

TRANSAMERICA LIFE INSURANCE COMPANY

6400 C Street SW, Cedar Rapids, IA 52499
Contact us at: PO Box 219, Cedar Rapids, IA 52406-0219
Telephone: 1-888-763-7474
Website: www.transamerica.com

TITLE PAGE (COVER PAGE)

About Your Insurance – This Certificate explains the benefits provided under the Group Master Policy (“Policy”) issued to the Policyholder named on the Schedule of Benefits. Please read this Certificate closely. The Policy is a legal contract between the Policyholder and the Company.

Terms important to understanding this Certificate are defined in the Definitions section or in separate Certificate provisions and are capitalized.

Important Notice – Benefits are payable only as described in this Certificate for a covered loss that occurs while the Covered Person is insured under the Policy.

The Policy may be amended or terminated as stated in its provisions. Such an action may be taken without the consent of or notice to any Covered Person. Premiums are subject to change.

The benefits for Dependents described in this Certificate, if available under the Policy, are applicable only if you are insured under the Policy, apply for Dependent insurance, receive our approval of such Dependents, and the premium required for each Dependent has been timely received by us from the Policyholder.

NOTICE OF 10 DAY RIGHT TO EXAMINE CERTIFICATE

If you are not satisfied with this Certificate, it may be returned for a full refund of premium and any fees paid. This may be done by delivering or mailing it to us or to the agent who took your Application. This must be done no later than ten days after you receive the Certificate. Immediately upon such delivery or mailing, this Certificate will be deemed void as of the Effective Date, and any premium and fees paid for it will be refunded.

This Certificate is signed for us at our home office to take effect on the same date that insurance becomes effective.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

CERTIFICATE FOR GROUP ACCIDENT-ONLY INSURANCE

THIS CERTIFICATE PROVIDES LIMITED COVERAGE – READ IT CAREFULLY

**BENEFITS ARE LIMITED TO LOSS DUE TO ACCIDENTS ONLY
NO BENEFITS ARE PROVIDED FOR LOSS FROM ANY OTHER CAUSE
PREMIUM RATE SUBJECT TO CHANGE**

**THIS COVERAGE IS OPTIONALLY RENEWABLE AND MAY BE TERMINATED BY THE COMPANY.
ADVANCE WRITTEN NOTICE WILL BE PROVIDED, SUBJECT TO THE TERMINATION PROVISION.**

THIS IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” that is available from us.

This Certificate is subject to the laws of the State of New Jersey.

CONTACT US

If you have any questions about this Certificate, you may:

Write us at our Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219

Call our toll-free telephone number at: 1-888-763-7474

Write us at our E-Mail Address: TEBcustresp@Transamerica.com

Visit our website: www.transamerica.com

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ELIGIBILITY

Insurance will start at 12:01 a.m. on the Effective Date at the main place of business of the Policyholder.

Insured Eligibility – To be eligible for insurance under the Policy, you must:

1. Meet the eligibility requirements listed on the Policyholder Application.
2. Be in Active Service.

Insured Effective Date – Coverage for eligible Insureds who have completed an Application, if required, will take effect on the latest of the following dates, provided that we have received your first premium payment from the Policyholder:

1. The Group Master Policy Effective Date; or
2. The New Entrants Effective Date as selected on the Policyholder Application which coincides with or next follows the date you are hired or first become eligible for this coverage.

If you do not meet the eligibility requirements on the date your insurance is to take effect, your insurance will take effect on the date you satisfy the requirements.

Dependent Eligibility, if available under the Policy – To be eligible under the Policy, a Dependent must:

1. Meet the definition of a Dependent;
2. Not be (a) hospitalized; (b) confined at home under a physician's care; or (c) receiving or applying to receive disability benefits from any source; and
3. Not be eligible as an Insured under the Policy.

A Dependent will be eligible for such coverage on the later of the following dates:

1. The day you become eligible for coverage; or
2. The day the Dependent first meets the definition of Dependent.

A child may be insured as a Dependent of only one Insured.

Dependent Effective Date – Coverage for eligible Dependents for which you have completed an Application, if required, will take effect on the latest of the following dates, provided that we have received any additional premium for such Dependent from the Policyholder:

1. The date your insurance becomes effective; or
2. The New Entrants Effective Date as selected on the Policyholder Application which coincides with or next follows the date the Dependent first becomes eligible for this coverage.

If a Dependent does not meet the eligibility requirements on the date his or her insurance would otherwise take effect, insurance on that Dependent will take effect on the date the Dependent satisfies the eligibility requirements.

Insurance for Newborn Child or Newly Adopted Child – Insurance for a newborn, a newly adopted Child, or a Child for whom you are appointed the legal guardian, will become effective automatically on the day he or she is born, the day the Child is placed for adoption with you, or the day a court enters an order appointing you the legal guardian of the Child. The Child will be automatically insured for 60 days. In order to continue the Child's insurance, you must notify us by the end of the 60-day period and pay any additional premium, if applicable, to the Policyholder.

BENEFITS/COVERAGE (WHAT IS COVERED)

Initial Accident Treatment Benefit - We will pay the applicable Initial Accident Treatment Benefit amount shown in the Schedule of Benefits if a Covered Person receives treatment for a Bodily Injury. Treatment must be provided by a Physician in a Physician's office, Hospital emergency room, or an Urgent Care Center and must be received within 4 days of the Accident.

