
BRIGHTER TOMORROWS
START TODAY
TRANSCARE® III INDIVIDUAL
LONG TERM CARE INSURANCE
Transamerica Life Insurance Company
ICC18 97454
TRANSAMERICA®

THE CARE YOU NEED TODAY AND TOMORROW

If living well tomorrow starts with the habits we form today, taking care of ourselves now should be high on everyone's list of priorities. Improving our Wealth + Health today can help add years to our lives and life to our years, but it's just as important to establish a plan to care for our Wealth + Health tomorrow, the next day, and well into the future.

That's why we've put so much thought into our *TransCare® III* Long Term Care insurance — it's designed to help you and your loved ones through the unexpected moments life may throw your way. No matter how prepared we are, there are occasions in life that have the power to change our circumstances and alter how we get from one day to the next. If you lost the ability to independently perform two of the six basic activities of daily living for an extended period of time, long term care insurance would simplify the process of finding the right solutions for you and your loved ones, and substantially bolster your system of support for everything from costs to care.

YOU'RE IN THE DRIVER'S SEAT

TransCare III Long Term Care insurance means you can have confidence knowing you're prepared for long term care services that might affect:

- **Your future care needs.** Who will take care of you if you're unable to take care of yourself? What effect could your need for care have on your loved ones?
- **Your finances.** Do you have sufficient income and assets to pay for your care needs? What long term care options are available?
- **Your independence.** What long term care services 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 coverage (underwritten by Transamerica Life Insurance Company) can give you the confidence to pursue the adventures of today, tomorrow, and the years to come.

Let's help you build a policy that supports a future brimming with Wealth + Health.

WHY CARE MATTERS

You've spent years building smart habits to create a wealthier, healthier future so why stop now? Proactive planning can help soften the impact long term care needs could have on you, your loved ones, and your assets. Planning can also ensure you have a voice in any future care need decisions that may arise. As you build a policy that suits your preferences, consider the following:

Q: How would you prefer to be cared for?

Today is the best time to prepare 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 at the time you apply for coverage.

Q: Whom would you want to care for you?

Loved ones are sometimes willing to provide long term care services, if they live nearby and can rearrange their schedules or careers. But as care needs grow more challenging, daily care may become too demanding for loved ones to provide. Preparing now may help maintain your loved one's ability to respond to new needs as they arise, and know where to look for help when and if you need it.

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

TransCare® III may help pay for the high costs of long term care services, allowing your savings and assets to be used and enjoyed by your spouse/partner.[1] 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. Based on an inflation rate of 3%, prices would double in just 25 years.

$97,455

Cost for a private room at a skilled nursing home in 2018.[2]

[1] *Under 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.*

[2] *2018 Cost of Care, national average private room, LTCG.*

WHEN CARE MATTERS

Q: 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 a licensed health care practitioner has certified within the past 12 months that one of the following two statements is true:

- You require substantial assistance due to your inability to perform at least two of six activities of daily living for a period expected to last at least 90 days due to a loss of functional capacity
- You require substantial supervision to protect you from threats of health and safety due to severe cognitive impairment

Activities of daily living defined in your 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.

TRANSCARE® III LONG TERM CARE INSURANCE

TransCare III **can help you prepare for the costs of qualified long term care services you may need someday and your family will want you to have.**

PREPARING WITH YOUR LOVED ONES IN MIND

What does your family look like? Family can be blood relatives or your circle of closest friends. More and more 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.

GIVING YOU OPTIONS

TransCare III Long Term Care insurance can provide customized coverage that may help you plan and manage your qualified long term care needs in a way that truly considers your individual desires 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 address the care you may need and the ability of your family to help you with those needs**

3. **Select any optional benefits that can help provide additional coverage, such as the ability to share benefits with a spouse/partner* or automatically increase your policy benefit amounts to anticipate inflation**

* *Under 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 YOUR POLICY, YOUR OPTIONS

It's your policy — that's why you decide the benefit limits. The first step in building your *TransCare® III* policy is to determine how much your policy will pay, and how soon.

