

NC Judicial Branch

YOUR TRANSAMERICA ENROLLMENT MATERIALS

TRANSAMERICA®

HospitalSelect II with Healthiest You Hospital Indemnity Insurance

Trans\$ure Whole Life Insurance

TransElite Universal Life Insurance

transamericabenefits.com Products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA or Transamerica Financial Life Insurance Company, Harrison, NY.

250855 02/20

STATE I NOTIFIC

ADMINISTRATIVE OFFICE OF THE COURTS

LEILA JABBAR Human Resources Manager human Resources Division

PO Box 2448, Raleigh, NC, 27602 O 919-890-1121 F 919-890-1906 Leila.Jabbar@nccourts.org

May 2021

On behalf of the NC Judicial Branch Insurance Committee, I am pleased to announce an enrollment opportunity for Transamerica supplemental insurance options. Judicial Branch employees may enroll in the Hospital Indemnity Insurance with Telemedicine, Universal Life, and Whole Life policies underwritten by Transamerica and offered through Pierce Insurance Agency. These supplemental insurance policies went through a competitive bid process and were selected based on rates, competitive features and guarantee issue.

Each Judicial Branch employee is encouraged to speak with a Pierce Insurance Agency representative to fully understand the limited time guarantee issue. For new hires, it is especially important to understand benefits of the Hospital Indemnity Insurance, which is designed to fill gaps in the State Health Plan's medical coverage. New hires have 60 days from date of hire to enroll with guarantee issue. A Pierce Insurance Agency representative will gladly discuss benefit options with you in person or by telephone.

There are unique features of the Hospital Indemnity Insurance, such as Telemedicine with no co-pay. Telemedicine provides a telephonic physician visit at no cost. A participant may be diagnosed by a licensed physician for common ailments by phone and get prescriptions sent directly to a local pharmacy. With Telemedicine there is no sitting in the waiting room all day when you are not feeling well.

In addition, Transamerica now offers Universal and Whole Life insurance on a guarantee issue basis. Both life options include a unique Living Benefit rider and have very competitive pricing for employee, spouse, children, and grandchildren.

The Judicial Branch Insurance Committee appreciates the opportunity to provide the best supplemental insurance options to employees across the courts of North Carolina. For more information, contact the Pierce Insurance Agency at (800) 421-3142 Ext. 202 or visit <u>https://pierceins.com/nc-judicial-branch/</u>.

Regards,

Reila Sabbar

Leila Jabbar Human Resources Manager

NC Judicial Branch ENROLLMENT MATERIALS



Table of Contents

Hospital Indemnity Insurance	
Whole Life Insurance 13	
• Universal Life Insurance 19	
• Filing Claims is Easy 25	
o Do you have what it takes to file a claim?	

Enroll, Ask Questions & Request A Quote Call 800-421-3142 or go to https://pierceins.com/nc-judicial-branch/

Pierce Insurance Agency is an independent agency representing Transamerica



HELP WITH Hospital Costs

HOSPITAL SELECT® II HOSPITAL INDEMNITY INSURANCE

Hospital Select II, underwritten by Transamerica Life Insurance Company, is extra protection in case of hospitalization to help with co-pays, co-insurance – even ordinary household expenses.

When Talia comes down with a nasty cough, what her family thinks is just a cold soon lands her in the hospital as pneumonia. Fortunately, she responds well to treatment and is discharged and sent home within a few days.

Just as important, she also bounces back financially. It could have been a different story without her employer's hospital indemnity insurance. With benefits that help complement her major medical insurance, she and her family remain healthy in more ways than one.

DIRECT PAYMENTS FOR HEALTHCARE COSTS

Hospital indemnity insurance pays an amount for each day the insured is hospitalized, up to specific maximum limits. Because the benefits are paid to the insured directly², Talia uses them to help pay out-of-pocket expenses, such as her \$1,500 deductible and co-pays. She also could use them to pay her:

• Car payment, rent, or child care

HOSPITAL SELECT II FEATURES

- No co-insurance, co-pays, waiting periods¹, or deductibles
- · Benefits paid in addition to other insurance the insured may have
- · Portability that allows employees to keep insurance after they retire or leave the job

EASY QUALIFICATION WITH BROAD ELIGIBILITY

This policy is available for individuals, single-parent families, individuals with spouses or other adult dependents, and families. There is no maximum issue age for employees and their adult dependents, including common-law marriage partners, domestic partners, or civil union partners. Children under the age of 26 can be insured.

¹Based on plan design, some policies have a 10-month pregnancy waiting period.

²Benefits are only paid directly to the insured if the payment is not assigned to a provider.

THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

This is a brief summary of *Hospital Select*[®] *II*, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa**. Policy form series CPGHI400 and CCGHI400. Forms and form numbers may vary. Insurance may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy and riders for complete details.

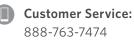
Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at tebcs.com. 121263R1

PRODUCT HIGHLIGHTS

- No lifetime maximum benefits for most benefits
- No waiting period¹
- Benefits paid directly to the insured²
- Payroll-deducted premiums
- Family options available



transamerica.com





Product Details

The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per insured person.

Daily In-Hospital Indemnity Benefit	Plan Option 1	Plan Option 2
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$50.00	\$50.00
Maximum	5000.00 per calendar year	5000.00 per calendar year
Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400)		
Pays each day an insured person receives ambulance transportation as the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown.	\$100.00	\$100.00
Maximum	3 days per calendar y	ear/6 days per lifetime
Hospital Confinement Indemnity Benefit Rider (Rider Form Series C	RHA0400)	
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.	\$1000.00	\$1250.00
Maximum	1 day per confinement/1 day(s) per calendar year	1 day per confinement/1 day(s) per calendar year
Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CRC)PS400)	
Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness	\$250.00	\$500.00
If anesthesia is administered, pays an additional:	\$50.00	\$100.00
Calendar Year Maximum	1 day	
Non-Insurance Benefits:		
TeleMedicine Option offered by:	HealthiestYou	HealthiestYou



Product Details

The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per insured person.

emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness. \$100.00 \$100.00 Maximum \$000.00 per calendar year \$000.00 per calendar year \$000.00 per calendar year Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400) \$100.00 \$100.00 Pays each day an insured person receives ambulance transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onsickness. Transportation must be amount shown. \$100.00 \$100.00 Maximum 3 days per calendar year/6 days per lifetime Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400) Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness asting a minimum of 24 continuous hours from time of admission. \$1250.00 \$1500.00 Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400) \$100.00 \$1000.00 Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$750.00 \$1000.00 If an esthesia is administered, pays an additional disorder for a minimum of 24 continuous hours. Merati or nervous disorder for a minimum of 24 continuous hours. Merati or nervous disorder or a minimum of 24 continuous hours. Merati or nervous disorder or a minimum of 24 continuous hours. Merati or nervous disorder or a minimum of 24 continuous hours. Merati or nervous disorder or a mininimum of 24 continuous hours. Merati or nervous disorder	insured person.		
emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness. \$100.00 \$100.00 Maximum \$000.00 per calendar year \$000.00 per calendar year \$000.00 per calendar year Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400) \$100.00 \$100.00 Pays each day an insured person receives ambulance transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onsickness. Transportation must be amount shown. \$100.00 \$100.00 Maximum 3 days per calendar year/6 days per lifetime Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400) Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness asting a minimum of 24 continuous hours from time of admission. \$1250.00 \$1500.00 Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400) \$100.00 \$1000.00 Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$750.00 \$1000.00 If an esthesia is administered, pays an additional disorder for a minimum of 24 continuous hours. Merati or nervous disorder for a minimum of 24 continuous hours. Merati or nervous disorder or a minimum of 24 continuous hours. Merati or nervous disorder or a minimum of 24 continuous hours. Merati or nervous disorder or a minimum of 24 continuous hours. Merati or nervous disorder or a mininimum of 24 continuous hours. Merati or nervous disorder	Daily In-Hospital Indemnity Benefit	Plan Option 3	Plan Option 4
Maximum year year Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400) Pays each day an insured person receives ambulance transportation as be result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown. \$100.00 \$100.00 Maximum 3 days per calendar year/6 days per lifetime Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400) Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission. \$1250.00 \$1500.00 Maximum confinement/1 day(s) per calendar year confinement/1 day(s) per calendar year confinement/1 day(s) per calendar year Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CRDF5400) \$1000.00 \$1000.00 Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$150.00 \$1000.00 If anesthesia is administered, pays an additional: disorder for a minimum of 24 confinuous hours. Mental or nervous disorder for a minimum of 24 confinuous hours. Mental or nervous disorder for aminimum of 24 confinuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of a	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an observation unit) as the result of a covered accident or sickness.	\$100.00	\$100.00
Pays each day an insured person receives ambulance transportation as the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown. \$100.00 \$100.00 Maximum 3 days per calendar year/6 days per lifetime Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400) Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission. 1 day per confinement/1 day(s) per calendar year 1 day per confinement/1 day(s) per calendar year Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400) \$1000.00 \$1000.00 Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$750.00 \$1000.00 Bays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum	Maximum	-	
the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown. 3 days per calendar year/6 days per lifetime Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400) Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission. 1 day per confinement/1 day(s) per calendar year Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400) Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness If anesthesia is administered, pays an additional: \$150.00 \$1000.00 Calendar Year Maximum 1 day Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CROPS400) Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness If anesthesia is administered, pays an additional: \$150.00 \$1000.00 Calendar Year Maximum 1 day Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMN0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous fasper calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of rug or alcohol addiction for a minimum of 24 continuous hours. Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol A	Ambulance Indemnity Benefit Rider (Rider Form Series CRAMB400)		
Hospital Confinement Indemnity Benefit Rider (Rider Form Series CRHA0400) Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 confinement/1 day(s) per calendar year \$1250.00 \$1500.00 Maximum 1 day per confinement/1 day(s) per calendar year 1 day per confinement/1 day(s) per calendar year 1 day per confinement/1 day(s) per calendar year Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400) Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$750.00 \$1000.00 If anesthesia is administered, pays an additional isolated to a minum of 24 continuous biours. \$1500.00 \$1000.00 Result of a covered accident or sickness \$150.00 \$1000.00 Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMN0400) \$200.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) \$100.00 Pays each day an insured person is co	Pays each day an insured person receives ambulance transportation as the result of a covered accident or sickness. Transportation must be provided by a licensed ambulance company within 96 hours of a covered accident or onset of sickness. Air ambulance pays 3 times the amount shown.	\$100.00	\$100.00
Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission. \$1250.00 \$1500.00 Maximum 1 day per confinement/1 day(s) per calendar year 1 day per confinement/1 day(s) per calendar year 1 day per confinement/1 day(s) per calendar year Outpatient Surgical Indemnity Benefit Rider (<i>Rider Form Series CROPS400</i>) \$1000.00 \$1000.00 Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$750.00 \$1000.00 If anesthesia is administered, pays an additional: \$150.00 \$1000.00 Calendar Year Maximum 1 day Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental disease or disorder of any kind. \$100.00 \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental disease or disorder of any kind. \$100.00 \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or eresidential treatment facility as the result	Maximum	3 days per calendar y	ear/6 days per lifetime
emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission. Maximum Maximum Outpatient Surgical Indemnity Benefit Rider (<i>Rider Form Series CROPS400</i>) Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness If anesthesia is administered, pays an additional: Calendar Year Maximum Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (<i>Rider Form Series CRMN0400</i>) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of an inpatient basis, to a hospital or mental disease or disorder of any kind. Maximum S1 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (<i>Rider Form Series CRDA0400</i>) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental disease or disorder of any kind. Maximum S1 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (<i>Rider Form Series CRDA0400</i>) Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol adiction for a minimum of 24 continuous hours. Mental or nervous S100.00 S1	Hospital Confinement Indemnity Benefit Rider (Rider Form Series C	RHA0400)	
Maximumconfinement/1 day(s) per calendar yearconfinement/1 day(s) per calendar yearOutpatient Surgical Indemnity Benefit Rider (Rider Form Series CROPS400)Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness\$750.00\$1000.00If anesthesia is administered, pays an additional: Calendar Year Maximum\$150.00\$200.00Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMIN0400)Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.\$100.00\$100.00Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.\$1 days per calendar year/60 days per lifetimeInpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400)\$100.00Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours.\$1 days per calendar year/60 days per lifetimeInpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400)\$100.00Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. </td <td>Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.</td> <td>\$1250.00</td> <td>\$1500.00</td>	Pays each day an insured person is confined to a hospital (but not an emergency room, outpatient stay or stay in an Observation unit) as the result of a covered accident or sickness lasting a minimum of 24 continuous hours from time of admission.	\$1250.00	\$1500.00
Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness \$750.00 \$1000.00 If anesthesia is administered, pays an additional: \$150.00 \$200.00 Calendar Year Maximum 1 day Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMN0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime inspital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$100.00 \$	Maximum	confinement/1 day(s)	confinement/1 day(s)
result of a covered accident or sickness \$750.00 \$1000.00 If anesthesia is administered, pays an additional: \$150.00 \$200.00 Calendar Year Maximum 1 day Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMN0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime inspital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime \$100.00 \$100.00 \$100.00 \$100.00 \$100.00	Outpatient Surgical Indemnity Benefit Rider (Rider Form Series CRC	OPS400)	
Calendar Year Maximum 1 day Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMN0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Maximum 31 days per calendar year/60 days per lifetime	Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness	\$750.00	\$1000.00
Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rider Form Series CRMN0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Maximum 31 days per calendar year/60 days per lifetime	If anesthesia is administered, pays an additional:	\$150.00	\$200.00
Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (<i>Rider Form Series CRDA0400</i>) \$100.00 Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 Maximum 31 days per calendar year/60 days per lifetime Non-Insurance Benefits: Maximum	Calendar Year Maximum	1 c	lay
hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.\$100.00\$100.00Maximum31 days per calendar year/60 days per lifetimeInpatient Drug and Alcohol Addiction Indemnity Benefit Rider (<i>Rider Form Series CRDA0400</i>)Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours.\$100.00\$100.00Maximum31 days per calendar year/60 days per lifetimeMaximum\$100.00\$100.00	Inpatient Mental and Nervous Disorder Indemnity Benefit Rider (Rid	er Form Series CRMN0	400)
Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider Form Series CRDA0400) Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Non-Insurance Benefits: \$100.00 \$100.00	Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.		\$100.00
Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Non-Insurance Benefits: Image: State St	Maximum	31 days per calendar y	ear/60 days per lifetime
hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours. \$100.00 \$100.00 Maximum 31 days per calendar year/60 days per lifetime Non-Insurance Benefits: Image: Continuous days per calendar year/60 days per lifetime	Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider (Rider	Form Series CRDA040))
Non-Insurance Benefits:	Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours.		\$100.00
	Maximum	31 days per calendar y	ear/60 days per lifetime
	Non-Insurance Benefits:		
HealthiestYou HealthiestYou	TeleMedicine Option offered by:	HealthiestYou	HealthiestYou

