailed explanation of the adverse underwriting decision will be sent to the applicant along with any refund due.
6. Unless otherwise prohibited, copies of all correspondence will be sent to the writing agent via the appropriate agency or office, as they will assist in the underwriting process from application through policy issue.



UNDERWRITING IMPAIRMENTS IN GENERAL

While the impairments included here are primarily medical, additional factors related to ADLs/IADLs and cognitive functioning have also been incorporated. Although the list of impairments is extensive, it does not include all possible conditions that may be encountered. In addition, the underwriting determinations that are provided in this guide are based on individual impairment; however, the life application and supplemental application received may contain multiple impairments.

THE MOST FAVORABLE OFFERS WILL BE IN SITUATIONS SUCH AS:

- Those with an active, healthy lifestyle (work, exercise, nonsmoker, etc.)
- Regularly visit physician for health maintenance and monitoring control of current conditions
- Frequent social activities outside the home with volunteering and hobbies/clubs, etc.

THOSE APPLICANTS/CASES NORMALLY RESULTING IN LESS FAVORABLE DECISIONS INCLUDE:

- Applications already rated or declined from other LTC insurance carriers
- Incomplete health histories (many times an indication of poor control)
- Severe medical concerns likely to cause long term periods of disability
- Medical conditions with partial recovery or poor control/response to treatment
- Poor functional or cognitive capacity
- Recent health condition detection or surgery (will consider minor outpatient surgery once completed and with a full recovery)
- Comorbidity (i.e., health conditions that tend to aggravate each other)

We will not accept applications or underwrite any individual or couple currently residing in or considering a Continuing Care Retirement Community (CCRC).



Individual Consideration: It is not always possible to include all the variations of a given impairment that the underwriter must consider to determine the most appropriate risk classification.

Those variables may include additional factors from the phone interview and/or a face-to-face assessment. Where “individual consideration” is indicated, a review of all underwriting evidence is required before a final determination can be made. In underwriting for a long term care rider, certain combinations of impairments are more significant than others. For this reason, the relationship between the different conditions is used in determining the ultimate risk classification. In addition, findings on the phone interview or long term care assessment (i.e., how active the applicant is, whether or not activities are restricted, observations regarding cognitive function, mobility, etc.) are also of considerable importance.

For example, several otherwise “standard” class impairments may warrant no better than a Table A rating through Table D rating offer for the LTC rider. Where two impairments could exacerbate each other, such as diabetes and coronary artery disease, the proposed insured under the LTC rider may be uninsurable. Thus, the appropriate final action involving multiple impairments will require the underwriter to evaluate all the facts in combination and exercise informed judgment accordingly.

LTC RIDER AUTOMATIC DECLINE LIST

The following diagnoses and conditions are considered high risk for ADL loss and individuals with the following diagnoses should be declined.

- ADL limitation, at present
- Alcoholism, alcohol abuse, if within three years
- Alzheimer's disease
- Amputation due to disease
- Amyotrophic lateral sclerosis (ALS)
- Ascites, present
- Ataxia, cerebellar
- Autonomic insufficiency (Shy-Drager syndrome)
- Binswanger's disease
- Buerger's disease
- Charcot-Marie-Tooth syndrome
- Chorea
- Cirrhosis, except primary biliary
- Cognitive impairment
- Confusion, current or multiple episodes
- Currently residing or considering residing in a continuing care retirement community
- Cystic fibrosis
- Dementia
- Diabetes with stroke or treated with insulin
- Gaucher's disease
- Hodgkin's and lymphomas, treatment in past six months
- Hospital/nursing home, current confinement
- Home health care/adult day care, current use
- Hoyer lift use, current
- Huntington's chorea
- Hydrocephalus
- Incontinence, bowel
- Kidney dialysis, if within two years
- Korsakoff's psychosis
- Leukemia treated within the past six months, EXCEPT for CLL and hairy cell
- Lupus erythematosus-systemic (SLE)
- Mental retardation
- Mesothelioma
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Organ transplant (heart, kidney, liver)
- Organic brain syndrome
- Osteomyelitis, current
- Oxygen use, current
- Paraplegia
- Parkinson's disease
- Peripheral neuropathy, severe or caused by diabetes
- Pick's disease
- Polymyositis
- Posterolateral sclerosis
- Progressive muscular atrophy
- Psychosis/psychotic disorder including schizophrenia
- Quadriplegia
- Renal failure, current
- Senility, all forms
- Scleroderma
- Stroke (CVA), within two years, multiple, or in combination with diabetes
- Total parenteral nutrition (TPN), for regular or supplementary feeding or administration of medications
- Transient ischemic attack (TIA), within two years, multiple, or in combination with diabetes
- Waldenström's macroglobulinemia
- Wegener's granulomatosis
- Wheelchair or walker, current use

Note: This is not an all-inclusive list. There are other impairments that are not insurable with a LTC Rider.

