SAFEGUARDING AGAINST MISHAPS

ACCIDENTADVANCE® ACCIDENT INSURANCE: BENEFITS FOR UNEXPECTED INJURIES

AccidentAdvance, underwritten by Transamerica Life Insurance Company, can help protect you and your family in the event of unanticipated medical bills when someone is hurt.

George enrolls himself, his wife, and his kids in the accident insurance offered at the car dealership where he works. He and his wife even joke that since she is such a klutz, they'll get plenty of use out of it. A few weeks later, he drops a cinder block on his foot while working in his garage, breaking a bone. He ends up with a cast, crutches, and a joke his wife will never let him live down. But it could've been worse — without insurance, it would have been no laughing matter.

GET BENEFITS TO SPEND ON WHAT YOU NEED

George's health insurance pays for many of his medical expenses, but he still has co-pays and a high deductible. And there are other costs: for one, he doesn't make commissions for sales on the days he misses work.

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

FLEXIBILITY TO MEET YOUR NEEDS

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

HELP PROTECT YOURSELF AND YOUR FAMILY

George liked the ability to add his wife and kids to his policy. Because kids can be especially accident-prone, a family accident policy may help provide extra peace of mind. Eligible dependent children can keep their insurance through age 25.

HASSLE-FREE ONLINE CLAIMS PROCESS

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

This is a brief summary of AccidentAdvance[®] Accident Insurance, **underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa.** Policy form series CPACC100 and CCACC100. 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.

PRODUCT HIGHLIGHTS

- Pays benefits directly to you
- Family options available
- Payroll-deducted premiums



Visit:

transamerica.com





Plan Option 1 24 Hour

| Module 1 | Accident Emerger | ncy Treatment | 6.00 L | Jnits | |
|---|---|---|-----------------------------|---------|--|
| Accident Emergency Treatment BenefitFor physician treatment and X-rays in a hospital emergency room or doctor's office within 96 hours of the accident.Major Diagnostic Examination BenefitFor one CT Scan, MRI, or EEG completed within 90 days of the accident. | | | \$150 \$240 Reduction | | |
| | | | | | |
| Payable for join | t dislocation reduced | Dislocated Joint | | | |
| 0 | nesthesia. Dislocation | Hip | \$4,800 | \$1,620 | |
| | t general anesthesia paid int's benefit amount. | Knee or Shoulder | \$1,620 | \$660 | |
| Multiple reduced | d dislocations are paid at 1 | Collar Bone | \$2,580 | \$480 | |
| | ghest benefit amount. No ill be paid under this | Ankle or Foot (except toes) | \$1,620 | \$480 | |
| benefit. | • | Lower Jaw | \$1,620 | \$840 | |
| | | Wrist or Elbow | \$1,320 | \$660 | |
| | Toe or Finger | \$360 | \$180 | | |
| Fractures Bene | efit | | Reduction | | |
| | | Fractured Bone | Open | Closed | |
| | o fracture is paid at 10% of | Соссух | \$840 | \$420 | |
| the fracture's benefit amount. Multiple repaired fractures are paid at 1 1/2 times the highest benefit amount. No other amount will be paid under this benefit. | Hand (except fingers), Foot (except toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw | \$2,040 | \$1,020 | | |
| | | Hip | \$6,000 | \$2,040 | |
| | | Leg | \$2,520 | \$2,040 | |
| | | Nose, Heel or Fingers | \$2,040 | \$420 | |
| | Ribs | \$4,020 | \$420 | | |
| | Skull | \$3,240 | \$1,200 | | |
| | | Toes | \$840 | \$420 | |
| | | Upper Jaw, Upper Arm or Face (except Nose), Collar Bone | \$2,400 | \$1,020 | |
| | | Vertebrae, Pelvis | \$1,020 | \$1,020 | |
| | | Vertebral Processes | \$4,020 | \$600 | |

For both dislocations and fractures, 1 1/2 times the highest dislocation or fracture benefit amount is paid. No other dislocation or fracture benefit is paid.

