

**Transamerica Life Insurance Company ("Insurer")**

Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 8063
Little Rock, AR 72203-8063

**AccidentAdvance
Application**

<input type="checkbox"/> First Application <input type="checkbox"/> Add Dependents – Certificate # _____ <input type="checkbox"/> Increase Coverage – Certificate # _____				
Group Name		Group Number		Location
Applicant (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth Date of marriage
Spouse ¹ (Last, First, M.I.)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	Date of birth
Date of hire	Avg hours worked per week	Annual salary	Occupation	Employee/Member ID
Home address				Work phone/ext.
City		State	Zip code	Home phone
Child(ren) name		Date of birth	Child(ren) name	Date of birth
Primary Beneficiary: (Last, First, M.I.)		Relationship:		
Contingent Beneficiary: (Last, First, M.I.)		Relationship:		
<i>Applicant will be the beneficiary for any spouse and/or child(ren) coverage</i>				

¹ Spouse includes your legally married spouse, common law spouse, civil union partner, or domestic partner, if legally recognized in the governing jurisdiction or as otherwise agreed upon between the policyholder and the Insurer.

Payment Mode: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	
I Am Applying For: <input type="checkbox"/> Individual <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family <input type="checkbox"/> Two-Adult Family	
<input type="checkbox"/> Basic Accident Coverage (Applicant Only)	Premium per Payment Mode*
ADDITIONAL RIDERS: (Only available if included in the plan selected by the policyholder)	
<input type="checkbox"/> Applicant Accident Disability Rider Monthly Benefit*:	\$
<input type="checkbox"/> Applicant Sickness Disability Rider Monthly Benefit*:	\$
<input type="checkbox"/> Spouse Off-the Job Accident Disability Rider Monthly Benefit*:	\$
*If increasing coverage, enter the TOTAL Monthly Benefit amount and Premium.	
Total Premium	\$

Eligibility Questions

1. Are you actively at work on a full time basis and able to perform the regular duties of your occupation? If "No", you and your dependents are not eligible for coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If applying for spouse and/or child(ren) coverage, is any proposed insured currently disabled? If "Yes", List name(s) _____, who will be excluded from coverage, unless included by special endorsement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is anyone proposed for coverage covered by any Title XIX program (e.g. Medicaid)? If "Yes", List name(s) _____, who will be excluded from coverage.	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following questions should only be answered if the Sickness Disability Rider is included in the plan selected by the policyholder

4. In the ten years prior to the application date, have you been treated for, been diagnosed as having, or had any indication, sign or symptom of having any heart, brain, lung, circulatory, respiratory, blood, vascular, kidney, liver, digestive, neurological, rheumatoid, or other major organ disorders, blood transfusion, diabetes, drug addiction, alcoholism, cancer or malignancy in any form (except non-melanoma skin cancer)? If "Yes", you are not eligible for coverage under this rider, unless included by special endorsement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have high blood pressure that is controlled by more than two medications? If "Yes", you are not eligible for coverage under this rider, unless included by special endorsement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the past 12 months have you been hospitalized (inpatient or outpatient) or missed more than five consecutive days of work due to any condition in question 4? If "Yes", you are not eligible for coverage under this rider, unless included by special endorsement.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide details of all "Yes" answers to questions 2, 4, 5, and 6. Use additional paper if needed.		
For High Blood Pressure, please indicate most recent blood pressure reading, name of any medications and dosage.		
Question #	Name	Please list: Illness, Injury, Condition, Symptoms, Medication, Date of last Treatment, Date Condition Diagnosed, Duration, Result, Current Health Status, Prognosis, Name & Address of Doctor or Hospital

APPLICANT'S STATEMENTS AND AGREEMENTS:

For ID groups only:

Did you receive an Outline of Coverage describing the insurance for which you are applying? ☐ Yes ☐ No

I **represent** that all statements and answers made on or attached to this application are true to the best of my knowledge and belief, and realize that any false statements herein which materially affect the acceptance of the risk or the hazard assumed may result in loss of coverage under the policy/certificate to which this application is attached.

For residents of all states not listed below:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

For residents of DC or LA:

I understand that any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of KY:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

For residents of NC or OR:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and may subject such person to criminal and civil penalties.

For residents of NJ:

I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of OK:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of TN:

It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of VT:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, any information concerning any fact material thereto, may be committing a fraudulent insurance act which may be a crime subject to criminal and civil penalties.

I **understand** that coverage will become effective only after all of the following conditions have been met: a) I must be a member of an eligible class; b) I must have satisfied the policyholder waiting period; c) the group must have met the Insurer's minimum participation requirement; d) I must satisfactorily answer all questions on this form; e) I must be actively at work, and for my dependents, they must not be disabled (unless included by special endorsement), on the effective date (according to the Insurer's rules); and f) the first month's premium must have been received by the underwriting company at its administrative office.

I **understand** that completion of this application in no way implies that I will be accepted for insurance coverage.

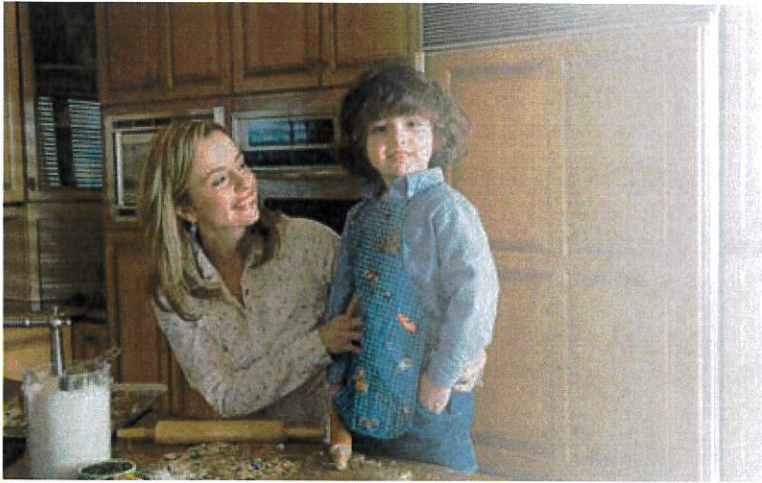
Signed in (City/State) _____ This _____ Day of (Month/Year) _____
 Applicant's Signature _____ Spouse's Signature (if applicable) _____

AGENT'S STATEMENTS AND AGREEMENTS:

I **hereby certify** that I have accurately recorded on this application all of the information supplied by the applicant. The applicant has read or had read to him/her the completed application.

Licensed Representative's Name _____ Licensed Representative's Signature _____ Agent # _____

Silver



ACCIDENTS HAPPEN.

Wouldn't you like extra protection for your family?

AccidentAdvanceSM
accident insurance

Underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

Now there's help if you suffer an accident.

Accidents are a part of everyday life, but are you prepared for the added financial burden? If you have a serious accident, you'll want extra cash to cover your increased expenses. Accident insurance pays benefits you can use for medical bills and other out-of-pocket expenses – or for any other purpose, including paying your mortgage or other bills. Your medical coverage may not take care of all of the added expenses you'll have after an accident.

Extended physical therapy benefits, emergency room treatment, and more.

Did you know that 29.5 million visits to the emergency room in a given year will be because of accidents?¹ You'll want your family protected. This policy helps provide protection for you and your insured family every day of the year for covered accidents. Pays benefits for:

- Accident only emergency benefit, including X-rays and physician care received within 96 hours of an accident
- Accident only follow-up visits and physical therapy benefit, which could be important for recovery
- Initial accident only hospitalization benefit, including ambulance and intensive care

These benefits are paid directly to you, not to your doctor or hospital. You can use this money for anything you need. The extra cash can really help you and your family during a difficult time.

