

A photograph of a man and a young child in a white canoe on a body of water. The man is in the background, smiling, wearing a grey beanie and a plaid shirt. The child is in the foreground, also smiling, wearing a red beanie and a red life jacket. They are both holding black paddles. The background shows a shoreline with trees and a clear sky.

**YOUR TRANSAMERICA**  
ENROLLMENT MATERIALS

[transamericabenefits.com](http://transamericabenefits.com)

Products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA  
or Transamerica Financial Life Insurance Company, Harrison, NY.

EBD HOBC 0816

 **TRANSAMERICA**<sup>®</sup>

# YOUR FLEXIBLE BENEFITS

## CRITICALEVENTS® CRITICAL ILLNESS INSURANCE

**CriticalEvents is critical illness insurance, underwritten by Transamerica Life Insurance Company that pays lump sum benefits for specific illnesses.**

Ed, a sous chef, signs up for his employer's critical illness insurance because his dad and grandfather had heart disease. He figures his fondness for steak and watching TV from his recliner aren't helping his health, either.

### GET BENEFITS TO SPEND ON WHAT YOU NEED

When Ed has a heart attack and then bypass surgery, he's relieved his critical illness insurance pays a lump sum benefit. He doesn't have to use his retirement savings to cover missed work income, drives to the heart hospital and medical insurance deductibles.

You can't predict a critical illness like a heart attack or stroke, but you can prepare for the potential financial impact. Critical illness insurance can help ease financial stress with lump-sum cash benefits used however you see fit.

### GET THE BENEFITS THAT FIT YOUR NEEDS

Ed's costs add up faster than he expected, so he uses his critical illness insurance benefit payment for costs like:

- Deductibles, co-pays, and his hospital bill.
- His plane ticket to a specialized heart hospital.
- The mortgage on his house while he's not bringing in income.
- Credit card payments and his utility bills.
- Day care costs for his two kids.

Several years later, Ed is offered the head chef position at another restaurant and gladly accepts the new job. He begins paying premiums directly to Transamerica so he can keep his policy.

Keep your insurance when changing jobs by opting to pay premiums directly to us within 31 days of leaving your current job. Let us know you want to continue your critical illness insurance policy, and we'll bill you directly.

**THIS IS SUPPLEMENTAL HEALTH INSURANCE. IT IS NOT MAJOR MEDICAL INSURANCE AND DOES NOT QUALIFY AS ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.**

This is a brief summary of *CriticalEvents* critical illness insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form series CPC10500 or TCC11000. Forms and numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://tebcs.com).

### PRODUCT HIGHLIGHTS

- No lifetime benefit maximum.
- No waiting period.
- Benefits paid directly to you.
- Payroll-deducted premiums.
- Family options available.



**Visit:**

[transamericabenefits.com](http://transamericabenefits.com)



**Customer Service:**

888-763-7474

## Product Details

An employee may purchase a benefit amount based on the premiums as shown in the following pages. A spouse and child dependent amount will be a percentage of the employee-elected amount. Employees and spouses are eligible at age 18 and up, eligible children from birth through age 25.

Base Policy Benefits	Percentage of Benefit	Plan Option 1
Heart Attack	100%	Included
Stroke	100%	Included
Major Organ Failure	100%	Included
End Stage Renal Failure	100%	Included
Other Specified Organ Failure (Loss of sight, speech, or hearing)	100%	Included
Miscellaneous Diseases - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Encephalitis/meningitis, Rocky Mountain Spotted Fever, Typhoid Fever, Anthrax, Cholera, Primary Sclerosing Cholangitis (Walter Payton's Disease) and Tuberculosis	100%	Included
Alzheimer's Disease	30%	Included
Coronary Artery Disease Requiring Bypass Grafts	25%	Included
Coronary Artery Disease Requiring Angioplasty/Stent	5%	Included

	Plan Option 1
Dependent Insurance	50%
First Occurrence	First occurrence after effective date
Rate Structure	Voluntary - Issue Age

Cancer Benefit Rider	Percentage of Benefit	Plan Option 1
Invasive Cancer	100%	Included
Bone Marrow Failure	100%	Included
Carcinoma In Situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included

Additional Benefit	Plan Option 1
Wellness Indemnity Benefit	\$50
Recurrent Critical Illness Benefit Rider	50%

## Product Details

### Plan Option 1 Bi-Weekly Non-Tobacco Issue Age Rates

**Critical Illness Benefits:** Heart Attack, Stroke, Major Organ Failure, End Stage Renal Failure, Other Specified Organ Failure (Loss of sight, speech, or hearing), Miscellaneous Diseases, Alzheimer's Disease, Coronary Artery Disease Requiring Bypass Grafts, Coronary Artery Disease Requiring Angioplasty/Stent

**Optional Riders:** Cancer Benefit Rider, Recurrent Critical Illness Benefit Rider (50%) and Wellness Benefit Rider (\$50)

Employee				Ver 4.0.ND.NC.0.00.FA
Age	\$10000	\$20000	\$30000	
18-29	\$4.56	\$7.29	\$10.01	
30-39	\$5.16	\$8.49	\$11.81	
40-49	\$8.44	\$15.04	\$21.64	
50-59	\$14.35	\$26.86	\$39.36	
60-64	\$28.75	\$55.66	\$82.56	
65+	\$33.78	\$65.72	\$97.66	
1 Parent Family				
18-29	\$5.00	\$7.82	\$10.63	
30-39	\$5.60	\$9.02	\$12.43	
40-49	\$8.88	\$15.57	\$22.26	
50-59	\$14.79	\$27.39	\$39.99	
60-64	\$29.19	\$56.19	\$83.19	
65+	\$34.22	\$66.25	\$98.28	
2 Parent Family				
18-29	\$6.57	\$10.03	\$13.50	
30-39	\$7.77	\$12.43	\$17.10	
40-49	\$12.71	\$22.31	\$31.91	
50-59	\$20.74	\$38.37	\$56.00	
60-64	\$42.43	\$81.76	\$121.08	
65+	\$46.73	\$90.34	\$133.96	

