

NOTICE OF PRIVACY PRACTICES TRANSAMERICA COMPANIES

This Notice is provided to you by the Transamerica companies listed at the end of this Notice. We value our customers and your trust in us, especially when you share your personal information with us. We understand that the privacy and security of that personal information is important to you. We call this information “data”. This Notice describes the data we collect and how we use, share and protect such data. The types of data we collect and share depend on the type of product or service you have with us. Also, Transamerica websites’ and applications’ Terms of Use and Privacy Statements provide additional detail on the treatment and handling of data when interacting with these sites or applications. If your relationship with us ends, we will continue to handle your data in accordance with this Notice.

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

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 • Employers, healthcare providers, other insurance companies and other authorized entities
Data about your transactions with us. Data about your transactions with unaffiliated third parties (“Third Parties”) that is shared with Transamerica. Transactional data collected as part of your interaction with Transamerica or provided by Third Parties 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 (companies under common ownership) • 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, medical care and health.	<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, 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
Data you provide to Third Parties when you have authorized the Third Party to share such data with other parties. This includes data collected through Third Party applications, websites, or other digital interfaces, data you share with us, 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 for purposes 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 you elect to participate in
- 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. In certain situations, our ability to share information is limited by other restrictions, such as certain contractual agreements with plan sponsors or similar arrangements. **We will honor those restrictions to the extent they conflict with the terms of this Notice.**

We may also share your data with Third Parties in certain circumstances, such as:

- 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 a legal or beneficial 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,
- To prevent and prosecute fraud or criminal activities,
- To conduct actuarial or research studies, and
- In connection with the sale or merger of all or part of our business

Our affiliates include a broad range of companies who provide financial services. These include insurance companies and agencies, and investment advisors. They also include agencies and broker/dealers who may not be included in the scope of this Notice. If we serve you through one of these professionals not covered under the Notice, you may contact them directly for information regarding their privacy practices. Specific contact information for these professionals can be found on your statements and other correspondence from them. We do not share information about your creditworthiness among our affiliates. The Transamerica affiliated companies with whom we may share your other information may include our companies with a Transamerica or Stonebridge name. For example, we may share your data with our affiliates:

- For their everyday business purposes;
- 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, maintaining your account, and marketing products and services to you; or
- So they can audit themselves or their agents

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 relates to your transactions and experiences with us. For example, this may include the products you own and 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 Opted Out of marketing offers from our affiliates, 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 (including 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 have a right of access and correction with respect to data we collect except data that relates to and is collected in connection with a claim or criminal or civil lawsuit involving you. You must make your request to us in writing listing 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 and 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 in order to do their jobs or to provide products and services to you. We train our workforce in the proper handling of data. In addition, we maintain other physical, technical, and administrative or procedural safeguards to protect your data.

Other Privacy Protections 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 following Transamerica companies and any separate accounts established for products they offer:

Transamerica Advisors Life Insurance Company
Transamerica Casualty Insurance Company
Transamerica Investors Securities Corporation
Transamerica Premier Life Insurance Company
Transamerica Retirement Solutions, LLC

Transamerica Capital, Inc
Transamerica Financial Life Insurance Company
Transamerica Life Insurance Company
Transamerica Retirement Advisors, LLC
Stonebridge Benefit Services, Inc

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DEFINITIONS

Active Service – To be considered in Active Service, the employee must be:

1. Performing in the usual manner all of the regular duties of his or her occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where he or she normally works or at some location directed by the employer.

The employee is considered to be in Active Service on a day which is not a scheduled work day only if he or she would be able to perform in the usual manner all of the regular duties of his or her occupation if it were a scheduled work day. The employee must also have been in Active Service on the last preceding regular work day.

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

Application – The form completed and signed to apply for insurance coverage.

Certificate – The document that is given to each Insured that describes the terms of the insurance made available to insured employees and their insured Spouses and any insured Dependent Children.

Covered Person – Any or all of the following: the Insured, Insured's Spouse, or Insured's and/or Spouse's Child(ren) who have been accepted by us for coverage.

Dependent – The Insured's Child or Spouse covered under the Certificate.

Effective Date – The date when this Policy takes effect. It is shown on the Policy's Cover Page. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

Evidence of Insurability – The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

Grace Period – A 31-day period after the premium due date.

Group Master Policy or Policy – This document that describes the coverage provided to Insureds, as well as the administrative duties between you and us.

Insured – The employee covered under a Certificate.

Policyholder – The entity named on the Policy's Cover Page.

ELIGIBILITY

Employees – To be eligible, an employee must:

1. Meet eligibility requirements as set forth on the Policyholder's Application;
2. Provide satisfactory Evidence of Insurability to us, if required; and
3. Be in Active Service on the effective date of coverage.

Within 31 days of the date enrollment is offered to the employee, an Application must be completed and any required premium paid. If such Application is not made within that 31-day period, the employee will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

Dependents - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day an employee becomes eligible for coverage; or
2. The day a Dependent first meets the definition of Dependent.

The Insured may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

If such Application for Dependent coverage is not made within that 31-day period, the Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an employee and his or her Spouse are both eligible as an employee, the Child(ren) may be insured as Dependents of either the employee or his or her Spouse, but not both.

PREMIUMS

Premium Calculation and Due Dates - The premium due will be the sum of the premiums applicable for all Insureds. You must pay the premiums to us at our Administrative Office.

The premiums are due and payable to us in advance by you on each premium due date. The first premium due date is the Effective Date.

Change in Premium Rates - We have the right to change the premium rates on any premium due date. If the rates are changed, we will give you at least a 60-day advance written notice. If an increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid when due, the coverage will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased.

POLICY CHANGES AND TERMINATION

Who May Change this Policy - The terms of this Policy may be changed at any time by written agreement between you and us. Only our President, Vice President, Secretary, or an Assistant Secretary can authorize a change in this Policy. Such an authorization must be in writing and signed by an officer. The terms of this Policy can be changed only by Endorsement or Amendment signed by an officer of Transamerica Life Insurance 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 you and we 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 you 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 you submit 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 you that we intend to terminate this Policy, this Policy will terminate on the date specified in that notice;
3. If any premium payable by you is not paid within its Grace Period, this Policy will terminate on the day after the Grace Period ends; or
4. If you fail to comply with any terms of this Policy or the Application, or otherwise fail to fulfill any obligations or duties under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this Policy will terminate on the 32nd day after we have given you written notice of our intent to terminate.

Termination of an Insured's coverage prior to any termination of this Policy will be governed by the Termination of Insurance section of the Certificate. You are required to notify us of any such termination.