6

The following may be sold in conjunction with Hospital Select[®] II.

Non-Insurance Benefits

Healthiestyou

The most innovative and comprehensive telehealth and wellness solution on the market, serving as an accessible complement to your company's benefit plan. With access to a 24/7 physician network as well as a one-of-its-kind online wellness program, our services help a member save money, reduce claims and increase productivity.

Members have access to an unlimited number of Informational Consultations (for general medical information and advice) via telephone or secure email with a network Medical Doctor for no additional cost per consultation (allow up to 5 minutes to be connected with a doctor by phone and up to 24 hours (but usually less than 8 hours for email replies).

Members have access to an unlimited number of Diagnostic consultations (for evaluation, diagnosis, treatment and prescriptions if appropriate) via telephone or video conferencing where available with a network doctor for no additional cost per consultation. Allow up to 3 hours, but usually in less than one hour, to be connected with the doctor.

Informational Consultations are available with Medical Doctors (M.D.s) in all states; Diagnostic Consultations are available with Medical Doctors (M.D.s) in all states except SC and OK. In OK, they are provided by Doctors of Osteopathy (D.O.s). Diagnostic Consultations are available with medical doctors in TX by telephone only, and in GA and OH by video conferencing only. All consultation services are subject to the discretion of the consulting physician when applying clinical judgment and/or any limitations required by law.

Members have access to private portal electronic medical records storage and retrieval; and Member access to an unlimited number of Consultations via telephone with a network Nutrition or Health Coach for no additional cost per consultation (by appointment from 7:00 am EST to 9:00 pm PST, 7 days a week.

Physician Network

Healthiestyou members only talk to actual doctors who are U.S. Board-Certified internists, state-licensed family practitioners, and pediatricians licensed to practice medicine in the U.S. and living in the U.S. When a member requests a consult, Healthiestyou will connect them with a doctor licensed in their state. Healthiestyou is designed to support a relationship with their existing doctor. It is not a means of establishing an exclusive relationship with one of our doctors. Please know that all Healthiestyou doctors are highly qualified and go through rigorous training and credentialing. Healthiestyou has one of the largest physician networks of any telehealth provider with board-certified, state-licensed doctors.

Common Treated Conditions

Common conditions include sinus problems, respiratory infection, allergies, urinary tract infection, cold and flu symptoms and many other non-emergency illnesses. Healthiestyou is designed to handle non-emergent medical problems. A member should NOT use it if they are experiencing a medical emergency.

Prescriptions

Healthiestyou does not guarantee prescriptions. It is up to the doctor to recommend the best treatment. Healthiestyou doctors do not issue prescriptions for substances controlled by the DEA, non-therapeutic, and/or certain other drugs which may be harmful because of their potential for abuse. These include, but are not limited to, antidepressant drugs such as Cymbalta, Prozac and Zoloft which are drugs that are harmful due to their potential for abuse. Also, non-therapeutic drugs such as Viagra and Cialis are not prescribed by Healthiestyou doctors. Healthiestyou does not dispense prescription drugs. Our nurses call the prescription into the local pharmacy of their choice.

