

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

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.

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

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

Policyholder: WESTWOOD INDEPENDENT SCHOOL DISTRICT

Policy Number: CE00077374

Address: 4524 WEST OAK STREET
PALESTINE TX 75801

Policy Effective Date: SEPTEMBER 1 2021

Policy Anniversary Date: OCTOBER 1

Premium Rate Guarantee Date: SEPTEMBER 1 2022

Governing Jurisdiction: TX

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 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 Critical Illness Indemnity Insurance

LUMP SUM BENEFIT FOR SPECIFIED CRITICAL ILLNESSES ONLY

**THIS POLICY IS A LEGAL CONTRACT BETWEEN THE POLICYHOLDER AND US
LIMITED BENEFIT – READ THIS POLICY CAREFULLY**

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:
PO Box 869094, Plano, TX 75086-9817
Customer Service: 1-888-763-7474
E-Mail Address: TEBcustresp@Transamerica.com
Web Address: www.transamericaemployeebenefits.com

TABLE OF CONTENTS

<u>Policy Sections</u>	<u>Pages</u>
DEFINITIONS	3
ELIGIBILITY	3
PREMIUMS.....	3
POLICY CHANGES AND TERMINATION	4
POLICYHOLDER PROVISIONS	4
GENERAL PROVISIONS	5
CERTIFICATE PROVISIONS MADE A PART OF THIS POLICY	5

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 provision or benefit.

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

ELIGIBILITY

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

1. Meet the eligibility requirements listed on the Policyholder Application;
2. Be in Active Service; and
3. 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 an eligible Dependent;
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 under the Policy; and
4. Provide satisfactory Evidence of Insurability to us, if required.

If an employee and his or her Spouse/Other Adult Dependent are both eligible as an employee, the Children may be insured as Dependents of either employee, 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.

The Grace Period will not apply if coverage is canceled on a premium due date and the premium has been paid through that date. If cancellation is during the Grace Period, the Policyholder 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.

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.

If a change in benefits contained in the Policy increases our liability, premium rates may be changed on the date our liability is increased, without regard to any Premium Rate Guarantee. If such premium 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.

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 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 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 an 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 Termination of Insurance 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, including Dependents, if applicable.
2. Receive and forward to us, the Applications of the Policyholder's employees.
3. Maintain records pertaining to the insurance of the Policyholder's 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, the Policyholder is required to notify the insured employees, including any right to continue coverage, by either giving them a written notice or mailing a notice to their last known address as shown in the Policyholder's records.
6. 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 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, 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, and Riders.

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.

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.

Time Limit On Certain Defenses – We will not use any statement, except fraudulent statements, to void or reduce benefits under this Policy after it has been in force for two years from the Effective Date. Any such statements would have to 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. The validity of this Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums.

Any increase in benefit amount is subject to a new two year contestable period for the increased amount only.

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 under this Policy.

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
A Stock Company

About Your Insurance - This Certificate explains benefits provided under the Group Master Policy ("Policy") issued to the Policyholder named on the Schedule of Benefits. Read it closely 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 as described in this Certificate for a covered loss that occurs while the Covered Person is insured under the Policy.

The Policy 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 change.

The benefits for Dependents described in this Certificate, if available under the Policy, are applicable only if you are insured, apply for Dependent coverage, receive our approval of such Dependents, and pay the premium required for each Dependent.

This Certificate is signed for us at our Home Office to take effect on the same date coverage becomes effective.



General Counsel and Secretary



President

Group Certificate for Critical Illness Indemnity Insurance

**LIMITED BENEFIT - READ YOUR CERTIFICATE CAREFULLY
LUMP SUM BENEFIT FOR SPECIFIED CRITICAL ILLNESSES ONLY**

The insurance policy under which this Certificate is issued is not a policy of Workers' Compensation insurance. You should consult your employer to determine whether your employer is a subscriber to the Workers' Compensation system.

