

State: District of Columbia **Filing Company:** Transamerica Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term
Product Name: PT and Portability Riders
Project Name/Number: Physical Therapy and Portability Riders/CRDIPT00

Filing at a Glance

Company: Transamerica Life Insurance Company
Product Name: PT and Portability Riders
State: District of Columbia
TOI: H11G Group Health - Disability Income
Sub-TOI: H11G.002 Short Term
Filing Type: Rate
Date Submitted: 07/19/2012
SERFF Tr Num: AEGG-128540318
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: PTPO
Implementation: 08/03/2012
Date Requested:
Author(s): Billie Baldwin
Reviewer(s): Efren Tanhehco (primary), Carolyn King
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** Transamerica Life Insurance Company
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General Information

Project Name: Physical Therapy and Portability Riders
Project Number: CRDIPT00
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Other

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 05/15/2012
Domicile Status Comments: Our state of domicile is Iowa.
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: Labor Union and Credit Union
Filing Status Changed: 07/20/2012
State Status Changed:
Created By: Billie Baldwin
Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:
Submitted By: Billie Baldwin

Filing Description:
RE: TRANSAMERICA LIFE INSURANCE COMPANY
NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP HEALTH DISABILITY INCOME RATE FILING
CRDIPT00 – Physical Therapy Benefit Rider
CRDIPO00 - Portability Benefit Rider

The group rates for the CRDIPT00 and CRDIPO00, optional Benefit Riders, are being filed on an informational basis for use with this group, short term disability income product. This product's policy and certificate, Forms CPDI0100 and CCDI0100, were approved by your Department on 8-25-2006, SERFF #SERT-6QWPZ6595.

This filing contains no unusual or controversial items that vary from normal company or industry standards.

Iowa, our state of domicile, approved form CRDIPT00 on May 15, 2012. Iowa approved form CRDIPO00 on June 27, 2012.

CRDIPT00, Physical Therapy Benefit Rider, provides an indemnity benefit for physical therapy obtained during a covered period of disability, as well as an additional indemnity benefit for medical appliances and/or prosthesis obtained during a period of disability. It is available in units of 0.5 unit to 5 units.

CRDIPO00, Portability Option Benefit Rider, will be offered to the group master policyholder. If purchased by the group policyholder, a terminating insured will have the option of continuing his coverage by paying the premium directly to us.

These riders will be available to the same markets as the underlying disability income policy form: employees or members of employers, associations, labor unions, and credit unions as permitted under the laws of your state. This rider will be marketed to individual employees/members in a Worksite Marketing solicitation.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your state. If you have any questions, please do not hesitate to contact me.

Sincerely,

State: District of Columbia **Filing Company:** Transamerica Life Insurance Company
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Product Name: PT and Portability Riders
Project Name/Number: Physical Therapy and Portability Riders/CRDIPT00

Billie Jean Baldwin, FLMI, AIRC, CCP
 Senior Product Manager, Contract Compliance & Assistant Secretary
 Product Implementation Department
 Transamerica Life Insurance Company
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 Email: bj.baldwin@transamerica.com

Company and Contact

Filing Contact Information

BJ Baldwin, Manager Life Compliance bj.baldwin@transamerica.com
 PO Box 8063 800-400-3042 [Phone] 1098 [Ext]
 Little Rock, AR 72203-8063 501-227-1097 [FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
PO Box 8063	Group Code: 468	Company Type: Life and Health
Little Rock, AR 72203-8063	Group Name:	State ID Number:
(501) 227-1106 ext. [Phone]	FEIN Number: 39-0989781	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$0.00		

SERFF Tracking #:

AEGG-128540318

State Tracking #:

Company Tracking #:

PTPO

State:

District of Columbia

Filing Company:

Transamerica Life Insurance Company

TOI/Sub-TOI:

H11G Group Health - Disability Income/H11G.002 Short Term

Product Name:

PT and Portability Riders

Project Name/Number:

Physical Therapy and Portability Riders/CRDIPT00

Rate Information

Rate data applies to filing.

Filing Method:

None

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

07/01/2012

Filing Method of Last Filing:

NA

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Transamerica Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

AEGG-128540318

State Tracking #:**Company Tracking #:**

PTPO

State:

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H11G Group Health - Disability Income/H11G.002 Short Term

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1		Rates Only PT Rider	CRDIPT00	New		Rates Only PT Rider_May 7 2012.pdf
2		Rate Sheet	CRDIPO00	New		Rates - Port Rider 6-22-2012.pdf

Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

Rider form

CRDIPT00 Physical Therapy Benefit Rider

The premium rates per unit of coverage for the rider are shown in Table 1 below:

Table 1 Physical Therapy Rider Premium Rates per unit	
Issue Age	Monthly Rate
18-49	0.66
55-59	0.66
60+	0.66

This table of manual premium rates reflects the base commission schedule. For cases sold with an alternative level commission schedule, premium discounts will apply.