POLICYHOLDER PROVISIONS

Duties - Your duties will include, but are not limited to, the following:

1. As required, give us any and all information we determine to be necessary for the enrollment of your employees (and their Spouses and/or Dependent Children, if such coverage is available and has been elected and approved by us), and for the determination of their eligibility.
2. Receive and forward to us, the Applications of your employees.
3. Maintain records pertaining to the insurance of your employees 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. In the event that any of this insurance is to be stopped:
 - a. You are required to notify the insured employees by either giving them a written notice or mailing a notice to their last known address as shown in your records; and
 - b. You are required to provide the insured employees with a notice of their right to opt for the Portability Option, as described in the Certificate.

Certificates - A Certificate will be issued for delivery to each Insured. The Certificate will describe:

1. The benefits under this Policy;
2. To whom benefits will be paid;
3. The limitations and terms of this Policy; and
4. All 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 – You must make this Policy available for inspection by your employees at all reasonable times during normal business hours.

Policyholder is an Agent of the Insured – For all purposes related to the insurance issued under this Policy, you act as an agent of the Insured. You do 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 – Should any provision of the Policy conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

Entire Contract - The Entire Contract consists of this Policy, the Certificate, any attached Amendments, Endorsements, or Riders, and your signed, attached Application.

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. You must still pay all unpaid premiums. This includes the premium due for the Grace Period.

If coverage is canceled on a premium due date and the premium has been paid through that date, the Grace Period will not apply. If cancellation is during the Grace Period, you will be liable for any unpaid premium including the pro rata premium for that part of the Grace Period during which coverage was in force.

Legal Action - No legal action may be brought to recover under the Policy and any Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

Money Payable – All sums payable by or to us will be paid in the lawful currency of the United States of America.

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.

No Dividends Payable – This Policy does not participate in the profits or surplus earnings of our Company.

Time Limit on Certain Defenses – Misstatements in the Application - We will not use any statement, except fraudulent statements, to void or reduce benefits after this Policy has been in force for two years from its Effective Date. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amount will be subject to a new two-year contestable period for the increased benefit 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.

The validity of this Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums.

Time Effective – For any dates used in this Policy, the effective time will be 12:01 AM at your 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 your employees (and their Spouses and any Dependent Children, if applicable) under this Policy.

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Transamerica Life Insurance Company

To get information or file a complaint with your insurance company or HMO:

Toll-free: 1-888-763-7474

Online: www.transamericaemployeebenefits.com

Email: TEBcustresp@Transamerica.com

Mail: 2700 W Plano Pkwy, PO Box 869094, Plano, TX 75086-9817

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Transamerica Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Toll-free: 1-888-763-7474

Online: www.transamericaemployeebenefits.com

Email: TEBcustresp@Transamerica.com

Mail: 2700 W Plano Pkwy, PO Box 869094, Plano, TX 75086-9817

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

How you're protected if your life or health insurance company fails

The Texas Life and Health Insurance Guaranty Association protects you by paying your covered claims if your life or health insurance company is insolvent (can't pay its debts). **This notice summarizes your protections.**

The Association will pay your claims, with some exceptions required by law, if your company is licensed in Texas and a court has declared it insolvent. You must live in Texas when your company fails. If you don't live in Texas, you may still have some protections.

For each insolvent company, the Association will pay a person's claims only up to these dollar limits set by law:

- **Accident, accident and health, or health insurance (including HMOs):**
 - Up to \$500,000 for health benefit plans, with some exceptions.
 - Up to \$300,000 for disability income benefits.
 - Up to \$300,000 for long-term care insurance benefits.
 - Up to \$200,000 for all other types of health insurance.
- **Life insurance:**
 - Up to \$100,000 in net cash surrender or withdrawal value.
 - Up to \$300,000 in death benefits.
- **Individual annuities:** Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.
- **Other policy types:** Limits for group policies, retirement plans and structured settlement annuities are in Chapter 463 of the Texas Insurance Code.
- **Individual aggregate limit:** Up to \$300,000 per person, regardless of the number of policies or contracts. A limit of \$500,000 may apply for people with health benefit plans.
- **Parts of some policies might not be protected:** For example, there is no protection for parts of a policy or contract that the insurance company doesn't guarantee, such as some additions to the value of variable life or annuity policies.

To learn more about the Association and your protections, contact:

Texas Life and Health Insurance Guaranty Association
515 Congress Avenue, Suite 1875
Austin, TX 78701
1-800-982-6362 or www.txlifega.org

For questions about insurance, contact:

Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
1-800-252-3439 or www.tdi.texas.gov

Note: You're receiving this notice because Texas law requires your insurance company to send you a summary of your protections under the Texas Life and Health Insurance Guaranty Association Act (Insurance Code, Chapter 463). These protections apply to insolvencies that occur on or after September 1, 2019. **There may be other exceptions that aren't included in this notice.** When choosing an insurance company, you should not rely on the Association's coverage. Texas law prohibits companies and agents from using the Association as an inducement to buy insurance or HMO coverage.

Chapter 463 controls if there are differences between the law and this summary.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
A Stock Company

Policyholder: WESTWOOD INDEPENDENT SCHOOL DISTRICT
Address: 4524 WEST OAK STREET
PALESTINE TX 75801
Policy Number: AV00077373
Effective Date: OCTOBER 1
Anniversary Date: SEPTEMBER 1 2022
Governing Jurisdiction: Texas

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 the following events:

1. A copy of the signed Policyholder Application 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 ("you," "your," and "yours") and by your receipt of this Policy, you agree:

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 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's Effective Date.



Jay Orlandi, Secretary



Blake Bostwick, President

GROUP MASTER POLICY FOR ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE
THIS IS A LIMITED BENEFIT POLICY – READ YOUR POLICY CAREFULLY
NONPARTICIPATING – NO ANNUAL DIVIDENDS**

This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the Workers' Compensation system by purchasing this Policy, and if the employer is a non-subscriber, the employer loses those benefits which would otherwise accrue under the Workers' Compensation laws. The employer must comply with the Workers' Compensation law as it pertains to non-subscribers and the required notifications that must be filed and posted.

Administrative Office:
P.O. 869094
Plano, TX 75086-9094
Customer Service: 1-888-763-7474

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
A Stock Company

This Certificate explains the benefits provided under the Group Master Policy for Accident Only Insurance that is underwritten by Transamerica Life Insurance Company. Please read it carefully to become familiar with your coverage.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

Important Notice - Benefits are payable only for [Off-the-Job] Accidental Bodily Injuries that occur as the result of an Accident and where expenses are incurred. The Accident must occur while the Covered Person is insured under the Policy, subject to the provisions of this Certificate.

