

NOTICE OF PRIVACY PRACTICES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. It is important to us that you understand how we use and share your personal information. This Notice describes the data we collect and how we use, share and protect it. The types of data we collect and share depend on the type of product or service you have with us. We also provide notices and terms on our websites and applications. Those notices and terms provide further detail regarding data use on our websites or applications. If your relationship with us ends, we will continue to use your data as set forth in this Notice.

Data That We Collect: We collect the following types of data from the following sources:

Data	Typical Data Sources
Name, email and physical address, age, social security and driver's license numbers, employment, financial and health data and history	<ul style="list-style-type: none"> You directly, when you submit applications and forms and engage in communications with us Our affiliates (companies under common ownership) Employers, healthcare providers, other insurance companies and other authorized entities
Data about your transactions with us and/or Third Parties. ("Third Parties" are unaffiliated third parties. This includes agents, other financial organizations, and service providers.) Such transactional data can include, but is not limited to, account balances, accrued benefits, coverages, premiums, payment and claims history, financial transactions, and medical or health data	<ul style="list-style-type: none"> Our affiliates Third Parties Transamerica's websites, digital platforms, and applications Assistive technologies, mobile or wearable devices, or other similar technology
Credit history, employment information and other information about your creditworthiness, and medical or health data	<ul style="list-style-type: none"> Consumer reporting agencies and other service providers we use such as third party data suppliers Your employers, healthcare providers, insurance support organization (including reports prepared from such organizations which may retain and disclose such information), credit bureaus, other insurance companies and other authorized entities
Data about products and services you obtain or in which you might be interested	<ul style="list-style-type: none"> You Third Parties with whom we have joint marketing arrangements Other Third Parties as allowed
Third party data, including data you provide to Third Parties when you have authorized the Third Party to share such data with other parties, such as data collected through Third Party applications, websites, or other digital interfaces, data you have authorized us to receive, or data you have authorized Third Parties to share with us	<ul style="list-style-type: none"> Third Party applications, websites, or other digital interfaces where you have agreed to share your data Assistive technologies, mobile or wearable devices, or other similar technology

How We Use Your Data: We use data to provide our services and as allowed by law. This includes use authorized by you. For example, we may use your data to:

- Process claims and transactions,
- Research, develop, and market products and services,
- Prevent and prosecute fraud or criminal activities,
- Support online customer experiences, digital platforms, and/or applications in which you elect to participate.
- Maintain your accounts,
- Comply with applicable laws and for security purposes,
- Maintain, operate, and market our business, or

Sharing Data: We may share your data with Third Parties and affiliates as permitted or required by law, or when you authorize us to do so. We may share your data with:

- Those who provide services to support our business, including processing claims, account maintenance, and marketing and sales,
- Credit bureaus,
- Insurance regulators, law enforcement, governmental authorities and other Third Parties in response to legal process or as required by law,
- Health care professionals, including to verify coverage or to provide information relating to a medical condition,
- Governmental agencies so they can decide if you are eligible for public benefits,
- Other financial companies in connection with joint marketing efforts,
- Other insurance companies (including successor insurers), agents and insurance support organizations to

coordinate your benefits or in connection with insurance transactions involving you,

- Group policyholders, for example, regarding claims experience or to support service audits,
- Certificate or policyholders regarding the status of an insurance transaction,
- Those who have an interest in your assets (such as creditors with a lien on your account),
- Your employer or plan sponsor as needed to support the administration of employee accounts (but only as

permitted by law and only if you have established an account in connection with your employer),

- Your representatives and lawyers,
- Those to prevent and prosecute fraud or criminal activities,
- Those to conduct actuarial or research studies, and
- Those in connection with the sale or merger of all or part of our business.

You do not have the right to opt out of our sharing data with Third Parties for these legally permitted purposes.

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, investment advisors, and broker/dealers, some of whom may not be included in the scope of this Notice. You may have additional privacy notices from these professionals. We do not share information about your creditworthiness among our affiliates. However, we may share information about our transactions and experiences with you among affiliates for their everyday business purposes. For example, we may share your data with our affiliates:

- So they can tell you about products and services they offer,
- So they can determine which of their products and services may be of interest to you,
- So they can provide various services to us to support our business, such as claims processing, applying for insurance, opening and maintaining your account, or marketing products and services to you,
- So they can audit themselves or their agents, or
- So you can communicate with us or Transamerica affiliated companies about your accounts.

Your Choice to Limit Marketing by Transamerica Affiliates: You may limit our affiliates' use of certain types of data to market their own products and services to you ("Opt Out"). To do this, choose one of the Opt Out methods set forth below. This data includes information about your transactions and experiences with us. For example, this may include information about your account history. Your choice to limit marketing offers from our affiliates will apply for at least 5 years from when you Opt Out. Once that period expires, we will send you a renewal Notice. That renewal Notice will allow you to continue to limit marketing offers from our affiliates for at least another 5 years. If you have already provided an Opt Out, you do not need to Opt Out again until you receive a renewal Notice. If you hold a policy or account jointly with someone else, your Opt Out elections will apply to everyone on the account. When you are no longer our customer, we will continue to share your data as described in this Notice (subject to your Opt Out, if applicable). However, you may contact us at any time to elect to Opt Out.

To Opt Out: To limit our sharing of data with affiliates for marketing by affiliates as described above, you may:

- Call us at **877-257-4690** and our menu will prompt you through your choice(s), or
- Visit us online at **www.transamerica.com/optout**

Your Right of Access and Correction: You may have a right of access and correction with respect to data we collect. To exercise these rights, please list the account or policy numbers with the data you are requesting to access. If you tell us of an error in the data, we will review it. If we agree, we will correct our records. If we don't agree, you may dispute our findings in writing and send your statement to us. We will include your statement whenever we provide your disputed information to anyone outside Transamerica. This is a summary of your rights. For a copy of our more detailed Notice of Insurance Information Practices as applicable to your product or service, please send a written request to 6400 C St. SW, Cedar Rapids, IA 52499-0001.

Protecting Your Data: We maintain appropriate controls to limit access to data to persons who need access to it. These persons access your data so that they can do their jobs or provide products and services to you. We train our workforce to properly handle data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

For Vermont Residents only: We will not share data we collect about you with Third Parties, except as permitted by Vermont law or authorized by you. We may still share data about our transactions or experiences with you with our affiliates.

For California Residents only: If you are a California resident, you will receive a separate notice with additional choices.

We may revise this Notice. If we make material changes, we will notify you as required by law. This Notice is provided by the Transamerica companies below. Transamerica companies that are not covered by this notice may make available other applicable notices.

Transamerica Capital, Inc
Transamerica Financial Life Insurance Company

Transamerica Casualty Insurance Company
Transamerica Life Insurance Company

NOTICE OF PROTECTION PROVIDED BY GEORGIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a **brief summary** of the Georgia Life and Health Insurance Guaranty Association (the Association) and the protection it provides for policyholders. This safety net was created under Georgia law, which determines who and what is covered and the amount of coverage.

The Association was established to provide protection in the unlikely event that your life, annuity, or health insurance company becomes financially unable to meet its obligations and is taken over by its insurance department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Georgia law, with funding from assessments paid by other insurance companies. (For purposes of this notice, the terms “insurance company” and “insurer” include health maintenance organizations (HMOs).)

The basic protections provided by the Association are:

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$500,000 for health benefit plans
- \$300,000 for disability insurance benefits
- \$300,000 for long-term care insurance benefits
- \$300,000 for coverages not defined as disability income insurance or health benefit plans or long-term care insurance.

Annuities

- \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of health benefit plans
- \$500,000 in aggregate for health benefit plans.

NOTE: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Georgia law.

Benefits provided by long-term care (LTC) rider to a life insurance policy or annuity contracts shall be considered the same type of benefit as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, please visit the Association's website at www.gaiga.org, or contact:

Georgia Life and Health
Insurance Guaranty Association
3700 Crestwood Parkway, NW Suite 400
Duluth, GA 30096
770-621-9835

Georgia Department of Insurance
2 Martin Luther King, Jr. Drive
West Tower, Suite 716
Atlanta, GA 30334
1-800-656-2298

Insurance companies and agents are not allowed by Georgia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Georgia law, then Georgia law will control.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

Policyholder: Dekalb County
Policy Number: EL00081176
Address: 1300 Commerce Drive
Decatur, GA 30030
Policy Effective Date: February 1, 2024
Policy Anniversary Date: February 1
Premium Rate Guarantee Date: February 1, 2025
Governing Jurisdiction: GA

Transamerica Life Insurance Company ("the Company," "we," "us," and "our") agrees to pay the benefits described in this Group Master Policy ("Policy"), subject to all terms, conditions, and limitations, in consideration of:

1. The Policyholder Application, a copy of which is attached to and made a part of this Policy; and
2. The payment of the first premium.

By our acceptance of the first premium paid by the Policyholder and by the Policyholder's receipt of this Policy, the Policyholder agrees:

1. To be bound by the terms of this Policy; and
2. To pay all premiums to us according to the terms of this Policy.

This Policy is a legal contract between the Policyholder and us. **Read This Policy Carefully.** This Policy is subject to the laws of the governing jurisdiction in which it is issued. It is signed for the Company at our Home Office to take effect on the Policy Effective Date.



General Counsel and Secretary



President

Group Master Policy for Flexible Premium Adjustable Life Insurance

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During the Life of the Insured to the Maturity Date
Death Benefit Payable at Death of Insured Prior to the Maturity Date
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends

Administrative Office:
PO Box 219, Cedar Rapids, IA 52406-0219
Customer Service: 1-888-763-7474
E-Mail Address: TEBcustresp@Transamerica.com
Web Address: www.transamericaemployeebenefits.com

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DEFINITIONS

The defined terms below, when used in this Policy, will have the following meanings.

Active Service – Performing in the usual manner all of the regular duties of the individual's occupation on a scheduled work day at the normal place of business or other location as directed by the employer.

An individual is considered to be in Active Service on a day which is not a scheduled work day only if the individual would meet the requirements above if it were a scheduled work day and was in Active Service on the last preceding regular work day.

Active Service does not apply if employment is not an eligibility requirement.

Amendment, Endorsement, or Rider – Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Child – A Child of the employee or member who is at least 15 days old and under the age of 26 and is:

1. A natural Child;
2. A legally adopted Child or a Child who has been placed for adoption with the employee or member;
3. A stepchild;
4. A Child for whom the employee or member has been appointed legal guardian;
5. A grandchild who lives with and is financially dependent on the employee or member for support.

If applicable, Child will also include children of the employee or member's Other Adult Dependent in the same manner as a stepchild.

Other Adult Dependent – The employee or member's common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us, who is at least 16 years old and under the age of 65.

Policyholder Application – The form completed and signed by the Policyholder to apply for this insurance coverage.

Policy Anniversary Date – The month and date of each year that is the same month and date as the Policy Effective Date. When any date is referred to, the effective time will be 12:01 a.m. at the Policyholder's address.

Spouse – The employee or member's legally married Spouse who is at least 16 years old and under the age of 65.

ELIGIBILITY

Employee or Member Eligibility – To be eligible for coverage under the Policy, an employee or member must:

1. Be at least 16 years old and under the age of 80;
2. Meet the eligibility requirements listed on the Policyholder Application;
3. Be in Active Service; and
4. Provide satisfactory evidence of insurability to us, if required.

Dependent Eligibility – To be eligible under the Policy a dependent must:

1. Meet the definition of a Spouse, Other Adult Dependent, or Child;
2. Be able to perform a majority of the normal activities of a person of like age in good health;
3. Not be eligible as an employee or member under the Policy; and
4. Provide satisfactory evidence of insurability to us, if required.

If an employee/member and his or her Spouse/Other Adult Dependent are both eligible as an employee/member, the Children may be insured as a Child of either employee/member, but not both.

PREMIUMS

Premium Calculation and Due Dates – The premium due will be the sum of the premiums applicable for all Insureds. The Policyholder must pay the premiums to us at our Administrative Office. The premiums are due and payable to us in advance by the Policyholder on each premium due date. The first premium due date is the Policy Effective Date.

Grace Period – A Grace Period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. This Policy will terminate at the end of the Grace Period if the premium has not been paid. The Policyholder must still pay all unpaid premiums. This includes the premium due for the Grace Period.

Premium Rate Guarantee – The premium rates are guaranteed until the date shown on the Policy's cover page and are subject to the Change in Premium Rates provision.

Change in Premium Rates – We have the right to change the premium rates on any premium due date after the end of the Premium Rate Guarantee. If the rates are changed, we will give the Policyholder at least a 60-day advance written notice.

POLICY CHANGES AND TERMINATION

Who May Change This Policy – The terms of this Policy may be changed at any time by written agreement between the Policyholder and us. The insurance provided by this Policy can be changed or canceled without the consent of or prior notice to any Insured. Any changes to the terms of this Policy can only be made by the addition of an endorsement or amendment signed by an officer of the Company. No agent has the right to change or waive any terms of this Policy. All changes are subject to the laws of the governing jurisdiction.

When Policy Changes Are Effective – Unless the Policyholder and the Company agree otherwise in writing, the Effective Date of any change in benefits will be the first day of the calendar month that coincides with or next follows the date we send notice to the Policyholder of the change in benefits and any corresponding change in premiums.

Termination – This Policy will end on the earliest of the following events:

1. If the Policyholder submits a 60-day advance written request to us to terminate this Policy, this Policy will terminate on the date specified in that request.
2. If we give a 60-day advance written notice to the Policyholder that we intend to terminate this Policy, this Policy will terminate on the date specified in that notice.
3. If any premium payable by the Policyholder is not paid within its Grace Period, this Policy will terminate on the day after the end of the Grace Period.
4. If the Policyholder fails to comply with any terms of this Policy or the Policyholder Application; fails to fulfill any obligations or duties under or pertaining to this insurance, or fails to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance; this Policy will terminate on the 32nd day after we have given the Policyholder written notice of our intent to terminate.

Termination of an Insured's coverage that was effective prior to the date the Policyholder's coverage terminated will be governed by the Certificate Termination Date provision of the Certificate. The Policyholder is required to notify us of any such termination.

Minimum Participation Requirement – The Policyholder must maintain the participation levels described in the Policyholder Application. If participation falls below the minimum participation limit, we have the right to cancel this Policy.

POLICYHOLDER PROVISIONS

Duties – The Policyholder's primary duties include the following:

1. As required, give us any and all information we determine to be necessary for the enrollment and determination of eligibility of the Policyholder's employees or members, including Dependents, if applicable.
2. Receive and forward to us, the Applications of the Policyholder's employees or members.
3. Maintain records pertaining to the insurance of the Policyholder's employees or members as we may reasonably require while this Policy is in force and for two years after this Policy terminates, and allow us the opportunity to examine these records at any reasonable time during normal business hours.
4. Pay premiums to us.
5. Cooperate with us in delivering Certificates, disclosures and notices regarding this coverage to Insureds under the Policy.

Certificates - A Certificate will be issued for delivery to each Insured. The Certificate will describe the benefits, terms, limitations and other essential features of the Policy. If more than one Certificate is issued to an Insured under this Policy, only the last one issued will be in effect.

Inspection of Policy – The Policyholder must make this Policy available for inspection by the Policyholder's employees or members at all reasonable times during normal business hours.

Notice of Right to Continue Coverage – The Policyholder is required to give each Insured a notice of the right to continue coverage after an Insured ceases to be eligible for coverage under this Policy. Details are set forth in the Portability Option of the Certificate.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, the Policyholder acts as an agent of the Insured. The Policyholder does not, therefore, act as our agent for any purposes related to insurance issued under this Policy.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error – Clerical error will not void insurance otherwise valid and in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Conformity With State Laws – A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

Entire Contract – The entire contract consists of: this Policy; Policyholder Application; the Certificate Provisions; and any attached Amendments, Endorsements, or Riders.

New Insureds – The group originally insured may be modified from time to time to add eligible new persons in accordance with the terms of this Policy.

Non-Participating – No Dividends Payable - This is non-participating insurance. Neither the Policyholder nor any employee or member participates in our profits or surplus.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy or any Certificate or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to the Policyholder or its representative.

Time Effective – For any dates in this Policy, the effective time will be 12:01 a.m. at the Policyholder's main place of business.

CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY

The remainder of this Policy consists of the provisions that appear in the Certificate, including any Amendments, Endorsements, or Riders that describe the insurance made available to the employees or members under this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

Subject to the provisions of this Certificate, we will pay the Death Benefit in a lump sum to the Beneficiary if the Insured dies before the Maturity Date. If the Insured is living on the Maturity Date, and this Certificate is in force, we will pay the Cash Surrender Value, if any, to the Owner.

This Certificate is signed for the Company at our Home Office to take effect on the Certificate Date.



General Counsel and Secretary



President

YOU HAVE PURCHASED LIFE INSURANCE AS DESCRIBED IN THIS CERTIFICATE. PLEASE REVIEW IT CAREFULLY FOR LIMITATIONS.

THIS CERTIFICATE MAY BE RETURNED WITHIN 30 DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL REFUND, EITHER BY RETURNING IT TO THE AGENT OR TO US. WE WILL REFUND TO YOU ANY PREMIUMS PAID, LESS ANY PARTIAL SURRENDERS.

AFTER 30 DAYS, CANCELLATION MAY RESULT IN A SUBSTANTIAL PENALTY KNOWN AS A SURRENDER CHARGE. **YOU WILL INCUR SURRENDER CHARGES IF COVERAGE IS TERMINATED WITHIN THE SURRENDER CHARGE PERIOD.** THE TABLE OF SURRENDER CHARGE FACTORS CAN BE FOUND IN THE TABLES SECTION OF THE CONTRACT DATA PAGES STARTING ON PAGE 6.