Administrative Office:
PO Box 869094
Plano, TX 75086-9817
Customer Service: 1-888-763-7474
E-Mail Address: TEBcustresp@Transamerica.com
Web Address: www.transamericaemployeebenefits.com

TABLE OF CONTENTS

Schedule of Benefits	3
Definitions	4
Eligibility and Effective Date	6
Benefits	7
Exclusions and Limitations	7
Premiums	8
Termination of Insurance	8
Portability Option.....	9
Claim Provisions	9
General Provisions	10

SCHEDULE OF BENEFITS

POLICYHOLDER: WESTWOOD INDEPENDENT SCHOOL DISTRICT

POLICY EFFECTIVE DATE: SEPTEMBER 1 2021

GOVERNING JURISDICTION: TX

INSURED: XXXXXXXXXX

AGE AT ISSUE: XX

CERTIFICATE NUMBER: XXXXXXXXXX

EFFECTIVE DATE: XX/XX/XXXX

COVERAGE TYPE: XXXXXXXXXX

RATE CLASS: XXXXXXXXXX

TOTAL PREMIUM: \$X

PREMIUM MODE: XXXXX

INSURED BENEFIT AMOUNT: \$XX,XXX

DEPENDENT BENEFIT AMOUNT: \$XX,XXX PER COVERED DEPENDENT

CRITICAL ILLNESS

PERCENTAGE OF BENEFIT AMOUNT

Alzheimer's Disease	30%
Coronary Artery Disease Requiring Angioplasty/Stent	5%
Coronary Artery Disease Requiring Bypass Grafts	25%
End Stage Renal Failure	100%
Heart Attack	100%
Major Organ Failure	100%
Miscellaneous Diseases	100% for each disease
Other Specified Organ Failure (loss of sight, speech, or hearing)	100%
Stroke	100%

OPTIONAL BENEFIT RIDERS

BENEFIT AMOUNT OR PERCENTAGE OF BENEFIT AMOUNT

Cancer Benefit Rider	
Invasive Cancer	100%
Bone Marrow Failure	100%
Carcinoma In Situ	25%
Prostate Cancer with TNM Classification of T1	25%
Skin Cancer	5%
Recurrent Critical Illness Benefit Rider	100%
Wellness Indemnity Benefit Rider	\$50 per Calendar Year

DEFINITIONS

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

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

You are considered to be in Active Service on a day which is not a scheduled work day only if you would meet the requirements above if it were a scheduled work day and you were 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.

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

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

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

1. A natural Child;
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 the child;
3. A stepchild or foster Child;
4. A grandchild who is dependent on you for federal income tax purposes at the time of application;
5. A Child for whom you have been appointed legal guardian; or
6. A Child for whom you are legally required to provide support.

If applicable, Child will also include children of your Other Adult Dependent in the same manner as a stepchild.

Child also includes a Child who is incapable of self-support due to a mental or physical impairment. If a Child has reached age 25, but is incapable of self-support because of mental or 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 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.

Covered Person - You and your Dependents who have been accepted for coverage.

Critical Illness - One of the illnesses or conditions listed below for which positive diagnosis is made by a Physician. It must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

Alzheimer's Disease - A clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 2 or more of the activities of daily living (bathing, dressing, eating, toileting, transferring, or continence).

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

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

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

Heart Attack - The ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - a. pain, pressure, fullness, discomfort or squeezing in the center of the chest;
 - b. radiating pain to shoulder(s), neck, back, arm(s) or jaw;
 - c. new EKG changes indicative of myocardial infarction;
 - d. diagnostic increase of specific cardiac markers typical for Heart Attack; and
 - e. confirmatory imaging studies.
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.

Major Organ Failure - The irreversible failure of a Covered Person's heart, lung, pancreas, entire kidney or any combination, for which a Physician has determined that there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of a Covered Person's liver for which a Physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The need for a transplant must be due to severe organ disease. Such Covered Person has been placed on the Transplant List or the transplant procedure has been performed.

Miscellaneous Diseases - The following diseases will be considered Critical Illnesses when diagnosed by a Physician:

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Encephalitis/meningitis
Rocky Mountain Spotted Fever
Typhoid Fever
Anthrax
Cholera
Primary Sclerosing Cholangitis (Walter Payton's Disease)
Tuberculosis

Other Specified Organ Failure - One of the following occurring independently of any other covered Critical Illness:

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

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

1. Documented neurological deficits; and
2. Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

1. Transient Ischemic Attack (TIA);
2. Reversible neurological deficit;
3. Migraine;
4. Cerebral injury resulting from trauma or hypoxia; or
5. Vascular disease affecting the eye, optic nerve or vestibular functions.