The Policy under which this Certificate is issued may be amended or canceled as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to periodic changes.

The benefits for Dependents described in this Certificate will be applicable to each of your Dependents only if you are insured and you have applied for Dependent coverage. Such Application must be approved by us and the required premium paid for each Dependent.

This Certificate is issued in consideration of statements made in your Application and the payment of the first full premium shown on the Schedule of Benefits.

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



Blake Bostwick
President



Jay Orlandi
Secretary

CERTIFICATE FOR GROUP ACCIDENT ONLY INSURANCE

**PREMIUM RATE SUBJECT TO CHANGE
BENEFITS LIMITED TO LOSS DUE TO ACCIDENTS ONLY
NO BENEFITS PROVIDED FOR LOSS FROM ANY OTHER CAUSE
READ YOUR CERTIFICATE CAREFULLY
NONPARTICIPATING – NO ANNUAL DIVIDENDS**

Administrative Office:
PO Box 869094
Plano, TX 75086-9817
Customer Service: 1-888-763-7474

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SCHEDULE OF BENEFITS

INSURED: XXXXX AGE AT ISSUE: XX
CONTRACT NUMBER :XXX EFFECTIVE DATE: XXXX
TYPE OF COVERAGE: XXXX TOTAL PREMIUM: XXXX
PREMIUM MODE: XXX
POLICYHOLDER: WESTWOOD INDEPENDENT SCHOOL DISTRICT

[OFF THE JOB] BENEFITS

NUMBER OF UNITS

MODULE 1 – ACCIDENT EMERGENCY TREATMENT	6.0	8.0 UNITS
MODULE 2 – FOLLOW-UP VISITS AND PHYSICAL THERAPY	5.0	7.5 UNITS
MODULE 3 – INITIAL ACCIDENT HOSPITALIZATION	3.5	5.0 UNITS

FORM NUMBER - OPTIONAL BENEFIT RIDERS

[CRADD300 - ACCIDENTAL DEATH AND DISMEMBERMENT RIDER	.50	1.0 UNITS
[CRHICU00 – ACCIDENT HOSPITAL AND ICU INCOME RIDER	6.0	8.0 UNITS
[CREXPB00 - EXPANDED BENEFITS RIDER	8.0	10.0 UNITS
[CRWELB00 - WELLNESS BENEFIT RIDER WAITING PERIOD: [30] DAYS]	5.0	5.0 UNITS

DEFINITIONS

Accident – An unforeseen occurrence which results in Accidental Bodily Injury and occurs while this Certificate is in force and is not excluded in the Certificate.

Accidental Bodily Injury - An injury or injuries for which Necessary Treatment is received and benefits are provided. The injury or injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity. All such injuries, with any complications and any recurrences of complications arising from any one Accident, will be deemed to be a single injury. Such injury or injuries must occur while the Certificate is in force.

Active Service – To be considered in Active Service, you must be doing the following:

1. Performing in the usual manner all of the regular duties of your occupation on a scheduled work day; and
2. Performing these duties at one of the places of business where you normally work or at some location directed by the employer.

You are considered to be in Active Service on a day which is not a scheduled work day only if you would be able to perform in the usual manner all of the regular duties of your occupation as if it were a scheduled work day and you were in Active Service on the last preceding regular work day.

Ambulatory Surgical Center - A licensed, free-standing surgical facility consisting of an operating room, facilities for the administration of general anesthesia, and a post-surgery recovery room. It must also require that the patient be admitted, treated, and released during a 24-hour period.

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

Application – The form completed and signed to apply or enroll for this insurance coverage.

Calendar Year – The period from January 1 through December 31 of the same year.

Certificate - This document that describes your insurance coverage.

Child - A Child of yours who is under the age of 25 and is:

1. A natural Child; or
2. A legally adopted Child or a Child who has been placed for adoption with you; or where you are a party in a suit in which you seek adoption of a child; or
3. A stepchild or foster Child; or
4. A grandchild who is dependent on you for federal income tax purposes at the time of application; A Child for whom you have been appointed legal guardian; or
5. A Child for whom you are legally required to provide support.

If a Dependent Child has reached age 25, but is incapable of self-support because of mental physical impairment, we will continue the Child's coverage under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after the coverage would otherwise terminate;
3. We may require additional proof of such incapacity from time to time, but not more often than once a year after the two-year period following the Child's attainment of age 25; and
4. Your coverage must remain in force.

Chip Fracture – A Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.

Covered Person – You and any Dependents that have been accepted by us for coverage under this Certificate.

Dependent – Your Spouse or Child covered under this Certificate.

Dislocation – A completely separated joint. It must be diagnosed as a Dislocation by a Physician within 96 hours after the date of the Accident. The Dislocation must require correction by a Physician. It can be corrected by open or closed reduction.

Effective Date – The date coverage is in force as shown on the Schedule of Benefits. The Effective Date will start at 12:01 AM at the main place of business of the Policyholder.

Evidence of Insurability – The complete and truthful answers to the questions in our Application and medical history, if necessary, which may be used by us to base our acceptance of any proposed Covered Person.

Extended Care Facility – An institution or that part of an institution that:

1. Is licensed or accredited to provide nursing or rehabilitative care under the supervision of a Physician or a registered nurse;
2. Provides 24-hour skilled nursing service; and
3. Maintains daily medical records on each patient.

It does not include institutions or parts of institutions which are primarily for the care and treatment of drug addiction, alcoholism, or the aged.

Fracture – A break in a bone that can be seen by X-ray. It must be diagnosed as a Fracture by a Physician within 14 days after the date of the Accident. The Fracture must require correction by a Physician. It can be corrected by open or closed Reduction.

Grace Period – The period of 31 days allowed for each premium payment after the first premium.

Group Master Policy or Policy – The document that is issued to the Policyholder.

Hospital - A licensed institution that has on its premises or in facilities available to the Hospital on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment, and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by or under the supervision of graduate registered nurses; and
4. A patient's written history and medical records.

We will consider a Government or Charity Hospital as any other Hospital.

The term "Hospital" does not include an institution or that part of an institution operated as:

1. A place for rehabilitation;
2. A place for rest or for the aged;
3. A nursing or convalescent home;
4. A long-term nursing unit or geriatrics ward; or
5. An Extended Care Facility for the care of convalescent, rehabilitative, or ambulatory patients.

Hospital Confinement, Confinement, or Confined - That period of time during which the Covered Person is admitted into a Hospital on an inpatient basis in excess of 23 hours as an overnight resident bed patient for the necessary treatment of an Accident. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room, an observation room, a freestanding surgical facility, or Outpatient facility. Successive Confinements separated by 30 days or less will be considered as one Confinement.