Ambulance Benefit – We will pay the applicable Ambulance Benefit amount shown in the Schedule of Benefits for ambulance transportation by a licensed ambulance service if, because of an Accident, the Covered Person is transferred by ambulance to the nearest Hospital for treatment within 4 days of the Accident.

Laceration Benefit – We will pay the applicable Laceration Benefit amount shown in the Schedule of Benefits if a Covered Person receives treatment for a laceration within 4 days of the Accident.

Medical Diagnostic Imaging – We will pay the Medical Diagnostic Imaging Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes a CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram) due to a Bodily Injury. Imaging must be performed within 90 days of the Accident.

Blood, Plasma, and Platelets – We will pay the Blood, Plasma, and Platelets Benefit amount shown in the Schedule of Benefits if a Covered Person requires blood, plasma, or platelets for the treatment of a Bodily Injury. Immunoglobulins are not covered. Treatment must be received within 14 days of the Accident.

X-Ray – We will pay the X-Ray Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes an X-Ray due to a Bodily Injury. X-Ray's must be performed within 4 days of the Accident.

Lab Test – We will pay the Lab Test Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes a lab test due to a Bodily Injury. Lab tests must be performed within 4 days of the Accident.

Bodily Injury Benefits

Each of the following benefits for Bodily Injuries will be payable once per Covered Person per Accident.

Brain – We will pay the Concussion Benefit amount shown in the Schedule of Benefits if a Covered Person is diagnosed with a concussion by a Physician within 4 days of the Accident.

Dislocation or Fracture – We will pay the applicable Dislocation or Fracture Benefit amount shown in the Schedule of Benefits if a Covered Person requires correction of a Dislocation or Fracture by a Physician. Correction can be made through an open reduction (surgical repair) or closed reduction (manipulative repair) and must be repaired by a Physician within 14 days of the Accident.

If more than one Dislocation and/or Fracture is repaired, we will pay 1.5 times the larger benefit amount.

Dislocations not corrected under general anesthesia will be reduced to 50% of the applicable benefit amount.

Chip Fractures pay 10% of the applicable Fracture benefit amount.

Dislocation means a completely separated joint.

Fracture means a break in a bone that can be seen by X-ray or similar diagnostic exam.

Chip Fracture means a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.

Dental – We will pay the applicable Dental Benefit amount shown in the Schedule of Benefits if a Covered Person sustains broken teeth in an Accident. Treatment must be received within 180 days of the Accident.

Eye – We will pay the applicable Eye Benefit amount shown in the Schedule of Benefits if the Covered Person sustains eye damage in an Accident. Treatment must be received from a Physician within 180 days of the Accident.

Hospitalization Benefits

Admission Benefit – We will pay the Admission Benefit shown in the Schedule of Benefits if a Covered Person is admitted to a Hospital for treatment of a Bodily Injury. The Admission Benefit is paid in addition to the Hospital Confinement daily benefit. Only one Admission Benefit is payable once per Covered Person per Accident.

We will only pay the Intensive Care Unit Admission Benefit if the initial admission is to the Intensive Care Unit. For all other admissions, the normal Admission Benefit will be paid.

Daily Benefit – We will pay the Daily Benefit shown in the Schedule of Benefits for each day a Covered Person is Hospital Confined due to an Accident. Confinement must begin within 31 days of the Accident.

In addition to the Daily Benefit, we will pay the Intensive Care Unit, Step-Down Unit, or Observation Room Benefit for each 24-hour period the Covered Person is confined in an Intensive Care Unit, Step-Down Unit, or Observation Room.

Daily benefits are subject to the limits shown in the Schedule of Benefits.

Rehabilitation Benefit – We will pay the Rehabilitation Benefit shown in the Schedule of Benefits for each day a Covered Person is Confined in a Rehabilitation Facility following a period of Hospital Confinement. The Rehabilitation Benefit is not payable for the same days that the Hospital Confinement benefit is payable and is subject to the limit shown in the Schedule of Benefits.

Recovery Services Benefits

Appliance – We will pay the Appliance Benefit amount shown in the Schedule of Benefits for a medical appliance recommended by a Physician as an aid in personal locomotion as the result of an Accident. This benefit is not payable for Prosthetic Devices. This benefit is payable once per Covered Person per Accident.

Residence and Vehicle Modification – We will pay the Residence and/or Vehicle Modification Benefit amount shown in the Schedule of Benefits if a Covered Person suffers Total Disability due to a Bodily Injury within 365 days of the Accident. This benefit is payable once per Covered Person per Accident. The modification must be made within 2 years from the date of the Accident causing the Injury.

The benefit will be payable for the modification to the Covered Person's primary residence to make the residence accessible or private passenger automobile to make it drivable or rideable only if the modification is:

1. made by a person or persons with experience in such modifications; and
2. recommended by a Physician or recognized organization associated with the Total Disability; and
3. a Physician certifies that the modification is needed to accommodate the Total Disability; and
4. in compliance with the applicable laws or requirements for the approval by the appropriate government authorities.

Family Lodging – We will pay the Family Lodging Benefit shown in the Schedule of Benefits per day, up to a maximum of 30 days per Accident, for one motel/hotel room for an Immediate Family Member to accompany the Covered Person if Hospital Confinement is within 90 days of an Accident for the treatment of a Bodily Injury.

Benefits are payable only for the same time-period the Covered Person is Hospital Confined in a facility 50 or more miles from the Covered Person's primary residence. The local attending Physician must prescribe the treatment.