Dependent - Your Spouse or Other Adult Dependent or Child covered under this Certificate.

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

First Occurrence - The first time each covered Critical Illness is diagnosed on or after the Covered Person's Effective Date. (Diagnosis can occur after death if death is due to a Critical Illness.)

Immediate Family Member - Anyone related to a Covered Person 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.

Insured, you, or your - The employee covered for this insurance.

Other Adult Dependent - Your 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.

Physician - A person who is providing services within the scope of his or her license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. Legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

Such person must not be an Immediate Family Member of any Covered Person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians under this Policy.

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

Policyholder - The entity named on the Schedule of Benefits to whom the Policy is issued.

Spouse - Your legally married Spouse.

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

Transplant List - The Organ Procurement and Transportation Network (OPTN) list.

Treatment Free - The Covered Person is no longer receiving care from a Physician, nor regular office visits, or being prescribed medication for a Critical Illness, other than routine checkups or maintenance medication for that Critical Illness.

ELIGIBILITY AND EFFECTIVE DATE

Coverage will start at 12:01 a.m. at the main place of business of the Policyholder.

Employee Eligibility - To be eligible for coverage under the Policy, you must:

1. Meet the eligibility requirements listed on the Policyholder Application;
2. Be in Active Service; and
3. Provide satisfactory Evidence of Insurability to us, if required.

Employee Effective Date - Your insurance will take effect on the later of: (1) the Policy Effective Date; or (2) the first day of the calendar month which coincides with or next follows the date you are accepted for coverage; provided you are: (a) an eligible employee on such date; and (b) we have received your first premium payment.

If you do not meet the eligibility requirements on the date your coverage is to take effect, your coverage will take effect on the first day of the calendar month which coincides with or next follows the date you satisfy the requirements.

Dependent Eligibility, if available under the Policy - To be eligible under the Policy, a Dependent must:

1. Meet the definition of an eligible Dependent;
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 under the Policy; and
4. Provide satisfactory Evidence of Insurability to us, if required.

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

Dependent Effective Date - Insurance on each Dependent will take effect on the later of: (1) the date your coverage becomes effective; or (2) the first day of the calendar month which coincides with or next follows the date the Dependent is accepted for coverage, provided that: (a) the Dependent is an eligible Dependent on such date; and (b) we have received any additional premium.

If a Dependent does not meet the eligibility requirements on the date his or her coverage is to take effect, coverage on that Dependent will take effect on the first day of the calendar month which coincides with or next follows the date the Dependent satisfies the requirements.

Coverage for Newborn Child, Newly Adopted Child, or Child Subject to a Newly-Issued Medical Support Order - Coverage for a newborn, a newly adopted Child, 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 with you or where you are a 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

Critical Illness Benefit - If a Covered Person is diagnosed with the First Occurrence of a Critical Illness, we will pay a lump sum benefit equal to the applicable Benefit Amount shown in the Schedule of Benefits multiplied by the applicable Percentage of Benefit Amount shown in the Schedule. The positive diagnosis must be made after the Effective Date of this Certificate and while this Certificate is in force.

If a Covered Person is later diagnosed with the First Occurrence of one of the remaining Critical Illnesses and that illness is medically unrelated (as determined by a Physician) to any other Critical Illness for which we have paid a benefit, we will pay the applicable benefit for the newly diagnosed Critical Illness as long as the diagnosis is made 90 days or more after the last Critical Illness for which we paid a benefit.

If the last Critical Illness benefit payment under this Certificate was less than 100% of the applicable Benefit Amount, we will waive the requirements of being medically unrelated and separated by 90 days for the newly diagnosed Critical Illness.

Benefit Payments - Benefit payments will be made directly to you. Proof of any Critical Illness diagnosis must be submitted to us. Dependents are covered at a percentage of the Benefit Amount as stated in the Schedule.

EXCLUSIONS AND LIMITATIONS

We do not cover losses caused by, or as a result of, the Covered Person's:

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

Under no condition will we pay any benefits for losses incurred prior to the Effective Date.

PREMIUMS

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

Premium Changes - 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 60-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. If such premium 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.

