

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499

A Stock Company

About Your Insurance - This Certificate explains benefits provided under the Group Master Policy ("Policy") issued to the Policyholder named on the Schedule of Benefits. Please read it closely.

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 canceled 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, apply for Dependent insurance, receive our approval of such Dependents, and pay the premium required for each Dependent.

NOTICE OF 30 DAY RIGHT TO EXAMINE CERTIFICATE

If you are not satisfied with this Certificate, it may be returned for a full refund of premium. You may return this Certificate by delivering it or mailing it to us or to the agent who took your Application. Your Policy must be returned no later than 30 days after the date you received it. When we receive the returned Certificate, it will be voided as of the Effective Date. Any premium paid will be refunded.

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

This Certificate is signed for us at our Home Office to take effect on the same date insurance becomes effective.



Blake Bostwick
President



Karyn S.W. Polak
Secretary

Group Certificate for Critical Illness Indemnity Insurance

THIS IS A LIMITED CERTIFICATE. IT PAYS A LUMP SUM BENEFIT FOR SPECIFIED CRITICAL ILLNESS ONLY. IT DOES NOT PROVIDE COVERAGE FOR ANY OTHER MEDICAL CONDITIONS. YOU SHOULD MAINTAIN SEPARATE COMPREHENSIVE HEALTH COVERAGE. READ YOUR CERTIFICATE CAREFULLY WITH THE OUTLINE OF COVERAGE.

Administrative Office:
PO Box 219
Cedar Rapids, IA 52406-0219
Customer Service: 1-888-763-7474
Email Address: TEBcustresp@Transamerica.com
Web Address: www.transamericaemployeebenefits.com

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SCHEDULE OF BENEFITS

POLICYHOLDER: WITHUM
GROUP POLICY NUMBER: BR00085770
GROUP MASTER POLICY EFFECTIVE DATE: JANUARY 01, 2025
GOVERNING JURISDICTION: NEW JERSEY

INSURED BENEFIT AMOUNT: THE AMOUNT ELECTED BY YOU ON YOUR APPLICATION OR ENROLLMENT FORM.
DEPENDENT BENEFIT AMOUNT PER COVERED DEPENDENT: IF YOUR DEPENDENTS ARE INSURED, 50% OF THE INSURED BENEFIT AMOUNT.

CRITICAL ILLNESS	PERCENTAGE OF BENEFIT AMOUNT
ALZHEIMER'S DISEASE	30%
CORONARY ARTERY DISEASE REQUIRING BYPASS GRAFTS	25%
END STAGE RENAL FAILURE	100%
HEART ATTACK	100%
MISCELLANEOUS DISEASES	100%
(THE DEFINITION OF MISCELLANEOUS DISEASES IS SHOWN ON PAGE 5)	
OTHER SPECIFIED ORGAN FAILURE (LOSS OF SIGHT, SPEECH, OR HEARING)	100%
STROKE	100%

OPTIONAL BENEFIT RIDERS	BENEFIT AMOUNT OR PERCENTAGE OF BENEFIT AMOUNT
RECURRENT CRITICAL ILLNESS BENEFIT RIDER	100%
CANCER BENEFIT RIDER	
INVASIVE CANCER	100%
BONE MARROW FAILURE	100%
CARCINOMA IN SITU	25%
PROSTATE CANCER WITH TNM CLASSIFICATION OF T1	25%
WELLNESS INDEMNITY BENEFIT RIDER	\$50 PER CALENDAR YEAR

DEFINITIONS

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

Active Service - 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 work day.

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

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

Application or Enrollment Form - The form completed and signed to apply for this insurance coverage.

Calendar Year - The period from January 1 through December 31 of the same year.

Certificate - This document that describes your insurance coverage.

Child - A Child of yours by blood, marriage or civil union who:

1. Is under the age of 30;
2. Is unmarried or unpartnered;
3. Has no dependents of his or her own; and
4. Is a resident of the State of New Jersey or is enrolled as a full-time student at an accredited public or private institution of higher education;

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.

Covered Person - You and your Dependents who have been accepted for insurance.

Critical Illness - One of the illnesses or conditions listed below for which positive diagnosis is made by a Physician. Such diagnosis must be based on diagnostic criteria generally accepted by the medical profession, as defined below.

Alzheimer's Disease - A clinically established diagnosis of Alzheimer's Disease by a psychiatrist or neurologist that is based upon a severe cognitive impairment of such progressive nature that it has resulted in the inability to independently perform (without hands-on assistance) 2 or more of the following activities of daily living: bathing, dressing, eating, toileting, transferring, or continence.