Help offset your major medical deductible

Spouse and Children coverage available

Convenient Payroll Deduction

Guarantee issue Coverage

Competitively priced premiums

You can keep coverage if you change jobs or retire

Help Protect yourself, your spouse, and your eligible dependents.

Be sure to learn more and consider enrolling for this valuable insurance.

Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

¹ Centers for Disease Control and Prevention, National Center for Health Statistics, cdc.gov/nchs/fastats/acc-inj.htm.

This is a brief summary of AccidentAdvance, Accident Insurance.
Policy form series CPACC100 and CCACC100.

Forms and form numbers may vary, coverage available where approved.
Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

25950291

CAV01C-1112

PRODUCT DETAILS

Silver Plan Design 24 hour

Module 1 Accident Emergency Treatment		5.00 Units	
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.		\$125	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$200	
Dislocation Benefit Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Dislocated Joint	Reduction	
		Open	Closed
	Hip	\$4,000	\$1,350
	Knee or Shoulder	\$1,350	\$550
	Collar Bone	\$2,150	\$400
	Ankle or Foot (except toes)	\$1,350	\$400
	Lower Jaw	\$1,350	\$700
	Wrist or Elbow	\$1,100	\$550
	Toe or Finger	\$300	\$150
Fractures Benefit For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Fractured Bone	Reduction	
		Open	Closed
	Coccyx	\$700	\$350
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$1,700	\$850
	Hip	\$5,000	\$1,700
	Leg	\$2,100	\$1,700
	Nose, Heel or Fingers	\$1,700	\$350
	Ribs	\$3,350	\$350
	Skull	\$2,700	\$1,000
	Toes	\$700	\$350
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$2,000	\$850
	Vertebrae, Pelvis	\$850	\$850
	Vertebral Processes	\$3,350	\$500

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid.
No other dislocation or fracture benefit is paid.

PRODUCT DETAILS

Module 2 Follow-Up Visits and Physical Therapy		4.00 Units
Accident Follow-Up Treatment Benefit Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$40
Physical Therapy Benefit For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$40
Module 3 Initial Accident Hospitalization		4.00 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$1,200
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$240
	Air Ambulance	\$1,200
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		1.00 Units
Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per covered person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
Common Carrier Accidental Death For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$30,000
Automobile Accidental Death If the covered person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$22,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$20,000
not wearing a seat belt.		\$15,000
<i>Benefits are not payable if a covered person was driving without a valid drivers' license</i>		
Other Accidental Death Other than those described above.		\$10,000
Transportation of Remains Benefits For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$400

PRODUCT DETAILS

Additional Benefits for Accidental Death

If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be covered under this rider.

Surviving Child Educational Benefit Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.		\$800
Licensed Day Care Center Benefit Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.		\$300
Career Enrichment Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		\$800
Accidental Dismemberment Benefits Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	One or more fingers or toes	\$500
	One eye, hand, foot, arm or leg	\$2,000
	Two eyes, hands or feet	\$5,000
	Speech <u>or</u> hearing in both ears	\$5,000
	Two arms or two legs	\$5,000
	Speech <u>and</u> hearing in both ears	\$10,000
	Both arms and both legs	\$10,000
	Total dismemberment benefits per covered person per accident will not exceed:	\$10,000
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		4.00 Units
Accident Hospital Income Benefit For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		\$100
Accident ICU Benefit For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		\$300

PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		5.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
Burns Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	Second-degree burns of body surface:	
	At least 25%, but not more than 35%	\$300
	More than 35%	\$750
	Third-degree burns of body surface:	
	6 through 10 square centimeters	\$750
	10 through 25 square centimeters	\$2,000
	25 through 35 square centimeters	\$4,500
Lacerations Must be treated or repaired within 96 hours of the accident.	more than 35 square centimeters	\$6,000
	Lacerations not requiring sutures	\$20
	Single laceration less than 7.5 centimeters	\$40
	Lacerations 7.6 to 20 centimeters	\$150
Eye Injury	Lacerations over 20 centimeters	\$300
	With surgical repair	\$200
	Non-surgical removal of foreign body by physician	\$35
Emergency Dental Work	One or more broken teeth repaired with crowns	\$150
	One or more broken teeth resulting in extractions	\$40
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.		\$100
Coma Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$7,500
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$7,500
	Paraplegia (paralysis of lower limbs)	\$3,750
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with:	
	No repair	\$100
	One repair	\$250
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Two or more repairs	\$500
	Shaved cartilage or arthroscopic surgery with:	
	No repair	\$100
	One repair	\$250
	Two or more repairs	\$500

PRODUCT DETAILS

Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$750
Appliance For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$100
Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$375
	Two or more prosthetic devices	\$750
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$200
Transportation Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or covered person's residence.		\$300
Family Lodging Benefit Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the covered person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		\$75
Wellness Benefit Rider (Form No. CRWELB00)		6.00 Units
After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test listed for the covered employee and one test for a covered spouse.		
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	\$60

Silver Cost

PRODUCT DETAILS

Rates SILVER PLAN					
Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
	Monthly	\$15.18	\$19.12	\$23.54	\$27.98

Issue State: Missouri

Rate generation date: September 11, 2013

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or as a result of a covered person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.

Termination of Coverage

Subject to the Portability Option, insurance coverage on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for coverage;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel coverage.

The insurance coverage on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's coverage terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent coverage;
- the date the employee sends us a written notice to cancel coverage on a dependent.

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while coverage was in force; or
- any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however that the covered person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the covered person is no longer hospitalized or receiving treatment.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

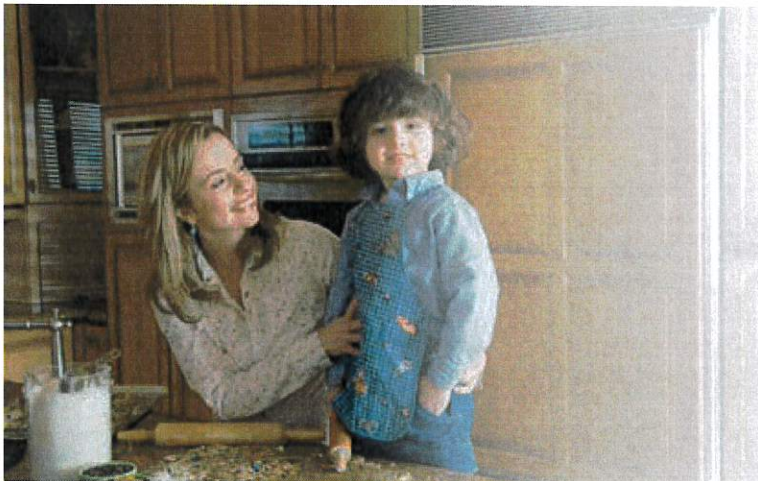
LIMITATIONS AND EXCLUSIONS

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this coverage. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.



GOLD

ACCIDENTS HAPPEN.

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AccidentAdvanceSM
accident insurance

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¹ Centers for Disease Control and Prevention, National Center for Health Statistics, cdc.gov/nchs/fastats/acc-inj.htm.

This is a brief summary of AccidentAdvance, Accident Insurance. Policy form series CPACC100 and CCACC100.

Forms and form numbers may vary, coverage available where approved. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.