Acupuncture Care – We will pay the Acupuncture Care Benefit amount shown in the Schedule of Benefits if a Covered Person receives acupuncture treatment on the advice of a Physician due to an Accident. Acupuncture treatments must begin within 180 days of the Accident and be completed within 1 year after the Accident.

Chiropractic Care – We will pay the Chiropractic Care Benefit amount shown in the Schedule of Benefits if a Covered

Person receives chiropractic treatment on the advice of a Physician due to an Accident. Chiropractic treatments must begin within 180 days of the Accident and be completed within 1 year after the Accident.

Follow-Up Treatment – We will pay the Follow-Up Treatment Benefit amount shown in the Schedule of Benefits if a Covered Person first receives treatment for a Bodily Injury within 4 days of the Accident and later requires additional treatment for the same injury. Treatments must be furnished by a Physician in the Physician's office or in a Hospital on an Outpatient basis. Follow-up treatment must begin within 180 days of, and be completed within, the 12 month period following the later of the following dates:

1. the Accident;
2. discharge from the Hospital; or
3. discharge from an Extended Care Facility.

Mental Health Care – We will pay the Mental Health Care Benefit amount shown in the Schedule of Benefits if the Covered Person has received treatment for a covered Accident and requires Psychological or Psychiatric care for a mental health condition triggered by the Accident. Treatment must begin within 3 months of covered accident.

Pain Management – We will pay the Pain Management Benefit amount shown in the Schedule of Benefits if a Covered Person is prescribed and receives an injection administered into the spine or a nerve ablation or block for pain management due to an Accident.

Prosthetic Devices – We will pay the applicable Prosthetic Devices Benefit amount shown in the Schedule of Benefits for a Prosthetic Device due to a covered Accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eyeglasses, or for cosmetic Prosthetic Devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.

You must receive the prosthetic devices(s) or artificial limb(s) within 24 months of the Accident.

Repair – We will pay the Repair benefit amount shown on the Schedule of Benefits if you lose or damage your existing prosthetic device or artificial limb as result of an Accident. You must receive the repaired prosthetic device or artificial limb within 365 days of the Accident. We will not pay a benefit for hearing aids, dental aids (including false teeth), eyeglasses, or cosmetic prostheses such as hair wigs, or for joint replacement such as artificial hip or knee.

Therapy Services – We will pay the Therapy Services Benefit amount shown in the Schedule of Benefits if a Physician advises a Covered Person to seek treatment from a Physical, Occupational, or Speech Therapist. Therapy must begin within 180 days of the Accident. All treatments must be completed within 1 year after the Accident.

Transportation –

If a Covered Person requires Confinement in a Hospital more than 50 miles from the Covered Person's primary residence as the result of an Accident, we will pay the Transportation Benefit amount shown in the Schedule of Benefits for round-trip transportation. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. Travel and Hospital Confinement must occur within 90 days of the Accident.

Major Injuries

Each of the following benefits for Major Injuries will be payable once per Covered Person per Accident.

Burns – We will pay the applicable Burn Benefit amount shown in the Schedule of Benefits if a Covered Person suffers Burns due to an Accident. If multiple burns exist, we will pay the highest benefit for the most severe burn involved. When applicable, the Skin Graft benefit will be paid in addition to the Burn benefit. Burns must be treated by a Physician within 4 days after the Accident.

Coma – We will pay the applicable Coma Benefit amount shown in the Schedule of Benefits if a Covered Person suffers a Coma due to an Accident. The benefit amount varies by whether the Coma was induced or non-induced. The Coma must last for a minimum of 10 consecutive days before this benefit is payable.

Coma (non-induced) means a continuous state of profound unconsciousness characterized by the absence of eye opening, verbal response and motor response, and the individual requires intubation for respiratory assistance.

Coma (induced) means a temporary coma (state of profound unconsciousness) brought on by a controlled dose of medicine administered by a Physician at a Hospital.

Persistent Vegetative State (PVS) means a state of severe unconsciousness characterized by no evidence of awareness of self or environment, and no purposeful response to external stimuli.

Paralysis – We will pay the applicable Paralysis Benefit amount shown in the Schedule of Benefits if a Covered Person becomes paralyzed due to an Accident. Paralysis must last a minimum of 30 consecutive days before this benefit is payable.

Quadriplegia means the complete and irreversible paralysis of both upper and lower limbs.

Triplegia means the complete and irreversible paralysis of three limbs.

Paraplegia means the complete and irreversible paralysis of both lower limbs.

Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs on the same side of the body.

Diplegia means the complete and irreversible paralysis of both upper or both lower limbs.

Monoplegia means the complete and irreversible paralysis of a single limb on the upper or lower part of the body.

Limb means an entire arm or an entire leg.

Surgery - Major – We will pay the applicable Surgery - Major Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes an open abdominal, cranial, or thoracic surgery performed by a Physician within 1 year of the Accident. Laparoscopic procedures are excluded.

Surgery - Exploratory – We will pay the applicable Surgery - Exploratory Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes minimally invasive surgery performed by a Physician within 1 year of the Accident using manual and instrumental means of investigating an area of the body suspected of disease when a specific diagnosis is not possible through noninvasive or simple biopsy techniques. Laparoscopic procedures are included.

Surgery – Tendons, Ligaments, Rotator Cuffs – We will pay the applicable Surgery – Tendons, Ligaments, Rotator Cuffs Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes surgery for tendons, ligaments, or rotator cuffs that are detached, torn, ruptured, or severed. Surgery must be performed by a Physician within 1 year of the Accident.