Coronary Artery Disease Requiring Bypass Grafts - Coronary artery disease requiring a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts, as confirmed in writing by a board-certified cardiologist. Angiographic evidence to support the necessity for this surgery will be required. For purposes of this benefit, a surgical operation to correct narrowing or blockage does not include the following procedures: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or any non-surgical procedures. Also, this benefit is confined to the heart; therefore, a narrowing or blockage of renal arteries, carotid arteries, or other peripheral arteries is not coronary artery disease and does not qualify for this benefit.

End Stage Renal Failure - The end stage failure which presents a chronic, irreversible failure of both kidneys, and requires treatment by renal dialysis.

Heart Attack - The ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by either of the following criteria:

1. The presence of three or more of the following indicators:
 - a. pain, pressure, fullness, discomfort, or squeezing in the center of the chest;
 - b. radiating pain to shoulder, neck, back, arm or jaw;
 - c. new EKG changes indicative of myocardial infarction;
 - d. diagnostic increase of specific cardiac markers typical for Heart Attack; and
 - e. confirmatory imaging studies.
2. In the event of death, an autopsy confirmation identifying Heart Attack as the cause of death will be accepted.

Miscellaneous Diseases - The following diseases will be considered Critical Illnesses when diagnosed by a Physician:

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Encephalitis/meningitis
Rocky Mountain Spotted Fever
Typhoid Fever
Anthrax
Cholera
Primary Sclerosing Cholangitis (Walter Payton's Disease)
Tuberculosis

Other Specified Organ Failure - One of the following occurring independently of any other covered Critical Illness:

1. Loss of Sight - the total and irreversible loss of all sight in both eyes. Loss of Sight that can be corrected by the use of any visual aid or device will not be considered an irreversible loss.
2. Loss of Speech - the total and permanent loss of the ability to speak.
3. Loss of Hearing - the total and irreversible loss of hearing in both ears. Loss of Hearing that can be corrected by the use of any hearing aid or device will not be considered an irreversible loss.

Stroke - A cerebrovascular event resulting in permanent neurological damage, including infarction, hemorrhage, or embolization of brain tissue from an extracranial source. The diagnosis must be based on:

1. Documented irreversible neurological deficits; and
2. Confirmatory neuroimaging studies.

Stroke does not include cerebral symptoms due to:

1. Transient Ischemic Attack (TIA);
2. Reversible neurological deficit;
3. Migraine;
4. Cerebral injury resulting from trauma or hypoxia; or
5. Vascular disease affecting the eye, optic nerve or vestibular functions.

Dependent - Your Spouse or Child covered under this Certificate.

Effective Date - The date the Covered Person's insurance starts under this Certificate.

Enrollment Qualifying Event - The occurrence of a specified event that would allow an Eligible Employee or Member and his or her Eligible Dependent(s) to enroll under the Policy after being first eligible without Evidence of Insurability being required. A specified event means any of the following:

1. An individual becomes an Eligible Dependent of the Eligible Employee or Member through marriage, birth, adoption, or placement for adoption; or
2. The Eligible Employee, Member or Dependent loses coverage under another critical illness policy.

Evidence of Insurability - The correct and complete answers to the questions in the Application and medical history, if necessary, which will be used by us to base our acceptance of a Late Enrollee.

First Occurrence - The first time each covered Critical Illness is diagnosed on or after the Covered Person's Effective Date. (Diagnosis can occur after death if death is due to a Critical Illness.)

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

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Immediate Family Member - 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 - The Eligible Employee or Member covered for this insurance.

Late Enrollee - An Eligible Employee, Member, or Dependent who applies for insurance more than 31 days after becoming eligible for coverage or a Covered Person who applies for an increase in coverage. Late Enrollee also includes a former Insured who applies for reinstatement after his or her insurance has terminated. A proposed insured will not be considered a Late Enrollee if he or she applies for insurance within 31 days of an Enrollment Qualifying Event.

Physician - A doctor of medicine or osteopathy as set forth in Section 1861(r)(1) of the Social Security Act, as amended, who is legally authorized to practice medicine and surgery within the United States by the jurisdiction in which he or she performs such function or action.

The term Physician does not include the Covered Person or an Immediate Family Member of any Covered Person.

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

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

Spouse - 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.

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

Treatment Free - The Covered Person is no longer receiving care from a Physician, nor regular office visits, or being prescribed medication for a Critical Illness, other than routine checkups or maintenance medication for that Critical Illness.

