



24-HOUR ACCIDENT-ONLY INSURANCE

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.

What happens if you get hurt?

Accident insurance can help offset medical deductible, help reduce stress and recovery time.



Are we covered for that?

Accidents and injuries can happen at any place at any time. As one of your employer's most important assets, it is important to protect yourself and make sure you can bounce back from whatever life may throw at you. Transamerica Life Insurance Company's new AccidentAdvance offers benefits for accidents. It also offers features to promote healthier behavior in general, such as an auto accident benefit that pays more if the insured was wearing a seat belt and has air bags in the car. It is an advancement in accident coverage. It is AccidentAdvance.

Pays in addition to any other coverage and is Guaranteed Issue.

Understanding AccidentAdvanceSM

AccidentAdvance is an accident only insurance policy. Individual and family coverage is available, and as with all our products is conveniently payroll deducted. Issue ages for employees and spouses are 18 through 64. Eligible children can have coverage through age 25. Base coverage includes Accident Emergency Treatment, Follow-Up Visit and Physical Therapy, Initial Accident Hospitalization.

Riders Included in Coverage

- ▶ Accidental Death and Dismemberment Rider
- ▶ Accident Hospital and ICU Income Rider
- ▶ Expanded Benefits Rider

Weekly Premium

Employee	\$ 3.57
Employee and Child(ren)	\$ 4.48
Employee and Spouse	\$ 5.57
Employee, Spouse and Child(ren)	\$ 6.76

PLAN DESIGN

24-hour Accident Insurance

Accident Emergency Treatment (Module One)			
Accident Emergency Treatment Benefit For physician treatment and X-rays in a hospital or doctor's office within 96 hours of the accident.			\$ 125
Major Diagnostic Examination Benefit For one CT Scan, MRI, or EEG completed within 90 days of the accident.			\$ 200
Dislocation Benefit For dislocations reduced under general anesthesia. A dislocation reduced without general anesthesia is limited to 25% of the benefit amount for the dislocation involved. Benefits are payable only for the first dislocation of a joint. If multiple dislocations are reduced, we will pay 1.5 times the highest benefit amount and no other amount will be paid under this benefit.	Reduction	Open	Closed
	Hip	\$ 4,000	\$ 1,350
	Knee or Shoulder	\$ 1,350	\$ 550
	Collar Bone	\$ 2,150	\$ 400
	Ankle or Foot (except toes)	\$ 1,350	\$ 400
	Lower Jaw	\$ 1,350	\$ 700
	Wrist or Elbow	\$ 1,100	\$ 550
	Toe or Finger	\$ 300	\$ 150
Fractures Benefit For repair of a fracture sustained in an accident. A chip fracture is paid 10% of the fracture's benefit amount. Multiple repaired fractures are paid 1½ times the highest benefit amount. No other amount will be paid under this benefit.	Reduction	Open	Closed
	Coccyx	\$ 700	\$ 350
	Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	\$ 1,700	\$ 850
	Hip	\$ 5,000	\$ 1,700
	Leg	\$ 2,100	\$ 1,700
	Nose, Heel or Fingers	\$ 1,700	\$ 350
	Ribs	\$ 3,350	\$ 350
	Skull	\$ 2,700	\$ 1,000
	Toes	\$ 700	\$ 350
	Upper Jaw, Upper Arm or Face (except Nose), Collar Bone	\$ 2,000	\$ 850
	Vertebrae, Pelvis	\$ 850	\$ 850
	Vertebral Process	\$ 3,350	\$ 500

For both dislocations and fractures, 1½ times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

Follow-Up Visits and Physical Therapy (Module Two)

Accident Follow-Up Treatment Benefit

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 outpatient basis; begin within 30 days of, and be completed within the 6 month following the later of: the accident; discharge from the hospital from a covered confinement; or discharge from an extended care facility.

\$ 50

Physical Therapy Benefit

For physical therapy treatments performed by a licensed Physical Therapist under the advice of a physician. Treatment must begin within 120 days of the accident and be completed within 1 year of the accident.

\$ 50

Initial Accident Hospitalization (Module Three)

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.

\$ 1,500

Ambulance Benefit

For transportation to the nearest hospital for treatment with 96 hours of the accident by a licensed ambulance service.

Ground Ambulance

\$ 300

Air Ambulance

\$ 1,500

Additional Riders

The following riders are optional. The policyholder selects which riders to include as well as the benefit level for each rider. The selected riders will be included for all applicants.

Accidental Death and Dismemberment Rider (Form No. CRADD300)

Accidental Death Benefit

Death must result from and occur within 90 days of the accident. Only 1 of the following benefits will be paid per covered person per accident. This benefit will be reduced by any dismemberment benefits previously paid for the same accident. 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.

\$ 150,000

Automobile Accidental Death

If the covered 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.