Surgery – Ruptured Discs or Torn Knee Cartilage – We will pay the applicable Surgery – Ruptured Discs or Torn Knee Cartilage Benefit amount shown in the Schedule of Benefits if a Covered Person undergoes surgery for a disc in the spine that is ruptured or knee cartilage that is torn. Surgery must be performed by a Physician within 1 year of the Accident.

Accidental Death Benefits

Accidental Death means the loss of life resulting from Bodily Injuries resulting from an Accident. Accidental Death must be independent of disease or bodily infirmity or any other cause, other than an Accident.

Accidental Death Benefit – We will pay the applicable Accidental Death Benefit amount shown in the Schedule of Benefits for the Covered Person's Accidental Death. The Accident must occur while coverage is in force. Such Accidental Death must occur within 12 months of the Accident. This benefit will be paid to the Beneficiary.

Only one Accidental Death Benefit will be paid per Covered Person, the highest applicable benefit, as described below:

- **Accidental Death Other Than Automobile or Common Carrier:** Accidental Death resulting from any other Bodily Injury.

- **Automobile Accident:** Accidental Death resulting from an Accident that occurs while the Covered Person is driving or riding as a passenger in an Automobile. (Automobile means a four-wheeled private passenger motor vehicle licensed for use on public highways and is not being used to transport passengers for hire.)

A higher benefit is paid when:

- a. The Covered Person was wearing and was properly utilizing a Seatbelt at the time of the Accident, as evidenced by a police accident report. (Seatbelt means a properly installed combination lap and shoulder restraint system that meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration. Seatbelt will include a lap belt only if the Automobile was not equipped with a combination lap and shoulder restraint system when manufactured.)
 - b. The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer, the Covered Person was seated in the driver or passenger seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report. (Air Bag System means an automatically inflatable passive restraint system that is designed to provide automatic crash protection in front or side impact Automobile accidents and meets the Federal Vehicle Safety Standards of the National Highway Traffic Safety Administration.)
- **Common Carrier Accident:** Accidental Death resulting from an Accident that occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation. (Public Transportation means a public passenger conveyance operated by a licensed common carrier for the transportation of the general public for a fare and operating on regularly scheduled passenger routes with a definite schedule of departures and arrival times. Common carrier vehicles are limited to commercial airplanes, trains, buses, trolleys, subways, ferries, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis, limousines, and privately chartered vehicles are not common carriers.)

Transportation of Remains – We will pay the Transportation of Remains benefit amount shown in the Schedule of Benefits if the following conditions are met:

1. The Covered Person dies more than 200 miles from his or her primary residence; and
2. Expenses are incurred to transport the Covered Person's body to a mortuary near their primary place of residence.

This benefit is payable once per Covered Person and only if the Accidental Death Benefit is payable. This benefit will be paid to the person incurring the expense on the Covered Person's behalf.

Dismemberment Benefits

We will pay the applicable Dismemberment Benefit amount shown in the Schedule of Benefits if a Covered Person suffers a Dismemberment due to an Accident. Dismemberment must occur within 12 months of the Accident.

Dismemberment means a Bodily Injury that, independent of disease or bodily infirmity, results in the complete severance of a body extremity or the complete loss of sight, speech, or hearing.

Loss of a hand means the entire loss of at least four fingers. Loss of a finger or toe means complete severance at the hand or foot. Loss of a foot means complete severance at or above the ankle joint. Loss of an arm means complete severance above the elbow. Loss of a leg means complete severance above the knee. Loss of sight, speech, or hearing means total and permanent loss of sight, speech, or hearing.

Survivor Benefits

The following applicable Survivor Benefits are paid to the Survivor upon the Accidental Death of a Covered Person. For purposes of these Benefits, Survivor means the surviving Insured, if the Spouse or Other Adult Dependent is deceased from the Accidental Death; it refers to the surviving Spouse or Other Adult Insured, if the Insured is deceased from the Accidental Death; and it refers to the legally appointed guardian of each surviving Child if both the Insured and Spouse or Other Adult Dependent are deceased. The Survivor does not need to be covered under this Certificate to receive Survivor benefits.

Career Enrichment Benefit – We will pay the Career Enrichment Benefit amount shown in the Schedule of Benefits

for a professional or trade training program in which the Survivor has enrolled on a full-time basis within 24 months of the Accidental Death. The training program must be for the purpose of obtaining an independent source of income or enriching the Survivor's ability to earn a living. The training program must be at an accredited college, university, a 2-year college, vocational, or trade school. This benefit will be paid each year for up to 4 years while the Survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually. If there is no Survivor, a one-time benefit of \$200 will be paid to the Beneficiary.

Child Care Center Benefit – We will pay the Child Care Center Benefit amount shown in the Schedule of Benefits when following conditions are met:

1. The surviving Child must be within the ages of newborn through 12;
2. The Survivor pays a Child Care Center for day care, within 90 calendar days after the date of the Accidental Death; and
3. The day care is necessary in order for the Survivor to work or to obtain training for work.

This benefit will be paid each year for up to 4 years while the surviving Child is enrolled in a Child Care Center, provided the Child remains enrolled in a Child Care Center during that time. We will pay this benefit in equal installments over the 4-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually. If there is no surviving Child between the ages of newborn through 12, a one-time benefit of \$200 will be paid to the Beneficiary.

For purposes of this benefit, Child Care Center means an appropriately licensed facility or home that:

1. Provides supervision for more than six persons (other than persons who reside there) under the age of 13 for less than 24 hours per day; and
2. Receives a payment for providing dependent care services; and
3. Has a Taxpayer Identification Number.