25950291

CAV01C-1112

PRODUCT DETAILS

Gold Plan 24 Hour

Module 1 Accident Emergency Treatment		10.00 Units	
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.		\$250	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$400	
Dislocation Benefit Payable for joint dislocation reduced under general anesthesia. Dislocation reduced without general anesthesia paid at 25% of the joint's benefit amount. Multiple reduced dislocations are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Dislocated Joint	Reduction	
		Open	Closed
	Hip	\$8,000	\$2,700
	Knee or Shoulder	\$2,700	\$1,100
	Collar Bone	\$4,300	\$800
	Ankle or Foot (except toes)	\$2,700	\$800
	Lower Jaw	\$2,700	\$1,400
	Wrist or Elbow	\$2,200	\$1,100
	Toe or Finger	\$600	\$300
Fractures Benefit For repair of a fracture sustained in an accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Fractured Bone	Reduction	
		Open	Closed
	Coccyx	\$1,400	\$700
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$3,400	\$1,700
	Hip	\$10,000	\$3,400
	Leg	\$4,200	\$3,400
	Nose, Heel or Fingers	\$3,400	\$700
	Ribs	\$6,700	\$700
	Skull	\$5,400	\$2,000
	Toes	\$1,400	\$700
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$4,000	\$1,700
	Vertebrae, Pelvis	\$1,700	\$1,700
	Vertebral Processes	\$6,700	\$1,000

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid.
No other dislocation or fracture benefit is paid.

PRODUCT DETAILS

Module 2 Follow-Up Visits and Physical Therapy		10.00 Units
Accident Follow-Up Treatment Benefit Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$100
Physical Therapy Benefit For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$100
Module 3 Initial Accident Hospitalization		5.00 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$1,500
Ambulance Benefit For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	\$300
	Air Ambulance	\$1,500
Additional Riders		
Accidental Death and Dismemberment Rider (Form No. CRADD300)		1.00 Units
Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per covered person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount.		
Common Carrier Accidental Death For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		\$30,000
Automobile Accidental Death If the covered person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$22,000
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$20,000
not wearing a seat belt.		\$15,000
<i>Benefits are not payable if a covered person was driving without a valid drivers' license</i>		
Other Accidental Death Other than those described above.		\$10,000
Transportation of Remains Benefits For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$400

PRODUCT DETAILS

Additional Benefits for Accidental Death

If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be covered under this rider.

Surviving Child Educational Benefit Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.		\$800
Licensed Day Care Center Benefit Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.		\$300
Career Enrichment Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		\$800
Accidental Dismemberment Benefits Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.	One or more fingers or toes	\$500
	One eye, hand, foot, arm or leg	\$2,000
	Two eyes, hands or feet	\$5,000
	Speech <u>or</u> hearing in both ears	\$5,000
	Two arms or two legs	\$5,000
	Speech <u>and</u> hearing in both ears	\$10,000
	Both arms and both legs	\$10,000
Total dismemberment benefits per covered person per accident will not exceed:		\$10,000
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		4.00 Units
Accident Hospital Income Benefit For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		\$100
Accident ICU Benefit For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		\$300

PRODUCT DETAILS

Expanded Benefits Rider (Form No. CREXPB00)		5.00 Units
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.		
Burns Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid for the burn involved.	Second-degree burns of body surface:	
	At least 25%, but not more than 35%	\$300
	More than 35%	\$750
	Third-degree burns of body surface:	
	6 through 10 square centimeters	\$750
	10 through 25 square centimeters	\$2,000
	25 through 35 square centimeters	\$4,500
Lacerations Must be treated or repaired within 96 hours of the accident.	more than 35 square centimeters	\$6,000
	Lacerations not requiring sutures	\$20
	Single laceration less than 7.5 centimeters	\$40
	Lacerations 7.6 to 20 centimeters	\$150
Eye Injury	Lacerations over 20 centimeters	\$300
	With surgical repair	\$200
Emergency Dental Work	Non-surgical removal of foreign body by physician	\$35
	One or more broken teeth repaired with crowns	\$150
Brain Concussion Must be diagnosed by a physician within 96 hours of the accident.	One or more broken teeth resulting in extractions	\$40
		\$100
Coma Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.		\$7,500
Paralysis Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$7,500
	Paraplegia (paralysis of lower limbs)	\$3,750
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Arthroscopic surgery with:	
	No repair	\$100
	One repair	\$250
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Two or more repairs	\$500
	Shaved cartilage or arthroscopic surgery with:	
	No repair	\$100
	One repair	\$250
	Two or more repairs	\$500

PRODUCT DETAILS

Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$750
Appliance For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$100
Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$375
	Two or more prosthetic devices	\$750
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$200
Transportation Benefit is payable for up to 2 round trips to the hospital per accident per covered person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or covered person's residence.		\$300
Family Lodging Benefit Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the covered person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		\$75
Wellness Benefit Rider (Form No. CRWELB00)		10.00 Units
After a 30-day waiting period, benefit is payable per calendar year for one annual health screening test listed for the covered employee and one test for a covered spouse.		
Blood test for triglycerides Bone marrow testing Breast ultrasound CA 125 (blood test for ovarian cancer) CA 15-3 (blood test for breast cancer) CEA (blood test for colon cancer) Chest X-ray Colonoscopy Fasting blood glucose test	Flexible sigmoidoscopy Hemocult stool analysis Mammography Pap Test PSA (blood test for prostate cancer) Serum cholesterol test to determine HDL/LDL level Serum Protein Electrophoresis (blood test for myeloma) Stress test on a bicycle or treadmill Thermography	\$100

PRODUCT DETAILS

Gold Cost

Rates GOLD PLAN					
Coverage	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
	Monthly	\$24.30	\$30.34	\$37.52	\$44.44

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for losses caused by or as a result of a covered person:

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.

Termination of Coverage

Subject to the Portability Option, insurance coverage on the employee will end on the earliest of:

- the date of his or her death;
- the date he or she ceases to be eligible for coverage;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she terminates employment;
- the date the group master policy terminates;
- the date he or she sends us a written notice to cancel coverage.

The insurance coverage on a dependent will cease on the earliest of:

- the date of the employee's death;
- the date the employee's coverage terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the certificate is modified so as to exclude dependent coverage;
- the date the employee sends us a written notice to cancel coverage on a dependent.

Extension of Benefits

Whenever termination of coverage under this section occurs due to termination of employment, such termination will be without prejudice to:

- any hospital confinement which began while coverage was in force; or
- any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however that the covered person is and continues to be hospital confined or receiving treatment.

Such Extension of Benefits will continue for up to the earlier of:

- 30 days; or
- the date on which the covered person is no longer hospitalized or receiving treatment.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

LIMITATIONS AND EXCLUSIONS

Termination of the Group Master Policy

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one accident policy or certificate with us. An individual can only have one disability income policy, certificate, or rider with us. If a person already has accident insurance with us, such person is not eligible to apply for this coverage. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.



YOUR FAMILY DESERVES A BETTER TOMORROW

→ **CancerSelect® Plus**
cancer only indemnity insurance

CancerSelect® Plus Cancer only Indemnity Insurance is underwritten by **Transamerica Life Insurance Company**, Cedar Rapids, Iowa.

In the US, men have slightly less than a 1 in 2 lifetime risk of developing cancer, while the risk for women is a little more than 1 in 3.¹ Anyone can develop cancer, but can you help protect yourself and your family from the out-of-pocket costs associated with cancer treatment?

Good medical coverage helps, but is it enough?

While some individuals diagnosed with cancer have meaningful and adequate health insurance to cover most of the cost of treatment, an increasing number of privately insured workers face the prospect of crippling out-of-pocket costs, according to updated information from the National Cancer Institute. Those rising health care costs often leave both uninsured and individuals with insurance without the coverage they need – especially the 11 million Americans with cancer.²

If you or one of your family members were to be diagnosed with cancer, would you want to face those chances? Now there's a way you can add more benefits for you and your family.

If cancer is the disease you worry about most, you're not alone.

