

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]
(Hereinafter called "the Company," "We," "Us," or "Our")

INTENSIVE CARE RIDER

This Rider is attached to and made part of the Contract, as defined below, as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Contract will prevail.

While this Rider is in force, We will pay benefits described in "What We Will Pay" section of this Rider for loss from sickness or injury resulting from the Covered Person's Confinement in an Intensive Care Unit or a Step Down Unit on or after the Effective Date, subject to all of its provisions, conditions, exceptions, and limitations.

DEFINITIONS

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

Contract - The Policy for Group Cancer Only Insurance or any Certificate, if applicable, to which this Rider is attached.

Effective Date - The Effective Date of the Contract or the date shown for this Rider if added to the Contract at a later date.

Intensive Care Unit ("ICU") - A specially designated area of a Hospital that provides the highest level of medical care restricted to those patients who are critically ill or critically injured. It must be separate and apart from the surgical recovery room and other rooms, wards, or beds normally used for patient Confinement. It must also:

1. Be provided with constant and continuous nursing care by nurses assigned on a full-time basis exclusive to such unit; and
2. Be under the full-time direction or supervision of either a Physician or a standing committee of the Hospital's medical staff; and
3. Contain special life-saving equipment.

ICU includes intensive cardiac and coronary care units, neonatal ICUs, and burn ICUs, if such units meet the conditions in this definition. ICU does not include any of the following lesser treatment units: private or semi-private rooms, private monitored/telemetry rooms, observation units, surgical recovery units, or other lesser treatment units.

Period of Intensive Care Confinement - A period of Hospital Confinement when the Covered Person is Confined to the ICU or a Step Down Unit and charged the Intensive Care or Step Down Unit rate for each day of such Confinement. If 30 days or less separates two Periods of Intensive Care Confinement, the second Period of Intensive Care Confinement will be considered a continuation of the first.

Step Down Unit - A specially designed area of the Hospital that provides medical care restricted to those patients who are critically ill or critically injured, providing a level of care just under that of an Intensive Care Unit. Step Down Unit includes: progressive care units; subacute intensive care units; and intermediate care units. This does not include lesser treatment units, such as: private or semi-private rooms; private monitored/telemetry rooms; observation units; or surgical recovery units.

WHAT WE WILL PAY

The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for each benefit is shown on the Schedule of Benefits.

Daily Indemnity - We will pay \$100, per unit, for each day the Covered Person is Confined in an ICU. We will pay 50% of this Daily Indemnity Benefit for treatment in a Step Down Unit when the Covered Person is Confined on an inpatient basis. During any one Period of Intensive Care Confinement, Our payments will not exceed 45 days for sickness or injury.

Ambulance - We will pay the Actual Charges for transportation by a licensed ambulance service, not to exceed \$200 per unit, per Period of Intensive Care Confinement, to a Hospital for admission to an ICU or a Step Down Unit for a covered Confinement.

Ambulance transportation in excess of 100 miles from the point of origin must be to the nearest Hospital which contains an ICU and provides necessary medical care. We will not pay this benefit when it is paid under the Contract.

Benefit payments will be made directly to You, unless You assign benefits. Proof of Loss must be submitted to Us for each incurred expense.

WHAT WE WILL NOT PAY

1. We will not pay any benefits for loss resulting from:
 - a. Specifically excluded diseases or conditions in the Contract or in this Rider; or
 - b. An attempted suicide while sane or insane or an intentionally self-inflicted injury; or
 - c. Any act of war either declared or undeclared; or
 - d. Alcoholism or drug addiction; or
 - e. Mental or nervous disorders; or
 - f. An overdose of drugs, narcotics, hallucinogens, unless administered on the advice of a Physician; or
 - g. Intoxication, or being under the influence of any intoxicant or narcotic, unless administered on the advice of a Physician; or
 - h. Injury received while engaging in an illegal occupation or activity.
2. We may reduce or deny a claim or void this Rider for loss incurred by a Covered Person during the first 2 years from the Effective Date of such coverage for any misstatements in the Application which would have materially affected our acceptance of the risk.
3. We will pay only one daily indemnity benefit per day.
4. With respect to the benefits offered by this Rider, the "Time Limit on Certain Defenses" provision in the Contract will apply from the Effective Date of this Rider.

Under no conditions will We pay any benefits for losses or medical expenses incurred prior to the Effective Date.

WHEN THIS RIDER STARTS

This Rider becomes effective on the same date as the Contract Date unless We inform the Insured in writing of a different date.

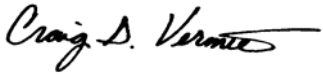
WHEN THIS RIDER ENDS

This Rider will terminate for any one of the following reasons which occurs first:

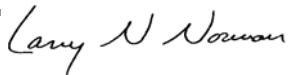
1. The Contract terminates; or
2. Failure to pay the renewal premium before the end of the grace period; or
3. Our receipt of the Policyholder's written request to terminate this Rider.

Termination due to Item 3 will be on the next renewal date, after Our receipt of the written notice, or any later specified date, if the mode of premium payment is monthly. Otherwise, it will be on the date of our receipt of such written notice, or any later date as indicated by the Policyholder. Any premium paid in advance of the termination date due to Item 3 will be refunded to the Insured.

Signed for the Company at Our Home Office to take effect on the Rider Effective Date.

[]

General Counsel and Secretary

[]

President