| Module 2 Follow-Up Visits a | 5.00 Units | | | | | |
|---|-------------------|------------|--|--|--|--|
| Accident Follow-Up Treatment Benefit | | | | | | |
| Maximum of three (3) follow-up visits per a must have been within 96 hours of the acc provided by a physician in their office or in basis; begin within 30 days of, and be com following the later of: the accident; discharg covered confinement; or discharge from ar | \$50 | | | | | |
| Physical Therapy Benefit For treatments by a licensed physical thera advice that begin within 120 days of the ac within 1 year of the accident, not to exceed | \$50 | | | | | |
| Module 3 Initial Accident Ho | ospitalization | 3.50 Units | | | | |
| Initial Hospital Admission Benefit Payable once for the first hospital admission is payable once for the first Intensive Care accident. The ICU benefit is paid even if ac and then transferred to ICU later during the | \$1,050 | | | | | |
| Ambulance Benefit For transportation to the nearest hospital | Ground Ambulance | \$210 | | | | |
| for treatment within 96 hours of the accident by a licensed ambulance service. | Air Ambulance | \$1,050 | | | | |
| Additional Riders | Additional Riders | | | | | |
| Accidental Death and Dismemberment Rider (Form No. FRADD300) 0.50 Units | | | | | | |
| Accidental Death Benefit Death must result from and occur within 90 days of the accident. Only one of the following benefits will be paid per insured person per accident and will be reduced by any dismemberment benefits previously paid for the same accident. Child benefit is 50% of the benefit amount. | | | | | | |
| Common Carrier Accidental Death For death resulting from a covered acci as a fare-paying passenger on a mode | \$15,000 | | | | | |
| Automobile Accidental Death If the insured person was: | | | | | | |
| wearing and properly utilizing a position protected by an air bag synactident, a | \$11,000 | | | | | |
| wearing and properly utilizing a se report, but an air bag was not | | | | | | |
| | \$7,500 | | | | | |
| Benefits are not payable if an insured person was driving without a valid drivers' license | | | | | | |
| Other Accidental Death Other than those described above. | \$5,000 | | | | | |
| Transportation of Remains Benefits For transporting remains to a mortuary near primary residence if death occurs more that residence. Child benefit is 50% of the benefit | \$200 | | | | | |

| Additional Benefits for Accidental Death If an accidental death benefit is payable, th to the beneficiary if no eligible survivor. Be | ne following benefits will be pai | id to the survivor. A reduced benefit will be paid or child to be insured under this rider. |
|---|--|---|
| Surviving Child Educational Benefit Payable for each eligible child ages 17 student at an accredited college, univervocational or trade school within 365 da Payable each year for up to 4 years wh full-time student. | \$400 | |
| Licensed Day Care Center Benefit Child must be between newborn and 12 day care, which is not an immediate far from the accidental death date. Day ca survivor to work or obtain training for w | \$150 | |
| Career Enrichment Benefit Survivor must be a full-time student at a training program from an accredited co college, vocational, or trade school with accidental death. Training must be for t independent source of income or enricl earn a living. This benefit will be paid for survivor remains a full-time student. Be children. | \$400 | |
| Accidental Dismemberment Benefits | One or more fingers or toes | \$250 |
| Dismemberment must occur within 90 days of the accident. If accidental death | One hand, foot, arm or leg | \$1,000 |
| benefit is payable after dismemberment benefits have been paid for the same | Two hands or two feet | \$2,500 |
| accident, we will deduct the | Two arms or two legs | \$2,500 |
| dismemberment benefits paid from the accidental death benefit due. Child benefit | Both arms and both legs | \$5,000 |
| is 50% of the benefit amount with a minimum of \$500 per unit. Total dismer | nberment benefits per insured n per accident will not exceed: | \$5,000 |
| Accidental Loss of Use Benefits Loss of use must occur within 90 days of | One arm or one leg or sight in one eye | J1.000 |
| the accident. If accidental death benefit is | Sight in both eyes | \$2,500 |
| payable after loss of use benefits have been paid for the same accident, we will deduct the loss of use benefits paid from | Speech or hearing in both ears | DZ-200 |
| the accidental death benefit due. Child | Two arms or two legs | \$2,500 |
| benefit is 50% of the benefit amount. | Speech and hearing in both ears | |
| | Both arms and both legs | \$5,000 |
| Total loss of u | \$5,000 | |