Immediate Family Member – You, your Spouse, Child, mother, father, brother, sister, or other close family member of the Covered Person.

Insured, you, your, or yours – The employee covered for this insurance and named on the Schedule of Benefits.

Necessary Treatment - The medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment, service, or expense which is experimental in nature is considered Necessary Treatment.

We may use a Peer Review Organization or other professional medical opinions to determine if health care services are:

1. Medically necessary;
2. Consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. Provided in the most economical and medically appropriate site for treatment.

Expenses related to such services will not be considered Necessary Treatment if services are not considered to be:

1. Medically necessary; or
2. Consistent with professionally recognized standards of care with respect to quality, frequency, or duration.

Outpatient – A Covered Person who receives medical tests, treatment, or services from a Hospital, Ambulatory Surgical Center, medical clinic, or Physician's office and is not charged for room and board.

Physical Therapist – Anyone, other than you or your Immediate Family Member, who is licensed as a Physical Therapist and certified to treat physically disabled or handicapped persons with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in rehabilitation.

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.

Physician will also include other licensed medical practitioners, such as nurse practitioners, Physician's assistants, and chiropractors that operate within the scope of their license.

Policyholder – The entity named on the Policy's Cover Page and is shown on the Certificate's Schedule of Benefits.

Reduction – Open-surgical repair or closed-manipulative repair.

Spouse – As named in the Application, includes your legally married Spouse, your common law Spouse, domestic partner, or civil union partner if legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and the Company.

Type of Coverage – Insurance coverage selected for this Certificate is shown on the Schedule of Benefits. The types of coverage available are:

1. Individual – Coverage on the Insured only.
2. Single Parent Family – Coverage on the Insured and any Dependent Child.
3. Two-Adult Family – Coverage on the Insured and Spouse only.
4. Family – Coverage on the Insured, the Insured's Spouse, and any Dependent Child.

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

ELIGIBILITY AND EFFECTIVE DATE

Coverage will start on the Effective Date shown on the Schedule of Benefits. Coverage will start on that date at 12:01 AM at the main place of business of the Policyholder. Effective Dates for Riders and all persons added to coverage after this Certificate is issued will be reflected by an endorsement to the Certificate.

Employee Eligibility – You must meet the following requirements to be eligible for insurance:

1. Meet the eligibility requirements as selected on the Policyholder's Application;
2. Satisfactorily answer all eligibility and other questions on your Application and provide Evidence of Insurability satisfactory to us, if we ask for it; and
3. Be in Active Service.

Employee Effective Date – Your insurance will take effect on the Effective Date if the following events have taken place:

1. You completed an Application on or before said Effective Date; and
2. You are in Active Service; and
3. Your first premium is paid.

If you are not eligible for this coverage on the Effective Date, your coverage will take effect on the first day of the month which coincides with or next follows the date you first become eligible and are approved for coverage. Additionally, your first premium must have been received by us and all provisions listed in the Employee Eligibility provision above must be met.

If you are not in Active Service on what otherwise would be the Effective Date, your coverage will be deferred until the first day of the month following the date you are in Active Service.

Dependent Eligibility - If Dependent coverage is available, a Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day he or she first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Applying for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction or premium payment.

If such Application is not made within that 31-day period, your Spouse or Child will be considered a late enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If an eligible Dependent does not become a Covered Person on your Effective Date, you may add the Dependent to this Certificate by taking the following steps:

1. Submitting an Application;
2. Satisfying any Evidence of Insurability requirements; and
3. Paying any additional premium, if required.

If you and your Spouse are both eligible as an employee your Child may be insured as a Dependent of either you or your Spouse, but not both.

Dependent Effective Date - The Effective Date of coverage for each eligible Dependent will be on the first day of the month that coincides with or next follows:

1. Our acceptance of the Application; and
2. Our receipt of the first premium.

However, if on such date your coverage has not yet taken effect, the Effective Date for Dependent coverage will be the same as your Effective Date.

Coverage for Newborn Child or, Newly Adopted Child, or Child Subject to a Newly-Issued Medical Support Order - Coverage for a newborn, a newly adopted Child, or a Child for whom you are appointed the legal guardian, or a Child for whom you are newly required to provide medical support will become effective automatically on the day he or she is born, the day the Child is placed for adoption or with you or where you are party in a suit in which you seek adoption of the child, the day a court enters an order appointing you the legal guardian of the Child, or the day a court orders you to provide medical support. The Child will be automatically covered for 31 days. In order to continue the Child's coverage, you must notify us by the end of the 31-day period and pay any additional premium, if applicable.

BENEFITS

If a Covered Person receives an Accidental Bodily Injury and expenses are incurred for Necessary Treatment, we will pay the following benefits according to the Benefits section of this Certificate. Such injury must be independent of disease or bodily infirmity other than an Accident. Such Accident must occur while coverage is in force.

Benefit payments will be made directly to you, unless you assign benefits. Proof of Loss must be submitted to us for each incurred expense. Under no conditions will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

The following benefits are payable per unit, per Covered Person, as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

Module 1 – Accident Emergency Treatment

Accident Emergency Treatment Benefit – If a Covered Person receives treatment for an Accidental Bodily Injury, we will pay \$25 per unit for treatment received. This benefit is payable for treatment by a Physician, X-rays, treatment received in a Hospital emergency room, or Physician’s office. Treatment must be received within 96 hours of such Accident for benefits to be payable. This benefit is payable once per Accident, per Covered Person. Benefits will not be paid for services rendered by an Immediate Family Member.

Major Diagnostic Examinations Benefit – We will pay \$40 per unit, per Covered Person, for one Major Diagnostic Examination per Accident. This benefit is limited to one Major Diagnostic Examination per Accident. Such examination must be performed within 90 days of the Accidental Bodily Injury. Major Diagnostic Examinations are limited to the following:

- 1. CT (computerized tomography) scan;
- 2. MRI (magnetic resonance imaging); and
- 3. EEG (electroencephalogram).

Dislocation Benefit - Dislocations which are reduced under general anesthesia are payable as follows:

- 1. If a Covered Person receives more than one Dislocation in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit;
- 2. If a Covered Person receives a Dislocation and a Fracture in the same Accident, we will pay 1½ times the amount for the Dislocation or Fracture involved that has the highest benefit amount. No other amount under this benefit or the Fracture Benefit will be paid; and
- 3. If a Dislocation is reduced without general anesthesia by a Physician, we will pay 25% of the amount shown for the Dislocation involved.
- 4. Benefits are payable only for the first Dislocation of a joint. If a Covered Person dislocates a joint and then dislocates the same joint again, the second same joint Dislocation would not be covered.