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IMPAIRMENT	BEST POSSIBLE RATE CLASS AVAILABLE		
	PREFERRED RATE CLASS	STANDARD RATE CLASS	DECLINE
Acoustic Neuroma	Y		
ADL deficient			Y
Adult Day Care			Y
Adult Respiratory Distress Syndrome (ARDS)		Y	
AIDS/Acquired Immune Deficiency Syndrome			Y
Alcoholism/Alcohol Abuse		Y	
Alzheimer's Disease			Y
Amnesia		Y	
Amaurosis Fugax		Y	
Amputation		Y	
Amyotrophic Lateral Sclerosis/ALS (Lou Gehrig's Disease)"			Y
Anemia	Y		
Aneurysm, Abdominal		Y	
Aneurysm, Cerebral			Y
Aneurysm, Thoracic		Y	
Angina Pectoris/Coronary Artery Disease/Heart Attack		Y	
Angioplasty		Y	
Ankylosing Spondylitis/Marie Strumpell Arthritis			Y
Aortic Insufficiency/Aortic Stenosis		Y	
Arrhythmia		Y	
Arteritis			Y
Arthritis, osteo	Y		
Arthritis, Rheumatoid		Y	
Assisted Living Facility			Y
Ataxia			Y
Bipolar Disorder			Y
Bronchiectasis			Y
Bronchitis	Y		
Bursitis	Y		
Cancer (internal organs)		Y	
Cancer, skin (not melanoma)	Y		

* Medical records will be ordered.

IMPAIRMENT	BEST POSSIBLE RATE CLASS AVAILABLE		
	PREFERRED RATE CLASS	STANDARD RATE CLASS	DECLINE
Cancer (undergoing treatment)			Y
Cardiomyopathy			Y
Carotid Artery Disease		Y	
Cerebral Palsy			Y
Cerebrovascular accident/CVA/Stroke			Y
Charcot-Marie-Tooth Syndrome			Y
Chronic Lymphocytic Leukemia/CLL			Y
Chronic Obstructive Pulmonary Disease/COPD		Y	
Chronic Pain		Y	
Cirrhosis			Y
Colitis, other than ulcerative/Crohn's	Y		
Colitis, Ulcerative			Y
Cognitive Impairment			Y
Congestive Heart Failure			Y
Coronary Artery Disease/Heart Disease		Y	
CREST Syndrome			Y
Depression	Y		
Diabetes Mellitus		Y	
Dialysis			Y
Disability			Y
Drug Abuse			Y
Emphysema		Y	
Epilepsy		Y	
Fibromyalgia	Y		
Handicap placard/license plate			Y
Hemochromatosis	Y		
Hepatitis B			Y
Hepatitis C			Y
Home Health Care			Y
Hyperthyroid		Y	
Hypothyroid	Y		
Hyperparathyroidism	Y		
Hypertension	Y		

IMPAIRMENT	BEST POSSIBLE RATE CLASS AVAILABLE		
	PREFERRED RATE CLASS	STANDARD RATE CLASS	DECLINE
Incontinence, bowel or urinary w/usage of catheter			Y
Infertility Treatment	Y		
Intellectual Disability			Y
Lupus/Systemic Lupus Erythematosus			Y
Marijuana use	Y		
Medicaid/Medi-Cal			Y
Mitral insufficiency/Mitral stenosis/Mitral valve prolapse		Y	
Mixed Connective Tissue Disease (MCTD)			Y
Multiple Sclerosis			Y
Nephritis, chronic			Y
Osteopenia		Y	
Osteomalacia			Y
Osteoporosis			Y
Oxygen use			Y
Pacemaker		Y	
Paralysis			Y
Parkinson's			Y
Peripheral arterial Disease/Peripheral Vascular disease			Y
Pregnancy, no history of or current complications	Y		
Phlebitis, thrombosis, blood clot		Y	
Prostatitis, with normal PSA	Y		
Pulmonary embolism, history of		Y	
Pituitary Adenoma		Y	
Sarcoidosis			Y
Schizophrenia			Y
Sickle Cell Disease			Y
Sickle Cell trait	Y		
Sleep apnea, obstructive	Y		
Thalassemia Major			Y
Thalassemia Minor	Y		
Tourette's Syndrome			Y
Tuberculosis, recovered	Y		



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