Premium Refunds - If your Spouse or Other Adult Dependent is covered and you divorce or legally terminate the Other Adult Dependent relationship or such Dependent dies and we are notified in writing at our Administrative Office, we will refund premiums for the period of time following the date of divorce/dissolution or death of such Dependent. Premiums will not be refunded for any period prior to 30 days before such notification is received in our Administrative Office.

If your Children are covered and coverage for all Children ends, we will refund premiums for the period of time following the last day of coverage. We must be notified in writing at our Administrative Office. Premiums will not be refunded for any time period prior to 30 days before such notification is received in our Administrative Office.

Unpaid Premiums - Any premium due and unpaid may be deducted from a claim payment.

TERMINATION OF INSURANCE

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

1. The date the Policy terminates, subject to the Portability Option;
2. The date you cease to be eligible for coverage;
3. The date of your death;
4. The premium due date on which we fail to receive your premium, subject to the Grace Period provision; or
5. 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 your coverage terminates;
2. The premium due date on which we fail to receive your premium, subject to the Grace Period provision;
3. The date the Dependent Child no longer meets the definition of Child;
4. The date a Covered Spouse or Other Adult Dependent no longer meets the definition of same;
5. The date the Policy 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 may end the coverage of any Covered Person who submits a fraudulent claim under the Policy.

Termination of your insurance will not affect any claim which begins before the date of termination.

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

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.

CLAIM PROVISIONS

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 contract. 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. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof of Loss must be sent within 90 days after the termination of the period for which we are liable. For any other loss, 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 it was furnished as soon as 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.

Payment of Claim Benefits - All benefits payable under your Certificate will be paid to you or your assignee. Any benefits that are not paid at your death will be paid to your Spouse or Other Adult Dependent or if there is no Spouse or Other Adult Dependent, 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.

Physical Examinations And Autopsy - We have the right to have a Covered Person 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 no later than the 60th day after we receive due written Proof of Loss. 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

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 - 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; Changes - The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate Provisions, and any attached Amendments, Endorsements, and Riders. Only our President, Vice President, Secretary, or an Assistant Secretary 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 - 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. The coverage under the Policy and/or 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.

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. Benefits may be reduced by the amount of any due but unpaid premiums.

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

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.

Misstatement of Tobacco Use Status - If the Covered Person's tobacco use status has been misstated on the application, the Covered Person's true tobacco use status will be used to adjust the premium or adjust the benefits paid.

Time Limit on Certain Defenses

Misstatements in the Application - We will not use any statement, except fraudulent statements, to void or reduce benefits after your coverage has been in effect for two years. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amounts 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.

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

TRANSAMERICA LIFE INSURANCE COMPANY

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

CANCER BENEFIT 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 apply to this Rider.

DEFINITIONS

The definition of **Critical Illness** in the contract to which this Rider is attached is amended to add the cancer conditions set forth below. A diagnosis of cancer must be made by a Pathological Diagnosis or a Clinical Diagnosis.

Invasive Cancer - A cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma will be considered Invasive Cancer.

Invasive Cancer does not include:

1. Pre-malignant conditions or conditions with malignant potential;
2. Prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification); and
3. Any malignancy associated with the diagnosis of HIV.

Skin Cancer - Basal cell epithelioma or squamous cell carcinoma. Skin Cancer does not include malignant melanoma or mycosis fungoides, which are not considered Skin Cancer under this Rider for the purpose of paying benefits.

Carcinoma In Situ - Cancer that is confined to the site of origin without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1- Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Bone Marrow Failure - The irreversible failure of a Covered Person's bone marrow for which a Physician has determined that medical evidence supports the replacement of bone marrow with bone marrow from the Covered Person or another human donor.

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

Clinical Diagnosis - A diagnosis based on the study of symptoms. We will accept a Clinical Diagnosis in lieu of a Pathological Diagnosis only when:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
2. There is medical evidence to support the diagnosis; and
3. A Physician is treating a Covered Person for cancer.

Pathological Diagnosis - A Pathological Diagnosis is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system and on medical criteria accepted by the American Board of Pathology or the Osteopathic Board of Pathology for the type of cancer being investigated. This type of diagnosis must be done by a certified pathologist.

RIDER EFFECTIVE DATE

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

EXCLUSIONS

We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or is a result of cancer or its treatment.

Under no condition will we pay any benefits for losses incurred prior to the Rider Effective Date.