Dislocation Benefit **Benefit per Unit**

Hip	
Open Reduction.....	\$800
Closed Reduction	\$270
Knee or Shoulder	
Open Reduction.....	\$270
Closed Reduction	\$110
Collar Bone	
Open Reduction.....	\$430
Closed Reduction	\$ 80
Ankle or Foot (excluding toes)	
Open Reduction.....	\$270
Closed Reduction	\$ 80
Lower Jaw	
Open Reduction.....	\$270
Closed Reduction	\$140
Wrist or Elbow	
Open Reduction.....	\$220
Closed Reduction	\$110
Toe or Finger	
Open Reduction.....	\$ 60
Closed Reduction	\$ 30

Fracture Benefit – If a Covered Person receives more than one Fracture in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Fracture involved that has the highest benefit amount. No other amount will be paid under this benefit.

If a Covered Person receives a Fracture and a Dislocation in the same Accident, we will pay 1½ times the amount for the Fracture or Dislocation involved that has the highest benefit amount. No other amount under this benefit or the Dislocation benefit will be paid.

Chip Fractures pay 10% of the benefit amount for the Fracture involved.

<u>Fracture Benefit</u>	<u>Benefit per Unit</u>
Hip	
Open Reduction.....	\$1,000
Closed Reduction	\$340
Leg	
Open Reduction.....	\$420
Closed Reduction	\$340
Skull	
Depressed	\$540
Simple.....	\$200
Hand (excluding fingers) Foot (excluding toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	
Open Reduction.....	\$340
Closed Reduction	\$170
Vertebrae (body of), Pelvis (excluding coccyx)	\$170
Upper Jaw, Upper Arm or Face (excluding Nose), Collar Bone	
Open Reduction.....	\$400
Closed Reduction	\$170
Rib(s)	
Open Reduction.....	\$670
Closed Reduction	\$70
Nose, Heel or Finger(s)	
Open Reduction.....	\$340
Closed Reduction	\$70
Coccyx	
Open Reduction.....	\$140
Closed Reduction	\$70
Toe(s)	
Open Reduction.....	\$140
Closed Reduction	\$70
Vertebral Processes	
Open Reduction.....	\$670
Closed Reduction	\$100

Benefits are not payable for services rendered by an Immediate Family Member.

Module 2 – Follow-Up Visits and Physical Therapy

Accident Follow-Up Treatment Benefit – While this coverage is in force, if a Covered Person first receives treatment for an Accidental Bodily Injury within 96 hours of an Accident and later requires additional treatment for the same injury, we will pay \$10 per unit for such follow-up treatment as follows:

1. This benefit is payable up to a maximum of three follow-up treatments per Accident per Covered Person.
2. Such treatment must begin within 30 days of, and be completed within, the six-month period following the later of the following dates:
 - a. The Accident;
 - b. Discharge from the Hospital from a covered Confinement; or
 - c. Discharge from the Extended Care Facility; and
3. Treatments must be furnished by a Physician in a Physician’s office or in a Hospital on an Outpatient basis.

Physical Therapy Benefit –While this coverage is in force, if a Physician advises a Covered Person to seek treatment from a Physical Therapist, we will pay a benefit amount of \$10 per unit, per treatment, up to a maximum of 10 treatments per Accident. Physical Therapy must begin within 120 days of the Accident. All treatments must be completed within one year of the Accident.

Module 3 – Initial Accident Hospitalization

Initial Accident Hospitalization Benefit – When a Covered Person is Hospital Confined for 24 hours or more for an Accidental Bodily Injury, we will pay the following benefit amounts:

1. Hospital admission – \$300 per unit for the first Hospital admission due to an Accident; and
2. Intensive Care Unit (ICU) – \$300 per unit for the first ICU admission due to an Accident.

An ICU admission benefit is paid even if admitted to the Hospital initially, and then transferred to ICU later during the same hospitalization.

This benefit is payable only once per Hospital or ICU Confinement and only once per Covered Person per Accident.

Ambulance Benefit – We will pay for ambulance transportation by a licensed ambulance service if the Covered Person is transferred by ambulance to the nearest Hospital for treatment within 96 hours of an Accident in the amounts as follows:

1. \$60 per unit for ground ambulance; or
2. \$300 per unit for air ambulance.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for a Covered Person's Accident that is caused by or occurs as a result of one of the following events:

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

PREMIUMS

All premiums are payable on or before the date they are due.

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 31-day advance written notice to the Policyholder, or to you if the Portability Option is in effect.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee.

TERMINATION OF INSURANCE

Subject to the Portability Option, your insurance will cease on the earliest of:

1. The date of your death;
2. The date on which you cease to be eligible for coverage;
3. The last date for which premium payment has been made to us, subject to the Grace Period;
4. The date on which you terminate employment;
5. The date the Policy terminates, subject to the Portability Option; or
6. The date you send us a written notice that you want to cancel coverage.

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

1. The date of your death;

2. The date your coverage terminates;
3. The last date for which premium payment has been made to us, subject to the Grace Period;
4. The date the Dependent no longer meets the definition of Dependent;
5. The date the Certificate is modified so as to exclude Dependent coverage; or
6. The date you send us a written notice that you want to cancel coverage on your Dependent.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Certificate.

Extension of Benefits - Whenever termination of coverage under this section occurs due to termination of your employment such termination will be without prejudice to:

1. Any Hospital Confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or receiving treatment.

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

1. 30 days; or
2. The date on which the Covered Person is no longer hospitalized or receiving treatment.

Extension of Benefits for Total Disability - If a Covered Person is entitled to benefits while Totally Disabled and the Group Policy terminates, benefits will continue until the earliest of:

1. The date we would have ceased to pay benefits had the Policy remained in force;
2. The 91st day following Policy termination; or
3. The date on which the Covered Person is no longer Totally Disabled.

For the purposes of this provision, Total Disability and Totally Disabled mean the following:

1. With respect to the Insured, the complete inability to perform all of the substantial and material duties and functions of his or her occupation and any other gainful occupation in which he or she would earn substantially the same compensation earned before the disability; and
2. With respect to any other Covered Person, confinement as a bed patient in a Hospital.

