

**AccidentSelect® Plans I and II, An Accident-Only  
Insurance Policy Underwritten by Transamerica  
Life Insurance Company**

**Effective Date: October 1, 2010**

AccidentSelect® provides Insureds with several benefits to assist with the costs associated with certain accidents. More importantly, it helps give Insureds peace of mind in the event of a Covered Accident.

SCHEDULE OF BENEFITS	PLAN I	PLAN II
<b>Accident Specific Sum Injuries Benefit</b> Pays for dislocations, burns, ruptured discs and torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, and blood and plasma. See Rider for specific amounts payable, definitions, and limitations for each specific accident. (Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.)	\$30 – \$2,000	\$60 – \$4,000
<i>The following is an example of the Policy Schedule Benefits.</i>		
<b>A. Dislocations (reduced under general anesthesia)</b>		
<b>Hip</b>		
Open reduction	\$2,000	\$4,000
Closed reduction	\$665	\$1,330
<b>Knee or shoulder</b>		
Open reduction	\$665	\$1,330
Closed reduction	\$265	\$530
<b>Collar bone</b>		
Open reduction	\$1,065	\$2,130
Closed reduction	\$200	\$400
<b>Ankle or foot (excluding toes)</b>		
Open reduction	\$665	\$1,330
Closed reduction	\$200	\$400
<b>Lower jaw</b>		
Open reduction	\$665	\$1,330
Closed reduction	\$330	\$665
<b>Wrist or elbow</b>		
Open reduction	\$530	\$1,065
Closed reduction	\$265	\$530
<b>Toe or finger</b>		
Open reduction	\$130	\$265
Closed reduction	\$65	\$130

**SCHEDULE OF BENEFITS (continued)**

**PLAN I      PLAN II**

<p><b>B. Tendons and Ligaments</b>  Tendons and ligaments must be torn, ruptured or severed and must be treated by a physician within 72 hours after the Covered Accident and repaired through surgery within six months after the Covered Accident. If a Covered Person receives a fracture and/or a dislocation and also tears, ruptures, or severs a tendon/ ligament in a Covered Accident, the Insurer will pay only one benefit. The Insurer will pay the largest of this benefit, the Fractures Benefit or the Dislocation Benefit.</p> <p>Repair of one  Repair of all if more than one</p>	<p>\$330  \$665</p>	<p>\$665  \$1,330</p>
<p><b>C. Burns</b>  (Treated by a physician within 72 hours after the accident)</p> <ol style="list-style-type: none"> <li>1. Second-degree burns of at least 25% - 35% of body surface</li> <li>2. Second-degree burns of more than 35% of body surface</li> <li>3. Third-degree burns covering 6 through 9 square inches of body surface</li> <li>4. Third-degree burns covering 10 through 25 square inches of body surface</li> <li>5. Third degree burns covering more than 25 square inches of body surface</li> </ol>	<p>\$265  \$665  \$530  \$1,330  \$2,665</p>	<p>\$530  \$1,330  \$1,065  \$2,665  \$5,330</p>
<p><b>D. Ruptured Disc or Torn Knee Cartilage</b>  Must be treated by a physician within 72 hours after the accident and repaired through surgery within one year after the Covered Accident.</p> <p>Accident during first year of coverage  Thereafter</p>	<p>\$130  \$400</p>	<p>\$265  \$800</p>
<p><b>E. Eye Injury</b>  With surgical repair</p>	<p>\$130</p>	<p>\$265</p>
<p><b>Accident Follow-up Treatment Benefit</b>  Pays for additional treatment of injuries sustained in a Covered Accident over and above emergency treatment administered within 72 hours following the accident. This benefit is payable for up to a maximum of three treatments per Covered Person per Covered Accident. Such treatment must begin within 30 days of the Covered Accident or discharge from the hospital or extended care facility, and be within the six-month period following the Covered Accident or discharge. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. (Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.)</p>	<p>\$25/visit</p>	<p>\$25/visit</p>
<p><b>Accident Emergency Treatment Benefit</b>  Pays for emergency treatment for a Covered Accident, we will pay the amount shown in the Policy Schedule for treatment received. This benefit is payable for treatment by a physician, x-rays or treatment received in a hospital emergency room. Treatment must be received within 72 hours of such accident for benefits to be payable. This benefit is payable once per Covered Accident. (Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.)</p> <p>Insured &amp; Spouse  Children</p>	<p>\$100  \$70</p>	<p>\$150  \$105</p>
<p><b>Initial Hospitalization For Injury Benefit</b>  When a Covered Person is hospital confined for 24 hours or more for a covered accidental bodily injury, the Insurer will pay the benefit amount shown in the Policy Schedule. This benefit is payable only once per Hospital Confinement and only once for each Covered Person per calendar year.</p>	<p>\$500</p>	<p>\$1,500</p>