Prior to the issue date or on any date after the first renewal date, the company may establish a set of premium rates for a group that differ from the above schedule of manual premiums. These rates will be based on a variety of factors including, but not limited to, the group's historical experience, the benefits and coverage features of the rider, the underwriting basis for the group, and the level of premium contribution by the group policyholder.

Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

Rider form

CRDIPO00 Portability Benefit Rider

The premium rates per unit of coverage for the rider are shown in Table 1 below:

Table 1	
Portability Rider Premium Rates per unit of \$100 Monthly Disability Benefit	
Issue Age	Monthly Rate
18-49	0.06
55-59	0.10
60+	0.12

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
Act Memo PT Rider_May 7 2012.pdf			
Act Memo Port Rider_June 22 2012 revised Px.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables		
Comments:			
Attachment(s):			
PTPO-VARIABLES2012-00 Explanation of Variables 6-22-2012.pdf			

Actuarial Memorandum

Rider form

CRDIPT00 Physical Therapy Benefit Rider

1. *Scope and Purpose*

The purpose of this memorandum is to certify that the premiums for the rider above to satisfy the requirements of your state. This memorandum should not be used for any other purpose.

2. *Benefit Description*

This group rider offers a physical therapy benefit for a covered disability resulting from accident, sickness, or maternity. It does not pay benefits for on-the-job disabilities.

Benefits are payable after an elimination period, up to the maximum benefit period specified in the rider.

The following benefits are available under this rider for each unit of coverage:

- **Physical Therapy Benefit:** This benefit pays a \$60 indemnity for each physical therapy treatment that is due to a covered disability for a maximum of 10 days of treatments.
- **Medical Appliances Benefit:** This benefit pays a \$120 indemnity if the insured requires a medical appliance during their period of disability. This benefit is limited to one payment per period of disability.
- **Prosthesis Benefit:** This benefit pays a \$1,000 indemnity if the insured requires a prosthetic device during their period of disability. This benefit is limited to one payment per period of disability.

3. *Renewability*

The company or the policyholder may end the rider on any premium due date. Thirty-one days advance notice is required.

4. *Applicability*

This form will be available for new issues and may be added to existing disability income certificates.

Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

5. *Marketing Method*

Policies will be marketed at the worksite on a voluntary basis through independent brokers.

6. *Underwriting*

This rider is sold using simplified medical underwriting, conditional guaranteed issue, or guaranteed issue underwriting. Simplified medical underwriting includes an application and health questionnaire. Conditional guaranteed issue includes some health questions. Guaranteed issue underwriting omits the health questionnaire.

7. *Premium Classes*

Riders will be issued to lives aged 18 and older using level issue-age premiums. Premium rates apply to both males and females on an age last birthday basis.

The premium rates per unit of coverage for the rider are shown in Table 1 below:

Table 1 Physical Therapy Rider Premium Rates per unit	
Issue Age	Monthly Rate
18-49	0.66
55-59	0.66
60+	0.66

This table of manual premium rates reflects the base commission schedule. For cases sold with an alternative level commission schedule, premium discounts will apply.

Prior to the issue date or on any date after the first renewal date, the company may establish a set of premium rates for a group that differ from the above schedule of manual premiums. These rates will be based on a variety of factors including, but not limited to, the group's historical experience, the benefits and coverage features of the rider, the underwriting basis for the group, and the level of premium contribution by the group policyholder.

8. *Issue Age Range*

The issue ages are 18 and older for this rider. There is no maximum issue age as long as the insured is actively at work for 16 hours or more per week.

9. *Area Factors*

There are no area factors.

10. Average Annual Premium

The average annual premium for this rider form is \$7.92.

11. Premium Modalization Rules

The premium modal factors are shown in Table 2 below:

Table 2 Modal Factors	
Premium Mode	Factor
Annual	12.00
Semi-Annual	6.00
Quarterly	3.00
Monthly	1.00

12. Claim Liability and Reserves

Because this is a new rider form, there are no current claim liabilities and reserves. As claims emerge on this rider form, claim reserves will be computed using the specified minimum interest and morbidity standards which are then required by this state. When sufficient experience has developed to produce meaningful claim runoffs, the reserve assumptions may be modified to reflect the emerging experience.

13. Active Life Reserves

Active life reserves will utilize claim costs based on company experience and industry available data.

14. Trend Assumption

No insurance trend assumption was used in pricing.

15. Anticipated Loss Ratio

The anticipated loss ratio for this rider form is 50%.

16. History of Rate Adjustments

Because this is a new rider form, there have been no prior rate adjustments.

17. Number of Policyholders

Because this is a new rider form, there are currently no policyholders in this state or nationwide.