Q: What total amount of money do you want your policy to provide?

The **policy maximum amount** or pool of money is the total dollar amount of coverage you purchase to cover the costs of your qualified long term care services over the life of your policy. Benefits paid cannot exceed the funds in your pool of money.

(Options range from $36,500 to $1,095,000.[1])

Q: How much money do you want to have available each day?

A **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.[2])

Q: How soon do you want insurance to begin paying benefits?

The **elimination period** is the number of days that you are responsible for self-funding your qualified long term care services before benefits may be paid. This is similar to a deductible, but it is measured in days. The elimination period only needs to be satisfied once even if it's extended over more than one claim period. You have the option to select from 0-day (eligible for benefits from day one), 30-day, 60-day, 90-day, 180-day, or 365-day.[3]

Your *TransCare III* policy includes a 3-year rate guarantee for the premiums you pay for your policy. See "Premium Rates" for information about our right to increase premiums in the future.

[1] Pool of money in Kansas, Maryland, and Oregon is between $36,500 and $1,095,000; in Vermont[4] $27,375 and $1,095,000; in Wisconsin $21,900 and $1,095,000.

[2] Maximum daily benefit in Connecticut ranges from $50 to $400; in Maryland and West Virginia from $50 to $500; in Wisconsin from $60 to $500; and in Vermont[4] from $75 to $500.

[3] Elimination period greater than 100 days is not available in Vermont.[5]

[4] Pays out-of-pocket charges you incur, up to your maximum daily benefit amount.

2 CORE BENEFITS COME STANDARD

Your *TransCare III* policy is built to look out for you, whether that's in your home or in a long term care facility. The following benefits are standard in your individual policy:

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

Wouldn't it be helpful to be able to pay a caregiver no matter who they are, including family and friends? That's why your policy comes standard with the *TransCare III* **cash benefit** that makes cash available for you to use any way you see fit (0-day elimination period).[5]

The cash benefit allows you to compensate people who provide hands-on care associated with activities of daily living. Your policy gives you the flexibility to do so by providing a monthly cash benefit equal to 10 times your maximum daily benefit (or one-third 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.

Q: My home and family are not equipped for my care needs.

There's no place like home. That's why the *TransCare III* **remain at home benefit** can help pay for additional items that may help you remain at home for qualified long term care services (0-day elimination period).[5]

Your policy can help pay for home modifications like access ramps, as well as covering caregiver training for a loved one which may help you stay in your home longer. 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 services 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 the services are prescribed under your Plan of Care and you are using the policy's optional care coordination.

[5] *Not subject to, nor will it satisfy your policy elimination period.*
Eligibility criteria must be satisfied in order to qualify for the benefits mentioned.

Q: Can I give my family a break?

The role of caregiver can be highly rewarding. However, caregiving for many people depends on a relative or close friend who may appreciate or require some rest. That's why the **respite care benefit** can help you receive the qualified long term care you need while allowing your caregiver to take a break (0-day elimination period).[1,2]

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.

Q: My loved ones are not available, but I still want to stay home.

Home is where the heart is — it's a comfortable place for you to live and for loved ones to visit. That's why your *TransCare® III* policy may help you live there as long as possible with the **home care and adult day care benefit** (0-day elimination period).[2,3]

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 service 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 four hours in a day.

Q: I need more assistance than I can receive at home now.

You may reach a time when a long term care facility is appropriate for your needs. Your policy covers qualified long term care services in facilities through the **long term care facility benefit** defined in your policy as assisted living facilities or nursing homes.[2,4]

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.

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

If you are younger than 67 when you die, the **return of premium upon death before age 67 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.

[1] Not subject to, nor will it satisfy your policy elimination period.
[2] Pays out-of-pocket charges you incur, up to your maximum daily benefit amount.
[3] Not subject to, nor will it satisfy your elimination period, unless the elimination period credit rider is selected.
[4] Subject to your elimination period.
Eligibility criteria must be satisfied in order to qualify for the benefits mentioned.