THE CERTIFICATE DATE CAN BE FOUND ON THE CONTRACT DATA PAGES.

Group Certificate for Flexible Premium Adjustable Life Insurance (Universal Life Insurance)

**Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During the Life of the Insured to the Maturity Date
Death Benefit Payable at Death of Insured Prior to the Maturity Date
Cash Surrender Value, if any, Payable at the Maturity Date
Nonparticipating - No Annual Dividends**

Administrative Office:
PO Box 219
Cedar Rapids, IA 52406-0219
Customer Service: 1-888-763-7474
E-Mail Address: TEBCustresp@transamerica.com
Web Address: www.transamericaemployeebenefits.com

CERTIFICATE SUMMARY

This Certificate summarizes the insurance coverage provided under the Group Master Policy ("Policy") issued to the Policyholder named on the Contract Data Pages. We have issued this Certificate based on information that enabled us to determine that the Insured met all of the eligibility requirements set forth in the Policy. A copy of the Policy is on file with the Policyholder and may be examined at any reasonable time during normal business hours.

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CONTRACT DATA PAGES

POLICYHOLDER Dekalb County

GOVERNING JURISDICTION GEORGIA

INSURED	XXXXXXXXXX	CERTIFICATE NUMBER	XXXXXXXXXX
FACE AMOUNT	\$XX,XXX	PLANNED PREMIUM	\$XX.XX MONTHLY
INSURED AGE	XX	CERTIFICATE DATE	XX/XX/XXXX
CLASS OF RISK	[TOBACCO]	OWNER	XXXXXXXXXX
MINIMUM MONTHLY PREMIUM	\$XX.XX	MINIMUM MONTHLY PREMIUM DATE	XX/XX/XXXX
DEATH BENEFIT OPTION	[OPTION A]	MATURITY DATE	XX/XX/XXXX
LOAN INTEREST RATE	8.0% (7.40% IN ADVANCE)		

PLEASE NOTE THAT COVERAGE MAY EXPIRE BEFORE THE MATURITY DATE IF THE CASH SURRENDER VALUE IS LESS THAN THE MONTHLY DEDUCTION DUE.

GUARANTEED MINIMUM INTEREST RATE:	3% PER ANNUM
GUARANTEED EXPENSE CHARGE:	5% OF ANY PREMIUM PAYMENT RECEIVED
GUARANTEED CERTIFICATE FEE:	\$2.00 PER MONTH
GUARANTEED MONTHLY ADMINISTRATIVE FEE:	\$X.XX PER \$1,000 OF FACE AMOUNT (YEARS XX) AND \$X.XX (YEARS XX)
MAXIMUM UNSCHEDULED PREMIUM:	\$500 IN EXCESS OVER THE ANNUALIZED PLANNED PREMIUM IN ANY CALENDAR YEAR
INTEREST RATE ON ACCUMULATION VALUE SECURING LOANS:	5.5%
MINIMUM LOAN AMOUNT:	\$250

PLEASE REFER TO THE COST OF INSURANCE (COI) PROVISION FOR A DESCRIPTION OF HOW THE COST OF INSURANCE IS CALCULATED. A TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES.

CONTRACT DATA PAGES (Continued)

ADDITIONAL RIDERS

THE INITIAL MONTHLY CHARGE DEDUCTED FROM THE ACCUMULATION VALUE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. THE COMPLETE RIDER PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	SCHEDULE OF ADDITIONAL RIDERS AND BENEFITS	MONTHLY CHARGE
CRLCH100	CHILD LEVEL TERM INSURANCE RIDER RIDER DEATH BENEFIT (EACH CHILD): \$XX,XXX	\$XX.XX
CRLWL100	WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF/STRIKE RIDER	\$XX.XX
CRLTI100	ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER MAXIMUM BENEFIT: LESSER OF (A) \$100,000 OR (B) 75% OF THE APPLICABLE DEATH BENEFIT ADMINISTRATIVE EXPENSE CHARGE: \$100	\$XX.XX
CRLLT100 or CRLLT300	ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER PERCENTAGE OF DEATH BENEFIT AMOUNT FOR MONTHLY BENEFIT: 4% PERCENTAGE OF DEATH BENEFIT AMOUNT FOR ONE-TIME LUMP SUM BENEFIT: 20% ELIMINATION PERIOD: 90 DAYS [WAITING PERIOD: 30 DAYS] *WP for CRLLT100 only GUARANTEED MONTHLY CHARGE PER \$1,000: \$X.XXXXX	\$XX.XX
CRLEX100	EXTENSION OF BENEFIT RIDER MONTHLY INCREASE AMOUNT: 4% INCREASE IN ONE-TIME LUMP SUM BENEFIT: 5% PAID-UP BENEFIT AMOUNT: 25% GUARANTEED MONTHLY CHARGE PER \$1,000 IS INCLUDED ABOVE.	\$XX.XX

CURRENT COST OF INSURANCE RATES, CERTIFICATE FEES, ADMINISTRATIVE FEES, EXPENSE CHARGES, RIDER CHARGES AND INTEREST RATES ARE NOT GUARANTEED, NOR ARE THEY ESTIMATES OR PROMISES FOR THE FUTURE.

PLEASE REFER TO THE NONFORFEITURE OPTION SECTION FOR A DESCRIPTION OF HOW THE SURRENDER CHARGE IS CALCULATED. SURRENDER CHARGES ARE COMPUTED SEPARATELY FOR THE ORIGINAL FACE AMOUNT AND EACH INCREASE IN FACE AMOUNT AND THEN COMBINED. PLEASE REFER TO THE PARTIAL SURRENDER PROVISION FOR A DESCRIPTION OF HOW THE PARTIAL SURRENDER CHARGE IS CALCULATED. THE TABLE OF SURRENDER CHARGE FACTORS STARTS ON PAGE 6, WHICH IS LOCATED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES. PLEASE USE THE CLASS OF RISK, ISSUE AGE OF THE INSURED ON THE EFFECTIVE DATE OF COVERAGE, AND THE CERTIFICATE YEAR (CY) FACTOR FROM THE EFFECTIVE DATE OF COVERAGE FROM THE TABLE OF SURRENDER CHARGE FACTORS TO DETERMINE THE APPLICABLE SURRENDER CHARGE OR PARTIAL SURRENDER CHARGE IN ANY GIVEN YEAR.

PREMIUMS ARE SUBJECT TO REFUND UNDER CONDITIONS DESCRIBED IN THE CERTIFICATE.

THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE SECURING ANY LOAN(S) MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE ACCUMULATION VALUE NOT SECURING THE LOAN(S).

THE FOLLOWING TABLES ARE INCLUDED IN THE TABLES SECTION OF THE CONTRACT DATA PAGES:

TABLE OF SURRENDER CHARGE BASE FACTORS
TABLE OF SURRENDER CHARGE CONTRACT YEAR PERCENTAGES
TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
TABLE OF DEATH BENEFIT FACTORS

CONTRACT DATA PAGES (Continued)

TABLE OF SURRENDER CHARGE BASE FACTORS SURRENDER CHARGE (SC) BASE PER \$1,000 FACE AMOUNT NONTOBACCO AND TOBACCO

NONTOBACCO				TOBACCO			
ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE	ISSUE AGE	SC BASE
0	5.02	41	21.95	0	N/A	41	25.97
1	5.06	42	22.58	1	N/A	42	26.80
2	5.10	43	23.25	2	N/A	43	27.68
3	5.14	44	23.95	3	N/A	44	28.59
4	5.19	45	24.68	4	N/A	45	29.54
5	5.25	46	25.45	5	N/A	46	30.54
6	5.31	47	26.26	6	N/A	47	31.58
7	5.36	48	27.12	7	N/A	48	32.69
8	5.42	49	28.04	8	N/A	49	33.87
9	5.49	50	29.01	9	N/A	50	35.13
10	5.55	51	30.04	10	N/A	51	36.47
11	5.62	52	31.14	11	N/A	52	37.91
12	5.70	53	32.31	12	N/A	53	39.42
13	5.77	54	33.54	13	N/A	54	41.02
14	5.85	55	34.84	14	N/A	55	42.68
15	5.94	56	36.21	15	N/A	56	42.75
16	6.02	57	37.66	16	8.84	57	42.73
17	6.10	58	39.19	17	9.29	58	42.72
18	6.18	59	40.84	18	9.76	59	72.73
19	6.27	60	42.60	19	10.23	60	42.76
20	6.36	61	42.64	20	10.73	61	42.79
21	6.46	62	42.63	21	11.24	62	42.81
22	6.56	63	42.60	22	11.78	63	42.82
23	6.67	64	42.56	23	12.35	64	42.79
24	6.78	65	42.50	24	12.92	65	42.73
25	10.43	66	42.41	25	13.53	66	42.64
26	11.11	67	42.31	26	14.19	67	42.53
27	11.82	68	42.21	27	14.88	68	42.41
28	12.56	69	42.11	28	15.61	69	42.31
29	13.34	70	42.01	29	16.37	70	42.21
30	14.14	71	41.90	30	17.16	71	42.10
31	14.98	72	41.77	31	18.00	72	41.97
32	15.87	73	41.62	32	18.88	73	41.83
33	16.80	74	41.46	33	19.81	74	41.68
34	17.77	75	41.31	34	20.80	75	41.54
35	18.80	76	41.17	35	21.84	76	41.43
36	19.26	77	41.05	36	22.44	77	41.35
37	19.74	78	40.95	37	23.07	78	41.30
38	20.25	79	40.87	38	23.73	79	41.26
39	20.79	80	40.64	39	24.44	80	41.12
40	21.35			40	25.18		

N/A = NOT APPLICABLE.

CONTRACT DATA PAGES (Continued)

TABLE OF SURRENDER CHARGE FACTORS CONTRACT YEAR PERCENTAGES NONTOBACCO AND TOBACCO

CONTRACT YEAR	PERCENTAGE					
	ISSUE AGES 0 TO 50	ISSUE AGE 51	ISSUE AGE 52	ISSUE AGE 53	ISSUE AGE 54	ISSUE AGE 55+
1	100%	100%	100%	100%	100%	100%
2	100%	100%	100%	100%	100%	100%
3	100%	100%	100%	100%	100%	100%
4	100%	100%	100%	100%	100%	100%
5	100%	100%	100%	100%	100%	100%
6	90%	90%	90%	90%	90%	90%
7	85%	85%	85%	85%	85%	75%
8	80%	80%	80%	80%	70%	55%
9	75%	75%	75%	65%	50%	25%
10	70%	70%	70%	50%	25%	0%
11	40%	40%	40%	25%	0%	0%
12	30%	30%	20%	0%	0%	0%
13	20%	20%	0%	0%	0%	0%
14	10%	0%	0%	0%	0%	0%
15 +	0%	0%	0%	0%	0%	0%

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE (COI) RATES
PER \$1,000*
NONTOBACCO

INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE
0	0.05500	40	0.12167	80	5.45333
1	0.03583	41	0.13167	81	6.06500
2	0.02583	42	0.14417	82	6.70917
3	0.02000	43	0.15833	83	7.40500
4	0.01750	44	0.17500	84	8.17333
5	0.01667	45	0.19250	85	9.00750
6	0.01750	46	0.21083	86	9.92833
7	0.01833	47	0.22667	87	10.94333
8	0.01833	48	0.24083	88	12.00917
9	0.01917	49	0.25833	89	13.09917
10	0.01917	50	0.28000	90	14.08750
11	0.02250	51	0.30667	91	15.01750
12	0.02750	52	0.33833	92	16.09167
13	0.03167	53	0.37500	93	17.32750
14	0.04083	54	0.42000	94	18.74167
15	0.05000	55	0.47000	95	20.22750
16	0.05833	56	0.52250	96	21.70667
17	0.06500	57	0.57417	97	22.94333
18	0.06833	58	0.62583	98	23.92167
19	0.07000	59	0.68500	99	25.23750
20	0.07083	60	0.75583		
21	0.07083	61	0.84083		
22	0.07167	62	0.93917		
23	0.07250	63	1.04500		
24	0.07333	64	1.15667		
25	0.07500	65	1.27250		
26	0.07833	66	1.39167		
27	0.08083	67	1.51750		
28	0.08000	68	1.65083		
29	0.07917	69	1.79917		
30	0.07833	70	1.97167		
31	0.07833	71	2.18000		
32	0.08000	72	2.42083		
33	0.08250	73	2.67583		
34	0.08583	74	2.94917		
35	0.09000	75	3.24667		
36	0.09500	76	3.58083		
37	0.10083	77	3.96583		
38	0.10667	78	4.40750		
39	0.11333	79	4.89917		

* TO DETERMINE THE AMOUNT OF THE MONTHLY COST OF INSURANCE DURING EACH CERTIFICATE YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

CONTRACT DATA PAGES (Continued)

TABLE OF GUARANTEED MONTHLY COST OF INSURANCE (COI) RATES
PER \$1,000*
TOBACCO

INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE	INSURED'S AGE	MONTHLY COI RATE
0		40	0.23000	80	7.38750
1		41	0.25083	81	8.09500
2		42	0.27583	82	8.82000
3		43	0.30583	83	9.58417
4		44	0.33917	84	10.43083
5		45	0.37333	85	11.35000
6		46	0.40833	86	12.34833
7		47	0.44000	87	13.43417
8		48	0.46667	88	14.54500
9		49	0.50083	89	15.64083
10		50	0.54167	90	16.56917
11		51	0.59333	91	17.38500
12		52	0.65500	92	18.32667
13		53	0.72667	93	19.39167
14		54	0.81083	94	20.68000
15		55	0.90000	95	22.11500
16	0.06500	56	0.99417	96	23.50500
17	0.07667	57	1.08167	97	24.60333
18	0.08500	58	1.16667	98	25.38333
19	0.09083	59	1.26500	99	26.51000
20	0.09667	60	1.38167		
21	0.10167	61	1.52250		
22	0.10583	62	1.68250		
23	0.11167	63	1.85250		
24	0.11833	64	2.02417		
25	0.12417	65	2.19333		
26	0.13083	66	2.36083		
27	0.13583	67	2.53333		
28	0.13667	68	2.71083		
29	0.13750	69	2.90583		
30	0.13833	70	3.12917		
31	0.14000	71	3.40000		
32	0.14333	72	3.70917		
33	0.14917	73	4.02500		
34	0.15583	74	4.36583		
35	0.16333	75	4.74000		
36	0.17333	76	5.15250		
37	0.18500	77	5.62333		
38	0.19833	78	6.15583		
39	0.21250	79	6.73833		

* TO DETERMINE THE AMOUNT OF THE MONTHLY COST OF INSURANCE DURING EACH CERTIFICATE YEAR, SEE THE COST OF INSURANCE (COI) PROVISION.

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS
NONTOBACCO

INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR
0	16.85	34	5.19	68	1.77
1	16.37	35	5.01	69	1.73
2	15.84	36	4.84	70	1.68
3	15.30	37	4.67	71	1.64
4	14.76	38	4.51	72	1.61
5	14.23	39	4.36	73	1.57
6	13.72	40	4.21	74	1.54
7	13.22	41	4.06	75	1.50
8	12.75	42	3.93	76	1.47
9	12.29	43	3.79	77	1.44
10	11.84	44	3.67	78	1.41
11	11.42	45	3.54	79	1.39
12	11.01	46	3.43	80	1.36
13	10.62	47	3.31	81	1.34
14	10.24	48	3.21	82	1.32
15	9.89	49	3.10	83	1.30
16	9.56	50	3.00	84	1.28
17	9.25	51	2.90	85	1.26
18	8.95	52	2.81	86	1.24
19	8.66	53	2.72	87	1.23
20	8.38	54	2.64	88	1.21
21	8.10	55	2.55	89	1.20
22	7.84	56	2.48	90	1.19
23	7.58	57	2.40	91	1.17
24	7.33	58	2.33	92	1.16
25	7.08	59	2.26	93	1.15
26	6.84	60	2.20	94	1.14
27	6.62	61	2.13	95	1.12
28	6.40	62	2.07	96	1.11
29	6.18	63	2.02	97	1.09
30	5.97	64	1.96	98	1.07
31	5.77	65	1.91	99	1.04
32	5.57	66	1.86	100	1.00
33	5.38	67	1.81		

CONTRACT DATA PAGES (Continued)

TABLE OF DEATH BENEFIT FACTORS
TOBACCO

INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR	INSURED'S AGE	FACTOR
0	13.71	34	4.24	68	1.62
1	13.29	35	4.10	69	1.59
2	12.84	36	3.97	70	1.55
3	12.39	37	3.84	71	1.52
4	11.95	38	3.71	72	1.49
5	11.51	39	3.59	73	1.47
6	11.09	40	3.47	74	1.44
7	10.69	41	3.36	75	1.41
8	10.30	42	3.26	76	1.39
9	9.92	43	3.15	77	1.37
10	9.56	44	3.05	78	1.35
11	9.21	45	2.96	79	1.32
12	8.87	46	2.87	80	1.31
13	8.55	47	2.78	81	1.29
14	8.25	48	2.70	82	1.27
15	7.96	49	2.62	83	1.25
16	7.68	50	2.54	84	1.24
17	7.42	51	2.47	85	1.22
18	7.18	52	2.40	86	1.21
19	6.94	53	2.33	87	1.20
20	6.72	54	2.26	88	1.19
21	6.50	55	2.20	89	1.18
22	6.29	56	2.14	90	1.17
23	6.09	57	2.09	91	1.16
24	5.89	58	2.04	92	1.15
25	5.70	59	1.98	93	1.14
26	5.52	60	1.93	94	1.13
27	5.35	61	1.89	95	1.12
28	5.17	62	1.84	96	1.11
29	5.01	63	1.80	97	1.09
30	4.85	64	1.76	98	1.07
31	4.69	65	1.72	99	1.04
32	4.54	66	1.69	100	1.00
33	4.39	67	1.65		

DEFINITIONS

Terms important to understanding this Certificate are defined below and are capitalized in this Certificate.