**SCHEDULE OF BENEFITS (continued)**

**PLAN I      PLAN II**

<p><b>Accident Hospital Income Benefit</b> Pays for hospital confinement for treatment of a Covered Accident, the Insurer will pay the daily amount shown in the Policy Schedule for each day of such confinement. Such confinement must start within 30 days of the accident. The Insurer will pay this benefit for up to 365 days per Covered Accident.</p>	\$100/day	\$200/day
<p><b>Additional Intensive Care Unit Benefit</b> Pays an additional benefit equal to three times the Accidental Hospital Income Benefit for each day the Covered Person is confined in an Intensive Care Unit (ICU). This ICU benefit is payable for up to 15 days per Covered Accident.</p>	\$300/day	\$600/day
<p><b>Ambulance Benefit</b> Pays for ambulance transportation to a hospital or emergency center for injuries sustained in a Covered Accident. Ambulance transportation must be within 72 hours of the accident. Pays four times the Ambulance Benefit for transportation provided by an air ambulance. The hospital or emergency center must be within 100 miles of the site of the accident or residence of the Covered Person. A licensed professional ambulance company must provide the ambulance service. Benefit is limited to one trip per Covered Accident per Covered Person.</p> <p>Ground Ambulance Air Ambulance</p>	\$150 \$600	\$150 \$600
<p><b>Appliances Benefit</b> Pays if a physician advises a Covered Person to use a medical appliance as an aid in personal mobility as a result of injuries sustained in a Covered Accident. Benefits include and are payable for: crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for prosthetic devices. Benefit is payable once per Covered Accident per Covered Person.</p>	\$100	\$150
<p><b>Physical Therapy Benefit</b> Pays if a physician advises a Covered Person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a Covered Accident and must start within 30 days of such accident or discharge from the hospital. Pays for one treatment per day for up to six treatments per Covered Accident. The six treatments must take place within six months after the accident.</p>	\$50/day	\$75/day
<p><b>Prosthesis Benefit</b> Pays if a Covered Person requires use of a prosthetic device as a result of a Covered Accident. This benefit is payable once per Covered Accident per Covered Person. Benefit is not payable for hearing aids or any dental aids (including false teeth).</p>	\$500	\$750
<p><b>Transportation Benefit</b> Pays for transportation to a hospital for special treatment and confinement for injuries sustained in a Covered Accident. This benefit is payable for the trip to the hospital. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the site of the accident or residence of the Covered Person. This benefit is payable for up to three trips per calendar year per Covered Person.</p>	\$300	\$300

**SCHEDULE OF BENEFITS (continued)**

**PLAN I      PLAN II**

**Family Lodging Benefit**

Pays for one motel or hotel room for a member (or members) of the immediate family to accompany the Covered Person for hospital confinement for the treatment of injuries sustained in a Covered Accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the hospital. Benefit is not payable for the trip to the hospital. The hospital and the motel or hotel must be more than 100 miles from the residence of the Covered Person. The local attending physician must prescribe the treatment. This benefit is payable for up to 30 days per Covered Accident.

\$100/day

\$100/day

**Wellness Benefit**

After 12 months of paid premium for this benefit, the Insurer will pay for an Insured to undergo routine examinations or other preventive testing. Benefits include and are payable for: annual physical exams; mammograms, pap smears, immunizations, flexible sigmoidoscopy, Prostatic Specific Antigen, and blood screenings. This benefit will become available following each anniversary of this Rider's Effective Date, and is payable only once each 12-month period. Family members include an insured employee's spouse and dependent children. Services must be under the supervision of, or recommended by a physician, and a charge must be incurred.

\$60/year

\$60/year

**Accidental Death Benefit**

Death must occur as a result of a Covered Accident and must occur within 90 days of a Covered Accident.

**PLAN I**

	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
Common-Carrier Accidents	\$35,000	\$17,500	\$3,500
Motorized-Vehicle or Pedestrian Accidents	25,000	\$12,500	\$2,500
Other Accidents	15,000	\$7,500	\$1,500

**PLAN II**

Common-Carrier Accidents	\$70,000	\$35,000	\$7,000
Motorized-Vehicle or Pedestrian Accidents	50,000	25,000	\$5,000
Other Accidents	30,000	15,000	\$3,000

**Accidental Dismemberment**

Pays a percentage of the Accidental Death Benefit selected.