Issue State: North Carolina  
Rate generation date: June 11, 2018

*\*HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

## Product Details

### Plan Option 1 Bi-Weekly Tobacco Issue Age Rates

**Critical Illness Benefits:** Heart Attack, Stroke, Major Organ Failure, End Stage Renal Failure, Other Specified Organ Failure (Loss of sight, speech, or hearing), Miscellaneous Diseases, Alzheimer's Disease, Coronary Artery Disease Requiring Bypass Grafts, Coronary Artery Disease Requiring Angioplasty/Stent

**Optional Riders:** Cancer Benefit Rider, Recurrent Critical Illness Benefit Rider (50%) and Wellness Benefit Rider (\$50)

Employee				Ver 4.0.ND.NC.0.00.FA
Age	\$10000	\$20000	\$30000	
18-29	\$7.15	\$12.46	\$17.76	
30-39	\$8.16	\$14.49	\$20.81	
40-49	\$15.04	\$28.24	\$41.44	
50-59	\$29.03	\$56.21	\$83.40	
60-64	\$53.95	\$106.06	\$158.16	
65+	\$59.67	\$117.50	\$175.33	
1 Parent Family				
18-29	\$7.59	\$12.99	\$18.39	
30-39	\$8.60	\$15.02	\$21.43	
40-49	\$15.48	\$28.77	\$42.06	
50-59	\$29.46	\$56.74	\$84.02	
60-64	\$54.39	\$106.59	\$158.79	
65+	\$60.11	\$118.03	\$175.96	
2 Parent Family				
18-29	\$9.80	\$16.50	\$23.19	
30-39	\$10.91	\$18.71	\$26.51	
40-49	\$22.13	\$41.14	\$60.16	
50-59	\$43.40	\$83.70	\$123.99	
60-64	\$80.42	\$157.73	\$235.03	
65+	\$88.68	\$174.25	\$259.82	

Issue State: North Carolina  
Rate generation date: June 11, 2018

*\*HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

## Summary of Benefits

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### Critical Illness Benefit

Critical illness insurance provides a lump-sum cash benefit which the employee can use however they wish. After the critical illness diagnosis, the insured person will receive a lump-sum percentage of the elected benefit amount. The diagnosis must be made after the effective date of the certificate. Percentages for each covered critical illness are shown in the Product Details section of the proposal.

**For example**, if an employee purchased a benefit amount of \$30,000 and is diagnosed with a heart attack after the effective date, the employee will receive 100 percent of their benefit - a lump sum of \$30,000.

For a different and subsequent critical illness, the insured person will receive an additional lump-sum benefit as long as the diagnosis is made 90 days or more after the last critical illness for which a benefit was paid. If the last critical illness benefit payment under this certificate was less than 100 percent of the applicable benefit amount, we will waive the requirements that the newly diagnosed illness must be medically unrelated and separated by 90 days.

### Recurrent Critical Illness Benefit (*Rider Form Series CRRCI500*)

This benefit provides each insured person with an opportunity to receive an additional payment for the same critical illness. The Recurrence Benefit is a percentage of the Critical Illness Benefit amount and the percentage is selected by the employer. A recurrence of the same critical illness must be separated by a 12 month waiting period. For a cancer condition, the insured person must be treatment free for 12 months. Only one Recurrence Benefit will be paid for each critical illness.

If the same employee in the earlier example also had the Recurrent Critical Illness Benefit Rider and undergoes another heart attack two years later, the employee would receive a percentage of their benefit elected by their employer. If their employer chose a 50 percent recurrent critical illness benefit, the employee would receive 50 percent of their \$30,000 benefit amount - \$15,000.

### Wellness Indemnity Benefit (*Rider Form Series CRWEL500*)

Transamerica is committed to providing support for out of pocket expenses associated with health screening tests. This benefit can help pay the costs for a screening test for early disease signs and lead to earlier intervention, better outcomes and healthier employees. The benefit is payable once per calendar year per insured person for one of the following health screening tests:

Biopsy	Chest x-ray	Pap test
Blood test for triglycerides	Colonoscopy	PSA (prostate-specific antigen tests)
Bone marrow testing	Fasting blood glucose test	Serum cholesterol test to determine HDL/LDL level
Breast ultrasound	Flexible sigmoidoscopy	Serum protein electrophoresis (blood test for myeloma)
CA 125 (blood test for ovarian cancer)	Hemoccult stool specimen	Stress test on a bicycle or treadmill
CA 15-3 (blood test for breast cancer)	Mammogram	Thermography
CEA (blood test for colon cancer)		

### Critical illness definitions

**Critical illness** - One of the illnesses or conditions listed below positively diagnosed by a physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

**Alzheimer's disease** - A clinically established disease diagnosed by a psychiatrist or neurologist which results in the inability to independently perform two or more daily living activities such as bathing, dressing, eating, toileting, transferring or continence.

**Coronary artery disease requiring bypass grafts** - Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts, as confirmed in writing by a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. For purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following procedures: balloon angioplasty, laser embolectomy, atherectomy, stent placement or other non-surgical procedures.

**Coronary artery disease requiring angioplasty/stent** - Coronary artery disease requiring a balloon angioplasty or other forms of catheter-based percutaneous transluminal coronary artery therapy to correct the narrowing or blockage of one or more coronary arteries, as confirmed in writing by a board-certified cardiologist. This benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

**End stage renal failure** - The end stage failure which presents a chronic irreversible failure of both kidneys, and requires treatment by renal dialysis.

**Heart attack** - The ischemic death of a portion of heart muscle resulting from one or more obstructions of coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
  - pain, pressure, fullness, discomfort or squeezing in the center of the chest.
  - radiating pain to shoulder(s), neck, back, arm(s) or jaw.
  - new EKG changes indicative of myocardial infarction.
  - diagnostic increase of specific cardiac markers typical for heart attack.
  - confirmed image studies.
2. In the event of death, an autopsy confirmation identifying heart attack as the cause of death.