Accumulation Value - The amount described in the Accumulation Value provision under the Contract Values section.

Age or Issue Age - The Insured's Age as it appears on the Contract Data Pages is the Issue Age as of the Certificate Date. The Insured's Age will increase by one year on each Certificate Anniversary.

Amendment, Endorsement, or Rider - Any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provisions or benefits.

Anniversary - The month and date of each calendar year that is the same month and date as your Certificate Date. When any date is referred to, the effective time will be at 12:01 a.m. at the Policyholder's main place of business.

Application or Enrollment Form - The form completed and signed to apply for this life insurance coverage.

Beneficiary - The person to receive the proceeds of this Certificate in the event of the Insured's death.

Cash Surrender Value - The Cash Value, less any Loans.

Cash Value - The Accumulation Value, less any Surrender Charge.

Death Benefit - The amount payable upon the Insured's death, subject to any adjustments as described in the Adjustments to the Death Benefit provision in the Death Benefit section in this Certificate.

Face Amount - The amount upon which Death Benefits are determined. The initial Face Amount is shown on the Contract Data Pages.

Insured - The person covered for this insurance and named on the Contract Data Pages.

Lapse - The termination of this Certificate for the nonpayment of premium or insufficient premium amount, subject to the terms of the Grace Period provision.

Loan - The indebtedness to us for Loans secured by the Cash Value of this Certificate.

Loan Value - The maximum amount which may be borrowed under the Loans section of this Certificate.

Maturity Date - The date we pay the Cash Surrender Value, if any, to you if the Insured is living on that date and if this Certificate is in force.

Monthly Date - The date of each month that is the same date as the Certificate Date shown on the Contract Data Pages.

Owner, you, your, or yours - The person or entity named on the Contract Data Pages who has certain rights under this Certificate, as listed in the Ownership section. The Owner will be the employee or member unless a different Owner is listed on the Application or a written request is received by us to transfer ownership.

Policy - The complete contract of insurance, which includes the Policy as issued to the Policyholder, the Policyholder Application, the Certificate, and any Amendments, Endorsements, and Riders.

Policyholder - The entity named on the Contract Data Pages to whom the Policy is issued.

Reinstate, Reinstated, and Reinstatement - To restore coverage after this Certificate has Lapsed, subject to the Conditions for Reinstatement provision.

Surrender Charge - A charge for any partial or full surrender of this Certificate made during a Surrender Charge Period.

Surrender Charge Period - The period from the Certificate Date that the Owner will incur Surrender Charges if a partial or full surrender of this Certificate is made during this period. Any approved Face Amount increase will have its own Surrender Charge Period beginning on the effective date of the increase.

Transamerica Life Insurance Company, the Company, we, us, or our - The insurer that underwrites this coverage.

OWNERSHIP

You have certain rights while the Insured is living and this Certificate is in force, including but not limited to:

1. Changing the Beneficiary;
2. Changing the Face Amount;
3. Requesting a Loan;
4. Assigning any right or benefit under this Certificate;
5. Reinstating coverage that has Lapsed, subject to the Reinstatement provision;
6. Surrendering all or a portion of this Certificate;
7. Exercising an option under any Rider attached to this Certificate;
8. Continuing coverage under the Portability Option provision; and
9. Transferring ownership.

If you, as the Owner, are not the Insured, and you die before the Insured, the executor or administrator of your estate will have these rights.

BENEFICIARY PROVISIONS

Who Receives the Death Benefit - If the Insured dies while this Certificate is in force, we will pay the Death Benefit to the Beneficiary, subject to the provisions of this Certificate. The Beneficiary will be as designated on the Application for this insurance coverage, unless changed as provided under the How to Change the Beneficiary provision.

If a Beneficiary is Not Named in the Application or the Stated Beneficiary Dies - The interest of any Beneficiary who dies before the Insured will end at the death of the Beneficiary. Except to the degree that benefits have already been paid, the interest of any Beneficiary who dies at the time of, or within 30 days after, the Insured's death will end at their death. If the interest of all named Beneficiaries has ended, or if a Beneficiary was not named in the original Application, benefits will be payable to the Insured's survivors in the following order of preference:

1. Spouse or Other Adult Dependent;
2. Child(ren) (in equal amounts);
3. Parents (in equal amounts);
4. Siblings (in equal amounts);
5. The Owner; or
6. The executor or administrator of the Owner's estate.

The existence of multiple Beneficiaries will not increase the benefit payable.

Protection of the Death Benefit - To the extent permitted by law, the Death Benefit will not be subject to the claims of the Beneficiary's creditors or to any legal process against the Beneficiary.

Facility of Payment - We may pay all or part of the Death Benefit to any person who paid any expense in connection with the Insured's last illness or death. That person must give us a copy of the receipt describing the expense and the amount paid for such expense. Reimbursement will not exceed \$500. The Death Benefit will be reduced by any payment made under this provision.

How to Change the Beneficiary - You may change the Beneficiary at any time while the Insured is living. The change must be in writing on a form approved by us. The change will not be effective until the date it is recorded. If the Insured is not living on the date the change is recorded, the change will be effective on the date you signed it. However, any benefits paid before the change is recorded will not be subject to it.

DEATH BENEFIT

Death Benefit Options - You have a choice of two different Death Benefit options -- Option A and Option B. If you did not choose a Death Benefit option on the Application or Enrollment Form, Death Benefit Option A automatically applies. The Death Benefit option will be shown on the Contract Data Pages. Once the Death Benefit Option has been chosen, it cannot be changed.

Death Benefit Option A - The Death Benefit will be the greater of:

1. The Face Amount on the date the Insured dies; or
2. The Death Benefit factor multiplied by the Accumulation Value on the date of the Insured's death.

Death Benefit Option B - The Death Benefit will be the greater of:

1. The Face Amount plus the Accumulation Value on the date the Insured dies; or
2. The Death Benefit factor multiplied by the Accumulation Value on the date of the Insured's death.

The Accumulation Value is fully explained in the Contract Values section of this Certificate. You will find the Death Benefit factors in the Tables section in the Contract Data Pages. The Death Benefit factors vary by the Insured's Age and Class of Risk.

Adjustments to the Death Benefit - We will reduce the Death Benefit by: (1) the amount of any outstanding Loans on the date the Insured dies; and (2) the monthly deductions due during the Grace Period. The Death Benefit may also be affected by partial surrenders, the election of a nonforfeiture option, or error in Age or tobacco use status.

Increase in the Face Amount - After this coverage has been in force for a year, you may, upon written request, increase the Face Amount. Any increase will be subject to our underwriting requirements as well as the Suicide Exclusion and Incontestability provisions in the General Provisions of this Certificate. Only one change to the Face Amount will be allowed per year.

If we approve the request, the effective date of the increase will be the Monthly Date that coincides with or next follows the date of our approval. The increase will have its own Surrender Charge Period, beginning on the effective date of the increase.

Decrease in the Face Amount - After this coverage has been in force for a year, you may, upon written request, decrease the Face Amount. The decrease will be applied to any increases in the reverse order in which they occurred. However, no decrease in Face Amount will be allowed if the resulting Death Benefit would be less than the minimum Death Benefit allowed by the Company. Only one change to the Face Amount will be allowed per year.

The effective date of the decrease will be the Monthly Date that coincides with or next follows the date of the request. We will not charge a Surrender Charge on the decrease. Instead, any subsequent Surrender Charge will be based on the original Face Amount of this Certificate and the original Face Amount of any increase in Face Amount.

Tax Qualification - This Certificate is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance certificate for federal tax purposes. The Death Benefit under this Certificate is intended to qualify for the federal income tax exclusion. The provisions of this Certificate (and any attached Amendments, Endorsements, or Riders) will be interpreted to ensure tax qualification, regardless of any language to the contrary. The Death Benefit under this Certificate will never be less than the amount necessary to ensure tax qualification. If the Death Benefit is increased, we will make appropriate adjustments in the monthly deductions or supplemental benefits as of that time, retroactively or otherwise, that are consistent with the increase. Such adjustments may be made by right of offset against the Death Benefit.

CERTIFICATE EFFECTIVE DATE

The insurance under this Certificate will start on the Certificate Date if:

1. Your Application has been approved by us on or before such date;
2. All Insureds under this Certificate are living; and
3. The initial premium payment has been received by us.

CERTIFICATE TERMINATION DATE

The insurance under this Certificate will stop on the earliest of:

1. The Monthly Date that coincides with or next follows the date we receive your written request to terminate coverage;
2. The Maturity Date;
3. The date the Insured dies;
4. The date this Certificate Lapses, subject to the Grace Period provision; or
5. The date the Policy terminates, subject to the Portability Option provision.

Our acceptance of premium or deductions for any period after the date of termination of this certificate will not create a liability for us nor will it constitute a waiver of the termination. Any such premium or deduction will be returned.

PREMIUMS

Initial Premium - The initial premium is the amount due on or before the Certificate Date shown on the Contract Data Pages and is payable in advance. All premiums are payable to our Administrative Office or to an agent authorized by us to collect premiums.

Planned Premium Payments - The amount and frequency of the premium is shown on the Contract Data Pages. However, premium payments are flexible and the Owner may change the amount and frequency of payments. Interruption of planned premium payments or reduction of such payments may cause your coverage to enter the Grace Period.

Minimum Monthly Premium - The minimum monthly premium requirements are described in the Grace Period provision in the General Provisions section.

Premium Limitation - We reserve the right to limit the amount of unscheduled premiums paid if we determine that:

1. Payment of a greater amount may cause the Death Benefit to lose its tax status as life insurance under the Internal Revenue Code;
2. Payment of a greater amount would increase the difference between the Death Benefit and the Accumulation Value unless we are provided evidence of insurability satisfactory to us; or
3. Payment of a greater amount would exceed the Maximum Unscheduled Premium shown in the Contract Data Pages.

An unscheduled premium is any premium paid in excess of the planned premium shown on the Contract Data Pages or an increase in such planned premium.

REINSTATEMENT

Conditions for Reinstatement - If this Certificate Lapses, it may be Reinstated during the lifetime of the Insured, provided it was not surrendered. To Reinstatement this Certificate, we will require:

1. Your written request for Reinstatement within five years after the date of Lapse and before the Maturity Date;
2. The Insured's written consent for Reinstatement;
3. Evidence of insurability satisfactory to us;
4. Repayment of any Loans that existed when this Certificate lapsed, with interest compounded annually from the date of lapse at the Loan Interest Rate shown in the Contract Data Pages; and
5. Payment of the Reinstatement Premium.

Reinstatement Premium - The Reinstatement Premium will be calculated as follows:

1. Two monthly deductions at the time of Lapse; plus
2. Three monthly deductions due at the time of Reinstatement; plus
3. Interest, compounded annually on this Reinstatement Premium at the Loan Interest Rate shown in the Contract Data Pages; interest due will be calculated from the date this Certificate ended.

The Accumulation Value of the Reinstated Certificate will be:

1. Any Surrender Charge taken at the time of Lapse; plus
2. Any Reinstatement Premium received less the expense charge; less
3. Any monthly deductions due.

Any Loans that existed when the Certificate Lapsed will not be Reinstated.

The date of Reinstatement will be the Monthly Date on or following the date the Application for Reinstatement is approved by us, so long as the Insured is still living. With respect to any Reinstated Certificate, the incontestability period will be based only on statements made in any Reinstatement Application.

If the Certificate is Reinstated within a Surrender Charge Period, the Surrender Charges in effect for the Reinstated Certificate and any increases in Face Amount will be based on the duration from the Effective Date of coverage to the date of Lapse.

CONTRACT VALUES

Accumulation Value - The Accumulation Value on the Certificate Date is equal to the initial net premium received minus the monthly deduction. Thereafter, the Accumulation Value will be determined on each Monthly Date after the Certificate Date as follows:

The Accumulation Value as of the prior Monthly Date; plus

1. The interest earned for the prior month; plus
2. All net premiums received since the prior Monthly Date; less
3. All partial surrender amounts taken since the prior Monthly Date; less
4. The monthly deduction for the current month.

On any day between Monthly Dates, the Accumulation Value will be determined as follows:

1. The Accumulation Value as of the prior Monthly Date; plus
2. All net premiums received since the prior Monthly Date; less
3. All partial surrender amounts taken since the prior Monthly Date.

Net Premium - The net premium is any premium received less the expense charge. The guaranteed expense charge is disclosed on the Contract Data Pages. We may use an expense charge lower than the guaranteed expense charge, but will never charge in excess of the guaranteed expense charge.

Monthly Deduction - On the Certificate Date and each Monthly Date thereafter, a monthly deduction will be withdrawn from the Accumulation Value. The monthly deduction is equal to:

1. The cost of insurance; plus
2. The Certificate fee; plus
3. The administrative fee; plus
4. Any charges for additional benefits provided by Riders.

Cost of Insurance (COI) - The COI is equal to the COI rate divided by 1,000, then multiplied by the difference between:

1. The Death Benefit at the beginning of the Certificate month divided by 1.00246627; and
2. The Accumulation Value at the beginning of the Certificate month.

The COI rates are based on the Insured's Age and Class of Risk on the Certificate Date. A Table of Guaranteed Monthly Cost of Insurance Rates is shown on the Contract Data Pages. We may use lower COI rates, but will never exceed the guaranteed COI rates. Guaranteed COI rates are based on the Commissioners 2001 Standard Ordinary Mortality Tables.

If you request an increase in the Face Amount, the COI rates for each Face Amount increase will be based on the Insured's Age and Class of Risk on the effective date of the increase.

Certificate Fee - The guaranteed Certificate fee is shown on the Contract Data Pages. We may use a Certificate fee lower than the guaranteed Certificate fee, but will never charge in excess of the guaranteed Certificate fee.

Administrative Fee - The administrative fee is calculated by multiplying the administrative fee per \$1,000 by the Face Amount divided by 1,000. The guaranteed administrative fee per \$1,000 is shown on the Contract Data Pages. We may use an administrative fee per \$1,000 lower than the guaranteed administrative fee per \$1,000 but will never charge in excess of the guaranteed administrative fee per \$1,000.

Interest Rate - The guaranteed minimum interest rate for all Certificate years is shown in the Contract Data Pages. We may use current interest rates greater than the guaranteed interest rate to calculate the Accumulation Value. These interest rates will be declared by us. We may apply different interest rates to separate portions of the Accumulation Value, including the amount of the Accumulation Value equal to any outstanding Loan. However, no rate will be less than the guaranteed interest rate.

Cash Surrender Value - The Cash Surrender Value may be borrowed, applied under continuation of insurance, if applicable, or taken in cash as a partial or full surrender of this Certificate. The Cash Value will always equal or exceed the amount required by the law in effect at issue in the state in which the Policy is delivered.

LOANS

Interest Rate on Accumulation Value Securing Loans - The interest rate for any portion of the Accumulation Value equal to the amount of any Loan will be at the effective annual interest rate shown in the Contract Data Pages.

Loans - Upon written request, you may borrow up to the available Loan Value of your Certificate. The minimum amount you may borrow is shown in the Contract Data Pages. Loans will be secured by the most recent addition to the Accumulation Value. Our security interest in the Accumulation Value has priority over the claims of any assignee or other person. Your Certificate is the sole security for all Loans.

Loan Value - The Loan Value of your Certificate is as follows:

1. The Cash Value; less
2. Any existing Loan; less
3. Loan interest payable in advance to the next Certificate Anniversary; less
4. Three monthly deductions.

If your total indebtedness equals or exceeds the Cash Value, your Certificate will not Lapse except in accordance with the Grace Period.

Loan Interest - The Loan interest rate is shown in the Contract Data Pages. On each Anniversary, Loan interest for the next year is due in advance. Interest not paid when due will be added to the Loan.

Loan Repayment - You may repay any part of a Loan at any time while this Certificate is in force. Each payment must be at least \$25, unless the Loan amount is less than \$25, in which case full payment is required. All funds received will be credited to this Certificate as a premium payment, unless clearly marked as a Loan repayment. On the date received, Loan repayments will be applied to the portion of the Accumulation Value that is securing a Loan.

PARTIAL SURRENDER

Partial Surrender - You may surrender a portion of this Certificate for its value by sending us a written request. We will deduct a partial Surrender Charge and the amount requested from the Certificate's Accumulation Value. If Death Benefit Option A applies, we will also deduct the partial Surrender Charge and the amount requested from the Certificate's Face Amount. The resulting Face Amount may not be less than the minimum allowed by the Company. No more than one partial surrender will be allowed in any Certificate year.

Reductions to the Face Amount due to any partial surrender will be in the following order:

1. To the most recent increase in the Face Amount;
2. To the next most recent increase in the Face Amount; or
3. To the initial Face Amount or the current Face Amount, if less.

The partial Surrender Charge is the greater of:

1. \$25, or
2. The proportionate Surrender Charge.

The proportionate Surrender Charge will be calculated as follows:

1. The full Surrender Charge at the time of the request (see Table of Surrender Charges for your Class of Risk); times
2. The partial surrender amount; divided by
3. The Cash Value.

In any Certificate year, the minimum partial surrender is \$500 and the maximum amount that you may request is:

1. The Cash Surrender Value; less
2. The sum of three monthly deductions.

Any request for an amount that would exceed the maximum described above will be treated as a request for full surrender of this Certificate.