\$ 110,000

wearing and properly utilizing a seat belt, as evidenced by police report, but an air bag was not present or was not deployed.

\$ 100,000

not wearing a seat belt.

\$ 75,000

Benefits are not payable if a covered person was driving without a valid drivers' license.

Other Accidental Death

Other than those described above.

\$ 50,000

Transportation of Remains Benefits

For transporting remains to a mortuary near the covered person's primary residence if death occurs more than 200 miles from primary residence. Child benefit is 50% of the benefit amount.

\$ 2,000

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 covered under this rider.

Surviving Child Educational Benefit

Payable for each eligible child ages 17 through 21, who is a full-time student at an accredited college, university, 2-year college, vocational or trade school within 365 days of the accidental death. Payable each year for up to 4 years while the child remains a full-time student.

\$ 4,000

Licensed Day Care Center Benefit			
child must be between newborn and 12 and attending a licensed day care, who is not an immediate family member, within 90 days from the date of the accidental death. The day care must be necessary for the survivor to work or obtain training for work.			\$ 1,500
Career Enrichment Benefit			
Survivor must be a full-time student at a professional or trade training program from an accredited college, university, two-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.			\$ 4,000
Accidental Dismemberment Benefits Dismemberment must occur within 90 days of the accident. If accidental death benefit is payable after dismemberment benefits have been paid for the same accident, we will deduct the dismemberment benefits paid from the accidental death benefit due. Child benefit is 50% of the benefit amount.		One or more fingers or toes	\$ 2,500
		One eye, hand, foot, arm or leg	\$ 10,000
		Two eyes, hands or feet	\$ 25,000
		Speech or hearing in both ears	\$ 25,000
		Two arms or two legs	\$ 25,000
		Speech and hearing in both ears	\$ 50,000
		Both arms and both legs	\$ 50,000
Total dismemberment benefits per covered person per accident will not exceed:			\$ 50,000
Accident Hospital and ICU Income Rider (Form No. CRHICU00)			
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)			
The following benefits are payable once, per person, per accident for injuries sustained in a covered accident.			
Burns 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 for the burn involved.	Second-degree burns of body surface:	At least 25%, but not more than 35%	\$ 60
		More than 35%	\$ 150
	Third-degree burns of body surface:	6 through 10 square centimeters	\$ 150
		10 through 25 square centimeters	\$ 400
		25 through 35 square centimeters	\$ 900
	more than 35 square centimeters	\$ 1,200	
Lacerations Must be treated or repaired within 96 hours of the accident.		Lacerations not requiring sutures	\$ 4
		Single laceration less than 7.5 centimeters	\$ 8
		Lacerations 7.6 to 20 centimeters	\$ 30
		Lacerations over 20 centimeters	\$ 60
Eye Injury		With surgical repair	\$ 40
		Non-surgical removal of foreign body by physician	\$ 7
Emergency Dental Work		One or more broken teeth repaired with crowns	\$ 30
		One or more broken teeth resulting in extractions	\$ 8
Brain Concussion			
Must be diagnosed by a physician within 96 hours of the accident.			\$ 20
Coma			
Unconsciousness for 14 consecutive days with no reaction to external stimuli, no reaction to internal needs and require the use of life support systems.			\$ 1,500

Paralysis Lasting a minimum of 30 days.	Quadriplegia (paralysis of four limbs)		\$ 1,500
	Paraplegia (paralysis of lower limbs)		\$ 750
Tendons, Ligaments and/or Rotator Cuffs Must be detached, torn, ruptured or severed and surgically repaired by a physician within one year of the accident. Only one benefits is payable.	Arthroscopic surgery	without repair	\$ 20
		with one repair	\$ 50
		with two or more repairs	\$ 100
Ruptured Discs and/or Torn Knee Cartilage Must be surgically repaired by a physician within one year of the accident. Only one of these benefits is payable.	Shaved cartilage or arthroscopic surgery	without repair	\$ 20
		with one repair	\$ 50
		with two or more repairs	\$ 100
Major Surgery For an open abdominal, cranial or thoracic surgery performed by a physician within one year of the accident. Laparoscopic procedures are excluded.			\$ 150
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.			\$ 20
Prosthetic Devices For one or more prosthetic devices received within one 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		\$ 75
	Two or more prosthetic devices		\$ 150
Blood, Plasma and Platelets Required for the treatment of injuries due to a covered accident. Immunoglobulins are not covered.			\$ 40
Transportation Benefit is payable for up to two round trips to the hospital per accident per covered 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 covered person's residence.			\$ 60
Family Lodging Benefits are payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the covered person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the covered 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.			\$ 15

Weekly Rates

Employee	Employee + Children	Employee + Spouse	Employee, Spouse and Children
\$ 3.57	\$ 4.48	\$ 5.57	\$ 6.76