PORTABILITY OPTION

While you are alive, if you lose eligibility for this insurance for any reason other than nonpayment of premiums, you will have the option to continue this Certificate (including any Riders, if applicable) by paying the premiums directly to us at our Administrative Office within 31 days after this insurance terminates. We will bill you for these premiums after you notify us to continue this coverage. The premiums you pay directly to us may exceed the premiums that were paid through the Policyholder due to increased administrative costs for direct billing. If you stop paying the premiums under this option, this coverage will cease, subject to the terms of the Grace Period.

This Portability Option is only available for the Insured and the Insured's Dependents; it is not available for the Insured's Dependents without the Insured.

CLAIMS PROVISIONS

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.

Claims Procedure - Due Proof of Loss must be submitted to us at our Administrative Office. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the Cover Page.

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 any loss covered by the Certificate. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay.

Payment of Claim Benefits - Benefits may be assigned to the provider(s) of such benefits. Otherwise, all benefits payable under the Policy will be paid to you. Accrued benefits that are not paid at your death will be paid to your

Spouse, or if there is no Spouse, then to your estate. We may pay up to \$1,000 of such benefit to one of your relatives at our discretion. Such payment fully discharges us to the extent of the payment.

Payments to the Texas Department of Human Services – After written notice to us at our Home Office, benefits payable on behalf of a Child whose parent is covered by this Certificate must be paid to the Texas Department of Human Services in the following situations:

1. The parent covered under this Certificate is (a) required to pay child support by a court order or court-approved agreement and is a possessory conservator of the Child under a court order issued in Texas, or (b) is not entitled to possession of or access to the Child; and
2. The Texas Department of Human Services is paying benefits on behalf of the Child under Chapter 31 or 32, Human Resources Code; and
3. We are notified, through an attachment to the Notice of Claim at the time the claim is first submitted to us that the benefits must be paid directly to the Texas Department of Human Services.

Proof of Loss - Satisfactory written Proof of Loss must be given to us at our Administrative Office. Proof must be sent within 90 days after the date of such loss.

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 that it was furnished as soon as it was reasonably possible. In any event, the proof required must be given no later than one year from the date proof of loss is otherwise required, unless the claimant was legally incapacitated.

Time of Payment of Claims – We will notify a claimant in writing of the acceptance or rejection of a claim not later than the 15th business day after the date we receive all items, statements, and forms required to secure final Proof of Loss. If we are unable to accept or reject the claim within the period specified, we will, within that same period, notify the claimant of the reasons that we need additional time. We will accept or reject the claim not later than the 45th day after the date we notify a claimant under this provision. We will pay all benefits due under this Certificate not later than the 60th day after the date Proof of Loss is received.

GENERAL PROVISIONS

Assignment - The Insured may assign benefits under this Certificate. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

Change of Beneficiary - Unless the Insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries will not be required to surrender or assign this Certificate or to change beneficiaries, or to make any other coverage changes.

Changes to this Certificate - Only our President, Vice President, Secretary, or an Assistant Secretary may make any changes to 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.

Clerical Error - A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

Conformity with State Laws – Should any provision of this Certificate conflict with a law of the governing jurisdiction, it is hereby amended to conform to the minimum requirements of that law.

Entire Contract - The Group Master Policy, this Certificate, any attached Amendments, Endorsements, or Riders, the Policyholder's Application, and your Application.

Grace Period – A period of 31 days from the premium due date will be allowed for each premium payment after the first premium payment has been made. Coverage will stay in force during this time. The coverage under this Certificate will terminate at the end of the Grace Period if the premium has not been paid. You must still pay all unpaid premium. This includes the premium due for the Grace Period.

Legal Action - No legal action may be brought to recover under the Policy or Certificate:

1. Within 60 days after written Proof of Loss has been furnished as required; or
2. More than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age - If the Covered Person's age has been misstated, the Covered Person's true age will be used to adjust the premium or adjust the benefits paid.

No Dividends Payable - This Certificate does not participate in the profits or surplus earnings of the Company.

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

Time Limit on Certain Defenses

Misstatements in the Application - We will not use any statement, except fraudulent statements, in your Application to void or reduce benefits after this Certificate has been in force during your lifetime for two years from the Effective Date of coverage. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amount will be subject to a new two-year contestable period for the increased benefit 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.

When Notice is to be Given by Us – Any notice to you will be sent to your last known address.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
(Hereinafter called "the Company," "we," "us," or "our")

ACCIDENTAL DEATH AND DISMEMBERMENT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

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

Accidental Death - Loss of life resulting from an Accidental Bodily Injury. The death must occur within 90 days of the Accidental Bodily Injury.

Air Bag System - An automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.

Automobile - A four-wheeled private passenger motor vehicle licensed for use on public highways and is not being used to transport passengers for hire.

Covered Loss - An Accidental Death or a Dismemberment. Such a loss must occur within 90 days of an Accidental Bodily Injury subject to the Exclusions and Limitations provisions of the contract. Covered Loss also includes an Accidental Death or Dismemberment resulting from unavoidable exposure to the elements if such loss occurs within 90 days of the date of an Accidental Bodily Injury.

Dismemberment - An Accidental Bodily Injury that, directly and independently of all other causes, results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

Loss of a hand means the entire loss of at least four fingers. Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of an arm means complete severance above the elbow. Loss of a leg means complete severance above the knee. Loss of sight, speech, or hearing means total and permanent loss of sight, speech, or hearing.

Licensed Day Care Center - An appropriately licensed facility or home that:

1. Provides supervision for more than six persons (other than persons who reside there) under the age of 13 for less than 24 hours per day;
2. Receives a payment for providing dependent care services; and
3. Has a Taxpayer Identification Number.

Proceeds - The amount of benefits payable for an Accidental Death and Dismemberment is equal to the Accidental Death and Dismemberment benefit amount per unit, times the number of units selected, less any premium due and unpaid.

Public Transportation - A public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis, limousines, and privately chartered vehicles are not common carriers.

Seatbelt - A properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured.

Survivor - For purposes herein, a "Survivor" will refer to the surviving Insured, if the Spouse is deceased from the Accidental Death; it refers to the surviving Spouse, if the Insured is deceased from the Accidental Death; and it refers to the legally appointed guardian of each surviving Child if both the Insured and Spouse are deceased.

BENEFITS

We will pay the following benefits as applicable if a Covered Person's Death or Dismemberment is caused by an Accident. Death or Dismemberment must be independent of disease or bodily infirmity or any other cause other than an Accident. Such Accident must occur while coverage is in force.

The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

A. Accidental Death Benefit

If the Covered Person dies as the result of an Accidental Bodily Injury, we agree to pay the Proceeds to the Beneficiary. This Rider must be in force at the time of death. We must receive satisfactory proof of the Covered Person's death. If an Accidental Dismemberment Benefit has been paid prior to an Accidental Death resulting from the same Accident, the Accidental Death Benefit due will be reduced by any Accidental Dismemberment Benefits amount previously paid.

