



**LONG TERM CARE INSURANCE  
ASSOCIATION ELIGIBLE FOR GENDER SPECIFIC  
RATES - SERVICE GROUP REQUEST FORM**

**Section I: GENERAL INFORMATION**

Association Name: \_\_\_\_\_  
(As it should appear on all correspondence)  
 Nature of Association: \_\_\_\_\_ Year Established: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Section II: ASSOCIATION (Only Association Members are eligible to apply for insurance. Employees of the Association and employees of Association Members are not eligible to apply for insurance coverage unless they are individual Association Members.)**

**Return this form with the Association's official Articles of Organization, Bylaws and Membership Eligibility Rules.**

Does the Association participate in or negotiate on behalf of members concerning grievances, labor disputes, rates of pay, work hours, or any other terms and conditions of employment?  Yes  No

*If Yes, the Association is not eligible for insurance products with gender specific rates and will be required to use Transamerica's worksite product (TransCare II) and complete the Worksite Service Group Request (SGR) form. Associations that are not labor organizations or where membership is not tied to or a privilege of employment status are eligible for Transamerica's Long Term Care Insurance product with gender specific rates (TransCare III).*

Number of Association members: \_\_\_\_\_  
 How does the Association communicate with its members? \_\_\_\_\_  
 In what states are the members located? \_\_\_\_\_  
 Membership Listing, Census or Roster available?  Yes  No If Yes, please provide a copy.

**Section III: BILLING INFORMATION**

Individual Direct Bill  Other  
 Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section IV: AGENT INFORMATION (Please return a fully detailed Marketing Plan with this form)**

Name of Transamerica Long Term Care Regional Sales Director (please print): \_\_\_\_\_  
 Agent Name (please print): \_\_\_\_\_ Agent Number: \_\_\_\_\_  
 Agent Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Agent Licensing Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Are there multiple states you plan to market?  Yes  No If Yes, list the states \_\_\_\_\_  
 Have you completed required long-term care specific training for each state?  Yes  No  
 How do you plan to solicit members/spouses/family members: (check all that apply)  
 Direct Mail  Email  HO Call Center  Company Newsletter  Other \_\_\_\_\_  
 Has this Organization been offered any kind of LTCI Coverage within the last 5 years?  Yes  No If Yes, add additional page with details.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section V: ENROLLMENT INFORMATION (Explain more fully in detailed Marketing Plan attached to this form)**

Please select the enrollment method(s):  Paper  Electronic  
Please select writing agent(s) being used:  Your Agents  Outside Enrollment Co.  Internal Call Center  
Are all of the writing agent(s) currently appointed?  Yes  No

**Section VI: ASSOCIATION COMMITMENT**

- 1) It is understood and agreed that by the Association allowing and facilitating active marketing, the Association Members may be eligible for a premium discount, to be determined by Transamerica, on currently available Long Term Care insurance premium rates. The available benefit features and premium rates that may be offered have been reviewed and approved by the Association. The purpose of this document is to obtain a final insurance proposal from Transamerica. It is understood and agreed that Transamerica's actual insurance offering may be different from the requested plans and will be documented in a formal Implementation Memo. Transamerica reserves the right, without limitation or liability, to (i) change or discontinue any marketing concept, underwriting program or premium discount; (ii) amend, discontinue, or stop selling any policy; (iii) change any policy premium rate; (iv) change the conditions or terms under which any policy is offered; and/or (v) reject any application for a policy.
- 2) The Association agrees to allow representatives of Transamerica Life Insurance Company to present a Long Term Care insurance product to its members for the purpose of solicitation and enrollment. The Association will take all agreed upon steps to implement the program. It is understood and agreed that if minimum participation requirements are not met, the premium discount and any underwriting concession will be withdrawn and the program could be closed. The Association hereby agrees to sponsor Transamerica Long Term Care insurance for solicitation to all of its members.
- 3) The information provided to Transamerica concerning the Association is true and complete. The Association is not a labor organization, membership in the Association is not tied to or a privilege of any member's status as an employee of any organization and employees of the Association or Association Members will not be eligible to apply for insurance coverage unless they are individual Association Members.
- 4) Transamerica shall have no liability resulting from any of the above Association Commitments or information provided in Section II that is incorrect. Transamerica shall hold all personal, non-public information (including financial, health and medical information) regarding applicants for policies (collectively, "Non-Public Information") in confidence and shall only use Non-Public Information in accordance with applicable federal and state laws addressing the privacy of personal, Non-Public Information.

NAME OF AUTHORIZED ASSOCIATION OFFICER: \_\_\_\_\_ TITLE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section VII: AGENT/MARKETING COMMENTS OR SPECIAL REQUESTS**

- 1) I have reviewed the benefit features, premium rates and marketing/enrollment plan with the Association. I understand that the final approved offer may be different from the requested plans.
- 2) I understand that failure to achieve minimum participation requirements may result in the withdrawal of any premium discount for this Association and full underwriting may be applied to all applications received.
- 3) I have performed a thorough inquiry and determined that the Association is not a labor organization and that membership in the Association is not tied to or a privilege of any member's status as an employee of any organization.

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Section VIII: LTC MARKETING APPROVAL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SUBMIT FORM TO TRANSAMERICA BUSINESS ADVANTAGE PROGRAM:**

**Phone: 866-475-6925**

**Fax: 855-364-1945**

**Email: [multi-lifesupport@transamerica.com](mailto:multi-lifesupport@transamerica.com)**