## Summary of Benefits

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**Major organ failure** - The irreversible failure of a heart, lung, pancreas, entire kidney or any combination that a physician determined there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of an insured person's liver for which a physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The transplant need must be due to severe disease.

**Miscellaneous diseases** - The following diseases will be considered critical illnesses when diagnosed by a physician: amyotrophic lateral sclerosis (Lou Gehrig's disease), encephalitis/meningitis, rocky mountain spotted fever, typhoid fever, anthrax, cholera, primary sclerosing cholangitis (Walter Payton's disease) or tuberculosis.

**Other specified organ failure** - One of the following occurring independently of any other covered critical illness:

- Loss of sight - the total and irreversible loss of all sight in both eyes.
- Loss of speech - the total and permanent loss of the ability to speak.
- Loss of hearing - the total and irreversible loss of hearing in both ears. Hearing loss that can be corrected by using any hearing aid or device will not be considered an irreversible loss.

**Stroke** - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

- Documented neurological deficits; and
- Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

- Transient ischemic attack (TIA).
- Reversible neurological deficit.
- Migraine.
- Cerebral injury resulting from trauma or hypoxia.
- Vascular disease affecting the eye, optic nerve or vestibular functions.

**Invasive cancer** - Cancer evidenced by a malignant tumor and tissue invasion. Invasive cancer does not include pre-malignant conditions or conditions with malignant potential, prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification), and any malignancy associated with the diagnosis of HIV.

**Carcinoma in situ** - Cancer that stays in its original location, confined to the site without having invaded neighboring tissue.

**Prostate cancer with TNM classification of T1** - Microscopic prostate tumors that are neither palpable nor visible on transrectal ultrasonography.

**Skin cancer** - Basal cell epithelioma or squamous cell carcinoma. Skin cancer does not include malignant melanoma or mycosis fungoides, which are not considered skin cancers.

## Limitations and Exclusions

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We do not pay benefits for losses caused by, or as a result of, the insured person's:

- Participation or attempting to participate in an illegal activity.
- Intentionally causing self-inflicted injury.
- Committing or attempting to commit suicide, whether sane or insane.
- Involvement in any period of armed conflict.

Under no condition will we pay any benefits for losses incurred prior to the effective date.

### 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 at our administrative office within 31 days after termination. We will bill the employee directly once we receive notification to continue this insurance.

### Termination of insurance

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates, subject to the portability option.
- The date an employee ceases to be eligible for insurance.
- The date of the employee's death.
- The premium due date on which we fail to receive the employee's premium.
- The date the employee sends us a written notice to cancel insurance.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates.
- The premium due date on which we fail to receive the employee's premium.
- The date the dependent no longer meets the definition of dependent.
- The date the group master policy or certificate is modified to exclude dependent insurance.
- The date the employee sends us a written notice to cancel dependent insurance.

We may end the insurance of any insured person who submits a fraudulent claim under the policy. Termination of the employee's insurance will not affect any claim which begins before the date of termination.

### Termination of the group master policy

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

### Other insurance with us

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

## Disclosures

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### **GROUP BENEFITS DISCLOSURE POLICY**

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB.

Accordingly, please direct any compensation disclosure questions to your agent.

### **COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS**

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

# YOUR FLEXIBLE BENEFITS

## ACCIDENTADVANCE®

### ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES

**AccidentAdvance, underwritten by Transamerica Life Insurance Company, can help protect you and your family in the event of unanticipated medical bills when someone is hurt.**

George enrolls himself, his wife, and his kids in the accident insurance offered at the car dealership where he works, joking that his wife is such a klutz they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches, and a joke his wife will never let him live down.

#### GET BENEFITS TO SPEND ON WHAT YOU NEED

George's health insurance pays for many of his medical expenses, but he still has copays and a high deductible. He doesn't make commissions for sales on the days he misses work.

Because he has accident insurance, he has help recovering financially without dipping into family savings or using a credit card. Accident insurance benefits are paid directly to the insured, letting George use them where and how they're most needed.

#### FLEXIBILITY TO MEET YOUR NEEDS

George gets specific amounts for his emergency care (including X-rays and physician care received within 96 hours of the accident), for follow-up visits, and for his physical therapy while recovering. He would have received additional help had he needed an ambulance, initial hospitalization, or intensive care. See this brochure for in-depth information about what benefits are paid for specific injuries or procedures.

#### HELP PROTECT YOURSELF AND YOUR FAMILY

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy provides extra peace of mind. Eligible dependent children can keep their insurance through age 25.

#### HASSLE-FREE ONLINE CLAIMS PROCESS

Our easy-to-navigate website allows you to update your information, keep track of your policies, submit claims, and more from your PC or mobile device.

This is a brief summary of AccidentAdvance accident insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA.. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate, and riders for complete details

**Up-to-date information regarding our compensation practices can be found in the Disclosures section of our website at [tebcs.com](http://tebcs.com).**

#### PRODUCT HIGHLIGHTS

- Pays benefits directly to you.
- Family options available.
- Payroll-deducted premiums.