Q: What if a long term care event affects my ability to pay my premium?

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.[5] 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 optional **waiver of premium rider — home care and adult day care**, your premiums are waived while you are receiving qualified long term care services for home care, home health care, or adult day care, or services under the accident benefit.[6,7]

With the optional **waiver of premium rider — cash benefit**, you may receive the cash benefit without the need to pay premiums while you are doing so.[7,8]

Q: Does this policy cover accidents?

Your policy anticipates the impact that an accidental injury might have on your long term care needs with the **accident benefit**.[5,6]

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 a chronically ill individual and needing qualified long term care services. Prior to the injury, you cannot be eligible for the payment of any benefits under the policy.

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.

[5] Subject to your policy elimination period.
[6] Pays out-of-pocket charges you incur, up to your maximum daily benefit amount.
[7] Not subject to, nor will it satisfy your policy elimination period.
[8] Based on the underwriting of your policy, these options may be included as standard benefits in your policy. Eligibility criteria must be satisfied in order to qualify for the benefits mentioned.

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

By the time you need your policy's benefits, there may be qualified long term care services or providers that don't exist today. That's okay — your policy provides you the flexibility to request coverage for the use of new or alternative services not covered in your policy through the **alternate Plan of Care benefit**.[1,2] With our approval, you may begin using and receiving 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 Insurance Company. You must satisfy and continue to satisfy eligibility requirements, and benefits paid will reduce your pool of money.

Q: Is there a provision for end of life care, if I need it?

Making the end of life as comfortable as possible 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, the **hospice care benefit** would provide up to 180 days of care by a hospice care provider.[1,3] Benefits for hospice care will not be payable when other benefits are being received under the policy.

Q: Will I lose my place at a long term care facility if I leave temporarily?

Suppose you require temporary hospitalization for some tests, we've got you covered with the **long term care facility bed reservation benefit**.[1,2]

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.

[1] Pays out-of-pocket charges you incur, up to your maximum daily benefit amount.
[2] Subject to your policy elimination period.
[3] Not subject to, nor will it satisfy your elimination period.
Eligibility criteria must be satisfied in order to qualify for the benefits mentioned.

WHEN CARE MATTERS

Figuring out which steps to take when an unexpected need for long term care occurs can be confusing and stressful for you and your family, and 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 access the available policy benefits in connection with qualified long term care
- A care coordinator is available to help provide answers to your questions and help guide you to long term care resources

3 YOU DO YOU

In addition to the benefits that are standard for *TransCare III*, optional benefits may be purchased for an additional premium to customize your policy.

Q: What if my spouse/partner uses up their pool of money?

For most couples, sharing is a way of life, which is why we offer the **shared care benefit rider**.[1, 2]

Suppose your spouse/partner requires qualified long term care services and exhausts all benefits (the pool of money) in his or her policy.[2] As long as you have both purchased identical policies, 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.[3] If one of you exhausts all benefits in both policies, the remaining spouse/partner could purchase an additional two years of coverage without underwriting.[4] If one of you dies, any amount remaining in the decedent policy's pool of money would be transferred to the survivor, with no further premium required on the rider.

Q: What if my daily expenses exceed my maximum daily benefit?

It's possible for qualified long term care costs to exceed your maximum daily benefit if, for example, you require 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 the **monthly benefit 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 10 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.

[1] Available only to couples who are issued and maintain identical policies. Not available in conjunction with return of premium upon death rider.

[2] Under 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.

[3] 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.

[4] An 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

BENEFIT INCREASE OPTIONS

Benefit Increase Options (BIOs) 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. You may want to consider the following questions to help determine which BIO may be right for your needs now, as well as in the future.

Q: Are you young and on a budget?

Step-rated compound BIO rider[1] — 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 every year. This benefit allows you to start at lower initial premiums than traditional compound BIO. It also gives you the flexibility to temporarily or permanently stop the coming year's increase.