TERMINATION

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

1. The date the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

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

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

RECURRENT CRITICAL ILLNESS BENEFIT 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 apply to this Rider.

DEFINITIONS

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

Recurrent Critical Illness - A Critical Illness that is not eligible for payment under the Critical Illness Benefit in the contract as a First Occurrence.

BENEFITS

This Rider provides a Recurrent Critical Illness Benefit per Covered Person as follows:

A recurrence of the same Critical Illness is not eligible for the Recurrent Critical Illness Benefit, unless:

1. The diagnosis for the prior occurrence was at least 12 months before the new diagnosis; and
2. If it is a Cancer condition and the Cancer Benefit Rider is part of this contract, the Covered Person has been Treatment Free for at least 12 months.

If a Covered Person is diagnosed with a Recurrent Critical Illness, we will pay a lump sum benefit equal to the percentage shown for this Rider multiplied by the applicable Benefit Amount multiplied by the applicable Percentage of Benefit Amount, as shown in the Schedule of Benefits. The positive diagnosis must be made after the Rider Effective Date and while this Rider is in force.

For each Critical Illness, only one Recurrent Critical Illness Benefit may be paid per Covered Person.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract 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 Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

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

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

WELLNESS INDEMNITY BENEFIT 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 apply to this Rider.

DEFINITIONS

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

Health Screening Test means one of the following tests performed under the supervision of or recommendation by a Physician while this Rider is in force:

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

BENEFIT

We will pay the amount shown on the Schedule of Benefits once per Covered Person per Calendar Year in which such Covered Person undergoes a Health Screening Test, regardless of the number of tests the Covered Person undergoes.

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract 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 Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

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, IA
 Administrative Office: P.O. Box 869094
 Plano, TX 75086-9817

Life and Health
 Group Application
 and Agreement

Name of Group ("you, your"): Best Door & Lock LLC	Tax ID Number: 46-5395966	SIC Code: 7699	Website Address: www.bestdoorandlock.com
Street Address: 4 Cote Ave	City: Goffstown	State: NH	ZIP Code: 03045
Contact Name: WAYNE KOMM	Email Address: wayne@bestdoorandlock.com	Phone #: 603-641-5000	Fax #:
Nature of Group: Glass & Door Services	# of Employees/Members: 8	# Eligible for Coverage: 8	# of Years in Existence: 10

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 8/11/21 to 8/11/21. 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.
- Do benefit selections vary by class? No Yes (define classes below)

Definition of Class 1:	
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

Class 1	Class 2	Class 3	Class 4
40			
30			

 hours per week for you, and have been so employed for at least

Class 1	Class 2	Class 3	Class 4
40			
30			

 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

- Is dependent coverage being offered? Yes No
- Is coverage being offered through a Section 125 plan? Yes No
 If "yes", which product(s): _____ Plan Start Date: _____ Plan Anniversary Date _____
- Is coverage being offered replacing existing coverage? Yes No
 If "yes", which products? _____

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 - I agree to the offering of the selected products in the Insurance Selections section for the eligible employees/members.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ **Goffstown, NH**
 Signature of Officer: Wayne Komm Email Address: WAYNE@BESTDOORANDLOCK.COM

Print Name and Title of Officer: WAYNE KOMM MANAGING MEMBER

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

If "yes", which products? _____
 Signature of Licensed Agent/Producer: Stephen Trimino Email Address: Stephen.Trimino@yahoo.com

Print Name of Licensed Agent/Producer: Stephen Trimino License Number: TR035482 Agent/Producer Number: _____

Fraud Warning

Alabama

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.