Visit:  
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Customer Service:  
888-763-7474

## Product Details

Plan Option 1  
Off-The-Job

Module 1 Accident Emergency Treatment		10.00 Units	
<b>Accident Emergency Treatment Benefit</b> For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		<b>\$250</b>	
<b>Major Diagnostic Examination Benefit</b> For one CT Scan, MRI, or EEG completed within 90 days of the accident.		<b>\$400</b>	
<b>Dislocation Benefit</b> 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.	<b>Dislocated Joint</b>		<b>Reduction</b>
		<b>Open</b>	<b>Closed</b>
	Hip	<b>\$8,000</b>	<b>\$2,700</b>
	Knee or Shoulder	<b>\$2,700</b>	<b>\$1,100</b>
	Collar Bone	<b>\$4,300</b>	<b>\$800</b>
	Ankle or Foot (except toes)	<b>\$2,700</b>	<b>\$800</b>
	Lower Jaw	<b>\$2,700</b>	<b>\$1,400</b>
	Wrist or Elbow	<b>\$2,200</b>	<b>\$1,100</b>
	Toe or Finger	<b>\$600</b>	<b>\$300</b>
<b>Fractures Benefit</b> 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.	<b>Fractured Bone</b>		<b>Reduction</b>
		<b>Open</b>	<b>Closed</b>
	Coccyx	<b>\$1,400</b>	<b>\$700</b>
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	<b>\$3,400</b>	<b>\$1,700</b>
	Hip	<b>\$10,000</b>	<b>\$3,400</b>
	Leg	<b>\$4,200</b>	<b>\$3,400</b>
	Nose, Heel or Fingers	<b>\$3,400</b>	<b>\$700</b>
	Ribs	<b>\$6,700</b>	<b>\$700</b>
	Skull	<b>\$5,400</b>	<b>\$2,000</b>
	Toes	<b>\$1,400</b>	<b>\$700</b>
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	<b>\$4,000</b>	<b>\$1,700</b>
	Vertebrae, Pelvis	<b>\$1,700</b>	<b>\$1,700</b>
	Vertebral Processes	<b>\$6,700</b>	<b>\$1,000</b>

**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

<b>Module 2 Follow-Up Visits and Physical Therapy</b>		<b>5.00 Units</b>
<b>Accident Follow-Up Treatment Benefit</b> 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.		<b>\$50</b>
<b>Physical Therapy Benefit</b> 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.		<b>\$50</b>
<b>Module 3 Initial Accident Hospitalization</b>		<b>3.50 Units</b>
<b>Initial Accident Hospitalization Benefit</b> 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.		<b>\$1,050</b>
<b>Ambulance Benefit</b> For transportation to the nearest hospital for treatment within 96 hours of the accident by a licensed ambulance service.	Ground Ambulance	<b>\$210</b>
	Air Ambulance	<b>\$1,050</b>
<b>Additional Riders</b>		
<b>Accidental Death and Dismemberment Rider (Form No. CRADD300)</b>		<b>2.50 Units</b>
<b>Accidental Death Benefit</b> Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per insured 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.		
<b>Common Carrier Accidental Death</b> For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation		<b>\$75,000</b>
<b>Automobile Accidental Death</b> If the insured 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.		<b>\$55,000</b>
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		<b>\$50,000</b>
not wearing a seat belt.		<b>\$37,500</b>
<i>Benefits are not payable if an insured person was driving without a valid drivers' license</i>		
<b>Other Accidental Death</b> Other than those described above.		<b>\$25,000</b>
<b>Transportation of Remains Benefits</b> For transporting remains to a mortuary near the insured person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		<b>\$1,000</b>

## 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 insured under this rider.

<p><b>Surviving Child Educational Benefit</b> 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.</p>	<p><b>\$2,000</b></p>	
<p><b>Licensed Day Care Center Benefit</b> 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.</p>	<p><b>\$750</b></p>	
<p><b>Career Enrichment Benefit</b> 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.</p>	<p><b>\$2,000</b></p>	
<p><b>Accidental Dismemberment Benefits</b> 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.</p>	<p>One or more fingers or toes</p>	<p><b>\$1,250</b></p>
	<p>One eye, hand, foot, arm or leg</p>	<p><b>\$5,000</b></p>
	<p>Two eyes, hands or feet</p>	<p><b>\$12,500</b></p>
	<p>Speech <u>or</u> hearing in both ears</p>	<p><b>\$12,500</b></p>
	<p>Two arms or two legs</p>	<p><b>\$12,500</b></p>
	<p>Speech <u>and</u> hearing in both ears</p>	<p><b>\$25,000</b></p>
	<p>Both arms and both legs</p>	<p><b>\$25,000</b></p>
	<p>Total dismemberment benefits per insured person per accident will not exceed:</p>	<p><b>\$25,000</b></p>
<p><b>Accident Hospital and ICU Income Rider (Form No. CRHICU00)</b></p>		<p><b>8.00 Units</b></p>
<p><b>Accident Hospital Income Benefit</b> For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.</p>	<p><b>\$200</b></p>	
<p><b>Accident ICU Benefit</b> For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.</p>	<p><b>\$600</b></p>	

## 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.		
<b>Burns</b> 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.	<b>Second-degree burns of body surface:</b> At least 25%, but not more than 35%	\$300
	More than 35%	\$750
	<b>Third-degree burns of body surface:</b> 6 through 10 square centimeters	\$750
	10 through 25 square centimeters	\$2,000
	25 through 35 square centimeters	\$4,500
	more than 35 square centimeters	\$6,000
	<b>Lacerations</b> Must be treated or repaired within 96 hours of the accident.	Lacerations not requiring sutures
Single laceration less than 7.6 centimeters		\$40
Lacerations 7.6 to 20 centimeters		\$150
Lacerations over 20 centimeters		\$300
<b>Eye Injury</b>	With surgical repair	\$200
	Non-surgical removal of foreign body by physician	\$35
<b>Emergency Dental Work</b>	One or more broken teeth repaired with crowns	\$150
	One or more broken teeth resulting in extractions	\$40
<b>Brain Concussion</b> Must be diagnosed by a physician within 96 hours of the accident.		\$100
<b>Coma</b> 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
<b>Paralysis</b> Lasting a minimum of 30 days	Quadriplegia (paralysis of four limbs)	\$7,500
	Paraplegia (paralysis of lower limbs)	\$3,750
<b>Tendons, Ligaments and/or Rotator Cuffs</b> 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
	Two or more repairs	\$500
<b>Ruptured Discs and/or Torn Knee Cartilage</b> Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.	Shaved cartilage or arthroscopic surgery with: No repair	\$100
	One repair	\$250
	Two or more repairs	\$500