Pre-existing Conditions

Healthiestyou does not turn patients away because of pre-existing conditions.

Privacy

Health records are kept private and we employ robust encryption methods to protect their personal information. A member determines who can see the information in their record.

Healthiestyou is not health insurance and we encourage all members to maintain adequate insurance from a responsible provider.



Hospital Select® II

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 30 days will be treated as a new and separate confinement.

No benefits under this contract will be payable as the result of the following:

- suicide or attempted suicide, whether while sane or insane.
- intentionally self-inflicted injury.
- rest care or rehabilitative care and treatment.
- immunization shots and routine examinations such as: physical examinations, mammograms, Pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests and blood screenings (unless Wellness Indemnity Benefit Rider is included).
- any pregnancy of a dependent child, except for complications of pregnancy, including confinement rendered to her child after birth.
- routine newborn care (unless Wellness Indemnity Benefit Rider is included).
- hospital confinement of a newborn child following the child's birth, unless the newborn child is being treated for accidental injury or sickness.
- an insured person's abortion, except for medically necessary abortions performed to save the mother's life.
- treatment of mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included).
- treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included).
- active participation in a felony, riot, or insurrection.
- any accident caused by the participation 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 while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred).
- dental care or treatment, except for such care or treatment due to accidental injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly.
- sex change, reversal of tubal ligation or reversal of vasectomy.
- artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician's services, unless required by law.
- committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation.
- 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.
- any loss incurred 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.)
- an accident or sickness arising out of or in the course of any occupation for compensation, wage or profit or for which benefits may be payable under an Occupational Disease Law or similar law, whether or not application for such benefits has been made. This exclusion does not apply to claims covered by the North Carolina's Worker's Compensation Act, Article 1 of Chapter 97 of the General Statutes, unless the insured, employer of the insured, or the worker's compensation insurance carrier is liable or responsible according to a final adjudication of the claim under that Article or an order of the North Carolina Industrial Commission approving a settlement agreement entered into under that Article.
- involvement in any war or act of war, whether declared or undeclared.

Pre-Existing Condition Limitations

A pre-existing condition is a sickness or physical condition for which medical advice, diagnosis, care or treatment was recommended by or received from a physician, within 12 months before the person's insurance becomes effective.

Portability Option

If the employee loses eligibility for any reason other than nonpayment of premiums, insurance can be continued by paying premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Transamerica Life Insurance Company

Termination of Insurance

The insurance terminates on the earliest of:

- the insured's death.
- the premium due date when we fail to receive a premium, subject to the grace period.
- the date of written notice to cancel insurance.
- the date the policy terminates.
- the date the insured ceases to be eligible for insurance.

Dependent insurance ends on the earliest of:

- the date the insured's insurance terminates for any of the reasons above.
- the date the dependent no longer meets the definition of a dependent.
- the premium due date when we fail to receive a premium, subject to the grace period.
- the date of written notice to cancel insurance.
- the date the policy is modified so as to exclude dependent insurance.

The insurance company has the right to terminate the insurance of any insured who submits a fraudulent claim. Termination will not impact any claim which begins before the date of termination.

Hospital Confinement Indemnity Benefit Rider:

We will not pay benefits under this rider for an emergency room stay, an outpatient stay or a stay in an observation unit or recovery room. We also will not pay a hospital confinement benefit for a newborn child's stay in the hospital unless the newborn child is confined to the hospital and is being treated for an accidental injury or sickness.



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.

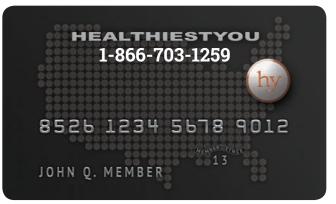
Agents may occasionally obtain exclusive rights to market TEB products or services to agents, employers, employees, or members of associations or unions. Certain groups or associations may also agree to endorse TEB's products to their members. TEB may pay a fee for these exclusive marketing rights or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

For up to date information regarding our compensation practices, please consult our website at: www.transamericaemployeebenefits.com.



Consult With Consult A Doctor =

Healthiestyou is the most innovative and comprehensive telehealth and wellness solution on the market, serving as an accessible complement to your company benefit plan. With access to a 24/7 physician network as well as a oneof-its-kind online wellness program, our services help you save money, reduce claims and increase productivity.



Physician Access

Three easy steps to speak with a physician anytime and anywhere. Healthiestyou offers 24/7/365 licensed physician access via phone, email or video in all 50 states.



Visit healthiest**you**.com and log in to your account or call our toll free number.

1-866-703-1259



A healthiestyou care coordinator will initiate vour request.



You will be connected with a physician licensed in your state that can consult. diagnose and prescribe.



"Those treated through a telehealth platform did not have higher rates of misdiagnosis or treatment failure."

– Journal of the American Medical Association

It's all about satisfaction...



members who will use this service again





patients with issues resolved by <u>healthiestyou</u>



Top 9 healthiestyou **Physician Consults** Include:

- Allergies
- Bronchitis
- Earache
 - Sore Throat
- Sinusitis
- Pink Eye

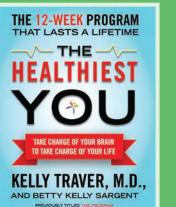
- Strep Throat
- Upper
 - Respiratory Infection
 - Urinary Tract Infection

Healthiestyou is not health insurance and we encourage all members to maintain adequate insurance from a responsible provider. Healthiestyou is designed to complement, and not replace, the care you receive from your primary care physician. Healthiestyou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. Healthiestyou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Healthiestyou does not guarantee that a prescription will be written. Consultations only in Idaho.

One-Of-Its-Kind Wellness Program

A unique product developed and inspired by a Stanford-trained physician, Kelly Traver, MD. Healthiest**you** brings you the only smarter-with-use online health program available. This clinically validated program offers:

- Online coaching
- Personalized action plans
- Multiple modalities for interaction (social, gaming, mobile, biosensors)
- Cost effective wellness solutions





Personalized Wellness Program

Three easy steps to get started



Visit healthiest**you**.com to log in to your account, or simply download the healthiestyou iPhone app.