NONFORFEITURE OPTION

Full Surrender - You may surrender this Certificate for its Cash Surrender Value by sending us a written request. Coverage under this Certificate will terminate upon full surrender.

Surrender Charge - The Surrender Charge is calculated as follows:

1. The Surrender Charge Base for the Insured's Issue Age and Class of Risk; multiplied by
2. The applicable Contract Year percentage; multiplied by
3. The Face Amount; divided by
4. 1,000.

The Surrender Charge Base and the Contract Year percentages appear in the Table of Surrender Charge Factors found on the Contract Data Pages.

If an increase in the Face Amount is requested and approved, additional Surrender Charges will apply. The Surrender Charge for any Face Amount increase is calculated as follows:

1. The amount of increase; divided by
2. 1,000; multiplied by
3. The product of the Surrender Charge Base and the Contract Year percentage based on:
 - a. The Insured's Age and Class of Risk on the date of the increase; and
 - b. The number of years the increase was effective.

PAYMENT OF CASH VALUE AND LOANS

After we receive the written request for a surrender or Loan, we may defer the payment of partial or full surrender values and the making of a Loan for a period of not more than six months. We will not delay any Loan made to pay a premium due us.

CERTIFICATE STATEMENTS AND ILLUSTRATIONS

We will send you an annual statement showing the Face Amount, values, Loans, partial surrenders, premiums paid, and any other charges as of the statement date. We will send you an illustration of this Certificate's benefits and values upon receipt of your written request. We will provide one illustration annually without charge.

PORTABILITY OPTION

If the Insured loses eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue this Certificate (including any riders) by paying the premiums directly to us at our Administrative Office. We will bill you for these premiums. We may charge the guaranteed Certificate fee when we direct bill for the premium. If you stop paying the premiums under this option, this Certificate (and any riders) will continue subject to the terms of the Grace Period.

BASIS OF COMPUTATION

Reserves are not less than the required minimum reserves and will never be less than the Cash Surrender Value. All of the values are equal to or greater than the minimums set by the governing jurisdiction. If required, we have filed a detailed statement about this with the insurance department in the state in which the Policy is issued.

GENERAL PROVISIONS

Adjustments in the Event of Clerical Error - Clerical error will not void insurance otherwise valid and in force, nor will it continue or make insurance valid that otherwise would cease or would never have been issued.

Adjustments in the Event of Error in Age or Tobacco Use - If the Age or Tobacco Use status of the Insured is misstated on the Application, we will adjust the Death Benefit to reflect the amount that the most recent monthly deduction would buy at the Insured's correct Age or Tobacco Use status.

Assignment - We are not responsible for whom you elect for any assignment. However, if you file an assignment with us and it is recorded at our Administrative Office, your rights and the rights of the Beneficiary will be subject to it.

Claims Procedure - Due proof of the Insured's death must be submitted to us at our Administrative Office. The Beneficiary or a personal representative can get a claim form by calling our toll-free telephone number listed on the cover page.

Conformity With State Laws - A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

Dividends - This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the COI rates, Certificate fees, administrative fees, expense charges or charges for additional benefits provided by Riders or declared interest rates.

Entire Contract; Changes - The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate, and any attached Amendments, Endorsements, and Riders. Only an officer of the Company may make any changes to the Policy or this Certificate and then only in writing. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of the governing jurisdiction.

Grace Period - If the Cash Surrender Value on any Monthly Date is not sufficient to pay the next monthly deduction, a Grace Period of 31 days will be provided beginning on such Monthly Date. Written notification will be sent to your last known address on record at least 31 days prior to termination. If sufficient premium is not paid by the end of the Grace Period, the Certificate will terminate without value. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid monthly deduction. The Certificate will Lapse if the total indebtedness equals or exceeds the Cash Value.

During the period beginning on the Certificate Date and ending on the Minimum Monthly Premium Date, as shown on the Contract Data Pages, the Certificate will not enter the Grace Period if on any Monthly Date the sum of the premiums that have been paid, less any indebtedness and partial surrenders, equals or exceeds the sum of all minimum monthly premiums payable from the Certificate Date to the applicable Monthly Date.

The initial Minimum Monthly Premium is shown on the Contract Data Pages. The Minimum Monthly Premium is increased for each Certificate month following the date of an increase in the Face Amount, or when a benefit rider is added or increased. The Minimum Monthly Premium is decreased for each Certificate month following the date of a decrease in the Face Amount or when a benefit rider is decreased or discontinued.

Right to Contest - We will not use any statement, except fraudulent statements, to void or reduce benefits after this Certificate has been in force during the Insured's lifetime for two years from the Certificate Date. Any such statement would have to be in a signed form. This also applies to all riders. Any increase in the Face Amount is subject to a new two-year contestable period for the increased amount only.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

Suicide Exclusion - We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, within two years from the date coverage is issued. Instead, we will refund the premiums paid for this insurance minus any outstanding Loans and partial surrenders. Any increase in the Face Amount is subject to a new two-year Suicide Exclusion period for the increased amount only.

Notices Given By Us - Any notice to be given by us will be sent to the Owner at the Owner's last known address and any assignee of record.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

GEORGIA AMENDMENT

This Amendment is part of the contract to which it is attached. The contract is amended as follows for the contracts issued in the State of Georgia.

The following revisions apply to the Policy.

The reference to "31 days" in the **Grace Period** provision of the PREMIUMS section of the Policy is changed to "60 days." The **Grace Period** provision now reads as follows:

Grace Period - A Grace Period of 60 days will be allowed for each premium payment after the first premium. Coverage will stay in force during this time. This Policy will terminate at the end of the Grace Period if the premium has not been paid. The Policyholder must still pay all unpaid premiums. This includes the premium due for the Grace Period.

Any reference to "fraudulent misstatement" in the **Right to Contest** provision of the GENERAL PROVISIONS section of the Policy is deleted. The first paragraph of this provision now reads as follows:

Right to Contest - We will not use any statement to void or reduce benefits under this Policy or any Certificate or Rider after it has been in force for two years from its Effective Date. Any such statement must be in a signed form.

The following revisions apply to the Certificate.

Any reference to "Tobacco Use Status" is deleted from the **Adjustments in the Event of Error in Age or Tobacco Use** provision in the GENERAL PROVISIONS section of the Certificate. The provision now reads as follows:

Adjustments in the Event of Error in Age - If the Age of the Insured is misstated on the Application, we will adjust the Death Benefit to reflect the amount that the most recent monthly deduction would buy at the Insured's correct Age.

The reference to "31 days" in the first sentence of the **Grace Period** provision of the GENERAL PROVISIONS section of the Certificate is changed to "60 days." The first paragraph of the **Grace Period** provision now reads as follows:

Grace Period - If the Cash Surrender Value on any Monthly Date is not sufficient to pay the next monthly deduction, a Grace Period of 60 days will be provided beginning on such Monthly Date. Written notification will be sent to your last known address on record at least 31 days prior to termination. If sufficient premium is not paid by the end of the Grace Period, the Certificate will terminate without value. If the Insured dies during the Grace Period, we will pay the Death Benefit, less any indebtedness and any unpaid monthly deduction. The Certificate will Lapse if the total indebtedness equals or exceeds the Cash Value.

Any reference to "fraudulent misstatement" in the **Right to Contest** provision in the GENERAL PROVISIONS section of the Certificate is deleted. The first paragraph of this provision now reads as follows:

Right to Contest - We will not use any statement to void or reduce benefits after this Certificate has been in force during the Insured's lifetime for two years from the Certificate Date. Any such statement would have to be in a signed form. This also applies to all riders. Any increase in the Face Amount is subject to a new two-year contestable period for the increased amount only.

This Amendment does not waive, alter, or extend any conditions or provisions of the contract except to the extent shown. It is subject to all the terms and limitations of the contract. This Amendment takes effect and expires concurrently with the contract to which it is attached.

This Policy is signed for the Company at our Home Office to take effect on the Policy's Effective Date.

A handwritten signature in black ink, appearing to be "C. A. G. S.", enclosed within a circular stamp.

General Counsel and Secretary

A handwritten signature in black ink, appearing to be "R. A. S.", enclosed within a rectangular stamp.

President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER WITH EXTENSION OF BENEFITS RIDER

SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this Rider is part of your contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Chronic Condition Rider with Extension of Benefits Rider, please contact your agent or us directly at 1-888-763-7474.

1. **Benefits under the Accelerated Death Benefit for Chronic Condition Rider** – After our receipt of written proof that an Insured has met the Eligibility for Benefits provision, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force, until the entire Death Benefit has been paid out.

Eligibility for Benefits - We will pay an Accelerated Death Benefit under this Rider after we receive written proof that the Insured has met all of the following conditions.

1. A Physician has certified that the Insured has a Chronic Condition;
2. The Insured has satisfied the Elimination Period; and
3. The contract to which this Rider is attached is in force.

Accelerated Death Benefit Options – You may choose one of the following options for submitting a claim for an Accelerated Death Benefit under this Rider:

Option 1 – Monthly Accelerated Death Benefit – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide, every 90 days, a written certification by a Physician that the Insured continues to have a Chronic Condition.

Option 2 - One-Time Lump Sum Accelerated Death Benefit – In lieu of the monthly Accelerated Death Benefit, you may request a one-time lump sum Accelerated Death Benefit payment equal to the applicable percentage shown on the Contract Data Pages of the Death Benefit Amount. Upon payment of this lump sum benefit, your rights under this Rider will end and this Rider will terminate.

Concurrent and/or Subsequent Chronic Conditions

If the Insured suffers from more than one Chronic Condition, we will pay an Accelerated Death Benefit under this Rider for only one of the conditions. Under no circumstances will we pay an Accelerated Death Benefit for any subsequent Chronic Condition under this rider.

A separate claim must be submitted for consideration under any other Accelerated Death Benefit Rider attached to the contract.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract.

2. **Benefits under the Extension of Benefits Rider** – This Rider extends benefits under the contract and the Accelerated Death Benefit for Chronic Condition Rider.

Death Benefit Increases – We will increase the Death Benefit by a percentage, as shown in the Contract Data Pages, of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider, subject to all of the following requirements.

- a. The Insured must be alive and continue to satisfy the Eligibility for Benefits provision of the Accelerated Death Benefit for Chronic Condition Rider.
- b. The entire Death Benefit must have been paid under the Accelerated Death Benefit for Chronic Condition Rider before this Rider can be exercised.
- c. The cumulative Death Benefit increases under this Rider will not exceed 100% of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider.
- d. Additional monthly Death Benefit increases under this Rider will be allowed and become effective the month immediately following the date the entire previous Death Benefit increase has been paid under the Accelerated Death Benefit for Chronic Condition Rider.
- e. You may not have elected to receive a one-time lump sum accelerated death benefit payment under the Accelerated Death Benefit for Chronic Condition Rider.

If you have elected to receive a one-time lump sum accelerated death benefit payment under the Accelerated Death Benefit for Chronic Condition Rider, we will increase such lump sum payment by a percentage of the Death Benefit as of the Monthly Date immediately following the date the Elimination Period, as defined in the Accelerated Death Benefit for Chronic Condition Rider, has been satisfied. Such percentage is shown in the Contract Data Pages. All other provisions of the Accelerated Death Benefit for Chronic Condition Rider related to the one-time lump sum benefit will apply to this increased lump sum benefit. After payment of this increased lump sum benefit, all your rights under this Rider will end and this Rider will terminate.

Paid-Up Benefit – As soon as the first increase is applied under this Rider, we will issue a paid-up certificate for a percentage of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider. The percentage that will be used to calculate the paid-up amount is shown on the Contract Data Pages. This paid-up insurance will have no cash or loan values. We will not provide this paid-up life insurance benefit if you elect to receive a one-time lump sum benefit under the Accelerated Death Benefit for Chronic Condition Rider.

3. **Definitions** - These are some of the important definitions that will help you understand the Benefits provision.

Activities of Daily Living – For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

Continence – The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting – The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Chronic Condition –

- a. The inability, expected to be permanent, to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least 90 days; **or**
- b. Severe Cognitive Impairment that is expected to be permanent and that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Severe Cognitive Impairment – A deficiency in any of the following: the Insured's short-term or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to

safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured's loss. Severe Cognitive Impairment requires a deficiency comparable to (and including) Alzheimer's disease that has progressed beyond moderate memory loss or dementia and similar forms of irreversible dementia.

Elimination Period – The number of consecutive days during which the Insured must meet the conditions listed under the Benefits provision and during which no benefits are payable under this Rider. The Elimination Period starts on the day the Insured's Chronic Condition begins, as stated in the Physician's certification. The Elimination Period for this Rider is shown on the Contract Data Pages. The Elimination Period needs to be satisfied only once during the Insured's lifetime.

4. **Premiums** – The initial monthly charge and the guaranteed monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the guaranteed monthly charge but will not use charges higher than the guaranteed amount.
5. **Waiver of Monthly Deductions** – For each month or partial month that benefits are paid under this Rider, we will waive the monthly deductions for the contract. If you elect the one-time lump sum Accelerated Death Benefit option, this waiver provision will not apply.
6. **Exclusions** - We will **not** pay Rider benefits if the Insured meets the requirements of the Eligibility for Benefits provision as a result of:
 - a. An intentionally self-inflicted injury, or attempted suicide;
 - b. War or any act of war, declared or undeclared, or service in the armed forces of any country;
 - c. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness.; or
 - d. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.
7. **Impact on Death Benefit** – We will deduct any amounts paid under this Rider from the Insured's Death Benefit and send the Owner a monthly report showing the effect of each payment on the contract values. Each payment will reduce the following contract values proportionally to the reduction in the Death Benefit: The Face Amount, Accumulation Value, Surrender Charge, Guaranteed Cash Value, if applicable, and any outstanding Loan balance, if any. The Insured's beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death.

Once Rider benefit payments begin, you cannot change the Face Amount or the Death Benefit option of the contract or add any Riders, and we will not accept any premium payments.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on monthly benefit acceleration of 4% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Surrender Charge
Before payment of Accelerated Benefit	\$50,000		\$5,000	\$500
After one month's payment of Accelerated Death Benefit:	\$48,000	\$2,000	\$4,800	\$480

Acknowledgment

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive either a reduced Death Benefit or no Death Benefit at all. If the entire Death Benefit is paid out as an Accelerated Death Benefit prior to the Insured's death, the Beneficiary I designate will receive no Death Benefit.

Date

Owner's Signature

Please return a signed copy to our Administrative Office address shown at the top of this form

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER

SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits or entitlements. Unless you exercise this option, the mere fact that this Rider is part of your contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Chronic Condition Rider, please contact your agent or us directly at 1-888-763-7474.

1. **Benefits** - After our receipt of written proof that an Insured has met the Eligibility for Benefits provision, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force, until the entire Death Benefit has been paid out.

Eligibility for Benefits - We will pay an Accelerated Death Benefit under this Rider after we receive written proof that the Insured has met all of the following conditions.

1. A Physician has certified that the Insured has a Chronic Condition;
2. The Insured has satisfied the Elimination Period; and
3. The contract to which this Rider is attached is in force.

Accelerated Death Benefit Options – You may choose one of the following options for submitting a claim for an Accelerated Death Benefit under this Rider:

Option 1 – Monthly Accelerated Death Benefit – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide, every 90 days, a written certification by a Physician that the Insured continues to have a Chronic Condition.

Option 2 - One-Time Lump Sum Accelerated Death Benefit – In lieu of the monthly Accelerated Death Benefit, you may request a one-time lump sum Accelerated Death Benefit payment equal to the applicable percentage shown on the Contract Data Pages of the Death Benefit Amount. Upon payment of this lump sum benefit, your rights under this Rider will end and this Rider will terminate.

Concurrent and/or Subsequent Chronic Conditions

If the Insured suffers from more than one Chronic Condition, we will pay an Accelerated Death Benefit under this Rider for only one of the conditions. Under no circumstances will we pay an Accelerated Death Benefit for any subsequent Chronic Condition under this rider.

A separate claim must be submitted for consideration under any other Accelerated Death Benefit Rider attached to the contract.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract.

2. **Definitions** - These are some of the important definitions that will help you understand the Benefits provision.

Activities of Daily Living – For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

Continence – The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting – The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Chronic Condition –

- a. The inability, expected to be permanent, to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least 90 days; **or**
- b. Severe Cognitive Impairment that is expected to be permanent and that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Severe Cognitive Impairment – A severe loss or deterioration in intellectual capacity that is comparable to and includes advanced Alzheimer's disease and is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured's:

1. short-term or long-term memory;
2. orientation as to person, place and time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

Elimination Period – The number of consecutive days during which the Insured must meet the conditions listed under the Benefits provision and during which no benefits are payable under this Rider. The Elimination Period starts on the day the Insured's Chronic Condition begins, as stated in the Physician's certification. The Elimination Period for this Rider is shown on the Contract Data Pages. The Elimination Period needs to be satisfied only once during the Insured's lifetime.

