

HELP WHEN YOU'RE DOWN

SELF-ADMINISTERED CRITICALEVENTS® CRITICAL ILLNESS INSURANCE

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

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

GET BENEFITS TO SPEND ON WHAT YOU NEED

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

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

GET THE BENEFITS THAT FIT YOUR NEEDS

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

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

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

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

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

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

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

PRODUCT HIGHLIGHTS

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



Visit:

transamerica.com



Customer Service:

855-244-8318

Product Details

An employee may purchase a benefit amount based on the premiums as shown in the following pages. A spouse and child dependent amount will be a percentage of the employee-elected amount. Employees and spouses are eligible at age 18 and up, eligible children under the age of 26.

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

	Plan Option 1
Dependent Insurance	50%
First Occurrence	First occurrence after effective date
Benefit Reduction	No Reduction
Rate Structure	Issue Age

Cancer Benefit Rider	Percentage of Benefit	Plan Option 1
Invasive Cancer	100%	Included
Bone Marrow Failure	100%	Included
Carcinoma In Situ	25%	Included
Prostate Cancer with TNM Classification of T1	25%	Included
Skin Cancer	5%	Included
Cancer Benefit Waiting Period		None

Occupational HIV Benefit Rider (only available to the healthcare industry)	Percentage of Benefit	Plan Option 1
Occupational HIV	100%	Included

Additional Benefit	Plan Option 1
Recurrent Critical Illness Benefit Rider	50%

Summary of Benefits

Critical Illness Benefit

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

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

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

Benefit Reduction - the benefit amount will reduce by the amount reflected in the product details as the insured reaches specified age.

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

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

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

Critical illness definitions

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

Alzheimer's disease - A clinically established disease diagnosed by a psychiatrist or neurologist that is based upon a severe cognitive impairment of such progressive nature that it has resulted in the inability to independently perform (without hands-on assistance) two or more daily living activities such as bathing, dressing, eating, toileting, transferring or continence.

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

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

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

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

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

Major organ failure requiring transplant - The irreversible failure of a heart, lung, pancreas, kidney (entire renal function) or any combination that a physician determined there is medical evidence to support the complete replacement of such organ with an entire organ from a human donor. It can also be the irreversible failure of an insured person's liver for which a physician has determined that there is medical evidence to support the complete or partial replacement of the liver or liver tissue from a human donor. The transplant need must be due to severe organ disease. To be eligible for payment, the insured person must either: (1) be placed on the Transplant List, or (2) have the transplant procedure 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) or tuberculosis.

Summary of Benefits

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

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

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

- Documented neurological deficits; and
- Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

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

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

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

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

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

Cancer waiting period - No benefits will be paid for a cancer condition that is diagnosed during the waiting period.

Occupational HIV - HIV caused by a needle stick, sharp injury or by a mucous membrane exposure to blood or bloodstained bodily fluid. Such exposure must occur during the 12 months preceding the initial positive diagnosis and while the rider is in force. The exposure must have occurred while the insured person was following his or her normal occupational duties and must have been reported in accordance with the established occupational procedures for such incidents. The insured person must have undergone a blood test within five days of the incident which indicated the absence of HIV or HIV antibodies and the incident follow up included a further blood test within 12 months indicating the presence of HIV or HIV antibodies.

Limitations and Exclusions

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

- Commission of a felony, voluntarily participating or attempting to participate in an illegal or willful criminal occupation.
- Voluntary involvement in any period of armed conflict.

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

The term physician does not include the insured person or an immediate family member of any insured person.

Conversion option

If an employee loses eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the Group Master Policy, they will have the option to convert this group insurance to an individual critical illness policy by submitting an application and the first month's premium to us within 31 days after loss of eligibility. We will bill the employee directly once we receive notification to continue insurance.

Termination of insurance

Employee insurance will terminate on the earliest of:

- The date the group master policy terminates.
- The date an employee ceases to be eligible for insurance.
- The date of the employee's death.
- The premium due date on which we fail to receive the employee's premium, subject to the Grace Period provision.
- The date a written notice that the employee wants to cancel insurance is received.

Dependent insurance will terminate on the earliest of:

- The date the employee's insurance terminates.
- The date of the dependent's death.
- The premium due date on which we fail to receive the employee's premium, subject to the Grace Period provision.
- The date the dependent no longer meets the definition of dependent.
- The date the group master policy is modified to exclude dependent insurance.
- The date a written notice that the employee wants to cancel insurance on their dependent is received.

We may end the insurance of any insured person who submits a fraudulent claim under the policy.

Termination of the employee's insurance will not affect any claim which begins before the date of termination.

Termination of the group master policy

The 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.

A group policy will not continue if it drops below the minimum required participation. The group master policy will be terminated and insurance of all remaining insureds will end.

Other insurance with us

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

GROUP BENEFITS DISCLOSURE POLICY

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

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

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

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

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

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

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

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

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

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