The financial costs of cancer care can be a burden to people diagnosed with cancer, their families, and society as a whole. National cancer care expenditures have been steadily increasing in the United States. Costs also are likely to increase as new, more advanced treatments are adopted as standards of care.³ With this supplemental benefit your employer is making available, you'll not only have more resources to cope with any future diagnosis of cancer, but you'll also have wellness benefits to help you detect cancer early when it's most treatable.

Wellness Benefits

Hospital Benefits

Surgery Benefits

Radiation and
Chemotherapy Benefits

Cancer Maintenance
Therapy Benefits

¹ American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta: American Cancer Society; 2012.

² National Cancer Institute. *Cancer Query System: Cancer Prevalence Database*. <http://srab.cancer.gov/prevalence/canques.html>. 2012.

³ National Cancer Institute. "Cancer Costs Projected to Reach at Least \$158 Billion in 2020." Jan. 12, 2011. <http://www.nih.gov/news/health/jan2011/nci-12.htm>.

Policy form series CPCAN200 and CCCAN200. Forms may vary, coverage available where approved. This is a brief summary of CancerSelect Plus Group Cancer-only Insurance. Limitations and Exclusions apply. Please refer to the policy, certificate and riders for complete details.

PRODUCT DETAILS

Hospital Benefits	Silver - 3.00 Units	Gold - 4.00 Units	Platinum - 5.00 Units	Policy Pays
Hospital Confinement	\$300	\$400	\$500	per day of covered confinement
Extended Benefits	\$600	\$800	\$1,000	per day; begins on day 91 of continuous confinement; in lieu of all other benefits (except surgery and anesthesia)
Attending Physician	\$60	\$80	\$100	per day while hospital confined; one visit per 24-hour period
Inpatient Drugs and Medicines	\$45	\$60	\$75	per day while hospital confined
Private Duty Nurse	\$300	\$400	\$500	per day while hospital confined; must be authorized by the attending physician; cannot be hospital staff or a family member
Ambulance	\$300	\$400	\$500	for service by a licensed ambulance service for transportation to a hospital; admittance required
Extended Care Facility	\$300	\$400	\$500	per day; up to the number of days for the prior hospital stay; admittance must be within 14 days of hospital discharge
Charity Hospital	\$300	\$400	\$500	per day of covered confinement; in lieu of all other benefits
Hospice Care	\$300	\$400	\$500	per day of hospice care; 100-day lifetime maximum; not payable while hospital confined

PRODUCT DETAILS

Ambulatory Surgical Center	\$150	\$150	\$450	maximum per day; pays actual charges for outpatient surgery at an ambulatory surgical center	
Skin Cancer	One removal	\$75	\$75	\$225	for removal of skin cancer (skin cancer does not include malignant melanoma or mycosis fungoides)
	Per additional removal	\$35	\$35		
Radiation and Chemotherapy Benefits	Plan 1 - 2.00 Units	Plan 2 - 3.00 Units	Plan 3 - 3.00 Units	Policy Pays	
Radiation and Chemotherapy	\$10,000	\$15,000	\$15,000	maximum benefit per 12-month period; pays actual charges	
Associated Radiation & Chemo Expenses	\$500	\$750	\$750	maximum benefit per 12-month period; pays actual charges for treatment consultations and planning, adjunctive therapy, radiation management, chemotherapy administration, physical exams, checkups, and laboratory or diagnostic tests; transportation and lodging are not included as associated expenses	
Blood, Plasma, Blood Components, Bone Marrow and Stem Cell Transplant	\$10,000	\$15,000	\$15,000	maximum benefit per 12-month period; pays actual charges	

PRODUCT DETAILS

Wellness & Non-Medical Benefits	Silver - 2.00 Units	Gold - 3.00 Units	Platinum- 3.00 Units	Policy Pays
Annual Cancer Screening	\$100	\$150	\$150	per calendar year for cancer screening tests: <ul style="list-style-type: none"> • mammogram • pap smear • flexible sigmoidoscopy • prostate-specific antigen test • chest x-ray • hemocult stool specimen • ultrasound • CEA • CA125 • biopsy • thermography • colonoscopy • serum protein electrophoresis • bone marrow testing • blood screening
Magnetic Resonance Imaging (MRI) Scan	\$100	\$150	\$150	per calendar year for MRI scan used as diagnostic tool for breast cancer
Non-Local Transportation	Included	Included	Included	round-trip charges or private vehicle allowance, up to 750 miles at \$0.40 per mile, when required non-local hospital confinement is more than 50 miles from residence for a covered person and an adult immediate family member during confinement; payable once per confinement

PRODUCT DETAILS

Cancer Select PLUS

First Occurrence Rider (Rider Form Series CROCC100, 200 or 300)	Silver - 2.00 Units	Gold - 2.00 Units	Platinum - 5.00 Units	Policy Pays
Initial Diagnosis Benefit	\$2,000	\$2,000	\$5,000	pays a one-time, lump-sum benefit when a covered person is initially diagnosed with cancer (except skin cancer), based on a microscopic examination of fixed tissue or preparations from the hemic system. Clinical diagnosis is accepted under certain conditions.

Actual charges means the amount actually paid by or on behalf of the insured and accepted by the provider as payment in full for services provided.

Monthly Premium	Individual	Single Parent Family	Family
Silver	\$21.53	\$24.73	\$39.27
Monthly Premium			
Gold	\$29.48	\$34.00	\$54.08
Monthly Premium			
Platinum	\$36.77	\$42.01	\$66.49

Issue State: Missouri
Rate generation date: September 11, 2013

COST

Termination of Coverage

Employee coverage will terminate on the earliest of:

- The date of the employee's death;
- The date on which the employee ceases to be eligible for coverage;
- The last date for which premium payment has been made to us;
- The last date on which employment terminates;
- The date the group master policy terminates; or
- The date the employee sends us a written notice to cancel coverage.

Dependent coverage will terminate on the earliest of:

- The date the employee's coverage terminates;
- The last date for which premium payment has been made to us;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent coverage; or
- The date the employee sends us a written notice to cancel dependent coverage.

We will have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, coverage can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue coverage.

Termination of the Group Master Policy

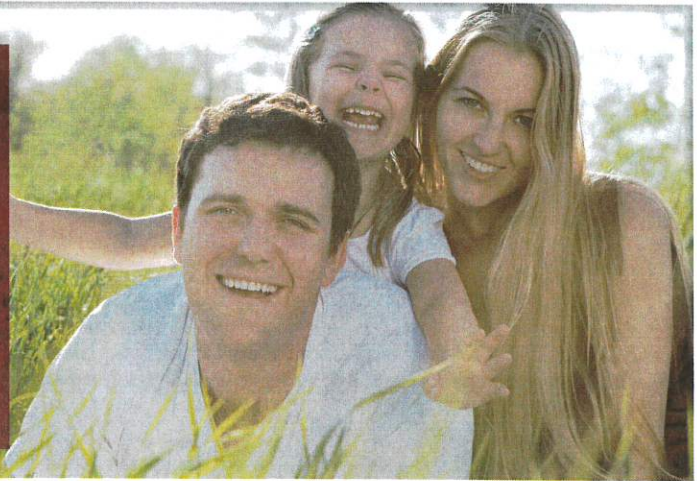
The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

Other Insurance with Us

An individual can only have one cancer policy or certificate with us. If a person already has cancer insurance with us, such person is not eligible to apply for this coverage.

Everyone deserves a better Tomorrow.

Trans Select® 5 is term life
insurance for employees.



If Something Happens to You, Is Your Family Ready for Tomorrow?