3. **Premiums** – The initial monthly charge and the guaranteed monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the guaranteed monthly charge but will not use charges higher than the guaranteed amount.
4. **Waiver of Monthly Deductions** – For each month or partial month that benefits are paid under this Rider, we will waive the monthly deductions for the contract. If you elect the one-time lump sum Accelerated Death Benefit option, this waiver provision will not apply.
5. **Exclusions** - We will **not** pay Rider benefits if the Insured meets the requirements of the Eligibility for Benefits provision as a result of:
 - a. An intentionally self-inflicted injury, or attempted suicide;
 - b. War or any act of war, declared or undeclared, or service in the armed forces of any country;
 - c. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness; or
 - d. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

6. **Impact on Death Benefit** – We will deduct any amounts paid under this Rider from the Insured's Death Benefit and send the Owner a monthly report showing the effect of each payment on the contract values. Each payment will reduce the following contract values proportionally to the reduction in the Death Benefit: The Face Amount, Accumulation Value, Surrender Charge, Guaranteed Cash Value, if applicable, and any outstanding Loan balance, if any. The Insured's beneficiary will receive any remaining Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit has been accelerated prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death.

Once Rider benefit payments begin, you cannot change the Face Amount or the Death Benefit option of the contract or add any Riders, and we will not accept any premium payments.

Illustrative Example of the effect of exercising the Accelerated Death Benefit option based on monthly benefit acceleration of 4% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Surrender Charge
Before payment of Accelerated Benefit	\$50,000		\$5,000	\$500
After one month's payment of Accelerated Death Benefit:	\$48,000	\$2,000	\$4,800	\$480

Acknowledgment

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive either a reduced Death Benefit or no Death Benefit at all. If the entire Death Benefit is paid out as an Accelerated Death Benefit prior to the Insured's death, the Beneficiary I designate will receive no Death Benefit.

Date

Owner's Signature

Please return a signed copy to Our Administrative Office address shown at the top of this form

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

DISCLOSURE UPON THE PURCHASE OF THE ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER

SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may affect eligibility for Medicaid or other government benefits or entitlements. Unless you exercise this option, the mere fact that this Rider is part of your contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This disclosure is designed to provide you with a summary of the Rider coverage. The Rider form and the life contract set forth in detail the terms, conditions, limitations and exclusions of your coverage. Therefore, if you purchase this coverage, it is important that you **READ YOUR LIFE INSURANCE CONTRACT AND ALL RIDERS CAREFULLY.**

If you have any questions or concerns about any benefits or provision of your Accelerated Death Benefit For Terminal Condition Rider, please contact your agent or us directly at 1-888-763-7474.

1. **Description of Benefit** - Upon receipt of written proof acceptable to us that the Insured has 12 months or less to live because of a Terminal Condition, the Owner may choose to receive a portion of the Death Benefit while the Insured is still alive and while the Rider is in force.

We will pay an accelerated death benefit under this Rider if the Insured is diagnosed with a Terminal Condition for the first time, on or after the Rider Effective Date. The Terminal Condition Accelerated Death Benefit amount will be equal to the lesser of: (1) up to 75% of the Death Benefit; or (2) \$100,000. If you request less than the maximum amount available when a claim is submitted, you cannot ask us at a later time to give you the difference between what was requested and what could have been requested. We will not pay an Accelerated Death Benefit on any Riders attached to the contract.

A **Terminal Condition** is an illness that in the best medical judgment of a Physician will result in death within 12 months.

2. **Premiums** - There is no cost for this Rider unless the Owner exercises this option. If the Owner exercises this option, an administrative expense charge of \$100 will be assessed. In addition, we will deduct 12 month's interest in advance on the amount. We will accelerate at an interest rate not higher than 7.4%.
3. **Effect on Death Benefit** - If you exercise this option, we will deduct the amount we accelerate from the Insured's Death Benefit. The Death Benefit, the Accumulation Value, the Surrender Charge, and the Loan balance, if any, will be reduced if this option is exercised. The Insured's Beneficiary will receive the remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. After payment of an accelerated death benefit, we will send you a benefit report that will show the proportionate reduction in the premiums under the contract, if any.

4. **Illustrative Example** of the effect of exercising the Accelerated Death Benefit option based on acceleration of 50% of the Death Benefit:

	Death Benefit	Accelerated Death Benefit Amount	Accumulation Value	Cash Value
Before payment of Accelerated Benefit	\$50,000	\$0	\$8,768	\$8,768
After payment of Accelerated Benefit	\$25,000	\$25,000*	\$4,384	\$4,384

* The Accelerated Death Benefit amount elected will be reduced by an administrative fee of \$100 and interest of 12 months.

ACKNOWLEDGMENT

I acknowledge that I have read this disclosure and understand that if I exercise the Accelerated Death Benefit option, any Beneficiary I designate may receive a reduced Death Benefit.

Date	Owner's Signature

[Please return a signed copy to our Administrative Office address shown at the top of this form]

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

AMENDATORY ENDORSEMENT

This Endorsement is part of the Contract to which it is attached. All of the Contract provisions that are not in conflict with this Endorsement apply to it. The Endorsement expires when the Contract expires.

Contract Number: EL00081176
Endorsement Effective Date: February 1, 2024

This Endorsement applies to the Accelerated Death Benefit For Chronic Condition Rider, herein referred to as "Rider."

1. The definition of "**Waiting Period**" appearing in the Rider is deleted.
2. The phrase "After the Waiting Period has been satisfied," appearing in the "**Eligibility for Benefits**" provision in the Rider is deleted.
3. The paragraph "1. Any sickness condition that begins before or during the Waiting Period." appearing in the "**Exclusions and Limitations**" provision in the Rider is deleted.

This Amendatory Endorsement is signed for the Company at our Home Office on the Endorsement Effective Date:



Blake Bostwick
President



Karyn Polak
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

CHILD TERM INSURANCE RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Insured Child - A Child of the Insured who is at least 15 days old and under the age of 26 and is:

1. A natural child;
2. A legally adopted child, or a child who has been placed for adoption with the employee or member;
3. A stepchild; or
4. A child for whom the employee or member has been appointed legal guardian.

To become an Insured Child after the date of the Application, a child must meet the above definition and the Insured must complete an Application to add the new child as an Insured Child.

BENEFIT

We will pay the Rider Death Benefit shown on the Contract Data Pages to the Owner when we receive due proof that an Insured Child died while covered under this Rider.

GENERAL RIDER PROVISIONS

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide - The Suicide provision in the Contract does not apply to this Rider.

RIDER COST

The initial monthly charge for this Rider is shown on the Contract Data Pages.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Owner in writing of a different date.

TERMINATION

The term insurance on an Insured Child will terminate on the earliest of the following dates:

1. The date the contract terminates, subject to the Conversion Options of this Rider;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The Certificate Anniversary following the date the Insured Child is no longer eligible as a dependent child;
5. The Certificate Anniversary after the last Insured Child has reached his or her 26th birthday; or
6. The date a Nonforfeiture Option under the Contract, if any, becomes effective.

Our deduction of a monthly charge for any period after the date of termination of this Rider will not create a liability for us nor will it constitute a waiver of the termination. Any such monthly charge will be returned.

CONVERSION OPTIONS

Conversion and Transfer of Ownership due to Death of Owner - If the Owner dies while this Rider is in force, the premium and charge will be waived and coverage on any Insured Child will automatically be changed to paid-up insurance. This paid-up insurance will have no cash or loan values and will automatically terminate on each Insured Child's 26th birthday. The Owner of the paid-up insurance will be the Insured Child unless such Insured Child is a minor, in which case Ownership will pass to the executor or administrator of the Insured Child's estate for disposition.

Conversion to Individual Policy - When the coverage of an Insured Child terminates for any reason other than the non-payment of premium, the Insured Child may convert this Rider to permanent life insurance on a policy form that we then issue, without any riders, for the then current rates and limits, without further evidence of insurability. The following conditions must be met in order for conversion to occur:

1. We must receive the conversion Application and any required premium at our Administrative Office within 31 days of the termination of coverage under this Rider.
2. Coverage under the new policy will become effective on the date such Application is made and the premium is paid.
3. The amount of insurance under the new policy may be increased to the lesser of:
 - a. Five times the Rider Death Benefit at the termination date; or
 - b. \$50,000.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

EXTENSION OF BENEFITS RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. Capitalized terms not defined in this Rider have the definitions given in the contract. This Rider has no cash value.

BENEFITS

This Rider extends benefits under the contract and the Accelerated Death Benefit for Chronic Condition Rider, as explained in detail below.

Death Benefit Increases - We will increase the Death Benefit by a percentage of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider, subject to all of the following requirements.

1. The Insured must be alive and continue to satisfy the Eligibility for Benefits provision of the Accelerated Death Benefit for Chronic Condition Rider.
2. The entire Death Benefit must have been paid under the Accelerated Death Benefit for Chronic Condition Rider before this Rider can be exercised.
3. The cumulative Death Benefit increases under this Rider will not exceed 100% of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider.
4. Additional monthly Death Benefit increases under this Rider will be allowed and become effective the month immediately following the date the entire previous Death Benefit increase has been paid under the Accelerated Death Benefit for Chronic Condition Rider.
5. You may not have elected to receive a one-time lump sum accelerated death benefit payment under the Accelerated Death Benefit for Chronic Condition Rider.

The percentage of the Death Benefit that will be used to determine the increase amount is shown on the Contract Data Pages.

If you have elected to receive a one-time lump sum accelerated death benefit payment under the Accelerated Death Benefit for Chronic Condition Rider, we will increase such lump sum payment by a percentage of the Death Benefit as of the Monthly Date immediately following the date the Elimination Period, as defined in the Accelerated Death Benefit for Chronic Condition Rider, has been satisfied. Such percentage is shown in the Contract Data Pages. All other provisions of the Accelerated Death Benefit for Chronic Condition Rider related to the one-time lump sum benefit will apply to this increased lump sum benefit. After payment of this increased lump sum benefit, all your rights under this Rider will end and this Rider will terminate.

Paid-Up Benefit - As soon as the first increase is applied under this Rider, we will issue a paid-up certificate for a percentage of the Death Benefit that was in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider. The percentage that will be used to calculate the paid-up amount is shown on the Contract Data Pages. This paid-up insurance will have no cash or loan values. We will not provide this paid-up life insurance benefit if you elect to receive a one-time lump sum benefit under the Accelerated Death Benefit for Chronic Condition Rider.

RIDER COST

The initial monthly charge and the maximum monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the maximum charge but will not use charges higher than the maximum.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of:

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date, after the entire Death Benefit has been paid under the Accelerated Death Benefit for Chronic Condition Rider, when the Insured no longer satisfies the Eligibility for Benefits provision;
6. The date the cumulative Death Benefit increases under this Rider total 100% of the Death Benefit in force on the date the first monthly Accelerated Death Benefit was paid under the Accelerated Death Benefit for Chronic Condition Rider;
7. The date a Nonforfeiture Option under the contract, if any, becomes effective; or
8. The date we pay you a one-time lump sum payment under the Accelerated Death Benefit for Chronic Condition Rider.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR CHRONIC CONDITION RIDER (Living Benefit Rider)

(Death Benefit, Face Amount, Cash Values and Loan Values, if any, will be reduced if an Accelerated Death Benefit is paid.)

SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this Rider is part of your contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and/or the Social Security Administration Office for more information.

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

NOTICE TO YOU, THE OWNER

FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL 1-888-763-7474

This Rider is not long term care insurance and does not provide long term care insurance, nor is it intended to replace long term care insurance coverage. We advise you to review carefully all limitations of this Rider, as well as those of the contract to which it is attached.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Activities of Daily Living – For the purposes of this Rider, each of the following activities is considered an Activity of Daily Living:

Bathing - The Insured's ability to wash himself or herself by sponge bath; or in a tub or shower, including the task of getting into and out of the tub or shower.

Continence – The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing - The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating - The Insured's ability to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

Toileting – The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

Transferring - The Insured's ability to move into or out of a bed, chair or wheelchair.

Chronic Condition –

1. The inability, expected to be permanent, to perform, without Substantial Human Assistance, at least two Activities of Daily Living for a period of at least 90 days; **or**
2. Severe Cognitive Impairment that is expected to be permanent and that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Death Benefit Amount – The amount of the Death Benefit in effect on the date immediately following the date the Insured first satisfies the Eligibility for Benefits provision.

Elimination Period – The number of consecutive days during which the Insured must meet the Eligibility for Benefits requirements listed under the Benefits provision. During the Elimination Period no benefits are payable under this Rider. The Elimination Period starts on the day the Insured's Chronic Condition begins, as stated in a Physician's certification. The Elimination Period for this Rider is shown in the Contract Data Pages. The Elimination Period needs to be satisfied only once during the Insured's lifetime.

Immediate Family Member – Anyone related to an Insured in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction.

Medicare – The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

Physician –

1. A doctor of medicine or osteopathy as set forth in Section 1861(r)(1) of the Social Security Act, as amended, who is legally authorized to practice medicine and surgery within the United States by the jurisdiction in which he or she performs such function or action; and
2. Is not an Immediate Family Member.

Severe Cognitive Impairment – A severe loss or deterioration in intellectual capacity that is comparable to and includes advanced Alzheimer's disease and is measured by clinical evidence and standardized tests as part of an evaluation that reliably measures impairment in the Insured's:

1. short-term or long-term memory;
2. orientation as to person, place and time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

The evaluation shall include utilizing cognitive tests with resulting scores consistent with a diagnosis of Severe Cognitive Impairment.

Substantial Human Assistance – Actual hands-on assistance by another individual.

Substantial Supervision – Continuous supervision, including but not limited to verbal cueing, by another individual to protect the Insured from harming himself, herself or others, or from threats to the Insured's health and safety.

BENEFITS

Eligibility for Benefits – We will pay an Accelerated Death Benefit under this Rider after we receive written proof of loss that the Insured has met all of the following conditions:

1. A Physician has certified that the Insured has a Chronic Condition;
2. The Insured has satisfied the Elimination Period; and
3. The contract to which this Rider is attached is in force.

Accelerated Death Benefit Options

You may choose one of the following options for submitting a claim for an Accelerated Death Benefit under this Rider:

Option 1 – Monthly Accelerated Death Benefit – You may request a monthly Accelerated Death Benefit equal to the applicable percentage of the Death Benefit Amount shown on the Contract Data Pages. This benefit is payable for each month the Insured satisfies the Eligibility for Benefits provision while this Rider is in force. After submitting satisfactory proof of loss, in order to continue receiving the monthly benefit you must provide, every 90 days, a written certification by a Physician that the Insured continues to have a Chronic Condition.

Option 2 - One-Time Lump Sum Accelerated Death Benefit – In lieu of the monthly Accelerated Death Benefit, you may request a one-time lump sum Accelerated Death Benefit payment equal to the applicable percentage shown on the Contract Data Pages of the Death Benefit Amount. Upon payment of this lump sum benefit, your rights under this Rider will end and this Rider will terminate.

Waiver of Monthly Deductions – We will waive the monthly deductions for each contract month or partial contract month that you receive benefits under this Rider. If you elect the one-time lump sum Accelerated Death Benefit option, this waiver provision will not apply.

Concurrent and/or Subsequent Chronic Conditions

If the Insured suffers from more than one Chronic Condition, we will pay an Accelerated Death Benefit under this Rider for only one of the conditions. Under no circumstances will we pay an Accelerated Death Benefit for any subsequent Chronic Condition under this rider.

A separate claim must be submitted for consideration under any other Accelerated Death Benefit Rider attached to the contract.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract.

EFFECT ON INSURED'S DEATH BENEFIT

If the Owner receives Accelerated Death Benefit payments in accordance with this Rider, we will deduct any amounts paid under this Rider from the Death Benefit. The Beneficiary will receive any remaining amount of the Death Benefit after the Insured dies, provided the contract has not terminated. However, if the entire Death Benefit proceeds are paid under the terms of this Rider prior to the Insured's death, the Contract will terminate and there will be no Death Benefit payable upon the Insured's death.

Each Accelerated Death Benefit payment will reduce the following contract values: Death Benefit; Face Amount; Accumulation Value; Surrender Charge; Guaranteed Cash Value, if applicable; and outstanding Loan balance, if any, as explained below.

The Death Benefit will be reduced by the amount of the Accelerated Death Benefit.

The Face Amount will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Face Amount to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

The Accumulation Value will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Accumulation Value to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

The Surrender Charge will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Surrender Charge to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

The Guaranteed Cash Value, if applicable, will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Guaranteed Cash Value to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made.

The outstanding Loan balance, if any, will be proportionally repaid by an amount equal to the reduction in Death Benefit multiplied by the ratio of the outstanding Loan balance to the Death Benefit in effect immediately before the Accelerated Death Benefit payment is made. The amount of this Loan balance repayment will be deducted from the Accelerated Death Benefit payable to you.

If you elect monthly Accelerated Death Benefit payments under this Rider, the following conditions will apply during the period that such payments are being made.

1. You cannot change the Face Amount or the Death Benefit option of the Contract, or add any Riders.
2. We will not accept any premium payments.

If monthly Accelerated Death Benefit payments are made, we will provide a monthly report that shows the effect each benefit payment has on the contract values.

EXCLUSIONS AND LIMITATIONS

We will **not** pay Rider benefits if the Insured meets the requirements of the Eligibility for Benefits provision as a result of:

1. An intentionally self-inflicted injury or attempted suicide.
2. War or any act of war, declared or undeclared, or service in the armed forces of any country.
3. The Insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a Physician in the course of treatment for an injury or sickness.
4. The Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim – Written notice of claim must be given to us at our Administrative Office or to our agent. Such notice of claim should be made within 30 days after a Physician determines the Insured has a Chronic Condition. If it is not reasonably possible to give notice of claim within that time, the claim may not be denied or reduced due to the delay, so long as notice of claim is given as soon as reasonably possible.

Claim Forms – Claim forms should be used for filing proof of loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof of loss in writing, setting forth the nature and extent of the loss within the time stated in the proof of loss provision. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page of the contract. Such initial notice of claim and ongoing written proof of loss must be sent within the time limit stated in the following paragraph.