Q: Are you in your 50s and looking for age-based adjustments?

Tailored BIO 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 BIO (see below). On your rider's anniversary each year between the ages of 61 and 75, benefit amounts will increase based on 3% compound BIO (see below). There will be no more benefit increases after your 76th birthday.

Q: Are you looking for maximum growth?

Compound BIO rider — Plan for inflation's cumulative effect by increasing your maximum daily 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.

The policy maximum amount will also be increased. It is calculated based on your last policy anniversary, minus any claims paid since the last policy anniversary.

Q: Are you undecided right now, but want to keep your options open?

Deferred BIO — You may be able to add a 3% step-rated compound BIO rider, a tailored BIO rider, or a 5% 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.

The deferred BIO will automatically be included if no BIO is selected.

Limitations and exclusions apply. See your Outline of Coverage for details.

[1] *Not available in Minnesota.*

Q: Is there a way for care at home to count toward my elimination period?

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 services 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.

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

With the **return of premium upon death rider**, your estate or a beneficiary named on your application at the time of your death 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.[2] 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.

Q: What if I cannot pay my premiums someday?

Your policy will lapse if you stop paying the premium, causing you to forfeit or give up your coverage. However, the **nonforfeiture benefit — shortened benefit period rider** allows you to potentially retain limited coverage if your policy lapses due to non-payment of premiums. Your policy must have been in effect for at least three years before benefits would be available under this rider.

Q: What happens to my premiums if my spouse/partner went on claim on their policy?

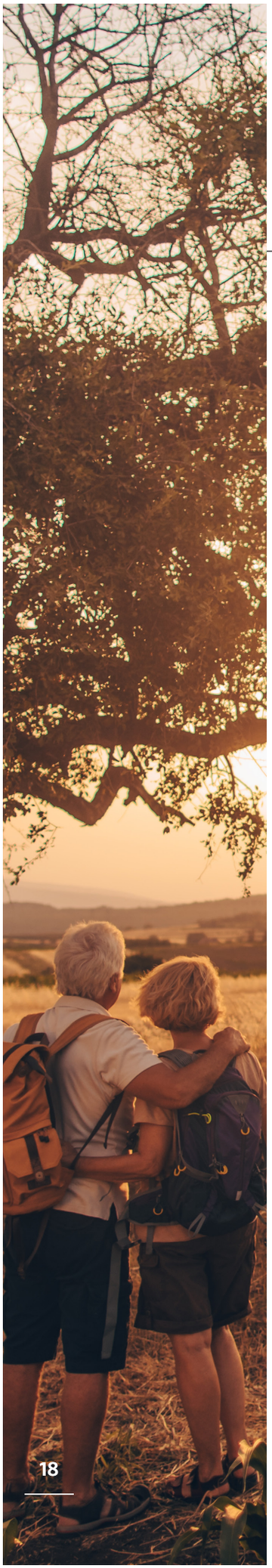
The **joint waiver of premium rider** ensures that when one member of a couple becomes eligible for the waiver of premium benefit, then neither spouse needs to pay premiums, if you both have identical coverage including joint waiver of premium riders.[3] We will stop waiving premiums when the spouse on claim no longer qualifies for the waiver of premium benefit.

Q: What if I fully recover and no longer need my long term care services?

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 services and remain ineligible for benefits for 180 consecutive days, the **full restoration of benefits 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.

[2] Some financial institutions may not sell the return of premium upon death rider associated with this product.

[3] 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.



ADDITIONAL POLICY DETAILS

POLICY DISCOUNTS

Couples Discount — Couples may be eligible for a discount of up to 30%, as compared to standard individual rates. This discount is available to couples who apply together and are issued coverage.[1, 2]

Discount for Spouse/Partner Individuals Applying Alone[1] — 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 — Because Wealth + Health go hand-in-hand, 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 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)
- Semiannually (two times per year)
- Quarterly (four 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.

[1] *Under 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.*

[2] *Couples 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 services.