## Product Details

<b>Major Surgery</b> For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		<b>\$750</b>
<b>Appliance</b> 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.		<b>\$100</b>
<b>Prosthetic Devices</b> 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	<b>\$375</b>
	Two or more prosthetic devices	<b>\$750</b>
<b>Blood, Plasma and Platelets</b> Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		<b>\$200</b>
<b>Transportation</b> Benefit is payable for up to 2 round trips to the hospital per accident per insured 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 insured person's residence.		<b>\$300</b>
<b>Family Lodging Benefit</b> Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured 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.		<b>\$75</b>
<b>Wellness Benefit Rider (Form No. CRWELB00)</b>		<b>5.00 Units</b>
Benefit is payable per calendar year for one annual health screening test listed for the insured employee and one test for an insured 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	<b>\$50</b>

## Product Details

Rates					Ver 3.0.NC.0.00
Accident Insurance	Rate Frequency	Employee	Employee and Child(ren)	Employee and Spouse	Employee, Spouse and Child(ren)
Plan Option I Off-The-Job	Bi-Weekly	\$8.04	\$10.88	\$12.41	\$15.69

*\*HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts, and the persons/dependents that may be insured under such plans and accounts.*

Issue State: North Carolina  
Rate generation date: June 11, 2018

## Limitations and Exclusions

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

- Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit;
- 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 or insane;
- 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 insurance is provided as a result of this exception.

## Termination of Insurance

Subject to the Portability Option, insurance 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 insurance;
- 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 insurance.

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

- the date of the employee's death;
- the date the employee's insurance 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 insurance;
- the date the employee sends us a written notice to cancel insurance on a dependent.

## Extension of Benefits

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

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured 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 insured 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, insurance 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 your insurance.

## 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 insurance of all remaining insureds will end, subject to the Portability Option.

## Limitations and Exclusions

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### 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 insurance. If a person already has disability income insurance with us, such person is not eligible to apply for the disability income riders.

### **GROUP BENEFITS DISCLOSURE POLICY**

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

### **COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS**

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

# YOUR FLEXIBLE BENEFITS

## HOSPITAL SELECT® II HOSPITAL INDEMNITY INSURANCE

**Hospital Select II, underwritten by Transamerica Life Insurance Company, is extra protection in case of hospitalization to help with copays, coinsurance, even ordinary household expenses.**

When Talia comes down with a nasty cough, what her family thinks is just a cold soon lands her in the hospital as pneumonia. Fortunately, she responds well to treatment and is discharged and sent home within a few days.

Just as important, she also bounces back financially. Yet it would have been a different story without her employer's hospital indemnity insurance. With benefits that help complement her major medical insurance, she and her family remain healthy in more ways than one.

### DIRECT PAYMENTS FOR HEALTHCARE COSTS

Hospital indemnity insurance pays an amount for each day the insured is hospitalized, up to specific maximum limits. Because the benefits are paid to the insured directly, Talia uses them to help pay out-of-pocket expenses, such as her \$1,500 deductible and copays. She also could use them to pay her:

- Car payment, Rent, Childcare

### HOSPITAL SELECT II FEATURES

- Benefits for full-time, part-time, hourly, seasonal, and temporary workers (as well as eligible family members).
- No coinsurance, copays, waiting periods, or deductibles.
- Benefits paid in addition to other insurance the insured may have.
- Portability that allows employees to keep insurance after they retire or leave the job.

### EASY QUALIFICATION WITH BROAD ELIGIBILITY

This policy is available for individuals, single-parent families, individuals with spouses or other adult dependents, and families. There is no maximum issue age for employees and their adult dependents, including common-law marriage partners, domestic partners, or civil union partners. Children under the age of 26 can be insured.

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

This is a brief summary of *Hospital Select II*, underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Policy form series CPGHI400 and CCGHI400. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tbcbs.com](http://tbcbs.com).

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### PRODUCT HIGHLIGHTS

- No lifetime maximum.
- No waiting period.
- Benefits paid directly to the insured.
- Payroll-deducted premiums.
- Family options available.



**Visit:**

[transamericabenefits.com](http://transamericabenefits.com)



**Customer Service:**

888-763-7474



TRANSAMERICA®

## Product Details

The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per insured person.

<b>Daily In-Hospital Indemnity Benefit</b>	<b>Plan Option 1</b>	<b>Plan Option 2</b>
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$50.00	\$200.00
Maximum	5000.00 per calendar year	5000.00 per calendar year
<b>Intensive Care Indemnity Benefit Rider (Rider Form Series CRCICU00)</b>		
Pays each day an insured person is confined to an intensive care unit as the result of a covered accident or sickness.	None	\$200.00
Calendar Year Maximum		10 Days
<b>Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400)</b>		
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.	\$2000.00	\$2000.00
Maximum	1 day per confinement/1 day(s) per calendar year	1 day per confinement/1 day(s) per calendar year
<b>Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400)</b>		
Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness	None	\$500.00
If anesthesia is administered, pays an additional:		\$100.00
Calendar Year Maximum	1 day	

## Product Details

Plan Option 1 Bi-Weekly Rates Hospital Select® II				HS2 2018.05.ND.0.00ND.0.00
Age	Employee	Employee and Spouse	Employee and Child(ren)	Family
All Ages	\$9.77	\$20.94	\$14.43	\$23.74

\*The illustrated rates DO contain a pre-existing condition limitation.

The above rates are quoted for this group with 350 eligible lives.  
Should this plan design sell and the submitted group size is different, rates may be different.

Plan Option 2 Bi-Weekly Rates Hospital Select® II				HS2 2018.05.ND.0.00ND.0.00
Age	Employee	Employee and Spouse	Employee and Child(ren)	Family
All Ages	\$16.72	\$36.46	\$25.99	\$42.25

\*The illustrated rates DO contain a pre-existing condition limitation.