| Accident Hospital and ICU Indemnity Income Rider (Form No. FRHICU | | | | | | 5.00 Units | | |
|---|---|--|---|-------------------------------|-----------|-------------------------------|--|--|
| Accident Hospital Income Benefit For hospital confinement of injuries beginning within 30 days of the accident. Benefit is payable for up to 365 days per accident. | | | | | \$150 | | | |
| Accident ICU Benefit For ICU confinement while the person is confined to an intensive care unit. Benefit is payable for up to 15 days per accident. This benefit is paid in lieu of the Accident Hospital Income Benefit. We will not pay both benefits concurrently. | | | | | | \$300 | | |
| Accident-Only Expa | nded Be | enefits Rid | er (F | orm No. FREXPB00) | | 5.00 Units | | |
| The following benefits | s are pay | yable once, | per | person, per accident for inju | ries sust | tained in a covered accident. | | |
| Burns | | Second-c | degre | ee burns of body surface: | | | | |
| Must be treated by a physician within 96 ho | ours of | At lea | ast 28 | 5%, but not more than 35% | | \$300 | | |
| the accident. One or | more | | | More than 35% | | \$750 | | |
| skin grafts for a cover burn will be paid at 50 | | Third-c | degro | ee burns of body surface: | | | | |
| the burn benefit amou | unt paid | 6 | 6 thro | ugh 10 square centimeters | | \$750 | | |
| for the burn involved. | | 10 |) thro | ugh 25 square centimeters | | \$2,000 | | |
| | | 25 through 35 square centimeters | | | | \$4,500 | | |
| | | more than 35 square centimeters | | | \$6,000 | | | |
| Lacerations | | Lacerations not requiring sutures | | | \$20 | | | |
| Must be treated or re | | Single laceration less than 7.5 centimeters | | | \$40 | | | |
| within 96 hours of the accident. | ; | Lacerations 7.6 to 20 centimeters | | | \$150 | | | |
| | | Lacerations over 20 centimeters | | | | \$300 | | |
| Eye Injury | | With surgical repair | | | \$200 | | | |
| | Non-su | Irgical removal of foreign body by physician | | | \$35 | | | |
| Emergency | | e or more broken teeth repaired with crowns | | | \$150 | | | |
| Dental Work | | r more broken teeth resulting in extractions | | | \$40 | | | |
| Brain Concussion | | | | | ψτυ | | | |
| Must be diagnosed by | y a phys | ician within | 96 h | ours of the accident. | | \$100 | | |
| Tendons, Ligaments | | | | Arthroscopic surgery with: | | | | |
| Must be detached, to | rn, ruptu | ired or seve | ered | No repair | | \$100 | | |
| one (1) year of the accident. Only one of the | | | | | | \$250 | | |
| | | | Two or more repairs | | \$500 | | | |
| Ruptured Discs and Torn Knee Cartilage | • | | Shaved cartilage or arthroscopic surgery with: no repair | | | \$100 | | |
| physician within one | Must be surgically repaired by a physician within one (1) year of the accident. Only one of the benefits is | | One repair | | | \$250 | | |
| payable. | | | Two or more repairs | | \$500 | | | |