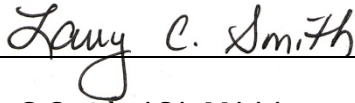
Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

18. Proposed Effective Date

The proposed effective date of these premium rates will be immediately upon approval by this state.

19. Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with the laws and regulations of this state and with Actuarial Standard Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". I also certify that the benefits are reasonable in relation to the proposed premiums, and that they are not excessive, inadequate, or unfairly discriminatory.



Larry C. Smith, ASA, MAAA
Actuary
Transamerica Life Insurance Company

May 7, 2012

Date

Actuarial Memorandum

Rider form

CRDIP000

Portability Benefit Rider

1. Scope and Purpose

The purpose of this memorandum is to certify that the premiums for the rider above to satisfy the requirements of your state. This memorandum should not be used for any other purpose.

2. Benefit Description

This group rider offers an active disability policyholder the option of continuing their existing coverage (including any Riders, if applicable) as an individual policy if the insured loses their eligibility for any reason other than nonpayment of premiums.

3. Renewability

The company or the policyholder may end the rider on any premium due date. Thirty-one days advance notice is required.

4. Applicability

This form will be available for new issues and may be added to existing disability income certificates.

5. Marketing Method

Policies will be marketed at the worksite on a voluntary basis through independent brokers.

6. Underwriting

This rider is sold using simplified medical underwriting, conditional guaranteed issue, or guaranteed issue underwriting. Simplified medical underwriting includes an application and health questionnaire. Conditional guaranteed issue includes some health questions. Guaranteed issue underwriting omits the health questionnaire.

7. Premium Classes

Riders will be issued to lives aged 18 and older using level issue-age premiums. Premium rates apply to both males and females on an age last birthday basis.

The premium rates per unit of coverage for the rider are shown in Table 1 below:

Issue Age	Monthly Rate
18-49	0.06
55-59	0.10
60+	0.12

This table of manual premium rates reflects the base commission schedule. For cases sold with an alternative level commission schedule, premium discounts will apply.

Prior to the issue date or on any date after the first renewal date, the company may establish a set of premium rates for a group that differ from the above schedule of manual premiums. These rates will be based on a variety of factors including, but not limited to, the group's historical experience, the benefits and coverage features of the rider, the underwriting basis for the group, and the level of premium contribution by the group policyholder.

8. Issue Age Range

The issue ages are 18 and older for this rider. There is no maximum issue age as long as the insured is actively at work for 16 hours or more per week.

9. Area Factors

There are no area factors.

10. Average Annual Premium

The average annual premium for this rider form is \$0.83 .

11. Premium Modalization Rules

The premium modal factors are shown in Table 2 below:

Table 2 Modal Factors	
Premium Mode	Factor
Annual	12.00
Semi-Annual	6.00
Quarterly	3.00
Monthly	1.00

12. Claim Liability and Reserves

Because this is a new rider form, there are no current claim liabilities and reserves. As claims emerge on this rider form, claim reserves will be computed using the specified minimum interest and morbidity standards which are then required by this state. When sufficient experience has developed to produce meaningful claim runoffs, the reserve assumptions may be modified to reflect the emerging experience.

13. Active Life Reserves

Active life reserves will utilize claim costs based on company experience and industry available data.

14. Trend Assumption

No insurance trend assumption was used in pricing.

15. Anticipated Loss Ratio

The anticipated loss ratio for this rider form is 50%.

16. History of Rate Adjustments

Because this is a new rider form, there have been no prior rate adjustments.

17. Number of Policyholders

Because this is a new rider form, there are currently no policyholders in this state or nationwide.

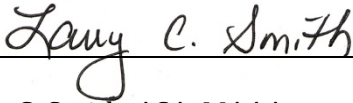
Transamerica Life Insurance Company
Home Office: Cedar Rapids, Iowa
Administrative Office: Little Rock, Arkansas

18. Proposed Effective Date

The proposed effective date of these premium rates will be immediately upon approval by this state.

19. Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, this rate filing is in compliance with the laws and regulations of this state and with Actuarial Standard Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". I also certify that the benefits are reasonable in relation to the proposed premiums, and that they are not excessive, inadequate, or unfairly discriminatory.



Larry C. Smith, ASA, MAAA
Actuary
Transamerica Life Insurance Company

June 20, 2012

Date

**TRANSAMERICA LIFE INSURANCE COMPANY
PHYSICAL THERAPY and PORTABILITY OPTION BENEFIT RIDERS
EXPLANATION OF VARIABLES**

Optional Benefit Riders – CRDIPT00 and CRDIPO00

Text that is intended to be variable is bracketed. Each variable bracketed text is described below. No change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed. Transamerica Life Insurance Company ("Company") reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Variable bracketing is included for the addresses of the Home Office and Administrative Office as well as the named officers and their titles to facilitate any future change.

CRDIPT00, Physical Therapy Benefit Rider, is available in units of from 0.5 unit to 5 units.