ELIGIBILITY AND EFFECTIVE DATE

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

Eligible Employee or Member - 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; and
3. Provide satisfactory Evidence of Insurability to us, if required.

Within 31 days of the date enrollment is first offered, you must complete an Enrollment Form and any required premium must be paid. If such enrollment is not made within that 31-day period, you will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

Eligible Employee or Member Effective Date - If you meet the Eligible Employee or Member requirements, your insurance will take effect on the latest of the following dates:

1. The Group Master Policy Effective Date; or
2. As selected on the Policyholder Application, either (a) the first day of the calendar month which coincides with or next follows the date you are eligible for insurance; or (b) your date of hire; provided you are not a Late Enrollee and we have received your first premium payment; or
3. If you are a Late Enrollee, the first day of the calendar month which coincides with or next follows the date you are accepted for insurance; provided you are: (a) an Eligible Employee or Member on such date; and (b) we have received your first premium payment.

If you do not meet the eligibility requirements on the date your insurance is to take effect, your insurance will take effect on the first day of the calendar month which coincides with or next follows the date you satisfy the requirements.

Eligible Dependent, if available under the Policy - To be eligible under the Policy, a Dependent must:

1. Meet the definition of Dependent;
2. Be able to engage in the usual and customary activities of a person of like age and gender who is free of any physical disease or disorder;

3. Not be an Eligible Employee or Member under the Policy; and
4. Provide satisfactory Evidence of Insurability to us, if required.

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 a Dependent first meets the definition of Dependent.

You may elect Dependent coverage by:

1. Enrolling for Dependent coverage within 31 days of the date the Dependent becomes eligible; and
2. Completing any required form for payroll deduction.

If such enrollment for Dependent coverage is not made within that 31-day period, the Spouse or Child will be considered a Late Enrollee and may be required to submit satisfactory Evidence of Insurability in order for coverage to become effective.

If you and your Spouse are an Eligible Employee or Member, your Child may be insured as a Dependent of either you or your Spouse, but not both.

Dependent Effective Date - Insurance on each Dependent will take effect on the latest of the following dates:

1. The date your insurance becomes effective; or
2. The first day of the calendar month which coincides with or next follows the date the Dependent is eligible for insurance, provided that: (a) the Dependent is not a Late Enrollee; and (b) we have received any additional premium;
3. If a Late Enrollee, the first day of the calendar month which coincides with or next follows the date the Dependent is accepted for insurance, provided that: (a) the Dependent is an eligible Dependent on such date; and (b) we have received any additional premium.

If a Dependent does not meet the eligibility requirements on the date his or her insurance is to take effect, insurance on that Dependent will take effect on the first day of the calendar month which coincides with or next follows the date the Dependent satisfies the 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 31 days. In order to continue the Child's insurance, you must notify us by the end of the 31-day period and pay any additional premium, if applicable.

BENEFITS

Critical Illness Benefit - If a Covered Person is diagnosed with the First Occurrence of a Critical Illness, we will pay a lump sum benefit equal to the applicable Benefit Amount shown in the Schedule of Benefits multiplied by the applicable Percentage of Benefit Amount shown in the Schedule. The initial and medically appropriate positive diagnosis must be made after the Effective Date of this Certificate.

If a Covered Person is later diagnosed with the First Occurrence of one of the remaining Critical Illnesses and that illness is medically unrelated (as determined by a Physician) to any other Critical Illness for which we have paid a benefit, we will pay the applicable Percentage of the Benefit Amount for the newly diagnosed Critical Illness.

Benefit Payments - Benefit payments will be made directly to you. Proof of any Critical Illness diagnosis must be submitted to us. Dependents are insured at a percentage of the Benefit Amount as stated in the Schedule of Benefits.

EXCLUSIONS AND LIMITATIONS

We do not cover losses caused by, or as a result of, the following:

1. Commission of or attempt to commit a felony or the Covered Person's engagement in an illegal occupation.
2. The Covered Person intentionally causing a self-inflicted injury.
3. The Covered Person committing or attempting to commit suicide, whether sane or insane.
4. The Covered Person's voluntary involvement in any period of armed conflict.

PREMIUMS

All premiums are payable on or before the date they are due.

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 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 when due, the insurance will automatically be terminated as of the date the pro rata premium was due. Any partial payment of premium will be refunded.

A change to your premium may also occur if you choose to convert your insurance to a conversion policy after becoming ineligible under this Certificate. See the Conversion Option section for further details.