Proof of Loss – Due written proof of loss must be given to us at our Administrative Office. We must receive the initial proof of loss within 90 days after the expiration of the Elimination Period.

Failure to furnish such proof of loss within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof of loss and it was furnished as soon as reasonably possible. In any event, the proof of loss required must be given no later than one year from the time proof of loss is otherwise required, unless the claimant was legally incapacitated.

If you submit a claim under the Monthly Accelerated Death Benefit option, we will require subsequent proof of loss to be submitted periodically after the Insured satisfies the Eligibility for Benefits provision. This means submitting, every 90 days, certification by a Physician that the Insured continues to have a Chronic Condition.

Physical Examinations – We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. We will pay for such examination.

Time of Payment of Claims – Benefits for a covered loss will be paid as soon as we receive due written proof of loss.

Payment of Claims – Benefits are payable to the Owner or a payee designated by the Owner.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than three years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Consent For Benefit Payment – If there is an assignment of this contract on record or an irrevocable Beneficiary on record, we must obtain the consent of any assignee or irrevocable Beneficiary before any Rider benefit is paid.

Contestability – This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide – If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of Accelerated Death Benefits paid, if any, under this Rider.

RIDER COST

The initial monthly charge and the guaranteed monthly charge for this Rider are shown in the Contract Data Pages. We may use monthly charges lower than the guaranteed monthly charge but will not use charges higher than the guaranteed amount.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date on which cumulative monthly Accelerated Death Benefit payments equal 100% of the Death Benefit Amount, subject to any rights under an optional Extension of Benefits Rider;
6. The date on which we pay a one-time lump sum Accelerated Death Benefit payment in lieu of any monthly Accelerated Death Benefit;
7. The date a Nonforfeiture Option under the contract, if any, becomes effective.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



Blake Bostwick
President



Karyn Polak
Secretary

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

ACCELERATED DEATH BENEFIT FOR TERMINAL CONDITION RIDER

(Death Benefit, Face Amount, Cash Values and Loan Values, if any, will be reduced if an Accelerated Death Benefit is paid.)

SPECIAL NOTICE

Benefits received under this Rider may be taxable as income. Whether any tax liability is incurred when benefits are paid under this Rider could depend on whether your employer has paid the premium, and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult an independent tax advisor to evaluate any tax impact of this benefit.

Receipt of an Accelerated Death Benefit may adversely affect eligibility for Medicaid or other government benefits or entitlements. Without exercising this option, the mere fact that this Rider is part of your contract will not, in and of itself, affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or while you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and/or the Social Security Administration Office for more information.

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Immediate Family Member - Anyone related to an Insured in the following manner: spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the spouse of any of these. The term "spouse" includes a common law marriage partner, domestic partner, or civil union partner, if legally recognized in the governing jurisdiction.

Physician - A licensed medical practitioner of the healing arts who:

1. Performs only those services permitted within the scope of his or her license; and
2. Is not an Immediate Family Member.

Terminal Condition - An illness or accidental injury that, in the best medical judgment of a Physician, will result in death within 12 months.

BENEFIT

We will pay the Accelerated Death Benefit for Terminal Condition benefit amount shown in the Contract Data Pages when an Insured is diagnosed with a Terminal Condition for the first time after the Rider Effective Date. This benefit is payable only once and in one lump sum. We will deduct the administrative expense charge and the proportional repayment of any outstanding contract Loan from the benefit. See the Rider Cost provision.

Payment of an Accelerated Death Benefit under this Rider will not reduce any Accidental Death benefit available under the contract or any Rider attached to the contract.

We will not pay an Accelerated Death Benefit under this Rider for any Terminal Condition that is diagnosed, for the first time, prior to the Rider Effective Date. If you request less than the maximum amount available when a claim is submitted, you cannot ask us at a later time to give you the difference between what was requested and what could have been requested. We will not pay an Accelerated Death Benefit on any Riders attached to the contract.

EFFECT ON INSURED'S DEATH BENEFIT

If the Owner elects to exercise this option, we will deduct the amount we accelerate from the Death Benefit. The Beneficiary will receive any remaining amount of the Death Benefit after the Insured dies, provided the contract has not stopped. However, if the entire Death Benefit is paid under the terms of this Rider prior to the Insured's death, the contract will terminate and there will be no Death Benefit payable upon the Insured's death. After payment of an Accelerated Death Benefit, we will send the Owner a benefit report that will show the proportionate reduction in the premiums under the contract, if any.

An Accelerated Death Benefit payment will reduce the following contract values: Face Amount; Accumulation Value; Surrender Charge; and outstanding Loan balance if any, as explained below.

The Accumulation Value will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Accumulation Value to the Death Benefit in effect immediately before the Rider benefit is paid.

The Surrender Charge will be reduced by an amount equal to the reduction in Death Benefit multiplied by the ratio of the Surrender Charge to the Death Benefit in effect immediately before the Rider benefit is paid.

The outstanding Loan balance, if any, will be proportionally repaid by an amount equal to the reduction in Death Benefit multiplied by the ratio of the outstanding Loan balance to the Death Benefit in effect immediately before the Rider benefit is paid.

CLAIMS

The following Claims Procedures apply to this Rider.

Notice of Claim - Written notice of claim must be given to us at our Administrative Office, or to our agent. Such notice should be made within 30 days after the date the Insured is first diagnosed with a Terminal Condition. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay, so long as notice is given as soon as reasonably possible.

Claim Forms - Claim forms should be used for filing proof of loss. We will send such form to the claimant within 15 days of receipt of notice of claim. If we fail to supply the proper claim forms within 15 days, you can give proof in writing, setting forth the nature and extent of the loss within the time stated in the proof of loss provision. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page.

Proof of Loss - Due written proof of loss must be given to us at our Administrative Office. We must receive such proof within 90 days after the date the Insured is diagnosed with a Terminal Condition.

Failure to furnish such proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and it was furnished as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time proof is otherwise required, unless the claimant was legally incapacitated.

Physical Examinations And Autopsy - We have the right to have an Insured examined by a Physician of our choice as often as reasonably necessary while a claim is pending. In case of death, we may request an autopsy where it is not forbidden by law. We will pay for such examination or autopsy.

Time of Payment of Claims - Benefits for a covered loss will be paid as soon as we receive due written Proof of Loss.

Payment of Claims - Benefits are payable to the Owner or a payee designated by the Owner.

Legal Actions - No legal action may be brought to recover under the contract within 60 days after written proof of loss has been provided to us as required nor more than three years from the time written proof of loss is required to be furnished.

GENERAL RIDER PROVISIONS

Consent For Benefit Payment - If there is an assignment of this contract on record or an irrevocable Beneficiary on record, we must obtain the consent of any assignee or irrevocable Beneficiary before any Rider benefit is paid.

Contestability - This Rider will be contestable on the same basis as the contract, during the lifetime of the Insured, for two years from the Rider Effective Date.

Suicide - If the Insured dies by suicide, while sane or insane, within two years from the Rider Effective Date, any premiums refunded under the Suicide Exclusion provision of the contract will be reduced by the amount of accelerated benefits paid, if any, under this Rider.

RIDER COST

There is no cost for this Rider. When a claim is filed under this Rider, we will deduct the following charges from the Accelerated Death Benefit payment:

1. The administrative expense charge shown in the Contract Data Pages; and
2. 12 months interest, in advance, on the amount that we accelerate (at an interest rate of not more than 7.4%).

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Owner in writing of a different date.

RIDER TERMINATION DATE

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Insured dies;
5. The date a Nonforfeiture Option under the contract, if any, becomes effective; or
6. The date an Accelerated Death Benefit is paid under this Rider.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

WAIVER OF MONTHLY DEDUCTIONS FOR LAYOFF OR STRIKE RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider will apply to this Rider. This Rider has no cash value.

DEFINITIONS

In addition to the definitions contained in the contract, the following definitions apply to this Rider.

Layoff - The Owner is employed on a full-time basis at the time of the Layoff and is involuntarily terminated by his or her employer due to one of the following reasons:

1. A reduction in work force as the result of economic conditions;
2. The employer's decrease in production; or
3. The employer's reorganization causing the discontinuation of the Owner's job or resulting in a change of aptitude or skill requirements of his or her job.

Strike - A work stoppage at the Owner's place of employment that is supported and/or sponsored by the state or national union headquarters.

BENEFITS

We will waive the monthly deductions on the contract if the Owner is placed on Layoff status or is on Strike.

The first premium for coverage under the contract must be paid before we will waive any monthly deductions. After this requirement has been met, we will waive the monthly deductions beginning the first day of the month following the date of Layoff or Strike.

LIMITATIONS AND EXCLUSIONS

We will waive the monthly deductions for up to 3 Layoffs or Strikes in any one 12-month period.

We will wave the monthly deductions for up to 6 months in any one 12-month period.

A 12-month period will be measured from the date the first monthly deduction is waived.

If the Portability Option provision of the contract has been exercised, if any, the Owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the Layoff or Strike.

This Rider is not available for self-employed individuals.

RIDER COST

The initial monthly charge for this Rider is shown on the Contract Data Pages.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Owner in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the contract Lapses, subject to the Grace Period;
3. The date the Owner requests termination;
4. The date the Owner dies;
5. The Certificate Anniversary that coincides with or next follows the Insured's 60th birthday;
6. The date the Owner assigns the contract to another individual; or
7. The date a Nonforfeiture Option under the contract, if any, becomes effective.

Our deduction of a monthly charge for any period after the date of termination of this Rider will not create a liability for us nor will it constitute a waiver of the termination. Any such monthly deduction will be returned.

This Rider is signed for the Company at our Home Office to take effect on the Rider Effective Date.



General Counsel and Secretary



President

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 plan documents or policy certificate package for more information on any such arrangements.

For up to date information regarding our compensation practices, please consult our website at: www.transamericaemployeebenefits.com.



Transamerica Life Insurance Company
Home Office: Cedar Rapids, IA
Administrative Office: P.O. Box 869094
Plano, TX 75086-9817

Life and Health Group Application and Agreement

Name of Group ("you, your"): DeKalb County	Tax ID Number: 58-6000814	SIC Code: 9532	Website Address: www.dekalbcountyga.gov
Street Address: 1300 Commerce Dr	Decatur	State: GA	ZIP Code: 30030
Contact Name: Princess M Starr	Email Address: pmstarr@dekalbcountyga.gov	Phone #: 404-371-2659	Fax #: 404-371-2910
Nature of Group: Administration of Urban Planning	# of Employees/Members: 6600	# Eligible for Coverage: 6600	# of Years in Existence: 200

You hereby authorize Transamerica Life Insurance Company, our authorized agents or our enrollers (collectively referred to as we, us, or our) to offer each of your eligible employees/members the opportunity to purchase insurance coverage as described in this form. This authorization is based upon the following agreements:

- We customarily conduct an annual enrollment program for your eligible employees/members. You will provide us with census data if needed for us to determine proper enrollment eligibility.
- The initial enrollment shall take place from 12/4 to 12/15. You will provide us direct access to your employees/members to obtain applications through group meetings and individual interviews in a suitable location on your property during normal business hours, or through other means mutually agreed upon between you and us. Participation in your group must meet our minimum participation requirements. We reserve the right to withdraw from the enrollment and cancel any applications already obtained if these conditions are not satisfied.
- Unless otherwise agreed upon by you and us, you will collect premiums from your participating employees/members. You will forward the premiums to us within 15 days after you receive the monthly bill. You will maintain records of all premiums collected from your employees/members while this agreement remains in force and for two years after it terminates. During this period, you will make these records available for inspection and audit by us during normal business hours. If premium contributions collected by you, your employees, or your vendors are misappropriated, you will reimburse us for our entire loss, including attorney fees and expenses incurred in collection, to the extent permitted by the laws of your state.
For New Hampshire Policyholders, we are required by law to complete any premium audits within 120 days after termination of the Policy.

4. Do benefit selections vary by class? ☐ No ☒ Yes (define classes below)

Definition of Class 1:	Permanent Employee Working 20 or more hours per week
Definition of Class 2:	
Definition of Class 3:	
Definition of Class 4:	

5. Eligibility for insurance:

a. Employer Groups - eligible employees are defined as those who work at least _____ and have been so employed for at least _____

Class 1	Class 2	Class 3	Class 4
20			
1			

_____ hours per week for you, _____ days.

b. Member Groups - eligible members are defined as members of an eligible class of members, who are in good standing in accordance with your by-laws.

For New Hampshire - Member Groups are not eligible to purchase our Accident and Health products

6. Is dependent coverage being offered? ☒ Yes ☐ No

7. Is coverage being offered through a Section 125 plan? ☐ Yes ☒ No

If "yes", which product(s): _____ Plan Start Date: _____ Plan Anniversary Date _____

8. Is coverage being offered replacing existing coverage? ☒ Yes ☐ No

If "yes", which products? UL

I have read the Fraud Warning for my state shown on Page 2 of this form.

I understand and agree that this application will be made part of each group master policy issued as a result of this application. The Group listed above will be named as the Policyholder for each group master policy. I agree that no insurance will be effective until approved by us at our administrative office.

For New Hampshire Policyholders - I agree to the offering of the selected products in the Insurance Selections section for the eligible employees.

For New Hampshire Policyholders - All policies (except life) provide limited benefits. If accepted for coverage, review your policy carefully.

Signed in (City/State) Decatur, GA This 13 Day of (Month/Year) Dec, 2023

Larry Jacobs
Signature of Officer

Princess M Starr, Employee Benefits Manager

pmstarr@dekalbcountyga.gov

Email Address

Print Name and Title of Officer

For Florida - Is coverage being offered replacing existing coverage? ☐ Yes ☐ No

If "yes", which products?

Thomas J. Kelly

tom.kelly@buck.com

Signature of Licensed Agent/Producer,
Thomas J. Kelly

Email Address
9234649

9234649

Print Name of Licensed Agent/Producer

Agent/Producer Number

License Number

Alabama

Fraud Warning

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

Arkansas and Maryland

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

California

The falsity of any statement in the application for any policy covered by this chapter shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer.

District of Columbia, Louisiana and Rhode Island

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.

Florida

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas

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, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

Kentucky

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.

Massachusetts and Oregon

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.

New Jersey

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. I represent that all statements made on or attached to this application are true and complete to the best of my knowledge and belief.

North Carolina

I understand that any person who knowingly and with intent to injure, defraud, or deceive 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, is guilty of a crime (Class H felony), which may be subject to criminal and civil penalties.

Oklahoma

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.

Puerto Rico

Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Tennessee and Washington

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.

Virginia

I understand that any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Vermont

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.

For Maine, Pennsylvania and All other states

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, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Billing Information

Billing Name (if other than group name) DeKalb County Government			
Billing Address: 1300 Commerce Dr. 4 th Floor	City: Decatur	State: GA	ZIP Code: 30030
Billing Contact Name: Jessica Hudson	Email Address: jhudson@dekalbcountyga.gov	Phone #: 404-687-2706	Fax #: 404-371-2910
Billing Address is: <input checked="" type="checkbox"/> Group Policyholder <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> Premium Collection Agency (Requires a Premium Collection Agreement)			

Pay periods per year: 26/12	Payments will be remitted: <input type="checkbox"/> After each deduction <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Payroll deductions per year: 24	Premium amount on bill should reflect: <input type="checkbox"/> Levelized amount over 12 months <input checked="" type="checkbox"/> Actual amount of deductions
First payroll deduction date: 1/12 (26) 1/31 (12)	Preferred billing sequence: <input checked="" type="checkbox"/> Alphabetical <input type="checkbox"/> Social Security Number <input type="checkbox"/> Employee/Member ID
First bill due date: 2/1/2024	Preferred Billing Method: <input type="checkbox"/> Paper <input type="checkbox"/> Website <input checked="" type="checkbox"/> Self-Bill Multiple Billing Locations: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (attach listing)

Insurance Selections

(Product and Rider availability subject to state approval)

Participation Requirement: Each group master policy requires a minimum of 2 covered lives or the state minimum, whichever is greater in order to be issued and remain in force. Any group master that falls below this requirement may be terminated, subject to the notice requirements in the master policy. Special underwriting offers may require higher participation in order to continue receiving the special underwriting offer for new insureds.