Launch your personalized wellness program by completing your health assessment.



Begin your path to feeling better!

Success Stats:



% members who showed improved nutrition





81% reported improved mood

Pay Less for Your Medication

Save money today on your medications!

a.g. Lipitor	
ocation (City, ZIP or Address)	
90210	
FIND THE LOWEST PRICE	

Go to healthiest**you**rx.com enter your medication and choose your location.



Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan - you may even find savings versus your typical co-payment!

healthiestyou

TELEHEALTH | WELLNESS

12

INSURANCE THAT HAS THEIR BACK

TRANS\$URE™ WHOLE LIFE INSURANCE

Trans\$ure is whole life insurance, underwritten by Transamerica Life Insurance Company.

When John, owner of a growing graphic design business, reviews his company's benefits package before a new hiring wave, he sees whole life insurance is an easy choice. He knows job candidates will appreciate an additional life insurance option with a simple guaranteed 4% interest rate on the cash value and a reduced paid-up death benefit offered after the later of 16 years or age 65.

OFFER EMPLOYEES A SENSE OF FINANCIAL SECURITY

Trans\$ure is interest-sensitive whole life insurance designed to help provide financial protection for employees' loved ones in case the employee passes away early. It can be used for final expenses, college tuition, living expenses, or as an inheritance for beneficiaries. The policy also provides interest-earning cash value (with a guaranteed minimum 4% interest rate) that can be borrowed against while alive.¹

Over a third of workers (39%) wish their spouses or partners had more life insurance. *Trans\$ure* offers the employer the ability to let employees choose a \$5,000 to \$500,000 benefit with no physical exams or blood tests.³

¹Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary and three monthly deductions.

²"2017 Insurance Barometer Study", LIMRA, 2017

³Acceptance based on answers to questions on the application for insurance.

Be sure to ask your agent for a Trans\$ureSM proposal to see rate information, which is based on age and tobacco use.

This is a brief summary of *Trans\$ures*SM Whole Life Insurance **underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.** Policy form series CPWL0100 and CCWL0100. Rider form series CRABTI00, CRULWT00, CRLLT300, CRLEXV00, CRABCC00, CRADD200, CRISLT00, CRWP1100, CRWP0100 and CRHIL00. Forms and form numbers may vary. This 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.

HOW IT WORKS

- Simple enrollment options
- Payroll-deducted premiums
- Accumulates cash value
- Guaranteed 4% interest rate
- Loan and withdrawal options



Visit:

transamerica.com

Customer Service: 800-851-7555 option 4





ATTRACT AND KEEP EMPLOYEES WITH GREAT BENEFITS

Offering whole life insurance to employees is a great supplement to term life insurance because it helps protect for an entire lifetime — even after retiring or leaving the company. To employees, *Trans\$ure*SM is an enticing added benefit which means it can help companies recruit and retain great people.

CHOOSE A COMPANY YOU CAN TRUST

In today's financial environment, working with a reliable company with a heritage of over 100 years of helping families is a smart way to do business. Employers can trust Transamerica to be there when employees need us most.

We provide customizable options so you can offer insurance that fits your plans and your employees' needs. Easy enrollment and payroll deduction options make integration with your human resources department convenient and hassle-free.

More employers are choosing supplemental insurance from one of the broadest portfolios of voluntary benefits available, all from Transamerica Employee Benefits.

RIDERS (ADDITIONAL BENEFITS) INCLUDED WITH BASE POLICY

- Waiver of Premium Due to Layoff Rider⁴
- Accelerated Death Benefit for Terminal Illness Rider⁵

DESIGN INSURANCE TO FIT YOUR WORKFORCE WITH OPTIONAL RIDERS

You know your workforce best, and *Trans\$ureSM* gives you the freedom to make the choices that will fit your company. You can decide what additional benefits (also called "riders") to include for all employees and what optional benefits employees can choose to purchase for themselves. Optional riders include:

- Accidental Death and Dismemberment Rider
- Level Term Insurance Rider also available for spouse and child(ren)
- Waiver of Premium Benefit Rider
- Accelerated Death Benefit for Living Benefit Rider
- Extension of Benefit Rider
- Accelerated Death Benefit for Critical Care Condition Rider

ELIGIBILITY

- Employee, ages 16 through 70 (\$5,000 \$500,000 benefit, not to exceed 5x base salary)
- Spouse or equivalent by law, ages 16 through 65 (\$5,000 \$100,000 benefit)
- Children/Grandchildren, ages 15 days through 24 (\$25,000 benefit)
- Children under Optional Child Term Rider, ages 15 days through 25 (\$10,000 benefit; employee participation required)

This material was prepared for general distribution. It is being provided for informational purposes only and should not be viewed as an investment recommendation. If you need advice regarding your particular investment needs, contact a financial professional.

⁴Not available in Connecticut, Massachusetts, Minnesota, New Jersey, Puerto Rico, Virginia or Vermont. ⁵Not available in Massachusetts, Montana or Puerto Rico.

Product Details

Included Riders	Plan Option 1	Plan Option 2
Accelerated Death Benefit for Living Benefit Rider Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment	None	Included
Accelerated Death Benefit for Terminal Illness Rider Accelerates up to the lesser of \$100,000 or 50%	Included	Included
Waiver of Premium due to Layoff Rider	Included	Included
Waiver of Premium Benefit Rider	None	Included

Summary of Benefits

Accelerated Death Benefit for Living Benefit Rider (Rider Form Series CRLLT300) - If included with the policy, accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance; or has a severe cognitive impairment that is expected to be permanent or requires supervision to protect the insured's health or safety.

Accelerated Death Benefit for Terminal Illness Rider (Rider Form Series CRABTI00) - If included in plan design, accelerates a portion of the death benefit amount if a covered person is first diagnosed with a terminal illness which, in the best medical judgment, will result in death within 12 months.