The above rates are quoted for this group with 350 eligible lives.  
Should this plan design sell and the submitted group size is different, rates may be different.

**When groups are eligible to offer 2 plan designs** to employees in a group, the premium for the "high" (more expensive) plan cannot be more than 50% greater than the premium for the "low" (less expensive) plan. **When groups are eligible to offer 3 plan designs**, the premium for the middle plan cannot be more than 50% greater than the low plan, and the premium for the high plan cannot be more than 50% greater than the middle plan.

**THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.**

Issue State: North Carolina  
Rate generation date: June 11, 2018

## Limitations and Exclusions

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### Hospital Select® II

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 30 days will be treated as a new and separate confinement.

No benefits under this contract will be payable as the result of the following:

- suicide or attempted suicide, whether while sane or insane.
- intentionally self-inflicted injury.
- rest care or rehabilitative care and treatment.
- immunization shots and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings (unless Wellness Indemnity Benefit Rider is included).
- any pregnancy of a dependent child, except for complications of pregnancy, including confinement rendered to her child after birth.
- routine newborn care (unless Wellness Indemnity Benefit Rider is included).
- hospital confinement of a newborn child following the child's birth, unless the newborn child is being treated for accidental injury or sickness.
- an insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- treatment of mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included).
- treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included).
- active participation in a felony, riot, or insurrection.
- any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred).
- dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
- sex change, reversal of tubal ligation or reversal of vasectomy.
- artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician's services, unless required by law.
- committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation.
- 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.
- any loss incurred 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 insurance is provided as a result of this exception.)
- an accident or sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made. This exclusion does not apply to claims covered by the North Carolina's Worker's Compensation Act, Article 1 of Chapter 97 of the General Statutes, unless the insured, employer of the insured, or the worker's compensation insurance carrier is liable or responsible according to a final adjudication of the claim under that Article or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article.
- involvement in any war or act of war, whether declared or undeclared.

### Pre-Existing Condition Limitations

The policy will not pay benefits during the first 12 months the insurance is in force when the accident or illness is due to a pre-existing condition. After that time, loss due to that pre-existing condition will be payable unless it is excluded from coverage.

A pre-existing condition is a sickness or physical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a physician, within 12 months before the person's insurance becomes effective.

## Limitations and Exclusions

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### Portability Option

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

### Termination of Insurance

The insurance terminates on the earliest of:

- the insured's death.
- the premium due date when we fail to receive a premium, subject to the grace period.
- the date of written notice to cancel insurance.
- the date the policy terminates.
- the date the insured ceases to be eligible for insurance.

Dependent insurance ends on the earliest of:

- the date the insured's insurance terminates for any of the reasons above.
- the date the dependent no longer meets the definition of a dependent.
- the premium due date when we fail to receive a premium, subject to the grace period.
- the date of written notice to cancel insurance.
- the date the policy is modified so as to exclude dependent insurance.

The insurance company has the right to terminate the insurance of any insured who submits a fraudulent claim. Termination will not impact any claim which begins before the date of termination.

### Hospital Confinement Indemnity Benefit Rider:

We will not pay benefits under this rider for an emergency room stay, an outpatient stay or a stay in an observation unit or recovery room. We also will not pay a hospital confinement benefit for a newborn child's stay in the hospital unless the newborn child is confined to the hospital and is being treated for an accidental injury or sickness.

## Disclosures

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### **GROUP BENEFITS DISCLOSURE POLICY**

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

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### **COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS**

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

# YOUR FLEXIBLE BENEFITS

## TRANSDI® PLUS SHORT TERM DISABILITY INCOME INSURANCE

It pays to have *TransDI Plus*, short term disability income insurance underwritten by Transamerica Life Insurance Company.

When you can't work, income replacement insurance can be a financial lifeline during an uncertain time. That's the assurance of *TransDI Plus*. It helps replace up to 60% of your salary if you're unable to work due to total disability. Your company is making this voluntary insurance available to you.

### FLEXIBLE BENEFIT AMOUNTS

With *TransDI Plus*, you can select the amount you want to buy in \$100 increments. For periods of disability that last less than one month, you will be paid at 1/30th of the monthly benefit for each day you are eligible to receive benefits.

### WHEN BENEFITS BEGIN

If you become totally disabled and are unable to work because of an accident or illness, you will begin an elimination "waiting period" before you receive benefits.

### HOW LONG BENEFITS CONTINUE

Once you've satisfied the waiting period, your benefits will continue for as long as you are totally disabled, up to the maximum period stated in the policy. If you are ready to return to work immediately after being totally disabled but cannot yet work full-time, you could receive up to 50% of your monthly benefit for up to six months while you are partially disabled.

### PRE-EXISTING CONDITIONS

Benefits for pre-existing conditions will not be payable until after the insured has been insured continuously for 12 months. Pre-existing condition means a sickness or physical condition for which the insured had treatment, incurred expense, took medication, or received a diagnosis or advice from a physician during the 12-month period prior to the effective date of insurance. It also includes any condition that manifests itself in a way that would cause a reasonable, prudent person to seek medical advice, diagnosis, care, or treatment.

This is a brief summary of *TransDI Plus* short-term disability income insurance, underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form series CPDI0100 and CCDI0100; rider forms series CRDIT100. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at [tebcs.com](http://tebcs.com).

### PRODUCT HIGHLIGHTS

- Income protection for up to 60% of your salary.
- Elimination period and monthly benefits that fit your needs.
- Waiver of premium for total disability.
- Partial disability benefits.