Child Education Benefit – We will pay the Child Educational Benefit amount shown in the Schedule of Benefits when the following conditions are met:

1. The surviving Child must be within the ages of 17 through 21; and
2. The surviving Child must be enrolled or must enroll within 2 years of such death, as a regular, full time student at an accredited college, university, a 2-year college, vocational, or trade school.

This benefit will be paid each year for up to 4 years while the surviving Child is enrolled in school. We will continue to pay this benefit only while the surviving Child remains a full-time student. We will pay this benefit in equal installments over the 4-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually. If there is no surviving Child between the ages of 17 through 21, a one-time annual benefit of \$200 will be paid to the Beneficiary.

LIMITATIONS / EXCLUSIONS (WHAT IS NOT COVERED)

- Mountaineering, parachuting, or hang gliding.
- Voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes.
- Alcoholism or being under the influence of any narcotic unless administered or consumed on the advice of a Physician.
- Participating in any sport or sporting activity for wage, compensation, profit, or racing any type of vehicle in an organized event.
- Traveling in or descending from any vehicle or device for aerial navigation, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline.
- War, or any act of war, whether declared or undeclared.
- Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the Accident occurred.
- Actively participating in a riot, civil commotion, civil disobedience, or unlawful assembly.

- Committing or attempting to commit a felony engaging in an illegal occupation which was a contributing cause.
- Intentionally self-inflicting a Bodily Injury or attempting suicide, while sane or insane.
- Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception.

INFORMATION ON POLICY AND RATE CHANGES

Premium Changes – We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, we will give at least a 60-day advance written notice to the Policyholder.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that our liability is increased, without regard to any premium rate guarantee. If such premium increase takes place on a date other than a premium due date, a pro rata premium for the increase will be due from the Policyholder on the next premium due date. The pro rata premium will be for the period from the date of the increase to the next premium due date. If such premium is not paid by the Policyholder when due, subject to the Policyholder's Grace Period described in the Policy, the insurance will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

Premium Refunds – If your Dependent is covered and you divorce or legally terminate the relationship or such Dependent dies and we are notified in writing at our Administrative Office, we will refund premiums for the period of time following the date of divorce/dissolution or death of such Dependent. Premiums will not be refunded for any period prior to 30 days before such notification is received in our Administrative Office.

If your Dependent children are covered and coverage for all Children ends, we will refund premiums for the period of time following the last day of coverage. We must be notified in writing at our Administrative Office. Premiums will not be refunded for any time period prior to 30 days before such notification is received in our Administrative Office.

Reinstatement - If any renewal premium is not paid within the time granted for payment by the Policyholder, a subsequent acceptance of premium by us or by any of our authorized agents, without requiring an application for reinstatement, will reinstate the Certificate. However, if we or our agent require an application for reinstatement and issue a conditional receipt, the Certificate will be reinstated upon our approval of such application, or, lacking such approval, upon the 45th day following the date of such conditional receipt; unless we have previously notified the Insured in writing of our disapproval of such application. The reinstated Certificate will only cover loss resulting from an Accident sustained after the date of reinstatement. In all other respects you and the Company will have the same rights as each had under the Certificate immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

CLAIMS PROCEDURE (HOW TO FILE A CLAIM)

Notice of Claim – Written notice of claim must be given to us at the address shown on the first page of this Certificate. Such notice should be made within 30 days after any loss covered by the contract. If it is not reasonably possible to give notice within that time, the claim may not be denied or reduced due to the delay, so long as notice is given as soon as reasonably possible.

Claim Forms – We will send you or the Policyholder for delivery to you such forms as are usually furnished by us for filing Proof of Loss. If you do not receive such forms within 15 days of our receipt of Notice of Claim, you will be deemed to have complied with the requirements of the policy for filing Proof of Loss upon submitting within the time fixed in the policy for filing Proof of Loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

Proof of Loss – Due written Proof of Loss must be given to us at the address shown on the first page of this Certificate. In case of a claim for loss for which a periodic payment is provided contingent upon continuing loss, such satisfactory written Proof of Loss must be sent within 90 days after the termination of the period for which we are liable. For any other loss, proof must be sent within 90 days after the date of such loss.

Failure to furnish proof within such time will not invalidate nor reduce any claim if it was not reasonably possible to furnish such proof and it was furnished as soon as reasonably possible.

Payment of Claim Benefits – All benefits are payable to you, the Insured, unless you have assigned those benefits. If you should die while this Certificate is in force and there are any accrued indemnities unpaid at your death, we will pay such benefits to your beneficiary. Any accrued indemnities unpaid at any other Covered Person's death will be paid to you or to the Covered Person's estate.

Physical Examinations – We have the right to have a Covered Person examined by a Physician of our choice, at our expense, as often as reasonably necessary while a claim is pending.

Autopsy – In case of death, we may request an autopsy at our expense where it is not forbidden by law.

Time of Payment of Claims – Benefits for a covered loss will be payable not more than 60 days after receipt of Proof of Loss.

GENERAL CERTIFICATE PROVISIONS

Assignment - The Insured may assign benefits under this Certificate. We assume no responsibility for the validity or effect of any assignment of this Certificate or any interest in it.

Change of Beneficiary - Unless the Insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries will not be required to surrender or assign this Certificate or to change beneficiaries, or to make any other coverage changes.

Clerical Error - A clerical error by us will not invalidate insurance otherwise in force, nor continue insurance otherwise not validly in force.