There is no way to know what will happen tomorrow, but there is a way to help protect your family against the unexpected. Trans Select 5 is Transamerica's term life insurance product designed to meet life's changes — today and tomorrow. With Trans Select 5, you can help secure your family's future if something happens to you or your loved ones.

Buying life insurance is a decision that should not be put off. Prudent financial planning with Transamerica term life insurance can help protect your family's future and give you peace of mind.

Trans Select 5 Benefits are Easy to Understand

Trans Select 5 premiums are scheduled to remain level for five years and are guaranteed level for the first five years. **Premiums may increase annually starting in year 6.** You can choose to pay these premiums through the convenience of payroll deduction.

How much life insurance do you need?

The amount of term life insurance you need will depend on your specific situation. One way to decide how much insurance you should buy is to consider the financial needs of your family if you were to pass away prematurely.

Here are some other factors to consider:

- What are your current earnings and other income sources, such as 401(k), savings and investments?
- How many people depend on you financially, your immediate family, parents and other dependents?
- Does your spouse work, and what is his or her earning capacity now and in the future?
- Can your family depend on Social Security earnings after your death?
- Do you have debt or any special financial needs, such as a mortgage, or your children's future educational needs?

Product Highlights

Waiver of premium benefit if you
are laid-off from work

Spouse and Dependent
Benefits Available

Terminal Illness Benefit

Convenient Payroll Deduction

Take insurance with you
if you change employers
or retire

Renew insurance after
initial term without providing
medical history

Riders included with Base Insurance

- **Accelerated Death Benefit for Terminal Illness (Not Available in MA)** — We will pay the lesser of up to 50% of the life insurance death benefit or \$100,000 if the insured is diagnosed with a terminal illness, and still provide a benefit to the designated beneficiary.
- **Waiver of Premium Due to Layoff or Strike Rider (Not Available in CT, MA, MD, NJ, PR, TN or VA)** — Premiums will be waived up to 6 months if the owner is on strike or is involuntarily laid off.
- **Children's Term Rider (employee elected)**

Insurance Information and Issue Ages

Conversion

The owner of the term insurance may elect to convert the base term insurance to whole life insurance within 31 days of termination under the policy.

Issue Ages

Employees	5 year term	16 – 80
Spouses	5 year term	16 – 65
Child(ren)	Child term insurance rider	Dependents age 15 days through age 25

Five Year Term Period

At the end of each term, the insurance will automatically renew unless cancelled by the owner. The new premium rate, based on the attained age of the insured and the death benefit, will be presented. The premium change will occur on the group renewal date. Subsequent term periods are five years or until the expiration date, if earlier.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

Product Details

Included Riders	Plan Option 1
Accelerated Death Benefit for Terminal Illness Rider Accelerates up to the lesser of \$100,000 or 50 %	Included
Waiver of Premium due to Layoff Rider	Included

*Riders not available to all ages, see Plan Design Rate Chart for details.

Product Details

Trans Select® 5 Group Term Life Insurance

Plan Option 1 Monthly Non-Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider and Child Term Rider

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
16	\$2.43	\$3.04	\$3.65
17	\$2.43	\$3.04	\$3.65
18	\$2.43	\$3.04	\$3.65
19	\$2.47	\$3.08	\$3.70
20	\$2.48	\$3.10	\$3.73
21	\$2.52	\$3.15	\$3.78
22	\$2.53	\$3.17	\$3.80
23	\$2.57	\$3.21	\$3.85
24	\$2.58	\$3.23	\$3.88
25	\$2.63	\$3.29	\$3.95
26	\$2.67	\$3.33	\$4.00
27	\$2.72	\$3.40	\$4.08
28	\$2.75	\$3.44	\$4.13
29	\$2.77	\$3.46	\$4.15
30	\$2.78	\$3.48	\$4.18
31	\$2.80	\$3.50	\$4.20
32	\$2.82	\$3.52	\$4.23
33	\$2.92	\$3.65	\$4.38
34	\$3.07	\$3.83	\$4.60
35	\$3.23	\$4.04	\$4.85
36	\$3.32	\$4.15	\$4.98
37	\$3.40	\$4.25	\$5.10
38	\$3.53	\$4.42	\$5.30
39	\$3.57	\$4.46	\$5.35
40	\$3.65	\$4.56	\$5.48
41	\$3.77	\$4.71	\$5.65
42	\$3.78	\$4.73	\$5.68
43	\$4.18	\$5.23	\$6.28
44	\$4.65	\$5.81	\$6.98
45	\$5.43	\$6.79	\$8.15
46	\$6.03	\$7.54	\$9.05
47	\$6.77	\$8.46	\$10.15
48	\$7.73	\$9.67	\$11.60
49	\$8.63	\$10.79	\$12.95
50	\$9.97	\$12.46	\$14.95

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
51	\$10.95	\$13.69	\$16.43
52	\$11.62	\$14.52	\$17.43
53	\$12.35	\$15.44	\$18.53
54	\$13.37	\$16.71	\$20.05
55	\$14.57	\$18.21	\$21.85
56	\$15.75	\$19.69	\$23.63
57	\$16.85	\$21.06	\$25.28
58	\$18.20	\$22.75	\$27.30
59	\$19.48	\$24.35	\$29.23
60	\$21.20	\$26.50	\$31.80
Amounts below this line do not include the Waiver Riders			
61	\$22.92	\$28.65	\$34.38
62	\$24.73	\$30.92	\$37.10
63	\$26.47	\$33.08	\$39.70
64	\$28.45	\$35.56	\$42.68
65	\$31.57	\$39.46	\$47.35
66	\$34.42	\$43.02	\$51.63
67	\$37.53	\$46.92	\$56.30
68	\$41.28	\$51.60	\$61.93
69	\$49.30	\$61.63	\$73.95
70	\$71.27	\$89.08	\$106.90
71	\$86.37	\$107.96	\$129.55
72	\$97.60	\$122.00	\$146.40
73	\$110.28	\$137.85	\$165.43
74	\$126.82	\$158.52	\$190.23
75	\$147.12	\$183.90	\$220.68
76	\$164.77	\$205.96	\$247.15
77	\$181.25	\$226.56	\$271.88
78	\$199.37	\$249.21	\$299.05
79	\$221.30	\$276.63	\$331.95
80	\$250.67	\$313.33	\$376.00

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for
\$1.25 Monthly per \$5,000

Issue State: Missouri
Rate generation date: February 27, 2018

Product Details



Trans Select® 5 Group Term Life Insurance

Plan Option 1 Monthly Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider and Child Term Rider

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
16	\$3.67	\$4.58	\$5.50
17	\$3.67	\$4.58	\$5.50
18	\$3.67	\$4.58	\$5.50
19	\$3.70	\$4.63	\$5.55
20	\$3.73	\$4.67	\$5.60
21	\$3.77	\$4.71	\$5.65
22	\$3.82	\$4.77	\$5.73
23	\$3.85	\$4.81	\$5.78
24	\$3.88	\$4.85	\$5.83
25	\$3.93	\$4.92	\$5.90
26	\$3.97	\$4.96	\$5.95
27	\$4.00	\$5.00	\$6.00
28	\$4.15	\$5.19	\$6.23
29	\$4.20	\$5.25	\$6.30
30	\$4.25	\$5.31	\$6.38
31	\$4.37	\$5.46	\$6.55
32	\$4.50	\$5.63	\$6.75
33	\$4.68	\$5.85	\$7.03
34	\$4.87	\$6.08	\$7.30
35	\$5.05	\$6.31	\$7.58
36	\$5.18	\$6.48	\$7.78
37	\$5.42	\$6.77	\$8.13
38	\$5.67	\$7.08	\$8.50
39	\$5.73	\$7.17	\$8.60
40	\$5.87	\$7.33	\$8.80
41	\$6.12	\$7.65	\$9.18
42	\$6.28	\$7.85	\$9.43
43	\$7.80	\$9.75	\$11.70
44	\$9.38	\$11.73	\$14.08
45	\$11.07	\$13.83	\$16.60
46	\$13.00	\$16.25	\$19.50
47	\$15.20	\$19.00	\$22.80
48	\$17.57	\$21.96	\$26.35
49	\$19.67	\$24.58	\$29.50
50	\$21.42	\$26.77	\$32.13