When exercised, an administrative fee of \$100 plus 12 months advanced interest will be deducted from the benefit payment. The death benefit and other contract values will be reduced accordingly and this rider will terminate.

Child Level Term Insurance Rider (Rider Form Series CRCHIL00) - If included in plan design, allows a covered employee or spouse (but not both) to cover all eligible children, age 15 days through age 25, for the selected amount of term insurance. Coverage on each child terminates on that child's 26th birthday or when the parent's coverage ends, whichever is earlier. Upon termination the child has 31 days in which to convert to an individual contract for up to 5 times the amount of coverage under this rider.

Waiver of Premium due to Layoff Rider (Rider Form Series CRWPL100) - If included in plan design, waives the monthly premium for up to six months per year if the employee is involuntarily laid off. Benefits are limited to three layoffs per year and are based on the employee's layoff only. Layoff of a covered spouse or child does not qualify for this waiver. Premium payments must have begun prior to the covered employee's layoff. Rider is available through age 55 and terminates on the employee's 60th birthday or when the coverage is assigned to another party, whichever is earlier.

Waiver of Premium Benefit Rider (Rider Form Series CRWP0100) - If included in plan design, waives the monthly premium while an employee is totally disabled. Once the six month elimination period is satisfied, we will apply the waiver amount each month as a premium paid for as long as the employee remains totally disabled, subject to certain conditions. The disability must begin after age 16 and prior to age 60. Benefits are based on the employee's total disability only. Total disability of a covered spouse or child does not qualify for this waiver. Rider is available through age 55 and terminates on the employee's 60th birthday, subject to any valid pending claim.

Limitations and Exclusions

If a covered employee withdraws the cash value, tax consequences and/or surrender charges may apply.

Individuals currently on disability or on premium waiver are not eligible for coverage.

During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

Accelerated Death Benefit for Living Benefit Rider

We will not pay rider benefits for care that is received or loss incurred as a result:

- an intentionally self-inflicted injury or attempted suicide.
- war or any act of war, declared or undeclared, or service in the armed forces of any country.
- the insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a
 physician in the course of treatment for an inury or sickness.
- the insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the insured's involvement in an illegal activity.

Accelerated Death Benefit for Terminal Illness Rider

We will not pay for conditions diagnosed prior to the effective date of the rider.

Waiver of Premium Benefit Rider

We will not waive premiums if the employee's total disability results from:

- attempted suicide or intentionally self-inflicted injury, while sane or insane;
- commission of or attempting to commit a felony or engaging in illegal occupation;
- participation in a riot or insurrections;
- voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a physician's advice and written instruction;
- voluntarily taking, absorbing or inhaling a poison, gas or fumes;
- an accident that occurs while the employee was driving a motor vehicle while intoxicated or under the influence of any
 narcotic not taken in accordance with a physician's advice and written instruction (Intoxicated or "being under the
 influence" means according to the laws of the jurisdiction in which the accident occurs);
- 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 charter airline) on a regularly scheduled passenger trip;
- war or any act of war, whether declared or undeclared; or
- service in the military or any auxiliary unit attached thereto.

Termination of Insurance

Coverage, including all riders, ends on the earliest of the following dates:

- The monthly contract date following the receipt of written request for surrender.
- The maturity date.
- The date of death.
- The date the contract ends, lapses or becomes fully paid-up life insurance-subject to the grace period.
- The date a nonforfeiture option becomes effective.

Portability Option

If an employee loses eligibility for this insurance for any reason other than nonpayment of premiums, insurance can be continued by paying the premiums directly to us within 31 days after termination. We will bill the employee directly once we receive notification to continue insurance.

Termination of the Group Master Policy

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.

Disclosures

This material is being provided for informational purposes only. It should not be viewed as an investment recommendation by Transamerica for customers or prospective customers. Customers seeking advice regarding their particular investment needs should contact a financial professional.

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.

BENEFITS FOR YOUR UNIQUE NEEDS

TRANSELITE® UNIVERSAL LIFE INSURANC

TransElite is universal life insurance, underwritten by Transamerica Life Insurance Company, that can help provide financial protection at a competitive cost.

HELP PROTECT THE PEOPLE WHO DEPEND ON YOU

Andrea chose universal life insurance because she didn't want to worry about what would happen to her 5-year-old, Samuel, in the event of her death. It helped her feel better about his well-being to know her life insurance death benefit would help him if the worst happened. Universal life insurance can help safeguard your family members' futures, with benefits that can assist with your final expenses and their dependent care, living expenses, or college tuition.

HELP GIVE YOURSELF PEACE OF MIND

Andrea is doing her best to save for retirement. Her universal life insurance policy builds cash value¹ so she can borrow against it in the future and protect her savings if an unexpected expense arises. In her later years, her built-up cash value will continue to pay her cost of insurance, maintaining her policy even after she retires. Life insurance should fit you, and we don't limit you with a one-size-fits-all approach. Whether you're more interested in ensuring your ability to keep a death benefit from now until you're 100, just want to add to your term life policy, or want to build cash value for your heirs, our universal life insurance policy works for just the right segment of the population: you.

HOW IT WORKS

11/19

- No physicals or blood work
- Accumulates cash value
- Guaranteed 3% interest rate
- Loan and withdrawal options
- Convenient payroll deduction



transamerica.com

Customer Service: 888-763-7474

¹ Upon written request, employees may borrow up to the available loan value of their certificate. The interest rate on cash value securing loans is 8.0% (7.4% in advance) with a minimum loan amount of \$250. The loan value of the certificate is the cash value less the amounts of any existing loans, loan interest payable in advance to the next certificate anniversary, and three monthly deductions.

This is a brief summary of *TransElite*[®] Universal Life Insurance **underwritten by Transamerica Life Insurance Company**, Cedar Rapids, Iowa. Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This 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.



111502R2

ENJOY OUR HASSLE-FREE APPLICATION AND CLAIMS PROCESS

Apply by answering a few simple questions. No physicals or blood work required.² Our easy-to-navigate website allows you to update your information, keep track of your policies, apply for loans, submit claims, and more from your PC or mobile device.