Premium Refunds - If your Spouse is insured and you divorce or legally terminate a civil union relationship or such Dependent dies and we are notified in writing at our Administrative Office, we will refund premiums for your Spouse's coverage for the period of time beginning with the first month 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 Child is insured and insurance for your Child ends, we will refund premiums for this coverage for the period of time following the last day of insurance. 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.

TERMINATION OF INSURANCE

1. Your insurance will cease on the earliest of the following dates:
2. The date the Policy terminates;
3. The date you cease to be an Eligible Employee or Member;
4. The date of your death;
5. The premium due date on which we fail to receive your premium from the Policyholder; or
6. The date a written notice that you want to cancel your insurance is received.

The insurance on a Dependent will cease 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;
3. The date the Dependent Child no longer meets the definition of Child;
4. The date a Covered Spouse no longer meets the definition of same;
5. The date of the Dependent's death;
6. The date the Policy is modified so as to exclude Dependent insurance; or
7. The date a written notice that you want to cancel insurance on your Dependent is received.

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.

CONVERSION OPTION

If you lose eligibility for this insurance for any reason other than fraud or nonpayment of premiums or termination of the Group Master Policy, 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 convert 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 converted policy will be issued, without Evidence of Insurability, on a policy form then available for conversions, which is most comparable to this Certificate.

The initial premium for the converted policy for the first 12 months and subsequent renewal premiums will be determined in accordance with our table of premium rates as of the converted policy's effective date applicable to the age and class of risk of each person to be insured under the converted policy and to the type and amount of insurance provided.

The effective date of the converted 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.

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 under a Policy issued as an Individual and Spouse Policy or a Family Policy, 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 this Policy or a policy of your former Spouse, but not both.

Death - In the event of your death, your Spouse, if covered under this 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 this 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 a requirement for evidence of insurability and 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 or marriage. The Child's coverage will continue at the appropriate premium for the new policy.

CLAIMS PROVISIONS

Notice of Claim - Written notice of claim must be given to us at our Administrative Office. 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 - Claim forms should be used for filing Proof of Loss. We will send such form to the claimant within 15 days of receipt of Notice of Claim. If we fail to supply the proper claim forms within 15 days, you will be deemed to have complied with the requirements of the policy for filing Proof of Loss. You or a personal representative may obtain a claim form by calling our toll-free telephone number listed on the cover page.

Proof of Loss - Due written Proof of Loss must be given to us at our Administrative Office. 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 estate. 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 and Autopsy - 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. 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 paid immediately after we receive due written Proof of Loss.

GENERAL PROVISIONS

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

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Conformity with State Laws - A provision of the Policy or Certificate that conflicts with a law of the governing jurisdiction is hereby changed to meet the minimum standards of that law.

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.

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.

Reinstatement - If any renewal premium is not paid within the time allowed for payment, a subsequent acceptance of premium by us or by our authorized agent duly authorized to accept such premium, without requiring a reinstatement application, will reinstate the Policy. However, if we or our authorized agent require an application for reinstatement and issues a conditional receipt for any premium paid, this Policy will be reinstated upon our approval of your reinstatement application or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application.

The reinstated Policy will only cover a loss resulting from a Critical Illness as may begin more than 10 days after such date. In all other respects you and we will have the same rights under the reinstated Policy as you and we had under the Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed on or attached to this Policy in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not previously been paid, but not more than 60 days prior to the date of reinstatement.

Other Insurance With Us - If you have more than one critical illness 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 Benefit Payments from such date.

Time Limit on Certain Defenses

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. Any such statement would have to be in a signed form. This also applies to all Riders. Any increase in benefit amounts is subject to a new two-year contestable period for the increased amount only.

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.

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

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

RECURRENT CRITICAL ILLNESS 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 definition applies to this Rider.

Recurrent Critical Illness - A Critical Illness that is not eligible for payment under the Critical Illness Benefit in the contract as a First Occurrence.

BENEFITS

This Rider provides a Recurrent Critical Illness Benefit per Covered Person as follows:

A recurrence of the same Critical Illness is not eligible for the Recurrent Critical Illness Benefit, unless:

1. The diagnosis for the prior occurrence was at least 6 months before the new diagnosis; and
2. If it is a Cancer condition and the Cancer Benefit Rider is part of this contract, the Covered Person has been Treatment Free for at least 6 months.