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
51	\$22.93	\$28.67	\$34.40
52	\$24.40	\$30.50	\$36.60
53	\$26.12	\$32.65	\$39.18
54	\$27.83	\$34.79	\$41.75
55	\$31.72	\$39.65	\$47.58
56	\$33.27	\$41.58	\$49.90
57	\$36.10	\$45.13	\$54.15
58	\$38.98	\$48.73	\$58.48
59	\$42.12	\$52.65	\$63.18
60	\$46.32	\$57.90	\$69.48

Amounts below this line do not include the Waiver Riders

61	\$49.10	\$61.38	\$73.65
62	\$52.53	\$65.67	\$78.80
63	\$57.27	\$71.58	\$85.90
64	\$62.42	\$78.02	\$93.63
65	\$69.50	\$86.88	\$104.25
66	\$76.45	\$95.56	\$114.68
67	\$84.10	\$105.13	\$126.15
68	\$92.50	\$115.63	\$138.75
69	\$101.75	\$127.19	\$152.63
70	\$118.13	\$147.67	\$177.20
71	\$129.95	\$162.44	\$194.93
72	\$145.55	\$181.94	\$218.33
73	\$164.47	\$205.58	\$246.70
74	\$187.50	\$234.38	\$281.25
75	\$213.35	\$266.69	\$320.03
76	\$237.18	\$296.48	\$355.78
77	\$260.90	\$326.13	\$391.35
78	\$287.00	\$358.75	\$430.50
79	\$321.43	\$401.79	\$482.15
80	\$356.78	\$445.98	\$535.18

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for
\$1.25 Monthly per \$5,000

Issue State: Missouri

Rate generation date: February 27, 2018

Summary of Benefits

Accelerated Death Benefit for Terminal Illness Rider (Rider Form Series CRTIVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the life insurance benefit payment. The accelerated amount will be deducted from the death benefit and this rider will terminate.

Child Term Insurance Rider (Rider Form Series CRCHL200) - If included in the plan design, allows an insured employee or spouse (but not both) to insure all eligible children for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier.

Waiver of Premium Due to Layoff or Strike Rider (Rider Form Series CRWPL200) - If included in the plan design, waives the premium for up to six months per 12-month period if the employee is involuntary laid off or on a covered strike. Benefits are limited to three layoffs/strikes per 12-month period and are based on the employee's layoff/strike only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to layoff/strike. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

Limitations and Exclusions

Accelerated Death Benefit for Terminal Illness Rider

We will not pay for conditions diagnosed prior to the effective date of the rider.

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date the employee sends us a written notice to cancel insurance;
- The certificate anniversary date following the employee's 100th birthday;
- The date the employee dies;
- The date the certificate lapses;
- The date the group master policy terminates.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance;
- The date the employee sends us a written notice to cancel dependent insurance.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us. We will bill the employee directly once we receive notification to continue insurance.

Conversion Option

An insured person can convert his or her insurance to permanent life insurance on a policy form that we then issue, without any optional riders, in an amount not to exceed the amount of insurance terminating under the policy. The premium will be based on the insured person's age and class of risk at the time of conversion. We must receive a completed conversion application and any required premium within 31 days of termination. If the insured person dies within the 31-day conversion period, benefits will be paid as if insurance had continued, regardless of whether conversion was applied for.

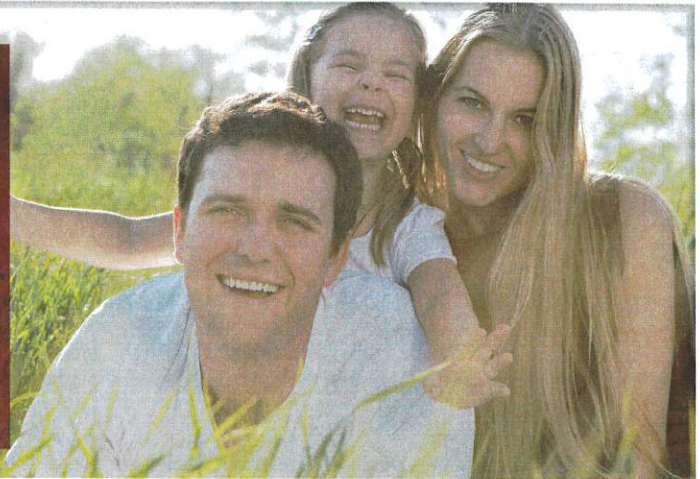
Termination of the Group Master Policy

The group master policy will end on the earliest of the following events:

- The date you submit a 60-day advance written request to us to terminate, the group master policy will terminate on the date specified in that request;
- If we give a 60-day advance written notice to you that we intend to terminate, the group master policy will terminate on the date specified in that notice;
- If any premium payable by you is not paid within its grace period, the group master policy will terminate on the day after the end of the grace period;
- If you fail to comply with any terms of the group master policy or the policyholder application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, the group master policy will terminate on the 32nd day after we have given you written notice of our intent to terminate; or
- If the number of insureds during any 12-month period does not meet the minimum participation requirement shown in this proposal, the group master policy may terminate at our discretion on the 32nd day after we have given you written notice of our intent to terminate.

Everyone deserves a better Tomorrow.

Trans Select® 5 is term life
insurance for employees.



If Something Happens to You, Is Your Family Ready for Tomorrow?

There is no way to know what will happen tomorrow, but there is a way to help protect your family against the unexpected. Trans Select 5 is Transamerica's term life insurance product designed to meet life's changes — today and tomorrow. With Trans Select 5, you can help secure your family's future if something happens to you or your loved ones.

Buying life insurance is a decision that should not be put off. Prudent financial planning with Transamerica term life insurance can help protect your family's future and give you peace of mind.

Trans Select 5 Benefits are Easy to Understand

Trans Select 5 premiums are scheduled to remain level for five years and are guaranteed level for the first five years. **Premiums may increase annually starting in year 6.** You can choose to pay these premiums through the convenience of payroll deduction.

How much life insurance do you need?

The amount of term life insurance you need will depend on your specific situation. One way to decide how much insurance you should buy is to consider the financial needs of your family if you were to pass away prematurely.

Here are some other factors to consider:

- What are your current earnings and other income sources, such as 401(k), savings and investments?
- How many people depend on you financially, your immediate family, parents and other dependents?
- Does your spouse work, and what is his or her earning capacity now and in the future?
- Can your family depend on Social Security earnings after your death?
- Do you have debt or any special financial needs, such as a mortgage, or your children's future educational needs?

Product Highlights

Waiver of premium benefit if you
are laid-off from work

Spouse and Dependent
Benefits Available

Terminal Illness Benefit

Convenient Payroll Deduction

Take insurance with you
if you change employers
or retire

Renew insurance after
initial term without providing
medical history

Riders included with Base Insurance

- **Accelerated Death Benefit for Terminal Illness (Not Available in MA)** — We will pay the lesser of up to 50% of the life insurance death benefit or \$100,000 if the insured is diagnosed with a terminal illness, and still provide a benefit to the designated beneficiary.
- **Waiver of Premium Due to Layoff or Strike Rider (Not Available in CT, MA, MD, NJ, PR, TN or VA)** — Premiums will be waived up to 6 months if the owner is on strike or is involuntarily laid off.
- **Children's Term Rider (employee elected)**

Insurance Information and Issue Ages

Conversion

The owner of the term insurance may elect to convert the base term insurance to whole life insurance within 31 days of termination under the policy.