Visit:

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Customer Service:

888-763-7474

## Product Details

### Plan Option 1 Bi-Weekly Premium Class A Rates

Benefit Period: 3 Months  
 Accident Elimination Period: 0 Days  
 Sickness Elimination Period: 7 Days

Rates include the following optional rider:  
 Accelerated Benefit for Terminal Illness Rider

Monthly Benefit*	Age 18-49	Age 50-59	Age 60+	Monthly Benefit*	Age 18-49	Age 50-59	Age 60+
\$300	\$3.68	\$4.59	\$6.86	\$2,700	\$33.14	\$41.37	\$61.80
\$400	\$4.91	\$6.12	\$9.15	\$2,800	\$34.37	\$42.90	\$64.09
\$500	\$6.13	\$7.66	\$11.44	\$2,900	\$35.60	\$44.43	\$66.38
\$600	\$7.36	\$9.19	\$13.73	\$3,000	\$36.83	\$45.96	\$68.67
\$700	\$8.59	\$10.72	\$16.02	\$3,100	\$38.05	\$47.50	\$70.96
\$800	\$9.82	\$12.25	\$18.31	\$3,200	\$39.28	\$49.03	\$73.25
\$900	\$11.04	\$13.79	\$20.60	\$3,300	\$40.51	\$50.56	\$75.54
\$1,000	\$12.27	\$15.32	\$22.89	\$3,400	\$41.74	\$52.09	\$77.83
\$1,100	\$13.50	\$16.85	\$25.18	\$3,500	\$42.96	\$53.63	\$80.12
\$1,200	\$14.73	\$18.38	\$27.47	\$3,600	\$44.19	\$55.16	\$82.41
\$1,300	\$15.96	\$19.92	\$29.76	\$3,700	\$45.42	\$56.69	\$84.70
\$1,400	\$17.18	\$21.45	\$32.04	\$3,800	\$46.65	\$58.22	\$86.99
\$1,500	\$18.41	\$22.98	\$34.33	\$3,900	\$47.88	\$59.76	\$89.28
\$1,600	\$19.64	\$24.51	\$36.62	\$4,000	\$49.10	\$61.29	\$91.56
\$1,700	\$20.87	\$26.04	\$38.91	\$4,100	\$50.33	\$62.82	\$93.85
\$1,800	\$22.09	\$27.58	\$41.20	\$4,200	\$51.56	\$64.35	\$96.14
\$1,900	\$23.32	\$29.11	\$43.49	\$4,300	\$52.79	\$65.88	\$98.43
\$2,000	\$24.55	\$30.64	\$45.78	\$4,400	\$54.01	\$67.42	\$100.72
\$2,100	\$25.78	\$32.17	\$48.07	\$4,500	\$55.24	\$68.95	\$103.01
\$2,200	\$27.00	\$33.71	\$50.36	\$4,600	\$56.47	\$70.48	\$105.30
\$2,300	\$28.23	\$35.24	\$52.65	\$4,700	\$57.70	\$72.01	\$107.59
\$2,400	\$29.46	\$36.77	\$54.94	\$4,800	\$58.92	\$73.55	\$109.88
\$2,500	\$30.69	\$38.30	\$57.23	\$4,900	\$60.15	\$75.08	\$112.17
\$2,600	\$31.92	\$39.84	\$59.52	\$5,000	\$61.38	\$76.61	\$114.46

\*Monthly benefit cannot exceed 60% of monthly compensation

Issue State: North Carolina  
 Rate generation date: June 11, 2018

## Summary of Benefits

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**Monthly Disability Benefit** - Pays the selected benefit amount each month that an insured is totally disabled, not to exceed the monthly benefit percent shown on the Product Details page. Benefits do not begin until the applicable **Elimination Period** has been satisfied. Periods of disability lasting less than one month will be paid at 1/30th of the monthly benefit for each day of total disability. Benefits will stop once total disability ends or the end of the **Benefit Period**, whichever occurs first.

**Waiver of Premium Provision** - Premiums will be waived once an insured employee has been totally disabled for 90 days or met the elimination period, whichever is later. Premiums must continue to be paid until the waiver begins.

**Partial Disability Benefit** - Pays 50% of the Monthly Disability Benefit for up to 6 months when an insured employee returns to work on a limited basis following a total disability, assuming the partial disability is due to the same reason as the total disability.

**Accelerated Benefit for Terminal Illness Rider** (*Rider Form Series CRDITI00*) - Advances up to 12 months of Monthly Disability Benefits if the insured is diagnosed by a physician, for the first time on or after the effective date, as having a terminal illness.

## Limitations and Exclusions

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The sum of the disability benefits paid to the insured together with the payments the insured is entitled to receive from the sources described below, may not exceed the monthly percent shown on the Product Details page:

- a. Group or individual insurance or like insurance for persons in a group;
- b. Federal Social Security Act (this includes benefits paid to the insured employee and his or her dependents on account of the insured's disability);
- c. State or federal government disability or retirement plan, or increases thereof, which begin on or after the date of total disability;
- d. Pension plan to which the policyholder or the insured's employer contributes or makes payroll deductions;
- e. Salary or wage continuance plans such as sick leave paid for by the policyholder or the insured's employer which extend beyond the period stated in the contract; and
- f. Federal Old Age Benefits or increases which begin on or after the date of total disability, under the Federal Social Security Act on the insured employee's behalf.

With respect to items (b) and (f) only, unless we receive proof that payments under these applicable programs or acts have been applied for but will not be paid, we:

- a. will assume such payments are being received if the insured is covered under the Federal Social Security Act; and
- b. may require re-application (but not more frequently than annually) once a Social Security denial has been received and all appeals have been pursued. Failure to re-apply for benefits when required by us will result in our estimation of payment under those acts.

Benefits will not be reduced due to a cost of living increase in Social Security if the increase takes place while benefits are payable under the policy.

With respect to any and all of the above sources, if the insured or his or her dependent receives a lump sum payment for a period previously paid by us, any resulting overpayment must be repaid on a lump sum basis. If the insured has the option of taking retirement benefits on a monthly basis but chooses to receive retirement benefits in a lump sum, we may assume he or she is receiving retirement benefits based upon the lowest monthly retirement plan benefit available to the insured prior to lump sum withdrawal.