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

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 <input type="checkbox"/> Paper (US Mail) Delivery						
<input type="checkbox"/> Group Universal Life Insurance – TransElite	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Coverage: <input type="checkbox"/> High Face Amount <input type="checkbox"/> High Accumulation Value ***Attach a copy of the Rate Sheet*** 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.						
	<input type="checkbox"/> Exp 1 <input type="checkbox"/> Exp 2 <input type="checkbox"/> Exp 3					
ADB for Chronic Condition Rider (Living Benefit Rider) <i>(Not available in CA, MA)</i>						
Extension of Benefits Rider <i>(Not available in CA, CT, FL, MA, MD, NJ, OH, PA, TN)</i>						
Waiver of Monthly Deductions for Total Disability						
Child Level Term Insurance Rider						
Yes No Yes Yes No Yes No No Yes Yes Yes Yes Yes Yes						
<hr/>						
<input type="checkbox"/> Group Interest Sensitive Whole Life – Trans\$ure <i>Available as an Individual policy in VT.</i>	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Insurance Details: 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.						
	<input type="checkbox"/> Exp 1 <input type="checkbox"/> Exp 2					
ADB for Chronic Condition Rider (Living Benefit Rider) <i>(Not available in CA, MA)</i>						
Extension of Benefits Rider <i>(Not available in CA, CT, FL, MA, MD, NJ, OH, PA, TN)</i>						
Child Level Term Insurance Rider <i>(Not available in VA)</i>						
Yes No Yes No Yes Yes						
<hr/>						
<input type="checkbox"/> Group Term Life Insurance – Trans Select <input type="checkbox"/> 5 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> 20 Year <i>Product not available in VT.</i>	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Insurance Details: 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"/> Exp 1 <input type="checkbox"/> Exp 2 <input type="checkbox"/> Exp 3 (10 Yr & 20 Yr only)					
Accelerated Death Benefit for Critical Care: <i>(Not available in CT, FL, MA, NJ)</i>						
ADB for Chronic Condition Rider (Living Benefit Rider) <i>(Not available in CA, LA, MA, MN)</i> With Extension of Benefits <i>(Not available in CA, CT, FL, OH, IL, IN, LA, MA, MD, MN, PA, TN, WA)</i>						
Child Level Term Insurance Rider						
25% 25% No Yes No No Yes Yes Yes						
<hr/>						
<input type="checkbox"/> Individual Accident Insurance – AccidentSelect <i>Product available only in: PR or WA</i>	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:				
Coverage: <input type="checkbox"/> Plan I <input type="checkbox"/> Plan II						
<table border="1" style="border-collapse: collapse;"> <tr> <th style="padding: 2px;">Accept</th> <th style="padding: 2px;">Decline</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Accept	Decline	<input type="checkbox"/>	<input type="checkbox"/>		
Accept	Decline					
<input type="checkbox"/>	<input type="checkbox"/>					
Accident Only Disability Income Rider <i>(Not available in PA)</i>						
Sickness Only Disability Income Rider <i>(Not available in CO, MD, SC or VA) (Accident & Sickness Disability Rider in MN)</i>						

<input checked="" type="checkbox"/> Group Accident Insurance – AccidentAdvance <i>Available as an Individual policy in FL, MN and MT.</i>	Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date: <u>10-1-21</u>
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Insurance Details: <input checked="" type="checkbox"/> 24 Hour <input type="checkbox"/> Off-the-Job								
	<input type="checkbox"/> Exp 1	<input checked="" type="checkbox"/> Exp 2	<input type="checkbox"/> Exp 3	<input type="checkbox"/> Exp 4	<input type="checkbox"/> Exp 5	<input type="checkbox"/> Exp 6	<input type="checkbox"/> Exp 7	<input type="checkbox"/> Exp 8
Module 1 – Accident Emergency Treatment Benefits	8 Units	10 Units	10 Units	7 Units	10 Units	6 Units	8 Units	8.5 Units
Module 2 – Follow-Up Visits and Physical Therapy Benefits	2.5 Units	5 Units	12 Units	5 Units	10 Units	7 Units	7 Units	4 Units
Module 3 – Initial Accident Hospitalization	3.5 Units	3.5 Units	3 Units	3.5 Units	0.5 Units	3.5 Units	4 Units	3 Units
Optional Riders								
Accidental Death and Dismemberment Rider <i>(Plan 2: ME & UT approved for 1 Unit)</i>	0 Units	0.5 Units	0 Units	2.5 Units	0 Units	0 Units	1.5 Units	0 Units
Accident Hospital & ICU Income Rider	0 Units	8 Units	4 Units	9 Units	1 Units	8 Units	6.0 Units	10 Units
Expanded Benefits Rider <i>(Not available in NH)</i>	0 Units	3 Units	4 Units	9 Units	7 Units	6 Units	6.0 Units	10 Units
Wellness <i>(Not available in CO, CT, DC, KS, MA, NH, MN, or VT)</i>	5 Units	10 Units	10 Units	5 Units	0 Units	0 Units	0 Units	10 Units