Conformity with State or Federal Laws – Any provision of the Policy or the Certificate that conflicts with the requirements of any state or federal law of the governing jurisdiction is hereby automatically changed to meet the minimum standards of such laws.

Entire Contract; Changes – The Entire Contract consists of the Policy as issued to the Policyholder, the Policyholder Application, the Certificate Provisions, and any attached Amendments, Endorsements, and Riders. Changes to the Policy or this Certificate may only be made in writing if approved and signed by an executive officer of the Company and evidenced by an endorsement or amendment signed by an officer of the Company and the Policyholder. No agent or Policyholder has authority to change the Policy or this Certificate or to waive any of its provisions. Any changes are subject to the laws of New Jersey.

Inspection of Policy – The Insured may inspect a copy of the Policy by contacting the Policy holder at reasonable time during normal business hours.

Legal Action – No legal action may be brought to recover under the Policy or Certificate within 60 days after written Proof of Loss has been provided to us as required nor more than three years from the time written Proof of Loss is required to be furnished.

Misstatement of Age – If the Insured's age has been misstated, all benefits payable under the Policy for any Covered Person will be such amount as the premium paid would have purchased at the Insured's correct age.

Other Insurance With Us – If a Covered Person has more than one accident policy, certificate, or similar coverage with us, only one, chosen by you or your estate, will be effective. We will refund all premiums paid for all other such coverage from the date of duplication, less any benefits paid from such date.

Time Limit on Certain Defenses / Right to Contest / Contestability

Misstatements in the Application – We will not use any statement, except fraudulent statements, to void or reduce benefits after your insurance has been in effect for two years from the Effective Date of coverage. Any such statement would have to be in a signed form. This also applies to all Riders.

All statements made are considered representations and not warranties. No such statement will be used in any contest, unless a copy of such statement has been furnished to you.

Any increase in benefit amounts is subject to a new two-year contestable period for the increased amount only.

Notice – Any notice to you will be sent to your last known address.

TERMINATION / NONRENEWAL / CONTINUATION

Your insurance will terminate on the earliest of the following dates:

1. The date the Policy terminates;
2. The date you cease to be eligible for insurance;
3. The date of your death;
4. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision applicable to the Policyholder; or
5. The date we receive your request to terminate your insurance, or the effective date of termination you request, if later.

The insurance on a Dependent will terminate on the earliest of the following dates:

1. The date your insurance terminates;
2. The premium due date on which we fail to receive your premium from the Policyholder, subject to the Grace Period provision applicable to the Policyholder;
3. The date your Dependent no longer satisfies the requirements under Dependent Eligibility provision;
4. The date of the Dependent's death;
5. The date the Policy is modified so as to exclude Dependent insurance; or
6. The date we receive your request to terminate your Dependent insurance, or the effective date of termination you request, if later.

We may terminate the insurance of any Covered Person who submits a fraudulent claim under the Policy.

Termination of your insurance will not affect any claim which begins before the date of termination, except in the case of fraud.

Extension of Benefits – Whenever termination of coverage occurs due to termination of your employment or membership, such termination will be without prejudice to the settlement of any claim for loss where the Accident causing the loss occurred before the date of termination. Such a loss includes:

1. Any Hospital Confinement which began while coverage was in force; or
2. Any covered treatment or service for which benefits would be provided and which began while coverage was in force; provided, however, that the Covered Person is and continues to be Hospital Confined or receiving treatment.

Such Extension of Benefits will continue until the date on which the Covered Person is no longer hospitalized or receiving treatment.

CONVERSION OPTION

If you lose eligibility for this insurance for any reason other than nonpayment of premium, you will have the option to convert this group coverage to a policy we are issuing for the purpose of conversions. You will receive notification of this Option from the Group Policyholder at the time your insurance terminates.

You must complete a written request to exercise this option and pay the first premium to us no later than 31 days after the date of your termination under the Policy. If you are interested, please request an application from the Policyholder and submit to us within 31 days of your termination date. The conversion policy will be issued, without Evidence of Insurability, on a policy form then available for conversions, which is most comparable to this Certificate. The premium you pay for the conversion policy will be determined on your resident state, age, and class of risk, at the time of conversion and the type and amount of insurance provided.

The effective date of the conversion policy will be the day following the termination of insurance under this Certificate.

This Conversion Option is only available for the Insured and the Insured's covered Dependents. It is not available for the Insured's Dependents without the Insured.

Conversion is not available if coverage is terminating due to fraud.

RIGHT OF CONVERSION

Dissolution of Marriage – If you and your Spouse dissolve your marriage by a valid decree of dissolution of marriage or legally dissolve your civil union relationship and your Spouse was covered by the Policy under Individual and Spouse coverage or under Family coverage, coverage for your Spouse will terminate. Your former Spouse may apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your former Spouse must apply to us within 60 days following the entry of the decree of dissolution of marriage or civil union relationship and pay the appropriate premium. If additional coverage is desired, additional underwriting will be required.

If such dissolution of marriage or civil union relationship occurs, you will retain your status as the Insured. Any covered Child may be insured under either the Policy or a policy of your former Spouse, but not both.

Death - In the event of your death, your Spouse, if covered under the Policy, will become the Insured and coverage will continue at the appropriate premium. If additional coverage is desired, additional underwriting will be required.