When you first receive your *TransCare III* policy, you may want to store a copy of it with someone else in your family so that everyone has access to the information needed in order to assist you in contacting Transamerica Life Insurance Company if a long term care situation arises.

When the moment comes to consider a claim under your *TransCare III* policy, we understand each claim is unique. Customer service representatives are available to help you from the very beginning of your long term care claim journey.

Begin a claim by calling 866-745-3542

One of our customer service representatives will be happy to 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 claim

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.

Nonduplication of Coverage

The policy 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 Veterans 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 policy maximum amount has been exhausted; or 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

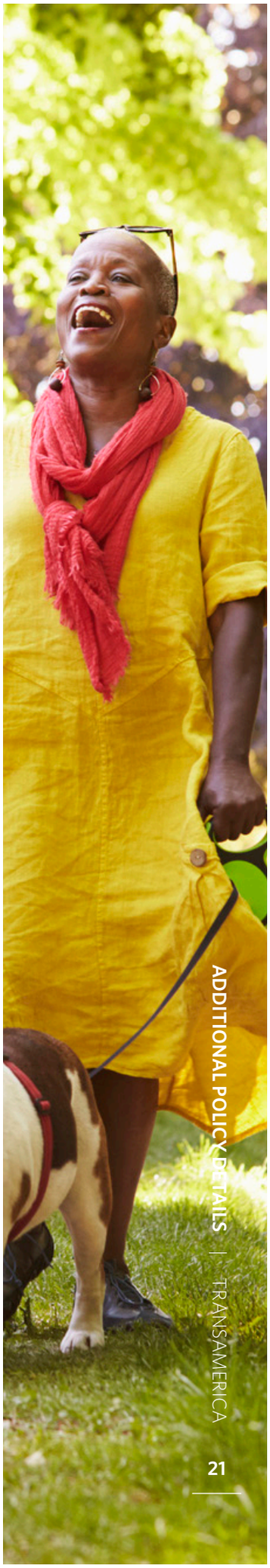
You have a grace period of 65 days to pay each premium after the initial premium. If your premium is not paid within 30 days after the premium due date, we will send a written notice of nonpayment of premium to you and, if so designated, to a third party. Your policy will remain in effect during this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

Premium Rates

Premium rates for this policy vary by gender.

Your policy is guaranteed renewable. This means we cannot change the terms of your policy without your consent, but we can increase your premiums.

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.



WE HELP PROTECT WEALTH + HEALTH AND DREAMS

Long term care insurance is only as good as the company behind it, and Transamerica has a reputation for delivering on our policies' promises when they are needed most. We have helped individuals live healthy lives, protected families, and provided dependable service for over a century. For more than 30 years, we have helped individuals just like you protect their Wealth + Health with long term care insurance.*

WEALTH + HEALTH = A BRIGHTER TOMORROW

We believe that when it comes to building smart physical and financial habits that will have a positive impact on your future, there's no time like the present. Embracing the link between Wealth + Health can help you live better today and worry less about tomorrow.

FLEXIBLE SOLUTIONS

We believe your policy should meet your unique needs. Our long term care insurance policy options have helped many families prepare for the unexpected and protect their dreams against the high costs of long term care services.

PERSONAL SERVICE FOR YOU AND YOUR LOVED ONES

We believe in serving real people with real needs. That's why once you qualify for benefits under your policy, you're always able to consult with a care coordinator without reducing your available benefits.

* *Internal data from Transamerica Life Insurance Company, as of September 2018.*

When it comes to preparing for your future, there's no time like the present.

Let's get started today.

Visit: Transamerica.com

Contact: Call your insurance agent/producer

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 information about the elimination period, provisions, exclusions and limitations of the policy. 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.

The policy is intended to be a tax qualified policy designed to meet federal standards as defined by the Internal Revenue Code of 1986 §7702B(b).

Transamerica 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, semiannually, 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 coverage and premium amounts are subject to underwriting approval. Your policy's schedule will reflect your actual premium.

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