USE YOUR BENEFITS WHEN YOU NEED THEM MOST

Fifteen years after Andrea signs up for universal life insurance, her son Samuel's car (older than her policy) breaks down in his junior year of college. She borrows against her policy's cash value to get him a reliable car, and they pay it back together by the time he graduates.

Life is unpredictable. Universal life insurance offers help that goes beyond traditional life insurance to meet challenging situations. If you need to borrow against the cash value, you can pay it back when times get better.

If you're diagnosed with a terminal illness, you can use a portion of the policy's death benefit to make a difficult time easier.³ If you're laid off, monthly deductions are waived for up to six months so you maintain your policy.⁴

TAKE OUR PORTABLE, FLEXIBLE POLICY WITH YOU

You have the option to keep your insurance when changing jobs and we can adjust premiums, death benefit, and cash value amounts to meet changing personal financial situations like getting married, having a child, buying a house, or seeing your child through graduation.

ELIGIBILITY

You can insure your eligible spouse, children (as Andrea did), and grandchildren with their own policies or purchase protection for your children through a child level term life insurance rider. The chart below gives the ages at which you and family members may apply, but all universal life policies can be maintained up to age 100.

	AGE LIMITS	BENEFIT
SELF	Ages 16 through 80	\$10,000 – \$500,000 benefit, not to exceed 5x base salary
SPOUSE OR EQUIVALENT BY LAW	Ages 16 through 65	\$10,000 – \$100,000 benefit
CHILDREN/GRANDCHILDREN	Ages 0 through 25 years	\$25,000 benefit
CHILDREN UNDER OPTIONAL CHILD TERM RIDER	Ages 15 days through 25 years	\$10,000 or \$20,000 benefit

² Acceptance based on answers to questions on the application for insurance.

³ Accelerated Death Benefit for Terminal Condition Rider. This rider is not available in Louisiana, Massachusetts, Ohio, or Washington.

⁴ This benefit is provided by the Waiver of Monthly Deductions for Layoff or Strike Rider. This rider is not available in Connecticut, Massachusetts, Puerto Rico, Tennessee, Vermont, or Washington.

Loans, withdrawals, and death benefit accelerations will reduce the policy value and the death benefit and may increase lapse risk. Policy loans are tax-free provided the policy remains in force. If the policy is surrendered or lapses, the amount of the policy loan will be considered a distribution from the policy and will be taxable to the extent that such loan plus other distributions at that time exceed the policy basis.



Product Details

Included Riders	Plan 1	Plan 2
Accelerated Death Benefit for Terminal Condition Rider Accelerates up to the lesser of \$100,000 or 75%	Included	Included
Waiver of Monthly Deductions for Layoff or Strike Rider	Included	Included
Optional Additional Riders		
Accelerated Death Benefit for Living Benefit Rider Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump sum payment	None	Included
Extension of Benefits Rider Accelerates 4% for monthly benefit or 5% of one-time lump sum payment/Paid-up Benefit of 25% of Face Amount	None	Included
Waiver of Monthly Deductions for Total Disability Rider	None	Included
Employee Optional Riders		
Child Term Insurance Rider Benefit of \$10,000 or \$20,000 for each child All children in the family will be insured for the same coverage amount.	Included	Included



If an insured employee withdraws the cash value, tax consequences and/or surrender charges may apply.

Fluctuations in interest rates or policy charges may require the payment of additional premiums.

Individuals currently on disability or on premium waiver are not eligible for insurance.

During the first two years, the death benefit for suicide is limited to the return of premiums paid, less any loans, partial surrender amounts, and accelerated benefits paid, if any.

Accelerated Death Benefit for Living Benefit Rider

We will not pay rider benefits for care that is received or loss incurred as a result:

- any sickness condition that begins before or during the waiting period.
- an intentionally self-inflicted injury or attempted suicide.
- war or any act of war, declared or undeclared, or service in the armed forces of any country.
- the insured's alcohol, drug or other chemical dependence, except if the drug dependency is for a drug prescribed by a physician in the course of treatment for an injury or sickness.
- the insured's commission of, or attempt to commit, a felony; or an injury that occurs because of involvement in an illegal activity.
- We will not pay an Accelerated Death Benefit on any other riders attached to the contract.

Extension of Benefits Rider

The rider will terminate on the earliest of:

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the date the entire death benefit has been paid under the Accelerated Death Benefit for Living Benefit Rider, or when the policy no longer satisfies the Eligibility for Benefits provision;
- the date the cumulative death benefit increases under this rider total 100% of the death benefit in force on the date the first monthly accelerated death benefit was paid under the Accelerated Death Benefit for Living Benefit Rider;
- the date the nonforfeiture option, if any, becomes effective; or
- the date a one-time lump sum payment under the Accelerated Death Benefit for Living Benefit Rider is paid.

Accelerated Death Benefit for Terminal Condition Rider

We will not pay for any conditions diagnosed prior to the effective date of the rider.



Waiver of Monthly Deductions for Total Disability Rider

We will not waive deductions if the employee's total disability results from:

- attempted suicide or intentionally self-inflicting injury, while sane or insane;
- commission of or attempting to commit a felony or engaging in illegal occupation;
- voluntary participation in a riot or insurrections;
- voluntary use of alcohol or any drug, whether legal or illegal, unless administered in accordance with a physician's advice and written instruction;
- voluntarily taking, absorbing or inhaling a poison, gas or fumes;
- an accident that occurs while the employee was driving a motor vehicle while intoxicated or under the influence according to the laws of the jurisdiction in which the accident occurs;
- 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 charter airline) on a regularly scheduled passenger trip;
- war or an act of war, whether declared or undeclared;
- service in the military or any auxiliary unit attached thereto.

Benefit payments on this rider will terminate of the earliest of:

- the date the policy owner's total disability ends.
- the date the policy owner's death.
- the date the policy owner refuses to provide proof of their continuing disability is asked.
- the date the policy owner refuses to be examined by a physician of our choice if asked to do so.
- the anniversary date that coincides with or next follows the policy owner's 70th birthday.
- the date this rider or the contract ends.