Termination of Dependency – A Child covered under the Policy who has reached the age of 30 and desires to continue coverage as the Insured under a separate policy may do so by notifying us of the request in writing. The Child will have the right to continue coverage as an Insured on a separate equivalent policy without interruption in coverage, provided we receive written notification of the request before 30 days after the Policy anniversary date following the Child's 30th birthday, marriage or civil union partner relationship. The Child's coverage will continue at the appropriate premium for the new policy.

WHEN CAN COVERAGE BE CHANGED

Annual Benefit Elections – Benefits are elected on an annual basis. Benefit elections will become effective on the next Policy Anniversary and will remain in effect for the Plan Year, subject to the terms of the Policy and Certificate. Changes in benefit elections are not allowed during the Plan Year unless made in accordance with the Change in Family Status provision of the Policy.

Change In Family Status – An Insured may request to change coverage during any Plan Year due to a change in family status (marriage, civil union partnership, divorce, birth/adoption, death of a family member, or a Spouse losing coverage through his or her employer). A request to change coverage as a result of a change in family status must be consistent with the event. Requests for a change in coverage as a result of a change in family status must be submitted to the Policyholder in writing within 60 days following the event. Approval of the change in coverage will become effective on the date the change in family status occurred. If the Insured fails to request a change in coverage within 60 days following the change in family status, the Insured will not be permitted to make such a change until the next Policy Anniversary.

GENERAL DEFINITIONS

Terms important to understanding this Certificate are defined in this section and are capitalized in this Certificate.

Accident means an unforeseen occurrence which results in Bodily Injury, occurs while this Certificate is in force and is not excluded in the Certificate.

Active Service means performing in the usual manner all the regular duties of your occupation on a scheduled work day at the normal place of business or other location as directed by your employer.

If you are not working on a day your insurance would otherwise take effect, you will be considered to be in Active Service on that day only if: (a) you are capable of performing in the usual manner all the regular duties of your occupation, and (b) you were in Active Service on the last preceding regular workday.

Active Service does not apply if employment is not an eligibility requirement.

Amendment, Endorsement, or Rider means any form issued by us which adds, modifies, changes, or deletes any Policy or Certificate provision or benefit.

Application or Enrollment Form means the form completed and signed to apply for this insurance coverage.

Bodily Injury means an injury or injuries resulting from an Accident for which benefits are provided. Such injuries must be sustained by a Covered Person and must be the direct cause of the loss, independent of disease or bodily infirmity or any other cause. All such injuries sustained by a Covered Person in any one accident and any complications arising from same and recurrences of complications will be deemed to be a single Injury. Such injury or injuries must occur while the Certificate is in force.

Certificate means this document that describes your insurance coverage.

Child means a Child of yours by blood, marriage or civil union who:

1. Is under the age of 30;
2. Is unmarried or unpartnered; and
3. Has no dependents of his or her own.

If a Child covered under this Certificate has reached age 30, but is incapable of self-support because of mental or physical impairment, we will continue the Child's insurance under the following conditions:

1. The Child must be incapacitated;
2. We must receive proof of incapacity within 31 days after insurance would otherwise terminate;
3. We may require proof of continued incapacity from time to time, but not more often than once a year after the two-year period following the date the Child attains age 30; and
4. Your insurance must remain in force.

Coverage Type means one of the following, as selected by you on your Application or Enrollment Form:

1. Individual – Coverage on the Insured only.
2. Single Parent Family – Coverage on the Insured and any Children.
3. Two-Adult Family – Coverage on the Insured and Spouse or Other Adult Dependent only.
4. Family – Coverage on the Insured, the Insured's Spouse or Other Adult Dependent, and any Children.

Covered Person means you and your Dependents who have been accepted for insurance by us.

Dependent means your Spouse, Other Adult Dependent, or Child

Effective Date means the date the Covered Person's insurance starts under this Certificate as noted on the Certificate Cover Page.

Grace Period means the period of 31 days after the premium due date allowed the Policyholder for each premium payment after the first premium.

Group Master Policy or Policy means the insuring contract that is issued to the Policyholder.

Hospital means a licensed institution that has on its premises or in facilities available to it on a contractually prearranged basis and under the supervision of a staff of one or more duly licensed Physicians:

1. Laboratory, X-ray equipment and operating rooms where major surgical operations may be performed by licensed Physicians;
2. Permanent and full-time facilities for the care of overnight resident bed patients under the supervision of a licensed Physician;
3. 24-hour-a-day nursing service by or under the supervision of graduate registered nurses; and
4. A patient's written history and medical records.

Notwithstanding the above, Hospital does not include an institution or that part of an institution operated as:

1. A nursing home;
2. An extended care facility;
3. A skilled nursing facility;
4. A mental institution or a facility for the treatment of mental disorders;
5. A rest home or home for the aged;

6. A rehabilitation center; or
7. A place for alcoholics or drug addicts.

Hospital Confinement; Confined or Confinement mean that period of time the Covered Person is admitted into a Hospital as a resident bed patient as established by the records of the Hospital. Confinement does not include that period of time during which a Covered Person is in a Hospital emergency room or recovery room, a freestanding surgical facility or an outpatient facility.

Immediate Family Member means anyone related to a Covered Person in the following manner: Spouse, daughter, son, stepchild, father, mother, stepparent, sister, brother, stepsister, stepbrother, grandchild, grandparent, father-in-law, mother-in-law, or the Spouse of any of these.

Insured, you, or your means the employee or member covered under the Policy for this insurance.