One of the following benefits (1 through 3) is payable per unit, per Accident, for each Covered Person as shown below.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
1. Common Carrier Accidental Death	\$30,000	\$30,000	\$15,000
2. Automobile Accidental Death			
a. With Seatbelt and Air Bag deployed	\$22,000	\$22,000	\$11,000
b. With Seatbelt, without Air Bag	\$20,000	\$20,000	\$10,000
c. Without Seatbelt, without Air Bag	\$15,000	\$15,000	\$ 7,500
3. Other Accidental Death	\$10,000	\$10,000	\$ 5,000

1. Common Carrier Accidental Death - We will pay the Common Carrier Benefit for an Accidental Death if both of the following events occur:

- The Covered Person dies as a result of an Accident for which an Accidental Death Benefit is payable; and
- The Accident occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.

2. Automobile Accidental Death - We will pay the Automobile Accidental Death Benefit if a Covered Person dies as a result of an Automobile Accident for which an Accidental Death Benefit is payable. Benefit amounts payable are shown in the above chart for the following events:

- Seatbelt - The Covered Person was wearing and was properly utilizing a Seatbelt at the time of the Accident, as evidenced by a police accident report.
- Air Bag System - The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer; and the Covered Person was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report

This benefit will not be payable if the Covered Person is the driver of the Automobile and does not hold a current and valid driver's license.

3. Other Accidental Death - Any covered Accidental Death other than a Common Carrier or Automobile.

B. Transportation of Remains Benefit

The following benefit will be paid to the Beneficiary, per unit, when applicable, if the Accidental Death Benefit is payable for the Covered Person:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Transportation of Remains Benefit	\$400	\$400	\$200

We will pay a Transportation of Remains Benefit if the following conditions are met:

- The Covered Person dies more than 200 miles from their primary residence; and
- Expenses are incurred to transport the Covered Person's body to a mortuary near their primary place of residence.

C. Additional Benefits for Accidental Death

The following benefit(s) will be paid to the Survivor, per unit, when applicable if the Accidental Death Benefit is payable.

	<u>Insured</u>	<u>Spouse</u>
*Surviving Child Educational Benefit	\$800	\$800
*Licensed Day Care Center Benefit	\$300	\$300
*Career Enrichment Benefit	\$800	\$800

*These three benefits do not require the Spouse or Child to be insured under this Rider.

Surviving Child Educational Benefit - We will pay a Surviving Child Educational Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of 17 through 21; and
2. The surviving Child must be enrolled as a regular, full time student at an accredited college, university, a 2-year college, vocational, or trade school; or
3. The surviving Child must enroll, within 365 days of such death, at an accredited school described in item 2, above.

We will pay \$800 per unit each year for up to 4 years while the surviving Child is enrolled in school. We will continue to pay this benefit only while the surviving Child remains a full-time student. We will pay this benefit in equal installments over the 4-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually.

If there is no surviving Child between the ages of 17 through 21, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

Licensed Day Care Center Benefit - We will pay a Licensed Day Care Center Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of newborn through 12;
2. The Survivor pays a Licensed Day Care Center, who is not an Immediate Family Member, for day care, within 90 calendar days after the date of the Accidental Death; and
3. The day care is necessary in order for the Survivor to work or to obtain training for work.

We will pay \$300 per unit each year for up to 3 years while the surviving Child is enrolled in a Licensed Day Care Center, provided the Child remains enrolled in a Licensed Day Care Center during that time. We will pay this benefit in equal installments over the 3-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually.

If there is no surviving Child between the ages of newborn through 12, a one-time benefit of \$100 per unit will be paid to the Beneficiary.

Career Enrichment Benefit - We will pay a Career Enrichment Benefit to the Survivor for a professional or trade training program in which the Survivor has enrolled on a full-time basis within 24 months of the Accidental Death. The training program must be for the purpose of obtaining an independent source of income or enriching the Survivor's ability to earn a living. The training program must be at an accredited college, university, a 2-year college, vocational, or trade school.

We will pay \$800 per unit each year for up to 4 years while the Survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually.

If both the Insured and Spouse have died, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

D. Accidental Dismemberment Benefits

We will pay a benefit, per unit, per Covered Person, for Dismemberment due to an Accident. Dismemberment must occur within 90 days of such Accidental Bodily Injury. If an Accidental Death Benefit is payable after Accidental Dismemberment Benefits have been paid from the same Accident, we will deduct the Accidental Dismemberment Benefits paid from the Accidental Death Benefit due.

Dismemberment or complete loss of, with or without reattachment:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
One or more fingers or one or more toes	\$ 500	\$ 500	\$ 250
One eye, hand, foot, arm, or leg	\$ 2,000	\$ 2,000	\$ 1,000
Two eyes, hands, or feet	\$ 5,000	\$ 5,000	\$ 2,500
Speech or hearing in both ears	\$ 5,000	\$ 5,000	\$ 2,500
Two arms or two legs	\$ 5,000	\$ 5,000	\$ 2,500
Speech and hearing in both ears	\$10,000	\$10,000	\$ 5,000
Both arms and both legs	\$10,000	\$10,000	\$ 5,000

The total Accidental Dismemberment Benefit will not exceed \$10,000 per unit for Insured or Spouse and \$5,000 per unit for Child, per Accident.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured 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 Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

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



General Counsel and Secretary



President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499
Administrative Office: PO Box 869094, Plano, TX 75086-9817
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EXPANDED BENEFITS RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

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

Coma - A state of unconsciousness for 14 consecutive days due to an Accident with:

1. No reaction to external stimuli;
2. No reaction to internal needs, and
3. The use of life support systems.

Prosthetic Device - An artificial device which is prescribed by a Physician, designed to replace a missing body part when the Covered Person loses a hand, foot, or an eye due to an Accident.

BENEFITS

This Rider provides the following benefits once per Accident, per Covered Person, for Accidental Bodily Injury. The benefit amounts shown below are the amounts per unit. The number of units selected by the Policyholder for this Rider is shown on the contract's Schedule of Benefits.

A. Burns

Benefits are payable for Burns treated by a Physician within 96 hours after the Accident.

