



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

#### Get benefits to spend on what you need.

George's health insurance pays for many of his medical expenses, but he still has copays and a high deductible. He doesn't make commissions for sales on the days he misses work, and visiting the orthopedic specialist's office 50 miles away costs a lot in gas.

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

# Product Highlights

Pays benefits directly to you

Family options available

Payroll-deducted premiums

# Get the benefits that fit your needs.

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

#### Help protect yourself and your family.

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy provides extra peace of mind. Employees and their spouses can be insured after reaching age 18, and eligible dependent children can keep their insurance through age 25.

### Enjoy our hassle-free online claims process.

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

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

This is a brief summary of AccidentAdvance® accident insurance. Policy form series CPACC100 and CCACC100. Forms and form numbers may vary.

This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details.

Plan Option 1 Off-The-Job

Module 1 Accident Emerge	ncy Treatment	10.00	Units
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.		\$250	
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.		\$400	
Dislocation Benefit	Reduction		
. ayana isi jemit ananasaman radasaa	Dislocated Joint	Open	Closed
under general anesthesia. Dislocation reduced without general anesthesia paid	Hip	\$8,000	\$2,700
at 25% of the joint's benefit amount.	Knee or Shoulder	\$2,700	\$1,100
Multiple reduced dislocations are paid at 1	Collar Bone	\$4,300	\$800
1/2 times the highest benefit amount. No other amount will be paid under this	Ankle or Foot (except toes)	\$2,700	\$800
benefit.	Lower Jaw	\$2,700	\$1,400
	Wrist or Elbow	\$2,200	\$1,100
	Toe or Finger	\$600	\$300
Fractures Benefit		Reduction	
	Fractured Bone	Open	Closed
accident. A chip fracture is paid at 10% of the fracture's benefit amount. Multiple	Соссух	\$1,400	\$700
repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit.	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$3,400	\$1,700
	Hip	\$10,000	\$3,400
	Leg	\$4,200	\$3,400
	Nose, Heel or Fingers	\$3,400	\$700
	Ribs	\$6,700	\$700
	Skull	\$5,400	\$2,000
	Toes	\$1,400	\$700
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$4,000	\$1,700
	Vertebrae, Pelvis	\$1,700	\$1,700
	Vertebral Processes	\$6,700	\$1,000

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid.

No other dislocation or fracture benefit is paid.

Module	e 2 Follow-Up Visits a	5.00 Units	
Accide	ent Follow-Up Treatment Benefit		
must ha provide basis; the following	Maximum of three (3) follow-up visits per accident. Original treatment must have been within 96 hours of the accident. Treatment must be provided by a physician in their office or in a hospital on an outpatient basis; begin within 30 days of, and be completed within the 6 months following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.		\$50
Physic	al Therapy Benefit		
For treatments by a licensed physical therapist under a physician's advice that begin within 120 days of the accident and are completed within 1 year of the accident, not to exceed 10 treatments per accident.		\$50	
Module	e 3 Initial Accident Ho	spitalization	0.50 Units
Initial Accident Hospitalization Benefit Payable once for the first hospital admission due to an accident. Benefit is payable once for the first Intensive Care Unit admission due to an accident. The ICU benefit is paid even if admitted to the hospital initially and then transferred to ICU later during the same hospitalization.		\$150	
For tran	ance Benefit resportation to the nearest hospital	Ground Ambulance	\$30
	tment within 96 hours of the nt by a licensed ambulance service.	Air Ambulance	\$150
	ional Riders		
Accide	ental Death and Dismemberment F	Rider (Form No. CRADD300)	0.50 Units
Accidental Death Benefit  Death must result from and occur within 90 days of the accident. Only on insured person per accident and will be reduced by any dismemberment Child benefit is 50% of the benefit amount.  Common Carrier Accidental Death  For death resulting from a covered accident that occurs while riding as a fare-paying passenger on a mode of public transportation			
	omobile Accidental Death e insured person was:		
wearing and properly utilizing a seat belt and was seated in a position protected by an air bag system that deployed during the accident, as evidenced by police report.		\$11,000	
wearing and properly utilizing a seat belt, as evidence by police report, but an air bag was not present or was not deployed.		\$10,000	
not wearing a seat belt.		\$7,500	
Ber	nefits are not payable if an insured p	erson was driving without a va	lid drivers' license
Other Accidental Death Other than those described above.		\$5,000	
Transportation of Remains Benefits For transporting remains to a mortuary near the insured person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.		\$200	

Additional Benefits for Accidental Death
If an accidental death benefit is payable, the following benefits will be paid to the survivor. A reduced benefit will be paid to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be insured under this rider.