Issue Ages

Employees	5 year term	16 – 80
Spouses	5 year term	16 – 65
Child(ren)	Child term insurance rider	Dependents age 15 days through age 25

Five Year Term Period

At the end of each term, the insurance will automatically renew unless cancelled by the owner. The new premium rate, based on the attained age of the insured and the death benefit, will be presented. The premium change will occur on the group renewal date. Subsequent term periods are five years or until the expiration date, if earlier.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: www.tebcs.com.

Product Details

Included Riders	Plan Option 1
Accelerated Death Benefit for Critical Care Condition Rider Accelerates up to the lesser of \$100,000 or the following %	50%
Accelerated Death Benefit for Terminal Illness Rider Accelerates up to the lesser of \$100,000 or 50 %	Included
Accidental Death and Dismemberment Rider	Included
Waiver of Premium due to Layoff Rider	Included
Waiver of Premium Benefit Rider	Included

*Riders not available to all ages, see Plan Design Rate Chart for details.

Product Details

Trans Select® 5 Group Term Life Insurance

Plan Option 1 Monthly Non-Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Accidental Death & Dismemberment, Critical Care Rider (50%), Waiver of Premium Rider and Child Term Rider

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
16	\$4.23	\$5.29	\$6.35
17	\$4.23	\$5.29	\$6.35
18	\$4.23	\$5.29	\$6.35
19	\$4.30	\$5.38	\$6.45
20	\$4.37	\$5.46	\$6.55
21	\$4.43	\$5.54	\$6.65
22	\$4.50	\$5.63	\$6.75
23	\$4.58	\$5.73	\$6.88
24	\$4.65	\$5.81	\$6.98
25	\$4.78	\$5.98	\$7.18
26	\$4.88	\$6.10	\$7.33
27	\$5.00	\$6.25	\$7.50
28	\$5.12	\$6.40	\$7.68
29	\$5.22	\$6.52	\$7.83
30	\$5.35	\$6.69	\$8.03
31	\$5.47	\$6.83	\$8.20
32	\$5.62	\$7.02	\$8.43
33	\$5.87	\$7.33	\$8.80
34	\$6.18	\$7.73	\$9.28
35	\$6.53	\$8.17	\$9.80
36	\$6.83	\$8.54	\$10.25
37	\$7.05	\$8.81	\$10.58
38	\$7.33	\$9.17	\$11.00
39	\$7.53	\$9.42	\$11.30
40	\$7.83	\$9.79	\$11.75
41	\$8.13	\$10.17	\$12.20
42	\$8.38	\$10.48	\$12.58
43	\$9.07	\$11.33	\$13.60
44	\$9.83	\$12.29	\$14.75
45	\$10.98	\$13.73	\$16.48
46	\$11.95	\$14.94	\$17.93
47	\$13.05	\$16.31	\$19.58
48	\$14.40	\$18.00	\$21.60
49	\$15.70	\$19.63	\$23.55
50	\$17.53	\$21.92	\$26.30

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
51	\$19.00	\$23.75	\$28.50
52	\$19.88	\$24.85	\$29.83
53	\$20.87	\$26.08	\$31.30
54	\$22.13	\$27.67	\$33.20
55	\$23.70	\$29.63	\$35.55
56	\$25.18	\$31.48	\$37.78
57	\$26.95	\$33.69	\$40.43
58	\$29.07	\$36.33	\$43.60
59	\$31.15	\$38.94	\$46.73
60	\$33.75	\$42.19	\$50.63

Amounts below this line do not include the Waiver Riders

61	\$34.92	\$43.65	\$52.38
62	\$37.07	\$46.33	\$55.60
63	\$39.15	\$48.94	\$58.73
64	\$41.50	\$51.88	\$62.25
65	\$44.98	\$56.23	\$67.48

Amounts below this line do not include the AD&D Rider

66	\$46.82	\$58.52	\$70.23
67	\$50.27	\$62.83	\$75.40
68	\$54.37	\$67.96	\$81.55
69	\$62.75	\$78.44	\$94.13
70	\$85.08	\$106.35	\$127.63

Amounts below this line do not include the CCR Rider

71	\$86.37	\$107.96	\$129.55
72	\$97.60	\$122.00	\$146.40
73	\$110.28	\$137.85	\$165.43
74	\$126.82	\$158.52	\$190.23
75	\$147.12	\$183.90	\$220.68
76	\$164.77	\$205.96	\$247.15
77	\$181.25	\$226.56	\$271.88
78	\$199.37	\$249.21	\$299.05
79	\$221.30	\$276.63	\$331.95
80	\$250.67	\$313.33	\$376.00

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for
\$1.25 Monthly per \$5,000

Issue State: Missouri
Rate generation date: February 27, 2018



Product Details

Trans Select® 5 Group Term Life Insurance

Plan Option 1 Monthly Tobacco Rates

Includes: Terminal Illness Rider, Waiver of Premium for Layoff or Strike Rider, Accidental Death & Dismemberment, Critical Care Rider (50%), Waiver of Premium Rider and Child Term Rider

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
16	\$6.02	\$7.52	\$9.03
17	\$6.02	\$7.52	\$9.03
18	\$6.02	\$7.52	\$9.03
19	\$6.10	\$7.63	\$9.15
20	\$6.20	\$7.75	\$9.30
21	\$6.28	\$7.85	\$9.43
22	\$6.38	\$7.98	\$9.58
23	\$6.48	\$8.10	\$9.73
24	\$6.58	\$8.23	\$9.88
25	\$6.72	\$8.40	\$10.08
26	\$6.82	\$8.52	\$10.23
27	\$6.92	\$8.65	\$10.38
28	\$7.15	\$8.94	\$10.73
29	\$7.28	\$9.10	\$10.93
30	\$7.48	\$9.35	\$11.23
31	\$7.68	\$9.60	\$11.53
32	\$8.08	\$10.10	\$12.13
33	\$8.58	\$10.73	\$12.88
34	\$9.13	\$11.42	\$13.70
35	\$9.75	\$12.19	\$14.63
36	\$10.35	\$12.94	\$15.53
37	\$10.85	\$13.56	\$16.28
38	\$11.35	\$14.19	\$17.03
39	\$11.70	\$14.63	\$17.55
40	\$12.22	\$15.27	\$18.33
41	\$12.80	\$16.00	\$19.20
42	\$13.32	\$16.65	\$19.98
43	\$15.27	\$19.08	\$22.90
44	\$17.32	\$21.65	\$25.98
45	\$19.60	\$24.50	\$29.40
46	\$22.10	\$27.63	\$33.15
47	\$24.97	\$31.21	\$37.45
48	\$28.03	\$35.04	\$42.05
49	\$30.88	\$38.60	\$46.33
50	\$33.55	\$41.94	\$50.33