If the insured is totally disabled and receiving regular treatment due to a covered mental illness, regardless of the cause, monthly disability benefits will be paid for one-half (1/2) of the benefit period for any one period of disability. The lifetime maximum is 12 months of disability payments.

## Exclusions

The policy does not pay benefits for any loss, fatal or non-fatal, which results from:

- intentionally self-inflicted injury while sane or insane;
- any act of war, declared or undeclared (undeclared war does not include terrorist acts against the general public);
- accident sustained or sickness contracted while in the service of the armed forces of any country;
- committing a felony;
- operating, learning to operate or having any duty in the operation of any device or vehicle intended or designed for flight in the air including boarding, alighting or descending therefrom;
- accident or sickness arising out of and in the course of any occupation, either full-time or part-time, for wage or profit even if Worker's Compensation is not paid for the on-the-job injury. This exclusion does not apply to claims covered by the North Carolina Worker's Compensation Act, Article 1 of Chapter 97 of the General Statutes, unless the insured, employer of the insured, or the worker's compensation insurance carrier is liable or responsible according to a final adjudication of the claim under that Article or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article.

## Pre-Existing Condition

There will be no disability benefit payable for a pre-existing condition until the insured has been continuously insured under the Policy for 12 consecutive months and has returned to performing the duties of his or her occupation for 30 continuous days after the first 12 months of insurance.

"Pre-Existing Condition" means sickness or physical condition for which the insured had treatment, incurred expense, took medication, or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of insurance.

The term "Pre-Existing Condition" will also include a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care or treatment.

## Limitations and Exclusions

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### Termination of Insurance

Employee insurance will terminate on the earliest of:

- the date the insured does not qualify as an insured;
- the date the insured retires;
- the date the insured ceases to be on active service;
- the end of the last period for which premium has been paid, subject to the Grace Period;
- the date the group master policy is discontinued.

Termination will have no effect on payment of benefits for a total disability that begins before such termination. We will have the right to terminate the insurance of any insured person who submits a fraudulent claim under the policy.

### 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 insurance of all remaining insureds will end, subject to any portability option.

### Other Insurance with Us

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

## Disclosures

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### **GROUP BENEFITS DISCLOSURE POLICY**

Transamerica Employee Benefits (TEB) is a unit of Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company. TEB markets and administers voluntary insurance benefits through licensed insurance agents. These agents are typically appointed to sell our products, and products of other providers, and receive various forms of compensation from us for the services provided. We believe our compensation arrangements with our agents are conducted with honesty, fairness and integrity. In addition, we realize that having trusted relationships between our agents and our customers is essential to all involved. To ensure this trust continues and to address any concerns within the industry, we have outlined our policy on agent compensation disclosure.

TEB's policy supports transparency and full disclosure of agent compensation to our customers and prospective customers. In addition, we have put controls in place to facilitate this disclosure and obligate our agents to disclose compensation information to customers: 1) when asked by a customer; 2) when receiving both a fee from the customer and compensation from TEB; and 3) when otherwise required by law. Agents must comply with all applicable laws in the sale of TEB products, including any pertaining to the disclosure of compensation information.

TEB's Group Benefits Compensation Disclosure Notice (below) describes the various means by which agents may be compensated for the sale of our products. It is the responsibility of your agent to share specific information with you about his or her compensation arrangements with TEB. Accordingly, please direct any compensation disclosure questions directly to your agent.

### **COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS**

Agents who sell and service our products are paid a commission. It varies by the type of insurance policy sold and the state where the policy was sold, and is based on a percentage of the premium received in the first year, and at policy renewal. Agents may receive advances or loans against anticipated commissions for cases sold or to be sold. These advances may or may not require the payment of interest, depending upon the agent's total business and historical experience with TEB.

Agents may receive other compensation from TEB in the form of cash or non-cash awards or prizes, based upon a variety of factors that may include the level of premium written or earned, persistency and growth of premium, or other performance measures. Agents who manage, supervise or recruit other agents or wholesale our products and services to other agents, may receive commission overrides on business that results from their efforts.

Some of our agents may receive additional payments for providing services in connection with the administration of our products. Fees for such services may be calculated on a per policy or per certificate basis or upon the premium volume associated with a specific case. TEB may additionally reimburse these agents/administrators for certain expenses, such as the cost of mailings.

Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or endorsements. See your proposed policy documents or policy certificate package for more information on any such arrangements.

Up to date information regarding our compensation practices can be found in the Disclosures section of our website at: [www.tebcs.com](http://www.tebcs.com).

# YOUR FLEXIBLE BENEFITS

**SIMPLE, PAINLESS CLAIMS  
USING YOUR WORKPLACE VOLUNTARY BENEFITS**

**Voluntary benefits that are easy to use, underwritten by Transamerica Life Insurance Company and Transamerica Financial Life Insurance Company.**

When you're sick or hurt, you want less aggravation, not more. That's why Transamerica has made our claims process as painless as possible. With our easy and efficient online system, you can submit claims in just minutes.

## **BENEFITS WE OFFER**

- Short-Term Disability Income Insurance.
- Critical Illness.
- Accident.
- Hospital Indemnity Insurance.
- Cancer.
- Wellness benefit included in a Critical Illness, Accident, or Cancer policy.

## **HOW TO FILE ONLINE CLAIMS**

1. Log onto **tebcs.com**.  
Not registered? Click "New User Registration" and use your contract (certificate or policy) number and personal information to register.
2. Click on the policy for which you are filing a claim.
3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.

Print a copy of your claim submission for your records, and allow 7 to 10 days for processing. We'll contact you if we need further information.

If you have additional questions or concerns regarding your insurance, please contact our customer service professionals:



**Email**  
tebcustresp@transamerica.com



**Customer service**  
888-763-7474

Monday - Thursday  
7 a.m. to 6 p.m. CT

Friday  
7 a.m. to 5 p.m. CT

Online at [tebcs.com](https://tebcs.com)

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