PLAN I

PLAN II

Both arms and both legs	100%	100%
Two arms or two legs	50%	50%
Two eyes, hands, or feet	50%	50%
One eye, hand, foot, arm, or leg	20%	20%
One or more fingers and/or one or more toes	5%	5%

## **IMPORTANT INFORMATION**

### **RENEWABILITY**

You are guaranteed the right to renew this policy for your lifetime by the payment of premiums in effect at the beginning of each term. You can never be singled out for a rate increase. Rates can be changed only if the rate is changed for all policies of this class. While this policy is in force, no change will be made because of your age or physical condition.

### **EFFECTIVE DATE**

The Effective Date of the policy and riders will be the date shown on the Policy Schedule or endorsement, not the date the application is signed.

### **ISSUE AGES**

AccidentSelect is available to individuals 18 through 64. Coverage is available for your eligible dependent children under age 19, if living with the Insured, (through age 24 if the child is a full-time student). This may vary by state.

### **FAMILY COVERAGE**

Spouse and dependent children coverage is available. Family Coverage includes the Insured, his or her spouse, and all dependent, unmarried children through age 24. Newborn children are automatically covered under the terms of the policy from the moment of birth. Single-Parent Coverage includes the Insured and all of his or her eligible dependent children who are unmarried and under 19. Coverage is extended to your eligible dependent children who are age 19 through 24 if they are full time students.

### **TIME LIMIT ON CERTAIN DEFENSES**

(1) Misstatements in the Application: After two years from the issue date only fraudulent misstatements in the application may be used to void the policy or deny any claim for loss incurred or disability that starts after the two-year period.

(2) Pre-Existing Conditions: No claim for loss incurred or disability that starts after two years from the issue date will be reduced or denied because of a physical condition not excluded by name or specific description before the date of loss, had existed before the Effective Date of coverage.

### **FRAUDULENT MISSTATEMENT**

If a fraudulent misstatement is made in the application for this policy, the Insurer may reduce or deny any claim or void the policy at any time.

### **ADDITIONAL LIMITATIONS AND EXCLUSIONS**

The Insurer will not pay benefits for a Covered Accident that is caused by or occurs as a result of:

- a) Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
- b) Mountaineering, parachuting or hang gliding.
- c) Poison, gas or fumes voluntarily taken, administered, absorbed or inhaled;
- d) Alcoholism or drug addiction.

- e) Participating in any sport or activity for wage, compensation or profit; or racing any type vehicle in an organized event.
- f) Travel in, or descent 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 chartered airline) on a regularly scheduled passenger trip.
- g) War, or any act of war, whether declared or undeclared.
- h) Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions), or committing an illegal act while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred).
- i) Participating in, or an attempt to participate in, an illegal activity that is defined as a felony, whether charged or not. (A felony is defined by the law of the jurisdiction in which the activity takes place.)
- j) Intentionally self-inflicted bodily injury or attempting suicide, while sane or insane. In the event of suicide, the Company's liability may be limited to only the return of premiums paid.
- k) Any loss incurred while on active duty status in the armed forces. (If the Insurer is notified of such active duty, a refund will be provided for any premiums paid for any period for which no coverage is provided as a result of the exception.)

"Hospital" does not include an institution, or that part of an institution operated as a: 1) convalescent home or skilled nursing care facility or hospice care center; or 2) facility primarily affording custodial rehabilitative or educational care; or 3) facility for the aged, drug addicts, or alcoholics.

*This summary provides information about AccidentSelect I and II (Policy Form Series TPA0100 or CP500100 with Riders Form Series TRA0100, CR500100, TRA0200 or CR500200, TRA0300 or CR500300, TRA0400 or CR500400, TRA0500 or CR500500, TRA0700 or CR500700 TRW0100 or CR501000, and TRIH0200 or CR501100) underwritten by Transamerica Life Insurance Company, Home Office, Cedar Rapids, IA. Form and number may vary and coverage may not be available in all jurisdictions.*

**For Claims or Customer Service on your policy, please call  
Transamerica Life Insurance Company at: 1.888.763.7474**

Home Office: Cedar Rapids, IA  
Administrative Offices: Little Rock, Ar, 72211

**Monthly Rates**

<b>Industry Class B - Plan I</b>			
<b>Individual</b>	<b>Single Parent Family</b>	<b>Two-Adult Family</b>	<b>Family</b>
\$12.06	\$17.85	\$17.37	\$23.16

<b>Industry Class B - Plan II</b>			
<b>Individual</b>	<b>Single Parent Family</b>	<b>Two-Adult Family</b>	<b>Family</b>
\$20.33	\$31.55	\$30.46	\$41.68