| Major Surgery For an open abdominal, cranial or thoracic surgery physician within 1 year of the accident. Laparo excluded. | \$750 | |
|--|--------------------------------|-------|
| Appliance For a physician-recommended medical appliar locomotion, such as crutches, leg braces, whe This benefit is not payable for prosthetic device | \$100 | |
| Prosthetic Devices For one or more prosthetic devices received within 1 year of the accident. This benefit is not payable for hearing aids, dental aids | One prosthetic device | \$375 |
| (including false teeth), glasses, cosmetic prosthetic devices, such as wigs, or joint replacement, such as an artificial hip or knee. | Two or more prosthetic devices | |
| Blood, Plasma and Platelets Required for the treatment of injuries due to a Immunoglobulin is not covered. | \$200 | |
| Transportation Benefit is payable for up to 2 round trips to the insured person if special treatment and hospita within 30 days of the accident. The local attend prescribe treatment that is not available locally for transportation to any hospital within a 100-r site or insured person's residence. | \$300 | |
| Family Lodging Benefit Benefit is payable per day, maximum of 30 days, for one motel/hotel room for a member of the immediate family to accompany the insured person for treatment of injuries prescribed by a physician. Hospital confinement must be in a facility at least 100 miles from the insured person's residence and confinement must begin within 30 days of the accident. Benefits are not payable for services rendered by an immediate family member. | | \$75 |

| Rates AccAdv(H) 2020.04.NY.0.00.ND | | | | | |
|------------------------------------|-------------------|----------|----------------------------|------------------------|---------------------------------------|
| Accident Insurance | Rate Frequency | Employee | Employee and Child(ren) | Employee and Spouse | Employee, Spouse and Child(ren) |
| Plan Option I 24 Hour | Weekly | \$2.72 | \$3.69 | \$4.25 | \$5.32 |

*The illustrated rates DO NOT contain an exclusion for Workers' Compensation related injuries.

*HSA Compatible - Based on its understanding of available guidance, Transamerica Life Insurance Company views the insurance benefits shown in this proposal as compatible with High-Deductible Health Plans and Health Savings Accounts. However, there is no guarantee that the relevant authorities will agree with Transamerica's understanding. Current guidance is not complete and is subject to change. Neither Transamerica nor its agents or representatives provide legal or tax advice. Accordingly, Transamerica encourages its customers to consult with and rely upon independent tax and legal advisors regarding their particular situations, the use of the products presented here with High-Deductible Health Plans and Health Savings Accounts.

Issue State: New York Rate generation date: October 22, 2020

Limitations and Exclusions

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

- Alcoholism or drug addiction;
- Descending from an airplane, except as a fare paying passenger on a scheduled or charter flight operated by a scheduled airline;
- War, or any act of war, whether declared or undeclared;
- Intoxicants and Narcotics: We are not liable for any loss sustained or contracted in the consequence of an insured person being intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
- Participating in a felony, riot or insurrection;
- Commission of or attempt to commit a felony or to which the contributing cause was the insured's being engaged in an illegal occupation;
- Intentionally self-inflicting bodily injury or attempting suicide;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.

Accidental Death and Dismemberment Rider

We will not pay the Accidental Death and Dismemberment Benefit if the insured's death or dismemberment is caused by or results directly or indirectly from the insured's:

- Suicide or intentionally self-inflicted injury;
- Sickness, disease, physical or mental infirmity, pregnancy, or any other kind of illness, or any medical or surgical care, diagnosis, or treatment for such condition;
- Participation in a felony, riot or insurrection;
- Voluntary use of any drug, whether legal or illegal, unless administered in accordance with a Physician's advice and written instruction;
- Travel in or decent 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;
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception;
- Participation in professional sports, including motor vehicle or boat racing.

INTOXICANTS AND NARCOTICS: We will not be liable for any loss sustained or contracted in consequence of the insured person being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

ILLEGAL OCCUPATION: We will not be liable for any loss to which a contributing cause was the insured person's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Termination of Insurance

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

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

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

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

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

- The date of his or her death;
- The last date for which premium payment has been made to us, subject to the grace period;
- The date he or she sends us a written notice to cancel coverage;
- The policy anniversary date following the employee's 65th birthday.

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

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

Extension of Benefits

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

- any hospital confinement which began while insurance was in force; or
- any covered treatment or service for which benefits would be provided and which began while insurance was in force; provided, however that the insured person is and continues to be hospital confined or receiving treatment.

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

- 30 days; or
- the date on which the insured person is no longer hospitalized or receiving treatment.

Other Insurance with Us

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

GROUP BENEFITS DISCLOSURE POLICY

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

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

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

COMPENSATION DISCLOSURE NOTICE TO ALL POLICYHOLDERS

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

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

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

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

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