Master Contract Delivery: <input checked="" type="checkbox"/> Electronic Delivery or <input type="checkbox"/> Paper (US Mail) Delivery

<input checked="" type="checkbox"/> Group Universal Life Insurance – TransElite	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date: 2/1/2024																											
Coverage: <input type="checkbox"/> High Face Amount <input checked="" type="checkbox"/> High Accumulation Value ***Attach a copy of the Rate Sheet*** Age Band Rates: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Accelerated Death Benefit for Terminal Illness/Condition in all states except LA, MA, OH, WA. Waiver of Monthly Deductions for Layoff included in all states except CT, MA, TN, PR, VT, WA.																													
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<input type="checkbox"/> Group Interest Sensitive Whole Life – TransSure	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:																					
Coverage: <input type="checkbox"/> Money Purchase <input type="checkbox"/> Defined Benefit ***Attach a copy of the Rate Sheet*** Accelerated Death Benefit for Terminal Illness/Condition included in all states except MA. Waiver of Premium for Layoff included in all states except MA, MN, VA, and VT.																							
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<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Premium for Total Disability																					

<input type="checkbox"/> Group Term Life Insurance – Trans Select	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: Accelerated Death Benefit for Terminal Illness/Condition included in all states except MA. Waiver of Premium Due to Layoff or Strike included in all states except CT, MA, MD, NJ, PR, TN, and VA.		
<input type="checkbox"/> Accelerated Death Benefit for Critical Care:	<input type="checkbox"/> 5 Year Term <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	<input type="checkbox"/> 10 Year Term <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> ADB for Chronic Condition Rider With Extension of Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Accidental Death & Dismemberment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Waiver of Premium	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child Level Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Group Term Life Insurance – VTL	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: Continuation of Coverage and Waiver of Premium included in all states. Terminal Illness/Condition Accelerated Death Benefit included in all states except FL, OR.		
ACCEPT <input type="checkbox"/>	DECLINE <input type="checkbox"/>	
Accidental Death & Dismemberment		

<input type="checkbox"/> Self-Administered Group Term Life	Group Contribution? Yes Policyholder pays 100% of the GTL. Supplemental life is paid by the employee	Requested Effective Date:			
Note: The proposal must be included in new case submission but will not be a part of the policy.		Requested Anniversary Date:			
\$ Amount collected at time of application, if applicable. Will employees contribution be <input type="checkbox"/> Pre-tax or <input type="checkbox"/> Post-tax? Employees must be actively at work for coverage to become effective. Coverage is only available to Employees working within the United State or its territories.					
	Class 1	Class 2	Class 3	Class 4	Class 5
<input type="checkbox"/> Flat Amount (enter maximum dollar amount)					
<input type="checkbox"/> Salary Multiplier (enter salary multiple range)					
Non-Contributory Dependent Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Life Insurance Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Life Insurance Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Life Insurance Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accelerated Death Benefit for Terminal Illness Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accidental Death and Dismemberment Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waiver of Premium Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portability Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuation of Approved Leave of Absence Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change of Insurance Carriers Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Benefit Reduction Schedule	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction	<input type="checkbox"/> Reduction <input type="checkbox"/> No Reduction
If coverage is replacing existing coverage: Name of Prior Carrier: _____ Prior Plan Termination Date: _____ Provide a copy of the prior plan.					

<input type="checkbox"/> Self-Administered Basic Term Life Insurance	Group Contribution? <input checked="" type="checkbox"/> Yes Policyholder pays 100% of Basic Life Insurance	Requested Effective Date:																
Coverage: <input type="checkbox"/> With Benefit Reduction <input type="checkbox"/> Without Benefit Reduction Accelerated Death Benefit for Terminal Illness/Condition included in all states except MA and OH. Waiver of Premium included in all states.																		
Basic Life Insurance: <input type="checkbox"/> Flat Amount <input type="checkbox"/> Multiple of Salary/not to exceed	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Class 1</th> <th style="width: 15%;">Class 2</th> <th style="width: 15%;">Class 3</th> <th style="width: 15%;">Class 4</th> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>	Class 1	Class 2	Class 3	Class 4	\$	\$	\$	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Class 1</th> <th style="width: 15%;">Class 2</th> <th style="width: 15%;">Class 3</th> <th style="width: 15%;">Class 4</th> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Class 1	Class 2	Class 3	Class 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Class 1	Class 2	Class 3	Class 4															
\$	\$	\$	\$															
Class 1	Class 2	Class 3	Class 4															
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<input type="checkbox"/> Optional Accidental Death & Dismemberment?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No															

<input type="checkbox"/> Group Accident Insurance – AccidentAdvance	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>
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Coverage: <input type="checkbox"/> 24-Hour Coverage <input type="checkbox"/> Off-the-Job Only Coverage <i>For MD or TN only: Are you offering the</i> <input type="checkbox"/> <i>group policy or</i> <input type="checkbox"/> <i>individual policy</i>																																																			
	Plan 1	Plan 2	Plan 3																																																
Module 1 – Accident Emergency Treatment Benefits	Units	Units	Units																																																
Module 2 – Follow-Up Visits and Physical Therapy Benefits	Units	Units	Units																																																
Module 3 – Initial Accident Hospitalization	Units	Units	Units																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Accept</th> <th style="width: 10%;">Decline</th> <th style="width: 40%;">Optional Riders</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 10%;"></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Accidental Death and Dismemberment Rider</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Accident Hospital & ICU Income Rider</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Expanded Benefits Rider</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wellness Benefit Rider</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Accident Only Disability Income Rider</td> <td colspan="3"> Elimination Period-0 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sickness Only Disability Income Rider</td> <td colspan="3"> Elimination Period: 14 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Spouse Off-the-Job Accident Only Disability Income Rider</td> <td colspan="3"> Elimination Period-0 Days Benefit Period: 6 Months </td> </tr> </table>	Accept	Decline	Optional Riders				<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death and Dismemberment Rider	Units	Units	Units	<input type="checkbox"/>	<input type="checkbox"/>	Accident Hospital & ICU Income Rider	Units	Units	Units	<input type="checkbox"/>	<input type="checkbox"/>	Expanded Benefits Rider	Units	Units	Units	<input type="checkbox"/>	<input type="checkbox"/>	Wellness Benefit Rider	Units	Units	Units	<input type="checkbox"/>	<input type="checkbox"/>	Accident Only Disability Income Rider	Elimination Period-0 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months			<input type="checkbox"/>	<input type="checkbox"/>	Sickness Only Disability Income Rider	Elimination Period: 14 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months			<input type="checkbox"/>	<input type="checkbox"/>	Spouse Off-the-Job Accident Only Disability Income Rider	Elimination Period-0 Days Benefit Period: 6 Months					
Accept	Decline	Optional Riders																																																	
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death and Dismemberment Rider	Units	Units	Units																																														
<input type="checkbox"/>	<input type="checkbox"/>	Accident Hospital & ICU Income Rider	Units	Units	Units																																														
<input type="checkbox"/>	<input type="checkbox"/>	Expanded Benefits Rider	Units	Units	Units																																														
<input type="checkbox"/>	<input type="checkbox"/>	Wellness Benefit Rider	Units	Units	Units																																														
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<input type="checkbox"/>	<input type="checkbox"/>	Sickness Only Disability Income Rider	Elimination Period: 14 Days Benefit Period: <input type="checkbox"/> 6 <input type="checkbox"/> 12 Months																																																
<input type="checkbox"/>	<input type="checkbox"/>	Spouse Off-the-Job Accident Only Disability Income Rider	Elimination Period-0 Days Benefit Period: 6 Months																																																

<input type="checkbox"/> Individual Accident Insurance – AccidentSelect	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage: <input type="checkbox"/> Plan I <input type="checkbox"/> Plan II		
Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Accident Only Disability Income Rider
<input type="checkbox"/>	<input type="checkbox"/>	Sickness Only Disability Income Rider

<input type="checkbox"/> Work Stride: Managing Cancer at Work By John Hopkins Medicine	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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<input type="checkbox"/> TopDoc Connect	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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<input type="checkbox"/> Group Cancer Insurance – CancerSelect Plus	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Coverage:																											
	Plan 1	Plan 2	Plan 3																								
Module 1 – Hospital Benefits	Units	Units	Units																								
Module 2 – Surgery Benefits	Units	Units	Units																								
Module 3 – Radiation and Chemotherapy Benefits	Units	Units	Units																								
Module 4 – Wellness and Miscellaneous Benefits	Units	Units	Units																								
Module 5 – Cancer Maintenance Therapy Benefits	Units	Units	Units																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Accept</th> <th style="width: 10%;">Decline</th> <th style="width: 40%;">Optional Riders</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 10%;"></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>First Occurrence Rider <i>(Lump Sum Diagnosis Rider in SD)</i></td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Intensive Care Rider <i>(Not available in CT, MA, NH, NJ, VT or WA)</i></td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Specified Disease Rider <i>(Not available in OR, SD or WA)</i></td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> <td style="text-align: center;">Units</td> </tr> </table>	Accept	Decline	Optional Riders				<input type="checkbox"/>	<input type="checkbox"/>	First Occurrence Rider <i>(Lump Sum Diagnosis Rider in SD)</i>	Units	Units	Units	<input type="checkbox"/>	<input type="checkbox"/>	Intensive Care Rider <i>(Not available in CT, MA, NH, NJ, VT or WA)</i>	Units	Units	Units	<input type="checkbox"/>	<input type="checkbox"/>	Specified Disease Rider <i>(Not available in OR, SD or WA)</i>	Units	Units	Units			
Accept	Decline	Optional Riders																									
<input type="checkbox"/>	<input type="checkbox"/>	First Occurrence Rider <i>(Lump Sum Diagnosis Rider in SD)</i>	Units	Units	Units																						
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Care Rider <i>(Not available in CT, MA, NH, NJ, VT or WA)</i>	Units	Units	Units																						
<input type="checkbox"/>	<input type="checkbox"/>	Specified Disease Rider <i>(Not available in OR, SD or WA)</i>	Units	Units	Units																						

<input type="checkbox"/> Group CI Insurance – CriticalEvents	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i> <i>If yes, offering Employee Buy-Up?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date:
Self-Administered Benefit <input type="checkbox"/>		
I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>		

	Plan 1	Plan 2	Plan 3
Dependent Coverage (only 50% available for Employer Paid cases)	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%
Rate Structure (Composite is available for Employer Paid only; Attained Age is not available in NJ)	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite
First Occurrence	<input type="checkbox"/> First Ever <input type="checkbox"/> First after Effective Date	<input type="checkbox"/> First Ever <input type="checkbox"/> First after Effective Date	<input type="checkbox"/> First Ever <input type="checkbox"/> First after Effective Date
<input type="checkbox"/> Cancer Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occupational HIV Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Recurrent Critical Illness Benefit Rider (Benefit Selection: 0%, 25%, 50%, 75%, 100%)	%	%	%
<input type="checkbox"/> Wellness Benefit Rider	\$	\$	\$

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Advance	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:	
Coverage: <i>For GA only: Are you offering the <input type="checkbox"/> group policy or <input type="checkbox"/> individual policy</i>			
	Plan 1	Plan 2	Plan 3
Rate Structure	<input type="checkbox"/> Tobacco Distinct <input type="checkbox"/> Uni-Tobacco	<input type="checkbox"/> Tobacco Distinct <input type="checkbox"/> Uni-Tobacco	<input type="checkbox"/> Tobacco Distinct <input type="checkbox"/> Uni-Tobacco
<input type="checkbox"/> Cancer Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Occupational HIV Benefit Rider)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Quality of Life Benefit Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Recurrent Critical Illness Benefit Rider	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75%
Benefit Amount Paid For By:		Policyholder	Employee
<input type="checkbox"/> Intensive Care Rider		\$	\$
<input type="checkbox"/> Initial Hospitalization for Accidental Bodily Injury Benefit Rider		\$	\$
<input type="checkbox"/> Accident Emergency Treatment Benefit Rider		\$	\$
<input type="checkbox"/> Wellness Benefit Rider		\$	\$

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Plus	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage:		
Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	Cancer Benefit Rider (Includes \$50 Wellness)
<input type="checkbox"/>	<input type="checkbox"/>	Occupational HIV Benefit Rider
<input type="checkbox"/>	<input type="checkbox"/>	Quality of Life Benefit Rider
<input type="checkbox"/>	<input type="checkbox"/>	Cancer Screening Wellness Benefit Rider Additional Benefit: <input type="checkbox"/> \$50 <input type="checkbox"/> \$100

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Select	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage: <input type="checkbox"/> With Benefit Reduction <input type="checkbox"/> Without Benefit Reduction		
<input type="checkbox"/> Option A – Cancer, Heart Attack, Stroke, End Stage Renal Failure, and Major Organ Transplant		
<input type="checkbox"/> Option B – Heart Attack and Stroke Only		
<input type="checkbox"/> Option C – Cancer Only		
<input type="checkbox"/> Option B and C – Heart Attack, Stroke, and Cancer Only		

<input type="checkbox"/> Group Short-Term Disability – TransDI Plus IncomeSelect in FL Large Employer Group Only (51+).	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Self-Administered Benefit <input type="checkbox"/>						
I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>						
Coverage: Accelerated Benefit For Terminal Illness Rider included in all states except CT.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Class 1</th> <th style="width: 25%;">Class 2</th> <th style="width: 25%;">Class 3</th> <th style="width: 25%;">Class 4</th> </tr> </table>	Class 1	Class 2	Class 3	Class 4
Class 1	Class 2	Class 3	Class 4			
Maximum Monthly Benefit is the lesser of: <i>(Cannot exceed 80% or \$5,000)</i>	Percentage of Salary Dollar Amount	% \$	% \$			
Maximum Benefit Period (3, 6, 12 or 24 Months)	Months	Months	Months			
Accident Elimination Period (0, 7, 14, 30, 60, 90 or 180 Days)	Days	Days	Days			
Sickness Elimination Period (7, 14, 30, 60, 90 or 180 Days)	Days	Days	Days			
Accept	Decline	Optional Riders/Benefits				
<input type="checkbox"/>	<input type="checkbox"/>	Accidental Death & Dismemberment Benefit Rider				
<input type="checkbox"/>	<input type="checkbox"/>	Hospital Indemnity Benefit Rider				
<input type="checkbox"/>	<input type="checkbox"/>	Survivor Benefit Rider				
<input type="checkbox"/>	<input type="checkbox"/>	Limited Pre-existing Condition Benefit (25% of the Disability Benefit for up to 6 weeks)				
<input type="checkbox"/>	<input type="checkbox"/>	Physical Therapy Rider				
<input type="checkbox"/>	<input type="checkbox"/>	Portability Rider				
<input type="checkbox"/>	<input type="checkbox"/>	Additional Income Benefit Rider				

<input type="checkbox"/> Group Short-Term Disability – TransDI Elite	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
Coverage:		
Maximum Monthly Benefit Amount	Guaranteed Issue up to \$2,500; Simplified Issue \$2,600 to \$5,000	
Not to exceed	60% of Salary	
Maximum Benefit Period	6 Months or 12 Months (Employee Option)	
Accident Elimination Period	0 Days	
Sickness Elimination Period	14 Days	
Accidental Death Benefit Rider	\$2,000 Benefit	
Occupational Benefit Rider (Not available in WA)	25% of the Disability Benefit Amount	
Limited Pre-existing Condition Benefit	50% of the Disability Benefit Amount for up to 12 Weeks of Disability	

<input type="checkbox"/> Healthiestyou	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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<input type="checkbox"/> Group Limited Benefit Indemnity – TransConnect	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Coverage: Do you continuously maintain a medical plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available while you continuously maintain an underlying medical plan)</i> How many plans are in force? _____ <i>(Attach a copy or plan summary of each plan and the most recent billing statement)</i>						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Class 1</th> <th style="width: 25%;">Class 2</th> <th style="width: 25%;">Class 3</th> <th style="width: 25%;">Class 4</th> </tr> </table>	Class 1	Class 2	Class 3	Class 4
Class 1	Class 2	Class 3	Class 4			
Hospital Inpatient Benefit Amount						
Underlying Medical Plan Deductible						

<input type="checkbox"/> Group Limited Benefit Outpatient-Only Indemnity – TransConnect II	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Coverage: Do you continuously maintain a medical plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available while you continuously maintain an underlying medical plan)</i> How many plans are in force? _____ <i>(Attach a copy or plan summary of each plan and the most recent billing statement)</i>						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Class 1</th> <th style="width: 25%;">Class 2</th> <th style="width: 25%;">Class 3</th> <th style="width: 25%;">Class 4</th> </tr> </table>	Class 1	Class 2	Class 3	Class 4
Class 1	Class 2	Class 3	Class 4			
Benefit Amount						