Issue Age	\$20,000 Face Amount	\$25,000 Face Amount	\$30,000 Face Amount
51	\$35.88	\$44.85	\$53.83
52	\$37.83	\$47.29	\$56.75
53	\$40.10	\$50.13	\$60.15
54	\$42.35	\$52.94	\$63.53
55	\$47.12	\$58.90	\$70.68
56	\$49.25	\$61.56	\$73.88
57	\$53.48	\$66.85	\$80.23
58	\$57.90	\$72.38	\$86.85
59	\$62.70	\$78.38	\$94.05
60	\$68.80	\$86.00	\$103.20
Amounts below this line do not include the Waiver Riders			
61	\$70.30	\$87.88	\$105.45
62	\$74.52	\$93.15	\$111.78
63	\$80.05	\$100.06	\$120.08
64	\$86.03	\$107.54	\$129.05
65	\$94.00	\$117.50	\$141.00
Amounts below this line do not include the AD&D Rider			
66	\$100.45	\$125.56	\$150.68
67	\$108.72	\$135.90	\$163.08
68	\$117.73	\$147.17	\$176.60
69	\$127.62	\$159.52	\$191.43
70	\$144.67	\$180.83	\$217.00
Amounts below this line do not include the CCR Rider			
71	\$129.95	\$162.44	\$194.93
72	\$145.55	\$181.94	\$218.33
73	\$164.47	\$205.58	\$246.70
74	\$187.50	\$234.38	\$281.25
75	\$213.35	\$266.69	\$320.03
76	\$237.18	\$296.48	\$355.78
77	\$260.90	\$326.13	\$391.35
78	\$287.00	\$358.75	\$430.50
79	\$321.43	\$401.79	\$482.15
80	\$356.78	\$445.98	\$535.18

Premiums are guaranteed level for 5 years, and then premiums may increase annually beginning in year 6.

Child Term Rider may be added for
\$1.25 Monthly per \$5,000

Summary of Benefits

Accelerated Death Benefit for Critical Care Condition Rider (Rider Form Series CRCCVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a covered critical care condition (cancer, heart attack, major organ transplant surgery, renal failure, or stroke), after the 30-day waiting period.

When exercised, an administrative fee of \$250 will be deducted from the benefit payment. The accelerated amount will be deducted from the life insurance death benefit and this rider will terminate.

Accelerated Death Benefit for Terminal Illness Rider (Rider Form Series CRTIVT00) - If included in the plan design, accelerates a portion of the life insurance death benefit if an insured person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the life insurance benefit payment. The accelerated amount will be deducted from the death benefit and this rider will terminate.

Accidental Death and Dismemberment Rider (Rider Form Series CRADVT00) - If included in the plan design, pays accidental death and dismemberment benefits if an insured employee or spouse dies or suffers dismemberment as the result of a covered accident. The accidental death benefit is equal to the amount of term insurance. The dismemberment benefits range from 25% to 100% of this amount, depending on the type of dismemberment. Additional benefits include Seatbelt Benefit, Air Bag Benefit, Common Carrier Benefit, Transportation of Remains Benefit, Survivor Training Benefit, Elder Care Benefit, Child Educational Benefit, and Child Care Center Benefit. This rider is not available for children.

Child Term Insurance Rider (Rider Form Series CRCHL200) - If included in the plan design, allows an insured employee or spouse (but not both) to insure all eligible children for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier.

Waiver of Premium Due to Layoff or Strike Rider (Rider Form Series CRWPL200) - If included in the plan design, waives the premium for up to six months per 12-month period if the employee is involuntary laid off or on a covered strike. Benefits are limited to three layoffs/strikes per 12-month period and are based on the employee's layoff/strike only. Layoff of an insured spouse or child does not qualify for this waiver. Premium payments must have begun prior to layoff/strike. This rider terminates when the owner reaches age 65. This rider is not available to self-employed individuals.

Waiver of Premium Rider (Rider Form Series CRWPVT00) - If included in the plan design, waives the monthly premium while an employee is totally disabled. There is a six month elimination period before benefits begin. Waiver will continue until total disability ends, the owner dies or refuses to be examined by a physician of our choice if asked to do so, the term life insurance ends, or the owner's 65th birthday, whichever is earliest. This rider terminates when the owner reaches age 65.

Limitations and Exclusions

Accelerated Death Benefit for Critical Care

We will not pay for conditions diagnosed prior to the effective date of the rider.

Cancer requires histological evidence of malignancy and does not cover skin cancer other than malignant melanomas, all tumors that are histologically described as pre-malignant or are only showing early malignant change, cancer in-situ, and papillary cancer of the bladder.

Heart Attack must be based on new EKG changes consistent with injury, elevation of cardiac enzymes, and confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Major Organ Transplant Surgery is limited to heart, lung, liver or bone marrow transplants.

Renal Failure is limited to end stage renal failure resulting in chronic and irreversible failure of both kidneys to function requiring renal dialysis.

Stroke requires evidence of permanent neurological damage and does not cover Transient Ischemic Attacks (TIAs) or attacks of Vertebrobasilar Ischemia.

Accelerated Death Benefit for Terminal Illness Rider

We will not pay for conditions diagnosed prior to the effective date of the rider.

Accidental Death and Dismemberment Rider

We will not pay benefits if the loss is caused by or results directly or indirectly from any of the following conditions.

- Suicide or intentionally self-inflicted injury while sane or insane.
- Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition.
- Committing or attempting to commit a felony or engaging in an illegal occupation.
- Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a physician's advice and written instruction.
- Voluntarily taking, absorbing, or inhaling a poison, gas, or fumes.
- Involvement in an accident that occurs while he or she was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs.
- Travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip.
- Service in the military or any auxiliary unit attached thereto.
- Participation in any of the following activities: motor vehicle or boat racing, hang gliding, sky diving, mountain or rock climbing, or any related hazardous activities.
- The release of nuclear energy.

Waiver of Premium Rider

We will not waive premiums if the owner's total disability results from any of the following:

- The owner's attempted suicide or intentionally self-inflicted injury while sane or insane;
- The owner's commission of or attempting to commit a felony or engaging in an illegal occupation;
- The owner's participation in a riot or insurrection;
- The owner's voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
- The owner's voluntary taking, absorbing or inhaling a poison, gas or fumes;
- An accident that occurs while the owner was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
- The owner's travel in or descent from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War or any act of war, whether declared or undeclared; or
- The owner's service in the military or an auxiliary unit attached thereto.

Limitations and Exclusions

Termination of Insurance

Employee insurance will terminate on the earliest of:

- The date the employee sends us a written notice to cancel insurance;
- The certificate anniversary date following the employee's 100th birthday;
- The date the employee dies;
- The date the certificate lapses;
- The date the group master policy terminates.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates;
- The date the dependent no longer meets the definition of dependent;
- The date the group master policy is modified so as to exclude dependent insurance;
- The date the employee sends us a written notice to cancel dependent insurance.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us. We will bill the employee directly once we receive notification to continue insurance.

Conversion Option

An insured person can convert his or her insurance to permanent life insurance on a policy form that we then issue, without any optional riders, in an amount not to exceed the amount of insurance terminating under the policy. The premium will be based on the insured person's age and class of risk at the time of conversion. We must receive a completed conversion application and any required premium within 31 days of termination. If the insured person dies within the 31-day conversion period, benefits will be paid as if insurance had continued, regardless of whether conversion was applied for.

Termination of the Group Master Policy

The group master policy will end on the earliest of the following events:

- The date you submit a 60-day advance written request to us to terminate, the group master policy will terminate on the date specified in that request;
- If we give a 60-day advance written notice to you that we intend to terminate, the group master policy will terminate on the date specified in that notice;
- If any premium payable by you is not paid within its grace period, the group master policy will terminate on the day after the end of the grace period;
- If you fail to comply with any terms of the group master policy or the policyholder application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, the group master policy will terminate on the 32nd day after we have given you written notice of our intent to terminate; or
- If the number of insureds during any 12-month period does not meet the minimum participation requirement shown in this proposal, the group master policy may terminate at our discretion on the 32nd day after we have given you written notice of our intent to terminate.