If a Covered Person is diagnosed with a Recurrent Critical Illness, we will pay a lump sum benefit equal to the percentage shown for this Rider multiplied by the applicable Benefit Amount multiplied by the applicable Percentage of Benefit Amount, as shown in the Schedule of Benefits. The positive diagnosis must be made after the Rider Effective Date and while this Rider is in force.

For each Critical Illness, only one Recurrent Critical Illness Benefit may be paid per Covered Person.

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 the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

Termination will not affect any claim or loss which commenced while the contract and Rider were in force.

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



Karyn S.W. Polak
Secretary



Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

CANCER 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

The definition of **Critical Illness** in the contract to which this Rider is attached is amended to add the cancer conditions set forth below. A diagnosis of cancer must be made by a Pathological Diagnosis or a Clinical Diagnosis.

Invasive Cancer - A cancer which is evidenced by the presence of a malignant tumor characterized by uncontrolled and abnormal growth and spread of malignant cells, and the invasion of tissue. Leukemia, Hodgkin's Disease (except Stage 1 Hodgkin's Disease), and malignant melanoma will be considered Invasive Cancer.

Invasive Cancer does not include:

1. Pre-malignant conditions or conditions with malignant potential;
2. Prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification);
3. Any malignancy associated with the diagnosis of HIV; and
4. Skin Cancer (Basal cell epithelioma or squamous cell carcinoma). For the purposes of paying benefits under this Rider, malignant melanoma or mycosis fungoides, are not considered skin cancers.

Carcinoma In Situ - Cancer that is confined to the site of origin without having invaded neighboring tissue.

Prostate Cancer with TNM Classification of T1- Microscopic tumors of the prostate that are neither palpable nor visible on transrectal ultrasonography.

Bone Marrow Failure - The irreversible failure of a Covered Person's bone marrow for which a Physician has determined that medical evidence supports the replacement of bone marrow with bone marrow from the Covered Person or another human donor.

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

Clinical Diagnosis - A diagnosis based on the study of symptoms. We will accept a Clinical Diagnosis in lieu of a Pathological Diagnosis only when:

1. A Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening;
2. There is medical evidence to support the diagnosis; and
3. A Physician is treating a Covered Person for cancer.

Pathological Diagnosis - A Pathological Diagnosis is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system and on medical criteria accepted by the American Board of Pathology or the Osteopathic Board of Pathology for the type of cancer being investigated. This type of diagnosis must be done by a certified pathologist.

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.

EXCLUSIONS

We will not pay for any disease or incapacity that has been caused, complicated, worsened, or affected by, or is a result of cancer or its treatment.

Under no condition will we pay any benefits for losses incurred prior to the Rider Effective Date.

TERMINATION

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

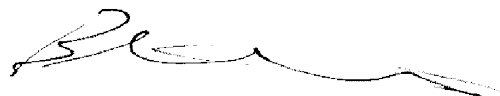
1. The date the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract terminates.

Termination will not affect any claim or loss which commenced while the contract and Rider were in force.

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



Karyn S.W. Polak
Secretary



Blake Bostwick
President

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa 52499
Administrative Office: PO Box 219, Cedar Rapids, IA 52406-0219
(Hereinafter called "the Company," "we," "us," or "our")

WELLNESS INDEMNITY 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 definition applies to this Rider.

Health Screening Test means one of the following tests performed under the supervision of or recommendation by a Physician while this Rider is in force:

Biopsy
Blood test for triglycerides
Bone marrow testing
Breast ultrasound
CA 125 (blood test for ovarian cancer)
CA 15-3 (blood test for breast cancer)
CEA (blood test for colon cancer)
Chest X-ray
Colonoscopy
Fasting blood glucose test

Flexible sigmoidoscopy
Hemocult stool analysis
Mammography
Pap test
PSA (blood test for prostate cancer)
Serum cholesterol test to determine HDL/LDL level
Serum Protein Electrophoresis (blood test for myeloma)
Stress test on a bicycle or treadmill
Thermography

BENEFIT

We will pay the amount shown on the Schedule of Benefits once per Covered Person per Calendar Year in which such Covered Person undergoes a Health Screening Test, regardless of the number of tests the Covered Person undergoes.

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

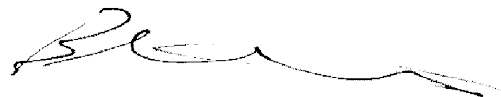
This Rider will terminate on the earliest of the following dates or events:

1. The date the Rider or contract lapses for failure to pay premiums, subject to the Grace Period of the contract;
2. The date the Insured requests termination; or
3. The date the contract 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



Blake Bostwick
President