	<u>Benefit Amount</u>
1. Second-degree burns of at least 25% but not more than 35% of body surface	\$ 60.00
2. Second-degree burns of more than 35% of body surface	\$ 150.00
3. Third-degree burns covering 6 through 10 square centimeters of the body surface	\$ 150.00
4. Third-degree burns covering 10 through 25 square centimeters of the body surface	\$ 400.00
5. Third-degree burns covering 25 through 35 square centimeters of the body surface	\$ 900.00
6. Third-degree burns covering more than 35 square centimeters of the body surface	\$1200.00

One or more skin grafts for a covered burn will be paid at 50% of the Burn benefit amount we paid for the Burn involved.

B. Lacerations

Benefits are payable for lacerations treated or repaired within 96 hours after the Accident.

1. Lacerations not requiring sutures	\$ 4.00
2. Single laceration less than 7.5 centimeters	\$ 8.00
3. Lacerations 7.6 to 20 centimeters	\$ 30.00
4. Lacerations over 20 centimeters	\$ 60.00

C. Eye Injury

Benefits are payable for eye injury.

1. With surgical repair	\$ 40.00
2. Non-surgical removal of foreign body by a Physician	\$ 7.00

D. Emergency Dental Work

Benefits are payable for dental benefits for broken teeth.

1. One or more broken teeth repaired with crowns; and	\$ 30.00
2. One or more broken teeth resulting in extractions.	\$ 8.00

- E. Brain Concussion** \$ 20.00
Benefits are payable for a concussion that is diagnosed by a Physician within 96 hours after the Accident.
- F. Coma** \$1,500.00
Benefits are payable for a Coma.
- G. Paralysis**
Benefits are payable for paralysis lasting a minimum of 30 days.
1. Quadriplegia (paralysis of four limbs) \$1,500.00
 2. Paraplegia (paralysis of lower limbs) \$ 750.00
- H. Tendons, Ligaments, and/or Rotator Cuffs**
Benefits are payable for tendons, ligaments, and/or rotator cuffs that are detached, torn, ruptured, or severed. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:
1. Arthroscopic surgery with no repair; \$ 20.00
 2. Repair of one; or \$ 50.00
 3. Repair of two or more. \$100.00
- I. Ruptured Discs and/or Torn Knee Cartilage**
Benefits are payable for a disc in the spine that is ruptured and/or knee cartilage that is torn. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:
1. Shaved cartilage (debridement) or arthroscopic surgery with no repair; \$ 20.00
 2. Repair of one; or \$ 50.00
 3. Repair of two or more. \$100.00
- J. Major Surgery** \$150.00
Benefits are payable for an open abdominal, cranial, or thoracic surgery performed by a Physician within one year of the Accident. Laparoscopic procedures are excluded.
- K. Appliance** \$ 20.00
Benefits are payable for a medical appliance recommended by a Physician as an aid in personal locomotion. Benefits include and are payable for such items as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for Prosthetic Devices.
- L. Prosthetic Devices**
Benefits are payable for one or more Prosthetic Devices. The Prosthetic Device(s) must be received within one year of the Accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic Prosthetic Devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.
1. Benefit for one Prosthetic Device; or \$75.00
 2. Benefit for two or more Prosthetic Devices. \$150.00
- M. Blood, Plasma, and Platelets** \$40.00
Benefits are payable for blood, plasma, and/or platelets required for the treatment of Accidental Bodily Injury. Immunoglobulins are not covered.
- N. Transportation** \$60.00
Benefits are payable per round trip, up to 2 round trips to the Hospital per Accident, per Covered Person if special treatment and Hospital Confinement occurs within 30 days of an Accidental Bodily Injury. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the Accident or residence of the Covered Person.
- O. Family Lodging** \$15.00
Benefits are payable per day, up to a maximum of 30 days per Accident, for one motel/hotel room for a member(s) of the Immediate Family to accompany the Covered Person if Hospital Confinement is within 30 days of an Accident for the treatment of Accidental Bodily Injury. Benefits are payable only for the same time period that the injured Covered Person is Hospital Confined in a facility 100 or more miles from the Covered Person's residence. The local attending Physician must prescribe the treatment. Benefits will not be paid for services rendered by an Immediate Family Member.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured 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 Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

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



General Counsel and Secretary



President

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ACCIDENT HOSPITAL AND ICU INCOME RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITIONS

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

Intensive Care Unit (ICU) - A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient confinement. It must also meet these additional requirements:

1. It is provided with constant and continuous nursing care by nurses assigned to it on a full-time basis;
2. It is under the full-time direction and/or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. It contains special life-saving equipment.

ICU includes:

1. Intensive cardiac and coronary care units;
2. Neonatal intensive care units; and
3. Burn intensive care units, if such units meet the conditions of this definition.

The following care units do not qualify as an ICU:

1. Progressive Care Units;
2. Sub-acute Intensive Care Units;
3. Intermediate Care Units;
4. Step-Down Units;
5. Private rooms with monitoring; or
6. Any lesser care units.

BENEFITS

The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

Accident Hospital Income Benefit - While this Rider is in force, if a Covered Person requires Hospital Confinement for treatment of an Accident, we will pay \$25, per unit, per day, of Confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Accident.

Accident ICU Benefit - While a Covered Person is receiving the Accident Hospital Income Benefit, we will pay an additional \$75, per unit, for each day the Covered Person is Confined in an ICU. This ICU benefit is payable for up to 15 days per Accident.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured 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 Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

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



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WELLNESS BENEFIT RIDER

This Rider is issued in consideration of the Application and payment of any required premium. Except as shown in this Rider, the provisions of the contract to which this Rider is attached will prevail.

DEFINITION

Waiting Period - The number of days shown on the Schedule of Benefits from this Rider's Effective Date that no benefits are payable.

BENEFITS

Wellness Benefit

After any Waiting Period shown on the contract's Schedule of Benefits, we will pay \$10 per unit, per Calendar Year, for one annual health screening benefit for the Insured, and one annual health screening benefit for the covered Spouse for routine examinations or other preventive testing. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

The annual health screening tests payable under this benefit are listed as follows:

Health Screening Tests:

Blood test for triglycerides	Flexible sigmoidoscopy
Bone marrow testing	Hemocult stool analysis
Breast ultrasound	Mammography
CA 125 (blood test for ovarian cancer)	Pap test
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CEA (blood test for colon cancer)	Serum cholesterol test to determine HDL/LDL level
Chest X-ray	Serum Protein Electrophoresis (blood test for myeloma)
Colonoscopy	Stress test on a bicycle or treadmill
Fasting blood glucose test	Thermography

Health screening tests must be performed under the supervision of or recommended by a Physician, and a charge must be incurred. Satisfactory proof of the charges incurred for the health screening tests must be submitted with each new claim.

EFFECTIVE DATE

This Rider becomes effective on the same date as the contract's Effective Date unless we inform the Insured 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 Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

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