<input type="checkbox"/> Group Cancer Insurance – CancerSelect Plus <i>Product not available in MN & ME. Available as an Individual policy in CT, FL, ID, MD, MT, NJ, PR, UT, WA. Only available to 51+ groups in MA.</i>	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Insurance Details:						
	<input type="checkbox"/> Exp 1	<input type="checkbox"/> Exp 2	<input type="checkbox"/> Exp 3	<input type="checkbox"/> Exp 4	<input type="checkbox"/> Exp 5	<input type="checkbox"/> Exp 6
Module 1 – Hospital Benefits	2 Units	2 Units	1 Unit	1 Unit	1 Unit	1 Unit
Module 2 – Surgery Benefits	3 Units	4 Units	3 Units	2 Units	2 Units	1 Unit
Module 3 – Radiation and Chemotherapy Benefits	1 Unit	2 Units	4 Units	2 Units	2 Units	1 Unit
Module 4 – Wellness and Miscellaneous Benefits	1 Unit	2 Units	2 Units	2 Units	2 Units	3 Units
Module 5 – Drug-Related Expense Benefits	2 Units	2 Units	2 Units	1 Unit	1 Unit	1 Unit
Optional Riders						
First Occurrence Rider <i>(Lump Sum Diagnosis Rider in SD)</i>	2 Units	5 Units	5 Units	3 Units	10 Units	0 Units
Intensive Care Rider <i>(not available in CT, NH, TN, TX, WA)</i>	1 Unit	1 Unit	2 Units	0 Units	0 Units	0 Units

<input type="checkbox"/> Group CI Insurance – CriticalEvents <i>Product not available in CO, FL, GA, MN. Available as an Individual product in MD, MT and NJ. Only available to 51+ groups in MA.</i>	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list amount or %:</i>	Requested Effective Date:
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Insurance Details:					
	<input type="checkbox"/> Exp 1	<input type="checkbox"/> Exp 2	<input type="checkbox"/> Exp 3	<input type="checkbox"/> Exp 4	<input type="checkbox"/> Exp 5
Dependent Insurance	100%	100%	100%	100%	50%
Rate Structure	Issue Age	Issue Age	Issue Age	Issue Age	Issue Age
First Occurrence <i>(First Ever not available in CT, IN, MA, MD, NH, NJ, NC, PA, SD, WA)</i>	First After Effective Date	First After Effective Date	First After Effective Date	First After Effective Date	First After Effective Date
Optional Riders					
Cancer Benefit Rider	Yes	Yes	No	No	Yes
Recurrent Critical Illness Benefit Rider	50%	100%	50%	100%	50%
Wellness Benefit Rider	\$100	\$100	\$100	\$100	\$50

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Advance For use in GA and MN only. (Exp 1, 2 & 5 only available in GA). Exp 1, 2, 3, 4 & 5 available in MN	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount or %:	Requested Effective Date:			
Coverage: For GA only: Are you offering the <input type="checkbox"/> group policy or <input type="checkbox"/> individual policy					
	<input type="checkbox"/> Exp 1	<input type="checkbox"/> Exp 2	<input type="checkbox"/> Exp 3	<input type="checkbox"/> Exp 4	<input type="checkbox"/> Exp 5
Rate Structure	Tobacco Distinct	Tobacco Distinct	Tobacco Distinct	Tobacco Distinct	Tobacco Distinct
<input type="checkbox"/> Cancer Benefit Rider (Part of Policy in GA)	Yes	Yes	No	No	Yes
<input type="checkbox"/> Recurrent Critical Illness Benefit Rider (Not available in MA)	50%	100% 75% (GA) 75% (MN)	50%	100% 75% (MN)	50%
<input type="checkbox"/> Wellness Benefit Rider	\$ 100	\$ 100	\$ 100	\$ 100	\$ 50

<input type="checkbox"/> Group CI Insurance – CriticalAssistance Plus For use in CO and FL only. (Exp 1 & 5 only available for FL) Available as an Individual policy in FL	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount or %:	Requested Effective Date:		
Coverage:				
		<input type="checkbox"/> Exp 1	<input type="checkbox"/> Exp 3	<input type="checkbox"/> Exp 5
Cancer Benefit Rider (Includes \$50 Wellness)		Yes	No	Yes
Cancer Screening Wellness Benefit Rider Additional Benefit: \$100 or \$50		\$100	\$100	\$50