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

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

ICU includes:

1. Intensive cardiac and coronary care units;
2. Neonatal intensive care units; and
3. Burn intensive care units.

The following care units do not qualify as an ICU:

1. Progressive Care Units;
2. Sub-acute Intensive Care Units;
3. Intermediate Care Units;
4. Step-Down Units;
5. Private rooms with monitoring; or
6. Any lesser care units.

Other Adult Dependent means Your common law marriage partner, domestic partner, civil union partner, or reciprocal beneficiary if the status of such relationship is legally recognized in the governing jurisdiction or as otherwise agreed upon between the Policyholder and us.

Plan Year means the 12-month period beginning on the Plan Year Start Date of each year. The Plan Year Start Date is specified in the Schedule of Benefits.

Physician means a person who is a practitioner of the healing arts, providing services within the scope of his or her license, and is either:

1. Licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. Legally qualified and licensed as a medical practitioner and is required to be recognized, according to the insurance statutes or regulations of the governing jurisdiction.

Physician will also include other licensed medical practitioners, such as nurse practitioners, and Physician's assistants that operate within the scope of their license.

Such person must not be an Immediate Family Member of any Covered Person. Practitioners of homeopathic, naturopathic and related medicines are not considered eligible Physicians under the Policy.

Policyholder means the entity named on the Schedule of Benefits to whom the Policy is issued.

Policyholder Application means the form completed and signed by the Policyholder to apply for this insurance coverage.

Rehabilitation Facility means a licensed facility or a unit of a Hospital that provides coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If located as a unit of a Hospital, beds must be set up and staffed in an area specifically designated for Rehabilitation.

The term "Rehabilitation Facility" does not include:

- * Hospice unit, any bed designated as a hospice or a swing bed; a
- * Convalescent home; a
- * Rest or Nursing facility; a
- * Psychiatric unit; an
- * Extended-care facility; a
- * Skilled nursing facility; or a
- * Facility primarily offering custodial or educational care,
- * Care or treatment for persons suffering from mental disease or disorders,
- * Care for the aged, or
- * Care for persons addicted to drugs or alcohol.

Spouse means a person who is legally married to the Insured; the Insured's New Jersey civil union partner; or the Insured's civil union partner relationship entered into outside of New Jersey which provides substantially all of the rights and benefits of marriage and is valid under the laws of the jurisdiction in which the civil union relationship was entered.

Step Down Unit also referred to as "intermediate care unit" or "progressive care unit", is a specifically designated area of a Hospital that provides a level of care that is intermediate to that of the Intensive Care Unit and that of the general medical floor.

Therapist, Physical Therapist, Occupational Therapist, or Speech Therapist

means a person who is licensed as a Therapist and certified to treat physically disabled or handicapped persons within the scope of his or her license with physical agents and methods such as massage, manipulation, therapeutic exercises, cold, heat, hydrotherapy, electrical stimulation, and light to assist in rehabilitation. A Therapist cannot be an Immediate Family Member.

Transamerica Life Insurance Company, the Company, we, us, or our means the insurer that underwrites this insurance.

TELEPHONE NUMBER FOR CERTIFICATEHOLDER INQUIRIES – Our Customer Service toll-free telephone number is shown on Page 1 of this Certificate. This toll-free number is provided to assist you in making inquiries or obtaining information regarding your coverage under this Certificate or to assist in resolving complaints.

TRANSAMERICA LIFE INSURANCE COMPANY

ORGANIZED SPORTING ACTIVITY BENEFIT RIDER

This Rider is attached to and made part of the contract as of the Rider Effective Date. It is issued in consideration of the Application and payment of any required initial premium. All provisions of the contract not in conflict with the provisions of this Rider apply to this Rider.

DEFINITIONS

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

Organized Sporting Activity means any regularly scheduled non-professional athletic event associated with school programs and non-school programs that are governed by an organization with a set of written rules, officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public-school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis and require formal registration.

An organized sporting activity includes: Exhibition game; Club sports; Intramural sports; Intercollegiate sports; Competitions; Team practice, training, workout sessions; Try outs; or Any supervised or sponsored sports activity.

An Organized Sporting Activity does not include: Playing, coaching, or officiating for pay; Personal, non-team related practice, training, workout sessions; Unstructured play such as pick-up games or spontaneous play; Activity that is outside of the Covered Person's membership role; Activities you are paid to play; racing any type of vehicle in an organized event; or Travel to and from the Organized Sporting Activity.

BENEFITS

If a Covered Person receives an Accidental Bodily Injury while participating as a registered member in an Organized Sporting Activity, and Benefits are payable under the Benefits section of the Certificate for such injury, we will pay the Organized Sporting Activity Benefit Percentage shown in the Schedule of Benefits. The Benefit Amount will increase by the Percentage shown on the Schedule and is subject to the benefit maximum.

The following benefit(s) are excluded from the increase:

- * Coma
- * Paralysis
- * Accidental Death & Dismemberment
- * Wellness

RIDER EFFECTIVE DATE

This Rider becomes effective on the same date as the contract unless we inform the Insured in writing of a different date.

TERMINATION

This Rider will terminate on the earliest of the following dates or events:

1. The date we receive the Policyholder's request to terminate this Rider; or
2. The date the Certificate terminates.

This Rider is signed for the Company at our home office to take effect on the Rider Effective Date.



Karyn S.W. Polak
Secretary

QUESTIONS OR COMPLAINTS TELEPHONE NUMBER: If an Insured has any questions concerning the benefits available under this Rider or needs to express a complaint, they may contact us at our toll-free Customer Service telephone number, 1-888-763-7474.