to the beneficiary if no eligible survivor. Benefits do not require a spouse or child to be insured under this rider.			
Surviving Child Educational Benefit Payable for each eligible child ages 17 student at an accredited college, unive vocational or trade school within 365 da Payable each year for up to 4 years wh full-time student.	\$400		
Licensed Day Care Center Benefit Child must be between newborn and 12 years old, attend a licensed day care, which is not an immediate family member, within 90 days from the accidental death date. Day care must be necessary for the survivor to work or obtain training for work.		\$150	
Career Enrichment Benefit Survivor must be a full-time student at a professional or trade training program from an accredited college, university, 2-year college, vocational, or trade school within 24 months of the accidental death. Training must be for the purpose of obtaining an independent source of income or enriching the survivor's ability to earn a living. This benefit will be paid for up to 4 years while the survivor remains a full-time student. Benefit not available for children.		\$400	
Accidental Dismemberment Benefits	One of more inigore of tool		
Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment	One eye, hand, foot, arm or leg	\$1,000	
benefits have been paid for the same accident, we will deduct the	Two eyes, hands or feet	\$2,500	
dismemberment benefits paid from the accidental death benefit due. Child	Speech <u>or</u> hearing in both ears	\$2,500	
benefit is 50% of the benefit amount.	Two arms or two legs	\$2,500	
	Speech <u>and</u> hearing in both ears	\$5,000	
	Both arms and both legs	\$5,000	
Total dismemberment benefits per insured person per accident will not exceed:		\$5,000	
Accident Hospital and ICU Income Rider (Form No. CRHICU00)		2.00 Units	
Accident Hospital Income Benefit For hospital confinement for treatment of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident.		\$50	
Accident ICU Benefit For ICU confinement while the person is receiving the hospital income benefit. Benefit is payable for up to 15 days per accident.		\$150	

Expanded Benefits Rider (Form No. CREXPB00)				7.00 Units
The following benefits are payable once, per person, per accident for injuries				ries sustained in a covered accident.
Burns		Second-degi	ree burns of body surface:	
Must be treated by a physician within 96 hours of the accident. One or more skin grafts for a covered burn will be paid at 50% of the burn benefit amount paid		At least 25%, but not more than 35%		\$420
		More than 35%		\$1,050
		Third-degree burns of body surface:		
		6 through 10 square centimeters		\$1,050
for the burn involved.		10 through 25 square centimeters		\$2,800
		25 through 35 square centimeters		\$6,300
		more than 35 square centimeters		\$8,400
Lacerations		Lace	rations not requiring sutures	\$28
Must be treated or re		Single laceration	on less than 7.6 centimeters	\$56
within 96 hours of the accident.	<del>)</del>	Lacerations 7.6 to 20 centim		\$210
		Lace	erations over 20 centimeters	\$420
Eye Injury			With surgical repair	\$280
	Non-su	ırgical removal	of foreign body by physician	\$49
Emergency		or more broken teeth repaired with crowns		\$210
Dental Work		One or more broken teeth resulting in extractions		\$56
Brain Concussion  Must be diagnosed by a physician within 96 hours of the accident.			\$140	
			ith no reaction to external uire the use of life support	\$10,500
Paralysis Quadriplegia (paralysis of four limbs)		egia (paralysis of four limbs)	\$10,500	
Lasting a minimum of	f 30 day	S Parapleg	gia (paralysis of lower limbs)	\$5,250
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed No repair			\$140	
and surgically repaired by a physician one (1) year of the accident. Only one benefits is payable.			One repair	\$350
		Only one of the	Two or more repairs	\$700
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is payable.		y a	Shaved cartilage or arthroscopic surgery with:  No repair	\$140
			One repair	\$350
			Two or more repairs	\$700

Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within 1 year of the accident. Laparoscopic procedures are excluded.		\$1,050
Appliance For a physician-recommended medical appliance to aid personal locomotion, such as crutches, leg braces, wheelchairs and walkers. This benefit is not payable for prosthetic devices.		\$140
Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee.	One prosthetic device	\$525
	Two or more prosthetic devices	\$1,050
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulin is not covered.		\$280
Transportation Benefit is payable for up to 2 round trips to the hospital per accident per insured person if special treatment and hospital confinement occurs within 30 days of the accident. The local attending physician must prescribe treatment that is not available locally. Benefit is not payable for transportation to any hospital within a 100-mile radius of the accident site or insured person's residence.		\$420
Family Lodging Benefit Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member.		\$105

# **Limitations and Exclusions**

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

- Driving any taxi for wage, compensation or profit;
- Mountaineering, parachuting or hang gliding;
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes;
- Alcoholism or drug addiction;
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event;
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
- War, or any act of war, whether declared or undeclared;
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurred;
- Participating in a riot or insurrection;
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.
- Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit if paid by Worker's Compensation.

# **Termination of Insurance**

Insurance coverage on the employee will end on the earliest of:

- the date of his or her death;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date he or she sends us a written notice to cancel coverage.

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

- the date of the employee's death;
- the date the employee's coverage terminates;
- the last date for which premium payment has been made to us, subject to the grace period;
- the date the dependent no longer meets the definition of dependent;
- the date the employee sends us a written notice to cancel coverage on a dependent.

# Other Insurance with Us

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

#### **GROUP BENEFITS DISCLOSURE POLICY**

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

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

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

# COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

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

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

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

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

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