<input type="checkbox"/> Hospital Indemnity – HospitalSelect II HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider Maximum of 31 Days per Confinement	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider Dependent Benefit Percentage	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – HospitalSelect II Non-HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No (Product only available if you answer "Yes")				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
<input type="checkbox"/> Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$ _____ _____ Days	\$ _____ _____ Days	\$ _____ _____ Days	\$ _____ _____ Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$ _____ _____ Days	\$ _____ _____ Days	\$ _____ _____ Days	\$ _____ _____ Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider Maximum of 31 Days per Confinement	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider Dependent Benefit Percentage	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
<input type="checkbox"/> Inpatient Surgical Indemnity Benefit Rider <i>(Requires confinement)</i> Calendar Year Maximum Anesthesia Benefit Percentage	\$ _____ _____ Days _____ %	\$ _____ _____ Days _____ %	\$ _____ _____ Days _____ %	\$ _____ _____ Days _____ %
<input type="checkbox"/> Outpatient Surgical Indemnity Benefit Rider Calendar Year Maximum Anesthesia Benefit Percentage	\$ _____ _____ Days _____ %	\$ _____ _____ Days _____ %	\$ _____ _____ Days _____ %	\$ _____ _____ Days _____ %
<input type="checkbox"/> Surgical and Anesthesia Indemnity Benefit Rider Daily Inpatient Surgical Benefit Amount: Daily Outpatient Surgical Benefit Amount: 50% of Inpatient Amount Daily Minor Outpatient Surgical Benefit Amount: 10% of Inpatient Amt. Calendar Year Maximum: 1 Day per category Anesthesia Benefit Percentage	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %	\$ _____ _____ %
<input type="checkbox"/> Ambulance Indemnity Benefit Rider – Daily Ground Benefit Daily Air Ambulance pays 3 times the Daily Ground Benefit Calendar Year Maximum: 3 Days. Lifetime Maximum: 6 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Inpatient Drug & Alcohol Addiction Indemnity Benefit Rider Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Inpatient Mental & Nervous Disorder Indemnity Benefit Rider Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Skilled Nursing Indemnity Benefit Rider Calendar Year Maximum: 60 Days. Lifetime Maximum: 120 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$ _____ _____ Days	\$ _____ _____ Days	\$ _____ _____ Days	\$ _____ _____ Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – HospitalSelect III HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider Maximum of 31 Days per Confinement	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider Dependent Benefit Percentage	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> 24-Hour Coverage Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – HospitalSelect III Non-HSA Plan	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>	I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>			
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)	Class 1	Class 2	Class 3	Class 4
<input type="checkbox"/> Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____	\$ _____ <input type="checkbox"/> 31 Days <input type="checkbox"/> \$ _____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> Inpatient Miscellaneous Indemnity Benefit Rider Maximum of 31 Days per Confinement	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Critical Illness Indemnity Benefit Rider Dependent Benefit Percentage	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
<input type="checkbox"/> Inpatient Surgical Indemnity Benefit Rider <i>(Requires confinement)</i> Calendar Year Maximum Anesthesia Benefit Percentage	\$ _____ Days %	\$ _____ Days %	\$ _____ Days %	\$ _____ Days %
<input type="checkbox"/> Outpatient Surgical Indemnity Benefit Rider Calendar Year Maximum Anesthesia Benefit Percentage	\$ _____ Days %	\$ _____ Days %	\$ _____ Days %	\$ _____ Days %
<input type="checkbox"/> Surgical and Anesthesia Indemnity Benefit Rider Daily Inpatient Surgical Benefit Amount: Daily Outpatient Surgical Benefit Amount: 50% of Inpatient Amount Daily Minor Outpatient Surgical Benefit Amount: 10% of Inpatient Amt. Calendar Year Maximum: 1 Day per category Anesthesia Benefit Percentage	\$ _____ %	\$ _____ %	\$ _____ %	\$ _____ %
<input type="checkbox"/> Ambulance Indemnity Benefit Rider – Daily Ground Benefit Daily Air Ambulance pays 3 times the Daily Ground Benefit Calendar Year Maximum: 3 Days. Lifetime Maximum: 6 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Inpatient Drug & Alcohol Addiction Indemnity Benefit Rider Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Inpatient Mental & Nervous Disorder Indemnity Benefit Rider Calendar Year Maximum: 31 Days. Lifetime Maximum: 60 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Skilled Nursing Indemnity Benefit Rider Calendar Year Maximum: 60 Days. Lifetime Maximum: 120 Days	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$ _____ Days	\$ _____ Days	\$ _____ Days	\$ _____ Days
<input type="checkbox"/> 24-Hour Coverage Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Healthiestyou	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Hospital Indemnity – Transamerica Provider Select – HSA	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>				
I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>				
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)				
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	Class 1	Class 2	Class 3	Class 4
	\$	\$	\$	\$
	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days
	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$	\$	\$	\$
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Hospital/Provider Network: _____				

<input type="checkbox"/> Hospital Indemnity – Transamerica Provider Select – Non-HSA	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:		
Self-Administered Benefit <input type="checkbox"/>				
I Acknowledge receipt of Self-Administration Guide <input type="checkbox"/>				
Do you offer a medical plan with at least a \$1,000 deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>				
Coverage: (Attach Plan Design)				
Base: Daily In-Hospital Indemnity Benefit Maximum (choose one): 31 Days per Confinement Dollar Amount per Calendar Year	Class 1	Class 2	Class 3	Class 4
	\$	\$	\$	\$
	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days	<input type="checkbox"/> 31 Days
	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____	<input type="checkbox"/> \$_____
<input type="checkbox"/> Hospital Confinement Indemnity Benefit Rider Maximum of 1 Day per Confinement. Calendar Year Maximum	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> Intensive Care Indemnity Benefit Rider <i>(Can't exceed 2 times the Base Benefit)</i> Calendar Year Maximum	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> Off-The-Job Accidental Injury Indemnity Benefit Rider Maximum of 1 Day per Accident, Calendar Year Maximum 5 Days	\$	\$	\$	\$
<input type="checkbox"/> Inpatient Surgical Indemnity Benefit Rider <i>(Requires confinement)</i> Calendar Year Maximum Anesthesia Benefit Percentage	\$	\$	\$	\$
	Days	Days	Days	Days
	%	%	%	%
<input type="checkbox"/> Outpatient Surgical Indemnity Benefit Rider Calendar Year Maximum Anesthesia Benefit Percentage	\$	\$	\$	\$
	Days	Days	Days	Days
	%	%	%	%
<input type="checkbox"/> Wellness Indemnity Benefit Rider	\$	\$	\$	\$
	Days	Days	Days	Days
<input type="checkbox"/> Waiver of Preexisting Condition Rider (for non-Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Preexisting Conditions & Normal Pregnancy Limitations Rider (for Self Admin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add Normal Pregnancy Limitation Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Hospital/Provider Network: _____				

<input type="checkbox"/> Self-Administered Group Critical Illness	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount or %: If yes, offering Buy-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date:
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Note: The proposal must be included in new case submission but will not be a part of the policy.

	Plan 1		Plan 2		Plan 3	
Rate Structure <i>(Composite is available for ER Paid only)</i>	<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite		<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite		<input type="checkbox"/> Issue Age <input type="checkbox"/> Attained Age <input type="checkbox"/> Composite	
<input type="checkbox"/> Dependent Insurance Percentage Spouse Children	<input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 100%		<input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 100%		<input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> 50% <input type="checkbox"/> 100%	
<input type="checkbox"/> Cardiovascular Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Coronary Artery Disease Requiring Angioplasty/Stent						
Coronary Artery Disease Requiring Bypass Grafts						
Coronary Invasive						
<input type="checkbox"/> Heart Attack	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Heart Attack						
Sudden Cardiac Arrest						
<input type="checkbox"/> Kidney Failure	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
End Stage Renal Failure		N/A		N/A		N/A
<input type="checkbox"/> Major Organ Transplant	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Bone Marrow Transplant						
Major Organ Transplant (except Bone Marrow)						
<input type="checkbox"/> Stroke	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Stroke						
Transient Ischemic Attack (TIA)						
<input type="checkbox"/> Benign Tumor	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Benign Brain Tumor						
Benign Spinal Cord Tumor						
<input type="checkbox"/> Cancer	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Invasive Cancer						
Non-Invasive Cancer						
Skin Cancer						
<input type="checkbox"/> Childhood Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Cerebral Palsy		N/A		N/A		N/A
Cleft Lip/Palate		N/A		N/A		N/A
Cystic Fibrosis		N/A		N/A		N/A
Down Syndrome		N/A		N/A		N/A
<input type="checkbox"/> Functional Loss	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Sensory Loss		N/A		N/A		N/A
Monoplegia		N/A		N/A		N/A
Quadriplegia, Paraplegia, or Hemiplegia		N/A		N/A		N/A
<input type="checkbox"/> Infectious Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Anthrax		N/A		N/A		N/A
Cholera		N/A		N/A		N/A
Rocky Mountain Spotted Fever		N/A		N/A		N/A

Encephalitis/ Bacterial Meningitis		N/A		N/A		N/A
Typhoid Fever		N/A		N/A		N/A
Tuberculosis		N/A		N/A		N/A
Malaria		N/A		N/A		N/A
Osteomyelitis		N/A		N/A		N/A
SARS – CoV-2		N/A		N/A		N/A
<input type="checkbox"/> Occupational Exposure	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Human Immunodeficiency Virus (HIV)		N/A		N/A		N/A
Hepatitis		N/A		N/A		N/A
Ebola		N/A		N/A		N/A
<input type="checkbox"/> Progressive Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Alzheimer's Disease		N/A		N/A		N/A
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)		N/A		N/A		N/A
Lupus		N/A		N/A		N/A
Multiple Sclerosis		N/A		N/A		N/A
Parkinson's Disease		N/A		N/A		N/A
Primary Sclerosing Cholangitis (Walter Peyton's Disease)		N/A		N/A		N/A
Other Dementia		N/A		N/A		N/A
<input type="checkbox"/> Severe Burns	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Severe Burns						
<input type="checkbox"/> Vascular Disease	1st Occ	Recurrent	1st Occ	Recurrent	1st Occ	Recurrent
Abdominal/Thoracic Aortic Aneurysm						
Carotid Artery Disease						
Cerebral Aneurysm						
Renal Aneurysm						
<input type="checkbox"/> Accidental Death and Dismemberment Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Accidental Death Benefit - Automobile						
Accidental Death Benefit – Public Transportation						
Accidental Death Benefit – Other Causes						
Dismemberment One or more fingers or one or more toes						
One eye, hand, foot, arm, or leg						
Two eyes, hands, or feet						
Two arms or two legs						
Both arms and both legs						
Accidental Sensory Loss						
Accidental Paralysis						
Accidental Coma						
Accidental Burns						
<input type="checkbox"/> Hospital Confinement Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Daily Benefit Amount						
<input type="checkbox"/> Second Opinion Benefit Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Second Opinion Benefit						
<input type="checkbox"/> Health Screening Benefit Rider	Benefit Amount		Benefit Amount		Benefit Amount	
Per Covered Person per Plan Year						

<input type="checkbox"/> Self-Administered Group Accident Insurance	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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NOTE: The proposal must be included in new case submission but will not be a part of the policy.
Only populate bolded sections unless changes approved by Underwriting are reflected in the proposal.

Coverage: ☐ **24-Hour Coverage** ☐ **Off-the-Job Only Coverage**

	Plan 1	Plan 2	Plan 3
<input type="checkbox"/> Initial Treatment & Diagnosis Benefits Emergency Room, Urgent Care, and Medical Diagnostic Testing Benefit (\$100, \$125, \$150, \$175, \$200, \$225, \$250)	Benefit Amount	Benefit Amount	Benefit Amount
Office, Xray and Lab Percentage	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%
Emergency Treatment- ER			
Emergency Treatment- UC			
Major Diagnostic Exam			
Emergency Treatment- Office			
Xray			
Lab Tests			
<input type="checkbox"/> Bodily Injury Category 1 (\$4,500, \$6,000, \$7,500, \$9,000, \$10,500, \$12,000)	Benefit Amount	Benefit Amount	Benefit Amount
Hip- Open Fracture			
Hip- Closed Fracture			
Leg- Open Fracture			
Leg- Closed Fracture			
Pelvis- Open Fracture			
Pelvis- Closed Fracture			
Upper Arm- Open Fracture			
Upper Arm- Closed Fracture			
Skull- Depressed Fracture			
Skull- Simple Fracture			
Vertebrae/Vertebral Processes- Open Fracture			
Vertebrae/Vertebral Processes- Closed Fracture			
Shoulder/Shoulder Blade- Open Fracture			
Shoulder/Shoulder Blade- Closed Fracture			
Hip- Open Dislocation			
Hip- Closed Dislocation			
Knee- Open Dislocation			
Knee- Closed Dislocation			
Shoulder/Shoulder Blade- Open Dislocation			
Shoulder/Shoulder Blade- Closed Dislocation			
<input type="checkbox"/> Bodily Injury Category 2 (\$2,400, \$3,200, \$4,000, \$5,600, \$6,400)	Benefit Amount	Benefit Amount	Benefit Amount
Ankle or Foot Open Fracture			
Ankle or Foot Closed Fracture			
Elbow- Open Fracture			
Elbow- Closed Fracture			
Kneecap- Open Fracture			
Kneecap- Closed Fracture			

Lower Jaw- Open Fracture			
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Lower Jaw- Closed Fracture			
Upper Jaw- Open Fracture			
Upper Jaw- Closed Fracture			
Hand- Open Fracture			
Hand- Closed Fracture			
Wrist- Open Fracture			
Wrist- Closed Fracture			
Forearm- Open Fracture			
Forearm- Closed Fracture			
Ankle or Foot Open Dislocation			
Ankle or Foot Closed Dislocation			
Hand- Open Dislocation			
Hand- Closed Dislocation			
Elbow- Open Dislocation			
Elbow- Closed Dislocation			
Wrist- Open Dislocation			
Wrist- Closed Dislocation			
Lower Jaw- Open Dislocation			
Lower Jaw- Closed Dislocation			
Collar Bone- Open Dislocation			
Collar Bone- Closed Dislocation			
<input type="checkbox"/> Bodily Injury Category 3 (\$1,200, \$1,500, \$1,800, \$2,100, \$2,400)	Benefit Amount	Benefit Amount	Benefit Amount
Nose- Open Fracture			
Nose- Closed Fracture			
Face- Open Fracture			
Face- Closed Fracture			
Collar Bone- Open Fracture			
Collar Bone- Closed Fracture			
Sternum- Open Fracture			
Sternum- Closed Fracture			
Ribs- Open Fracture			
Ribs- Closed Fracture			
Toe- Open Fracture			
Toe- Closed Fracture			
Heel- Open Fracture			
Heel- Closed Fracture			
Coccyx- Open Fracture			
Coccyx- Closed Fracture			
Finger- Open Fracture			
Finger- Closed Fracture			
Toe- Open Dislocation			
Toe- Closed Dislocation			
Ribs- Open Dislocation			
Ribs- Closed Dislocation			
Finger – Open Dislocation			

Finger- Closed Dislocation			
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<input type="checkbox"/> Recovery Services Benefits Follow Up Visit, Physical Therapy, Chiropractic, Acupuncture, Mental Health, and Epidural Benefit (\$50, \$75, \$100, \$125, \$150)	Benefit Amount	Benefit Amount	Benefit Amount
Percentage for all other Recovery Services Benefits	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%	<input type="checkbox"/> 50% <input type="checkbox"/> 100%
Follow Up Visit			
Physical Therapy			
Chiropractic			
Acupuncture			
Mental Health			
Pain Management Epidural			
<input type="checkbox"/> Hospitalization Benefits (\$600, \$900, \$1,200, \$1,500, \$1,800, \$2,100, \$2,400, \$2,700, \$3,000)	Benefit Amount	Benefit Amount	Benefit Amount
Ground Ambulance			
Air Ambulance			
Hospital Admission			
ICU Admission			
Accident Daily Hospital Benefit			
Accident Daily ICU Benefit			
Accident Daily ICU Step Down Benefit			
Inpatient Rehabilitation Benefit			
Observation Room			
<input type="checkbox"/> Additional Benefits Category 1 (\$100, \$150, \$200, \$250, \$300, \$350, \$400, \$450, \$500)	Benefit Amount	Benefit Amount	Benefit Amount
Concussion- Mild			
Concussion- Moderate/Severe			
Appliance			
Lacerations- No Sutures			
Lacerations- < 7.5 cm			
Lacerations 7.5 – 20 cm			
Lacerations- 20+ cm			
Tendons, Ligaments and Rotator Cuffs			
Arthroscopic Surgery with No Repair			
Tendons, Ligaments and Rotator Cuffs- Repair of one			
Tendons, Ligaments and Rotator Cuffs- Repair of two or more			
Ruptured Discs and Torn Knee Cartilage			
Shaved Cartilage or Arthroscopic Surgery with No Repair			
Ruptured Discs and Torn Knee Cartilage- Repair of one			
Ruptured Discs and Torn Knee Cartilage- Repair of two or more			
Eye Injury- With Surgery Repair			
Eye Injury- Non-Surgical Removal of Foreign Body			
Dental- Repaired with Crowns			
Dental- Extractions			
<input type="checkbox"/> Additional Benefits Category 2 (\$500, \$750, \$1,000, \$1,250, \$1,500, \$1,750, \$2,000, \$2,250, \$2,500)	Benefit Amount	Benefit Amount	Benefit Amount
Burns- 2 nd Degree, 25% - 35%			

Burns- 2 nd Degree, > 35%			
Burns- 3 rd Degree, 6 -10 sq cm			
Burns- 3 rd Degree, 10 – 25 sq cm			
Burns- 3 rd Degree, 25 – 35 sq cm			
Burns- 3 rd Degree, > 35 sq cm			
Burns- Skin Graft			
Major Surgery			
Exploratory Surgery			
Prosthetic Device- one			
Prosthetic Device- two or more			
Prosthetic Device- Repairs			
Blood, Plasma, Platelets			
Transportation			
Family Lodging			
Residence Modification			
Vehicle Modification			
Coma- Non-Induced			
Coma- Induced			
Coma- Persistent Vegetative State			
Paralysis- Quadriplegia			
Paralysis- Hemiplegia			
Paralysis- Triplegia			
Paralysis- Diplegia			
Paralysis- Monoplegia			
<input type="checkbox"/> Accidental Death & Dismemberment (\$5,000 - \$100,000 in \$5,000 Increments)		Benefit Amount	Benefit Amount
Common Carrier	Insured		
	Spouse		
	Child		
Auto- Seatbelt and Airbag Deployed	Insured		
	Spouse		
	Child		
Auto- Seatbelt no Airbag	Insured		
	Spouse		
	Child		
Auto- No Seatbelt or Airbag	Insured		
	Spouse		
	Child		
Other Accident Death	Insured		
	Spouse		
	Child		
Transport or Remains			
Surviving Child Education			
Licensed Day Care Center			
Career Enrichment			
Dismemberment- one or more fingers/toes	Insured		
	Spouse		

	Child			
Dismemberment- one eye, hand, foot, arm or leg	Insured			
	Spouse			
	Child			
Dismemberment- two eyes, hands, or feet	Insured			
	Spouse			
	Child			
Dismemberment- two arms or legs	Insured			
	Spouse			
	Child			
Dismemberment- speech and hearing in both ears	Insured			
	Spouse			
	Child			
Dismemberment- both arms and both legs	Insured			
	Spouse			
	Child			
<input type="checkbox"/> Wellness Care Rider (\$25, \$50, \$75, \$100, \$125, \$150)		Benefit Amount	Benefit Amount	Benefit Amount
Insured				
Spouse				
Child				
<input type="checkbox"/> Organized Sports Rider		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage				

Only populate bolded sections unless changes approved by Underwriting are reflected in the proposal.

Please complete, sign and date this application and return to us at the address listed above.
Make a photocopy for your records.