Exclusions and Limitations

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

- Driving any taxi for wage, compensation or profit; (In Idaho and Oregon, this exclusion does not apply)
- Mountaineering, parachuting or hang gliding; (In Idaho and Oregon, this exclusion does not apply)
- Voluntarily taking, administering, absorbing or inhaling poison, gas or fumes; (In Connecticut, voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by the covered person's physician), (In Idaho, this exclusion does not apply), (In Oregon, unless the exposure occurs in the course of employment), (In Tennessee, must be done intentionally);
- Alcoholism or drug addiction; (In California, this exclusion does not apply if administered on the advice of a Physician) (In Iowa, only applies to the Sickness-Only Disability Income Rider) (In Maryland and Nevada, this exclusion does not apply)
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event; (In Idaho, this exclusion only applies if participating as a professional)
- 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 (In Oklahoma, when serving in the military or an auxiliary unit);
- 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; (In Connecticut, involvement in a covered accident that occurs while the covered person is driving a motor vehicle while intoxicated or under the influence. "Intoxicated", according to Webster's New World Dictionary, 3rd College Edition, means "to affect the nervous system of, so as to cause a loss of control; make drunk; stupefy; inebriate as the result of alcoholic liquor. Being "under the influence" means according to the laws of the jurisdiction in which the accident occurs.), (In Idaho, this exclusion does not apply), (In Indiana, "under the influence" means under the influence of a controlled substance, unless administered by a physician or taken according to a physician's instructions), (In Maryland, this exclusion only applies to the Accidental Death and Dismemberment Rider and Disability Riders), (In Nevada, this exclusion does not apply), (In Oregon, instigating or actively participating in a riot.) (In Pennsylvania, any loss sustained or contracted in the consequence of a covered person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.) (In California, this exclusion does not apply if administered on the advice of a Physician)
- Participating in a riot, civil commotion, civil disobedience or unlawful assembly; (In Connecticut, "participating", according to Miriam-Webster Online Dictionary, 2009, means "to take part; to have a part or share in something." Also according to Miriam-Webster Online Dictionary 2009, "riot" means "public violence, tumult or disorder; a violent public disorder; specifically: a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent."), (In Florida, participating in a riot or insurrection), (In Idaho, participating in a felony, riot or insurrection), (In Maryland, this exclusion does not apply), (In Utah, voluntarily participating in a felony, riot or insurrection)
- Committing, attempting to commit, or taking part in a felony or assault or engaging in an illegal occupation; (In Idaho, this exclusion does not apply), (In Maryland, this exclusion only applies to the Accidental Death and Dismemberment Rider and Disability Riders), (In Utah, voluntarily participating in illegal activities, limited to losses related directly to such participation)
- Intentionally self-inflicting bodily injury or attempting suicide while sane or insane; (In Missouri, while sane);
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.
- In Pennsylvania, Any loss for which benefits are provided under any Workers' Compensation, Occupational Disease Law, or by the United States Longshoreman's Harbor Workers' Compensation Act.

Termination of Coverage

Subject to the Portability Option, insurance coverage on the employee/member will end on the earliest of:

- The date of his or her death;
- The date he or she ceases to be eligible for coverage¹;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date he or she terminates employment/membership¹;
- The date the group master policy terminates¹;
- The date he or she sends us a written notice to cancel coverage. (In California, the date we send you a 31-day written notice that we will cancel coverage.)

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

- The date of the employee/member's death (In Illinois, 90 days after the date of the employee/member's death);
- The date the employee/member'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 certificate is modified so as to exclude dependent coverage¹;
- The date the employee/member sends us a written notice to cancel coverage on a dependent. (In California, the date we send you a 31-day written notice that we will cancel coverage on your Dependent.)

¹ Not applicable in Florida and Montana

Extension of Benefits (Not available in Florida and Montana)

Whenever termination of coverage under this section occurs due to termination of employment/membership, such termination will be without prejudice to:

- Any hospital confinement which began while coverage was in force; or
- Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however that the covered person is and continues to be hospital confined or receiving treatment.
- (In Maryland, Extension is available when coverage terminates for any reason except for termination due to failure to pay premium, fraud or material misrepresentation by the covered person, or if a succeeding health plan is provided at a cost that is less or equal to the cost of this coverage and does not result in an interruption of benefits)

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

- 30 days (In Maryland, 12 months)(Not applicable in New Jersey); or
- The date on which the covered person is no longer hospitalized or receiving treatment.

Termination of the Group Master Policy (Not applicable in Florida and Montana)

The policyholder may end the policy on any premium due date by submitting a 60-day advance written notice. A group will not be continued if it drops below the minimum required participation. The group master policy will be terminated and coverage of all remaining insureds will end, subject to the Portability Option.

[Information on producer compensation is available at www.transamericaworksite.com](http://www.transamericaworksite.com)