<input type="checkbox"/> Group Short-Term Disability – TransDI Plus IncomeSelect in FL Product not available in MT, VT. Available as an individual policy in WA.	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount or %:	Requested Effective Date:						
Insurance Details: Accelerated Benefit For Terminal Illness Rider included in all states except CT.								
	Plan 1			Plan 2			Plan 3	Plan 4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum Benefit Period	3 Months	6 Months	12 Months	3 Months	6 Months	12 Months	24 Months	24 Months
Accident Elimination Period	7 Days	7 Days	7 Days	14 Days	14 Days	14 Days	90 Days	180 Days
Sickness Elimination Period	7 Days	7 Days	7 Days	14 Days	14 Days	14 Days	90 Days	180 Days
Portability Rider (not available in CO, FL, MD, MN, MT, OH, RI, WA)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

<input type="checkbox"/> Hospital Indemnity – HospitalSelect II HSA Plan Not available in DC, NH, NV. Available as an Individual product in GU. Only available to 51+groups in MA.	Group Contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list amount or %:	Requested Effective Date:		
Insurance Details: 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")				
		<input type="checkbox"/> Exp 1	<input type="checkbox"/> Exp 2	<input type="checkbox"/> Exp 3
Base Daily In-Hospital Indemnity Benefit (Maximum Confinement 31 Days)		\$100	\$100	\$100
Intensive Care Indemnity Benefit Rider (Calendar Year Maximum 30 Days) (Not Available in NJ)		\$200	\$200	\$200
Hospital Confinement Indemnity Benefit Rider (Calendar Year Maximum per Confinement of 1 Day)		\$750	\$1,500	\$2,500
Inpatient Miscellaneous Indemnity Benefit Rider (Calendar Year Maximum per Confinement of 31 Days) (Not available in CO, CT, MA, MO, NJ)		\$50	\$100	\$150
Waiver of Preexisting Condition Rider (Not available in NH)		No	No	No
Normal Pregnancy Limitation		No	No	No

<input checked="" type="checkbox"/> Hospital Indemnity – HospitalSelect II Non-HSA Plan <i>Not available in DC, NH, NV. Available as an Individual product in GU. Only available to 51+groups in MA.</i>		Group Contribution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list amount or %:</i>		Requested Effective Date: 10-1-21		
Insurance Details: Do you offer a medical plan with at least a \$1,000 deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Product only available if you answer "Yes")</i>						
				<input type="checkbox"/> Exp 1	<input type="checkbox"/> Exp 2	<input checked="" type="checkbox"/> Exp 3
Base	Daily In-Hospital Indemnity Benefit (Maximum Confinement 31 Days)			\$100	\$100	\$100
Intensive Care Indemnity Benefit Rider (Calendar Year Maximum 30 Days) (Not Available in NJ)				\$200	\$200	\$200
Ambulance Indemnity Benefit Rider <i>(Not available in CO, CT, MA, MO and NJ)</i>	Daily Ground Benefit Daily Air Ambulance pays 3 times the Daily Ground Benefit Calendar Year Maximum: 3 Days. Lifetime Maximum: 6 Days			\$100	\$100	\$100
Hospital Confinement Indemnity Benefit Rider (Calendar Year Maximum per Confinement of 1 Day)				\$750	\$1,500	\$2,500
Inpatient Miscellaneous Indemnity Benefit Rider (Calendar Year Maximum per Confinement of 31 Days) <i>(Not available in CO, CT, MA, MO, NJ)</i>				\$50	\$100	\$150
Surgical and Anesthesia Indemnity Benefit Rider <i>(Not available in CO, CT, MA, NH, NJ)</i> 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				\$500	\$800	\$1,000
Inpatient Surgical Indemnity Benefit Rider (Only Available for MA)				\$500	\$800	\$1,000
(Calendar Year Maximum per Confinement of 1 Day)				30%	30%	30%
Waiver of Preexisting Condition Rider <i>(Not available in NH)</i>				No	No	No
Normal Pregnancy Limitation				No	No	No

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