The rider will terminate of the earliest of:

- the date the contract ends.
- the date the contract lapses, subject to the grace period.
- the date the policy owner requests termination.
- the date the policy owner dies.
- the anniversary date that coincides with or next follows the policy owner's 60th birthday.
- the date the policy owner assigns the contract to another individual.
- the date a nonforfeiture option under the contact, if any, becomes effective.

Waiver of Monthly Deductions for Layoff or Strike Rider

We will waive deductions for:

- up to three layoffs or strikes in one 12-month period;
- for up to six months in any one 12-month period.

A 12-month period will be measured from the date the first month deduction is waived.

If the portability/conversion option provision of the contract is exercised, if any, the policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

The policy owner will need to provide proof of being employed (other than self-employment) for the 6 months prior to the layoff or strike.

This rider is not available for self-employed individuals.

The rider will terminate on the earliest of:

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the date the policy owner dies;
- the anniversary date on or after the insured reaches age 60;
- the date the policy owners assigns the contract to another individual; or
- the date a nonforfeiture option, if any, becomes effective.



Child Term Insurance Rider

- the date the contract ends;
- the date the contract lapses, subject to the grace period;
- the date the policy owner requests termination;
- the anniversary date on or after the insured child is no longer eligible as a dependent child;
- the anniversary date on or after the last insured child has reached age 26; or
- the date a nonforfeiture option, if any, becomes effective.

Termination of Insurance

Insurance, including all riders, ends on the earliest of the following dates:

- the monthly contract date following the receipt of written request for surrender.
- the maturity date.
- the date of death.
- the date the contract ends, lapses or becomes fully paid-up life insurance, subject to the grace period.
- the date a nonforfeiture option becomes effective.

Portability/Conversion Option

If an employee loses eligibility for this insurance due to termination or class eligibility, insurance can be converted to an individual policy by submitting an application and the first month's premium to us within 31 days after termination or class change. The amount of insurance cannot exceed the amount of insurance that ceases because of termination or class change, less the amount of any life insurance the insured is eligible for under the same or another group policy within 31 days after termination. No evidence of insurability is required.



FILING CLAIMS IS EASY

Filing a claim shouldn't be complicated.

That's why we've made our process as simple as possible. With several ways to file, choose the one that works best for you. Customers can download forms at TEBCS.com and submit a claim either online, email, phone, mail, or fax.



ONLINE

- 1. Log in at **TEBCS.com**. If you are not registered, click "New User Registration" and use your contract (certificate or policy) number and personal information to register.
- 2. Click on the policy for which you are filing a claim.
- 3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
- 4. Complete all requested information. If your claim requires a specific form, it will be provided here.
- 5. Print a copy of your claim submission for your records.



EMAIL

- 1. Email claim documents to: tebclaimsscanning@transamerica.com.
- 2. Include the insured's name and policy/certificate number.
- 3. You will receive an email acknowledgment of receipt.



PHONE

- 1. Contact the Transamerica Claims Customer Service Department at: 888-763-7474.
- 2. Have all claim information ready to provide.



FAX

- > Fax claim documents to: 866-586-6528.
- > Include the insured's name and policy/certificate number.
- > All documents should be clear and readable.

MAIL

- Mail claim completed documents to: Transamerica – Claims P.O. Box 8043 Little Rock, AR 72203-8043
- > Include the insured's name and policy/certificate number.

Questions About Claims?



EMAIL TEBcustresp@transamerica.com

6	-
- U	0

CALL 888-763-7474

M-Thurs: 7:00 a.m. - 6:00 p.m (CST) Fri: 7:00 a.m. - 5:00 p.m (CST)

Do you have what it takes to file a claim?

Having all your documents together helps to ensure an easy claims process. Look below to see the documentation needed for each type of claim.

Wellness



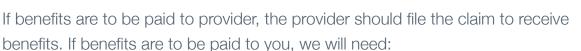
- > Insured's name and social security number
- > Date wellness services was provided
- > Care provider's contact information
- > List of services provided

Critical Illness



- > Completed claim form
- > Positive pathology report (when filing claim for cancer) from doctor for initial claim
- > Discharge summary from hospital

Supplemental Medical Expense (TransConnect®)



- Completed claim form or itemized statements from care providers showing diagnosis and procedure codes
- > Primary health care plan provider's Explanation of Benefits that includes the deductible, co-pay, and/or co-insurance amount(s)

Accident



- > Completed claim form
- Proof of accident treatment with diagnosis (such as hospital discharge summary or statement)

26

- > Police report if applicable
- > Proof of follow-up treatment with diagnosis

Hospital Indemnity Insurance Policy



- > Completed claim form
- > Itemized statements
- > Police report if applicable



Do you have what it takes to file a claim?

Having all your documents together helps to ensure an easy claims process. Look below to see the documentation needed for each type of claim.

Disability



- > Completed claim form
- > Police report if applicable
- > Discharge summary from hospital if ER involved
- > Employer's first report of injury report if an on-the-job accident

Cancer



- > Completed claim form
- > Positive pathology report from doctor for initial claim
- Itemized statements from care providers showing procedure codes, descriptions, treatment, and charges
- > Blood, chemotherapy, and radiation treatment statements
- > Explanation of Benefits from your major medical insurance company or summary notices from Medicare or Medicaid

Notification of Death

Death Claim:

- > Completed claim form
- > Original certified death certificate

Accelerated Death Benefits for Critical Care Claim:

- > Completed claim form
- > Pathology report when involving cancer

Terminal Illness Claim:

> Completed claim form

Long Term Care Claim:

- > Completed claim form
- > Billing statements from nursing home, assisted living, or home health provider

Waiver of Premium (for disability or layoff) Claim:

> Completed claim form







Your Source For Benefit Solutions Since 1955

Enroll, Ask Questions & Request A Quote Call 800-421-3142 or go to https://pierceins.com/nc-judicial-branch/

Pierce Insurance Agency is an independent agency representing Transamerica